# OPTN/UNOS Vascularized Composite Allograft (VCA) Transplantation Committee Meeting Minutes February 14, 2018 Conference Call

## L. Scott Levin, M.D., FACS, Chair Linda C. Cendales, M.D., Vice Chair

### Introduction

The VCA Transplantation Committee met via teleconference on February 14, 2018 to discuss the following agenda items:

- 1. Public Comment OPTN Strategic Plan 2018-2021
- 2. Public Comment Concept Document on Improving OPTN Committee Structure

The following is a summary of the Committee's discussions.

## 1. Public Comment - OPTN Strategic Plan 2018-2021

UNOS staff shared a presentation of a proposal from the OPTN/UNOS Executive Committee.

#### Summary of discussion:

UNOS staff were invited to the conference call to present a proposal on the OPTN Strategic Plan 2018-2021. The current OPTN Strategic Plan sunsets on September 30, 2018. The OPTN/UNOS Board of Directors previously met with committee leaders to receive input on what should be included in the 2018-2021 OPTN Strategic Plan. Input was also sought from the Board and an internal group at UNOS. Three key areas for the work of the OPTN were identified; Match, Data and Quality. The goal of developing the new strategic plan was to create a narrative that reflects these three core strengths.

The next three-year plan is structured differently than the last. Two plans (one for UNOS, and one for the OPTN) will no longer exist. One overarching plan is intended that shares, high-level goals, descriptions of core activities, opportunities for growth (new initiatives), and key metrics for assessing success. The intent was to determine metrics under each initiative that would help us assess whether we are successfully meeting our goal and objectives.

The resource allocation benchmarks in the new strategic plan are used as a measure of how to distribute internal resources toward moving each of the strategic goals. It assists in determining how to focus our efforts in policy development, and is considered by the OPTN/UNOS Policy Oversight Committee (POC) and Executive Committee in determining which projects should be pursued, and which should go forward to public comment. Alignment with these benchmarks is reassessed by the Executive Committee at every Board Meeting.

Individuals commenting on the development of the strategic plan agreed that Goal One (Increase the number of transplants) and Goal Two (provide equity in access to transplants) should remain the top two goals. Their respective resource allocation levels of 40% and 30% were maintained from the current strategic plan. However, there was evenly distributed support for the final three goals; Goal Three (promote efficiency in donation and transplant) Goal Four promote living donor and transplant recipient safety), and Goal Five (improve waitlisted patient, living donor, and transplant recipient outcomes). Based on this feedback, the recommendation was for an even split of the remaining resources to 10% of effort for each of these goals.

UNOS staff then profiled the initiatives under each of the strategic goals:

- Goal One:
  - More dynamic donor/recipient matching
  - Increase transplants arranged through KPD
  - Expand use of collaborative improvement methodologies/models
  - Examine monitoring approaches for transplant programs and OPOs for increased collaboration and performance improvement
  - Promote knowledge of effective donation/procurement practices
  - Improve ability to perform analysis of refusals
- Goal Two:
  - o Improve equity in opportunities for multi-organ and single-organ candidates
  - o Decrease geographic disparity
  - Increase diversity on Board/Committees to ensure variety of perspectives in policy development
  - Increase opportunities for volunteer engagement and awareness of OPTN/UNOS volunteer opportunities
  - o Improve member and public engagement in policy development
  - Develop equity benchmark for each organ
  - Collect additional data on vulnerable populations
- Goal Three:
  - Modularize and simplify UNet<sup>SM</sup> architecture to expedite system changes and improve quality
  - o Achieve continuous level of UNet accessibility
  - o Improve efficiency in policy development and implementation process
  - o Improve volunteer workforce satisfaction and engagement
  - o Increase data exchange between members and UNet
- Goal Four:
  - o Improve accuracy in HLA reporting
  - o Decrease number of safety incidents related to logistics/transport
  - Increase perception of UNOS and MPSC as focused on process improvement
  - Enhance knowledge-sharing about safety events, near misses, and effective practices
  - o Enhance system capability for reporting elements of data related to safety
- Goal Five:
  - Improve longevity of organ transplants
  - Evaluate effective methods for assessing living donor outcomes
  - Enhance transplant program tools and education in selection and follow up of living donors
  - Expand use of collaborative improvement models to promote effective donor management practices impacting transplant outcomes
  - o Develop transplant program tools to calculate survival benefit

UNOS highlighted the metrics for each initiative to assess for success in each goal.

The Chair thanked UNOS staff for the presentation and opened the floor for questions. Members shared several points after reading the proposal in detail. In general, there was support for the goals of the draft strategic plan. Members did verbalize concerns with:

 The need for more support from the OPTN to advance the field of VCA transplantation. Members noted that specific references to VCA transplantation do not appear in the draft strategic plan. Additionally, the new metrics regarding the OPTN's electronic systems do not appear to include capturing VCA transplant recipient data akin to solid-organ transplant data, or enhancements for VCA donor information and potential VCA recipient matching. An example of this is the current system for VCA allocation. The system accomplishes the job of VCA allocation, but risk is injected into the information sharing and organ allocation processes for VCA donation and transplantation due to the lack of electronic integration akin to solid organs.

Members shared challenges for the VCA community that are external to the OPTN that could be more effectively overcome with more support from the OPTN. One way to accomplish this would be to include a metric(s) within Goal One to increase VCA registrations, donation, transplants, etc..., and have commitments from the OPTN to integrate VCA into the pertinent electronic systems for donor information, allocation, candidate registration, and recipient data collection.

 The metrics to assess success in Goal One appeared to be overly specific in relation to the with the 40% resource allocation for projects. Further, VCA transplants are not included in any of these metrics outlined in the proposal. Members felt more outcome metrics would be justified in light of this Goal receiving the largest resource allocation. Further, two of the four outcomes in Goal One appeared to be more consistent with Goal Five.

UNOS staff thanked the Committee for their feedback. Additionally, they noted the OPTN Final Rule includes VCA under the definition of a covered human organ. Staff noted that references to "organ" in the draft strategic plan are inclusive of VCA, not exclusive of VCA.

UNOS staff then coordinated collection of sentiment feedback from Committee members on the call. A request was made to provide email feedback on priority initiatives for the OPTN for the next three years.

#### Next steps:

Committee members are asked to review the list of initiatives and return their top five initiatives by email.

UNOS staff will prepare a draft response and share with the Chair and Vice Chair. Once approved, the response will be posted on the OPTN website.

#### 2. Public Comment - Concept Document on Improving OPTN Committee Structure

Due to time limitations, this proposal from the Executive Committee was tabled until the March 14, 2018 conference call.

With no other business to discuss, the conference call was adjourned.

#### **Upcoming Meetings**

- March 14, 2018 4-5 PM (Eastern)
- April 6, 2018 9 AM-3 PM (Central) Chicago, IL
- May 9, 2018 4-5 PM (Eastern)
- June 13, 2018 4-5 PM (Eastern