

**OPTN/UNOS Transplant Program Work Group  
Meeting Minutes  
August 21, 2018  
Conference Call**

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## **Introduction**

The Transplant Program Work Group met via teleconference on 08/21/2018 to discuss the following agenda items:

1. Welcome and Opening Remarks
2. Foundations Presentation: How are members monitored and measured today?

The following is a summary of the Work Group's discussions.

### **1. Welcome and Opening Remarks**

This is the kickoff meeting for the Transplant Program Work Group, which is a subgroup of the Systems Performance Committee. The Work Group will be led by Dr. Alan Reed and Ms. Lisa Stocks.

#### Data summary:

The other subgroups under the Systems Performance Committee are the OPO Work Group and the Systems Dynamics Work Group. This Work Group's charge is identify tools, strategies and metrics that are working or are not working and suggest what better ones exist to drive the system performance. There are metrics that are measured by strategies that are used that don't necessarily align. The Work Group will think of tools and metrics that align the goals and missions from a transplant program point of view.

The Work Group's task is to make recommendations to get the system running more effectively and efficiently. The focus will be to make recommendations to external stakeholders about collaborative improvement project ideas and MPSC monitoring enhancements that will motivate the community to do more organ transplantations. For example, COIIN in the past that came up with some important improvements that might be used differently going forward.

The transplant program charge is to come up with the recommendations. Success might be coming up with a better mousetrap, but might mean something else to different people. The ability to work with the OPOs and OPTN can be better organized. There are current metrics that don't optimally drive the system. For example, people are judged on a very narrow 3% difference at 1-year versus 3-year graft survival, and this does not do the job in terms of all the stakeholders. It does not really drive the use of high KDPI kidneys, nor does it drive fewer discards. On the other hand, there are some metrics, practices and strategies that do enhance system performance. Those can be evaluated. Finally, the focus should be on the "blue sky scenario" of practices, strategies and goals between transplant programs and OPOs and what that picture would look like.

Stakeholders to the overall system are the transplant hospitals and OPOs. But other mission-critical stakeholders are not always in the room. Those include payers, legislators, CMS, HRSA, dialysis centers for kidney transplant programs, specialty societies, ASTS, AST, etc. Most importantly, the Committee is driving performance for best outcomes for the patients.

It is not the Work Group's charge to propose individual thresholds for performance improvement or recommend specific process improvement projects. The thinking should be higher level on how to align goals with specific outcomes in mind.

The timeline was presented. There may be two more Work Group calls before the face-to-face meeting in October, followed by three more conference calls before the in-person meeting in March of 2019. That will mark the conclusion of the Transplant Program Work Group. Work Group leadership will have monthly calls to avoid rework.

## **2. Foundations Presentation: How are members monitored and measured today?**

Sharon Shepherd, Manager of the Membership and Performance Monitoring in the Member Quality Department at UNOS, presented how transplant programs and OPOs are monitored. Rebecca Lehman from UNOS Research went over data on tools and metrics that are available.

### Data summary:

There are metrics that the MPSC uses to identify a program or an OPO for review. Then there is an initial inquiry with a survey that goes out and MPSC reviews the submission. Subject matter experts review the review and provide feedback to the MPSC to bring back to the OPO. The OPO can then submit a response and continue with discussion or peer visit until the MPSC approve recommendation to release or ask for additional information. As the MPSC considerations during review include the plan for improvement developed and implemented, whether there has been demonstrated improvement, and whether or not there has been demonstrated ability to sustain that improvement.

The two areas of review for performance for transplant programs by MPSC are the transplant program performance and the OPO performance.

- Transplant program performance outcomes review. SRTR provides risk-adjusted reports for patient and graft survival. MPSC uses criteria to identify programs for review for lower-than-expected survival. If the program meets either of the two criteria, it is sent an initial inquiry. The MPSC currently has an additional process for identifying kidney programs for review, looking at the overall kidney transplant cohort to determine whether outcomes meet the criteria. Then they look at the transplants excluding higher-risk transplant outcomes (EPTS score greater than 80 using a kidney from a donor with KDPI greater than or equal to 85) to determine if they meet the criteria to get an inquiry.
- Transplant program performance functional inactivity review. This looks at the number of transplants that a program performs. A program will be identified for review if no transplant is performed during a particular time period. The time periods differ from organ to organ.
- OPO performance organ-specific and aggregate donor yield review. SRTR provides the reports for donor yield using same methodology as organ yield, which present the number of organs that would have been recovered for transplant if the OPO performed at the level of the national average for donors with similar characteristics. MPSC identifies and OPO for review for lower than expected organ yield, which can be identified for individual organs or all organs.

Performance data tools and metrics available today:

1. UNOS Data Services Portal. This is where UNOS puts all the data that is provided back to the members. It ranges from visual analytics tools to PDF reports such as benchmark report.
2. OPTN Collaborative Innovation in Improvement Network (COIIN) Reporting. COIIN is a HRSA-funded 3-year project with the objective of reducing risk-avoidance behaviors associated

with current monitoring system to remove current performance flagging criteria for participating transplant programs. It will develop and test alternative data-rich quality monitoring framework and support a collaborative approach towards performance improvement and best practices. The primary aim is to increase transplantation with an initial focus on higher KDPI kidneys.

- Themes for COIIN are effective waitlist management, donor offer and acceptance processes and care management practices. The key is to build a stronger working relationship.
- Data reporting is available through the COIIN dashboard. All centers that participate have access to see and discuss one another's data.
- There is a COIIN Advisory Council made of researchers and professionals that steer the project, focusing on establishing monitoring tools and tools for performance improvement review. For example, using more high KDPI kidneys correlates with low GFR at 6 months, and this can drive policy.
- CUSUM performance monthly monitoring was used for post-transplant outcomes and acceptance rates.

3. SRTR Reporting. SRTR could be invited to give a presentation if there are specific questions about SRTR data.

#### Summary of discussion:

Some considerations were posed to the Work Group to begin the discussion. Highly functioning transplant programs are highly integrated with their hospital systems. The question is how to motivate more transplants that are more effective and efficient. Integration with EMR and IT systems may be a driver, as well as hospital leadership and resources. Clearly defined and written processes, as well as compliance and regulations may be a driver. Other drivers may be a strategy for effective waitlist management, staff education and development, dedicated quality improvement or IT staff, culture of innovation and improvement. The patient voice is the critical voice.

At the Committee meeting yesterday, other Committee members were concerned about the 1-year versus 3-year graft survival rates, as well as getting the right organ to the right patient, which refers to how OPOs and transplant centers work together to get the right organ to the right person. It might be important to make a more regional cooperation within the programs. There are many OPO members in the committee because the Work Group needs to see the importance of those metrics and they can move in that direction, as well as to help make sure there is not a conflicted alignment.

How would the group like to proceed with the work? One Work Group member asked if the focus should be limited to transplant programs. The Co-Chair felt they should consider the OPO point of view, as well as the entire list of stakeholders as previously presented. The Work Group could propose a better metric such as exceed 95% 1-year patient survival in order to not be judged harshly, rather than picking and choosing the bottom performer. The metric says that as long as one is 15% better than dying on dialysis, it will encourage OPOs to procure more marginal organs, there will be more transplanted marginal organs, overall the transplant programs will be happy, and the system will be happy.

Another Work Group member suggested creating a culture that's not punitive and that looks at saving lives off of dialysis for kidney or getting a patient transplanted for other organs. Embrace more of doing something that actually makes a difference instead of punishing people for outcomes that may occur relative to the risks that they take. The Co-Chair agreed that there

just needs to be regulation of the right things and that what is being regulated in one sector is also promoting the right thing in the other sectors.

The hope is to create alignment and interdependency that the whole system improves and to get more patients transplanted through the work of the three Work Groups. The work can be done across boundaries. Each member was selected specifically for their willingness to contribute to the work. One Work Group member asked if the work groups' output would be combined. Indeed, all three groups will meet face to face and then collectively bring their work together to accomplish improvement on OPO side and on the program side.

One Work Group member suggested focusing on what lessons could be learned from COIIN globally that may apply to multiple organs. Then the tools can be looked at and see what OPOs have been working on from their domain. In addition, if starting from scratch, looking at what really needs to be measured is important.

An OPO member whose priority has been patient advocacy and education felt that groundwork patient education trickles across all areas, but has to be very innovative and go beyond what is being imagined now. The divide and conquer is good, but a lot of the foundation will trickle into the patient voice because they will be the drivers of this.

The Co-Chair suggested temporarily splitting the Work Group into teams. One team would look at the current metrics, practices and strategies that work; one to look at the strategies that don't work; and one to envision the "blue sky." The aims could be helpful to the teams, but don't necessarily have to be assigned to the teams.

One member suggested more time for sharing of lessons learned so everyone has the same foundation before breaking into teams. There were lessons learned from COIIN, as well as years ago there was a composite pre-transplant metric could measure transplant center performance when it comes to managing patients on the waitlist, but the execution failed. One thing not discussed is that the people in COIIN were exempt from being adjudicated by the MPSC. The results there were unknown because the outcomes will still be published in PSRs.

#### Next steps:

The Work Group will be broken in smaller groups. Slides of the data presented today will be on the Work Group's Basecamp site. A presentation on lessons learned will be prepared for the next meeting from someone at the COIIN team. Work prior to the next meeting can be done through email.

#### **Upcoming Meetings**

- September 18, 2018 at 12 p.m. EST
- October 29, 2018, in-person meeting In Chicago
- November 27, 2018 at 5 p.m. EST
- December 14, 2018 at 12 p.m. EST
- January 15, 2019 at 5 p.m. EST
- February 8, 2019 at 12 p.m. EST
- Week of March 11, 2019, in-person meeting in Chicago