Introduction

The Systems Dynamics Work Group met via teleconference on 08/30/2018 to discuss the following agenda items:

1. Our Charge and Expectations
2. Goals for Today
3. Key Driver Analysis Overview
4. Foundations Presentation: How Members are Monitored and Measures Today
5. Poll for Subgroup Assignments

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

1. Our Chart and Expectations

Data summary:

The Systems Dynamics Work Group is one of three groups (along with the OPO Work Group and Transplant Program Work Group) working under the Systems Performance Committee project. The full committee’s charge is to identify and prioritize new and existing tools and strategies that allow for improved systems performance. The Systems Dynamics Work Group has a broader, more system-level scope looking at how everything comes together.

The Work Group’s charge is to develop a strategy to identify best practices and strategies that allow for highly-effective DSAs, identify OPO/transplant program drivers, and recommend collaborative improvement strategies/metrics to maximize system performance.

The questions to answer are: what characteristics about the interface between OPO and a transplant program differentiate successful DSAs from others and how do we define measure and replicate those characteristics on a broader basis?

The Work Group’s charge is not to develop best practices and strategies for process improvement specific to OPOs or transplant programs in isolation, and secondly, specifics like performance improvement thresholds or data results for proposed measures are not the Work Group’s target.

The Systems Performance Committee’s two Co-Chairs are on the call and thanked the Work Group members for their participation as the project is kicked off.

The goals at this meeting are:

- Understand the Work Group’s scope and charge.
- Come to agreement on the three above-mentioned areas of focus.
- UNOS Foundations presentation.
- Discuss plan for subgroups and work plan for September calls.
2. Key Driver Analysis Overview

Data summary:

All eight co-chairs met with the UNOS President and UNOS staff to lay out the plan forward and a key drive analysis as foundation for discussion. The transplant hospitals, OPOs and all other influencers (including donor hospitals) are part of the discussion, and the Committee will look at this from the perspective of the interfaces among those there groups and where in those interfaces it can have an impact.

The primary driver for the Work Group is to identify ways to achieve a highly-effective, high-performing transplant system looking at it through the DSA lens, but also recognizing the need for broader sets of interfaces and relationships with broader sharing. Then there are three secondary drivers, which are: culture of collaborative improvement, having an environment of innovation and appropriate toolset, and synergy (between transplant programs and OPOs). The three subgroups will focus on each of the three secondary drivers.

Subgroup 1: Culture of collaborative improvement. Will support innovative thinking and creative solutions. For example, effective engagement in governance structure, shared commitment to increased organ donation or collaborative review of organ offers/donor processes. It is also important to identify how to measure those drivers of success to help define metrics. One of the partners in the group was also involved in the development of the deceased donor potential project, which was work by Systems Dynamics to identify system areas that could be a point of focus.

Subgroup 2: Innovative environment and tools. Will use technology to facilitate effective and efficient donation, allocation, and procurement. For example, take steps to maximize the value of in-house or centralized resources, leverage technology to provide virtual access to donor information, and thinking about how to use decision support tools to get to yes and no quickly and make consistent decisions.

Subgroup 3: Synergy. Will create a shared vision supporting acceptance and utilization of all organs. For example, consider each other's viewpoint in decision making, hold shared accountability for maximizing the value of each donor, and make a commitment to effective bidirectional problem-solving strategies.

Using the framework, each group will collect and discuss via Basecamp and email to refine a strategy to identify high-performing DSAs with effective OPO and transplant program interfaces. Each group will identify what a high-performing DSA is by perhaps using the current OPO performance metrics or perhaps looking at differentiators between DSA to refine what is being looked at. For example, a DSA in New York looks very different from a DSA in the middle of the country and a best practice in New York may not be relevant to a best practice in Wyoming. Each group will also collect the examples of measuring characteristics to bring to the teleconference in September.

Summary of discussion:

One Work Group member challenged the notion of a high-performing DSA. There is one OPO per DSA and in many cases zero transplant centers, so only interact with transplant centers outside their DSA. Metrics needs to be identified that measure both OPO and transplant center performance, as well as the interaction between the OPOs and whatever transplant hospitals they interact with, whether they are inside or outside their DSA.

The key is get started in the conversation, recognizing that OPOs need to interact effectively with transplant programs outside their DSA to be high performing. This is a starting point for beginning to look at key drivers, not only focusing on DSA going forward. The DSA is the
conglomeration of the donor hospitals, transplant hospitals and OPO. A successful OPO's relationship in dealing with transplant centers outside of their own donor service area will become increasingly important with the broader allocation that will not be driven by the DSA. This Work Group’s job is to pull together the most effective systems within a DSA and then ultimately from the OPO's standpoint in dealing with the system as a whole.

Another Work Group member expressed the desire to shift to the concept of expanding the benefit of transplantation in the future, not just thinking about numbers of people transplanted. Interface issues might be organ preservation or technology. Also, ASTS has been working on transportation, particularly as organs with short cold ischemic times are shared to maximize efficiency, make economics reasonable and get organs where they need to be. Hopefully this is one of the issues that will be addressed. Thirdly, the assumption of high-functioning OPOs is really an OPO/transplant center dyad. The analysis should be on the dyad.

One way of looking at the outcome of this process is to be sure that the benefit of transplant that comes out of each DSA is maximized. DSAs will remain, even though they will not be involved in allocation going forward, and will require effective interfaces between transplant programs and OPOs. If everyone raised their production level in terms of organs coming out of the DSA, then everybody benefits.

The Committee Co-Chair stated regarding transportation, ops and safety is working on an entire project around cost of transportation and transportation needs, so there is a lot of attention on that right now.

3. Foundations Presentation: How Members are Monitored and Measures Today

Data was presented by UNOS staff to get everyone on the same page.

Data summary:

The performance review process is the process by which the OPO or transplant program is identified for review for performance. An initial inquiry is sent out by the MPSC requesting some information be returned, which is reviewed by subject matter experts, who then provide recommendation and feedback through the MPSC back to the member. At that point they decide the program does not need continue review and it is released or will be continued to be monitored, provide feedback, and request additional information or peer visit on site. Considerations during review are that the member has provided a plan for improvement that has been developed and implemented, whether they have demonstrated improvement, and whether they have demonstrated an ability to sustain that improvement.

Review metrics used to identify OPOs and programs are for transplant program performance, including transplant program patient and graft survival, as well as transplant program functional inactivity. For OPO performance, they look at organ-specific donor yield and aggregate donor yield.

MPSC is working on the composite pre-transplant metric proposal, which was put together to aggregated pre-transplant performance metrics into one single number, including acceptance rates, transplant rates, and waiting list mortality. It went out for public comment and MPSC decided not to move forward with that proposal, but instead created a new work group to look at pre-transplant performance. The group will look at areas of patient harm, areas of transplant efficiency and waiting list management to develop a dashboard for the different measures that might fit into these categories and what levels programs would come under review based on those measures.

Performance data tools:
• UNOS data services portal. Things like benchmark reports, ROO reports, and SRTR data will be available to this Work Group. COIIN (Collaborative Innovation and Improvement Network) has been used for measuring performance and seeking opportunities for improvement and ties into the three subgroup focuses. Data will be available through COIIN dashboard and will allow multiple institutions to interface together.

• SRTR reporting. Metrics used for MPSC monitoring and SRTR reports including acceptance rates and pre-transplant metrics are used today for oversight.

The outcome of the COIIN project is not to direct metrics back to the OPTN to monitor the Committee, but to develop data-driven metrics for use in interfacing with OPOs to improve the system. The idea is to think not just to think about metrics the SRTR or OPTN can use, but that the Committee can use.

Summary of discussion:

One Work Group member commented on transplant center metrics. The Work Group may consider metrics that measure interaction between transplant centers and OPOs, so metrics like late decline rates are different from pre-transplant metrics or post-transplant outcomes. The Work Group should think about metrics that look at the citizenship of a transplant center in relation to OPOs and how it affects everyone else.

Implementation of any recommendations made by the Work Group will require resources from low to high. One Work Group member asked if there are any constraints as they contemplate recommendations. The Work Group should not be restrained by resource requirements at this point. If there are any particular resources needed, those could be identified, but there should be no limits based on programming time, perceived cost, etc.

The Work Group is an action group to make recommendations and put forward a well thought-out approach to optimizing system performance. There is an expectation for work to be done outside of the Work Group conference calls.

4. Poll for Subgroup Assignments

Systems Dynamics Work Group members were asked to indicate their first and second choices for subgroup assignments. Members with no preference do not need to vote. The three subgroups are:

• Culture of collaborative improvement
• Innovative environment and tools
• Synergy

Next steps:

The Work Group leadership will take the results of the poll and meet with staff and the Systems Performance Committee Co-Chairs to put together the three subgroups and identify leadership for them. Communication will done be through Basecamp and email.

Upcoming Meeting

• September 18, 2018 at 4 p.m. EST
• October 30, 2018, in-person meeting in Chicago
• November 13, 2018 at 4 p.m. EST
• December 18, 2018 at 4 p.m. EST
• January 8, 2019 at 4 p.m. EST
• February 12, 2019 at 4 p.m. EST
• Tentative March 11-12, 2019, in-person meeting in Chicago