

**OPTN Transplant Administrators Committee
Meeting Minutes
July 16, 2019
Conference Call**

**Nancy Metzler, Chair
Susan Zylicz, MHA, BSN, RN, CCTC Vice Chair**

Introduction

The Transplant Administrators Committee met in Chicago, IL on 07/16/2019 to discuss the following agenda items:

1. Review of Current Potential Projects (TAC Identified as Stakeholder)
2. Executive Order to Transform Kidney Care and Increase Transplants
3. New Project Ideas (Fall Under OPTN, Sponsored by TAC)

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

1. Review of Current Potential Projects (TAC Identified as Stakeholder)

The committee reviewed all current potential projects that have identified TAC as a stakeholder. Committee members discussed each potential project and made recommendations as to their level of involvement.

Summary of Discussion:

Revise U.S. Public Health Service (PHS) Increased Risk Criteria

- Yes
- From the beginning
- Physicians don't do the operational things

Guidance for Transplant Hospitals on Transplant Candidate use of Social Media to Find Living Donors

- Yes
- Beginning
- So many other organizations are already doing this?
- Canada already has a statement about this

Update to VCA Transplant Outcomes Data Collection

- None

Pancreas as a Part of a Multivisceral (formerly "Pancreas for technical reasons")

- Possibly
- Need further information

Living Donation to Pediatric Candidates

- Need more information

Clarification of Multi-Organ Allocation Policy

- Yes
- From the beginning

The use of alternative ventilator management strategies to increase the pool of viable donor lungs

- No

Additional Data Collection to Improve Transplant Outcomes Risk Adjustment

- Yes
- From the beginning

Informing Potential Living Donors about Kidney Paired Donation

- Yes
- From the beginning

Translate OPTN Website to Different Languages

- No

Promote Living Organ Donation to Pediatric Transplant Candidates

- No

Reduce Incidence of Suicide Among Transplant Recipients

- No

Information for Parents/Guardians on the Risk of Disease Transmission from PHS Increased Risk Donor Organs

- Is there a peds admin person on this committee, no but a peds admin on the committee or at least the work group
- Yes

Requirements for Transferring Pediatric Recipients to Other Providers

- Yes
- From the beginning

Provide Guidance on Antibiotic Use Deceased Organ Donors

- No

2. Executive Order to Transform Kidney Care and Increase Transplants

The committee reviewed the Executive Order that recently came out, its purpose, current U.S. policy, and action items from the order. The committee decided to brainstorm on the below action items. Below is summary of their conversations.

Funds for living donation to cover more of a donor's costs (like lost wages, childcare, etc.)

- Illegal to fire someone who donated an organ
- Illegal to deny insurance for someone who donated an organ
- Funding for a donor expense reimbursement pool to pay for expenses and expand the income levels for those who qualify
 - Lodging – evaluate, pre-donation, post-donation etc.
 - Travel
 - Wages
 - Child care
- Donor insurance options
 - No insurance is a barrier for people who want to donate

- Can we provide an affordable options or allow recipients to pay for donor insurance policy
- Include people who step forward to donate as eligible for expense reimbursement in addition to actual donors
- Cost report expansion
 - Registry fees for paired donation
 - Two years of donor follow up
 - Streamline reimbursement of paired kidney financial requirements

Proposed Changes to metrics for OPO's, transplant centers, and dialysis providers

- OPO
 - Metrics are not reflective of aggressiveness of OPO – some OPO's do not pursue single organ donors
 - Variability in OPO reporting of metrics
 - Lack of oversight of OPO and accountability
 - No external validation of reported metrics
- Standardizing family denial of first person consent
 - Transplant Center
 - Change transplant center survival metrics to dialysis vs expected outcomes
 - Utility of waitlist mortality metric – lagging effect of patients removed who are too sick for transplant
 - Adjustment of metrics to reflect death not related to transplant, ex. MVA
 - Dialysis Providers
 - Add rates of referral for patients prior to dialysis initiation

Efforts to increase the efficiency of kidney allocation and create a collaborative on kidney utilization

- Enforce rules to review offers in a timely manner
- Standardize policy on kidney biopsies
- Standardize waivers/criteria
- Explore strategies to share risk for risky kidneys
- Hard stops
- Response time from initial offer (metric)
- Improve paired program system (3 systems)
- National policy on deceased donor enrollment
- Increase priority on local recipient to decrease shipping (pump use limits shipping)
- Penalize hospitals for not referring patients in a timely manner

3. New Project Ideas (Fall Under OPTN, Sponsored by TAC)

There was not time for this agenda item.

4. Adjournment

Meeting was adjourned at 3:00 p.m.

Upcoming Meeting

- August 12, 2019, 3:00 p.m. (teleconference)