

**OPTN Transplant Administrators Committee  
Meeting Summary  
October 23, 2019  
Chicago, IL**

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

## **Introduction**

The Transplant Administrators Committee met in-person in Chicago, IL on 10/23/2019 to discuss the following agenda items:

1. Fiscal Impact Update
2. Increased PHS Risk
3. Organ Offer Notification Limits
4. POC Update and Brainstorming Session
5. DonorNet Mobile Update
6. MAC Socio Economic Workgroup Update

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

### **1. Fiscal Impact Update**

Andrea Tietjen from the Fiscal Impact Advisory Group provided an update and information on:

- Purpose of workgroup
- Work group structure, composition and members
- Current, planned and updates on work group proposals

#### Summary of discussion:

How will organ specific committees be handled?

- Fiscal impact group members will be assigned to the organ specific committees and lead a discussion on regular scheduled committee call on how member types (either hospital, OPO, or lab) will be impacted. This information will be compiled by staff to be provided on the Public Comment document for the proposal.
- Several TAC members expressed interest in joining the group. Staff will follow up.

### **2. Increased PHS Risk**

Dr. Srinidhar V. Basavaraju provided a presentation on the PHS guideline and revision update and considerations related to transplantation of organs from HCV infected donors into uninfected recipients.

#### Summary of discussion:

Why was the incarceration criteria left in, especially the 72 hour timeframe?

- Incarceration as a risk factor has been implicated as the main or only risk criteria for donors where there has been a documented transmission of hepatitis B or C. There is also a higher prevalence of these pathogens among patients who have been incarcerated.

Question regarding the elimination of the nomenclature, will this not show on the match run or will there be a separate match run for increased risk donors?

- We do not develop operational policies for OPO's or transplant centers, that will be left to the OPTN after the guidelines take affect.

Was there any concern in public comment on repeat testing, regarding false positives?

- Yes, false positive concerns were raised. It is likely that the group will not recommend a second NAT test within 72 hours.

Was there concern about laboratory capacity for NAT testing?

- Before draft recommendations were made, OPTN data was analyzed, and found there currently is universal organ testing that is above and beyond the 2013 recommendations. The proposed changes are not going to add to an additional burden of donor testing.
  - A member mentioned that what is not universal is recipient NAT testing, and every donor can have multiple recipients so capacity is a question. Also, the availability of NAT testing in general could be a problem, there are some that are not FDA approved and therefore are not able to be utilized. There is also increased expenditure placed on the transplant programs. As demand increases, costs will increase, we do not know what the impact will be.
  - Potential concerns regarding the time frame for living donor testing was discussed. This could lead to delays in transplants due to the ability to get the NAT testing done in the proposed time frames.

### **3. Organ Offer Notification Limits**

Kerrie Masten from UNOS provided an update on allocation based notification limits

#### Summary of discussion:

Lung allocation changed two years ago, have we had the same DSA limits for the past two years?

- Yes, the notification limits for lung are still based on local/non local. That is what we want to move away from with all the organs. It may not be impactful for lung, but we anticipate for kidney that it will reduce the efficiency of organ placement especially on high KDPI cases.

Do we know the volume of the organs that are not placed? Is there an estimate of what that will look like? Centers will receive more offers but ultimately will not receive. This may continue a problem that we currently have with the utilization of provisional yes.

- That has been brought up and the team will take a look at it. One thought is that once you have local and non local candidates together on the match run, you will probably hit the program limit. It should not be sending out higher volumes than you are currently receiving.
  - A member suggested that some modeling should be done

This is a great idea, however, regarding the behavioral economics piece; you never know how people will respond.

In the past there was an issue with the way the OPO put out the offers, they could bypass the donor acceptance criteria; has this been addressed?

- That is an existing problem, currently there is an offer filter pilot of 30 programs where transplant centers are creating filters that describe donor offers that they would not accept.

Those filters will be applied every time OPO's send out notifications. This should have a large impact on the number of offers received. The second phase of this pilot will start next year.

Will this information be shared with the organ specific committees and what is the timeline?

- The plan is to present to all the organ specific committees. It has already been presented to the OPO Committee and it was well received.

#### **4. POC Update and Brainstorming Session**

Susan Zyllicz provided an update from the Policy Oversight committee consisting of:

- Committee purpose and process
- Strategic process priorities

The committee conducted a brainstorming session regarding what committee projects should the OPTN pursue related to and what perspectives TAC could give regarding:

- Continuous distribution
- More efficient donor/recipient matching to increase utilization
- Improved equity for multi-organ and single organ transplants

#### Summary of discussion:

##### Project Ideas

- Current state of multi organ policy and what projects may need to come out of that either from the OPO committee or organ specific committees
- We should identify areas of multi organ transplant that will have the most impact
- Multi organ allocation with pediatric donors – would there be any policy implications?
  - The guidelines need to be more clear
- We have to balance single vs multi organ transplant
- More efficient donor/recipient matching to increase utilization
  - OPO's will have one list of issues and transplant centers will have a separate set of issues. What the top issues for both types of organizations?
  - Decision making practices are based on experience – past experiences drives current beliefs, drives behaviors which ultimately drives outcomes. The experiences need to be changed to get the desired outcomes. This is extremely hard, how do we get there?
    - One member has started using more DCD livers, one of the challenges is receiving updates from the OPO's.
- Dealing with the FAA issue of not being able to fly pumps on commercial flights because of the lithium batteries.
- We have access to the actual charges from all OPO's regarding kidneys but we do not have that with other organs. Would this information be helpful to transplant centers?

#### **5. DonorNet Mobile Update**

A representative from UNOS provided an update on DonorNet Mobile for transplant centers.

#### Summary of discussion:

Is there an update on accessing images?

- Seven OPO's are participating in a pilot where images can be uploaded directly from DonorNet, UNOS is partnering with a third party company to conduct this pilot. The target is early 2020 for the full roll out.

Are there alerts when changes are made to donor records, offers etc.?

- They are working on filters to allow for updates to be customized.

## **6. MAC Socio Economic Workgroup Update**

A representative from the Socio Economic Workgroup.

### Summary of discussion:

Members provided feedback on obtaining the data:

- How patients will perceive this question: Some may think that they will not get as high quality of care or be denied for care if they reveal their income
- Refusal to provide data: A history of mistrust in the medical system, suspicion about how their information will be used
- Sensitivity of data: No matter their SES, people do not like to share their income
- "I can't even get patients to give me their social security number"

Members provided feedback on the accuracy of data:

- Patients will inflate their income/report incorrectly for fear of not being treated if they provide their real income

Members provided feedback on access to the waiting list

- This project does not focus on those who did not even make it to the list due to financial status

Members provided suggestions on framing, asking how would you explain why this data is necessary and possible alternate methods:

- Collecting this data in a more anonymous way: Both TCC & TAC suggested having patients enter the fields into an ipad/application
- Examine what kind of/how much financial assistance centers are providing to patients
- Look at list of patients that were recommended for transplant, but ultimately turned down and the reason why- especially examining how many were turned down due to insurance or lack thereof
- Look at Zip code

### **Upcoming Meeting**

- November 20, 2019, Conference Call