

**OPTN Policy Oversight Committee
Meeting Summary
October 30, 2019
Chicago, IL**

**Chair: Alexandra Glazier, JD, MPH
Vice Chair: Nicole Turgeon, MD**

Introduction

The Policy Oversight Committee met in Chicago, IL on 10/30/2019 to discuss the following agenda items:

1. Kidney Accelerated Placement (KAP) Review
2. Efficient donor/recipient matching to increase utilization
3. Continuous Distribution
4. Improved Equity for Multiorgan and Single Organ Candidates
5. Equity in access to transplant registration
6. POC Committee Charter
7. 2020 Public Comment Discussion

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

1. Kidney Accelerated Placement (KAP) Review

Summary of discussion:

- UNOS staff presented the background, governance structure, and initial results of the KAP project. This included the donor trigger criteria and the transplant program qualifying criteria.
- The committee discussed that KAP serves as an example of a project that could be expanded to other organ systems, donors, and transplant programs through policy development. It also serves as an example of the analysis that will be necessary for other organ systems to develop similar approaches.
- The committee discussed what success means for these approaches. Are we only trying to increase total usage or is it usage of certain organs? The committee also discussed how to identify which organs are being discarded but should be used.
- One committee member suggested looking at the results from France who use a higher proportion of these kidneys.
- The committee also discussed the concept of using institutional data instead of candidate clinical data to allocate organs. While the OPTN historically allocates organs to candidates based upon the candidate's clinical criteria, an institution's acceptance practices can demonstrate the likelihood of acceptance for an organ offer.
- The committee also discussed the concept of prioritizing candidates that are low on the current match runs for marginal donor organs. Physicians or the patient may decide that they would prefer a quicker transplant with a marginal organ over a long waiting time in the hopes of a different organ.

Next steps:

Finally the committee asked how long it will take to expand this project. Staff explained that the three-month review is too early to be conclusive. After staff finishes the six-month review of KAP, we will be better situated to plan a possible expansion of the project.

2. Efficient donor/recipient matching to increase utilization

Summary of discussion:

- The Chair explained that the workgroup met by phone to review projects already submitted, discussed the value of each project, and categorized them by their approach: dynamic match screening; transplant program screening; and offer/acceptance mechanics. Within the categories, there are potential committee projects and non-committee projects.
- Dynamic Match Screening:
 - Of the three categorized approaches, this category has the most policy projects. Within this category are projects related to expedited organ placement, a safety net for recipients of marginal organs, local backup, and dynamic matching. This first three would all require policies to be effective.
 - *Expedited placement*: This approach could build upon the concepts in KAP and the facilitated placement of pancreata. It requires the identification of hard to place organs and the identification of hospitals that have an established history of accepting similar organs. Every organ specific committee could work on this type of project.
 - *Safety net*: Policy currently has a safety net for simultaneous liver-kidney (SLK) allocation. A similar safety net could be established for recipients of marginal organs. This could provide some priority for recipients of marginal organs if their transplant is unsuccessful and the candidate needs another transplant. Since this is a concern for some patients and physicians, this could entice programs to accept more of these organs. Every organ specific committee could identify a class of organs eligible to qualify for the safety net. While a cross-organ workgroup and the POC could discuss the structure for the safety net.
 - *Local backups*: With broader distribution, more OPOs and transplant hospitals are concerned about local backups. The kidney and pancreas committees are proposing public comment proposals to make import backups consistent with the new geographic boundaries instead of overhauls of import backups. Operationally, there are different approaches and priorities for the different organ systems. Because the kidney and pancreas committees are working on this now, it probably makes sense for the OPTN to look at this across the organs.
 - *Dynamic offers*: This is an IT project and not a committee policy project. Instead of a static match run that doesn't change as clinical or operational characteristics change, the match run could change as clinical information changes. Example 1: New serologies results could impact screening. The OPTN can program this without new policy language. Example 2: A candidate's clinical urgency rapidly changes. This example would change the order of candidates based upon their clinical criteria. The committee discussed whether this would improve acceptance and utilization as opposed to just better matching of donors and candidates.
- Transplant Program Screening
 - *Target acceptance rates*: The Committee discussed setting target acceptance rates for programs similar to how the OPTN looks at post-transplant outcomes metrics. The committee agreed that this is a good long-term goal but we're not ready for this until some other tools are in place. For example, the OPTN needs additional data on donors

before this could be useful. (Ex. pneumonia or adema for lungs.) The OPTN could also build additional tools to help hospitals screen candidates. The committee discussed that the denominator for acceptance rates should be donor organs that were offered and accepted by somebody, as opposed to all organ offers. Committee members commented that programs are leery of more regulation and may not support this new approach. Additionally, it could have an adverse impact and members would implement strict acceptance criteria to look favorable on this metric but decrease overall organ usage. The SRTR mentioned that they already calculate something like this and publish it on the SRTR website.

- *Enhanced screening & designate more aggressive candidates*: These are also non-policy driven projects. The first is a current IT pilot project to allow programs to set screening criteria that are interdependent (such as only accept DCD when the candidate is less than 40 years old). The second would be a programming change to allow candidates to designate certain candidates for whom they have broader acceptance criteria
- Offer/Acceptance Mechanics
 - These are all non-policy projects at this time. Examples included an IT project to provide information to programs about the likelihood of getting another offer and how soon it is likely to come, to help with acceptance decisions. Additionally, there is a current Collaborative Improvement project to improve the acceptance practices of pediatric programs.

Next steps:

The POC recognized that different organ systems will have different priorities right now. Therefore, the POC will send a memo to leadership of each committee asking for their committee's priorities regarding the above policy options. From there, the staff will prepare potential overall project plans for the sequence of these projects that are consistent with the committees' direction. The POC will then discuss those on a future meeting.

Additionally, the POC will continue to have two-way conversations with UNOS staff concerning the non-policy projects. Some of the policy projects will benefit from the completion of the non-policy projects and we will communicate in order to properly sequence and resource those projects.

3. Continuous Distribution

Summary of discussion:

- The discussed began with a background presentation on continuous distribution, the multi-criteria analysis being used to develop the proposal, and an overview of the Thoracic Committee's experience to date and project plan. The subcommittee for this strategic policy priority had previously recommended some criteria to score and prioritize the organ systems for their transition to continuous distribution. The committee received the results of the original staff analysis and the updated analysis after the subcommittee's recommendations.
- The committee agreed that certain organ systems should work together. For example, kidney-pancreas and liver-intestine will need to have some shared conversations.
- The committee reviewed some Gantt charts for potential sequencing of the organs. They prioritized organ systems with larger impacts over organ systems that would be quicker to finish. They also discussed the current conversations in the kidney and pancreas communities regarding a desire to transition to continuous distribution as quickly as possible. They therefore agreed to finish lung, start the kidney and pancreas project as soon as possible, delay heart until

we have sufficient data from the new heart system, delay liver until we have made sufficient, successful progress with the other organs, and delay VCA until resources are open.

Next steps:

Staff will prepare an overall project plan for the sequence of these projects that is consistent with the committee's direction.

4. Improved Equity for Multiorgan and Single Organ Candidates

Summary of discussion:

- The Chair of the subcommittee explained that the subcommittee met twice over the last month. The subcommittee used the OPTN's Ethical Principles for Multiorgan allocation to review multiorgan combinations. They identified four elements from the whitepaper to include in a gap analysis: transparency of allocation system; the level of discretion in allocation policy; whether there is a safety net for candidates that receive a single organ transplant then need second organ; and the impact of redirecting high quality organs from single organ transplant candidates. The subcommittee agree that the last element was too difficult to quantify at this time.
- In regards to sequencing of projects, the committee discussed whether to move concurrently or sequentially. A concurrent project plan would address Policy 5.10.C at the same time that organ specific committees address specific multiorgan combinations (for example heart-kidney). A sequential project plan would begin with the changes to Policy 5.10.C then delay the specific multiorgan combinations until changes were approved for 5.10.C. The committee discussed that changes to 5.10.C might negate the need to address or alter the approaches to certain multiorgan combinations. Therefore, the committee agreed with a sequential approach.

Next steps:

The POC recognized that different organ systems will have different priorities right now. Therefore, the POC will send a memo to leadership of each committee asking for their committee's priorities regarding their relevant multiorgan combinations. From there, the staff will prepare potential overall project plans for the sequence of these projects that are consistent with the committee's direction. The POC will then discuss those on a future meeting.

5. Equity in access to transplant registration

Summary of discussion:

- The chair of the subcommittee explained that the subcommittee met twice over the last month. Their discussion largely focused on what work the OPTN would need to do before the OPTN could begin proposing cross-organ policies to address this issue. The subcommittee agreed that the OPTN does not currently collect sufficient data to analyze this issue and therefore focused on what data would be necessary to assess the issue. Dr. Patzer gave an overview of her research with the Southeastern Kidney Transplant Coalition Quality Improvement Project. Their focus was to collect consistent kidney referral data. While there are some national data sources that can help determine the potential need for kidney transplant, these data sources do not exist for other organs. The committee agreed that this project could serve as a model that could be expanded to other organ systems. Additionally, the committee agreed that the OPTN should not focus on patients who might potentially need an organ transplant (for example, somebody on dialysis) and instead should focus on patients with a formal referral for organ transplant.

Next steps:

We will generate a new project form for this topic and gauge the interest of certain committees to sponsor this data collection project.

6. POC Committee Charter

Summary of discussion:

- The OPTN contract calls for updated committee charters. Unlike most other committees, the POC’s purpose and scope are described in the OPTN contract. The committee amended the earlier draft to clarify that the POC oversees committee projects (for example, guidance documents) in addition to policy proposals. They also added a responsibility for the POC to assess implemented policy proposals.
- The committee voted and there was unanimous support with no abstentions.

Approved Resolution:

The Policy Oversight Committee is an operating committee of the OPTN. The Committee advises the Board of Directors and Executive Committee in: developing strategic policy priorities; prioritizing and coordinating policy and committee projects that have broad implications across OPTN committees; evaluating policy and committee proposals prior to public comment; assessing the impact of implemented policy proposals; and ensuring that OPTN committees justify proposals in compliance with policy development requirements.

Next steps:

The updated charter will be sent to the Board for formal approval.

7. 2020 Public Comment Discussion

Summary of discussion:

The Committee heard previews of all of the projects potentially scheduled for January 2020 public comment. The Committee did not identify any substantive errors at this time.

Title	Committee
Guidance on the Use of Social Media by Transplant Candidates, Potential Donors, and Transplant Hospitals	Living Donor
Update to Equivalency Tables	Histocompatibility
Medical Urgency Criteria*	Kidney
Import Back-up*	Kidney
Improving Access for High MELD and Status 1 Candidates in Puerto Rico and Hawaii*	Liver and Intestines
NLRB Operational Guidelines Update	Liver and Intestines
Socio-economic status and access to transplant	Minority Affairs
Considerations in ABO Testing – Guidance and Policy	Operations & Safety
Import Back-up*	Pancreas
Lung Allocation Score (LAS) Refinements	Thoracic

Title	Committee
Continuous Distribution of Lungs	Thoracic
Modifications to pediatric Heart Allocation Policy	Thoracic
Update to VCA Transplant Outcomes Data Collection	VCA

Projects with an asterisk (*) indicate that they are new projects which the POC will approve at a future meeting.

Next steps:

- The POC will receive completed proposals on January 6, 2020.
- Additionally, some of the projects previewed at this meeting have not yet been approved as committee projects. The POC will vote on those at their next meeting.

Upcoming Meetings

- November 14
- December 19