

**OPTN Import Backup Workgroup
Meeting Summary
November 21, 2019
Conference Call**

Diane Brockmeier, RN, BSN, MHA, Chair

Introduction

The Import Backup Workgroup met via Citrix GoToTraining teleconference on 11/21/2019 to discuss the following agenda items:

1. Welcome and Agenda Overview
2. Recap of November 14 Call
3. Review of Scenarios – 250 Nautical Mile (NM) Import Circle with Host Organ Procurement Organization (OPO)

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

1. Welcome and Agenda Overview

The Workgroup chair welcomed attendees and thanked them for their work on this project.

2. Recap of November 14 Call

The Workgroup Chair provided a summary of the November 14, 2019 call. This included that there was a review of possible solutions and what impact they would have on implementation. The Chair stated the Workgroup had good options to consider that came from idea generation and previous discussions of the Kidney and Pancreas Committees. She stated that the Workgroup decided that the Host OPO is the best option to be responsible for reallocation because they are the most vested, which is favorable for the likelihood of placement.

She reported that there was discussion about circle size and proximity points. UNOS staff provided examples of the how many OPOs and transplant hospitals are in 150 NM and 250 NM circles in various parts of the country and an example of a reallocation scenario that should be considered as options are discussed.

3. Review of Scenarios – 250 Nautical Mile (NM) Import Circle with Host Organ Procurement Organization (OPO)

The Workgroup discussed a solution where the Host OPO would retain responsibility for reallocating a kidney and/or pancreas if it is not transplanted into the patient for whom it was accepted. They proposed that the Host OPO have the option to continue with the original match run or run a new match with the originally accepting transplant hospital as the new center of the allocation circle.

Summary of discussion:

A Workgroup member opened the discussion by stating concerns about the potential for increased burden on OPOs and the potential for increased cold ischemic time on reallocated organs. This member asked that the Workgroup consider the option of transplant center back-up. A discussion followed about balancing equity and utilization. The first Workgroup member stated that when an OPO is attempting to reallocate a marginal kidney, the focus has to be on utilization. Other Workgroup

members agreed that they have to be balanced, but that the intention should be to follow the match run to avoid skipping patients and equity should still be prioritized. Workgroup members also discussed potential challenges with logistics, specifically getting tissue typing materials to transplant hospitals for reallocation offers. Another Workgroup member stated that the solution should be something that works for every part of the country and not just how it works in the area that members know very well. This member also stated that more virtual cross-matching could be considered.

UNOS staff presented feedback that the Kidney and Pancreas Transplantation Committees provided. Feedback from the Kidney Committee was that the Workgroup needs to make sure that there is a balance between the perspectives of the Workgroup members. The Pancreas Committee feedback was that they are concerned that a 250 NM circle may be too large for reallocation and that center back-up should be considered for pancreata.

UNOS staff presented on potential implications to programming and the implementation timeline for various solutions that the Workgroup is considering. One Workgroup member asked for clarification about the match generation screen and if it had to include the option to include all organs when a reallocation match is generated since it would apply to the kidney and/or pancreas. UNOS staff clarified that the initiation page would be the same for all matches and that the person running the match would have the option to select that this is a reallocation match and they would be required to select the appropriate transplant hospital that originally accepted the match.

UNOS staff asked for feedback on whether the options for running the reallocation match should include the granular information of whether it is a right or left kidney as well as if it is a kidney and/or pancreas. Feedback from the Workgroup was supportive of this level of detail in the match initiation.

A Workgroup member asked if it is acceptable to propose a solution that would be implemented later than December, 2020, when the new Kidney and Pancreas allocation policies are expected to be implemented. UNOS staff replied that the Workgroup can select an option that may take longer, but that the commitment to promote access to patients means removal of DSA and region would proceed in December 2020. If changes removing DSA and region were implemented prior to implementation of a solution for reallocation, the default would be the original match run. A Workgroup member asked whether the OPO could change the location of the donor hospital to that of the accepting transplant hospital or have access to run a match with guest access to the importing OPO's UNet access. UNOS staff will follow up on the feasibility of this with current programming.

A Workgroup member asked how this would affect the role of the Organ Center in national placements. UNOS staff responded that the role is not expected to change and that they are evaluating how it might affect workload.

Another Workgroup member stated that it will be important to address that if an OPO is allocating from a match based on a geographically distant transplant hospital, that it might feel like a national offer and OPOs may feel obligated to turn over allocation to the Organ Center.

Next steps:

UNOS staff will follow up programming questions. The Workgroup will continue to consider feedback from the Pancreas Committee and other stakeholders.

Upcoming Meetings

- December 5, 2019
- December 12, 2019