

**OPTN OPO Import Backup Workgroup
Meeting Summary
December 12, 2019
Conference Call**

Diane Brockmeier, RN, BSN, MHA, Chair

Introduction

The Import Backup Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 12/12/2019 to discuss the following agenda items:

1. Equity & Utility in Proposed Solution
2. Review of Policy Language
3. Fiscal Impact

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

1. Equity & Utility in Proposed Solution

Data summary:

The Workgroup reviewed the proposed solution and its context within equity and utility. In the proposed solution, the host OPO retains responsibility for reallocated organs. In addition to the original match run, the host OPO has the option to delegate to the organ center or run a new match run around the transplant program that originally accepted the organ. This new match run uses the same distribution units as the original match run: a 250 nautical mile (NM) circle with up to two proximity points inside the circle and up to four proximity points outside the circle. The only change is where the circle is located, around the transplant program that originally accepted the organ instead of around the donor hospital.

The Workgroup reviewed equity and utility in the context of the proposed solution to make sure the solution adequately addresses potential scenarios impacting equity and utility. Equity speaks to the fairness of the system, reflected in the strict sequential order on the match run. Utility speaks to the proposed benefit – avoiding organ loss or a negative impact on ischemic time that affects patient outcomes. The Workgroup seeks a solution with a proposed utility benefit that's significant while still having a fair system.

Summary of Discussion:

The Workgroup discussed whether there are situations in which released organs should be allocated out of sequential order by reviewing a specific scenario. The scenario involved an OPO in New York City that allocates to a center in Los Angeles (LA) an 81% KDPI kidney. The LA center cannot use the kidney in the original intended recipient. According to the proposed solution, the host OPO could allocate according to the original match, delegate to the UNOS Organ Center, or run the new match run based around the transplant center in LA. The host OPO could continue to allocate according to the original match run, which is equitable in following strict sequential order, but also could affect utility because the donor hospital where the match run is based very far away so ischemic time, organ loss and patient outcomes could be impacted. Delegating to the Organ Center is an option currently in policy that would continue to be available under the proposed solution. The Organ Center must always allocate according to the

match run. The third option is a new match run around the LA transplant center. The host OPO must still allocate according to the match run or be in violation of policy. While this provides more positive options for utility since the circle is based around the transplant program where the organ is instead of around the donor hospital which is now far away, there still may be limitations because of ischemic time and the number of organ offers that can be reviewed within 250 nautical miles of the transplant center. The Workgroup reviewed that this is one scenario and the solution should be applicable to a variety of scenarios.

The Workgroup discussed whether there are scenarios in which following the match run would be inappropriate, and center back up or some other solution should be utilized instead and written into policy. The Workgroup considered that the public comment proposal could include a request for feedback on this issue from members of the community. A Workgroup member said that the logistical challenges of tissue typing may limit the practicality of the proposed solution. Another Workgroup member disagreed, indicating the proposed solution would adequately address such situations. That Workgroup member expressed concern about programs gaming the system if center back up were allowed, and supported a system that was more patient focused. The Workgroup discussed “expedited placement” by an OPO, in which the OPO may call a center that could take the organ in the circumstance the organ would not otherwise be placed. Workgroup members felt that the current system works well and shouldn’t be modified, and the use of virtual crossmatching should be increased. Workgroup members were informed that the process known to some as “expedited placement” or “center back up” is not currently in policy. However, if the OPO makes use of this option, review of the organ placement takes into account the utility of getting the organ placed when the organ has already accrued significant ischemic time. The Workgroup considered that the current system in which organs allocated out of sequence are reviewed is appropriate, reasonable and efficient. The Workgroup agreed the current process does not necessarily need to be changed based on the proposed solution, but will ask for public comment feedback from the community.

A Workgroup member suggested that because pancreas and kidney have different tolerances of ischemic time, center back up may be a better option for pancreas than for kidneys. The public comment proposal will also ask about community feedback on whether the proposed solution should differ for kidneys versus pancreata.

Next Steps:

The Workgroup’s feedback will be reflected in the questions asked of the community in the public comment proposal.

2. Review of Policy Language

The Committee reviewed the policy language that will be modified as part of the proposed change.

Summary of Discussion:

A Workgroup member asked about situations in which organs are offered to the same patient or program multiple times. The Workgroup member expressed concern about efficiency in situations where time is of the essence. The Workgroup had previously discussed how to factor in refusal codes, but the IT implementation of factoring in refusal codes would have a significant impact on the overall implementation timeline. The IT challenges come from avoiding inadvertently screening off patients who should not be bypassed, and producing the necessary programming for the change. The Workgroup discussed a filtering option to add implementation of screened off refusal codes in a phased approach. A Workgroup member emphasized that members of the community may be concerned about the impact

of not making this change immediately. The Workgroup agreed to include a question in the public comment proposal specific to the impact of having match runs that include offers already screened off.

Next Steps:

The OPO Committee will be sent the policy language to review and vote at their next Committee call on Wednesday December 18, 2019.

3. Fiscal Impact

The Workgroup discussed feedback on the potential fiscal impact of the proposed changes with a member of the Fiscal Impact Workgroup.

Summary of Discussion:

The purpose of the Fiscal Impact Workgroup is to consider the high level fiscal implications of proposed changes on members and summarize this information for the Board of Directors to consider when deliberating in decision making. The Workgroup discussed potential staffing costs of the proposal. Making offers twice could impact costs to transplant centers. It's difficult to quantify the time it takes to import and redirect organs. OPOs may have additional staffing costs related to importing and exporting organs. The impact on large, medium or small volume programs may depend on the number of patients on the list. Ongoing costs associated with insurance or contracting may go up with transportation costs.

Next steps:

The Fiscal Impact assessment will be included in the public comment proposal.

Upcoming Meetings

- No Import Backup Workgroup meetings are currently scheduled

Attendance

- **Workgroup Members**
 - Diane Brockmeier
 - Vincent Casingal
 - Luis Mayen
 - Cathi Murphey
 - Rich Rothweiler
 - Larry Suplee
 - Jill Stinebring
 - Nicole Turgeon
 - Chad Trahan
- **HRSA Representatives**
 - Emily Anozie
 - Raelene Skerda
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Glenn Burton
 - Lindsay Larkin
 - Rebecca Murdock
 - Wes Stein
 - Read Urban
 - Matt Prentice
 - Abigail Fox
 - Craig Connors
 - Amber Wilk
 - Scott Castro
 - Leah Slife
 - Matt Belton
 - Roger Brown
 - Ross Walton
 - Joann White
 - Robert Hunter
 - Beth Coe
- **Other Attendees**
 - Julie Bergin
 - Andrea Tietjen