

OPTN Organ Procurement Organization (OPO) Committee

Meeting Minutes

December 18, 2019

Teleconference

Diane Brockmeier, RN, BSN, MHA, Chair

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Introduction

The OPO Committee met via Citrix GoToTraining teleconference on 12/18/2019 to discuss the following agenda items:

1. Import Backup Workgroup Overview
2. Review of Policy Language and Vote

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

1. Import Backup Workgroup Update

The Committee received an overview of the work and development of the policy proposal for the Import Backup Workgroup.

Summary of discussion:

The Import Backup Workgroup held five conference calls that began in November. The Workgroup was formed in response to the Kidney and Pancreas proposals that were in the Fall 2019 Public Comment cycle. Due to some concerns that were raised during public comment, the Kidney and Pancreas Committees decided not to send the import back up portion of the proposal to the Board of Directors (BOD) and felt it would be better suited to be sponsored by the OPO Committee to discuss further and develop a resolution to the import back up policy.

The Committee reviewed the alternative solutions that were considered by the Workgroup. The Workgroup decided that they would keep the host OPO responsible for reallocating any organs that were released by the original accepting center. This could be done by continuing down the original match run or delegate this to the organ center. They can also run a new match run around the transplant program that originally accepted the organ.

The Workgroup decided to include additional feedback questions to the community during the Winter 2020 Public Comment cycle.

A member asked that if a new match run were initiated, would it automatically exclude candidates who initially declined the offer. UNOS staff confirmed that this would not be the case and that from discussion within the Workgroup but that this was up for discussion based on the feedback received during public comment. The member continued that if a new match run is being using in the same area by the initial transplant hospital, a transplant program that had already declined an offer should not be shown on the match list when it is run again.

Another member asked what the actual estimate was. With broader distribution of kidneys, OPOs are taking on more costs. What was the cost prohibited compared to the liver? UNOS staff clarified that it was believed to be volume.

The Committee Chair stated that the expedited liver policy was the most expensive policy out for review from a programming perspective. There would be a push for this policy to meet the kidney implementation deadline in December 2020.

A member asked if the refusal codes would be transferred to the new match run. Another member clarified that from the Workgroup discussion, the expectation was that it would be completely permissible.

2. Review of Policy Language and Vote

The Committee reviewed and discussed the proposed Import Backup Policy language.

Summary of discussion:

A member stated that in lines 9-12, there seems to be redundancy. UNOS staff clarified that the additional language was inserted to distinguish the allocation delegation responsibilities of the host OPO. For the allocation of kidneys, pancreata and islets, the host OPO or the OPTN Contractor to delegate allocation. For all other organs, the host OPO has the option of delegating this responsibility to the OPTN Contractor or the OPO serving the candidate transplant program's DSA.

The Committee reviewed the following proposed policy language changes:

Policy 8.3: Kidney Allocation Score

The verbiage "accepted the kidney" was replaced with "released the kidney". These changes were made throughout the corresponding policies where appropriate.

The language is identical to the proximity points to regular kidney allocation except for the transplant program that initially accepted the offer. In the regular kidney policy, it references the donor hospital.

Policy 8.5 H: Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%

The term "proximity" was replaced with "distance".

In Table 8.6 under this policy, "donor" was changed to "the hospital" to capture both regular allocation and released kidney allocation. There were no other changes to the tables based on what had been approved by the Board earlier in December.

8.5.I: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 20% but less than 35%

There is a clause leading into each section regarding the allocations discussed. The numbers are changed in the tables based on the numbers corresponding to each section as applicable.

8.8: Allocation of Released Kidney

Provides the options that are available in reallocating released kidneys.

These same policy language changes were made to the pancreas allocation policies as appropriate.

A member asked which list would be used if the host OPO delegates the OPTN Contractor to reallocate the organ. The Committee Chair clarified that the Workgroup discussed that the host OPO would tell the OPTN Contractor which list should be used to reallocate the organ.

The member continued by asking if there was any discussion regarding typing material. The Committee Chair confirmed that this was discussed and that it was understood that there would be a limited resource, but that if it were available, there would be a responsibility to share this information.

Another member stated that there was not a solution that necessarily removed typing as a concern or consideration. The Workgroup agreed that this would need to be taken into account regardless of which solution was implemented.

The Committee was called to vote on the proposed policy language. The Committee unanimously voted to approve the proposed policy language (Vote: 16 support, 0 Abstain, 0 Not Support).

3. Updates

Regional Meeting Schedule

The Committee reviewed the Winter 2020 Regional Meeting schedule. The Committee will be presenting the Import Backup Proposal during the regional meetings. Preparatory calls would be scheduled prior to the meetings.

A member suggested that for this presentation, the Committee should pay attention to how to address concerns the transplant programs may have of getting the same offer on a kidney twice. There should be some talking points on this.

CMS Revisions to the Outcome Measure Requirements for Organ Procurement Organizations

The CMS regulations were released for review and feedback. There is a 60 day public comment period. The OPTN will be working on a response to the proposed CMS regulations. The Committee was encouraged to provide feedback to help in the development of the response.

Upcoming Meeting

January 15, 2020