

**OPTN Thoracic Organ Transplantation Committee
Continuous Distribution of Lungs Workgroup
Meeting Summary
January 8, 2020
Conference Call**

Erika Lease, MD, Vice Chair

Introduction

The Thoracic Committee's Continuous Distribution of Lungs Workgroup met via Citrix GoTo teleconference on 01/08/2020 to discuss the following agenda items:

1. Decision Lens Presentation

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

1. Decision Lens Presentation

Summary of Discussion

Representatives from Decision Lens gave the Workgroup members an overview of the Analytic Hierarchy Process (AHP) and the Decision Lens tool. Decision Lens staff walked the Workgroup members through a prioritization activity. They discussed the background of how AHP was developed as a decision-making approach. They also demonstrated the application of AHP. In order to not bias the discussion, they started with an overview of a transportation project Decision Lens is working on now. In their transportation example, there are a lot of stakeholders trying to drive to their own optimal solution. Additionally, there are more than just technical solutions to consider, including societal, public safety, environmental, cost, and other considerations that have to be addressed in an optimal solution. AHP helps create a dynamic framework that captures the diversity of opinion and helps with developing a prioritized solution.

A typical first step with AHP involves describing what the group is trying to decide. Then the group defines the relationships between the parts. Finally, they apply the judgements to the related parts. This leads to identifying and finding inter-related criteria. The hierarchy comes into play in the next step when the group synthesizes multiple considerations. The synthesis takes place using a "pairwise" comparison of inter-related criteria. The comparison is performed in the tool where two choices are presented and the user indicates his or her preference individuals are presented with two choices and he or she indicates how important one of the choices is specifically compared to the other choice. The results of all of the individual pairwise comparisons are combined to produce the list of priorities. The presenters described how their example might be implemented for transplantation. Specifically, the three steps are: 1) Criteria defining, 2) Establishing criteria impact, and 3) Final criteria weights. A benefit of AHP and Decision Lens is that they allow for iterative decision-making. Users do not have to make a single decision that they are then stuck with. They can make a decision, then test it or review it, and then change the previous decisions in order to get to a better solution.

UNOS staff described how the three steps compare to what the Workgroup has done up to this point. That is, the Workgroup spent the first several calls discussing the attributes they want to use for allocating organs. Then those were placed into a hierarchy, grouping similar attributes together. For example, grouping attributes around patient access or efficiency. All of those actions could be

considered part of Criteria defining. The next step will involve asking the community to identify how much weight they place on each criteria / attribute. The output will come from the Final criteria weights.

The Workgroup was then given a live demonstration of the Decision Lens tool. The members were shown a listing of some attributes related to capital planning for a city. Based on how those attributes were prioritized, the tool calculates the weights associated with the criteria, and then how individual alternatives score against one another. Users are able to make changes to the established weights, decisions groups, and other factors to look at the matter from different perspectives.

How users will determine their priorities using the tool was also demonstrated. This involved choosing an attribute and then comparing it against all the other individual attributes. The objective is for each user to indicate which of the choices is more important to him or her with respect to an overarching idea like, medical urgency. Individual results are produced, and the results are compiled overall as well.

UNOS staff added that the tool is easy to use, and asked that the Workgroup members take some extra time to reflect on their choices.

A Workgroup members asked how many individuals will be completing the activity and voting? The answer was that several groups will be using the tool. For instance, the Workgroup will use the tool multiple times. This will permit the group to review their collective response and see what that would look like if it were implemented as policy. The Workgroup will be able revise their decisions based on the outcomes of the earlier decisions. In addition, lung transplant programs will be asked to complete the exercise. The transplant programs will also be asked to share the exercise or access to the exercise with their patients and the patients' families. Information about the exercise will be communicated during the regional meetings as a way to spread the word. However, meeting time will not be spent having attendees go through the exercise. The hope is that by making as many people aware of the exercise, there will be robust feedback about the discussion.

Decision Lens should not be considered as a 'black box' that is going to produce a single answer. Decision Lens will provide the community with information and insight into how the community feels on these types of considerations. This approach to AHP is being used to determine the value-laden questions, as opposed to the clinical questions. Decision Lens will help with questions like, what is more important pediatric priority or living donor? The results from these comparisons will be combined with the ratings scales the Research staff are building, as well as the ratings scales associated with the clinical data. In addition to the use of AHP, the simulation tools and modeling that are typically performed for these analyses will also be used.

A member asked how, if at all, will the different stakeholder groups get weighed? Another Workgroup member offered to share the AHP exercise information with his organization of patients and their families. This could result in a great deal of responses being submitted from one group, which could impact the results. Internal staff responded that general demographic information will be collected to identify thoracic community members, such as transplant programs, OPOs, and patients. Additional demographic information being requested will include respondents' state, the organ type they most identify with, and the size of the transplant program with which they are associated.

A member asked about earlier discussions the Workgroup had involving how to address clinically meaningful LAS differences that warrants distances traveled or not. The member wanted to know if that question had been resolved. Internal staff responded that the ratings scales the Workgroup considered and what Research staff are working on is designed to be captured through those efforts. A way to consider that when completing the exercise is to start with "all things be equal, except for the two factors that are being considered at that moment."

Next Steps

The Workgroup will be moving on to consideration of the LAS Cohort updates because those decisions will be used within the overall rating scales and prioritization activity. Training videos are being finalized that show how to complete the Decision Lens tool and how AHP works. The videos will be shared with the group and broader community.

A schedule of the regional meetings and presenters was discussed with the Workgroup members. It was also stated that prep calls for the regional meeting presentations will be scheduled in the near future.

It was decided that the Workgroup would not meet on January 9th, as had been previously scheduled.

Upcoming Meetings

- January 15, 2020
- January 16, 2020
- February 13, 2020
- February 20, 2020