

**OPTN Transplant Administrators Committee
Fiscal Impact Advisory Workgroup
Meeting Summary
May 26, 2020
Conference Call**

Introduction

The Fiscal Impact Advisory Workgroup met via Citrix GoToMeeting teleconference on 05/26/2020 to discuss the following agenda items:

1. Review and Discussion: Further Enhancements to the NLRB

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

1. Review and Discussion: Further Enhancements to the NLRB

UNOS Staff described the process for reviewing project proposals, questions to consider, and ways to assess the implementation cost, staff impact, and overall fiscal impact of proposals prior to public comment. The Chair of the Liver and Intestine Committee was present to participate in the discussion and answer any questions about the Enhancements to the National Liver Review Board proposal. It was noted that impact of the proposal would be minimal on transplant programs and have no impact on OPOs and Labs.

Summary of discussion:

The Chair of the Liver and Intestine Committee gave an overview of the Enhancements to the National Liver Review Board proposal. These enhancements include:

- Changes in guidance for polycystic liver disease and polycystic liver kidney disease
- Changes to standard criteria for portopulmonary hypertension (POPH)
- Creation of a pediatric Appeal Review Team (ART)
- Adding an "ART Leader" from the Liver Committee
- Clarifying Hepatocellular Carcinoma (HCC) Explant Pathology policy

A member asked if additional reporting and testing would be required. Another member had a question about the operational impact of the proposed enhancements. The Chair of the Liver and Intestine Committee described the impact on transplant programs as very little and non-consequential, outlining that the primary changes relate to guidance for the prioritization of patients when programs apply for model for end-stage liver disease (MELD) exception scores. The Chair of the Liver and Intestine Committee stated that the proposed enhancements would require an additional 3-4 minutes for data entry per applicable case which was approximated to be a small cohort of around 80-90 patients in the U.S. a year.

A member asked what the proposal intends to change to the HCC Explant Policy. The Chair of the Liver and Intestine Committee described that under this change, a patient is considered HCC positive if they have been treated for HCC regardless of if cancer is seen on the Explant Pathology. This does not change the data the program submits, only how it is processed and adjudicated by the Review Board.

A member asked what new data would need to be collected for POPH. The Chair of the Liver and Intestine Committee said the same data will be required for MELD exceptions but there will be minor changes to the submission form. The new questions on the submission form will not require additional testing.

The Chair of the Liver and Intestine Committee noted that this criteria and guidance is being updated to recognize new therapies which affects how the patients need to be adjudicated when going through the MELD exception score process.

A member asked what the cost would be to not implement this proposal. The Chair of the Liver and Intestine Committee responded stating that this proposal is a noncontroversial change that only needs to be updated to be more reflective of current practices.

Next steps:

UNOS Staff will forward the survey to the Workgroup to assess fiscal impact but is not requiring everyone to complete it. Since this proposal will have minimal impact, members may also submit feedback via email.

Upcoming Meeting

- May 28, 2020