

Meeting Summary

OPTN Policy Oversight Committee
Provisional Yes Workgroup
Meeting Summary
May 27, 2020
Conference Call

Craig Van De Walker, Workgroup Chair

Introduction

The Provisional Yes Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 05/27/2020 to discuss the following agenda items:

- 1. Workgroup Charter Discussion
- 2. Project Recommendations and Next Steps

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

1. Workgroup Charter Discussion

The Workgroup reviewed the background and goals of the project as well as processes for recommending projects to the Policy Oversight Committee (POC).

Summary of Discussion:

The Workgroup will evaluate the "provisional yes" system by identifying the advantages, disadvantages, and scope of the problem. The Workgroup will recommend a specific project and report their findings to the POC.

2. Discussion: Project Recommendations and Next Steps

The Workgroup discussed how the "provisional yes" system affects their respective programs.

Summary of discussion:

One member commented that from a center's perspective there is a certain tendency to ignore an offer until it is primary. Whoever is making the decision on the center's behalf may be overwhelemed with offers. Due to this practice, organs are often needing to be aggressively placed out of sequence or be discarded.

The Workgroup Chair asked workgroup members to describe how the provisional yes process affects their respective programs.

One member who is a transplant surgeon commented that the surgeon is the one who gets the offers. The Organ Procurement Organizations are sending offers that are weighed by the surgeon to determine which offers are accepted. Not all offers are accepted nor looked at. There used to be a time when surgeons would receive calls with real offers. Now with electronic offers, it has become more challenging and not all offers are looked at. The member proposed that if the OPO committee could clarify which offers should be sent out broadly and which shouldn't, the practice would change. For example, the offers that could be considered "easy to place" should be sent out to less centers whereas the offers that are considered "hard to place" could be sent out more broadly. As long as you are

sending out an offer for an organ where many will accept it, there will be instances where programs won't look at the offer.

One member commented that one disadvantage to the provisional yes system is that it can take a long time. For instance, the one hour rule may not be abided by. One way programs get around this is by asking for another test which resets the one hour timeframe. Those that are at the top of the list may take advantage of this by asking for more information to add more time.

Another member noted that putting in a provisional yes and not coding out until being primary is another issue with the current system. From a transplant program perspective, they don't want to code out until they are actually primary. If tx programs code out on an offer without being primary, the clinical circumstance can change by the time that they would have been the primary offer. The provisional yes process is cumbersome and there are circumstances where it is not great for every organ.

One member asked whether the use of provisional yes increases or decreases transplants being done?

The workgroup chair responded that the system is potentially a positive. The system does not work the way it is intended. One of the biggest problems is there is more of a chance for the list to be bypassed to get to an aggressive program that has a history of accepting certain types of organs vs. going through a list and provisional yes' that do not accept the organ. The member clarified that there is no concrete information that shows that this makes a difference in organs being placed.

A member stated that the provisional yes has outlived its usefulness. DonorNet was built to filter out centers by honing in on organ offer refusals so that you would only speak to those programs that are generally interested in accepting an organ. The amount of time it takes to allocate organs needs to be reevaluated. The provisional yes process is a much broader problem that needs to be fixed.

Another member asked who in the process would want the provisional yes process to stay. The workgroup Chair stated that the discussion should be about what should be changed to improve this system and not about removing the process altogether. How can the provisional yes system be changed or improved?

A member stated that the difference between offers on the phone vs. electronic is that it is easier to read the information provided and make a decision from there. Members would be more engaged if the number of offers were reduced.

Another member agreed with this and stated that when their program received liver offers, they receive offers not as primary because they are an aggressive program. The member feels that there is a value, but it is a matter of how extensive the offering gets.

A member stated that unfortunately there are a number of programs that can clog this system up by taking a number of provisional yes offers and not responding to those offers. This situation results in a cycle program after program which delays time.

Another member stated that there are an overwhelming amount of offers that come in that do not get read due to the volume. Many of the people who are responsible for making the provisional yes decision do not have the authority to make the final decision. Some members are worried about being scrutinized in their metrics for turning down organ offers, causing the members to put in a "provisional yes" even though they know they are likely too far down to list to receive an offer.

A member stated that this is more of a bigger system issue. Filter issues and amore dynamic DonorNet system that could communicate more efficiently are potentially part of the solution. If things can be matched in everyday life, it should be possible for DonorNet.

The Workgroup discussed the possibility of reducing the number of incoming offers by clarifying which offers should be sent out broadly and which should not, then centers could have the capability to be more engaged. A member suggested discussing the idea of a system in which centers would enter specified conditions for accepting an offer. Another member suggested the idea of monitoring what types of offers programs accept and cater offers based on the observed preferences. A member stated this process may help in placing harder to place organs as well as reduce the number of offers for those organs that are easier to place. Members agreed that while considering the varying options, they need to recognize the differences in organ placement in regards to geographic area and type of organ.

The workgroup Chair asked if there were any comments regarding heart or lung allocation.

Members from Organ Procurement Organizations (OPO) mentioned problems with centers that are first back ups. Another member stated that back up offers are also something that are a challenge. Sometimes there are issues where back up programs will not discuss an offer unless they are primary, which also creates delays as well as in cases where they turn down the organ. Members from transplant centers agreed that there is a tendency to ignore offers until they become the primary.

One member suggested the possibility of a conditional yes wherein the progam can state under what conditions they would accept an offer. Part of the issue with the system now is that a lot of things change over time in terms of clinical information and a program's acceptance could vary depending on this clinical information, however DonorNet does not allow programs to revise an organ refusal when information changes.

The member continued that if there was a way to update this information, it would make this process easier to use and more efficient.

The workgroup Chair proposed to send out questions to members to the Committee to get more input on challenges of the provisional yes system. The Workgroup agreed with this plan.

Next steps:

The Workgroup Chair will develop a list of questions for members to answer to receive more information about the "provisional yes" system and its challenges.

Upcoming Meeting

TBD