OPTN Policy Oversight Committee
Local Recovery Workgroup
Meeting Summary
June 19, 2020
Conference Call

Mike Marvin, MD, FACS, Workgroup Chair

Introduction

The Local Recovery Workgroup met via Citrix GoToMeeting teleconference on 06/19/2020 to discuss the following agenda items:

1. Recap of 5/15 Workgroup Call
2. Discussion: Project Recommendations and Next Steps

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

1. Recap of 5/15 Workgroup Call

The Workgroup reviewed their charter and discussion highlights from the initial May 15th meeting.

Summary of discussion:

During the 5/15/20 meeting, the Workgroup discussed advantages and disadvantages observed of the local recovery process. Some disadvantages mentioned included lack of communication, the training of fellows, and lack of financial reimbursements to programs and surgeons. Some advantages mentioned included less travel and less exposure to Coronavirus Disease 2019 (COVID-19).

The Workgroup reviewed the discussion highlights from the previous meeting. These topics included:

- Technology advancements to enhance communication and image sharing between local recovery team and recipient surgeon before, during, and after procurement
- Addressing variations in procurement among organ type
- Practices seen among organ procurement organizations (OPOs) such as the hiring of surgeons to perform local recoveries
- Standardizing procurement time to better coordinate with operating room (OR) schedules

2. Discussion: Project Recommendations and Next Steps

The Workgroup discussed possible project ideas and recommendations addressing local recovery processes.

Summary of discussion:

The Workgroup Chair explained that the goal of the meeting was to determine the project focus and develop a recommendation on how the project should be addressed (policy proposal, guidance document, or education).

A member commented that some challenges for using local recovery are the availability of the local recovery teams, specifically thoracic surgeons, and being able to evaluate the organ. It was suggested that OPOs could hire thoracic surgeons on their procurement teams. . The member also recommended proposing that regions hire a recovery surgeon, which would formalize a practice already occurring.

Another member stated that anecdotally, thoracic teams believe that the use of local recovery teams results in less successful outcomes. He suggested surveying thoracic teams to learn more about the teams' perceptions of and experiences with local recovery.

The Workgroup Chair stated that one of the reasons for this perception is that OPOs may take more time during procurement because they have to coordinate multiple organs which slows the process. A member commented that this is less of an issue with heart since it is the first organ procured.

The Workgroup Chair suggested creating a guidance document for hiring a thoracic recovery surgeon by region. A member shared that another point of interest for the Workgroup could be recovery centers.

A member asked if the motivation for pursuing a local recovery project is in response to COVID-19 or general minimization of required travel. UNOS staff clarified that this initiative is aligned with the goal of the Policy Oversight Committee (POC) to increase efficiency of the system and organ utilization.

The Workgroup Chair suggested guidance on logistical considerations to enhance the utilization and success of recovery centers. There are some challenges such as the current Centers for Medicare & Medicaid Services (CMS) requirements for moving donors to other hospitals. The Workgroup Chair added that standardizing procurement times could be achieved by procuring at a recovery center. The Workgroup agreed that it may be helpful to evaluate recovery center regulations and enhancements further.

A member asked how many standalone recovery centers exist. Another member commented that there are many OPOs with freestanding recovery centers but there are also recovery centers inside of hospitals where patients can be transferred. A member asked if the recovery center inside of a hospital is separate from the operating room (OR), allowing for control over the schedule. Another member responded that some hospitals have a freestanding facility. A member voiced support for a separate recovery room for OPOs to use. Another member voiced support, sharing that procurements are often delayed because emergencies are given priority for use of the OR.

A member agreed that recovery centers are a great idea and asked if the existence of a recovery center would increase the willingness to use a local recovery team. Another member responded that recipient surgeons may be more willing to use the local recovery team if there is more reliability in the schedule of the OR time.

A member suggested that the Workgroup could focus on how to streamline processes by using secure image sharing and communication technology to help facilitate decision making during procurement. The Workgroup Chair stated that communication during procurement is critical.

A POC member reiterated that the goal of the project should be creating efficiencies within the existing system and identifying ways to move the use of local recovery forward.

A member shared that local recovery was a topic at the last continuous distribution meeting. There was not a lot of enthusiasm among thoracic teams to use local recovery teams due to concerns of the quality of the organ and the risk primary graft dysfunction.

The POC member asked what could be implemented or enhanced in the system to increase the level of comfort with using local recovery. Members commented that more data would help. Another member added that familiarity with a particular recovery surgeon would increase the probability of utilizing local recovery teams.

The Workgroup Chair asked if the Workgroup would want to pursue a project around the use of communication tools such as video chatting or other technology such as the Global Positioning System (GPS) tracking during local recovery procurements. It was suggested that courier groups could be

standardized and required to have GPS. There could be a project on the topic of regulations for sharing images in the OR.

The Workgroup Chair asked the thoracic members if video of the organ being procured would increase their comfort level when using a local surgeon. A member agreed that this would be a good focus of the Workgroup and commented they are already using video but whether or not it is helpful is very dependent on the quality of the image and screen size.

Another member commented that thoracic teams already have information from echograms but would find having more imaging of the right ventricle helpful. There are a lot of details that go beyond what can be captured in images. These details can make a huge difference in the organ's outcome.

A member suggested that more consistency during organ procurement could be promoted by creating a checklist that is reviewed by procurement teams prior to operation. Another member stated that teams may feel more prepared if they are able to discuss the required steps or go through a checklist prior to doing an activity. A member suggested having regions agree to a set of protocols or guidelines to improve consistency. A member suggested adding a question about whether the creation of a checklist would increase the confidence in a local recovery team to the potential survey.

The Workgroup Chair asked if real-time footage of the recovery connected to DonorNet or UNet^{SM} is worth considering, if feasible. A member said there would need to be a pilot to see if there was enough resolution to make it worthwhile.

The Workgroup Chair asked for input about what the OPTN could do to enhance the use of local recovery. A member responded that it would be helpful to determine what visualization, communication, or tracking technology would provide the most value to a surgical team.

A POC member asked the Workgroup what they thought about OPOs having full authority to dictate who does the recovery. The Workgroup Chair asked if full authority means that the OPO decides who is allowed to do the recovery or if it means they decide who must do the recovery. The Workgroup Chair raised concerns about the availability of thoracic surgeons if the OPO decided to require them to perform a recovery.

It was clarified that the OPO would have the authority to make the decision based on several factors and the idea of allowing the OPO oversight of who does the recovery is to improve efficiency in coordination. The Workgroup Chair commented that if the OPO had more authority over how the organ is recovered, it may expedite the procurement process. A member shared that their OPO has a growing team of surgeons that have procured a high percentage of donation after cardiac death (DCD) donor organs. Their team primarily procures abdominal organs but would procure more thoracic organs if transplant surgeons did not prefer to procure the organs themselves. The Workgroup Chair questioned why thoracic surgeons would want to perform the procurement and a member responded that a reason could be financial reimbursement. Members disagreed and stated that there are reasons beyond finances. Two members raised concerns about OPOs having the authority to mandate who does the recovery.

Next Steps:

- UNOS staff will provide the Workgroup with the list of potential projects to review and determine what focused data or discussion would support the development of the project.

Upcoming Meetings

- July 17, 2020 (TBD)

- August 21, 2020 (TBD)