OPTN Policy Oversight Committee
Provisional Yes Workgroup
Meeting Summary
August 4, 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. Research Data Update
2. Offer Filter Pilot Presentation
3. Review Current Ideas
4. Next Steps

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

1. Research Data Update

The Chair reviewed the submitted data request.

Summary of Discussion:

The data request aims to analyze:

- The use of provisional yeses which do not result in acceptances
- The variation in number of offers that go out to programs but never become primary
- The number of centers offered past what is needed for acceptance
- The placement of organs by stratifying varying levels of difficulty
- The opportunities for better use of the current screening criteria or filters

A member asked why the data request is focused on kidneys and not all organs. Research staff responded that liver and lung data will be analyzed as well but data sets for kidney are already prepared so it will be quicker to analyze first. There were no further questions regarding the data request submission.

2. Offer Filter Pilot Presentation

IT staff presented the current Offer Filter Pilot program.

Data summary:

The goal of the Offer Filter Pilot program (the Pilot) is to increase transplants by decreasing the time it takes to get to an acceptance. Additionally, the Pilot aims to reduce unwanted offers, decrease cold time, and increase organ acceptance, particularly with hard to place organs. The Pilot is utilizing kidney transplant programs but it is applicable to all organ types.

Currently, transplant programs can enter broad donor acceptance criteria. The Pilot allows transplant programs to filter their offers more precisely by creating multifactorial offer filters. The offer filters are

applied at time of electronic organ offer notification in order to use the most up to date information as well as account for time sensitive information.

UNOS Research Department developed a modeling tool that identified potentially effective offer filters. The modeling tool analyzed different combinations of criteria that were selected for the Pilot and applied the last two years of a program's offers to the selected filters. The modeling program has been run for all kidney transplant programs and the data is available in UNet, in the data services portal. The Offer Filters Explorer tool allows programs to discover recommended filters. The tool shows the effect that filters would have had if they were utilized as well as warns programs of any filters that would have filtered out organs that the program had accepted.

The Pilot phase 1 occurred in the summer of 2019 and 29 kidney programs participated. During phase 1 Pilot, 89 filters were created. About half of the programs used the model identified filters and the other half created their own filters. Phase 2 of the pilot will occur this summer of 2020 with participation from about 40 kidney programs. Phase 2 will allow programs the option to turn on filters which will by-pass certain offers. Additionally, phase 2 added opportunities for candidate exclusion criteria and additional reporting.

Summary of discussion:

A member asked if the offer filters are center level or patient level. IT staff responded that these filters are center level but candidate exclusion criteria has been added. Feedback from participating programs indicated that it was easier to maintain exclusion of certain types of candidates rather than filters associated with particular candidates. Another member asked if these filters are dynamic. IT staff responded that the data can change as the organ offers are being made. In the Pilot, a provisional yes would not be overridden based on data change, but if there were circumstances where provisional yeses should be overridden then staff would welcome that feedback. Members agreed that the more dynamic the filters can be, the better.

Another member asked if "accepted" refers to transplanted organs or accepted offers. IT staff responded that the tool refers to accepted offers but it does allow a further look to view which accepted offers turned into transplanted organs. Additionally, if the organ was transplanted, the tool shows delay graft function reports.

Members expressed confusion regarding the term "by-pass" and recommended utilizing a different term or further explaining the term. There were no further questions from the Workgroup.

3. Review Current Ideas

The Workgroup discussed potential recommendations.

Summary of discussion:

Current Ideas:

- Dynamic match/acceptance criteria
- Changes/additional offer filters
- Limiting the number of offers, including provisional yeses
- Slow the escalation pattern
- Consequences/regulation for centers that accept provisional yes and then turn down primary

Staff explained that the escalation pattern refers to the timing associated with escalating offer notifications. If an authorized user has not responded to the first notification, then escalation occurs after ten minutes of no response. The escalation re-notifies the primary on call and escalates to a

secondary on call. Staff has received feedback from the community that the escalation to notify the secondary and re-notify the primary may be occurring too soon after the first notification.

The Chair asked if slowing the escalation pattern would change the time frame that programs have to accept an offer. Staff responded that this particular proposal would require only a systems change. Acceptance time frames are outlined in policy and would require policy language change. Another member asked if, after ten minutes, could the primary be re-notified and then escalate to the back-up if there is no response. Staff responded that that is a possibility. A member asked if there is data on how many times this process escalates. Staff responded that there is data and will try to get updated numbers to relay to the Workgroup.

Another member stated that they believed the system is working well and does not think that transplant programs would be interested in adding additional notifications to the back-ups. The member mentioned that if slowing the escalation process is a pathway, then it should be backed up by data that shows it is a problem that necessitates change.

A member stated that it is too early to decide if limiting offers is a smart decision and presumes it would probably not be supported by the organ procurement organization (OPO) community. Staff explained that currently, there is no limit on the number of outstanding provisional yeses by program or by candidate. A member stated that in instances of ideal organs, limiting the number of offers OPOs send seems like a good idea. Another member responded that they do not believe this is happening and has not seen any data to suggest it is happening. A member suggested quantifying this problem by analyzing center level data and not offer level data. Staff responded that the second data request includes this center level data.

Another member suggested adding the ability for transplant programs to make a conditional acceptance to the list of ideas. The member explained that making the offer filters more dynamic by leveraging technology has the potential to lead to a more efficient process.

4. Next Steps

The Chair will report the Workgroup's progress to the Policy Oversight Committee (POC) during their next meeting, on August 12. The Workgroup will meet on September 1st to review data request results and solidify POC recommendations.

Upcoming Meeting

- September 1, 2020 (teleconference)