OPTN Organ Procurement and Transplantation Network

OPTN Policy Oversight Committee
Provisional Yes Workgroup
Meeting Summary
October 6, 2020
Conference Call

Craig Van De Walker, Workgroup Chair

Introduction

The Provisional Yes Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/06/2020 to discuss the following agenda items:

1. Evaluating the Escalation Pattern
2. Finalizing Recommendations
3. Next Steps

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

1. Evaluating the Escalation Pattern

The Workgroup was presented data on the escalation pattern during the organ offer notification process. If the initial offer to the primary on call is not acknowledged within 10 minutes, then the system will automatically re-notify the primary on call as well as notify the secondary. Then, after twenty minutes another notification is sent to both the primary and the secondary.

Data summary:

Data from February to August of 2018 shows that 474,622 notifications were sent out. Of those notifications, 420,039 (88.5%) were only sent one notification. 40,819 (8.6%) were re-notifications at 10 minutes and 10,009 (2.1%) were re-notifications at 20 minutes. 3,755 (0.8%) had no acknowledgement documented.

Summary of discussion:

A member asked whether the 40,000 re-notifications at 10 minutes were repeated centers. Staff responded that they did not break down the data this way.

There were no other questions or comments.

2. Finalizing Recommendations

The Workgroup discussed final project recommendations for the Policy Oversight Committee (POC).

Summary of discussion:

Develop a Dynamic Match Run

A member stated that currently, the filters are only applicable when the match run was run and not at the time of the offer. The member stated this proposed project would benefit the ability to place marginal organs to programs who will accept them in an efficient timeframe as well as transplant programs' workloads.

Members agreed this project idea should be a final recommendation.

Create Additional Acceptance Codes to Indicate Conditional Yes

A member asked if the purpose of this proposal is to force a program to review an offer in its entirety before being able to submit a response. The Chair confirmed that this proposal would make programs take a closer look at organ offers. The additional acceptance codes would be more concrete than a provisional yes code. The Chair added it would put more weight on programs who enter certain acceptance codes and then ultimately turndown an organ.

Staff asked if there was concern about creating more complexity when the goal is more efficiency. The Chair responded that there will be an increase level interaction between organ procurement organizations (OPOs) and transplant programs, but the current system does not allow for enough interaction to efficiently find programs to accept an organ.

A member expressed caution in changing a provisional yes system to a conditional yes system. The member is concerned in how this change would be efficiently operationalized as well as additional unintended consequences.

Members agreed this project idea should be a final recommendation. One member did not support the continuation of this proposed project recommendation.

Increase Available Offer Filters

The Chair asked if any member is participating in the Offer Filters Pilot. A member responded that their program is participating. By filtering out offers for organs they never accept, they have found a 20% reduction in unwanted offers. The member stated the true significance is the decrease in cold time.

A member suggested that filters should be preset for programs based on their past twelve months' behavior, and create the presets to be an opt out program. Members agreed with this suggestion.

Members agreed this project idea should be a final recommendation.

Slowing the Escalation Pattern

A member stated that it would be important to know whether the re-notifications are sent to repeat programs. The member added that the majority are acknowledging within the first ten minutes so they wonder if it is a process issue from a particular number of programs or a widespread issue. The member asked what percentage of re-notifications is acceptable. A member responded that it seems that the system is working efficiently based on the data shown.

Another member responded that changing this escalation pattern will impact transplant programs more than OPOs. A member agreed and added that there could be a threshold effect that is skewing the data. The member stated that if this is explored further, attention should be paid to the 10,000 re-notifications at twenty minutes.

Members agreed that this project idea should not be pursued further.

Limiting the number of offers, including provisional yes, that are sent by OPOs

The Chair stated that this proposed project should wait until they are able to see the impact of the first three proposed projects. Additionally, seeing data on the complexity it would add to the system as well as the ability to get offers to accepting centers further down the list for the occasional low KDPI kidney that becomes difficult to place after procurement due to something such as an anatomical abnormality.

A member stated that sharing the data related to number of offers sent would potentially create value for OPOs to compare their practices to others, nationally.

Another member wondered if there is benefit from creating the provisional yes system to be more transparent to allow for transplant programs to see how many programs, as well as which programs, have also entered a provisional yes ahead of them. Members agreed with this increased transparency however also agreed that this project idea should not be pursued further.

Feedback (or consequences) for centers that have high incidence of provisional yes but low acceptance when primary

A member expressed concern about having a punitive approach based on programs' provisional yes patterns. The member stated that transplant programs are entering provisional yeses with correct intentions as that is the way the system is currently set up. Penalizing programs for this would be akin to dictating medical practice to the programs because they have to make decisions on limited data which in turn puts patients at risk. The member added that programs who receive organs and decide not to use them should be analyzed for a more meaningful change.

The Chair stated this feedback or consequence would focus on a minority of programs which enter provisional yes for every offer and then turndown once they become primary.

Another member stated this proposed project idea is premature. Introducing conditional yes and increasing offer filters should help mitigate this issue. If it is still an issue, the member suggested, at that point, contacting programs and working on their processes. Members agreed that this project idea should not be pursued further.

Delegating the provisional yes response to OPOs instead of transplant programs

The Chair expressed concerned about unintended consequences that could result from this project idea. Unintended consequences such as miscommunication due to increase in phone calls and increased organ wastage due to greater time spent working through the list.

3. Next Steps

The Workgroup's final recommendations will be reported to POC on October 14. The POC will make final determinations about projects.

Upcoming Meeting

- N/A

Attendance

- **Workgroup Members**
    - Christopher Yanakos
    - Craig Van de Walker
    - Jill Campbell
    - Jillian Wojtowicz
    - John Stallbaum
    - Marie Budev
    - Rick Hasz
    - Staci Carter
    - Steven Potter
- **HRSA Representatives**
    - Vanessa Arriola
- **SRTR Staff**
    - Jon Snyder
- **UNOS Staff**
    - Bonnie Felice
    - Brian Shepard
    - Craig Connors
    - Elizabeth Miller
    - Joann White
    - John Rosendale
    - Kaitlin Swanner
    - Kiana Stewart
    - Lauren Mauk
    - Leah Slife
    - Matthew Prentice
    - Meghan McDermott
    - Nicole Benjamin
    - Ross Walton
    - Shannon Edwards
    - Tina Rhoades