The Future State of Organ Allocation

Continuous Distribution Overview



- 1. Continuous distribution overview
- 2. Lung policy development update
- 3. Kidney and pancreas policy development update

About

In 2018, the Board of Directors approved a "continuous distribution" model as a framework for future policy development of organ allocation

- Current system: places candidates into rank-ordered classifications reviewed in sequence
- New framework: ranks all candidates using a composite allocation score, without categorizing into classifications
 - The composite score is determined by multiple factors, called "attributes," that are weighted against each other during the calculation

Overall score

Known as the Composite Allocation Score

Overall score includes attributes related to: medical urgency, placement efficiency, outcomes, and patient access



Example match run

Current state

Order	Classification	Distance	
1	High urgency, high compatibility	250 nm	
2	High urgency, medium compatibility	250 nm	Candi
3	Pediatric, high urgency, high compatibility	250 nm	
4	Pediatric, high urgency, medium compatibility	250 nm	
5	Medium urgency, high compatibility	500 nm	

Continuous distribution – future state



Key characteristics of Continuous Distribution



Flexible

The framework will apply to all organ types



More equitable

No one factor will

placement on the

waiting list

determine a candidate's

Agile

The framework will be more responsive and adaptable to future changes

Innovation, transparency, improvement

- Applies advanced analytic techniques to create an algorithm that makes every factor in the match run comparable
- Community input is being used in new ways to develop the framework
- As outcomes of the new system become visible, we can *adjust the system quicker*
- System programming will be *more efficient* because of the ability to repurpose design from organ to organ



Developing the framework



Identified attributes

	Medical Urgency	Post-Transplant Survival	Candidate Biology	Patient Access	Placement Efficiency	Non-Utilization
Lung	Waitlist Survival (part of LAS)	Post-Transplant Survival (part of LAS)	 Blood type CPRA Height 	 Prior Living Donors Pediatrics 	 Travel (cost) efficiency Placement efficiency 	
Kidney	Medical Urgency Definition	 HLA Matching EPTS Ischemic time 	 Blood type CPRA Single v Dual Kidney 	 Prior Living Donors Pediatrics SLK Safety Net Waiting Time 	 Travel (cost) efficiency Placement efficiency Dual & En Bloc 	
Pancreas	 KP v Pancreas v Islets 	 HLA Matching Ischemic time 	Blood typeCPRA	 Prior Living Donors Pediatrics PAK Waiting Time 	 Travel (cost) efficiency Placement efficiency 	IsletsFacilitated Pancreas

Community input

Analytic Hierarchy Process (AHP)

AHP Prioritization Exercise

- Effective method for involving patients to inform clinical decisions
- Participants compare two attributes against each other and select level of importance
- Used to inform the weight of each attribute to the overall score
- Empowers methodical incorporation of value-based preferences



Interactive tool to inform decision-making

Interactive Tableau dashboard tool available to simulate comparisons and match runs

- Change weights to see match run ordering
- Compare current match run with composite allocation score
- Compare two candidates by selecting clinical criteria
- Calculate scores with different rating scales
- Display candidates equity and utility scores with different weights





 All organ systems will transition to this new framework; the lung community is first

Work begins:





Resources

OPTN website

- Graphics explaining current system and future state
- Video explaining input exercise Analytic Hierarchy Process
- Key terms
- Schedule of when each organ committee is expected to start work
- Interactive dashboard tool to stage your own match runs – specific to lung committee work
- Subpages for organ committees with *reports and documentation of progress*



Questions?