

## **OPTN Membership and Professional Standards Committee (MPSC)**

### **Meeting Summary**

**January 19, 2021**

### **Conference Call with GoToTraining**

**Ian Jamieson, Chair**

**Heung Bae Kim, M.D., Vice Chair**

#### **Introduction**

The Membership and Professional Standards Committee (MPSC) met by conference call via Citrix GoToTraining on January 19, 2021, to discuss the following agenda items:

1. Performance Monitoring Enhancement Project Update
2. Membership Requirements Revision Project

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

#### **1. Performance Monitoring Enhancement Project Update**

Staff gave an overview of the Performance Monitoring Enhancement Subcommittee's last meeting. The Subcommittee met on December 18, 2020, and discussed considerations for the performance review process and the characteristics of thresholds during the meeting.

- **Performance Review Process**

Staff shared that the Subcommittee had a desire to move from a paradigm of competition between transplant programs to one of competition with the disease. The Subcommittee considered when an intervention by the MPSC is needed and when a self-evaluation by programs would be appropriate. Staff noted that the Subcommittee also discussed and supported consideration of a two-tier process that would include a caution (yellow) zone and an intervention (red) zone. If a program fell in the caution zone, the program would receive a notice that would encourage the programs to do a self-evaluation. In addition, the program would be offered assistance from the Member Quality Performance Improvement team. The intervention zone would involve MPSC intervention to help the program based on concerns for patient safety or system performance related to the OPTN goal to maximize the number of transplants.

#### MPSC Discussion and Feedback:

Committee members reviewed the Subcommittee's recommendations and agreed that the shift from competition with each other to competition with the disease was an important concept. Committee members supported the two tiered approach and recommended the caution zone be renamed a process improvement zone where the program could also be offered assistance from the Committee such as informal discussions or mentoring. In addition, Committee members supported scenarios where any program could request assistance on a particular issue or process creating more of two way street. Staff noted that this suggestion highlights the intersection between this project and the Individualized Member Focused Improvement (IMFI) project that is focused on providing assistance to members on request. The Performance Monitoring Enhancement Subcommittee Chair asked Committee members to think about the types of support that would be

needed from the perspectives of their own programs, particularly in the case where a program sits in the caution zone for multiple cycles.

- **Characteristics of Thresholds – SRTR Presentation**

The Director of the Scientific Registry of Transplant Recipients (SRTR) updated the Committee on the subcommittee's discussion on characteristics of thresholds. He summarized the process of identifying metrics for the MPSC noting that previously the Committee had considered and defined the goals of the metrics, and the subcommittee had recommended the best metrics to meet those goals. The director then observed that the last step in the process would be to define screening rules for the yellow and red zone. He displayed an example diagram of the distribution of hazard ratios for liver programs' 1-year graft failure. In addition, the liver example included a box plot and the spread for the programs. This information can be used by the Committee to define the yellow and red zones. The director described the process that was used to develop the current MPSC screening rule for post-transplant outcomes which is one option for the Committee, and then described two additional options that could be used to determine where to place thresholds. The Subcommittee had focused on these two additional options. Option 2 is a fixed cutoff that could be assigned to a standardized survival percentage regardless of what where the national survival rate falls. Option 3 would use a fixed difference cutoff that would be assigned to some fixed percentage difference from the national survival rate. The director explained the difference between a fixed cutoff and a fixed difference and showed example illustrations.

The SRTR Director summarized the Subcommittee's current request to the SRTR:

1. Determine the number of programs whose standardized survival rates are 3%, 5%, 7%, and 10% percentage points below the national survival rates for 90-day outcomes and 1-year outcomes conditional on 90-day survival.
2. Determine the number of programs whose standardized waitlist mortality rate is above the national waitlist mortality rate by more than 1.5, 2.0, 2.5, and 3.0 sample standard deviations on the logarithmic scale.
3. Determine the number of programs whose standardized offer acceptance rate is below the national acceptance rate by more than 1.5, 2.0, 2.5, and 3.0 sample standard deviations on the logarithmic scale.

The SRTR Director advised that SRTR would examine various formulations of "red zone" boundaries for the four metrics of interest. He concluded that SRTR would provide the requested examples of boundaries that achieve clinically meaningful boundaries at the next subcommittee meeting in February 2021.

MPSC Discussion and Feedback:

The Committee generally supported the data requests by the subcommittee. Although the Committee supports risk adjustment, one Committee member stated that SRTR should look at the components of risk adjustment and determine if they are optimal for each specific organ type. SRTR encouraged feedback from the Committee on any additional risk adjustment components that should be considered. One Committee member also noted that the survival benefit should be taken into account while considering thresholds. SRTR advised that the overall survival from listing metric was currently being published on its public site, but the subcommittee had previously considered the issue that the use of composite metrics would make it more difficult for the Committee to identify specific problem areas to address. The Subcommittee chair noted that as a consideration

when evaluating an appropriate boundary, the community needs to balance the benefit for the patient against the stewardship of organs.

Staff summarized the next steps. The next Performance Monitoring Enhancement Project Subcommittee Meeting is on February 9, 2021. SRTR will provide the data on post-transplant outcomes and pre-transplant waitlist mortality and offer acceptance at the next meeting.

## **2. Membership Requirements Revision Project**

Staff provided an update on the Membership Requirements Revision Project. Staff advised the Committee that an email was sent out on Friday explaining that the proposal to update the membership requirements and the application review process would not be going out for winter public comment. Staff stated that HRSA had asked for the proposal to be withdrawn while they completed a comprehensive review of the document to identify any regulatory or language issues. However, staff advised the committee that the request for feedback on transplant program key personnel training and experience requirements would still be going out for public comment.

## **3. Other Significant Items**

None

### **Upcoming Meetings**

- February 23-25, 2021, Virtual, Conference Call
- March 25, 2021, 1-3:00 pm, ET, Conference Call
- April 22, 2021, 1-3:00 pm, ET, Conference Call
- May 25, 2021, 2-4:00 pm, ET, Conference Call
- June 24, 2021, 1-3:00 pm, ET, Conference Call
- July 20-22, 2021, Dallas/Fort Worth, TX

## Attendance

- **Committee Members**
  - Sanjeev K. Akkina
  - Nicole Berry
  - Christina D. Bishop
  - Errol Bush
  - Matthew Cooper
  - Theresa M. Daly
  - Maryjane A. Farr
  - Richard N. Formica Jr
  - Adam M. Frank
  - Catherine T. Frenette
  - Jonathan A. Fridell
  - Michael D. Gautreaux
  - PJ Geraghty
  - David A. Gerber
  - Alice L. Gray
  - John R. Gutowski
  - Edward F. Hollinger
  - Ian R. Jamieson
  - Christy M. Keahey
  - Mary T. Killackey
  - Heung Bae Kim
  - Jon A. Kobashigawa
  - Anne M. Krueger
  - Jules Lin
  - Didier A. Mandelbrot
  - Virginia(Ginny) T. McBride
  - Clifford D. Miles
  - Saeed Mohammad
  - Willscott E. Naugler
  - Matthew J. O'Connor
  - Nicole A. Pilch
  - Steven Potter
  - Jennifer K. Prinz
  - Scott C. Silvestry
  - Lisa M. Stocks
  - Parsia A. Vagefi
  - Gebhard Wagener
  - Rajat Walia
- **HRSA Representatives**
  - Marilyn Levi
  - Arjun U. Naik
  - Raelene Skerda
- **SRTR Staff**
  - Ryutaro Hirose
  - Nicholas Salkowski

- Jon Snyder
- Bryn Thompson
- Andrew Wey
- **UNOS Staff**
  - Sally Aungier
  - Matt Belton
  - Nicole Benjamin
  - Tameka Bland
  - Tory Boffo
  - Jadia Bruckner
  - Robyn DiSalvo
  - Demi Emmanouil
  - Katie Favaro
  - Amanda Gurin
  - Asia Harris
  - Danielle Hawkins
  - Krissy Laurie
  - Ann-Marie Leary
  - Ellen Litkenhaus
  - Anne McPherson
  - Sandy Miller
  - Amy Minkler
  - Steven Moore
  - Alan Nicholas
  - Jacqui O'Keefe
  - Rob Patterson
  - Liz Robbins
  - Sharon Shepherd
  - Leah Slife
  - Olivia Taylor
  - Stephon Thelwell
  - Roger Vacovsky
  - Gabe Vece
  - Marta Waris
  - Betsy Warnick
  - Trevi Wilson
  - Emily Womble
  - Karen Wooten
- **Other Attendees**
  - None