

## **OPTN Transplant Administrators Committee**

### **Meeting Summary**

**January 27, 2021**

**Conference Call**

**Nancy Metzler, Chair**

**Susan Zylicz, MHA, BSN, RN, CCTC, Vice Chair**

### **Introduction**

The Committee met via Citrix GoToMeeting teleconference 1/27/2021 to discuss the following agenda items:

1. Final Rule Presentation
2. Refusal Codes Feedback Request

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

#### **1. Final Rule Presentation**

UNOS staff provided a presentation about the four governing structures of the Organ Procurement and Transplantation Network (OPTN) and how they are integrated into both Committee work and policy development.

#### Summary of discussion:

Proposed policies must demonstrate that all proposed changes are authorized and comply with the OPTN's governance requirements. These requirements come from four sources: National Organ Transplant Act (NOTA), OPTN Final Rule, OPTN Contract, and OPTN Policies and Bylaws.

#### *NOTA*

Passed in 1984, this federal law established the OPTN to operate and monitor an equitable system for allocating organs, maintain the waiting list, and work to increase the supply of donated organs.

#### *OPTN Final Rule*

Issued by Health and Human Services in 2000, this rule specifies the work the OPTN must perform, what work the OPTN may perform, and how certain work must be performed. This work typically falls into the categories of allocation, testing, data collection, and membership.

#### *OPTN Contract*

UNOS' contractual obligations as the OPTN require that proposals are developed with consideration of both NOTA and OPTN Final Rule requirements. Committee members are asked to continue to share their expertise and engage in detailed and robust deliberations so that compliance with NOTA and the Final Rule are documented throughout the development of a project.

#### *OPTN Policies & Bylaws*

OPTN policies are rules that govern operation of all member transplant hospitals, organ procurement organizations, and histocompatibility labs in the United States. OPTN bylaws outline membership requirements to participate in the United States' transplant network.

All committee project work needs to be authorized by NOTA, OPTN Final Rule, or the OPTN Contract but must comply with NOTA, OPTN Final Rule, the OPTN Contract, and OPTN policies and bylaws.

The members were walked through an example proposal in which the authority and compliance for the project were evaluated.

## **2. Refusal Codes Feedback Request**

UNOS staff presented the updated list of proposed refusal codes developed by the Refusal Codes and Late Turndowns Workgroup. The members were asked to provide feedback.

### Summary of discussion:

The purpose of this project is to update the list of refusal codes to improve data quality to allow for a better understanding of acceptance and refusal behavior. This project intends to address feedback received by the transplant community that the current list of refusal codes are vague, confusing, and outdated.

The members were asked to consider if the proposed codes are relevant and easy to understand and to provide feedback on whether any codes should be added or removed, if the codes are discrete, if the codes should increase or decrease in granularity, and if the codes are intuitively organized in appropriate categories.

Each of the following categories and the corresponding refusal codes were reviewed by the Committee.

### *Candidate Specific Reasons*

The Chair shared that a member suggested the addition of a code that would describe candidates who are unable to accept an offer because of financial and/or insurance reasons. This code could be labeled “temporarily unavailable due to inadequate insurance or financial reasons.” Members agreed with this addition.

### *Crossmatch Related Reasons*

The members did not have comments on this category of refusal codes when presented.

### *Disease Transmission Risks*

The members did not have comments on this category of refusal codes when presented.

### *Donor and Candidate Matching*

UNOS staff asked if the “number of HLA mismatches unacceptable” refusal code should be recategorized in the *Crossmatch Related Reasons* category. The Vice Chair agreed that it may make more sense to include in the *Crossmatch Related Reasons* category. The members agreed that this code could fit in either category and offered to ask their teams’ coordinators for their comments.

A member asked if there is a refusal code for kidney donor profile index (KDPI). UNOS staff shared that a KDPI code is not being proposed because KDPI acceptance thresholds can be selected prior to offers. The member commented that a kidney offer may still be refused due to high KDPI and suggested considering adding this refusal code to the *Organ Specific Reason* category.

UNOS staff shared that the refusal codes will appear as a full list and be organized under the category headers. A member asked if it would be helpful to have the “number of HLA mismatches unacceptable” refusal code listed under both *Crossmatch Related Reasons* and *Donor and Candidate Matching*. UNOS staff shared that the preference is to only list the code once so the list stays as concise as possible and to keep the data collection process simple.

### *Donor Specific Reasons*

Members agreed that users should be required enter text to “specify” when selecting “donor medical history, specify.”

The Chair suggested combining this category with the *Disease Transmission Risk* category. Members agreed that moving the three refusal codes categorized under *Disease Transmission Risk* to *Donor Specific Reasons* may be more straightforward for coordinators.

### *Logistics*

The Vice Chair commented that “resource time constraint” is vague and questioned if it is redundant with “transplant team or facility availability.” UNOS staff shared that “resource time constraint” is proposed to provide an option for to describe a general time constraint experienced by transplant hospital, organ procurement organizations (OPOs), or donor hospitals.

Member suggested “inability to coordinate teams” to describe situations where the various teams may not be able to coordinate efforts due to scheduling constraints. A member noted that sometimes this is not solely related to teams, but also due to other factors such as hospital availability or the availability of a pronouncing physician for a donor after cardiac death (DCD).

UNOS staff asked if relabeling the refusal code to “time constraint (OPO, TXC, Donor Hospital, etc.)” rather than “resource time constraint” is easier to understand and mentioned that definitions will be included in help documentation to provide guidance to the user. Member agreed that this labeling is slightly more clear. Members commented that the option selected in this category will be subjective based on who is entering the refusal code.

Members agree that they prefer the term “availability” over “unavailable” due to the less negative connotation.

### *Organ Specific Reasons*

The members did not have comments on this category of refusal codes when presented.

### *Other*

The Chair suggested relabeling “Disaster/Emergency/Epidemic/Pandemic- Candidate” to “Disaster/Emergency/Epidemic/Pandemic- Candidate Hospital” and “Disaster/Emergency/Epidemic/Pandemic-Donor” to “Disaster/Emergency/Epidemic/Pandemic- Donor Hospital” to be more clear that these refusal codes are intended for use when there are issues experienced by the institution, rather than the individual. A member agreed that it is unclear if these codes should be used to describe individual issues or issues of the hospital that result in a need to refuse.

The Chair asked which refusal code would be most appropriate for situations where the candidate has COVID-19 and is temporarily not suitable for transplant. It is unclear if the refusal codes in this category or the “Candidate temporarily medically unsuitable” would be most appropriate.

UNOS staff asked if specifying “donor” or “candidate” is helpful to further describe “Disaster/Emergency/Epidemic/Pandemic.” The Chair agreed that it is helpful to know if the reason for needing to refuse is due to issues from the donor or recipient side in cases such as Hurricane Katrina where transportation may be limited and prevent the transplant. Members raised concerns about these two codes being too vague but agreed that “donor” and “candidate” should be specified. The Chair commented that an educational component will be necessary to help users choose the most applicable refusal code.

### Next steps

UNOS staff will share the presentation and proposed list of code for the members to share with their coordinator teams and collect feedback.

### **Upcoming Meetings**

January 27, 2021

## Attendance

- **Committee Members**
  - Andrea Tietjen
  - Brian Roe
  - Denise Neal
  - Deonna Moore
  - Erica Seasor
  - Gene Ridolfi
  - Jason Huff
  - Joshua Gossett
  - Kelly Laschkewitsch
  - Kristina Wheeler
  - Michelle James
  - Nancy Metzler
  - Scott Wansley
  - Susan Zylicz
  - Travis Watson
  - Valinda Jones
- **HRSA Representatives**
  - Raelene Skerda
  - Vanessa Arriola
- **UNOS Staff**
  - Abby Fox
  - Adel Husayni
  - Angel Carroll
  - Peter Sokol
  - Rebecca Murdock
  - Sarah Konigsburg