

**OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
February 18, 2021
Conference Call**

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules (the Workgroup) met via Citrix GoToMeeting teleconference on 02/18/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Recap of 1/21 Discussion
3. Discussion: Project Scope

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

1. Project Overview and Goals

The Workgroup was provided an overview of the goals of the Match Run Rules project.

Summary of discussion:

The goal of the Workgroup is to address two recommendations from the Policy Oversight Committee (POC) Provisional Yes Workgroup.

The first recommendation is to increase offer filters which will enable programs to provide criteria for offers they are more likely to accept. The second recommendation is to create a dynamic match run which will increase efficiency and expedite the organ placement process by allowing a more active screening process.

Next Steps:

The Workgroup will refine the scope of the project and decide whether or not a policy component should be included.

2. Recap of 1/21 Discussion

The Workgroup reviewed their previous meeting's discussion.

Summary of discussion:

The Workgroup completed the IT overview related to:

- Current functionalities and projects related to the match run
- Highlights of current OPTN policy related to match run functionalities

3. Discussion: Project Scope

The Workgroup began discussing the scope of the project and defining the problem.

Summary of discussion:

A member stated one issue is the lack of transparency in match runs. The member explained that a transplant program can view the number of provisional yes offers are ahead of them, but they are unable to view the specific programs that have entered provisional yes offers.

Another member stated that the number of offers that transplant programs receive makes it difficult to process so they enter a provisional yes, then read the offer once they know that it's a "real offer". The member added that another main problem is lack of information, specifically with donation after cardiac death (DCD) donors, as there is no place in UNet to input neurologic function.

A member stated that the system is efficient for placing well-functioning kidneys to top candidates, but the system is not efficient for placing marginal kidneys to older candidates.

Another member stated that an issue is new donor information may be uploaded, but the match run list stays static. The member also stated that there is opportunity to optimize technology, such as utilizing technology so that organ procurement organization (OPO) staff does not have to call transplant programs to inform them that there is new information available.

A member suggested the idea of a dashboard in UNet to view potential incoming offers. The member explained this would allow transplant programs to view these potential incoming offers and proactively decline. Another member stated that dashboards for individual donors would be helpful for transparency in order for transplants programs to be able to see the status of other donor organ offers.

The Workgroup discussed the idea of a dynamic match run. A member stated that a dynamic match run would be most helpful for organs that take longer to place. The member explained that livers usually get placed within a couple hours, so a dynamic match run would not be as helpful. Another member agreed that there are inherent variabilities in the match runs and allocation processes based on organ types. The member added that within a dynamic match run, it would be helpful to have the ability to add clinical changes in recipients. Another member cautioned the Workgroup that in developing a dynamic match run, attention needs to be paid to ensure that individual patients are not bypassed without documented reason and patient consent.

Another member suggested the Workgroup discuss what are the areas in DonorNet that help guide decision making, and what could be improved upon.

A member suggested the idea of creating tiers within the system, instead of one list. Another member responded that the system could allow for a limited number of offers if the donor organs are of high quality, but if the donor organs are more medically complex, then the system would open for more offer opportunities. Another member reminded the Workgroup that a lot of work was put into developing Kidney Donor Profile Index (KDPI) and Estimated Post Transplant Survival (EPTS), which helps in allocation processes.

Another member suggested the Workgroup could consider whether policy is needed to define a provisional yes offer, the process, and responsibilities of members.

A member suggested the ability to leave candidates as active but choose to temporarily have them not appear on match runs. Another member responded that the workload associated with inventing a system that would allow for an informal inactivation of candidates might not be worth the benefit.

Another member stated that dynamic, multifactorial filters would be a big gain in efficiency for the system. Members agreed.

The Workgroup agreed that the system performs well for equity, but not utilization.

The Workgroup expressed interest in reviewing the candidate-specific criteria on the match run and discuss opportunities for expanding data that needs to be entered before an organ is offered.

Next steps:

The Workgroup will continue discussions regarding match and organ processes.

Upcoming Meeting

- March 18, 2021 (teleconference)

Attendance

- **Workgroup Members**
 - Christopher Curran
 - Christopher Yanakos
 - Deb Maurer
 - Jennifer Muriett
 - Jillian Mojtowicz
 - John Stallbaum
 - Julie Heimbach
 - Kim Koontz
 - Melinda Locklear
 - Steve Potter
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Vanessa Arriola
- **UNOS Staff**
 - Bonnie Felice
 - Dawn Beasley
 - Joann White
 - Katrina Gauntt
 - Kerrie Masten
 - Kristine Althaus
 - Lauren Motley
 - Meghan McDermott
 - Melissa Lane
 - Rob McTeir