

OPTN Transplant Coordinators Committee

Meeting Summary

March 17, 2021 – 2-3:30 PM EST

Conference Call

Sharon Klarman, RN-BC, BSN, CCTC, Chair

Stacy McKean, RN, Vice Chair

Introduction

The Transplant Coordinators Committee met via Citrix GoTo teleconference on 03/17/2021 to discuss the following agenda items:

1. OPTN Liver and Intestine Committee: *Calculate Median MELD at Transplant around the Donor Hospital and Update Sorting within Liver Allocation*
2. OPTN Ethics Committee: *Revise General Considerations in Assessment for Transplant Candidacy*
3. OPTN Executive Committee: *2021-2024 OPTN Strategic Plan*
4. OPTN Data Advisory Committee: *Refusal Codes Review and Request for Feedback*

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

1. OPTN Liver and Intestine Committee: *Calculate Median MELD at Transplant around the Donor Hospital and Update Sorting within Liver Allocation*

The OPTN Liver and Intestine Committee Chair presented *Calculate MELD at Transplant around the Donor Hospital and Update Sorting within Liver Allocation* which is currently out for public comment.

Summary of discussion:

Members praised the proposal for improving equity in transplantation for patients with exception scores. However, members were very concerned with education, necessary for both the transplant center and the patient. Patient education was an important topic that would need to be focused on when these policies were implemented, specifically in ranges of MELD scores and where they land on the waitlist.

Members inquired if there was enough existing data to identify if this was a problem in the first place. The Liver and Intestine Chair responded that while there was not existing data to support this, the Committee was in universal agreement on the logic problem that this proposal aims to resolve. The Liver and Intestine Committee believed that the logic was strong enough to be addressed without data as this was an anticipated problem during the acuity circle development process. As it stands, current support from the regional meetings is landing around 80% for this proposal.

2. OPTN Ethics Committee: *Revise General Considerations in Assessment for Transplant Candidacy*

The OPTN Ethics Committee Vice Chair presented *Revise General Considerations in Assessment for Transplant Candidacy* which is currently out for public comment.

Summary of discussion:

A member expressed concern for the exclusion of pediatric candidates. Despite belonging to a specific category of recipients, younger pediatric patient's accessibility to transplantation is often based on nonmedical, psychosocial factors associated with their families and caregivers that are to no fault of the

child. For example, in California transplant professionals sometimes have to call Child Protective Services (CPS) to have pediatric candidates placed into Medical Foster Care in order to proceed with transplantation. The member and Ethics Vice Chair came to the consensus that it would be possible to house this argument under the existing 'Social Support' header calling for special attention to be taken in the case of pediatric candidates. Pediatric concerns were also expressed in regards to children with intellectual and developmental disabilities, which the Ethics Vice Chair responded was an important topic and is being explored at greater depth in another project. The final pediatric concern was in protections for children who have U.S. citizenship but their parents do not. In response to this, the Ethics Vice Chair agreed with the importance of this but was trying to reduce controversy by focusing on existing precedent surrounding immigration and transplantation.

A member applauded the work done by the Ethics Committee to provide uniform guidelines for improving practices, but expressed concern that the 'medical literacy' issue surpasses just medical literacy to become 'transplant literacy' which needs to be addressed either on a national or local level. The Ethics Vice Chair informed TCC members that this too was something that was discussed but ultimately decided that it exceeded the scope of the Ethics Committee and into the responsibilities of the Patient Affairs Committee or others. While the Ethics Vice Chair endorsed the suggestion raised by the member, the Ethics Committee has the scope to identify the existing issues but not to create patient resources.

A member addressed the need for financial considerations to be included in the white paper since transplantation is unique in the ongoing need to pay for medication following transplantation. The Ethics Vice Chair responded that the Committee debated this prior to public comment but decided against it at the time because the topic is more objective than subjective. However, after the feedback and discussions during public comment, the Ethics Committee does believe it belongs in the paper as it is such a determinative factor of who can proceed in transplantation.

A member suggested implementing a standardized scoring system to add a level of objectivity to something that is so subjective. The member suggested that a project like this would need involvement and guidance from the Ethics Committee but rely more strongly on the organ specific committees to build out their existing needs. While this suggestion was out of the scope of the white paper, the Ethics Vice Chair thanked members for their ongoing feedback and will share their dialogue with the remainder of the Ethics Committee.

3. OPTN Executive Committee: 2021-2024 OPTN Strategic Plan

UNOS staff presented the *2021-2024 OPTN Strategic Plan*, on behalf of the OPTN Executive Committee, which is currently out for public comment.

Summary of discussion:

The Vice Chair commented that the goals are focused and clear with concrete reasoning on combining Goal 1 and Goal 3. The Vice Chair affirms the Policy Oversight Committee (POC) initiatives, specifically the aim of broader distribution, will help keep the OPTN in alignment with the Strategic Plan moving forward.

4. OPTN Data Advisory Committee: Refusal Codes Review and Request for Feedback

UNOS staff presented the *Refusal Codes Review and Request for Feedback*, on behalf of the OPTN Data Advisory Committee, which is currently out for public comment.

Summary of discussion:

A member suggested adding a code to 'Crossmatch Related Reasons' that said 'timing precludes cross match from occurring.' A member also suggested that it may make more sense to move 'Number of HLA mismatches unacceptable' code to 'Crossmatch Related Reasons' as opposed to its current location under 'Donor and Candidate Matching.'

A conversation occurred about having donor height and donor weight as separate reasons as opposed to combined as it previously was. The response from UNOS staff was that thoracic and pediatrics often make a decision based on one of these factors singularly.

There was conversation between members about the use of 'Donor medical history, specify*' under the 'Donor Specific Reasons' list for refusals due to factors such as high creatinine from an acute incident. UNOS staff countered that in these situations the 'Unsatisfactory organ specific test results' would be used but there was consensus among Members that something more specific would be helpful on the 'Donor Specific Reasons' and suggested the use of a text box. UNOS staff clarified that codes that include 'specify' will all have a text box, as opposed to drop down field.

There was concern from the Members on the lack of clarity within the 'Logistics' category. UNOS staff informed the Committee that there will be education and help documentation released around these codes when they are released because this category can often be the least intuitive. There was also concern about the overutilization of 'Resource time constraint' code, which UNOS staff was open to suggestions, and the Member said they would get back with a suggestion after having more time to consider replacements.

A conversation arose around the use of 'Organ specific test results not available' under the 'Organ Specific Reasons' category. Members inquired about a free text block to enter which test it was. UNOS staff informed the Committee that they were planning on implementing that suggestion and a Member added that it should be an optional field and not required for completion.

Members provided feedback on increasing the number of refusal codes selected from two. UNOS staff shared that prior to these revisions only 15% of respondents inputted a second reason so the data was not showing the need for more than two options, but confirmed that UNOS will reevaluate the data in one year and make changes as needed. The Member conceded that it made sense at the time but also noted that since the previous categories were so broad there was often not a need to select more than one option but with more specific refusal codes there was anticipation that more staff would select multiple refusal codes. Overall the Committee was supportive of these changes.

Upcoming Meetings

- April 21, 2021
- May 19, 2021
- June 16, 2021

Attendance

- **Committee Members**
 - Stacy McKean, *Vice Chair*
 - Alexandria Dillard
 - Angele Lacks
 - Donna Campbell
 - Hannah Murry
 - Jaime Myers
 - JoAnn Morey
 - Lindsay Fessler
 - Lisa Gallagher
 - Maria Casarella
 - Melissa Walker
 - Natalie Blackwell
 - Randee Bloom
 - Sergio Manzano
- **HRSA Representatives**
 - Raelene Skerda
- **UNOS Staff**
 - Adel Husayni
 - Betsy Gans
 - Elizabeth Miller
 - Eric Messick
 - Laura Schmitt
 - Matt Cafarella
 - Ross Walton
 - Sarah Konigsburg
 - Susan Tlusty
- **Other Attendees**
 - Andrew Flescher
 - James Trotter