

## **OPTN Heart Transplantation Committee**

### **Meeting Summary**

**March 16, 2021**

**Conference Call**

**Shelley Hall, MD, Chair**

**Richard Daly, MD, Vice Chair**

### **Introduction**

The Committee met via Citrix GoToMeeting teleconference on 03/16/2021 to discuss the following agenda items:

1. Update Transplant Program Key Personnel Training and Experience Requirements (request for feedback), MPSC
2. 2021-2024 OPTN Strategic Plan (request for feedback), Executive Committee
3. 2-year monitoring for Modifications to Adult Heart Allocation Policy

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

### **1. Update Transplant Program Key Personnel Training and Experience Requirements (request for feedback), MPSC**

The Chair of MPSC provided a presentation on a request for feedback document currently out for public comment. Feedback is being requested on changes being considered for the training and experience of key personnel bylaws.

#### Summary of discussion:

The Heart Committee Chair commented that there are restrictions at her hospital for hiring foreign graduates in both transplant and cardiology programs. She commented that the proposed pathways need to be compliant with institutional constraints.

A member commented that his hospital hired a surgeon trained in Germany who experienced licensing and other challenges. He commented that the hiring program should have the discretion to determine that the candidate hired has appropriate qualifications and that once licensed, should have approval of the MPSC. The MPSC Chair commented that the proposal pertains to primary surgeons and physician positions and the intention is to ensure that the foreign trained candidate is familiar with OPTN regulations. An online training system is being developed to support this.

A member agreed that the primary needs to have experience with OPTN requirements and shared that his program recently hired a transplant cardiologist from Canada. He commented that this hire is completely competent surgically but needed experience working within OPTN system before becoming the primary. He supported the development of training to help familiarize the hire with working in the United States transplantation system.

A member shared that she applied to be the primary physician at her current hospital after previously being a primary physician at another program. She shared that she had challenges locating documentation such as her donor runs and experienced other challenges due to the level of requirements. The MPSC Chair commented that the goal of the MPSC is to simplify this process and will continue to make to process easier.

A member asked if UNOS provides data for the primary surgeon application. He suggested that UNOS create a repository of individuals already credentialed. The MPSC Chair commented that there have been discussions around whether UNOS or the program owns this data. Currently, the program is responsible for maintaining this data and should maintain their logs, especially to assist in succession planning. UNOS staff shared that UNOS is evaluating ways they can support members in maintaining this documentation.

Next steps:

The Heart Committee Chair encouraged the members to review the full proposals and send feedback to the UNOS support staff. UNOS staff also encouraged members to provide feedback on the OPTN website.

**2. 2021-2024 OPTN Strategic Plan (request for feedback), Executive Committee**

UNOS staff provided a presentation on the 2021-2024 Strategic Plan currently out for public comment. The draft of the 2021-2024 OPTN Strategic Plan was developed with feedback from OPTN committee leadership and Board members. The OPTN Strategic Plan prioritizes initiatives and guides high level decisions and resource allocation for a three-year period.

Summary of discussion:

A member asked how the measurement of recipient longevity of heart transplants aligns with the Strategic Plan and Final Rule. The member commented that recipient longevity is an important ethical concern, especially as advancements widen access to transplant to recipients who are more medically urgent. He commented that allocating to the most medically urgent carries the risk of decreasing the quality of patient years following transplant. He noted that heart allocation, unlike other organs such as lung, does not take outcomes into account when allocating this scarce resource. A member agreed with this sentiment and raised a concern about the completeness of longevity data as recipients may not be followed by a program beyond a certain timeframe or the recipient may move.

A member commented that the goal to increase the number of donation after cardiac death (DCD) donors should supplement, not decrease the number of donors with brain death. He noted that the greater use of DCD organs may result in more kidneys but not hearts until organ care systems (OCS) become more widely accessible.

The Chair supports increasing the priority to increase the number of transplants.

Next steps:

The members were encouraged to review the proposal and submit their comments on the OPTN website.

**3. 2-year monitoring for Modifications to Adult Heart Allocation Policy**

UNOS Research staff provided a presentation on findings from the *2-year monitoring for Modifications to Adult Heart Allocation Policy* report.

Summary of discussion:

The Chair asked about waiting list mortality pre and post policy implementation. UNOS Research staff shared that waiting list mortality is not significantly different, although it does trend lower.

A member asked if programs are listing more medically urgent patients than they used to or if more patients are being put on extracorporeal membrane oxygenation (ECMO) to be eligible for Status 1. The Chair commented that there is a larger increase in patients qualifying for Status 2 using the intra-aortic

balloon pump (IABP) criteria between the pre and post policy implementation eras. UNOS staff noted that because medical urgency is defined by device use, it may be difficult to discern if patients listed are more medically urgent. More information could be found by analyzing the risk stratification data.

A member asked about the mortality of patients on IABP. UNOS staff commented that this information can be added to the next report.

A member commented that Status 2 also includes eligibility criteria for Impellas. She raised a concern that Impellas and IABPs are not equivalent devices. A member raised a concern about ventricular assist devices (VADs) becoming used less frequently noting that patients with these devices are more stable and have better mortality rates. The Chair commented that behaviors relating to device use have changed with the new system.

UNOS staff noted that the development of a Heart Allocation Score could resolve the dependence on devices to indicate medical urgency.

A member suggested addressing the increase in IABP candidates by encouraging the review boards to be more critical when evaluating exception requests. She suggested consolidating the number of regional review boards (RRBs) to five nationally and developing more education to guide the reviewers in their evaluation. Another member raised a concern about the RRBs approval rates. A member commented that the reviews used to be by phone and each case was seriously considered. A member raised a concern about there not being a mechanism for discussion with how the RRBs is structured now.

A member commented that exception requests used to be presented by the submitting program which carried more weight. A member commented that there is less urgency for a review board, such as one in New York, to police activities in another area of the country, such as California.

A member commented that the new allocation system was intended to decrease the number of exceptions and it has not. A member commented that as more exceptions are approved, it may result in a program submitting more exceptions.

A member suggested removing the donor sequence number from offers. She commented that offer acceptance behavior may be affected by the number of declines.

A member suggested merging Status 2 and 3.

#### Next steps:

UNOS staff will send the 2-year monitoring report and presentation to the members.

#### **Upcoming Meeting**

- April 20, 2021

## Attendance

- **Committee Members**
  - Adam Schneider
  - Arun Krishnamoorthy
  - David Baran
  - Donna Mancini
  - Cindy Martin
  - Greg Ewald
  - Hannah Copeland
  - Jondavid Menteer
  - Kelly Newlin
  - Michael Kwan
  - Mike McMullan
  - Rachel White
  - Rocky Daly
  - Shelley Hall
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Yoon Son Ahn
- **UNOS Staff**
  - Eric Messick
  - Janis Rosenberg
  - Julia Chipko
  - Keighly Bradbrook
  - Leah Slife
  - Sara Rose Wells
  - Sarah Konigsburg
  - Sharon Shepherd
- **Other Attendees**
  - Emily Stimpson
  - Ian Jamieson