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

# Alden Doyle, MD, MPH, Chair

#### Introduction

The Match Run Rules (the Workgroup) met via Citrix GoToMeeting teleconference on 03/18/2021 to discuss the following agenda items:

- 1. Project Overview and Goals
- 2. Recap of 2/18 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 2/18 Discussion

The Workgroup reviewed their previous meeting's discussion.

#### Summary of discussion:

The Workgroup began discussing the project scope by defining the problem and exploring possible solutions.

Defining the problem:

- Transplant programs enter provisional yes because the number of offers received makes it difficult to process
- There is a lack of information in the organ offer process
- The system is efficient for placing well-functioning kidneys to top candidates, but not efficient for placing marginal kidneys to older candidates

Possible solutions:

- A dynamic match run in which program could be filtered off as information is updated. This type of dynamic match run would be most helpful for organs that take longer to place.
- Creating tiers within the system, instead of one list. Place limits on the number of offers allowed if the organ is more likely to be accepted; Allow more offers to those organs more medically complex.
- Develop policy to define provisional yes offers and responsibilities of members.

## 3. Discussion: Project Scope

The Workgroup continued to discuss the scope of the project and explore possible solutions.

### Summary of discussion:

### Dynamic Match Run

A member stated that they viewed the possible solution of a dynamic match run as having the ability to filter off candidates who no longer meet the waitlist criteria when donor factors are updated and as long as an offer had not yet been made. The member stated that if an organ offer is made, those offers stay static but the candidates that appear on the match run after the offers could evolve based on new donor and candidate information. The member stated that a dynamic match run would, as patient statuses change, notify the next patient on the waitlist of the offer.

Another member stated that the dynamic screening could be applied only to provisional yes offers and not accepted organs. Members agreed.

A member suggested a dynamic match run could initially be applied in a limited fashion such as with Hepatitis C (i.e. high level, relatively simple screening criteria). Another member stated that the organspecific committees would have to decide these initial, limited screening criteria. The Chair asked information technology (IT) staff on their thoughts on whether it is easier to develop an entire dynamic match run system or start off applying it in a limited fashion. IT staff suggested that the Workgroup could start with a small subset, especially in regards to analyzing if there are any unintended consequences of a dynamic match run.

IT staff asked if a transplant hospital that placed a provisional yes offer would need to be notified that they were screened off the match run based upon updated information. A member responded that communication is beneficial and an automated notification system would be helpful.

The Workgroup discussed the potential of a type of code to show that candidates were filtered out of a dynamic match run in order to retrospectively analyze match runs. This code would show those candidates who were filtered off specific match runs due to updated donor information.

The Workgroup considered the possibility of setting a limit on the number of eligible candidates included on a match run, then if that is exhausted return to the waitlist to find additional eligible candidates. The premise of this idea would be adding candidates to the match run instead of continually reordering the match run. A member stated this could be difficult because of multi-organ transplants and the processes of re-executing the match run multiple times.

# Provisional Yes Policy

The Workgroup discussed creating a policy which defines "provisional yes". A member stated that the current provisional yes system is inefficient, and a policy would help the transplant community view provisional yes offers in a standardized way. Another member stated that the development of this policy would help hold transplant programs more accountable.

A member suggested expedited liver placement policy as a potential template for defining provisional yes. The member stated that provisional yes definitions will need to be different for each organ.

Another member stated that if a program enters a provisional yes, then it should mean the program would accept the organ based on the information that is available at the time the provisional yes was entered. The member added that through incentives or consequences programs entering provisional yes should be responsible for the information that is already known. Members agreed.

A member stated that in conjunction with a provisional yes policy, the allocation processes need to be changed so that organ procurement organizations (OPOs) send offers which transplant programs would realistically consider in order to make the provisional yes meaningful.

Another member suggested limiting the number of provisional yes programs are allowed to enter in a 24-hour period. A member suggested developing a metric to analyze turning down an organ offer when a provisional yes was entered. Another member agreed and added to additionally analyze programs' historical organ acceptance behaviors.

### Next steps:

The Workgroup will continue discussions regarding match and organ processes.

### **Upcoming Meeting**

• April 15, 2021 (teleconference)

#### Attendance

### • Workgroup Members

- Alden Doyle
- Christopher Curran
- Christopher Yanakos
- o Deb Maurer
- Jennifer Muriett
- Jillian Wojtowicz
- o John Stallbaum
- o Kim Koontz
- o Melinda Locklear
- Steve Potter

### • HRSA Representatives

- Marilyn Levi
  - o Raelene Skerda
- UNOS Staff
  - o Ben Wolford
  - o Bonnie Felice
  - o Dawn Beasley
  - Joann White
  - Katrina Gauntt
  - Kristine Althaus
  - o Lauren Motley
  - o Leah Slife
  - Matt Prentice
  - o Meghan McDermott
  - o Melissa Lane
  - o Rob McTier