

## **OPTN Organ Procurement Organization (OPO) Committee**

### **Meeting Summary**

**May 19, 2021**

**Conference Call**

**Diane Brockmeier, RN, BSN, MHA, Committee Chair**

**Kurt Shutterly, RN, CPTC, Vice-Chair**

### **Introduction**

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 05/19/2021 to discuss the following agenda items:

1. National Kidney Offers
2. New Kidney Allocation Policy Changes
3. Technology Tools Workgroup Update

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

#### **1. National Kidney Offers**

The Committee discussed OPTN *Policy 8.7.B: National Kidney Offers* and provided feedback.

##### Summary of discussion:

A few members remarked that handing national kidney allocation over to the UNOS Organ Center should be optional, particularly for certain kinds of kidneys. One member pointed to positive serology kidneys as an example of such a scenario, as these match runs are generally very short and there is limited interest for the kidneys. The member noted that many import kidney offers in the new allocation system have generally higher cold times. Another member reiterated the concerns about cold ischemic time, but added that the Organ Center has placed more challenging kidneys with centers that their OPO does not typically interact with.

Staff clarified that one reason the Organ Center makes national offers is due to the call center's use of the Minimum Acceptance Criteria screening tool (MAC), which screens candidates and transplant centers off of the match run who have already established that they would not accept a certain type of kidney offer. The use of this tool includes a rigorous review of donor information, and can only be applied outside of the 250 nautical mile circle. The MAC tool allows the Organ Center to allocate as efficiently and equitably as possible while still allocating according to the match run. One member asked if the MAC tool had been integrated into DonorNet. ® Staff clarified that while the MAC is currently integrated into DonorNet and is partially automated, the tool itself is somewhat complicated and requires significant training, and thus would require significant modification before it could be released for OPO use.

One member commented that the MAC tool was still a very manual process, and suggested that offer filters currently in development could be much more efficient and potentially alter the need for the MAC tool. A member asked if the Organ Center was experiencing longer allocation and placement times, and staff clarified that while there is not data on that, many OPOs turn over kidney allocation within the 250 nautical mile circle, which increases allocation time.

## **2. New Kidney Allocation Policy Changes**

UNOS staff requested feedback from Committee members about how OPOs are adjusting to the new kidney and pancreas allocation changes, including the released organ policy.

### Summary of discussion:

One member remarked that their center has experienced a relative decrease in kidney offers since the new policy implementation, which could be due to the large population size around the center.

One member remarked that travel has been particularly challenging in the broader distribution allocation model. The member recounted an experience where a kidney could not make a direct flight from a major airport due to closed cargo hours, which required the kidney to take an indirect flight that added significantly amounts of cold time. Practically, the kidney could have been driven in 6 hours or less, but due to travel cost, the host OPO transported the organ via commercial flight. The member continued that this challenges marginal kidney acceptance for more rural centers, who by nature must consider the additional cold ischemic time required to transport the organ. The member added that more marginal kidneys can rapidly lose utility with significant cold time – which could have negative repercussions on patient and graft outcomes. Another member agreed, adding that this remains a challenge even on the east coast with high densities of transplant centers. One member agreed that driving kidneys can save a lot of cold time but cost the host OPO significantly, and recounted a similar experience with an import kidney.

A member asked the Committee about their experiences with discard and placement rates, sharing that it has been more difficult for some centers to accept marginal kidneys, particularly with larger cold ischemia times that may not have been pumped or biopsied. Another member agreed that accepting marginal kidneys has become more difficult with many offers having significantly higher cold ischemia time. The member continued that the new allocation system has been particularly difficult to adjust to for patients who have to fly in to their transplant center, as this might increase cold time.

One member remarked that utilization rates at their OPO have increased, though fewer kidneys have been placed within the OPO's donor service area (DSA). The member added that while the improved utilization rate is positive, the new policy has also significantly increased workload for OPO staff. Another member agreed, noting that their discard rate has nearly been cut in half, but that the workload has more than tripled for the OPO staff.

A member noted that the workload has also increased heavily for transplant center staff and coordinators as well, but that the reduced number of kidneys being transplanted at these centers financially prohibits hiring more staff. Another member shared that they had also noticed reduced sharing between OPOs and transplant centers in their DSA. Several members agreed.

One member recommended that post-implementation monitoring include measuring differences for OPOs in more rural communities, or for OPOs serving fewer transplant centers. OPOs in densely populated areas with many transplant programs may have an easier time placing kidneys efficiently.

A member noted that his OPO requires the accepting center to have a backup candidate identified who is cleared and ready for transplant. He also commented that reallocating a kidney using the released kidney match run or original match is inefficient when a significant number of kidneys are turned down with over 20 hours of cold ischemic time. Another member agreed that regardless of which match run is used, it is common for kidneys to have a significant amount of cold ischemic time. They also noted that this information is not tracked in order to evaluate the impact of the allocation changes.

A member noted that his OPO is having issues with centers within the 250 NM circle accepting cross match blood because the transplant center wants to wait to determine if they are going to be interested in the kidney. Another member added that, prior to the allocation changes, was the challenge of getting transplant centers to determine which candidates to cross match with the caveat that his OPO is also the lab for five kidney transplant centers in his DSA. However, with the increase in the volume of offers it is more challenging to coordinate cross matching with the inability to see cross match results from other OPOs.

A member noted that his OPO now has 10-12 kidney transplant centers they now work with and only one is in their local DSA. They have been working to establish relationships with the transplant centers by scheduling recurring meetings with them. The member also noted that they have shared kidneys with 52 different kidney transplant centers and 26 different OPOs. Therefore, the transplant centers must adjust to 26 different biopsy and kidney pump policies while receiving multiple offers. He noted that several of the OPOs in the Northeastern United States have been meeting in an attempt to better align practices so that transplant centers are hearing the same messages and have similar expectations and accountability.

Another member noted that those types of collaborations are helpful. His OPO has done something similar because they typically send kidneys on a pump and want the transplant centers to be aware of issues so they know when to contact the OPO. This has helped with addressing any transportation delays or other logistical issues.

The Committee had no further comments or questions.

#### Next steps:

UNOS staff are continuing to collect community feedback regarding the adjustments to the new kidney and pancreas allocation systems. This will help identify issues that need to be addressed further.

### **3. Technology Tools Workgroup Update**

UNOS staff provided an update on this project.

#### Summary of discussion:

UNOS staff noted that the workgroup recently reviewed the current and planned UNOS Information Technology (IT) work that relates to the workgroup charge. This includes the following:

- DonorNet Mobile – National Rollout April 7
- Improved In-App Notifications – Slotted for 2022
- Chat Capabilities – Slotted for 2022
- UNet Image Sharing – Opt-In Available Nationwide, with updates slotted for 2021-2022
- Post Cross-Clamp Test Results – Slotted for 2021/2022

The Workgroup identified several additional key projects:

- DonorNet mobile – single-nodal entry of key recovery dates and times
- DonorNet clinical data collection
- Time zone conversion project – automatic time zone conversion
- Image sharing – biopsies
  - Collaborate with the Biopsy Workgroup to ensure alignment of efforts

UNOS staff noted that the Workgroup discussed updates to the clinical data reported in DonorNet to better capture information utilized by transplant centers during the donor and organ evaluation process. This includes information about echocardiograms, medications/fluids, infectious disease testing, and donation after circulatory death (DCD) donors.

The Workgroup Chair noted that it is important to collect certain information early on in the organ donation and placement process as work on offer filters and match run improvements moves forward. This will allow OPOs to apply filtering capabilities to help screen off candidates based on clinical data and not just biopsies or cold time.

Next steps:

The workgroup will continue to work with UNOS IT on detailed design and requirements gathering sessions for these identified concepts, including seeking input from organ-specific Workgroup members and Committees. Additional requirements and development of these projects will allow the Workgroup to provide future updates to the Policy Oversight Committee (POC), including estimated resource requirements and timelines. This work will also require collaboration with the Match Run Rules and Biopsy Standards Workgroups to align DonorNet workflows and maximize efficiencies.

**Upcoming Meetings**

- June 16, 2021
- July 14, 2021

## Attendance

- **Committee Members**
  - Kurt Shutterly
  - Bruce Nicely
  - Catherine Kling
  - David Marshman
  - Debra Cooper
  - Helen Irving
  - Jill Grandas
  - Jennifer Muriett
  - Jeffrey Trageser
  - Jillian Wojtowicz
  - John Stallbaum
  - Larry Suplee
  - Mary Zeker
  - Meg Rogers
  - Sue McClung
- **HRSA Representatives**
  - Raelene Skerda
  - Jim Bowman
- **SRTR Representatives**
  - Katie Audette
  - Donnie Musgrove
  - Matthew Tabaka
- **UNOS Staff**
  - Robert Hunter
  - Kayla Temple
  - Ben Wolford
  - Melissa Lane
  - Rebecca Marino
  - Alice Toll
  - Katrina Gauntt
  - Matthew Prentice
  - Sara Moriarty
  - Nicole Benjamin
- **Other Attendees**
  - PJ Geraghty