

OPTN Transplant Administrators Committee

Meeting Summary

May 26, 2021

Conference Call

Nancy Metzler, Chair

Susan Zylicz, MHA, BSN, RN, CCTC, Vice Chair

Introduction

The Committee met via Citrix GoToMeeting teleconference on 5/26/2021 to discuss the following agenda items:

1. Revise Current Inactive Codes
2. Non-Citizen/Non-Resident (NCNR) Guidance Document
3. Fiscal Impact Workgroup Update
4. OPTN Website Projects and User Experience Engagement

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

1. Revise Current Inactive Codes

The Transplant Coordinators Committee (TCC) Chair provided an overview of a current project to revise the codes used in the OPTN computer system to temporarily inactivate transplant candidates. The intention of the project is to provide updated and more granular inactivation code options to improve data collection. This data may be used to better inform transplant program practices and support the development of OPTN policies.

Summary of discussion:

The TAC Chair asked if the system provides a prompt to alert users about patients that have been listed as inactive for a longer period of time and may need to be reviewed. The TCC Chair commented that there is not a prompt but there is existing reporting that would be improved with more granularity to guide decision making and waitlist management.

The TCC Chair asked the members to provide feedback on the proposed inactive codes as well as other considerations relating to the volume of codes or the need for additional codes to capture reasons not currently described. Members offered to share the list with their teams for feedback.

The TCC Chair commented that this revised list has the potential to enhance what is collected in programs' electronic medical records.

Next steps

TAC members were invited to provide feedback to TCC in the next few weeks.

2. Update Non-Citizen/Non-Resident (NCNR) Guidance Document

The Ad Hoc International Relations Committee (AHIRC) is developing a guidance paper intended to educate transplant programs on how to more accurately and consistently collect and report NCNR data.

Summary of discussion:

The AHIRC Chair asked for feedback about other considerations to address while developing the guidance as well as best practices to improve the quality of data and rates of follow-up with international patients.

Members raised concerns about the cost associated with testing in other countries and other follow-up care if the living donor patient moves to a non-US country following surgery. The TAC Chair questioned if there is guidance for how long a living kidney or liver donor should stay in the US following donation. The AHIRC Chair commented that this would be the discretion of the transplant program and the focus of this project is to improve data collection in order to better assess trends (e.g., an increase in donors from Australia).

A member commented that her staff has hesitation around collecting NCNR information from living donors and recipients due to sensitivity around whether the patient entered the country illegally. The member commented that this may create a barrier for the patient to provide accurate information because the patient may be concerned about deportation or other consequence that would impact their immigration status. A member recommended ensuring that the information collected will not impact a person's immigration status. UNOS staff commented that the guidance document will describe how the NCNR data will be used and will highlight that access to transplant will not be based on citizenship status.

Next steps

TAC members were invited to provide additional feedback to AHIRC.

3. Fiscal Impact Workgroup Update

UNOS staff provided an update on the Fiscal Impact Advisory Group (FIG).

Summary of discussion:

The purpose of FIG is to gather fiscal impact information to allow the OPTN Board of Directors to consider high level, direct financial implications on OPTN members as part of their decision-making process. FIG members represent transplant programs, organ procurement organizations (OPOs), and histocompatibility laboratories (histo labs). Recently, the FIG members evaluated the following proposals going to public comment this August.

Review Status Extension Requirements in Adult Heart Allocation Policy (Heart Committee)

FIG determined that there is no fiscal impact for OPOs or histo labs. There will be a minimal impact to transplant programs to train staff and coordinators on changes to heart status extension requests but there are no significant changes in workflows or transplant volume anticipated.

Develop Measures for Primary Graft Dysfunction (Heart Committee)

FIG determined that there is no fiscal impact for histo labs. There will be a minimal impact to transplant programs relating to an increase in data entry burden and may potentially require a modification in workflow. There may be a minimal impact to OPOs to update donor records in order to add new data fields if donor data elements are included in the final proposal.

Establish Membership Requirements for Uterus Transplant Programs (Vascularized Composite Allograft Committee)

FIG determined that there is no fiscal impact for OPOs or histo labs. Transplant programs will be required to submit new membership applications for VCA programs and may incur a minimal cost if the program needs to hire a new independent living donor advocate or coordinator to support living donor uterus transplants.

Transplant Program Performance Monitoring Enhancement (Membership and Professional Standards Committee)

FIG determined that there is no fiscal impact for OPOs or histo labs. Although no direct costs to transplant programs is anticipated, the program may choose to invest in improved performance monitoring efforts.

Continuous Distribution of Lungs (Lung Committee)

OPOs and transplant programs may be impacted by cost associated with increased travel. OPOs may also be impacted fiscally by increased case times and may need additional staff. Histo labs may be minimally impacted due to a possible increase in testing.

Human Leukocyte Antigen Equivalency Tables Update 2021 (Histocompatibility Committee)

FIG determined that there is no fiscal impact for OPOs. Transplant programs may incur a small increase in cost if ordering more DPA testing. Histo labs may incur a small cost to upgrade computer systems although most labs already have the capability to perform and record the additional DPA testing.

Data Collection to Evaluate the Impact of Cold Ischemic Time (Operations and Safety Committee)

FIG determined that there is no fiscal impact for OPO or histo labs. Transplant programs may have an increase in data burden to collect data on organ check-in time.

Data Collection Related to US Public Health Service Guideline 2020 (Disease Transmission Advisory Committee)

FIG determined that there is no fiscal impact for transplant programs, OPO, or histo labs.

Lower Respiratory SARS-CoV-2 Testing for Lung Donors (Disease Transmission Advisory Committee)

FIG determined that there is no fiscal impact for transplant programs or histo labs. OPOs may have minimal costs associated with increased staffing and minor changes to existing workflows to ensure testing results are returned prior to transplant.

The members did not have any questions or comments.

Next steps

The fiscal impact statements are informed by the discussion of the FIG members as well as feedback submitted via email and survey. The statements will be included in the public comment proposals and reviewed by the Board of Directors at the December 2021 Board meeting.

Additional FIG members are needed and the TAC members were encouraged to volunteer if interested.

4. OPTN Website Projects and User Experience Engagement

UNOS Communications staff provided an overview of updates to the OPTN website.

Summary of discussion:

Based on community feedback, the improvements to the website are intended to increase transparency, enhance patient content, and improve user experience. The navigation has been improved to allow more usability. Patient content has been improved to make it easier to understand and will be available in Spanish. New functionality and design modifications have been implemented to help the user access and identify policies in the various stages of development. The OPTN metrics dashboard have been updated to include additional functionality. The Equity in Access to Transplant dashboard has also been updated with new content.

The Vice Chair commented that the website changes implemented so far have made it easier to access information.

Next steps

TAC members were invited to participate in user testing.

Upcoming Meetings

- June 23, 2021

Attendance

- **Committee Members**
 - Andrea Tietjen
 - Denise Neal
 - Deonna Moore
 - Kelly Laschkewitsch
 - Michelle James
 - Nancy Metzler
 - Scott Wansley
 - Susan Zylicz
- **UNOS Staff**
 - Angel Carroll
 - Bridgette Bridgette
 - Elizabeth Miller
 - Kaitlin Swanner
 - Matt Roop
 - Meghan McDermott
 - Ross Walton
 - Sarah Konigsburg
- **HRSA Representatives**
 - Vanessa Arriola
 - Raelene Skerda
- **Other Attendees**
 - Barry Friedman
 - Rachel Hatmon
 - Sharon Klarman