

**OPTN Transplant Administrators Committee
Fiscal Impact Advisory Workgroup
Meeting Summary
May 21, 2021
Conference Call**

Introduction

The Fiscal Impact Advisory Workgroup met via Citrix GoToMeeting teleconference on 05/21/2021 to discuss the following agenda items:

1. Transplant Program Performance Monitoring Enhancement (Membership and Professional Standards Committee)
2. Continuous Distribution of Lungs (Lung)
3. Human Leukocyte Antigen Equivalency Tables Update 2021 (Histocompatibility)
4. Data Collection to Evaluate the Logistical Impact of Broader Distribution (Operations & Safety)
5. Data Collection Related to US Public Health Service Guideline 2020 (Disease Transmission Advisory)
6. Lower Respiratory SARS-CoV-2 Testing for Lung Donors (Disease Transmission Advisory)

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

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

Summary of discussion:

Transplant program members do not anticipate that this proposal will create increases in direct costs, but see the potential for additional investments in their monitoring and Quality Assurance and Performance Improvement programs. Members do see the potential for a decrease in long-term costs due to decreased staff time in Membership and Professional Standards Committee (MPSC) interactions that are unrelated to potential patient safety issues. One member pointed out that the cost of not implementing a robust quality program could lead to potential patient safety issues and resources devoted to their resolution in the future.

Members wanted to ensure that these metrics would not be publicly available, and that these wouldn't affect Centers for Medicare & Medicaid Services (CMS) payment structures. The MPSC chair mentioned that most of these metrics are already publicly available through Scientific Registry of Transplant Recipients (SRTR), and staff explained that the proposal intends to keep the current structure in place for programs to review their SRTR Bayesian metrics privately, and that the MPSC would not provide a public "rank" of programs.

There is no anticipated impact to OPOs or histocompatibility labs.

Next steps:

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

2. Continuous Distribution of Lungs (Lung)

Summary of discussion:

An organ procurement organization (OPO) representative commented that this proposal may impact costs for OPO if there are increases in travel distance, especially in distances that involve flights. The member also raised a concern that there could be an increase in donor case times, including an impact on the abdominal organ case times. The Lung Committee Chair explained that there will be a measure for proximity to the donor hospital, in order to attempt to maintain efficiency in the process and not require longer travel, except for in cases of increased medical urgency.

A histocompatibility laboratory (histo lab) representative commented that calculated panel reactive antibodies (CPRA) is not currently incorporated in lung allocation which may require testing, and that broader distribution may require some additional shipping of donor samples for crossmatching. However, other members commented that laboratories are already performing this testing as a standard process, and that the entry of unacceptable antigens for CPRA will increase screening of incompatible donors, and ultimately lead to additional efficiency and possible cost savings for histo labs.

A transplant program member mentioned that broader distribution may require additional team travel, or additional flights, which could increase costs for transplant programs.

Next steps:

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

3. Human Leukocyte Antigen Equivalency Tables Update 2021 (Histocompatibility)

Summary of discussion:

Members agreed that this proposal should have minimal to no impact on OPO or transplant program costs, as most are already ordering DPA testing for candidates and donors. However, if they are not, there would be an increased cost in ordering this typing.

A histocompatibility laboratory member mentioned that the addition of HLA-DPA1 will improve virtual crossmatch effectiveness and overall system efficiency for screening incompatible donors, and that almost all labs are already performing this typing. UNOS staff explained that a large proportion of donors and recipients already have DPA typing reported in TIEDI, even though it's not a required field. Members agreed that there may need to be an upgrade to laboratory informatics systems (LIS), but that this would be a one-time cost and part of yearly upgrades to computer systems.

Next steps

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

4. Data Collection to Evaluate the Logistical Impact of Broader Distribution (Operations & Safety)

Summary of discussion:

Members agreed that this proposal could result in significant data burden for transplant programs, but that OPOs are already collecting the proposed data fields and any additional data reporting would require little added effort. One transplant program representative mentioned that there is significant variability in program practices for organ check in time. The member also commented that anastomosis time is collected by most transplant programs and may be a better and more reliable substitute to approximate cold ischemic time. The transplant program member also pointed out that transport modes

significantly impact the cost of transportation, especially in terms of flights. The Operations and Safety Committee Chair mentioned that there is variability in transportation logistics between OPOs and transplant programs arranging travel, and that there may not be consistent data points that either an OPO or transplant program would be able to report.

There is no anticipated impact to histocompatibility labs.

Next steps:

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

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

Summary of discussion:

OPO representatives agreed that this proposal should not impact their process or add additional data collection burden, especially if there is API import availability. These discrete fields should track directly from OPO electronic medical records. A transplant program member mentioned that programs with kidney paired donation components should not have additional data entry burden for this data collection for the same reason.

There is no anticipated impact to histocompatibility labs.

Next steps:

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

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

Summary of discussion:

OPO representatives agreed that OPOs are already performing COVID-19 testing on all donors as routine practice, so this proposal would not increase costs. The OPO representative commented that this proposal may cause minor workflow changes to ensure that testing results have returned prior to transplantation.

There is no anticipated impact to transplant programs or histocompatibility labs.

Next steps:

UNOS staff asked the members to follow up with any additional thoughts and comments via email or survey.

Upcoming Meetings

- TBD

Attendance

- **Committee Members**
 - Carley Shaut
 - Debbi McRann
 - Gwen McNatt
 - Jerome Saltarrelli
 - Ryan Haydu
- **UNOS Staff**
 - Abby Fox
 - Ann-Marie Leary
 - Courtney Jett
 - Elizabeth Miller
 - Joann White
 - Kaitlin Swanner
 - Roger Brown
 - Sally Aungier
 - Sharon Shepherd
 - Susan Tlusty
 - Tameka Bland
- **Other Attendees**
 - Christopher Curran
 - Erika Lease
 - Ian Jamieson
 - John Lunz
 - Pete Lalli
 - Ricardo La Hoz
 - Richard Formica