Introduction
The Membership and Professional Standards Committee (MPSC) met by conference call in closed session via Citrix GoToTraining on May 25, 2021, and discussed the following agenda items:

1. VCA Committee Genitourinary Membership Requirements Project Update
2. Performance Monitoring Enhancement Project Update

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

1. VCA Committee Genitourinary Membership Requirements Project Update

A member of the Vascular Composite Allograft (VCA) Transplantation Committee updated the MPSC on the status of a proposal to split genitourinary organs into three VCA types and establish tailored membership requirements for uterus transplant programs. She explained that the VCA Genitourinary work group made suggestions to define requirements for primary surgeon, primary physician, and other considerations for uterus transplantation programs. She discussed the proposed primary surgeon and physician requirements, and stated that the requirements were similar to the membership applications for other transplant programs. The staff member also reviewed requirements for non-ACGME GYN-ONC fellowship, collaboration with medical experts, and living donor uterus surgeons. An MPSC member, who was also a participant in the VCA workgroup, stated that the workgroup intended to create an architecture for the requirements, but would focus on keeping the requirements as broad as possible.

MPSC members reviewed the proposed requirements and offered questions and feedback:

- An MPSC member stated that the proposed requirements should have clear definitions for specialized terms (i.e. complex hysterectomies). He stated that these definitions are important for individuals that will review VCA applications.
- An MPSC member expressed concerns about the requirements being too specific to uterus, and not broad enough to include visceral transplants.
- MPSC members also made a suggestion for a primary gynecologist to be included in the requirements to assist with recipient care (e.g. immunosuppression management). However, there were concerns that a gynecologist would have challenges meeting the proposed requirements and skill set. Another MPSC member suggested that a primary uterine surgeon would have the expertise necessary to assist with recipient care. A staff member stated that there are existing programs that have gynecologic oncologists serving as primaries.

The proposal will be going out for public comment, which will give the MPSC an opportunity to provide additional feedback.
2. **Performance Monitoring Enhancement Project Update**

Staff provided an update on the status of the Performance Monitoring Enhancement Project and reviewed the recommendations of the Subcommittee that will be used to develop the proposal bylaw language. She reiterated the goals of the project and explained the bases for evaluation of the potential metrics, the discrete aspects of care that were identified by the subcommittee (Waiting List Management and Post-Transplant Outcomes). Staff also reviewed the subcommittee’s recommendations for the metrics to be included in the proposal and the proposed boundaries for each metric for adult transplants and pediatric transplants:

Subcommittee Recommendations for Waitlist Management:

- **Waitlist Mortality Rate for Waitlist Patient Care**
  - 50% probability that waitlist mortality rate ratio is greater than 1.75 for both pediatric and adult candidates.

- **Offer Acceptance Rate for Offer Acceptance practices**
  - 50% probability that offer acceptance rate ratio is greater than 0.30 for adult candidates
  - 50% probability that offer acceptance rate ratio is greater than 0.35 for pediatric candidates.

Subcommittee Recommendations for Post-Transplant Outcomes:

- Move from review of patient and graft survival to graft survival only
- Review of patient survival only for pancreas programs until graft survival model is developed

- **90-Day Graft Survival for Peri-operative Care**
  - 50% probability that graft survival hazard ratio is greater than 1.75 for adult candidates
  - 50% probability that graft survival hazard ratio is greater than 1.60 for pediatric candidates

- **1-Year Conditional on 90-Day Graft Survival for Post-operative Care**
  - 50% probability that graft survival hazard ratio is greater than 1.75 for adult candidates
  - 50% probability that graft survival hazard ratio is greater than 1.60 for pediatric candidates

Subcommittee Recommendations for the Performance Review Process:

- Focus on self-monitoring, self-evaluation, and self-improvement
- MPSC intervention (red) zone
- Performance Improvement (yellow) zone

Subcommittee Recommendations for Implementation and Evaluation:

- Delayed implementation of waitlist mortality and offer acceptance criteria
- Periodic review of small volume program data and collection of information to provide data for discussion of optimal ways to interact with small volume programs
- MPSC members will evaluate whether risks have not been identified to inform consideration of new data elements for risk adjustment

**Feedback by the MPSC:**

The MPSC did not have any questions or comments on the subcommittee’s recommendation. However, the MPSC participated in a straw poll to gauge support for the concepts to be included in the proposal. Eighty-nine percent of the Committee members who participated in the poll either “supported” or “strongly supported” the subcommittee’s recommendations. The Performance Monitoring
Subcommittee Chair encouraged MPSC members to submit any questions or concerns about the project via email.

In closing, staff discussed previous and upcoming stakeholder outreach presentations. The staff member also reviewed the project timeline and stated that the Committee would vote on whether to send the proposal to public comment during the June MPSC meeting. She also mentioned the subcommittee meeting on June 1, which would give Committee members an opportunity to ask questions and learn about the metric models and risk adjustment. The MPSC Chair encouraged Committee members to speak with their institutions about the proposal before public comment. Staff concluded the meeting and no other feedback was provided at this time.

**Upcoming Meetings**
- June 24, 2021, MPSC Meeting, 1-3:00pm, ET, Conference call
- July 20-22, 2021, MPSC Meeting, Conference call
- August 24, 2021, MPSC Meeting, 3-5pm, ET, Conference Call
- October 1, 2021, MPSC Meeting, 2-4pm, ET, Conference Call
- October 26-28, 2021, MPSC Meeting, Chicago, Conference Call
- December 9, 2021, MPSC Meeting, 1-3pm, ET, Conference Call
Attendance

○ **Committee Members**
  ○ Sanjeev K. Akkina
  ○ Nicole Berry
  ○ Christina D. Bishop
  ○ Errol Bush
  ○ Maryjane A. Farr
  ○ Richard N. Formica Jr
  ○ Adam M. Frank
  ○ Catherine Frenette
  ○ Jonathan A. Fridell
  ○ Michael Gautreaux
  ○ David A. Gerber
  ○ Alice Gray
  ○ Edward F. Hollinger
  ○ Ian R. Jamieson
  ○ Christy Keahey
  ○ Mary Killackey
  ○ Heung Bae Kim
  ○ Anne M. Krueger
  ○ Jules Lin
  ○ Didier A. Mandelbrot
  ○ Virginia(Ginny) T. McBride
  ○ Clifford D. Miles
  ○ Willscott Naugler
  ○ Matthew J. O’Connor
  ○ Nicole A. Pilch
  ○ Steve Potter
  ○ Jennifer K. Prinz
  ○ Scott Silvestry
  ○ Zoe Stewart Lewis
  ○ Lisa M. Stocks
  ○ Parsia A. Vagefi
  ○ Gebhard Wagener

○ **HRSA Representatives**
  ○ Marilyn Levi
  ○ Arjun Naik
  ○ Raelene Skerda

○ **SRTR Staff**
  ○ Ryo Hirose
  ○ Nicholas Salkowski
  ○ Bryn Thompson

○ **UNOS Staff**
  ○ Sally Aungier
  ○ Matt Belton
  ○ Nicole Benjamin
- Tameka Bland
- Robyn DiSalvo
- Demi Emmanouil
- Katie Favaro
- Amanda Gurin
- Asia Harris
- Danielle Hawkins
- Kay Lagana
- Krissy Laurie
- Ann-Marie Leary
- Sandy Miller
- Amy Minkler
- Steven Moore
- Sara Moriarty
- Alan Nicholas
- Jacqui O'Keefe
- Dina Phelps
- Michelle Rabold
- Liz Robbins
- Sharon Shepherd
- Kaitlin Swanner
- Olivia Taylor
- Stephon Thelwell
- Roger Vacovsky
- Gabe Vece
- Marta Waris
- Betsy Warnick
- Emily Womble
- Karen Wooten

- **Other Attendees**
  - None