OPTN Operations and Safety Committee
Meeting Summary
August 26, 2021
Conference Call

Christopher Curran, CPTC, CTBS, CTOP, Chair
Alden Doyle, MD, MPH, Vice Chair

Introduction

The Operations and Safety Committee (the Committee) met via Citrix GoTo Meeting teleconference on 08/26/2021 to discuss the following agenda items:

1. Public Comment Presentation: Update on OPTN Regional Review Project
2. Public Comment Update: Data Collection to Evaluate Organ Logistics and Allocation

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

1. Public Comment Presentation: Update on OPTN Regional Review Project

The Committee received a presentation on the OPTN Executive Committee's Regional Review project.

Summary of discussion:

The Vice Chair asked whether the regional review has considered organ procurement organizations' (OPOs) regions as well as the new OPO metrics that are in place. Staff responded that the vendor has not reviewed that aspect of the regions, but if a concept paper is developed which includes considerations to OPO regions and metrics, additional community input would be beneficial.

A member expressed support for a concept paper that is easily accessible and digestible. The member explained it would help explain OPTN regions, and their potential impact, for the transplant patient community.

Another member stated that the functional importance of the groupings needs to be decided before understanding which representation model would be successful. The member explained that successfulness for commenting on policy proposals would require different representation than successfulness for the sharing of data and best practices. The member stated that it is difficult to determine the preferred representation model until it is understood what the function of each group would be. The Vice Chair agreed and stated the function of the grouping is potentially a mixture of various functions. The Vice Chair added that it is important to have representation from all areas of the country, small and large programs, and subject areas.

A member stated that their experience in North Dakota is different than an area such as California and expressed support for continuing with a type of regional separation. The Vice Chair asked whether it would be beneficial to have groupings based on rural and non-rural areas. The member responded that regional representation may be more beneficial than a rural versus non-rural area breakdown. The member explained that their regional area registers a lot of Native Americans for organ transplantation, and other rural areas in the south United States may have a different population make up. The member added that there are specific considerations that areas with high number of reservations and Native American populations need to take into account. The Vice Chair suggested this may be valuable information for the regional review to consider.

Another member opposed implementing boundaries based on state lines. The member explained a population grouping would be more beneficial than grouping on purely state functionality. The Vice Chair added that the regional review should consider donation service areas as well.

A member stated that there is significant advantage to regional geography groupings. The member explained that groupings of individuals who interact regularly is beneficial in the ability to make decisions together, and represent together. The member stated support for keeping the regions similar to as they are now, but noted that basing the regions on state lines alone may not be beneficial for the reasons mentioned previously.

Another member stated that current regions each have their own needs and challenges. The member mentioned the Pacific north-west and Alaska have the benefit of being able to work with local appeals on travel logistics, which is very helpful. The member stated the logistics of transporting organs, given the large geographic area, is very different compared to other regional areas with high population densities.

A member stated that it is difficult to determine the best way to represent communities for states that do not have programs. The member explained that three of the four states in Life Center's service area do not have transplant programs (Idaho, Montana, Alaska), so the community members are being represented by programs in Washington, Denver, Utah, or Portland. The member added that when reviewing the regions it should be considered that the Centers for Medicaid and Medicare Services (CMS) set a directive where OPOs have influence over transplant rates, which OPOs address this through clinical advisory committee and regional meetings. The member explained that due to that directive, there has been a lot of work within their region for programs to work together to increase utilization, and the potential for the regional review project to change this would undo a lot of that work.

There were no questions or comments.

2. Public Comment Update: Data Collection to Evaluate Organ Logistics and Allocation

The Committee received an update on their proposal, *Data Collection to Evaluate Organ Logistics and Allocation*, which is currently out for Public Comment.

Summary of discussion:

Public comment themes:

- Concern with data burden & potential ability to collect data in an automated fashion (TransNet)
- Assessment of cold ischemic time
- Removal of Organ Response Code #208 *No recipient located*
  - How would this be documented with possible removal of code #215 *Organ refused by all regional program* and code #216 *Organ refused by all national program*?
- Organ check-out time definition
  - OPTN Organ Procurement Organization Committee feedback: Should be defined as when the organ leaves the host OPO and is en route to the transplant hospital
- Overall support for proposal

Additional feedback & suggestions:

- Data elements reflecting events that happen prior to organ recovery
- Cross clamp to organ check in would be a good surrogate for transplant time

Information Technology staff provided their recommendations on how best to capture the proposed data elements while streamlining data collection efforts and reducing burden.

- Organ check-out time data element recommended to be collected through TransNet, additional clarity on organ check-out time definition
- Organ check-in time data element recommended to be collected through TransNet for the following reasons:
    - This data field already exists in TransNet as optional
    - Data collection through TransNet will not complicate the time-sensitive process of waitlist removal
    - Potentially add this as a required data element through policy in the future
- Time of first anastomosis recommended to be collected through Waitlist and the Transplant Recipient Registration (TRR)

The Vice Chair explained that based on feedback from the OPTN OPO Committee, organ check-out time will be defined as when the organ leaves the initial servicing OPO. The Vice Chair clarified that if the organ is transported to an intermediate OPO, organ check-out time will not need to be captured at that point.

The Vice Chair stated the Committee will take these considerations into account along with feedback from the transplant community.

There were no additional comments or questions. The meeting was adjourned.

Next steps:

The Committee will continue prepare for their regional meeting and cross committee presentations. The Committee will compile public comments for their proposal and review feedback from the transplant community.

Upcoming Meetings

- September 23, 2021 (teleconference)
- October 15, 2021 ("in-person", virtual)

Attendance

- **Committee Members**
  - Alden Doyle
  - Audrey Kleet
  - Charles Strom
  - Dominic Adorno
  - Jami Gleason
  - Joanne Oxman
  - Kimberly Koontz
  - Melinda Locklear
  - Melissa Parente
  - Paige Oberle
  - Rich Rothweiler
  - Stephanie Little
  - Susan Stockemer
- **HRSA Representatives**
  - Adriana Martinez
  - Arjun Naik
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
- **UNOS Staff**
  - Joann White
  - Kaitlin Swanner
  - Kristine Althaus
  - Nicole Benjamin
  - Randall Fenderson
  - Supraja Malladi