

OPTN Membership and Professional Standards Committee

Meeting Summary

February 21, 2025

Conference Call

Cliff Miles, M.D., Chair

Scott Lindberg, M.D., Vice Chair

Introduction

Membership and Professional Standards Committee (MPSC) met virtually in closed and open session on February 21, 2025, to discuss the following agenda items:

1. Monitoring Ongoing eGFR Modification Policy Requirements proposal
2. MPSC Transplant Metrics Dashboard
3. Compliance Issues
4. Membership Issues

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

1. Monitoring Ongoing eGFR Modification Policy Requirements proposal

The Committee did not make any decisions.

Summary of Discussion

The Chair began discussion by outlining the reasons that the MPSC referred this project to the Minority Affairs Committee (MAC) in 2024 and provided an overview of the updated notification requirements in the proposal. Documentation of the new notification and written protocol requirements will primarily be in the candidate medical record, included but not limited to Electronic Medical Records (EMR) notes. There was a question about the purpose of the confirmation of candidate race given that it is self-reported data, and how that could be documented. Staff explained that the MAC was trying not to be too prescriptive to provide flexibility to transplant programs. Some of the methods discussed included letters, self-identification forms, or records of conversations with the candidate. A committee member recalled that as part of the eGFR candidate notification efforts at their hospital, every candidate received communications that included their documented race, which gave them an opportunity to identify discrepancies in their records. The Chair asked if a similar method was utilized to confirm candidate race, would a lack of response be acceptable confirmation that existing records were correct. Staff clarified that the newly proposed policy would only require transplant programs to have an explicit process but does not specify which practices would qualify. A committee member approved of the less proscriptive nature of the proposal because it allows programs to have autonomy and ownership in the process to make it work best for them and their patients. Sharing best practices could be beneficial for members and for patients, and it was suggested that the Patient Affairs Committee should be engaged on this front if they had not already been.

The Chair suggested adding a 30-day time frame for reporting the third notification requirement (the outcome notification) to the patient after being notified by the OPTN of the outcome of the waiting time

modification request. Several Committee members were supportive of that recommendation and felt that the 30-day time frame was reasonable from a process perspective and to ensure that patients are aware. Discussion then turned to the application of updated, more explicit notification requirements for all candidates registered on or after January 4, 2024. The Chair was not in favor of this requirement and noted that from an MPSC perspective, it would be incredibly difficult to operationally enforce that. Additionally, the timeframe of the retrospective is only going to grow as the policy process for this proposal continues. Several Committee members agreed with that sentiment and one member noted that bundling these notifications with other patient interactions such as informed consent discussions could be an efficient method to handle these requirements. Staff explained that the MAC's discussion about this requirement was about improved transparency for candidates, but that this was a point of the proposal where they wanted feedback. Another member shared that the new requirements for a written protocol and documentation seem to be the most important part of the proposal for patient access, given that the programs that the MPSC had to work with in 2024 mostly needed intervention due to a lack of understanding. OPTN Site surveys will be able to ensure that institutions understand the process during site reviews, which safeguards patient access moving forward more effectively than a retrospective review. Another member noted that this retrospective notification process would be burdensome on transplant programs and that it does not set a good precedent.

2. MPSC Transplant Metrics Dashboard

Decision #1: The Committee supported updating the MPSC Transplant Metrics Dashboard

Summary of Discussion

Following an overview from OPTN Contractor Staff, the Committee was asked if it supported updating the MPSC Transplant Metrics Dashboard to include the most recent versions of the following performance monitoring metrics to facilitate members' understanding of their transplant hospital's performance and guide improvement discussions as needed?

- 90-day post-transplant graft survival
- 1-year post-transplant graft survival conditional on 90-day graft survival
- Offer acceptance rate ratio
- Pre-transplant mortality rate ratio

The Committee was supportive of proceeding with updating the MPSC Transplant Metrics Dashboard, and asked the following:

- How much will this cost?
Committee members were concerned about duplicative efforts between SRTR and UNOS, especially because SRTR provides subgroup information in some of their Program Specific Reports (PSR) portals.
- Can MPSC members have access to the Dashboard for programs that are under MPSC review?
Currently, MPSC members can only access their own program's information because they are accessing the dashboard through their OPTN Computer System login.

Next Steps

OPTN Contractor Staff will discuss these questions internally and present a plan to MPSC Leadership at a later date.

3. Compliance Issues

The Committee met in closed session and discussed member hospitals under ongoing monitoring. It released four cases involving 5 members, from ongoing monitoring. It approved the corrective action plan and requested additional information from an additional hospital.

4. Membership Issues

The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it meets in closed session and considers actions regarding the status of current members and new applicants and applications are presented to the MPSC members as either a consent or discussion agenda. The Committee reviewed and approved the consent agenda by a vote of 29 For, 0 Against, and 0 Abstentions.

The Committee considered the applications and other actions listed below and will ask the Board of Directors to approve the following recommendations during the June 2025 meeting.

- Approve 2 New Transplant Programs
- Approve 1 New Transplant Component
- Approve 1 New Transplant Hospital
- Approve 2 Transplant Program Reactivations
- Approve 2 Transplant Component Reactivations
- Approve 1 Transplant Component Conditional
- Approve 2 New Business Memberships

The Committee reviewed and approved the following personnel changes:

- 6 applications for new key personnel for Transplant Programs or Components
- 32 applications for changes in key personnel for Transplant Programs or Components
- 1 application for changes in key personnel for Histocompatibility Laboratories

The Committee reviewed and approved updates to transplant program coverage.

- 1 application for single physician coverage

In addition, the Committee discussed two changes in key personnel and recommended approval for both.

Upcoming Meetings

- March 4-6, 2025, All day, ET
- March 28, 2025, 1-4pm, ET
- April 25, 2025, 11am-2pm, ET
- May 22, 2025, 11am-1pm, ET
- June 27, 2025, 11am-2pm, ET

Attendance

- **Committee Members**
 - Mitzi Barker
 - Megan Bell
 - Kristine Browning
 - Christopher Curran
 - Chadrick Denlinger
 - Amishi Desai
 - Nahel Elias
 - Chad Ezzell
 - Sander Florman
 - Darla Granger
 - Dipankar Gupta
 - Shelley Hall
 - Richard Hasz
 - Nicole Hayde
 - Kyle Herber
 - Michelle James
 - Christy Keahey
 - Glen Kelley
 - Lindsay King
 - Kevin Koomalsingh
 - Kevin Korenblat
 - Peter Lalli
 - Scott Lindberg
 - Maricar Malinis
 - Deborah Maurer
 - Luis Mayen
 - Deborah McRann
 - Clifford Miles
 - Saeed Mohammad
 - Lloyd Ratner
 - Deirdre Sawinski
 - Malay Shah
 - Zoe Stewart Lewis
 - Carrie Thiessen
 - Mark Wakefield
 - James Yun
- **HRSA Representatives**
 - James Bowman
 - Shantel Delgado
 - Marilyn Levi
 - Joni Mills
 - Arjun Naik
- **SRTR Staff**
 - Jonathan Miller
 - Jon Snyder

- Bryn Thompson
- **UNOS Staff**
 - Anne Ailor
 - Sally Aungier
 - Matt Belton
 - Jadia Bruckner
 - Robyn DiSalvo
 - Nadine Drumn
 - Laureen Edwards
 - Katie Favaro
 - Liz Friddell
 - Jasmine Gaines
 - Houlder Hudgins
 - Jessie Kunmann
 - Krissy Laurie
 - Jon McCue
 - Heather Neil
 - Delaney Nilles
 - Kelley Poff
 - Emily Powell
 - Tina Rhoades
 - Liz Robbins
 - Melissa Santos
 - Laura Schmitt
 - Erin Schnellinger
 - Sharon Shepherd
 - Stephon Thelwell
 - Betsy Warnick
 - Claudia Woisard
 - Hobie Wood
 - Karen Wooten
 - Amanda Young
- **Other Attendees**
 - None