

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
April 14, 2023
Conference Call**

Amit Mathur, M.D., Chair

Introduction

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met in open session virtually via Citrix GoToTraining on April 14, 2023, to discuss the following agenda items:

1. Welcome and Agenda
2. Offer Acceptance Questionnaire Update
3. Continued discussion of Data Resources for Offer Acceptance Review
4. Next Steps

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

1. Welcome and Agenda

The Chair reviewed the agenda for the meeting.

2. Offer Acceptance Questionnaire Update

The Subcommittee reviewed the changes that were made during their last meeting.

Summary of discussion:

A member stated that the questionnaire looked good.

A member stated that Section 3.B is vague and that it was unclear what the Subcommittee is looking for. Staff stated that the question was vague on purpose so members could provide information that may not be addressed in other questions.

A member asked if this questionnaire will be for flagged programs or for those that are below average acceptance. Staff stated that it will be for programs that will be under MPSC review and the questionnaire will allow the program to provide more information to reviewers.

The Chair stated that this questionnaire is comprehensive and can be adjusted in the future based on experience using it. The Chair supported taking the questionnaire to the full committee for approval. Members agreed with sending this to the full committee for approval.

Next Steps:

The questionnaire will be shared with the MPSC during their April 24th or May 4th meeting.

3. Continued Discussion of Data Resources for Offer Acceptance Review

The Subcommittee discussed the following questions:

- What data can be used to evaluate recent program performance since the end of the cohort used in the SRTR's offer acceptance rate ratio reports?
- How will reviewers assess areas of improvement?
- What other data should be included in the staff summary?

Summary of discussion:

Data to Evaluate Recent Performance

Staff noted that, during the previous Subcommittee meeting, the Subcommittee concluded that it was not necessary to include data regarding recent offer acceptance performance since there is a short 6-month lag and unadjusted data would not be useful in evaluating programs' recent performance. A member asked how the acceptance rate is defined - is it binary or is it weighted on different characteristics. Staff stated the data used for the acceptance rate is the SRTR rate ratio and it is risk adjusted. The offer acceptance rate ratio is adjusted for many characteristics. Staff further explained that the Subcommittee, at its last meeting, felt the unadjusted data would not be useful for members.

In response to a member question, staff stated that the criteria for adult programs to be flagged is if there is greater than a 50% probability that their acceptance rate ratio is below 0.30 during a one year period and for pediatric programs it is if there's greater than a 50% probability that their acceptance rate ratio is below 0.35 during a one year period.

A member stated that they strongly agree with not sharing the unadjusted data with programs under review. The Subcommittee should not deviate from the intent of the risk adjustments.

A member stated that there is no exclusion for height or weight. A member stated that the point of the acceptance rate ratio is system efficiency, which would hopefully drive members to use the appropriate filters. If they use the offer filters appropriately, then they should not get the offers that they would turn down due to height or weight.

The Chair mentioned that, while the MPSC shouldn't require programs to provide their CUSUM data, it might be natural for them to want to show the MPSC reviewers their CUSUM data. The SRTR secure site does offer some additional metrics like weekend acceptance in the CUSUM report, so MPSC reviewers might see some of those metrics when the MPSC solicits responses back from programs. The Chair emphasized that those metrics are used to drive individual program decision-making, so the MPSC should not use them as part of the review.

Staff stated that reflects the stance the MPSC has taken historically. Sometimes reviewers may request the CUSUM information, but it has never been required.

Members agreed with the decision that had been made during the last meeting.

What other data should be included in Staff Summary?

The Subcommittee reviewed the recommendations from the 3/24 meeting to include a waiting list description, pre-transplant mortality rate, transplant rate, time to transplant data and transplant volume over time to evaluate volume trends.

A member asked if reviewers will be privy to any personnel changes. Staff stated that there is a question in the questionnaire about personnel changes.

A member asked if the acceptance rate ratio model includes or excludes donation after circulatory death (DCD) offers. Staff stated that the acceptance rate ratio includes all offers that could have been accepted before final acceptance as long as that candidate was not bypassed.

Assessing Areas for Improvement

The Subcommittee reviewed their feedback from the March 24th meeting. At the March 24th meeting, the Subcommittee considered the SRTR subgroups for offer acceptance rate ratio, characteristics provided in acceptance rate data provided for the Offer Acceptance Collaborative and the recommended filters in the kidney offer filters discovery tool.

The Chair asked if, to complement the SRTR subgroup data, it would be possible for SRTR to provide the number of offers in the cohort and the types of offers that cohort received. Staff stated that the supporting data for each of the subgroups is provided including the number of offers the program received, the number of offers that SRTR would expect the program to accept, and the number of offers the program accepted.

The Chair stated that that would be helpful for reviewers to have when reviewing these performance cases.

A member stated that they review the kidneys that have been filtered out for their program. The one data point that may be missing is when the kidney was offered – for example, a kidney that is offered late may have high cold ischemic time (CIT) because it's coming from a further distance. Staff stated that, based on some of the experiences they have had from the Offer Acceptance Collaborative, it may be helpful to provide programs with a list of the available tools in the data resources section of UNet that they can use to evaluate their offer acceptance. Staff stated they could also consider offering members an opportunity to have a training session with a staff member on how those tools can be used.

A member stated that would be important noting that the MPSC's goal is to be educational instead of punitive.

Staff asked if the Subcommittee thinks these SRTR subgroups are sufficient as a starting point, in addition to providing resources to help programs get to more granular data.

The Chair stated that this is a great starting point, and the Subcommittee can get feedback from reviewers and programs that are reviewed to see what else may need to be adjusted.

The Chair mentioned that the characteristic that is probably missing for liver is the utilization of macrosteatosis donors. That data is not readily available because the only objective way to look at this would be based on biopsy data, which is provided only in certain cases. The Chair noted that the MPSC may receive that feedback from liver programs. A member asked if an extremely high body mass index (BMI) group could be a surrogate. The Chair stated that, for liver, that surrogate may not be perfect because some programs have very clear BMI cutoffs, but if other programs would pursue those donors and use those livers then they would get dinged. The Chair also stated that there are differences in BMI greater than 40 between male and female donors. The Chair stated that the Subcommittee can always revisit this as they get feedback from programs that are being reviewed.

The Chair stated that for liver use of subgroups for DCD donors and Hepatitis C donors are sufficient. The Chair noted that, for non-renal organs, there are more nuanced characteristics that affect acceptance.

A member asked if reviewing the subgroups is more of an operational rule. Staff confirmed that the SRTR subgroups will provide data that would be included in the staff summary and would be sent to programs when the MPSC sends out the initial inquiry. The member asked if it would be easy for the Subcommittee to change this. Staff confirmed that would be the case.

A member stated that, for lung, the subgroups are reasonable to review because those characteristics are considered marginal.

A member stated that, for heart, the ejection fraction should be dropped to less than 50%. Staff stated that they will ask SRTR if they can provide the Subcommittee the data for that.

Staff summarized that the Subcommittee seems to be supportive of using the SRTR subgroups for the first iteration of the inquiries.

4. Next Steps

The Subcommittee will provide these recommendations to the full committee during either the April 24th or May 4th meeting.

Upcoming Meetings

- April 24, 2023: MPSC Meeting

Attendance

- **Subcommittee Members**
 - Amit Mathur (Subcommittee Chair)
 - Maher Baz
 - Emily Blumberg
 - Todd Dardas
 - Reginald Gohh
 - Victoria Hunter
 - Ian Jamieson
 - Scott Lindberg
 - Michael Pham
 - Sara Rasmussen
 - Jason Smith
 - Zoe Stewart Lewis (MPSC Chair)
- **HRSA Representatives**
 - Arjun Naik
- **SRTR Staff**
 - Jonathan Miller
 - Bryn Thompson
- **UNOS Staff**
 - Sally Aungier
 - Rebecca Brookman
 - Robyn DiSalvo
 - Katie Favaro
 - Rebecca Goff
 - Samantha Noreen
 - Kay Sheranek
 - Sharon Shepherd
 - Betsy Warnick
 - Karen Wooten
- **Other Attendees**
 - None