

Meeting Summary

OPTN Policy Oversight Committee Post-Implementation Monitoring Subcommittee Meeting Summary September 23, 2022 Conference Call

Jesse Schold, PhD, M.Stat., M.Ed., Chair

Introduction

The Post-Implementation Monitoring Subcommittee (the Subcommittee) met via Citrix GoToMeeting teleconference on 09/23/2022 to discuss the following agenda items:

- 1. POC Charge
- 2. Goals
- 3. Discussion
- 4. Next Steps

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

1. POC Charge

The Subcommittee convened for the first time and reviewed the charge of the Subcommittee. The Subcommittee will develop a process to assess the impact of policy proposals as per the POC Charge.

Data summary:

The Policy Oversight Committee (POC) advises the Board of Directors and Executive Committee in:

- Developing Strategic Policy Priorities
- Prioritizing and coordinating policy and committee projects that have broad implications across OPTN committees
- Evaluating policy and committee proposals prior to public comment
- Assessing the impact of implemented policy proposals
- Ensuring that OPTN committees justify proposals in compliance with policy development requirements

In preparation for the meeting, the Subcommittee scored previously implemented projects using the existing benefit scoring method. There was one additional question asked that requested feedback on what qualitative or quantitative measures could be used to determine if a project was successful.

Summary of discussion:

The Chair suggested that, if members struggled in answering the question on project success, it could potentially be problematic, as it could indicate that success of the project is not well-defined. They emphasized that there should be measurable data to indicate the success of a project, not just qualitative "feeling". In addition, they wondered if the success metric should be outlined in new project presentations to the full POC.

The Chair also stated that retrospective analyses of implemented policies should inform future projects that the POC scores, such as areas where greater data collection is needed or better and worse metrics of success.

2. Goals

Staff identified four distinct goals that comprise a successful post-implementation review, and requested feedback from the Subcommittee on whether more were needed or additional information should be given at any step.

Data summary:

The goals for the Subcommittee are:

- Review success of the project
- Quantify measures to standardize review
- Identify how to prioritize review of implemented projects
- Identify steps for actions after post-implementation review

Summary of discussion:

The Chair highlighted that there should be nuance in reviewing the success of implemented projects; the POC should be considerate of short-term effects and long-term effects of policy implementations, as there may be bolus effects or adjustment periods. In addition, the POC should look for unintended consequences of the policy, rather than focus on the impact outlined within the proposal.

A member inquired whether success should be considered as a binary outcome, and whether success is different than effectiveness. The Chair felt that success should not be considered as binary, and can both be graded on a scale for how well it achieved its intended goal, as well as be successful while considering unintended effects. A member added that a policy should be considered through different lenses; a policy may be successful in raising no patient safety issues, or may be successful in providing benefit to a defined population. Each must be considered to provide a composite score of the success of a project.

Another member suggested that unintended consequences should be reviewed to see if they could have been considered in advance of implementation. The Chair agreed, and also proposed that all policies should have "potential unintended consequences" be part of their regular post-implementation review by the POC. There was hesitation expressed from a member that, if the POC commits to reviewing implemented projects on a cadence, there may be difficulty in fitting that into an already tight POC schedule; in addition, it may look poor if the POC commits to a process and cannot fulfill it.

The Chair asked if the post-implementation review group needs to incorporate the entire POC. The Chair of the POC replied that it would be within scope of the Subcommittee to also consider which projects are the most critical, such that the POC is not overburdening themselves trying to develop a flexible framework for all "genres" of proposals. Additionally, with a smaller number of projects to review, it will be easier to discuss with the sponsoring committee for a richer conversation.

It was suggested by a member that success metrics should be developed by the sponsoring committee and reviewed for validity by the POC, such that the onus of developing success metrics is not on the POC. The Chair supported this approach, as it codifies what success of the project is early on in the development process. They also endorsed the idea of having a dashboard to keep track of the post-implementation life cycle of policy monitoring in order to remain up-to-date on which policies were still in review. They added it also increased transparency, as there would be documentation that a certain policy was reviewed by the POC at a certain time period.

A member wondered what actions could be taken by the POC if patient safety concerns or unintended consequences of similar severity were identified during post-implementation monitoring. Staff replied that, in those instances, it were be the prerogative of the Board of Directors and the Executive Committee to approve an emergency policy to address the concerns. The Chair proposed, then, that

there be levels of severity in what the response to identifying unintended consequences of proposals are; if there is a high level of severity, it should be escalated to potentially suggest an emergency policy proposals, whereas if it is a low level of severity, the sponsoring committee should be charged with addressing the identified issue in the next policy cycle.

Next steps:

Policy and Community Relations Staff will consult with Research to determine if it is feasible to provide a spread of one year's worth of projects for the Subcommittee to review.

3. Discussion

The Subcommittee reviewed possible options for developing a post-implementation assessment framework.

Summary of discussion:

The Chair wondered if there were any examples of policies that had immediately identified unintended consequences that required action from the sponsoring committee. Staff replied that there were none that came to mind immediately which required an escalation to the authorization of an emergency policy proposal to address an issue. However, they noted that the projects identified for the POC to review post-implementation were projects that may not have achieved success to the extent that they had set out to do. A member mentioned that the current simultaneous liver-kidney allocation proposal was in some ways a response to the approved simultaneous heart-kidney proposal that was approved in the June 2022 Board of Directors meeting. They suggested than an unintended consequence of that proposal was the ambiguity now surrounding the misalignment of heart-kidney and liver-kidney allocation. The Chair of the POC also noted that there were numerous adjustments made following the proposal to remove Direct Service Area (DSA) and Region from kidney allocation, though none of the following proposals were emergent.

Next steps:

The POC will score policies that were identified as potentially not being as successful as intended by the sponsoring committee.

4. Next Steps

Summary of discussion:

There was no discussion surrounding this item.

Next steps:

Staff reminded the Subcommittee of the upcoming full committee meeting in Chicago on 9/30/22. The Subcommittee was also reminded to fill out the poll for scheduling their next meeting.

Upcoming Meeting

• September 30, 2022 (POC in-person)

Attendance

• Committee Members

- o Jesse Schold
- o Scott Biggins
- o Natalie Blackwell
- Rachel Engen
- o Vijay Gorantla
- o Jim Kim
- o Gerald Morris
- o Stephanie Pouch
- o Jennifer Prinz
- o Nicole Turgeon

HRSA Representatives

- o Jim Bowman
- o Marilyn Levi

SRTR Staff

- o Ajay Israni
- o Jon Snyder

UNOS Staff

- o James Alcorn
- o Cole Fox
- o Amber Fritz
- o Isaac Hager
- o Darby Harris
- o Nadine Hoffman
- o Krissy Laurie
- o Lauren Mauk
- o Sharon Shepherd
- o Kim Uccellini