

**OPTN Operations & Safety Committee  
Match Run Rules Workgroup  
Meeting Summary  
September 16, 2021  
Conference Call**

**Alden Doyle, MD, MPH, Chair**

## **Introduction**

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/16/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Demo: Overview of Provisional Yes

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

### **1. Project Overview and Goals**

The Workgroup reviewed the objectives and goals of the Match Run Rules project.

#### Summary of discussion:

The Workgroup will address their identified projects through a phased approach. Phase I of the project will address the development of a framework for the standardization of processes related to organ offers and acceptances. The two projects, which will be worked on simultaneously, within Phase 1 are as detailed:

- Project 1
  - Redefining provisional yes
  - Limiting amount of offers sent out
  - Time limits on offers
- Project 2
  - Offer filers for kidney – mandatory usage

Phase II of the project will address dynamic match run through (1) capabilities to filter off candidates from match run who no longer meet acceptance criteria once donor information is updated, and (2) continuously evolving match run.

### **2. Demo: Overview of Provisional Yes**

The Workgroup received a demonstration of the provisional yes system.

#### Summary of discussion:

The Chair stated that one problem with the provisional yes system is that there is a lack of transparency regarding multi-organ offers as well as the number of centers that appear on any given match run. The Chair stated that the transplant community might be more accepting of implementing policy that outlines formal expectations for provisional yes if they also receive enhancements to the organ offer and acceptance tools.

A member stated that there is variation in organ procurement organization (OPO) practices for offer notifications; there is also variation in how transplant programs expect to be notified. Another member added that the automated system is frustrating. A member suggested creating a dashboard that would allow transplant programs to view impending organ offers.

Another member stated that *OPTN Policy 5.6.B* does not specify whether the time limits for review and acceptance of organ offers are per candidate. The member explained that this leads to transplant programs interpreting the policy differently and slowing down the allocation process. The member suggested that the notifications should be center-centric. The member explained that an organ offer notification should focus on the center level, allowing the center to review the organ offer for all of its candidates. A member expressed support for this idea.

The Chair suggested creating a tiered approach to acceptance codes for transplant programs to utilize. The Chair explained this tiered approach would allow transplant programs to enter a low-tiered code to show they are not refusing the organ offer, and then a higher tiered code, available to those in a top range of organ offers, to indicate they have met outlined formal expectations. Another member agreed and added that a tiered approach to acceptance codes allow for transplant programs to acknowledge the offer while recognizing there is not much value in spending too much time reviewing the offer at that moment, based on their place on the match run. The member suggested that as the organ offer begins to approach those who entered a lower level acceptance code, the transplant programs could be re-notified to bring awareness that they should begin to evaluate. The member stated that the range for this re-notification would depend on organ type and organ quality, but within twenty offers of the current primary may be feasible.

A member stated there are differences in the behaviors related to entering provisional yes based on whether transplant programs are using call center staff versus clinical staff to review organ offers. The member suggested that the Workgroup may need to differentiate expectations for entering provisional yes based upon the type of staff responding. Other members agreed this is an important distinction. Another member stated there might not be a feasible way to approach that distinction in policy, however setting a formal expectation that a decision-maker (e.g. a clinician) has reviewed the organ offer and weighed in would set a foundation for all organ offers.

#### Next Steps:

The Workgroup will send in any additional thoughts or feedback. A summary of the work to date will be presented to the Operations & Safety Committee during their meeting on October 15, 2021.

#### **Upcoming Meeting**

- October 21, 2021 (teleconference)
- November 18, 2021 (teleconference)

## Attendance

- **Workgroup Members**
  - Alden Doyle
  - Audrey Kleet
  - Charles Strom
  - Chris Curran
  - Christopher Yanakos
  - Deb Maurer
  - Jill Campbell
  - John Stallbaum
  - Maria Casarella
  - Steve Potter
- **HRSA Representatives**
  - Jim Bowman
  - Raelene Skerda
- **SRTR Representatives**
  - Katie Audette
- **UNOS Staff**
  - Bonnie Felice
  - Carlos Martinez
  - Joann White
  - Kristine Althaus
  - Matt Prentice
  - Meghan McDermott
  - Melissa Lane
  - Nicole Benjamin