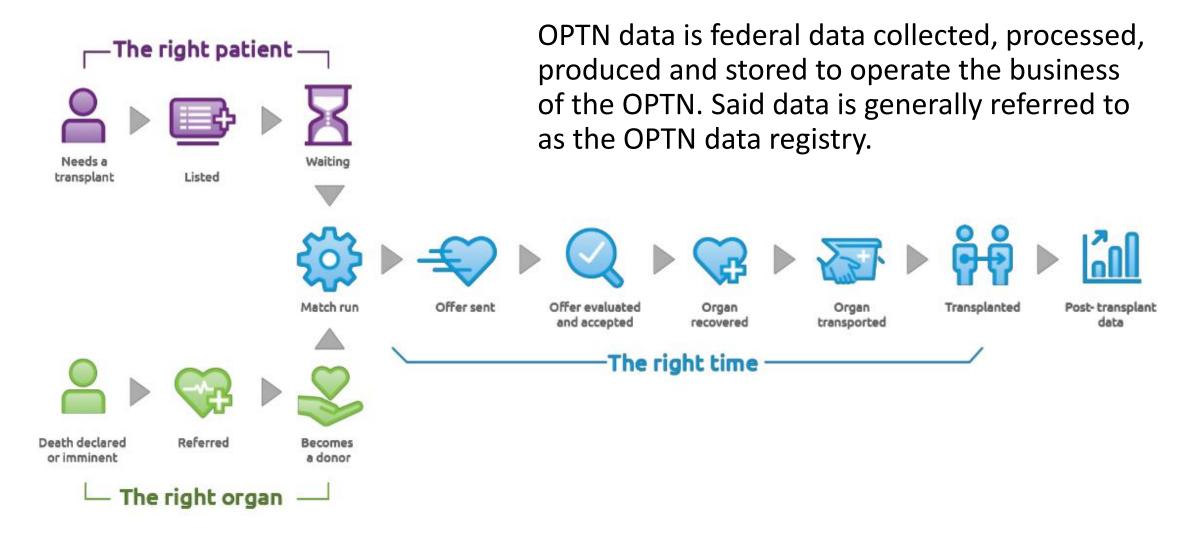
# OPTN Data Advisory Committee Report to the Board

Jesse Schold, Chair
Data Advisory Committee (DAC)



#### Data Is Managed Across Transplant Lifecycle



# DAC's Annual Data Review Highlights

- Endorsed ten OPTN proposals to modify data collection, which will result in 96 changes
- Reviewed two-year monitoring reports for DAC sponsored projects Refusal Codes and Modify Data Submission policy (Data Lock)
- Endorsed six updates to data definitions and form instructions
- Provided feedback on the Secretary of the U.S. Department of Health and Human Services (HHS) directive to expand OPTN data collection
  - Reviewed referral and evaluation information about potential transplant candidates (DAC Pre-Waitlist Workgroup)
  - Reviewed ventilated patient referrals for donation (MPSC OPO Performance Monitoring and Enhancement Workgroup)

Full report available on SharePoint.

# Objective: Increased Alignment Between Board, HRSA, and DAC

- DAC seeks to increase alignment with the Board and HRSA on the following:
  - Need for identifying a data champion role on Board
  - Continue to leverage DAC's advisory skillset
  - Need roadmap to improve and incrementally invest in OPTN data registry

#### **OPTN Recognizes Need To Increase Data Availability**

- OPTN Strategic Plan identifies the objective to "Enhance OPTN data collection: To increase availability of actionable data"; OPTN Goal to enhance OPTN efficiency.
  - DAC supports partnership with Board and HRSA to make substantial investment and improvement in the OPTN data registry to achieve and expedite this objective
  - While modernizing OPTN Computer System is important, it is equally important to expand and improve understanding of the OPTN data registry

#### DAC Recognizes Need To Be More Nimble

- DAC recognizes challenges which hamper the OPTN data registry's relevance and value to the community. Examples:
  - Currency with clinical practice (e.g., machine perfusion data); recommend developing an OPTN fast-track process to identify new data collection (e.g., COVID response demonstrates OPTN's agility to adapt)
  - Timely implementation of OPTN data changes is impacted by annual Office of Management and Budget (OMB) review and approval; recommend adjusting frequency of OMB submissions to align with Board approval cycles
  - OPTN data changes may fall under OMB's substantive definition; recommend HRSA explore options for flexibility in making minor changes (e.g., removal of obsolete data collection)

#### **DAC and Board Engagement**

- Strengthen partnership between the Board, DAC and HRSA to be intentional about improving the OPTN registry
- Board and HRSA's Data and Analytics Team work with DAC to plan, prioritize and manage data initiatives
  - Define OPTN's data strategy
  - Strengthen data governance
  - Invest in interoperability
  - Adjust stakeholder engagement

### **OPTN Initiative: Define OPTN's Data Strategy**

- Improve data collection and architecture as part of OPTN modernization initiative
- Accelerate the use of available government and public data
- Develop a transplant data standard with the federal Office of the National Coordinator (ONC) for Health Information Technology

#### **OPTN Initiative: Strengthen Data Governance**

- Establish best practices and set expectations in OPTN policy:
  - Identify ownership and stewardship for OPTN data
  - Document OPTN's intent for collecting data and improve definitions
  - Identify critical data and measure quality
  - Audit the most critical data
  - Lock editing of critical data (data lock 2.0)
  - Re-evaluate transplant follow-up data collection and adjust to reduce burden
- Provide public with a searchable OPTN data dictionary

# **OPTN** Initiative: Invest in Interoperability

- Adopt clinical data standards to align with the healthcare community
- Collaborate with OPOs to standardize their data collection and processes
- Streamline data collection and exchange methods; align with Network Operations Oversight Committee (NOOC) on plans and investment

#### **OPTN Initiative: Adjust Stakeholder Engagement**

- Identify feasibility of engaging and involving government, healthcare members, academic institutions, and electronic medical record (EMR) and electronic donor record (EDR) vendors in the data management processes
- Examine issues and challenges involved in expanding the definition of OPTN data to include other supplemental public and government data for use by members and community
  - This initiative has the potential of reducing member data burden
- Supplemental and government data includes but is not limited to pharmacy data, claims data, and government special studies data

#### Does Board Support DAC's Recommendations?

- Identify data champion on the Board
  - Codify Board role in OPTN Bylaws, require data expertise
- Develop plan to support data efficiency objective in the OPTN Strategic
   Plan and improvements to OPTN data registry

#### **Next Steps**

- Identify Board data champion
- DAC Chairs to schedule planning session in FY25 Q2

# Questions?