

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
May 16, 2024
Conference Call**

Amit Mather, M.D., Chair

Introduction

The MPSC Performance Monitoring Enhancement Subcommittee met in open session virtually via Webex on May 16, 2024, to discuss the following agenda items:

1. Review Pre-transplant Mortality Questionnaire Draft
2. Follow-up on Subcommittee Suggestions for Data
3. Next Steps

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

1. Review Pre-transplant Mortality Questionnaire Draft

After the last Subcommittee meeting, via email, members reviewed a draft pre-transplant mortality questionnaire with the feedback from the April 26, 2024, meeting incorporated. Staff reviewed the draft questionnaire and feedback received.

Summary of Discussion:

Decision #1: Subcommittee finalized the pre-transplant mortality questionnaire draft and will present it at the June 28, 2024, full Committee meeting, recommending it for approval.

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Members supported the changes suggested via email after the April 23, 2024, meeting and recommended additional small verbiage changes for clarity.

Members recommended distributing an email from the Committee Chair before implementing the pre-transplant mortality metric for community education.

2. Follow-up on Subcommittee Suggestions for Data

Staff reviewed Subcommittee suggestions for data to be potentially included in review packets for transplant programs with higher-than-expected pre-transplant mortality. This included:

- Offer acceptance rate ratio data
- Candidate active versus inactive data
- Offers received and declined for candidates prior to death
- Requesting a sample of patient summaries from the program

Summary of Discussion:

Decision #1: For offer acceptance rate ratio data, the Subcommittee recommends including overall offer acceptance rate ratio, subcategories of offer acceptance rate ratio, and whether the program is flagged for offer acceptance.

Decision #2: For candidate active vs inactive data, the Subcommittee recommends including active and inactive distribution of all waiting list candidates compared to regional and national averages at the time of the review, and active and inactive time for candidates that died prior to receiving a transplant compared to regional and national averages.

Decision #3: For offers received and declined for candidates prior to death, the Subcommittee recommends the inclusion of a summary that only includes offers that were declined by the program but transplanted somewhere else, providing regional and national averages. The Subcommittee also requested examples of potential formats for comparison of patient acuity to a controlled sample of similar patients.

Decision #4: For patient summaries, the Subcommittee recommends a random sample of 5 – 7 patients for adult programs and 3 – 5 patients for pediatric programs.

Decision #1: For offer acceptance rate ratio data, the Subcommittee recommends including overall offer acceptance rate ratio, subcategories of offer acceptance rate ratio, and whether the program is flagged for offer acceptance.

The Subcommittee agreed with the data as described by OPTN staff.

Decision #2: For candidate active vs inactive data, the Subcommittee recommends including active and inactive distribution of waiting list candidates compared to regional and national averages, and active and inactive time for candidates that died prior to receiving a transplant compared to regional and national averages.

The Subcommittee agreed with the data as described by OPTN staff and noted that this would be good information to also share with programs flagged and/or under review for this metric. A member recommended that regional averages be included with national averages.

Decision #3: For offers received and declined for candidates prior to death, the Subcommittee recommends the inclusion of a summary that only includes offers that were declined by the program but transplanted somewhere else, providing regional and national averages. The Subcommittee also requested examples of potential formats for comparison of patient acuity to a controlled sample of similar patients.

The Subcommittee Chair commented that the report should provide data as a summary focusing on a particular period. The Chair noted the importance of regional and national averages for context. Staff explained that for this metric, a two-year observation window will be utilized for review.

SRTR (Scientific Registry of Transplant Recipients) staff suggested consideration of the number of offers for similar acuity patients with a comparable risk of death that received transplants and did not die. Data could be compared to a group of patients with similar acuity levels and characteristics as a controlled sample; the risk adjustment factors already in the pre-waitlist mortality models could be used to develop comparison methodology. Organ-specific key factors for identifying similar patients could be developed. A member suggested that the comparison include length of time on the waiting list.

SRTR staff recommended considering program screening criteria and offer filters as part of the review.

The Chair requested examples of patient comparison described by the SRTR be provided for further consideration.

Decision #4: For patient summaries, the Subcommittee recommends a random sample of 5 – 7 patients for adult programs and 3 – 5 patients for pediatric programs.

Members discussed two options for a sample of patients. First, a truly random sample, which could include a minimum number and/or percentage of either waitlist deaths or total waitlist and would not exclude any cause of death. Second, a weighted random sample, which could use expected survival data for patients as a weighting factor, so that review would focus on patients with lower risk of death.

The discussion centered on the objective of review, to determine whether a flagged program is applying inappropriate care practices to waitlisted patients and striking a balance between a thorough review and preventing unreasonable burden for reviewers. Members supported a true random sample with a set number of patients rather than a percentage for consistency, as a percentage could result in significant difference in the number of summaries based on program size.

Next Steps

OPTN staff will bring a refined list of review packet data with feedback incorporated and examples of patient comparison for offers received and declined for candidates prior to death to the next Subcommittee meeting for further discussion. Staff will follow up with the Committee Chair on the request for the Chair to send an email to the community about the upcoming implementation of the pre-transplant mortality metric.

Upcoming Meetings

MPSC Meeting, May 21, 2024, 2:00 – 5:00 pm ET

MPSC Meeting, May 29, 2024, 4:00 – 6:00 pm ET

Subcommittee Conference Call, June 26, 2024, 3:00 – 5:00 pm ET

Attendance

- **Subcommittee Members**
 - Amit Mathur, Subcommittee Chair
 - Clifford Miles, Incoming Committee Chair
 - Anil Chandraker
 - Maher Baz
 - Candy Wells
 - Carolyn Light
 - David Vega
 - Martha Pavlakis
 - Roshan George
 - Victoria Hunter
 - Mark Wakefield
- **HRSA Representatives**
 - Jim Bowman
 - Arjun Naik
- **SRTR Staff**
 - Jon Miller
 - Bryn Thompson
 - Jon Snyder
- **UNOS Staff**
 - Betsy Warnick
 - Heather Neil
 - Houlder Hudgins
 - Katie Favaro
 - Laura Schmitt
 - Marta Waris
 - Melissa Santos
 - Robyn DiSalvo
 - Sharon Shepherd