

**OPTN Minority Affairs Committee
Meeting Summary
September 19, 2022
Conference Call**

**Paulo Martins, MD, Ph.D, Chair
Alejandro Diez, MD, Vice Chair**

Introduction

The OPTN Minority Affairs Committee (the Committee) met via Citrix GoToMeeting teleconference on 09/19/2022 to discuss the following agenda items:

1. Public Comment Proposal: *Transparency in Program Selection*
2. Social Determinants of Health (SDoH) Presentation

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

1. Public Comment Proposal: *Transparency in Program Selection*

The Committee heard a presentation on the OPTN Ethics Committee's public comment white paper titled: *Transparency in Program Selection*.

Summary of discussion:

A member asked if the Ethics Committee considered program availability. This member continued, explaining that members of the community are concerned about individuals living in rural areas who do not have access to multiple transplant centers. If there is only one transplant center in the state and candidates experience insurance payer issues, this can cause barriers to transplant program access.

The presenter acknowledged that patients have challenges when determining which transplant program to select. It is easier for a patient to choose a transplant center when there are options instead of only having one transplant center in their state—or having the opportunity to select a program without experiencing insurance issues. These challenges can dictate where a patient can and cannot go, which limits the patients' program selection availability. Based on a transplant program criteria, the patient may not meet the criteria and would have to consider whether the transplant program would be a good fit for them. However, increasing the transparency amongst transplant centers would help mitigate some of the challenges patients face.

A member noted that transplant program selection criteria are sometimes very clear. In contrast, other programs do not have very clear criteria, resulting in center variability in risk acceptance and inversion. There is a risk when a patient accepts becoming a candidate at a transplant center that does not have clear criteria.

In terms of transparency and clearance, a member asked how granular the data should be. The presenter replied that this is also a challenge faced by the transplant community. The transplant community should advocate for what should and should not be included in a transplant program criteria. The transplant community should think about what the patient wants, the transplant criteria that should be shared, and how that will evolve.

Next steps:

The Committee's feedback will be posted to the OPTN public comment page.

2. Social Determinants of Health (SDoH) Presentation

The Committee heard the FY 2022 SDoH project update from the UNOS research team. The objective of the presentation is to engage the OPTN in research and demonstrate potential policy and evaluation impacts on the OPTN.

Summary of discussion:

A member expressed that they would anticipate that individuals with poor SDoH would be least likely to have access to a deceased donor transplant because they are a disadvantaged population. Instead, the findings show that individuals with poor SDoH are more likely to have access to a deceased donor transplant. The member asked if this information could be further explained.

The presenter explained that if an individual is more likely to get a living donor transplant, they are probably less likely to get a deceased donor transplant because the two events are mutually exclusive. Therefore, an individual with poor SDoH is less likely to receive a living donor transplant and is more likely to die on the waitlist than an individual with better SDoH status. The presenter pointed out that individuals from disadvantaged communities are sicker by the time they are registered to the waitlist. However, allocation policies are more likely to prioritize this group of patients.

A member asked if the research team looked at disparities in waitlist time for disadvantaged and advantaged populations. Specifically, looking to see if access overall has improved for disadvantaged populations. Since individuals with poor SDoH are more likely to have higher waitlist mortality, the member pointed out that it's important to focus on the results being portrayed. The data could be viewed as disadvantaged populations getting more access to deceased donor waitlists when we really should be focused on when they're getting placed on the waitlist because of their higher mortality.

The presenter replied that the information was not included in the presentation. The presenter acknowledged that it is crucial to give context because without contextualizing the results, they can be misleading.

Upcoming Meeting(s)

- October 17, 2022
- November 21, 2022

Attendance

- **Committee Members**
 - Adrian Lawrence
 - Amaka Eneanya
 - Anthony Panos
 - April Stempien-Otero
 - Ayana Andrews-Joseph
 - Niviann Blondet
 - Christiana Gjelaj
 - Christine Hwang
 - Tatia Jackson
 - Jason Narverud
 - Reynold Lopez-Soler
 - Stephen Gray
 - Steven Averhart
 - Wayne Tsuang
- **HRSA Representatives**
 - Jim Bowman
 - Mesmin Germain
 - Monica Colvin
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Tamika Watkins
 - Kelley Poff
 - Lauren Mauk
 - Carol Covington
 - Kim Uccellini
 - Krissy Laurie
 - Laura Schmitt
 - Laura Cartwright
 - Jesse Howell
 - Alex Garza
 - Sara Moriarty
 - Tatenda Mupfudze
 - Trenece Wilson
- **Other Attendees**
 - Ehab Saad