

**OPTN Operations and Safety Committee  
Match Run Rules Workgroup  
Meeting Summary  
March 17, 2022  
Conference Call**

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

## **Introduction**

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 03/17/2022 to discuss the following agenda items:

1. Project Overview and Goals
2. Update and Discussion: Match Run Transparency
3. Group Assignment Report Outs: Redefining Provisional Yes (Review of current OPTN policy)

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

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

The Workgroup reviewed the purpose of the project and set out specific goals that they would like to meet.

#### Data summary:

The goals of the Workgroup are as follows:

- Redefine provisional yes and associated member responsibilities
- Review and consider number of organ offers sent
- Modify organ offer time limits with system enforcement
- Modify organ offer notifications

Currently the project is in its earliest phase, in which the Workgroup is reviewing current OPTN policy and discussing potential modifications.

### **2. Update and Discussion: Match Run Transparency**

UNOS IT Staff provided an update on improving match run transparency. They are developing a tool which would reveal which programs are ahead of another program's candidate.

#### Data summary:

Following a number of Workgroup discussions that exposing programs on the match run would increase efficiency and transparency for programs in evaluating organ offers, IT presented on a tool in development to "unblind" transplant programs on match runs. This tool would enable programs to reveal which transplant programs are ahead of their candidate; it would not expose patient names or other patient identifying information.

#### Summary of discussion:

The Vice Chair supported the IT effort, noting that this would help programs better understand if there are a large number of candidates from one program ahead of their candidate or a small number of candidates each from a number of programs. This perspective was supported by another member who added that, if a program is going to refuse an offer due to donor-related quality concerns, it is likely the program will refuse for their entire program. The member inquired, however, whether there were any updates surrounding multi-organ transplant (MOT) visibility on the match run; a program may appear first on the kidney match run, but could actually be third if there are required multi-organ offers on other match runs. IT Staff responded that unblinding transplant programs on the match run is the first of a number of incremental steps, and this was prototyped because it is easy to implement with little IT investment. Visibility into multi-organ transplant would likely be a bigger system change.

A member asked the Workgroup what they believed would be the positive or negative outcomes that might arise because of this unblinding. A member wondered if there were a clock that ran from the first offer to acceptance. IT Staff replied that there were time stamps at various points of allocation, adding that “time of first offer” was one. However, it was pointed out that there was variability from organ procurement organization (OPO) to OPO in terms of when times such as organ acceptances were documented in the match run. The Workgroup Chair agreed, noting that there was also variability in allocation practices, especially for pre-recovery organs. It was also suggested there may be use in reviewing the time from organ recovery to organ placement. UNOS Research Staff contributed that they perform analyses on time from first offer to last offer, even with the understanding that that may not necessarily correspond to the end of organ allocation, and supported the Workgroup’s feedback on having a rough analysis of overall allocation time pre- and post-match run unblinding to understand if it had improved efficiency.

A member suggested that this change should go into effect prior to the Redefining Provisional Yes Workgroup’s project to incorporate tiered systems into DonorNet, as doing both simultaneously would not provide data as to how much each had an effect. IT Staff supported this perspective as well, stating that they wanted to present to the Workgroup as soon as possible in order to ensure implementation as early as possible.

#### Next steps:

IT Staff will continue with the development of this tool and will solicit feedback at the upcoming OPTN Operations and Safety Committee meeting (March 24, 2022) as well as the Transplant Management Forum (TMF) conference (April 11, 2022).

### **3. Group Assignments Report Outs: Redefining Provisional Yes (Review of Current OPTN Policy)**

The Workgroup reviewed progress to date on all of the Operations and Safety Committee’s Workgroups.

#### Data summary:

The workgroup reviewed the proposed structuring of the provisional yes tiered framework.

Tier I (Primary)	Tier II (Back Up)	Tier III
Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons	Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons	Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons
Transplant programs must assess candidate's medical suitability	Transplant programs must assess candidate's medical suitability	Program will be notified if they are close to receiving offer – will then move to Tier II (follow additional criteria/requirements once moved up on match run to that tier)
Transplant program notifies OPO of any additional information needed	Transplant program notifies OPO of any additional information needed	
Transplant programs must assess histocompatibility		
Transplant programs must confirm candidate availability for transplant		

The review group is charged with reviewing current policy definitions for:

- Provisional yes
- Primary potential transplant recipient
- Backup offer
- Organ offer acceptance
- Organ offer refusal

Summary of discussion:

The review group lead provided the following tentative definitions in the context of the tiered framework:

- Initial notification – OPO notification to transplant program of a candidate (Tier III)
- Provisional Yes – Transplant program has evaluated the offer and the offer does not immediately meet any internal refusal reasons
- Back-up notification – OPO notification to transplant program candidate “on-deck” for primary offer
- Back-up acceptance – Transplant program has evaluated the offer and assessed the candidate’s medical suitability. Transplant program has notified the OPO of any additional information needed.

The Workgroup Chair commented that, within the provisional yes definition, there should be an emphasis on the decision maker, such as the transplant surgeon, weighing in. One of the common refusal reasons heard is that coordinators consider the offer but do not call a surgeon to review until the offer becomes primary. A member agreed with this perspective and said that any changes should include an expectation of legitimate evaluation by the transplant center. The Chair also added that removing the terminology of provisional yes may encourage programs to change habits associated with provisional yes usage.

Another member mentioned that, in the OPTN OPO Committee meeting, they had been very careful when deciding on definitions because those will become the requirements for the tiered system. For example, the definition of a primary offer could say that it is extended from candidates ranked 1 to 5 on the waitlist. They added that this would be for the kidney list, as kidneys have twice the number of

organs available versus other organs; other Workgroup members supported having different primary notification numbers for different organs.

A member voiced concerns that this would be an increased workload for programs considering thoracic organ offers. Additionally, they wondered about the feasibility of having three primary offers on a single organ. The Workgroup Chair responded that the language could change such that the first three candidates, for example, were considered as tier I, but the first candidate in tier I was the primary candidate. It was emphasized that language changes could and should occur. The member noted that these requirements could still be overwhelming for coordinators attempting to evaluate multiple organ offers at the same time. The Workgroup Chair replied that programs cannot complain about both not receiving enough organs and receiving too many offers; it was recommended that any programs who consider the number of offers they are receiving to be unsustainable should consider utilizing organ offer filters.

A member stated that this policy change would be sweeping and would redefine the way programs consider offers; it should be expected that programs might have to individually figure out how to align with the changes. Another member agreed, and suggested that policy wording should address who is allowed to consider an organ offer.

The Workgroup Chair added that one of the barriers to organ evaluations they had seen were call center businesses that had in their protocol to rarely call programs during the night. A member pointed out that the protocol those businesses were working off of came from the transplant program themselves, so it still returns to transplant programs not correctly addressing organ offers.

A member inquired whether the language proposed should specifically denote someone who has knowledge of the potential recipient. The Vice Chair commented that this might create some challenges as some programs have lists where it is impossible for the coordinator to know every patient's needs. However, they agreed that offers must go to a "decision maker". A member agreed with this thought and suggested that tier III notifications should not require a "decision maker", but by the time a transplant program reached a tier II notification, one had to be included into the process. Another member added that at the core of the process is a surgeon or physician's judgement on whether to accept an organ, and that cannot be delegated away.

The Workgroup Chair suggested the Workgroup consider how these changes can incentivize OPOs to send fewer offers, such that transplant programs feel like they can legitimately evaluate the offer with a reasonable chance of receiving it. One proposed answer was to limit the number of tier I and tier II offers programs are able to send on a given match run. A member supported this idea, noting that it should likely be stratified by the number of transplant programs able to receive the offers rather than the number of candidates.

Finally, the Workgroup briefly touched on how to reduce the incentive for programs to treat any changes similar to how they currently treat provisional yes. A member posited that any change with increased clarity likely will help the process as the existing system is "very unclear". The Workgroup Chair suggested that perhaps a solution would be to create tools for programs to hold themselves accountable.

There were no additional comments or questions. The meeting was adjourned.

#### Next steps:

The Workgroup will continue refining their review of the tiered structure and its definitions.

## **Upcoming Meeting**

- April 21, 2022

## Attendance

- **Workgroup Members**
  - Alden Doyle
  - Chris Curran
  - Jill Campbell
  - Bonnie Felice
  - Kimberly Koontz
  - Deborah Maurer
  - Jennifer Muriett
- **HRSA Representatives**
  - Raelene Skerda
- **UNOS Staff**
  - Isaac Hager
  - Robert Hunter
  - Carlos Martinez
  - Kerrie Masten
  - Lauren Mauk
  - Meghan McDermott
  - Robert McTier
  - Kaitlin Swanner
  - Joann White