

**OPTN Policy Oversight Committee  
Meeting Summary  
November 7, 2024  
Teleconference  
Jennifer Prinz, BSN, MPH, Chair  
Erika Lease, MD, Vice Chair**

## **Introduction**

The OPTN Policy Oversight Committee (POC) met via teleconference on 11/07/2024 to discuss the following agenda item:

1. Project Prioritization

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

### **1. Project Prioritization**

The OPTN contractor staff presented on the prioritization of projects and discussed potential approaches.

#### Presentation Summary:

The Executive Committee has requested that the Policy Oversight Committee (POC) develop recommendations for prioritizing the active project portfolio. Important considerations for project prioritization: maximize impact on the community while addressing urgent needs, utilize resources effectively and optimize resource allocation, and promote cost efficiency by prioritizing the most cost-effective and impactful projects.

The POC has outlined a series of iterative steps for prioritizing projects. In 2023, the POC developed a project benefit score to evaluate each project's impact on the community and its alignment with the goals of the Strategic Plan and Strategic Policy Priorities. In 2024, a new resource estimation process was introduced to provide comprehensive cost estimates for project completion.

The POC reviewed a potential approach to project prioritization using a benefit/cost ratio, a metric used to evaluate relative costs and benefits of a project. As a pilot, the POC reviewed four proposals to be considered by the OPTN Board in December, prioritized by their previously applied benefit scores and then again by a benefit/cost ratio

#### Summary of Discussion:

**The Policy Oversight Committee agreed to the following changes:**

- **Staff will assess a benefit score for new projects based on project form data for the POC to review and confirm**
- **Strategic Policy Priority alignment will be removed as a component of the benefit score**
- **Projects designated as "required" projects will be identified separately from other projects, but will still receive a benefit score**

In reviewing the benefit/cost ratio approach, a member expressed concern that the benefit scale might need adjustments. Another member pointed out that the benefit/cost ratio approach seems to favor lower-cost projects, which raises fundamental concerns. This member was also concerned about the resources allocated to required projects, suggesting that those resources could have been better utilized for other projects, highlighting issues with the prioritization process. One member emphasized that understanding the organization's capacity is crucial; without knowing the budget constraints, it's challenging to determine if Project A is consuming resources that could be allocated to Project B or if both can proceed simultaneously.

The Vice Chair discussed the risk associated with not pursuing certain projects, such as the lung revision project, where failing to act poses a risk to patient safety and welfare. This risk factor is not currently captured in the benefit score. Staff posed a question to the Committee about the feasibility of marking required projects separately from other active projects. One member agreed that this separation would be helpful but also advocated for visibility of the scores of required projects to assess the project's benefit to the community.

Another member indicated confusion regarding how the vulnerable population impact relates to the benefit score. Staff clarified that the Minority Affairs Committee has developed a list of vulnerable populations based on the project's purpose and intent and whether it will impact specific groups. The Vice Chair suggested that the sponsoring committee could specify the size of the population since the Policy Oversight Committee currently has to guess the percentage of the population that a project will affect.

One member who spoke to the Vascularized Composite Allograft Transplantation (VCA) Committee noted that the weight assigned to target population impact is low for transplants that do not identify as vulnerable. They expressed uncertainty about how projects from the VCA Committee could effectively serve patients and compete with other projects involving vulnerable populations. Staff explained that the population size and percentage are intended to address the smaller transplant communities, such as VCA. Thus, if a proposal could impact all VCA candidates, it would receive a benefit score that reflects that full impact.

The Committee agreed to table to benefit/cost ratio approach pending further discussion and refinement of the benefit scoring components. Additionally, the POC will provide a prioritization ranking of the proposals to the Board ranked by their benefit scores.

#### Next Steps:

A summary of the POC discussions and recommendations on Board proposal prioritization will be referred to the Board of Directors for consideration. In December, the Policy Oversight Committee will review the full project portfolio and continue to discuss approaches to project prioritization.

#### **Upcoming Meeting(s)**

- December 5, 2024 Teleconference

## Attendance

- **Committee Members**
  - Erika Lease
  - Cynthia Foreland
  - Heather Bastardi
  - Jason Huff
  - Kelley Hitchman
  - Jennifer Prinz
  - Lisa Stocks
  - Neha Bansal
  - Steven Potter
  - Paige Porrett
  - Ty Dunn
  - Shimul Shah
  - Sanjay Kulkarni
- **HRSA Representatives**
  - Adriana Alvarez
- **SRTR Staff**
  - Allyson Hart
- **UNOS Staff**
  - Lindsay Larkin
  - Cole Fox
  - Kimberly Uccellini
  - Rebecca Goff
  - Roger Brown
  - Viktoria Filatova
  - Meng Li