

# **Meeting Summary**

OPTN Ethics Committee
Multiple Listing Subcommittee
Meeting Summary
June 15, 2022
Conference Call

David Bearl, MD, MA, Chair

#### Introduction

The Multiple Listing Subcommittee met via Citrix GoToMeeting teleconference on 06/15/2022 to discuss the following agenda items:

## 1. Data Request Discussion

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

## 1. Data Request Discussion

The subcommittee continued discussing the results of the data request that were shared during the last meeting. The main highlights where the disproportionate number of Hispanic or Latino patients multiple listed in areas with large Hispanic populations, the occurrence of patients being registered for the wait list at two centers on one day, and the role that geography has played amidst changes in allocation.

#### Summary of discussion:

### **Demographics**

The demographics showed a fairly different breakdown than what the subcommittee expected. The subcommittee noted the disproportionately low percentage of Hispanic and Latino patients accessing multiple listing. The demographics predictably showed that the majority of patients pursuing multiple listing have private insurance and advanced education. The Chair questioned if gaps in multiple listing could be caused by a lack of accessibility and resources targeted to those populations, such as offering translation services and all transplant materials in Spanish. The subcommittee noted that there is likely literature on this and may help explain and address this gap.

Members also considered that the zip code data that they have access to also may not show the level of granularity that the subcommittee is looking for.

#### Geography and Distance between Centers

When considering the relatively close distance between primary and secondary listing centers, members questioned what the added benefit of multiple listing would be if the donor pool was likely not expanding by much. Research staff noted that the areas of the country with more cases of multiple listing (California, Texas, Florida, and the Northeast) all had multiple donor service areas (DSAs). As allocation has changed from DSA to acuity circles, it is possible that the benefit of multiple listing has decreased. It is possible that the patients who are multiple listed within close proximity were listed in different DSAs previously and remain multiple listed now. A member inquired about the proportion between multiple listed centers and DSAs. This was not considered in the initial data request but could be looked into in a subsequent data request.

Members also considered the differing, transplant center-specific requirements for residency in order to be listed. Currently, the OPTN does not collect on center-specific listing requirements so the subcommittee may need to further explore this topic in the literature.

A member questioned if the influx of multiple listing in California and Florida was, in part, due to their proximity to bodies of water which could limit the reach of an acuity circle. It was noted that while 90 nautical mile (nm) may not seem like a far distance, if the transplant hospital is located close to the coast it is possible that 90 nm inland could have a fairly significant increase on the size of the donor pool.

## Multiple Listings Occurring on the Same Day

Members discussed the occurrence of same day listing at two centers. The data, while de-identified, depicted that this was occurring between two specific centers, primarily. Research staff noted that if a transplant center has a satellite office, the satellite office is indicated as a different center within the OPTN system compared to the primary office, or is in the same health system. A member opined that this would likely be a coordinated effort between the two centers to list on the same day and would likely mean that the secondary transplant system did not have to repeat the evaluation process. In speculation, it could be possible that this would reduce the financial burden on patients and the potential that their insurance may only cover one transplant evaluation.

A member considered that these two centers would likely need to be in the same network and potentially geographically close. It was noted that the benefit of listing at two centers that are geographically close would likely have little benefit unless they had differing offer acceptance criteria.

## Outcomes and Benefits of Multiple Listing

In the first data request, the subcommittee received a comparative snapshot of what single-listed and multiple-listed candidates looked like in terms of demographics, location, and medical urgency. Now that the subcommittee has a better understanding of who these patients are, they expressed interest in getting a better idea of what their outcomes are. The group noted that outcomes had been excluded from the initial request because that information was more detailed in the published literature, but with demographics that differ from the existing literature it is worth reviewing if the outcomes also differ.

#### Project Plan

Members discussed how the project ought to proceed given the results from the data request and their discussions thus far. The subcommittee would like to submit an additional data request that considers if the primary and secondary listing centers are in adjacent DSAs and the waiting time to transplant. UNOS Research staff suggested looking at a cohort following the removal of DSAs and how that translates to acuity circles in order to better understand the current system. The group agreed to remove thoracic from the second data request due to the small sample size.

#### Next steps:

UNOS Research staff will formulate the secondary data request. Tomorrow, during the Ethics Committee meeting, there will be an update to the full committee on the progress of the project to date.

#### **Upcoming Meetings**

- August 10, 2022
- September 14, 2022
- October 12, 2022

## Attendance

# • Subcommittee Members

- o Catherine Vascik
- o David Bearl
- o Keren Ladin
- o Melissa Anderson
- o Sanjay Kulkarni
- o Sena Wilson-Sheehan

# • HRSA Representatives

- o Jim Bowman
- o Marilyn Levi

# • UNOS Staff

- o Christine Chyu
- o Cole Fox
- o Keighly Bradbrook
- o Kim Uccellini
- o Laura Schmitt
- o Stryker-Ann Vosteen