

**OPTN Minority Affairs Committee
Meeting Summary
May 20, 2024
WebEx Conference Call**

**Alejandro Diez, MD, Chair
Oscar Serrano, MD, Vice Chair**

Introduction

The OPTN Minority Affairs Committee (the Committee) met via Webex teleconference on 05/20/2024 to discuss the following agenda items:

1. MPSC Project Referrals
2. Review eGFR Waiting Time Modification Policy Requirements
3. eGFR Monitoring Project

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

1. MPSC Project Referrals

No decisions were made by the Committee.

Summary of Presentation:

An OPTN staff member gave an overview on Membership and Professional Standards Committee (MPSC) project referrals, stating that MPSC has formalized the process for referring projects to other policy committees. Staff mentioned that MPSC policy change recommendations may happen when the MPSC finds that a policy is confusing to members or difficult to enforce.

Summary of Discussion:

There was no discussion.

Next Steps:

The Committee will review *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations* policy requirements.

2. Review eGFR Waiting Time Modification Policy Requirements

No decisions were made by the Committee.

Summary of Presentation:

Staff presented eGFR waiting time modification requirements from Jan. 2023- Jan. 2024 which required kidney transplantation programs to:

- Assess waiting list for all registered adult and pediatric Black/African-American kidney candidates
- Submit eGFR waiting time modifications for affected adult and pediatric candidates to OPTN
- Notify all registered adult and pediatric kidney transplant candidates
 - For awareness of policy
 - Of eligibility status
- Submit attestation documentation to the OPTN

Staff also presented ongoing eGFR waiting time modification requirement, which require kidney transplant programs to:

- Continue to send a notification to all newly registered kidney candidates to make them aware of the policy
- Assess newly registered kidney candidates to determine eligibility
- Submit completed waiting time modification requests to the OPTN for every candidate who should have qualified to accrue waiting time sooner

Summary of Discussion:

There was no discussion.

Next Steps:

The Committee will discuss the eGFR monitoring project, referred by the MPSC.

3. eGFR Monitoring Project

No decisions were made by the Committee.

Summary of Presentation:

Staff presented MPSC's referral on eGFR monitoring. The MPSC has stated that OPTN policy 3.7.D as written does not provide direction to programs on how they should meet the requirements or document their processes. The MPSC recommended that every transplant hospital be required to maintain a written protocol that can be reviewed by site survey. This protocol should outline the process for completing eGFR calculations and checking if new additions to the OPTN Waiting List qualify for waiting time modifications. These protocols would be monitored by OPTN staff through staff interviews and eGFR documentation.

During a previous MAC meeting, Committee members recommended inviting members of the Transplant Administrators Committee (TAC), Transplant Coordinators Committee (TCC), Kidney Committee, and MPSC to provide feedback. Members from these selected committees attended this meeting and discussed their current processes for evaluating newly registered candidates for eGFR waiting time modifications.

Summary of Discussion:

A Kidney Committee member mentioned that working with states using different electronic record systems has been challenging, and that their program has implemented dedicated coordinators assigned to identify potential recipients that may get additional time. The member added that the nephrologists at their institution ask about any other eGFR lab records in patients' possession that could qualify them for an eGFR modification.

A TAC member said that their program added information about the eGFR modification policy to their in-person evaluation education. This member's program has also specified point of contact for eGFR work. Once a coordinator has identified a patient as potentially eligible, the patient's information is sent to the staff member focused on eGFR modification work, then that staff member submits the modification for the eligible candidate. This member said their program documents in patient charts what results they have/have not found and whether the candidate met criteria.

A TCC member said that their program's process is similar to what has been mentioned but added that because their particular program serves local patients, oftentimes they do not have to look outside of their own systems for records. This member stated that if they do have to look outside of their own system, they start with Epic, Care Everywhere, LabCorp, and Quest. This member stated that while their program's process is not written into hospital policies, it is documented in the evaluation to waitlist workflow and is inclusive of a checklist and timeframes.

A second TCC member said that the eGFR modification policy implementation had a significant administrative burden. This member asked if the listing portion could be improved for waitlist modifications, as "retroactive accountability" does not help increase equity. They continued that this improvement would better align with the goal of the policy as opposed to what the MPSC has referred to the MAC and suggested a method for submitting data similar to attesting that multi-organ candidate meet criteria. This member clarified that they see a need for the MPSC referral project, but there are other ways to improve this policy from an administrative standpoint. TAC and TCC members agreed that the current submission process is tedious, especially with the current use of paper forms.

A TCC member listed the places to seek supporting documentation for eGFR modifications:

- Within the hospital system documentation
- Any historical documentation from outside entities, such as referrals from dialysis centers
- LabCorp and Quest
- Reach out to patients' referring nephrologist
- National Kidney Foundation website to recalculate values manually

The Committee discussed that some programs are combining the required eGFR notification with the patient information letter required by OPTN Policy: 3.5. The TAC and TCC members stated that their notification letters encompass modification updates and dates. The second TCC member said their programs screen for eGFR modifications before registering candidates which helps streamline the process. The Kidney committee member said that if all necessary information is found at the time of listing, then both electronic and paper documents can be submitted together.

Next Steps:

The Committee will continue discussing the eGFR monitoring project during future meetings.

Upcoming Meeting

- June 24, 2024 at 3pm ET

Attendance

- **Committee Members**
 - Donna Dennis
 - April Stempien-Otero
 - Christiana Gjelij
 - Sandy Edwards
 - Shelley Grant
 - Christy Baune
 - Anthony Panos
 - Alejandro Diez
 - Niviann Blondet
 - Catherine Vascik
 - Adrian Lawrence
 - Tony Urey
- **HRSA Representatives**
 - Adriana Martinez
- **SRTR Staff**
 - Monica Colvin
 - Bryn Thompson
- **UNOS Staff**
 - Jesse Howell
 - Kaitlin Swanner
 - Houlder Hudgins
 - Kelley Poff
 - Alex Carmack
- **Other Attendees**
 - Karl Neumann
 - Ashley Cardenas
 - Arpita Basu
 - Kristin Smith
 - Ruben Quiros-Tejeira