

## **OPTN Policy Oversight Committee**

### **Meeting Summary**

**September 8, 2021**

### **Conference Call**

**Nicole Turgeon, MD, Chair**

**Jennifer Prinz, RN, BSN, MPH, CPTC, Vice Chair**

## **Introduction**

The Policy Oversight Committee met via Microsoft Teams teleconference on 09/08/2021 to discuss the following agenda items:

1. Public Comment Discussion: Update on the OPTN Regional Review Project
2. Post-Implementation Evaluation: Removal of DSA from Heart Allocation
3. Project Benefit Small Group Discussions

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

### **1. Public Comment Discussion: Update on the OPTN Regional Review Project**

Members continued discussion on the Update on the OPTN Regional Review Project from their August 11<sup>th</sup> meeting. Prior to continuing the discussion, a member wanted to clarify that the goal of the project was not to remove DSAs and regions entirely. The POC chair responded that this is simply the best time to ensure that regions are still the best functional unit for representation and governance, since they have now been removed since the last allocation structure. UNOS staff agreed.

Two discussion group leaders presented on behalf of their groups.

#### *Operations*

Members wanted to ensure that members would have collaborative discussions with those outside of their areas of expertise. Members also wanted to ensure that any structure implemented would allow for discussion in small enough forums that participants would still be comfortable speaking up.

#### *Data Analysis*

Members recommended that OPTN data analysis use spatial analytics and look at transplant programs as the base unit, moving upwards to state boundaries, especially since those are the boundaries that health plans and Medicaid follow.

#### Next steps:

UNOS staff will incorporate feedback from the committee into a comment for the OPTN Executive Committee on their public comment proposal.

### **2. Post-Implementation Evaluation: Removal of DSA from Heart Allocation**

The Heart Committee Vice Chair presented an 18 month post-implementation evaluation on the [removal of DSA from heart allocation](#).

#### Summary of discussion:

A member agreed that the project seemed to have met the primary goals of the heart committee. He solicited feedback from the presenter and other members of the POC, as to whether or not there were unintended consequences and how to monitor for them in future implementations. One member stated that there are often unintended consequences, but that it's difficult to determine what they might be prior to implementation. The Chair mentioned that this is part of the reason for these post-implementation reviews, to determine if there are any short-term changes needed from a bolus effect, or long-term policy adjustments needed.

### **3. Project Benefit Small Group Discussions**

POC members were divided into three breakout rooms facilitated by UNOS staff. Staff asked them the following questions:

- High benefit projects
  - Think back on all the time you have been involved in transplant. What are some OPTN committee projects that come to mind when you think of high benefit or high impact projects?
  - When considering these high benefit projects, what distinguishes them from lower benefit projects?
- Lower benefit projects
  - Think back on all the time you have been involved in transplant. What are some OPTN committee projects that come to mind when you think of lower benefit or lower impact projects?
  - When considering these lower benefit projects, what distinguishes them from higher benefit projects?
- Small and vulnerable populations
  - Should and, if so, how should the POC consider small and vulnerable populations when prioritizing and managing the committee project portfolio?
- Are there any other concepts that the POC should consider when prioritizing and balancing the committee project portfolio?

#### Breakout Room 1

Members cited changes to kidney allocation, white papers that improve procurement, simultaneous liver-kidney, continuous distribution, and any project that increased transplant as highly beneficial. One member stated that the size of the project really matters, in terms of number of patients impacted, with the caveat that smaller patient safety projects can also be highly beneficial even with fewer impacted. Another member agreed, and said that in those cases it may be lower frequency but higher severity of impact.

A member stated that public trust in transplantation is extremely important, and that projects that increase transparency should be prioritized, and projects that gain peoples' buy-in. Another member agreed, and said that there should be both transparency in policy development as well as transparency in allocation, especially since perception of a problem can be extremely troubling even without a substantive issue.

One member stated that in order to be transparent, policies should be built so that people can understand them. In addition, when evaluating projects, their long-term benefit should be considered. Some data collection projects might have no short term impact but significantly change the system in the future.

A member also stated that projects that build towards larger organizational needs of the OPTN should be prioritized.

#### Breakout Room 2

Members brought forward organ availability vs. need as a consideration for project benefit. Members also mentioned that guidance might not always be thought of on the same level as policy, but that it can be highly impactful. Members need to think of how populations are affected when considering proposals, especially populations who might already have existing disparities.

Members brought up both the numbers of patients impacted as well as the expected impact on smaller or disenfranchised patients as important to consider when evaluating projects. Members brought up pediatrics, geriatrics, minorities, socioeconomically disadvantaged, and patients with less access to healthcare as groups that should be considered when evaluating potential projects.

One member brought up a project that involved guidance for living donor candidate use of social media, and that a project that never was able to be released as one that would be much lower impact.

One member brought up that while minority voices need to be incorporated in project development, the OPTN needed to focus on their engagement as a whole, including in regional meetings.

Members stressed the need to focus on equity over equality when considering projects.

#### Breakout Room 3

Members cited 2015 changes to the kidney allocation system as highly beneficial, but created significant operational changes from both the transplant hospital and OPO side. Members agreed that it's incredibly important to have multiple perspectives from the community participating, especially for larger, more systematic changes, especially as years later the operational structures are still different.

One member cited lower benefit projects as projects only involving small pockets of the transplant community, and that overall utilization could be a factor in judging the benefit of the project. One member also stated that while there needs to be significant education for systemic changes, at times it can be overwhelming, especially if it's geared more generally and not towards a specific audience.

One member brought forward the project of dropping the BMI requirement for kidney-pancreas allocation as one that felt significant to a small community, but had little impact on the broader transplant community. He brought forward the effects on candidates as the main driver of the size of the impact, rather than the effects on programs.

Members agreed that small and vulnerable populations should be considered when evaluating projects. A member brought up pediatrics as a potential population that is difficult to model, and small in size, but significant to consider when evaluating benefit.

#### Breakout Room 4

For high benefit projects, one member brought up the start of waiting time for kidney candidates as dialysis start time, especially since it most affected lower socioeconomic status patients. Another member brought up the changes to organ decline codes, since it impacted every organ being allocated, and that the data will better inform future system improvements. UNOS staff asked the member to expand on why that was so impactful, and he stated that the data is necessary to understand why some organs aren't being utilized or are being discarded, and that we should be making data-driven changes to our current systems. Another member brought forward pediatric priority for pediatric donors as impactful, as it brings more fairness to the system in general.

Members emphasized the need to take care of smaller and more vulnerable populations, and brought up changes to multi-organ transplantation and the removal of race from eGFR as projects that had significant benefit even though they only impacted a small number of patients.

One member stated that the time a project would require for implementation as lowering its potential value, especially as the timing lowers community engagement. Another member mentioned that projects should be able to be monitored for their impact, or they are likely to be lower benefit, and brought forward the changes to the pancreas graft failure definition as a project that is difficult to monitor.

Members brought forward resource constraints as a concern for project approval. Members agreed that committee resources should also be considered when evaluating a project, especially since some committees are frequent collaborators.

### **Upcoming Meetings**

- October 19, 2021

## Attendance

- **Committee Members**
  - Alden Doyle
  - Alejandro Diez
  - Alexandra Glazier
  - Andrew Flescher
  - Jennifer Prinz
  - Jim Kim
  - Marie Budev
  - Natalie Santiago-Blackwell
  - Nicole Turgeon
  - Oyedolamu Olaitan
  - Sandra Amaral
  - Scott Biggins
  - Susan Zylicz
  - Valinda Jones
- **HRSA Representatives**
  - First Name Last Name
- **SRTR Staff**
  - Ajay Israni
  - John Snyder
- **UNOS Staff**
  - Alex Tulchinsky
  - Amber Wilk
  - Betsy Gans
  - Brian Shepard
  - Chelsea Haynes
  - Courtney Jett
  - Elizabeth Miller
  - Eric Messick
  - James Alcorn
  - Kaitlin Swanner
  - Krissy Laurie
  - Kristina Hogan
  - Laura Schmitt
  - Lauren Mauk
  - Leah Slife
  - Lindsay Larkin
  - Liz Robbins Callahan
  - Rebecca Brookman
  - Rebecca Murdock
  - Roger Brown
  - Susan Tlusty
  - Susie Sprinson
  - Tina Rhoades