OPTN Organ Procurement Organization (OPO) Committee
Meeting Summary
October 20, 2021
Conference Call

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Introduction

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/20/2021 to discuss the following agenda items:

1. New Project Ideas
2. Removal of DSA and Region from Kidney and Pancreas Allocation (6-Month Monitoring Report)

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

1. New Project Ideas

Following the September 8, 2021 meeting, Committee members were asked to submit new committee project ideas to staff. Staff presented the list of ideas, found in **Appendix A**, to the Committee for consideration and discussion. Staff also outlined the process for getting projects approved by the Policy Oversight Committee and Executive Committee.

Summary of discussion:

Several members supported the following project ideas:

- Allow only a single primary liver offer to be accepted, or define a time window in policy by which a center must release one liver if they are more interested in a different one, to avoid last minute declines
- Define "Imminent" and "Eligible" Death and align OPTN and CMS evaluation measures

There was some discussion about the following project idea:

- Kidney allocation for donors at hospitals without kidney centers within the 250 nautical mile radius is inefficient. For these hospitals, the "inside circle" should be expanded to 500 nautical miles (NM)

One member commented that 500 NM could exacerbate the current inefficiencies and logistical issues in allocation. Another member added that including a 500 NM circle instead of going from 250 NM to national might provide some benefit to the system. The Committee Chair noted that the six-month kidney allocation monitoring report would highlight some of the data about distances.

A member submitted an idea to update the refusal codes to capture how transplant centers are accepting organs, receiving them, and then later turning them down for whatever reason. UNOS staff noted that extensive work has been done to update the refusal codes and the changes will be implemented in December 2021.

A member submitted an idea to create a mandatory national transplant center survey on new allocation systems and related obstacles and benefits, to gather holistic feedback. Another member suggested that the survey also include OPOs.

The Committee briefly discussed standardized transplant surgeon credentialing and tracking of surgical errors. A member noted that surgeon credentialing should be done by one of the professional societies with input from OPOs, especially with broader distribution and the need to work with more outside recovery teams. The member also noted that it has been difficult to track surgical errors with no consensus on what to do with the information. Another member noted that a good place to start is having a clear definition of a surgical error.

Several members supported a project idea that focuses on improvements in organ transportation. Several members acknowledged the current challenges with transporting organs since the implementation of broader distribution policies.

Several members supported the development of expedited placement polices for other organ systems. Staff noted that the six-month post-implementation monitoring report for the expedited liver policy, implemented in March 2021, is due before the end of 2021. One member suggested that the Committee review the initial data from the expedited liver policy before addressing the other organ systems. A member also noted that continuous distribution work could address expedited pathways for other organ systems.

The Committee briefly discussed the imminent and eligible death definitions. A member noted that the new Centers for Medicare and Medicaid Services (CMS) will use different metrics and the imminent and eligible death definitions may no longer be needed.

Finally, several members noted the ongoing issue with transplant hospitals accepting more than one liver offer then subsequently turning livers late in the allocation process. A member suggested some sort of tracking system for late turndowns where the data are published for transplant centers and OPOs to view.

Committee members also provided a list of technology solutions, which are included in **Appendix A**, and provided the following comments:

- Support for updating DonorNet fields to improve donor information communication, including medications, vital signs, etc. UNOS staff noted that some of this is including in the work of the OPO Committee’s Technology Tools workgroup.
- Recommendation to have one username and password between systems would be beneficial. UNOS IT staff noted that some work in that area has already been initiated.
- Support for developing algorithms for automatic allocation based on OPTN policies. A member noted that this could drastically reduce the length of time for managing a donor and completing allocation.
- A member noted that transplant centers have a limited subset of data that they can utilize to make decisions, and they are making decisions on other data points that they cannot put in their selection criteria for those candidates. He recommended designing a system that would give transplant centers more options, but not necessarily require them to populate all the options.
- A member commented that there are opportunities, from a technological standpoint, to give transplant centers more ability to provide OPOs some instant feedback, screen candidates off the list, or have an automated response.

A member commented that the OPO Committee should focus on projects addressing efficiencies in organ allocation and placement. These projects could make the jobs of OPO staff easier, more efficient and safe, and get the organs to the right candidate faster.

A member asked about the status of the mandatory offer filters project. Staff noted that the Policy Oversight Committee has approved the project. The estimated date for a public comment proposal is August 2022.

Next Steps

Staff will work with Committee leadership to identify project priorities.

2. Removal of DSA and Region from Kidney and Pancreas Allocation - 6-Month Monitoring Report

UNOS Research staff presented the 6-month monitoring report for the changes to kidney and pancreas allocation.

Summary of Data:

Background

- Implemented March 15, 2021
- 250 NM circle replace DSA and region
- Proximity points assigned based on distance between center and donor hospital
- Increased prioritization of pediatric candidates and prior living donors
- Additions policy changes
  - Released Organs
  - Medical Urgency
  - Donors Recovered in Alaska

Data and Methods

- Cohort
  - Pre-Policy : December 1st, 2020 – March 14th, 2021
  - Post-Policy : March 15, 2021 – June 30, 2021
- Metrics
  - Waiting list trends
  - Transplant trends
  - Donor utilization
  - Organ placement

Conclusion

- Transplant volumes increased
- Overall discard rate did not increase
- More kidneys are distributed outside the donor hospital DSA, but most stay within 250 NM
- Offer rates increased and acceptance rates decreased

Summary of discussion:

A member noted that it is unfair to conclude that the increase in transplant volumes was due to the policy change. He added that while the total number of transplants have increased, so have the number of donors. Research staff agreed to take this comment back to see if that metric could be evaluated in

the upcoming report. The member added that if organ offer acceptances have gone down is there a plan to identify the factors that might be affecting acceptances.

The member asked what geographic areas are negatively and positively affected by the allocation change. For example, rural versus urban areas. Research staff noted that it is very difficult to analyze urban versus rural, but it is something that is being evaluated since it is an issue that has been brought up by the community. Research staff noted that the definitions of urban/metropolitan and rural are clearly defined in the literature so it should not be difficult to identify who transplanted the organs.

The member continued by asking about the rates of delayed graph function. He added that anecdotally many other centers have experienced a significant increase in the rates of delay graph function, which affects patient outcomes. Finally, he commented about the increased cost of broader distribution.

A member noted that his OPO is struggling with kidney utilization because the aggressive centers are now just outside the 250 NM circle. Another member added that even though a significant number of kidneys are allocated within 250 NM, there is still an increase in cost for transporting organs as well as increases in cold ischemic time. He noted that these would be two good metrics, just in terms of efficiency, to evaluate if we are doing the right thing.

Another member agreed with the suggestion to include the cost of transportation as well as the cost of pumping in the evaluation of the policy change. Additionally, the member noted that acceptance rates are impacted by OPOs working with transplant centers they are not familiar with, which is difficult to capture in the data.

A member noted that the OPO Committee should be on the forefront of this report. There are higher transplant rates but that is most likely due to the increased number of donors. Additionally, as allocation moves towards continuous distribution, the logistics of organ placement are going to become even more important. The OPO Committee needs to express the importance of considering cost and logistical challenges as allocation policies change.

A member asked what the Kidney Committee feedback was on the report. UNOS Research staff noted that the Kidney Committee focused more on the waitlist mortality data. The member noted that the cohort probably did not allow for meaningful data analysis. He also noted that the data does not provide all the details and show the true impact of broader distribution on OPOs and transplant hospitals.

<u>Next steps:</u>

Research staff requested feedback on additional metrics that might provide a better picture of the impact of broader distribution.

Upcoming Meetings

- November 10, 2021 – Teleconference
- December 15, 2021 – Teleconference

Attendance

- **Committee Members**
    - Kurt Shutterly
    - PJ Geraghty
    - Bruce Nicely
    - Catherine Kling
    - Chad Ezzell
    - Chad Trahan
    - David Marshman
    - Debra Cooper
    - Erin Halpin
    - Jeffrey Trageser
    - Jennifer Muriett
    - Jill Grandas
    - John Stallbaum
    - Lawrence Suplee
    - Malay Shah
    - Mary Zeker
    - Meg Rogers
    - Samantha Endicott
    - Susan McClung
    - Valerie Chipman
- **HRSA Representatives**
    - Adriana Martinez
    - Raelene Skerda
    - Vanessa Arriola
- **SRTR Representatives**
    - Matthew Tabaka
    - Christian Folken
- **UNOS Staff**
    - Robert Hunter
    - Darby Harris
    - Lloyd Board
    - Katrina Gauntt
    - Kayla Temple
    - Sara Moriarty
- **Other Attendees**
    - Merry Smith

Appendix A

OPO Committee Project Ideas

- Allow only a single primary liver offer to be accepted, or define a time window in policy by which a center must release one liver if they are more interested in a different one, to avoid last minute declines
- Define "Imminent" and "Eligible" Death and align OPTN and CMS evaluation measures
- Develop guidance on prioritizing vessels for recovery with specific organs
- Kidney allocation for donors at hospitals without kidney centers within the 250 nautical mile radius is inefficient. For these hospitals, the "inside circle" should be expanded to 500 nautical miles
- Improve refusal codes, including organ specific codes
- Improve process for keeping UNOS OPO membership up to date, so that OPO IT inactivation triggers membership personnel removal
- Recognize veterans and their comorbidities on the waitlist and in post-transplant outcomes
- Adjust for the standard MELD exception diseases from the beginning, such that PBC, PSC, etc. have a separate scale according to different clinical factors. HCC patients could also obtain additional points according to steps taken during listing
- Create a mandatory national transplant center survey on new allocation systems and related obstacles and benefits, to gather holistic feedback
- Standardize transplant surgeon credentialing and for tracking surgical errors
- Develop an expedited placement policy for all organs
- Track and improve organ transportation

Information Technology Solutions

- Update DonorNet fields to improve donor information communication, including medications, vital signs, etc.
- Improve interface between UNet and TransNet by making TransNet user administration available in Secure Enterprise
- Allow UNet Site Administrators to see and change user details themselves, or make these changes easier to request
- Eliminate the required access code when creating a user. The access code is never used past the account login creation
- Develop algorithms for automatic allocation based on UNOS policy

Enhance DonorNet to improve efficiency in organ allocation

- Ability for centers to decline candidates meeting specific criteria (IE diabetic candidates, candidates over or under a certain age, etc.)
- Ability to apply filters to candidates with PY
- Multi-variable filters, such than "if X and Y then bypass"
- Allow centers the option to decline all patients in single and dual classifications
- Visual capability to see what sequences a center has candidates at, and the notification status of those sequences
- Visual capability for OPO or Centers evaluating import offers for multiple centers to see all of their centers on a single match, from the first notification

- Notify the same contact once per center for the same case, instead of getting 13 separate emails for each case
- Create a pop-up dialogue box for transplant centers placing a PY for high risk or specific donor factors, to reduce blind PYs

Greater Efficiency in OPO and Transplant Center interactions

- Transplant center documentation of patient availability and medical clearance checks
- Center documentation of type of crossmatch needed and status
- Real time confirmation of transplant by transplant center
- Notification to OPO of response change (PY to refusal)
- Add "role" to on-call representative (surgeon, other MD, coordinator, etc.)
- Automatic closure of all match runs at last sequential notification or 0 if feedback is completed with no organs recovered
- Drag and drop for attachments
- Increase character count in medical/social text box
- Display time zone in bold
- Automate/display closest airport, FBO, and ground time to donor hospital
- Add PIP data field to ABG
- Modify form of entry to date fields – calendar entry
- Recognize keyboard/letters when selecting donor hospital when adding a donor to DonorNet