

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
June 26, 2024
Conference Call**

Amit Mathur, M.D., Chair

Introduction

The MPSC Performance Monitoring Enhancement Subcommittee met in open session virtually via Webex on May 16, 2024, to discuss the following agenda items:

1. Continued discussion of data to include in Pre-Transplant Mortality review packets
2. Guidance for reviewers assigned to cases
3. Next Steps

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

1. Continued discussion of data to include in Pre-Transplant Mortality review packets

OPTN staff provided an overview of the Subcommittee's previous conversations around the patient summaries that will be requested from members when they are undergoing review for pre-transplant mortality flagging and requested input on the number of patients to be included in the samples.

Staff then presented a draft format for data to be prepared by OPTN staff for inclusion in review packets and asked for the Subcommittee's feedback and input.

Summary of Discussion:

Decision #1: Subcommittee recommended requiring patient summaries be submitted by transplant programs under review for the pre-transplant mortality metric, with a sample size of 5 for pediatric and 7 for adult, and requests the full Committee further discuss the format and sample method at its June 28, 2024, meeting.

Decision #2: Subcommittee supports the draft format for data to be included in review packets with modification based on the Subcommittee discussion.

Decision #1: The Subcommittee recommended requiring patient summaries be submitted by transplant programs under review for the pre-transplant mortality metric, with a sample size of 5 for pediatric and 7 for adult, and requests the full Committee further discuss the format and sample method at its June 28, 2024, meeting.

Members agreed that the previously discussed sample size of 5 patients for pediatric transplant programs and 7 for adult transplant programs is a good starting point for the number of patient summaries to be provided for review, noting that if reviewers have concerns after reviewing the initial information provided, it is within their purview to request additional patient summaries.

Some members expressed concerns over review of this metric potentially causing unintentional negative impact to patients with higher risk of mortality, commenting on the importance of strengthening risk model accuracy and developing a thoughtful review process that does not discourage programs from

listing these patients. Staff asked the Subcommittee whether incorporating level of risk for a weighted sample of patients, rather than a truly random sample, would address concerns, or whether members recommend holding off on requiring patient summaries.

A member commented that a patient who died on the waitlist who had many offers would be greater cause for concern than a patient who died and who had not received many offers. Staff confirmed that the number of offers received for the patients who died will be included in the review packet information.

The Subcommittee Chair noted that including patient summaries in review packets will allow for programs to provide information beyond the statistics and explain mitigating circumstances; the Committee can take this information into consideration when making decisions and assessing programs. Members supported moving forward with including patient summaries in review packets.

A member expressed support for samples to include a focus on some lower risk patients who died unexpectedly. Members were not able to reach a consensus on whether samples should be random or weighted. The Subcommittee Chair recommended bringing the issue to the full Committee for further consideration.

Decision #2: The Subcommittee supports the draft format for data to be included in review packets with modification based on the Subcommittee discussion.

A HRSA representative expressed support for the format and data analysis, and asked whether it would be possible for the report to give an idea of the statistical significance of the differences made apparent in the graphics? Staff answered that due to small sample sizes for many organ types, determining statistical significance is difficult.

Members expressed support for the report format, including the data displayed in tables. The incoming Committee Chair requested that the report include a comparison of the programs' waitlist demographics with regional and national demographics.

Staff requested input on whether data averages for small numbers of patients, i.e., less than 10, should have information broken out individually. Members requested that summary data be provided if looking at 6 or more patients and provided as individual breakouts for 5 or fewer patients.

Staff will update the data report to incorporate feedback from the Subcommittee.

2. Guidance for reviewers

Staff requested feedback from the Subcommittee on what guidance can be provided to reviewers assigned to review of programs flagged under the pre-transplant mortality metric.

Summary of Discussion:

Decision #1: The Subcommittee recommends that once the first inquiry responses are received from members, a group review session be held to develop specific guidance and process instructions for review of the pre-transplant mortality case packets to promote consistency.

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Subcommittee members commented on the difficulty of developing guidance for the new metric without concrete examples of member responses and requested a working session to review the first inquiry responses received as a group. During the working session, robust guidance and process instructions could be developed. Members commented on the importance of consistency in review among different reviewers.

A member noted that important questions for reviewers to consider during review are the circumstances and characteristics of the patients who died, has the program identified opportunities for improvement and made changes, and what is the program doing with the data they have to make things better? The Subcommittee chair commented that this metric factors in patients who die after being removed from the waiting list noting that the program likely exercised appropriate clinical judgement to remove a patient to avoid futile transplants. Reviewers need this context to understand transplant programs' decision making when reviewing patient summaries.

The incoming Committee chair recommended extending the duration of the Subcommittee's work to allow for Subcommittee members to discuss and provide recommendations for reviewer guidance after first inquiry responses are received.

Next Steps

OPTN staff will bring the Subcommittee's recommendations to the full MPSC at its June 28, 2024, meeting. The full Committee will discuss whether to use a weighted or random sample for patient summaries.

Upcoming Meetings

MPSC Meeting, June 28, 2024, 2:00 – 5:00 pm ET

MPSC Meeting, July 23 – 25, 2024, TBD

Attendance

- **Subcommittee Members**
 - Amit Mathur, Subcommittee Chair
 - Clifford Miles, Incoming Committee Chair
 - Anil Chandraker
 - Robert Fontana
 - Roshan George
 - Darla Granger
 - Dipanker Gupta
 - Shelley Hall
 - Robert Harland
 - Victoria Hunter
 - Carolyn Light
 - Nancy Metzler
 - David Vega
 - Mark Wakefield
 - Candy Wells
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Jon Miller
- **UNOS Staff**
 - Stephanie Anderson
 - Sally Aungier
 - Robyn DiSalvo
 - Rebecca Goff
 - Katie Favaro
 - Heather Neil
 - Melissa Santos
 - Laura Schmitt
 - Erin Schnellinger
 - Sharon Shepherd
 - Marta Waris
 - Betsy Warnick