

OPTN Transplant Administrators Committee

Meeting Summary

December 9, 2021

Conference Call

Nancy Metzler, Chair

Susan Zylicz, MHA, BSN, RN, CCTC, Vice-Chair

Introduction

The Transplant Administrators Committee (Committee) met via Citrix GoToMeeting teleconference on 12/09/2021 to discuss the following agenda items:

1. DTAC – Endemic Disease Screening and Reporting
2. FIG Report Out
3. New Data Definitions
4. IT: Two Factor Authentication in UNet

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

1. DTAC – Endemic Disease Screening and Reporting

The OPTN Disease Transmission Advisory Committee (DTAC) is focusing on three specific endemic diseases, Tuberculosis, Strongyloides, and Trypanosoma Cruzi (Chagas), to evaluate the consistency of donor testing and communication to transplant programs. The Vice-Chair of the DTAC presented on these.

Data summary:

The DTAC seeks the input of the Committee to better understand the current screening test and identify any potential gaps that may benefit from either education, policy, or data updates.

- Tuberculosis is currently the third most common cause of donor-derived transmission investigated by the Center for Disease Control (CDC)
- Strongyloides is the most common parasitic disease that is transmitted, followed by Chagas disease
 - All three of these disease are preventable, but have high potential for complications and potential mortality if transmitted to recipients
 - The increase in organ sharing means there is more potential for disease transmissions
- Risk Factors
 - Primary risk factor for all three diseases is birth in, residence in, or travel to an endemic area
 - Tuberculosis (TB) – Central or Southeast Asia, Southern Africa, or South America
 - Strongyloides – South and Central America, Asia, and Africa
 - US Appalachian region has 1-4% positivity rate
 - Chagas – Mexico, Central America, and South America
 - If a donor tests positive for Strongyloides, it is very feasible to initiate treatment on the recipient

- When adequately instituted, this approach completely eliminated the risk of donor derived Strongyloides
 - When a donor tests positive for Chagas, the recipient must be monitored for disease transmission
 - When not adequately monitored and diagnosed late, the mortality rate can be up to 75%
- Ultimately, these are preventable diseases with the correct approaches

Summary of discussion:

The Chair introduced the discussion by mentioning that a lot of transplant programs do not perform this testing unless there is concern expressed by an organ procurement organization (OPO) from which this program is receiving an organ. A member seconded this opinion, adding that much of the testing was reactive. Another member added that their local OPO will report these results to their programs whenever they are beginning a donor process and discover them. The Vice-Chair inquired whether there could be a way to flag donors from high risk areas in such a way that it would be automatic if the donor came from a high-risk area. The Vice-Chair presenting noted that was a novel idea, and they would provide that feedback to the DTAC. A number of members also supported the idea that there should be clarity in the reporting – specifically, one noted the case where one abbreviation meant two different things to two programs. The Chair offered the advice that, at least at their center, they had moved away from using acronyms for that reason.

Next steps:

The DTAC will consider the Committee’s suggestions.

2. FIG Report Out

The Financial Impact Advisory Workgroup (FIG) gathers the fiscal impact information so that the Board of Directors can consider the high level direct financial implications of each proposal. A summary of the FIG meetings was presented to the Committee.

FIG Analyses:

- Considerations
 - Implementation Costs
 - Staff Impact
 - Ongoing Costs
- Reviewed post-public comment changes to proposals to consider any new areas for financial impact
 - *Establish Continuous Distribution of Lungs*
 - *Report of Primary Graft Dysfunction in Heart Transplant Recipients*
- Provides fiscal impact analysis for proposals slated for Winter 2022 public comment cycle

Summary of discussion:

The Chair inquired whether there were any vacancies on the FIG roster, to which it was noted that, while at present it is full, four members’ terms will be ending this year, prior to the next FIG sessions. Staff noted they would remind the Committee of this during the winter 2022 public comment cycle.

Staff also requested feedback from the Committee on the FIG process, as to whether they felt there had been enough clarity in the process, and whether an adequate amount of information was provided in the FIG members’ analyses. A member replied that, whatever process was chosen, having enough time to consult with team members at their program to provide a more robust analysis was imperative.

Another FIG member also supported having the survey of financial analysis available earlier, which would better prepare them for questions for and conversations with their team.

Next steps:

Staff will make the suggested changes for the next FIG cycle.

3. New Data Definitions

The Data Advisory Committee (DAC) has created a new template for data definitions, and UNOS Staff from the DAC provided a presentation on the functions and usability of the template. They specifically noted that they wanted to hear transplant administrators' feedback.

Data summary

- Improving data quality is one of the DAC's performance standards
 - This can be done by improving the consistency and accuracy of data submissions
 - The DAC is attempting to identify "pain points" within data collection that the DAC can focus on
- Function of DAC
 - Operating Committee under HRSA contract reevaluation
 - Broad oversight over all OPTN data collection efforts
 - This includes additions, removals, and modifications
 - Annually report to the Board on data quality and DAC efforts to date
- Usage of Data Definitions
 - More commonly known as Help Documentation
 - Explains the data requested by a specific field
 - Data definitions are sometimes not known by newer coordinators or data quality professionals
 - Steers more towards a data dictionary style, including technical details, versus a business glossary
 - Data definitions function as a source of truth to help members report accurate data
- Inconsistencies in Data Definitions
 - Format and structure can vary across systems, content required can vary, and the possible options can vary
 - Additionally, some fields are outdated
 - Some are too specific, some are too general
- Data Definition Improvements
 - DAC has created a new template designed to engage more with transplant coordinators and administrators that is less technical and more accessible
 - Requesting review from end users to ensure that they meet the right level of specificity
- Proposed Data Definition Template

Summary of discussion:

The Chair began the discussion by asking where this information will be located. The presenter replied that it is stored in a separate page that can be found in the help section in UNetSM systems. The Chair continued, considering that including the intent early on could help coordinators understand the function of the field, while also acknowledging that including it that early could hinder functionality and ease of use. Furthermore, they were in support of the "Related elements/locations" field, as it would help coordinators understand where similar data is collected, as well as the "Revision History", to understand the evolution of each field. A member supported the Chair's position of having intent early

on in the form, such that, when training new coordinators, they can easily find rationale for each field. A second member voiced support for that perspective as well, but added that it should ultimately be up to the transplant coordinators to decide how the form looks. Finally, another member followed up on the Chair's original statement, by pointing out that, when accessing help documentation, frequently people are looking for a quick answer; having intent that early could hinder usage.

The Chair also inquired how updates to data definitions would be communicated. The presenter responded that, if new data is being entered, there would be a new data definition. If a definition is being updated, it is likely going to be under the scope of a new project, and any updates would be contained in that. Furthermore, they added that there is a notice that is distributed if any data element has changed, and is dispersed no later than the 15th of the following month.

4. IT: Two Factor Authentication in UNet

UNOS IT Staff gave a brief presentation to the Committee surrounding the use of two-factor authentication for UNetSM.

Data summary:

UNetSM is being updated to require two-factor authentication through a separate application, Authy. This is a contractual obligation from the Health Resources and Services Administration (HRSA), and is expected to go into effect the first quarter of 2022. It was noted that, at present, users will not be able to link their Authy account to their UNetSM account, but that will change once the two-factor authentication is implemented. UNOS IT Staff offered a link to download Authy, as well as a link for questions or support.

Next steps:

Two-factor authentication will be required for all UNetSM users beginning in the first quarter of 2022.

Upcoming Meetings

- January 26, 2022
- February 24, 2022

Attendance

- **Committee Members**
 - Nancy Metzler
 - Susan Zylicz
 - Amber Carriker
 - Megan Fairbank
 - Sara Geatrakas
 - Joshua Gossett
 - Rachel Hatmon
 - Jason Huff
 - Stephanie Johnson
 - Deborah Maurer
 - Laura O'Meila
 - Denise Neal
 - Kimberly Rallis
 - Deonna Taylor
 - Scott Wansley
- **UNOS Staff**
 - Angel Carroll
 - Brooke Chenault
 - Michael Ferguson
 - Cole Fox
 - Courtney Jett
 - Isaac Hager
 - Kristina Hogan
 - Kimberly Uccellini
- **Other Attendees**
 - Amber Carriker
 - Laura Danziger-Isakov
 - Debbi McRann
 - Brian Roe