

**OPTN Membership and Professional Standards Committee  
Performance Monitoring Enhancement Subcommittee  
Meeting Summary  
September 22, 2023  
Conference Call**

**Amit Mathur, Chair**

## **Introduction**

The MPSC Performance Monitoring Enhancement Subcommittee met in open session virtually via Webex on September 22, 2023, to discuss the following agenda items:

1. Post-implementation monitoring and plan for November report
2. Overview of results of the offer acceptance collaborative
3. Next Steps
  - Evaluation of post-transplant outcomes review process and criteria
  - Plan for education development and implementation of pre-transplant mortality metric

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

### **1. Post-implementation monitoring and plan for November report**

OPTN Contractor Research staff provided an overview of the Membership and Professional Standards Committee’s (MPSC) post-implementation monitoring plan for the Enhance Transplant Program Performance Monitoring System proposal. The post-implementation monitoring plan focuses on trends in:

1. Deceased donor utilization rates
2. Rates of new waitlist additions
3. Offer acceptance rates
4. Pre-transplant mortality rates
5. Post-transplant mortality rates
6. Total number programs identified
7. Qualitative insights from individual program interactions

For data in items 1 – 5, aggregate metrics are evaluated, and the analysis is broken into subgroups intended to capture “risk-influencing” patient/donor features and key indicators of SES/equity groups. In addition, based on the phased implementation and the varying cohort timeframes for these metrics, the monitoring will take place over an extended period of time and involve separate organ-specific analyses. Specifically, certain outcomes may not be measurable immediately after implementation, but others can and should be so the frequency of monitoring can be consistent, but the content of each report will change as new outcomes become relevant.

The annual report to the Committee at the November meeting will include overall and subgroup trend data for listing rates and utilization rates and aggregate data on first-year graft failure rates.

#### Summary of Discussion:

**Decision #1:** The subcommittee supported the plan for the November annual report.

The Subcommittee discussed whether a hypothesis or purpose had been considered for each of the metrics. Some of the metrics are to evaluate whether the metrics are encouraging behavior change, such as increasing utilization, and other metrics are to evaluate any unintended consequences, such as changes in listing rates in response to use of pre-transplant mortality. Subcommittee members asked why we are evaluating only 1-year graft survival and not the two metrics on which programs were being evaluated, and about how specific situations are handled within the metrics used for program monitoring. Staff noted that this is a system monitoring report and not for purposes of individual program monitoring. Staff noted they would consider breaking out the 90-day and 1-year conditional in future reports. Subcommittee members requested that the report be provided to the Committee prior to the November meeting.

#### Next Steps:

The annual post-implementation report will be provided to the Committee prior to the November meeting and an overview of the findings of the report will be presented at the meeting.

## **2. Overview of results of the offer acceptance collaborative**

OPTN Contractor staff provided an overview of the initial results of the OPTN offer acceptance collaborative that was done in support of the implementation of the MPSC offer acceptance rate ratio criteria in July 2023. Staff summarized the key themes and initiatives under those themes and provided data about the collaborative cohorts' progress toward the aims. For heart, liver and lung cohorts, the aim was to increase offer acceptance rates by 15% and for the kidney cohort, the aim was to increase offer acceptance rates by 20%.

The results were as follows:

- The heart cohort improved offer acceptance rates by 43% with no decrease in the number of transplants
- The liver cohort improved offer acceptance rates by 46% with a slight decrease in the number of transplants. Staff noted that 7 out of the 12 programs that participated were pediatric programs where volumes tend to be more variable.
- The lung cohort offer acceptance rates decreased by 11% with a slight increase in the number of transplants. The rest of the nation decreased by 23%. There were a lot of changes in the lung space over the period of active engagement with the implementation of continuous distribution. The Research Scientist that did the evaluation noted that the decrease appeared to be due to an increase in the number of offers rather than a decrease in the number of acceptances.
- The kidney cohort improved offer acceptance rates by 21% with a slight increase in the number of transplants.
- For kidney, the subcommittee was also given data on the use of offer filters. There was a steep increase in the use of kidney offer filters by the collaborative kidney cohort at the beginning of the collaborative and by the end of the engagement period, 46 out of 49 participating kidney programs were using kidney offer filters.

#### Summary of Discussion:

The Subcommittee discussed why the kidney cohort had a higher aim than the other organs. Both the variability in kidney offer acceptance rates, the low national kidney offer acceptance rate and the availability of kidney offer filters.

## **3. Next Steps**

- Evaluation of post-transplant outcomes review process and criteria

- Plan for education development and implementation of pre-transplant mortality metric

There was not sufficient time to engage in discussion of the next steps. Staff quickly reviewed the topics and the Subcommittee chair requested that these topics be revisited at an upcoming meeting.

#### **Upcoming Meetings**

- TBD

## Attendance

- **Subcommittee Members**
  - Amit Mathur, Subcommittee Chair
  - Maher Baz
  - Robert Fontana
  - Roshan George
  - Darla Granger
  - Dipanker Gupta
  - Shelley Hall
  - Vicki Hunter
  - Michelle James
  - Scott Lindberg
  - David Vega
  - Candy Wells
- **HRSA Representatives**
  - Arjun Naik
- **SRTR Staff**
  - Jon Miller
  - Jon Snyder
  - Bryn Thompson
- **UNOS Staff**
  - Sally Aungier
  - Stephanie Anderson
  - Robyn DiSalvo
  - Katie Favaro
  - Samantha Noreen
  - Laura Schmitt
  - Sharon Shepherd
  - Betsy Warnick
- **Other Attendees**
  - None