

**OPTN Transplant Administrator Committee  
Fiscal Impact Advisory Workgroup  
Meeting Summary  
May 5, 2022  
Conference Call**

**Nancy Metzler, Chair  
Susan Zylicz, Vice Chair**

## **Introduction**

The Fiscal Impact Advisory Workgroup of the Transplant Administrator Committee met via Citrix GoToMeeting teleconference on 05/05/2022 to discuss the potential fiscal impact of the following public comment proposals on the OPTN histocompatibility laboratories, organ procurement organizations, and transplant programs:

1. Enhancements to OPTN Donor Data and Matching System Clinical Data Collection (OPO Committee)
2. Modify Heart Policy for Pediatric Candidates and Intended Blood Group Incompatible (ABOi) Offers (Heart Committee)

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

### **1. Enhancements to OPTN Donor Data and Matching System Clinical Data Collection**

The Workgroup reviewed the Organ Procurement Organizations (OPO) Committee's proposal which is recommending earlier collection of certain data elements in the Donor Data and Matching System, currently known as DonorNet®, the OPTN Contractor's proprietary system. The data elements identified in the proposal are currently collected in the OPTN Data System, but it has been determined that the procurement process could be improved by collecting and making the information available to transplant programs sooner.

Some of the donor-specific information proposed to be collected earlier than is currently done include data elements associated with donation after cardiac death (DCD). Among such data elements are flush time, extubation, declaration of death, and heparin administration. The OPO Committee worked with the OPTN Heart Transplantation Committee to consider potential data elements associated with cardiac measurements. The Heart Committee members stated that they prefer working images or videos related to the echocardiograms to some of the data elements suggested by the OPO Committee.

Workgroup members pointed out that many OPOs use electronic donor record systems. Such systems incorporate Application Programming Interfaces (API), which match data fields in their systems to data fields in the OPTN Computer System making electronic data transfer more efficient. A Workgroup member suggested that the indirect costs could be low associated with collecting the identified data elements sooner as a result of the technology in place. Generally speaking, the cost to OPOs of collecting and providing the data would likely be minimal, and be included in the daily cost of doing business. The member pointed out that OPOs are already doing this work, the proposal would require members to perform the work earlier in the procurement process.

A Workgroup member representing a histocompatibility laboratory (lab) member stated that from the lab perspective the proposal has no fiscal impact.

## **2. Modify Heart Policy for Pediatric Candidates and Intended Blood Group Incompatible (ABOi) Offers**

The Workgroup reviewed the Heart Committee's proposal which is recommending changes to current heart policy that would expand access to intended incompatible blood type donor hearts for pediatric candidates who were less than 18 years old when registered on the waiting list. Currently, eligibility to receive an intended incompatible donor heart is limited to candidates who were registered as status 1A or 1B on the waiting list prior to turning two years old. In addition, candidates who are at least one year old at the time of the match run, must have reported isohemagglutinin titers of less than or equal to 1:16 to be eligible for an ABOi donor heart. Under the proposal, candidates who are less than 18 years old will be eligible, and a new titer cut-off of 1:8 will be used; however, rather than exclude a candidate with a titer value greater than 1:8, such candidates will be eligible for consideration as part of a new "tertiary" classification.

The proposal will create new tertiary classification rows in the allocation match runs, so from an OPO perspective, this which will change the allocation order for pediatric candidates who are eligible for ABOi donor hearts. There is no expected fiscal impact for histocompatibility labs from the proposal. For transplant hospitals, program staff will need to familiarize themselves with the revised ABOi eligibility criteria and changes in the classification orders of the tables establishing the allocation of hearts from deceased donors. A Workgroup members suggested that the proposal would have a limited financial impact. Candidates are already being listed who are eligible for ABOi donor hearts, and the proposal would expand the eligibility requirements so that more candidates would have access to such organs. The proposal would require data collection, which would require an extended effort by the transplant program coordinators, but it is not likely that this would result in a significant level of effort. The overall fiscal impact of the proposal is expected to be minimal.

A Workgroup member representing an OPO indicated that the proposed changes would be consistent with doing business currently, and that involves communications, setting up organ transplant, or reviewing the match run list. As a result, there is no expected fiscal impact to the OPO members associated with the proposal. A Workgroup member representing a lab stated that aside from additional reporting, there does not seem to be a fiscal impact associated with the proposal.

**Upcoming Meeting(s)**

- May 9, 2022
- May 11, 2022

## Attendance

- **Fiscal Impact Advisory Workgroup Members**
  - Amber Carriker
  - Michelle James
  - Sharon Klarman
  - Debbi McRann
  - Gerald Morris
  - Stacy Sexton
  - Laura Stillion
  - Andrea Tietjen
  - Scott Wansley
- **HRSA Representatives**
  - None
- **SRTR Staff**
  - None
- **UNOS Staff**
  - Kristina Hogan
  - Robert Hunter
  - Eric Messick
  - Susan Tlusty
  - Sara Rose Wells
- **Other Attendees**
  - Brian Feingold, OPTN Pediatric Committee
  - Kurt Shutterly, OPTN OPO Committee