

**OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
November 18, 2021
Conference Call**

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 11/18/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Update and Overview: Request for Feedback
3. Review and Discussion: Proposed Policy Modifications

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

1. Project Overview and Goals

The Workgroup reviewed the purpose of the Match Run Rules project.

Summary of discussion:

The Workgroup will work to improve processes to increase the efficiency of organ offers, reviews, and acceptances, and reduce overall organ allocation time. The Workgroup will review and propose modifications to current OPTN policies.

2. Update and Overview: Request for Feedback

The Workgroup discussed next steps to the project.

Summary of discussion:

A Request for Feedback will be submitted for Winter 2022 Public Comment. The Workgroup will continue to determine the specifics of a tiered approach to organ acceptances and the associated responsibilities. Feedback received from public comment will be incorporated to help develop a final proposal.

3. Review and Discussion: Proposed Policy Modifications

The Workgroup continued discussion regarding a tiered approach to organ acceptance.

Summary of discussion:

A member asked how a transplant program will know which tier it is in. Another member responded that primary and backup will need to be defined. The member added that information technology (IT) efforts may be needed for transparency. The member added that another challenge is ensuring a transplant program is aware of the changes in responsibilities as they move through the tiers.

Another member stated that they view the tiered approach related to the organ offer, not the provisional yes. The member explained that the tiers are based on where the patient is on the match run dependent on organ type or quality. The member added that it would be unreasonable to expect

transplant programs to spend money on running a physical cross match as an obligation to put in a provisional yes.

A member suggested that the match run could be color-coded, and as a transplant program changes tiers, so does the associated color. Another member asked if the organ offer system has the functionality to send text messages as notifications. IT staff responded that there is functionality where a transplant program can opt to receive text message instead of email notifications. IT staff added that there is a project working to provide chat features in DonorNet, as well as enhancing notifications in general. The member requested a presentation on this work.

A member stated that the Workgroup may need recommendations from IT staff on how best to utilize notifications as transplant programs move through the proposed tiers. The member stated that it is important to consider how to not overwhelm transplant programs with notifications while ensuring they are aware of their place within the tiers and the associated responsibilities.

The Workgroup agreed that consulting with a decision maker should be included in the responsibilities of tier I. The Workgroup agreed that assessing candidate suitability and candidate availability be included in either tier I or tier II.

A member stated that the term “back up” needs to be clearly defined. The member cautioned combining the terms “tier II” and “back up”, especially since “back up” is not well defined. A member suggested defining “back up” as back up to the acceptance.

Another member stated that the formal expectations do not need to be included in regular transplant program evaluation. The member explained that adding formal expectations into policy will give organ procurement organizations (OPOs) that mechanism to report should they find a transplant program has not abided by the formal expectations and slowed the allocation process. The member added that a mechanism, similar to the Patient Safety Portal, may need to be developed in order for follow up to occur.

A member stated that the tiered approach should not change the time limits for evaluation. The member explained that as a transplant program moves through the tiers, the time limits should not reset or change.

Another member stated that organ-specific committees should provide input on how the threshold of tiers should vary by its organ type or quality.

The Workgroup agreed that more input from the human leukocyte antigens (HLA) community is needed regarding the workload associated with virtual crossmatch. Additionally, input from OPOs on providing specimens for crossmatching is needed.

A member stated that patient education will be necessary if transplant programs become required to assess patient availability. The member explained that patients may not be accustomed to being called until an offer is primary, so education and communication will be important for understanding changes in efficiency and in setting expectations.

Next Steps:

The Workgroup will continue to discuss policy modifications related to organ offer and acceptances.

Upcoming Meeting

- December 16, 2021 (teleconference)

Attendance

- **Workgroup Members**
 - Charles Strom
 - Chris Curran
 - Chris Yanakos
 - Jennifer Muriett
 - Jill Campbell
- **HRSA Representatives**
 - Arjun Naik
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
 - Vanessa Arriola
- **SRTR Representatives**
 - Katie Audette
- **UNOS Staff**
 - Carlos Martinez
 - Joann White
 - Kristine Althaus
 - Leah Slife
 - Meghan McDermott
 - Rebecca Marino
 - Rob McTier