Introduction

The Multiple Listing Subcommittee met via Citrix GoToMeeting teleconference on 09/14/2022 to discuss the following agenda items:

1. Discuss Recommendations and Conclusion Section

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

1. Discuss Recommendations and Conclusion Section

The Subcommittee reviewed the existing outline and writing assignments before discussing what recommendations the white paper should make.

Summary of discussion:

The subcommittee discussed the necessity for transplant centers to be transparent regarding whether the center permits candidates to multiple list. However, this causes patient and center autonomy to clash against each other where center autonomy prevails. From the perspective of the transplant center, it may opt against accepting multiple listing due to concerns of resource waste, resource constraints, and unified healthcare communication between teams. The subcommittee felt it would be acceptable for transplant programs to determine whether or not they will accept patients as a secondary center who are already listed elsewhere. However, if the center opts not to accept patients as a secondary listing center they cannot inactivate their patients who are listed there primarily and seek multiple listing at a secondary center. The subcommittee supported providing as much transparency around multiple listing as possible, and recommended centers indicate whether or not they accept multiple listed patients on their website. The subcommittee felt that patient autonomy was more important than center autonomy when it comes to multiple listing.

Members considered whether the minimal requirement to be transparent and inform patients about multiple listing was necessary and sufficient for patients to pursue multiple listing. Members felt that informing patients about the practice but not providing access to it was contradictory and therefore insufficient. Alternatively, members felt that there is a partnership built between the patient and the transplant center where the center is responsible for educating the patient. Members considered the role that transplant centers could have in helping their patient understand why multiple listing may or may not be preferred for them. Members highlighted opportunities for patients to be informed of how they could be advantaged in some way and what are the practical implications for multiple listing. As opposed to informing the patient about the practice at bare minimum, the subcommittee felt the bare minimum should be educating the patient on multiple listing. Members did recognize that the implications for multiple listing are not practical for all patients. For example, status 1-3 heart patients are required to be hospitalized at their transplant center and therefore could not be multiply listed.
Members discussed the role of fair versus formal equality of opportunity. Formal equality would provide the exact same benefit to all, regardless of how it could be utilized. Informing patients they are able to multiple list would be formal equity because it provides the same amount of information irrespective of how that information will be utilized and impact patient access. Alternatively, fair equality of opportunity would be providing the most tools to the least advantaged patients so they can actively partake in the benefit. This would allow every patient to benefit from multiple listing in the same way, countering existing barriers to access. The subcommittee felt this could occur through thorough and comprehensive patient education. Members felt this practice would support transplant center autonomy by allowing them to inform their patients why they do not multiple list in order to understand the reasoning from the transplant center perspective.

**Next steps:**

Subcommittee members are tasked with writing their initial drafts and bringing them to the next meeting for circulation and review. The full Committee will discuss the research and progress of the subcommittee to date at their in person meeting on October 21.

**Upcoming Meetings**

- **November 9**
Attendance

- **Subcommittee Members**
  - David Bearl
  - Keren Ladin
  - Melissa Anderson
  - Sanjay Kulkarni
  - Sena Wilson-Sheehan
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Representative**
  - Bryn Thompson
- **UNOS Staff**
  - Cole Fox
  - Houlder Hudgins
  - Katrina Gauntt
  - Laura Schmitt
  - Stryker-Ann Vosteen