

**OPTN Operations & Safety Committee  
Mandatory Usage of Offer Filters Workgroup  
Meeting Summary  
November 14, 2022  
Conference Call**

**Kim Koontz, MPH, CTBS, Chair**

## **Introduction**

The Mandatory Usage of Offer Filters Workgroup (“Workgroup”) met via Citrix GoToMeeting teleconference on 11/14/2022 to discuss the following agenda items:

1. Proposed Item Review
2. Decision Items
3. Data Update

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

### **1. Proposed Item Review**

Staff presented on the list of recommendations for the proposal.

#### Data summary:

Automatic exclusion criteria:

- 0 ABDR mismatch
- CPRA >90%
- Candidate age <18
- Medical Urgency status

Additional filter criteria requested:

- Dual kidney
- Admission serum creatinine
- Peak serum creatinine
- Most recent serum creatinine at time of offer
- Donor weight
- Donor BMI
- HCV positive (Ab and NAT)
- HBV positive (Ab and NAT)

Donor Service Area will be removed as a filter option

#### Summary of discussion:

Members supported having the distinction between antibody positive and nucleic acid test positive for donor filters.

A member asked if programs would be able to use any or all of these as filter options. Staff affirmed that they would be added. A second member asked if donor dialysis status would be included as a filter option. Staff replied that dialysis status was not current tracked in the OPTN Donor Data and Matching System.

Another member noted that there would be overlap between a program's minimum acceptance criteria and their offer filters. They expressed concern that this would cause confusion when attempting to change acceptance practices and emphasized that this should be called out in targeted education efforts.

Staff requested feedback on whether sequence number should be included as a potential filter option available. Multiple members replied that this is currently being used as a surrogate for other potentially impactful donor criteria, and filters should be built around those criteria instead.

A member supported having filters be refreshed every six months, noting that this would allow programs to review how their acceptance practices inform filter creation at a faster rate.

A second member also supported requiring programs to transplant a kidney in order to demonstrate a behavioral change rather than accept a kidney; they considered that some programs may disingenuously accept an organ in order to expand their filter criteria, thereby creating inefficiency in the system.

Staff asked if programs should be able to access their manual exclusion list at any time, or have it delivered to them as a report on a cadence. The Chair requested both be available for programs, but saw no problem with the report being delivered monthly if that was easier.

It was suggested that the Operations and Safety Committee develop educational materials that programs can provide to their patients without having to customize them for their programs. They emphasized that these should explain the impact of offer filters in plain language for patients to understand. A member added that programs should have a template made available to them to explain why specific offer filters are being used. Another member considered that a UNOSConnect course could be useful to assign to staff who are learning offer filters.

A member pointed out that emails were occasionally addressed specifically to surgical directors or program managers, and wondered if targeted emails could go to the "decision makers" for offer filters.

#### Next steps:

Staff will provide the final list of recommendations to the Operations and Safety Committee.

## **2. Decision Items**

Staff presented two items that required input from the Workgroup on how to proceed.

#### Presentation summary:

IT Staff expressed concern over potentially limiting a transplant program's ability to remove a candidate from offer filters with the manual exclusion field. This is because there is no data to support what the value should be.

Adding a field onto a membership form would require Office of Management and Budget approval. This would slow down the complete implementation time and would require approval from the Data Advisory Committee.

#### Summary of discussion:

The Workgroup was supportive of committing to monitoring the usage of the manual exclusion field to inform a set value in a future proposal.

A member asked if a staffing change would be the only way to use this pathway. Staff replied that it could be made available on request, but would require a new pathway. The member also suggested that the filters be removed for a year, rather than six months, in order to redefine their acceptance practices. However, a second member considered that, with the number of organs being offered and accepted by programs, they should not need an entire year to demonstrate a change in behavior. Multiple members were supportive of a 6 month removal of offer filters.

It was suggested that the pathway for filter removal be made available on request. This would be because there are multiple reasons a program would change their behavior that are not limited to staffing changes. The proposed request form would require a signature from surgical leadership when submitted.

Next steps:

Include specific assignments for specific people (Research will collect ## data as requested, UNOS Staff will determine whether ## is a realistic policy expectation, etc.)

**3. Data Update**

Research Staff presented on the organ discard rate for kidneys pre- and post- offer filters.

Data summary:

	Pre	Post	
N. Kidney Donors	6719	7370	
N. Organs Recovered	13386	14666	
N. Organs Discard	3580	3733	Pre: July 19 2021 to January 26 2022
<b>Discard Rate</b>	<b>26.7%</b>	<b>25.5%</b>	Post: January 27 2022 to August 6 2022
			(192 days of data in each era; ~6.3 months)
Average Donor Age	41.6 ± 16.2	42.2 ± 16.1	
Average KDPI	50.0 ± 29.0	51.5 ± 28.6	
Average Distance	214.7 ± 356.0	212.2 ± 346.6	
Percent DCD Donors	32.8%	32.8%	

Summary of discussion:

A member suggested reviewing the overall time from first offer to acceptance for the next data update. A second member contributed that, from their last data update, there was actually a one hour increase in match run duration. The suggested that the increase in time stems from programs spending more time to consider the offer because they are going to the correct programs.

It was suggested to review the number of sequences with declines prior to a final acceptance for the next data update as well.

Next steps:

Staff will provide an update on the Workgroup’s requests at a following meeting.

**Upcoming Meeting**

- TBD

## Attendance

- **Workgroup Members**
  - Kimberly Koontz
  - Greg Abrahamian
  - Melissa Walker
  - Reginald Gohh
  - Sanjeev Akkina
  - Valerie Chipman
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Carlos Martinez
  - Joann White
  - Isaac Hager
  - Rob McTier
  - Lauren Mauk
  - Sharon Shepherd