

OPTN Leadership Update Summer 2021

Donation and transplant numbers

2020 | Most lives ever saved by deceased donors



More than
33,000
life-saving transplants
from deceased donors*



10th
record year
in a row for deceased
donation*

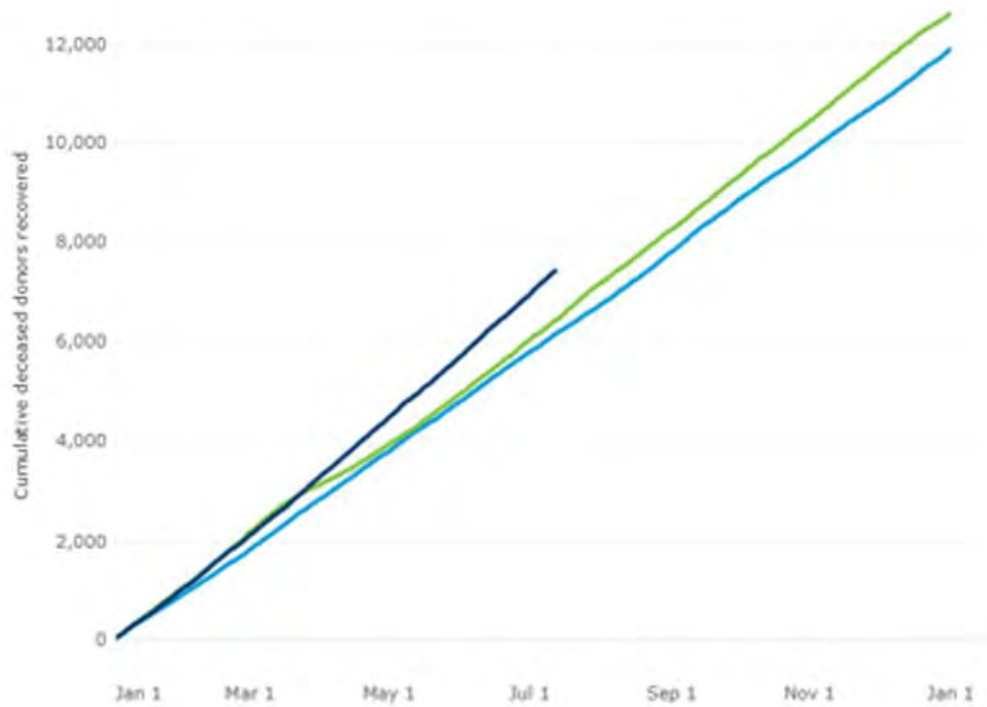


*Graphic updated 1/21/2021. Based on OPTN data as of 1/11/21. Data subject to change based on future data submission or correction.

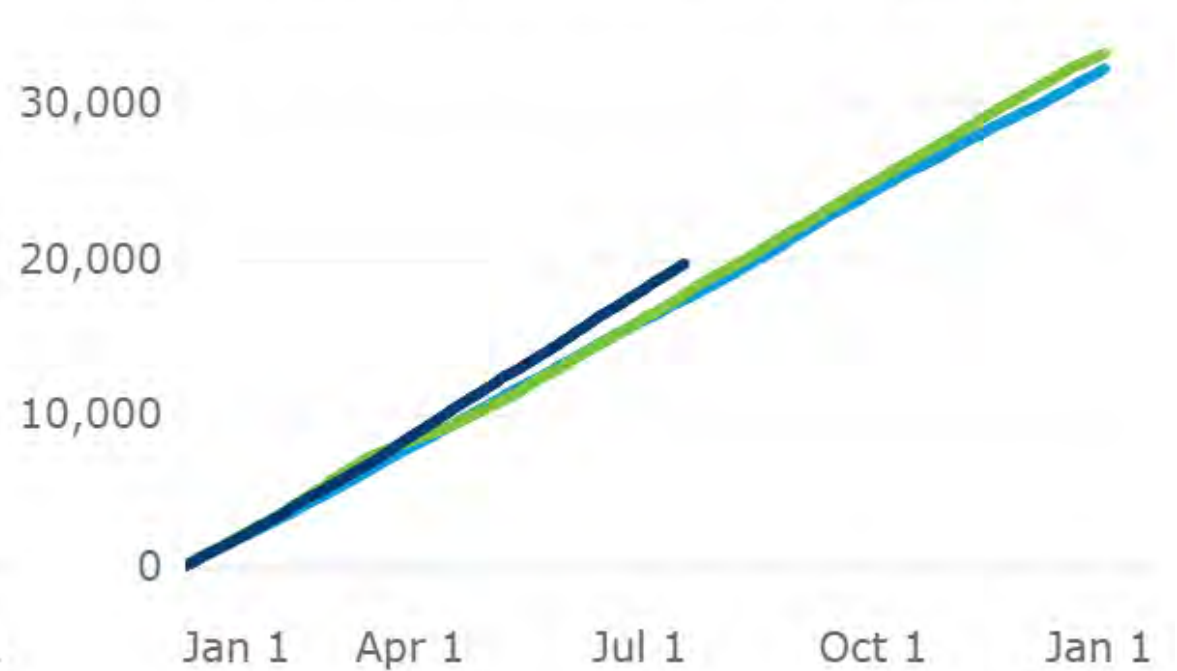


2021 Donation and Transplant data

YTD Deceased donors recovered



Deceased donor transplants



COVID-19 updates

COVID-related policy status

Policy	Status
Updating Candidate Data During COVID-19 Emergency	Repealed April 26, 2021, effective July 27, 2021 .
Relax Data Submission Requirements for Follow-up Forms (“amnesty policy”)	Repealed March 1, 2021; forms due March 13, 2020 through March 31, 2021 due July 1, 2021
Modify Wait Time Initiation for Non-Dialysis Kidney Candidates	Repealed June 14, 2021, effective September 1, 2021 .
Incorporate COVID-19 Infectious Disease Testing into DonorNet®	Permanent and required – implementation date January, 27, 2021
Lower Respiratory SARS-CoV-2 Testing for Lung Donors	Emergency and required – implementation date May 27, 2021

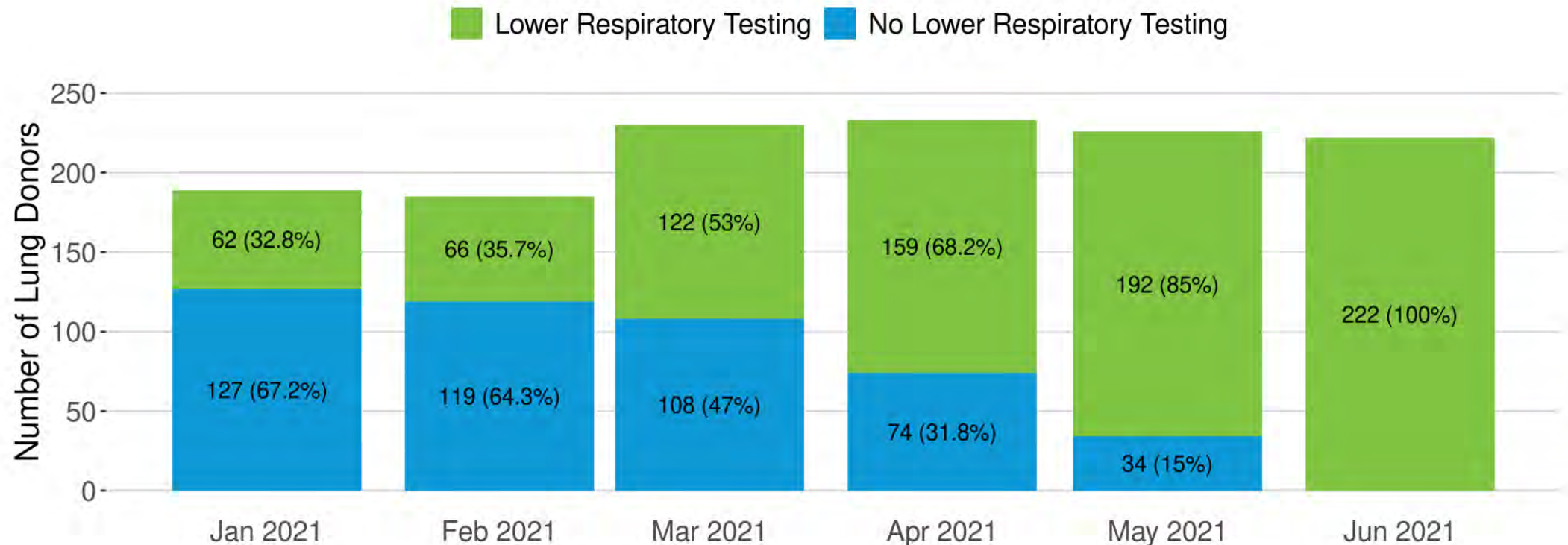
Data amnesty update

- Vast majority of forms have been submitted
- Less than 0.5% of each form type still expected
- Median Number of Forms by Center is 0

Form Type	N (%)
LDF	80 (0.4%)
PTM	40 (0.4%)
TRF	1,798 (0.4%)

COVID testing in lung donors

Number of transplanted lung donors by month and LRT



Other COVID updates

- Donations and transplants are up
- Registrations are stable
- Summer 2021 regional meetings converted to virtual format
- Site surveys phasing back in, with process improvements
- UNOS staff on hybrid schedules
- Committees and Board planning for in-person meetings later in 2021

One Year Results: Equity in Liver Allocation

While one year of data is not sufficient to draw long term conclusions, we can observe that...

- ...there is a **reduction in the geographic variability** in how long patients wait for a transplant.
- ...**transplant rates for more urgent candidates** and for pediatric candidates between the ages of 12 and 17 **increased**.
- ...transplant rates increased the most for **Black medically urgent candidates**.
- ...the number of **waiting list removals decreased for reasons of patient death** or being too sick to transplant.
- ...the **median distance between donor hospital and transplant hospital has increased** (72 to 141 nautical miles for adult transplants), **particularly for medically-urgent adults**. The median cold ischemic time, however, increased only slightly (12 minutes for adult transplants).
- There was no significant difference in 6-month patient survival.

3-Month Data Report Results: Removal of DSA and Region from Kidney Allocation

- Transplant volumes increased
 - Pediatrics
 - Black and Hispanic candidates
 - Higher dialysis time candidates
 - CPRA 80-97%
- Overall discard rate did not increase
- More kidneys are distributed outside the donor hospital DSA, but most stay within 250 NM
- Results align with KPSAM modeling used to inform policy development

Systems Thinking



Systems Performance Committee

- OPTN Ad Hoc Systems Performance Committee recommendations serve as basis for system-level improvements, both within and outside of OPTN authority
- Report results baked into 2021-2024 OPTN Strategic Plan

The image shows a screenshot of the OPTN website's page for the Ad Hoc Systems Performance Committee. The page header includes the U.S. Department of Health & Human Services logo and navigation links for Home, Governance, Members, Improvement, Learn, Data, News, and Resources. The main heading is "Organ Procurement and Transplantation Network" followed by "Ad Hoc Systems Performance Committee". A breadcrumb trail reads "Home » Members » Committees » Ad Hoc Systems Performance Committee".

Below the heading, there are sections for "Member Directory" (with a "Committees" button), "Board of Directors", and a descriptive paragraph: "The OPTN Ad Hoc Committee on Systems Performance focused on studying methods and tools for driving collaborative performance improvement in transplant systems. The Committee consisted of three standing workgroups. Each studied existing metrics and effective practices and recommended new or updated ways to assess and improve performance. The workgroups shared".

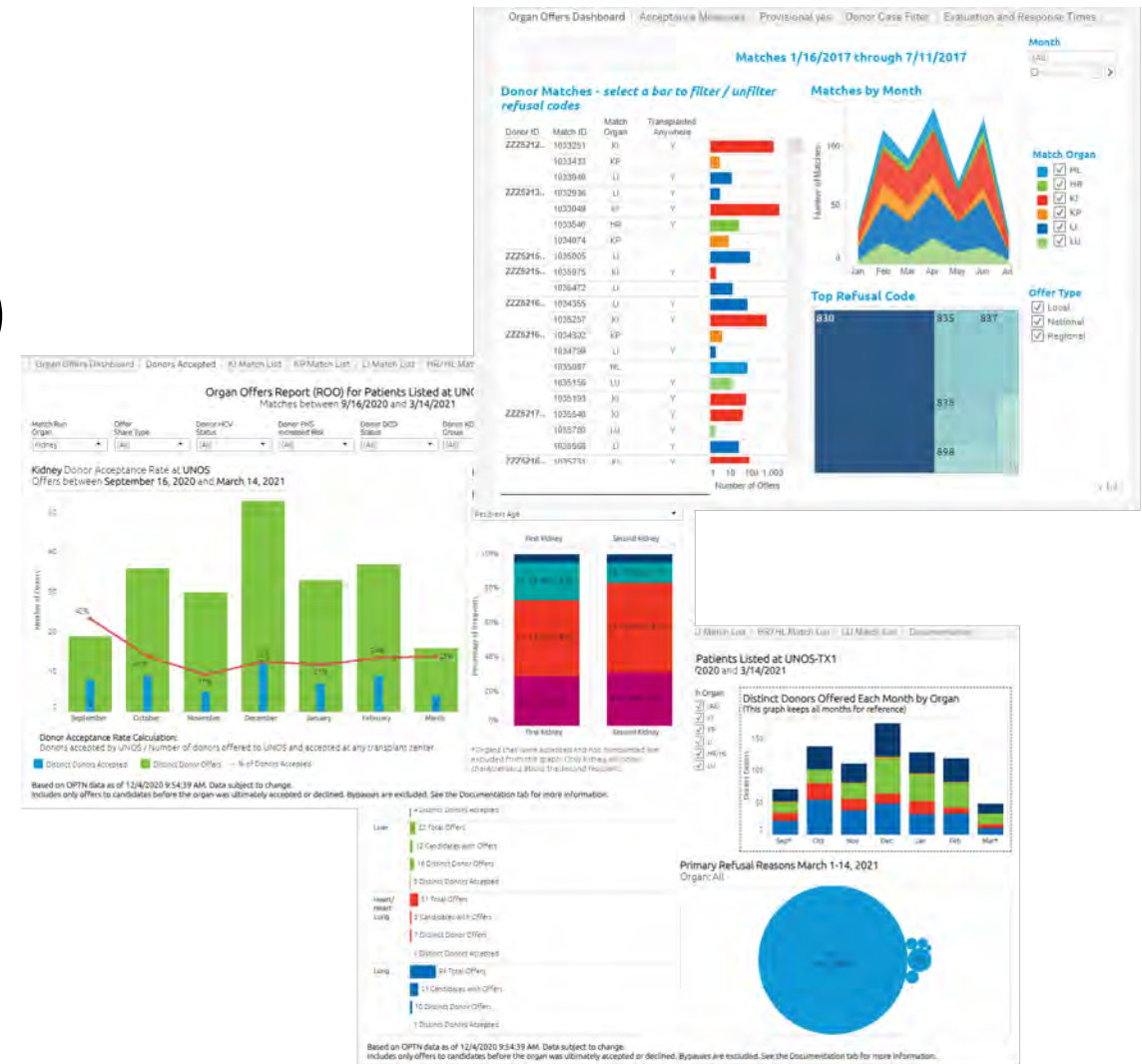
Below the text is a graphic titled "The SPC's identified key themes" which consists of four columns of boxes:

- Tools & Technology**
 - Dashboards *For self-monitoring*
 - Enhanced Research & IT Tools
 - Organ Recovery & Transport
- Collaborative Improvement & Relationship Management**
 - Collaborative Improvement Projects
 - Managing Tx Program/OPO Relationships
- Performance Monitoring Enhancements**
 - OPO Balanced Scorecard
 - Transplant Program Balanced Scorecard
- Beyond the OPTN**
 - Coordinated, national transportation system
 - Payment models & financial paradigm
 - Partnerships & advocacy
 - Expanded OPTN scope
 - Recommendations to external stakeholders

<https://optn.transplant.hrsa.gov/members/committees/ad-hoc-systems-performance-committee/>

Select Systems-Level improvement projects

- Image Sharing
- Recovery and Usage Maps (RUM)
- Report of Organs Offered (ROO)
- DonorNet Mobile
- APIs
- *Predictive analytics on the way!*



*Detail on slides 11-17

**Detail on slides 18-

Improving the offer system

- **Phase I: Develop framework/standardization of processes**
 - Defining provisional yes offers and outlining the responsibilities of members
 - Offer Filters for Kidney
 - Modify amount of offers sent out
 - Time Limits on Offers
- **Phase II: Dynamic match run**
 - Capability to filter off candidates from match run who no longer meet acceptance criteria once donor information is updated
 - Continuously evolving match run

Transplant Program Performance Metrics

The goal is to monitor for patient safety concerns and opportunities for transplant program process improvement.

No performance concerns.

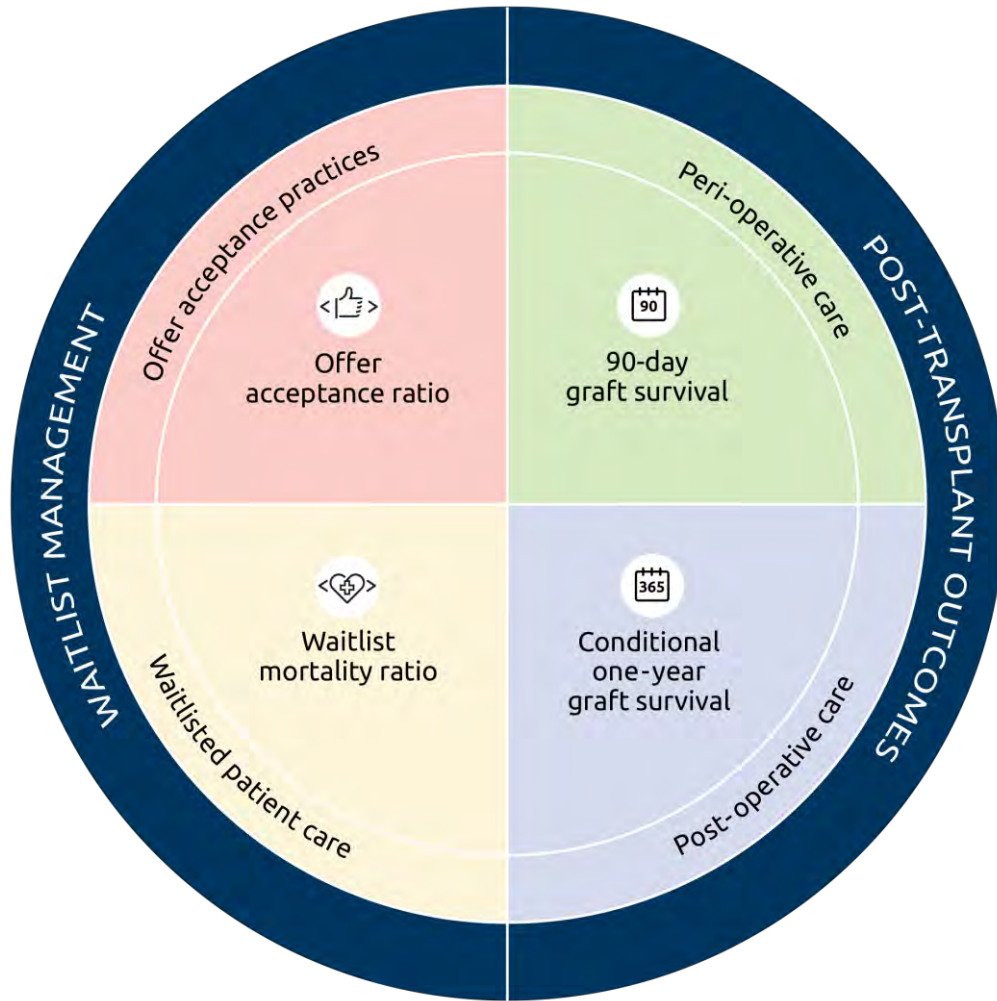


Transplant programs perform self evaluation with assistance, if desired, from their peers.

MPSC involvement

Available for public comment through September 30th

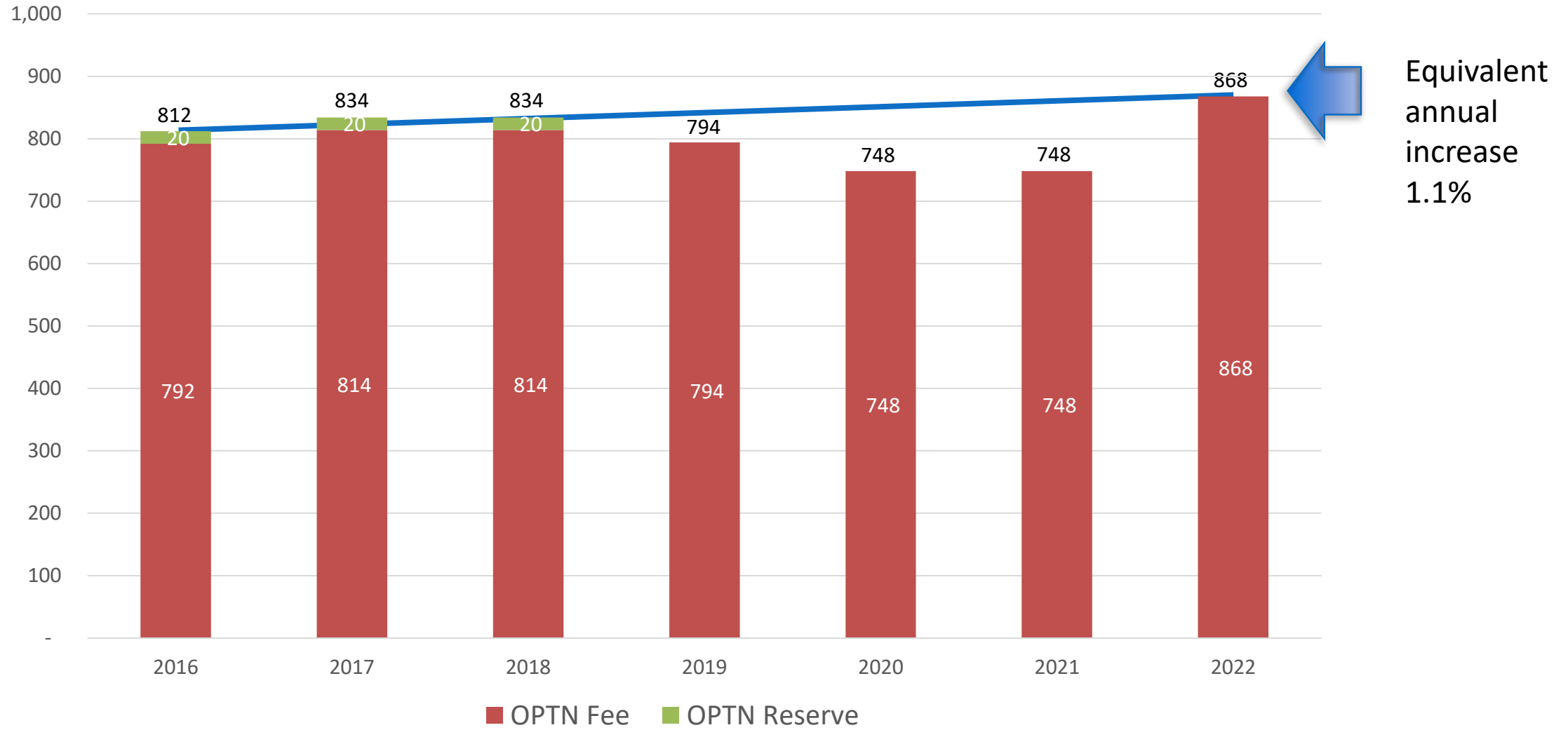
Transplant Program Performance Metrics



- **Offer acceptance:** Program's rate of accepting organ offers relative to the national average
- **Waitlist mortality:** Program's waitlist mortality rate relative to the national average
- **90-day graft survival hazard ratio:** In the first 90 days post-transplant, a graft is counted as failed if there has been graft failure or death
- **One-year graft survival conditional on 90-day graft survival hazard ratio:** After the patient has been released to longer-term post-transplant care, a graft is counted as failed if there has been graft failure or death

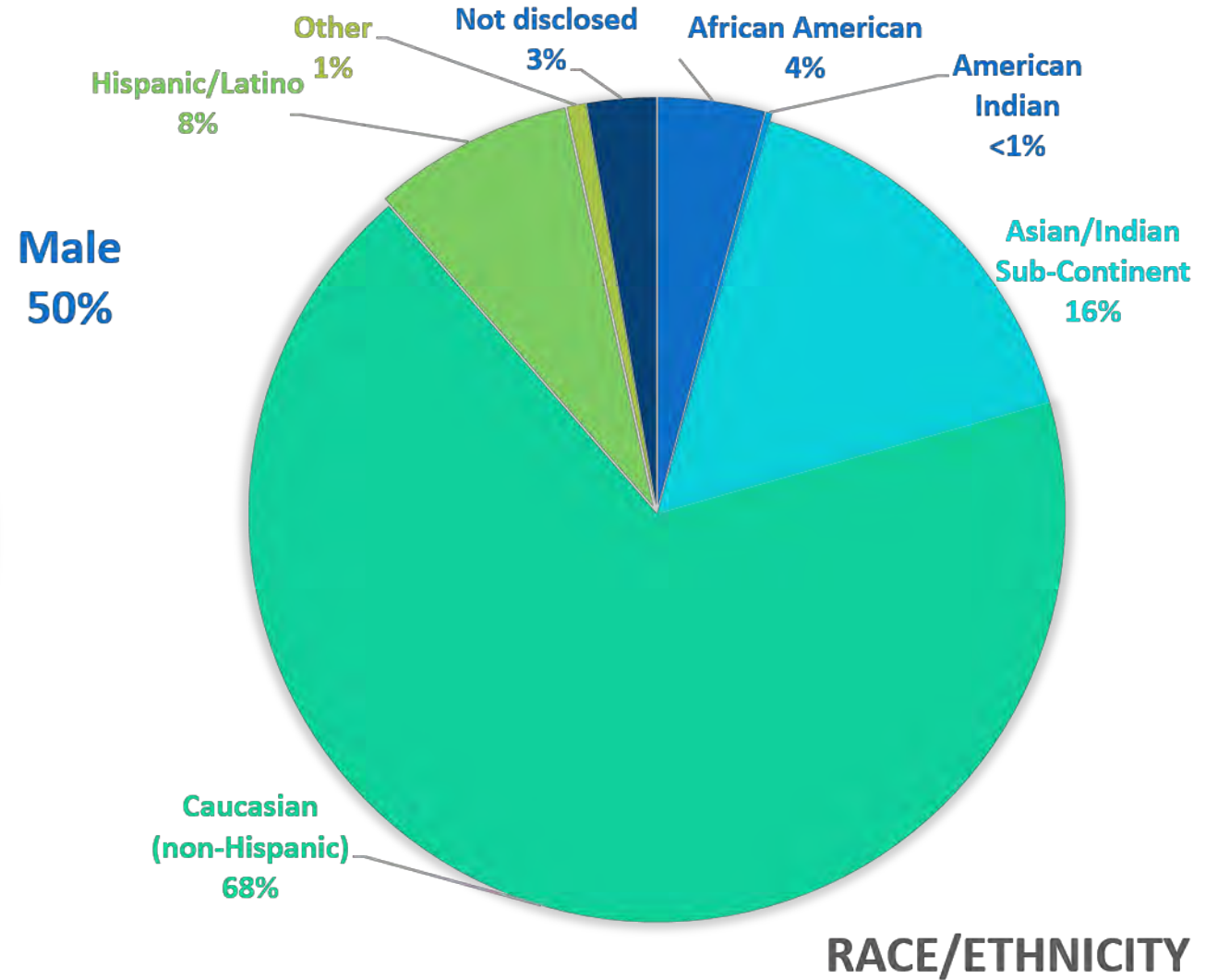
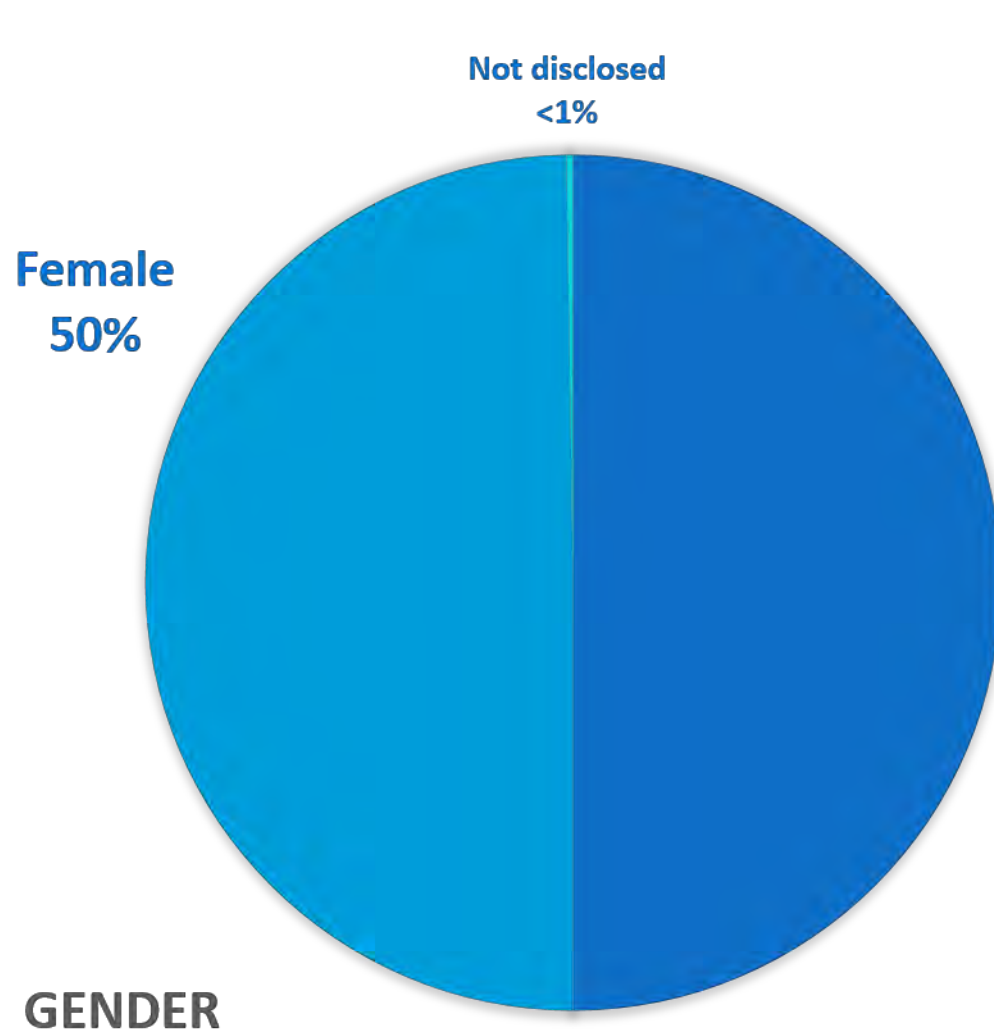
2022 OPTN fee

OPTN registration fees – 2016-2022

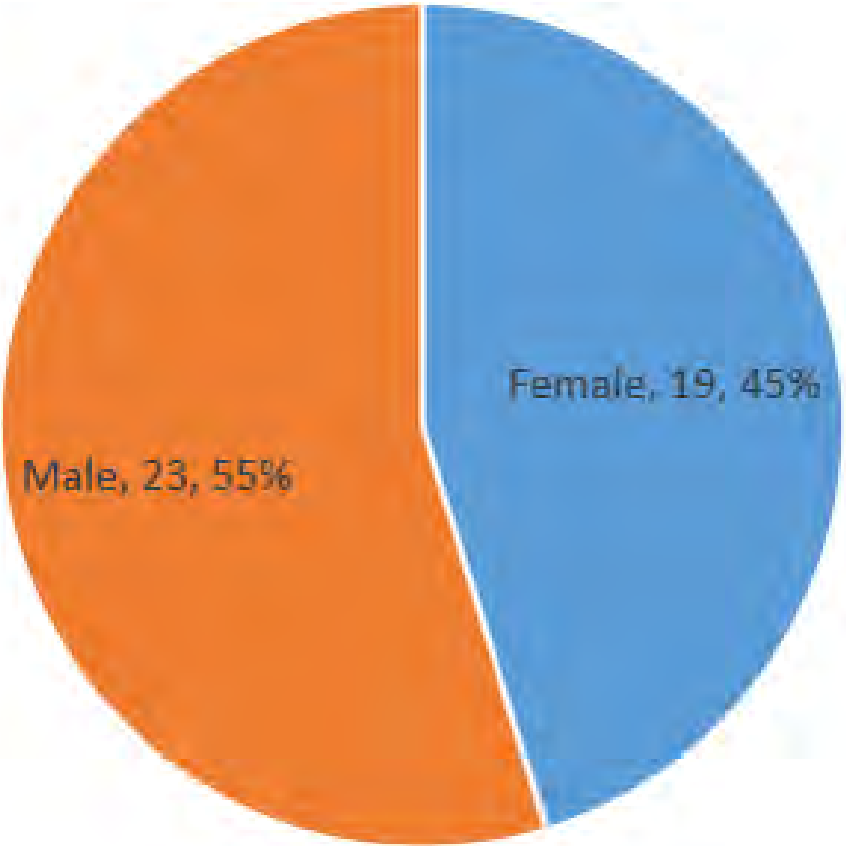


Board and committee service

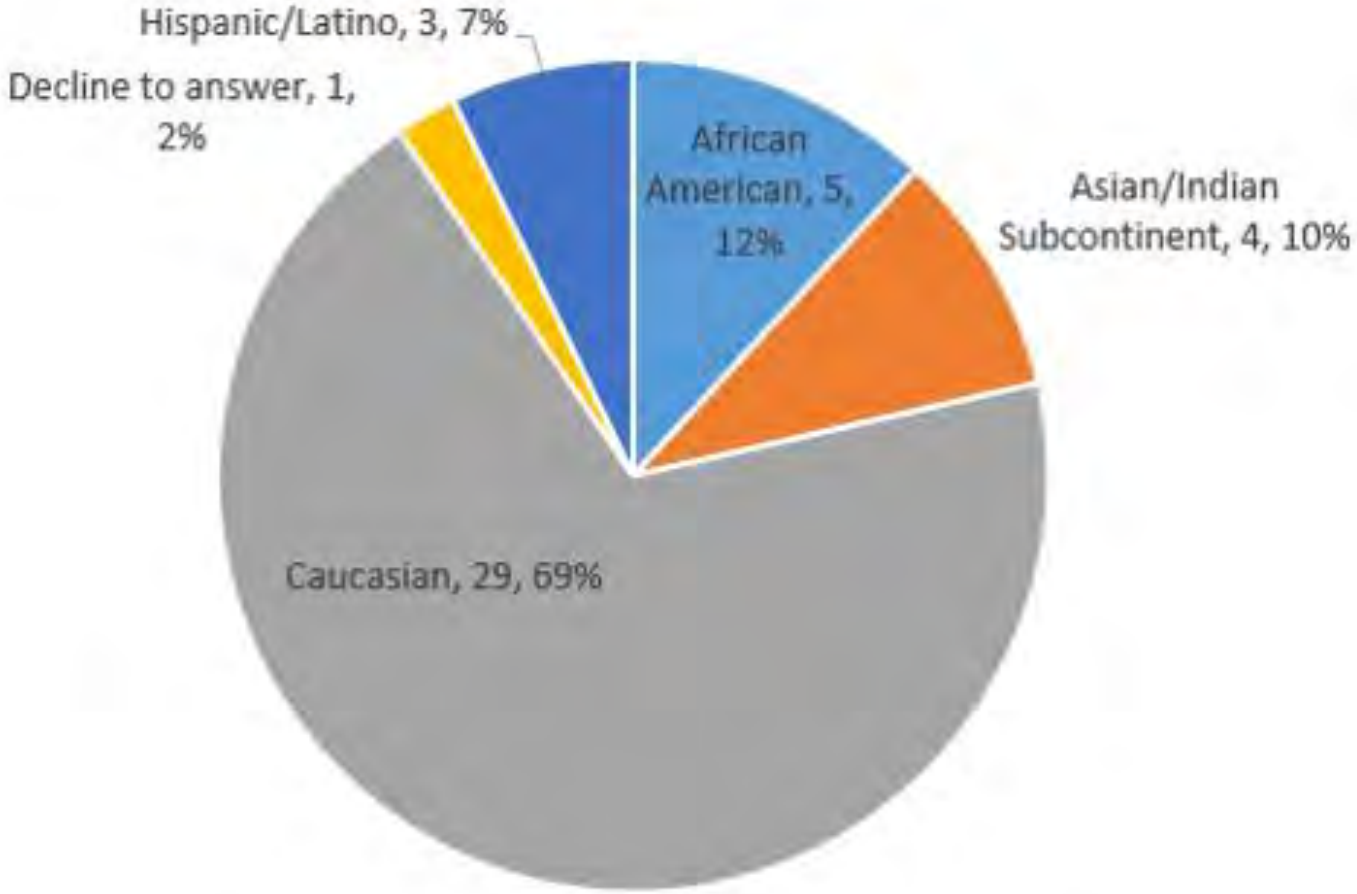
Current OPTN committee demographics



Current Board of Directors demographics



Gender



Race/Ethnicity

optn.hrsa.transplant.gov

↳ members

↳ get involved

