

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
March 24, 2023
Conference Call**

Amit Mathur, M.D., Chair

Introduction

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met in open session virtually via Citrix GoToTraining on March 24, 2023, to discuss the following agenda items:

1. Welcome and Agenda
2. Review Draft Initial Offer Acceptance Questionnaire
3. Data Resources for Offer Acceptance Review
4. Next Steps

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

1. Welcome and Agenda

Staff welcomed Subcommittee members to the meeting and reviewed the agenda.

2. Review Draft Initial Offer Acceptance Questionnaire

The Subcommittee reviewed the most recent draft of the offer acceptance questionnaire, which will be completed by programs experiencing lower than expected offer acceptance.

Summary of discussion:

Administration/Institutional Support

A member stated that an organizational chart and a letter from organizational leadership is important to include. The member asked if there is any insight on the size of the programs that have been flagged for offer acceptance. The member noted that the size of the programs could influence the questionnaire and requested data on the volumes. Staff explained that it appears to be a mixture of smaller and larger programs and they can get more detailed data on the actual number of transplants done at each of the programs.

A member stated that B and C could be removed from this section. The description of the institutional commitment to the program should be included in the letter from institutional leadership and COVID-19 is no longer having much impact on organ offer acceptance. Staff noted that, by the time the questionnaire is implemented, the offer acceptance metric will be based on offers made in 2022. Members agreed.

A member agreed with streamlining this section but suggested adding language to D such as "share any new or ongoing challenges your program might be facing that could be impacting outcomes or organ offer acceptance ratio". The member explained that this allows programs to tell the MPSC what they might not be able to see from just looking at forms.

Transplant Program Staff

Members did not express any concerns with this section.

Offer Acceptance Practices and Protocols

Members did not express any concerns with this section.

Quality Assurance and Performance Improvement

A member asked what the difference is between question F and question G, since the program's response to G would also likely be included in their response to F. A member suggested removing the more general question and keeping question G.

A member agreed and suggested that question G should indicate that the comprehensive review should be occurring on a regular basis. A member suggested that question G should read "[t]he MPSC recommends that your hospital conduct regular comprehensive reviews of the program..." and sections of the question will need to be reworded. The member also noted that the question about partnering with organ procurement organizations (OPOs) should read the same as well.

A member stated that question D seems to be asking hospitals about how they normally review their program's offer acceptance and G is focused on the hospital's review process because of their poor performance.

A member suggested moving question E above question D, so the two review questions flow together.

A member suggested that question D should read "[d]escribe the program's process for regular review for offer acceptance and acceptance rates..." so reviewers know the process described is what normally occurs and then question G should read "[w]hat was your specific review process due to these results...".

Members agreed and a member mentioned that the review of organ offers and collaboration with OPOs is not a new process or expectation.

A member suggested including a question about whether the program has contacted hospitals with higher-than-expected offer acceptance rates or if they have brought anyone in for Grand Rounds to discuss their practices. It would be nice to have some sort of language to help guide them to act.

A member asked if there is a way the flagged programs can contact leaders of the Offer Acceptance Collaborative since it seems the MPSC should be trying to guide programs to improve this metric.

A member asked, from a pediatric perspective, if there's a place to ask if the program size matches. The member suggested wording the question as "[d]escribe any characteristics of your patient population that may be affect your offer acceptance ratio." The member stated that they would rather see this question in the description of the program rather than the corrective action process because challenges of the donor pool are not going to change. The member suggested adding it to question A in the Offer Acceptance Practices and Protocols section.

There was no further discussion.

3. Data Resources for Offer Acceptance Review

The Subcommittee discussed the following questions:

- What data can be used to evaluate recent program performance since the end of the cohort used in the SRTR's offer acceptance rate ratio reports?
- How will reviewers assess areas for improvement?

- What data could be useful for programs who have been identified for low offer acceptance to evaluate opportunities for improvement?

The following data resources and tools are available:

- OPTN Data Visual Analytics
 - Organ Offers Report
 - Kidney Waiting List Management Tool
 - Kidney Offer Filters Explorer
- OPTN Data Files
 - Report of Organ Offers (ROO)
 - Report of Organ Offers Outcomes Report
 - Kidney Offer Potential Tool
- SRTR
 - Program Specific Reports (PSR) and Interactive Reports – overall offer acceptance rate ratio and subcategories by organ
 - Offer Acceptance CUSUMs – secure site

Summary of discussion:

What data can be used to evaluate recent program performance since the end of the cohort used in the SRTR's offer acceptance rate ratio reports?

Staff explained that the SRTR PSR offer acceptance rate ratio reports are based on a one-year cohort with a six-month lag and supplied the following options of data that could help evaluate recent program performance:

- Unadjusted offer acceptance rates can be provided by the OPTN.
 - 45-day lag since OPTN policy provides OPOs 30 days to complete match and provides programs an additional 15 days to validate match results.
 - Graph of unadjusted rates could run from beginning of SRTR cohort to most recent OPTN data.
 - Significant variation from month to month but should be able to identify trends.
- SRTR CUSUM data.
 - Risk adjusted data.
 - Four-month lag and updated monthly.
 - Traditionally, MPSC has not used CUSUM data to evaluate programs.

Staff asked the Subcommittee if there is other data that could help evaluate recent program performance.

A member asked if reviewers will be making decisions and requesting information from flagged programs based on data with a six-month lag. Staff explained that that's correct – the SRTR report covers a one-year period and, when they are released, there is a six-month lag from the end of that cohort. The member said that they expect there would be very little data updated in that short interval from heart, lung, and possibly liver programs so reviewers may not need updated data for those organs.

A member suggested keeping SRTR CUSUM data internal to the programs.

A member stated that, since the SRTR PSR offer acceptance rate ratio report is based on adjusted data, they are not sure if there is much value in reviewing the unadjusted data because programs are going to try to figure out where they are going wrong and use the data they are being judged against.

Another member agreed that the adjusted data makes more sense to provide than the unadjusted data.

A member also stated that, if their program is flagged, surgeons are not going to understand the data by itself. It would be helpful if specific cases could be provided, for example, of offers that the program didn't accept but everybody else did. Staff explained that that information would be included in a document that is provided to the programs about how to use the reports that are available through the OPTN Data Services Portal. Staff said the OPTN Report of Organ Offers (ROO) report and Organ Offers Outcomes report would be helpful for those purposes.

Staff asked if any Subcommittee members would find data on the offer acceptance rates since the end of the cohort helpful in reviewing programs or should the MPSC leave it up to the programs to provide them with other information about any improvement. No subcommittee members responded.

What data should be provided in the MPSC staff summaries?

Staff provided options of waiting list characteristics and other program performance metrics.

A member stated that the goal is to have as many transplants as possible, so it would be helpful to have data on transplant volume over time. If there has been an increase, then that shows that there might be a shift in the needle in terms of offer acceptance.

A member stated that it would be good to look at what programs are currently doing if they are not meeting the offer acceptance benchmark.

A member suggested adding the range of age and weight of candidates on the waiting list to include in staff summaries.

A member stated that post-transplant survival would not add value to the decision-making process and suggested it be excluded from other data that is provided.

A Health Resources and Services Administration (HRSA) representative asked if it would be important to identify a program's transplant volume comparable to other similar sized programs and noted that offer acceptance practices might be very different for different sized programs. A member explained that they were focused more on an increase in volume over time rather than a comparison to other programs because if they are transplanting more organs, they are accepting more organs. It could be an indicator of change in practice. The member stated that they do not think comparing transplant volume to other programs would be helpful for the review.

A member stated that this is an excellent start and the MPSC will learn more when the reviews begin.

How will reviewers assess areas for improvement?

Staff asked if data about donor characteristics for offers declined would help determine areas in which the program could improve. The MPSC could use the following data:

- The SRTR PSR data
 - Provides the offer acceptant rate ratio for subgroups of donors.
- The Characteristics in Acceptance Rate data
 - Provided to programs for the Offer Acceptance Collaborative.

A member asked if it would be helpful to include information about the program's suggested filters in the Offer Filters Discovery Tool and provide suggestions on filter usage based on the characteristics of donors. The member stated that this would be for kidney programs that are not using offer filters. A member agreed that this would be helpful.

A member asked if, for donor acceptance, programs will be provided the spreadsheets Like those available for patient death and graft failure in their SRTR quality control dashboard. Staff confirmed that

the member was referring to the workbooks available on the SRTR secure site. Staff explained that, currently, SRTR does not provide a workbook for offer acceptance because of the volume of data. In discussions with SRTR, they are looking at ways that they can provide some additional offer acceptance information on the secure site. Currently, they provide a CUSUM and a table that shows what the rate ratio would be for those SRTR subgroups for more recent time periods, although there is still a four-month lag.

A member stated that, in that case, SRTR will have to provide some more information on the secure site because programs are going to wonder why they are getting flagged.

A member stated that, for the heart subgroup, it seems like a reasonable set of characteristics.

There was no further discussion.

4. Next Steps

Staff will try to put together mockup of what data would be provided in the staff summary and share it with the Subcommittee during the next meeting. The Subcommittee will also continue discussions about what data they'd want to review and provide to programs.

Upcoming Meetings

- April 14, 2023
- May 4, 2023: MPSC Meeting

Attendance

- **Subcommittee Members**
 - Candy Wells
 - Carolyn Light
 - Ian Jamieson
 - Michael Pham
 - Nancy Metzler
 - Reginald Gohh
 - Sara Rasmussen
 - Todd Dardas
 - Victoria Hunter
- **HRSA Representatives**
 - Jim Bowman
 - Shannon Dunne
- **SRTR Staff**
 - Jonathan Miller
- **UNOS Staff**
 - Sharon Shepherd
 - Rebecca Brookman
 - Betsy Warnick
 - Amy Minkler
 - Karen Wooten
 - Katie Favaro
 - Michelle Furjes
 - Rebecca Goff
 - Robyn DiSalvo
 - Stephon Thelwell
- **Other Attendees**
 - None