

**OPTN/UNOS Membership and Professional Standards Committee (MPSC)**  
**Meeting Summary**  
**January 24, 2017**  
**Chicago, Illinois**

**Jeffrey Orlowski, Chair**  
**Matthew Cooper, M.D., Vice Chair**

*Discussions of the full committee on January 24, 2017, are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.*

**Committee Projects**

**1. Pediatric Membership Exception**

The Committee considered proposed changes to the exception pathway for pediatric membership criteria before they are finalized for public comment by the Pediatric Transplantation Committee. The changes would define the times when liver or heart programs could list and transplant a pediatric patient without having an approved pediatric component. They would require that the candidate meet certain medical criteria and the hospital consult with the transplant surgeon or physician at a program with an approved pediatric transplant component.

Members of the Committee discussed whether there should be criteria to establish that a surgeon is qualified to do the surgery in these cases, such as experience with at least one prior pediatric transplant, but measured this against the protection of the hospital credentialing, only allowing this to happen with status 1A patients, and the likelihood that these cases would be adolescents rather than smaller children.

Members of the Committee asked if this proposal addresses follow-up of children treated at pediatric hospitals when they become adults. It does not, but they were assured that there is another project in development by the Pediatric Committee that does hope to address that issue.

There was also discussion that it might be more appropriate to consult a pediatric intensivist at the local hospital rather than the primary surgeon or physician at a hospital with an approved pediatric component. This was generally considered to be something that the hospital would do as part of the process, but not something that was easily prescribed as a criteria for an exception.

Overall, the Committee was in agreement that this proposal would be an improvement and they look forward to it going forward.

**2. Outcomes Measures Operational Rule Implementation**

The Committee considered an implementation question for the Outcome Measures Operational Rule approved at the October 2016 meeting. The operational rule includes a two step analysis to identify kidney programs for lower than expected graft or patient survival. The Committee will review all kidney transplants to determine if the program meets the established criteria. If so, the program's kidney transplants excluding higher risk transplants will be analyzed to determine if the program still meets the criteria. Higher risk kidney transplants are defined as a transplant involving a recipient with an Estimated Post-Transplant Survival (EPTS) score greater than 80 using a kidney from a donor with a Kidney Donor Profile Index (KDPI) that is 85 or greater. UNOS staff and the

Scientific Registry of Transplant Recipients (SRTR) are planning for implementation of this rule with the June 2017 MPSC outcomes reports. From the point of registering a donor in DonorNet to procurement, KDPI, in particular, changes as donor data are corrected and updated. EPTS scores also change daily as a candidate gets one day older and has another day of dialysis. The SRTR will need to have one defined point in the allocation process to use to determine which kidney transplants to exclude. By a vote of 29 For, 1 Against, 0 Abstentions, the Committee approved use of the KDPI and EPTS score at time of procurement to determine the higher risk kidney transplants.

### **3. MPSC Project Prioritization Discussion**

The OPTN/UNOS Board of Directors considered and made final actions on a number of MPSC projects at its December 2016 meeting. As these proposals constituted the majority of the MPSC's project work, the MPSC discussed which projects it should concentrate on next. To initiate the MPSC's discussion, UNOS staff provided a list of MPSC projects that the committee started and continues to make progress; previously initiated but later placed on hold; expressed a previous interest in pursuing but have not initiated; and project ideas that members of the transplant community (through informal communications with UNOS staff) have recently asked the MPSC to consider. This list of projects includes:

- Revise OPTN Bylaws Appendix L
- Revise Approved Transplant Fellowship Training Program Bylaws
- Pancreas Functional Inactivity
- Living Donor Follow-up Reporting
- Changes to the OPTN Transplant Program Outcomes Review System
- Post-transplant Performance Review of Multi-organ Transplants
- Outcomes Review in Patient Populations with No Risk Adjustment Model
- Organ Perfusion Membership Requirements
- Minimal Requirements for Organ Recovery Personnel
- System Optimizations/Local Backup
- Operational rules

Committee members provided a variety of opinions on which efforts the MPSC should focus on next. Before the MPSC reached a general consensus on the path forward, meeting time constraints necessitated the conclusion of this discussion. UNOS staff agreed to develop and distribute a survey to gather additional committee feedback. UNOS staff will compile the results of this survey and will share this information with the MPSC in preparation for the continuation of this discussion at its February 2017 meeting.

#### **Committee Projects Pending Implementation**

None

#### **Implemented Committee Projects**

None

#### **Review of Public Comment Proposals**

None

## **Other Significant Items**

### **4. Due Process Proceedings and Informal Discussions**

During the meeting, the Committee conducted interviews with two member transplant hospitals.

## **Upcoming Meetings)**

- February 28 - March 2, 2017
- July 11-13, 2017
- October 17-19, 2017