## Fall 2024 MPSC Metrics Overview

Prepared for Membership and Professional Standards Committee Meeting, March 4 – 6, 2025
By: Erin Schnellinger, PhD, MS, UNOS Research Department and Sharon Shepherd, MPSC Project Manager, UNOS Member Quality
Date Completed: February 3, 2025

## Background/Purpose

The Performance Monitoring Enhancements (PME) subcommittee of the OPTN Membership and Professional Standards Committee (MPSC) proposed broadly changing the scope with which transplant programs are evaluated against performance standards, outlined in the OPTN Bylaws. This proposal, passed by the OPTN Board of Directors in December 2021, expanded the family of metrics for which programs are accountable from just two (one-year post-transplant graft survival rate and one-year post-transplant patient survival rate) to four metrics. These four new metrics are intended to survey processes occurring both before (pre-transplant mortality rate and offer acceptance rate) and after (90-day posttransplant graft survival rate, a short-term measurement, and 365-day post-transplant graft survival rate conditional on survival beyond 90 days, a longer-term measurement) transplantation.

Feedback regarding the proposal - though generally positive - expressed concerns surrounding potential consequences of the proposal with regard to innovation, system efficiency, and patient care. With respect to the functions of the transplant system specifically, these concerns referenced the creation of disincentives among programs to list sick patients, accept marginal donor organ offers, and perform transplants with less optimal post-transplant prognoses.

As part of the post-implementation monitoring plan, the Membership and Professional Standards Committee (MPSC) reviews summary data on the number of performance flags in the semi-annual SRTR MPSC report. The Scientific Registry of Transplant Recipients (SRTR) provides statistical and other analytic support to the OPTN generally and to the MPSC. The SRTR produces the models to calculate each of the four performance metrics and provides the MPSC with reports using these models. These reports allow the MPSC to identify transplant programs that meet the OPTN performance criteria for MPSC review. In each semi-annual report, the MPSC reviews the number of flags in the most recent SRTR MPSC report and trends in the number of flags over time. This data review, along with a qualitative discussion of the program reviews, allows the MPSC to evaluate the effectiveness of the metrics and metric flagging criteria to identify transplant programs in need of assistance with performance improvement or that may raise patient safety concerns. Review of the data also allows the MPSC to identify the need for evaluation of the SRTR models' ability to accurately identify expected outcomes.

An MPSC proposal that revised the criteria for the two post-transplant graft survival metrics, 90-day and 1-year conditional on 90-day graft survival, to identify fewer transplant programs was approved by the OPTN Board of Directors in November 2024. The flagging numbers for the Fall 2024 SRTR MPSC reports reflect these revised criteria.

## Results

The results below are summary data based on the Fall 2024 PSR and flagging data provided to the MPSC by the SRTR on January 10, 2025, as well as historical MPSC performance review data.

### Number of Active Programs Flagged Over Multiple Reporting Cycles or Newly Identified in Fall 2024

The MPSC reviews data to determine the number of new programs that are flagged under the metrics during the current cycle. Individual programs are often flagged under a metric for multiple reporting cycles so reviewing only the flagging numbers for each cycle does not provide a full picture of the number of programs entering performance monitoring in a particular cycle.

**Table 1** provides data on the number of active programs flagged for each metric in the Fall 2024 reports, how many of those active programs flagged in the Fall 2024 reports were also flagged in one or more of the previous three reporting cycles, and the number of active programs that were newly flagged in Fall 2024. The numbers for the two post-transplant graft survival metrics (90-day and 1-year conditional on 90-day graft survival) are combined in this table. Note that programs can be flagged for multiple metrics and can therefore appear in multiple rows of this table.

	Total Active Programs Flagged in Fall 2024*	Programs previously flagged in Spring 2024, Fall 2023, Spring 2023, or all cycles	Newly Flagged Programs in Fall 2024
Two post-transplant graft survival metrics	16	11	5
Offer acceptance	28	20	8
Pre-transplant mortality	12	6	6

Table 1: Number of Active Programs Flagged Over Multiple Reporting Cycles or Newly Identified in Fall 2024

\*The number of flagged programs in this column do not include those programs that were withdrawn or inactive as of February 3, 2025, so the total number of flags may be different from the other figures contained in this report.

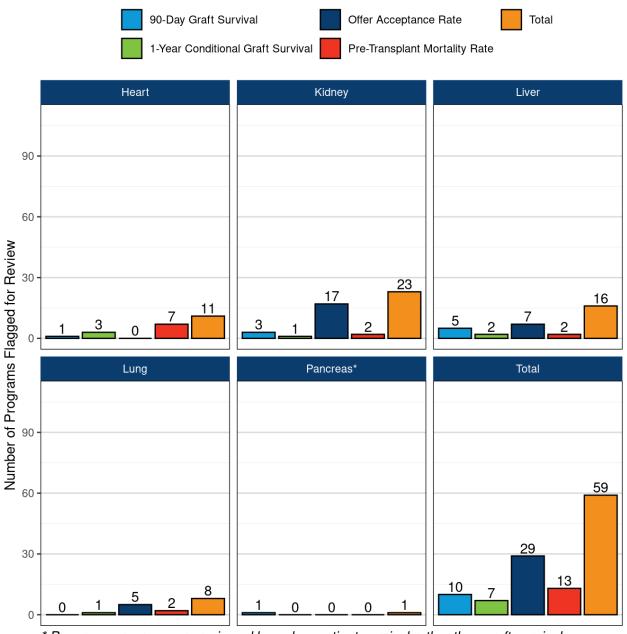
## Fall 2024 SRTR MPSC Report Flags

**Figure 1** below provides the number of programs flagged by metric and organ. For context, there were 727 active heart, kidney, liver, lung, and pancreas programs as of February 3, 2025. Out of the total 59 flags, 54 active programs were flagged for review resulting in flagging of 7.4% of the active heart, kidney, liver, lung, and pancreas programs. Two flagged programs were withdrawn or inactive as of February 3, 2025 (one kidney program and one liver program). Three programs were flagged for more than one of the four metrics (one kidney and two liver programs).

**Figure 2** provides flagging data by metric and organ for adult candidates and recipients and **Figure 3** provides flagging data by metric and organ for pediatric candidates and recipients.

### Figure 1: All Flags - Fall 2024 by Metric and Organ

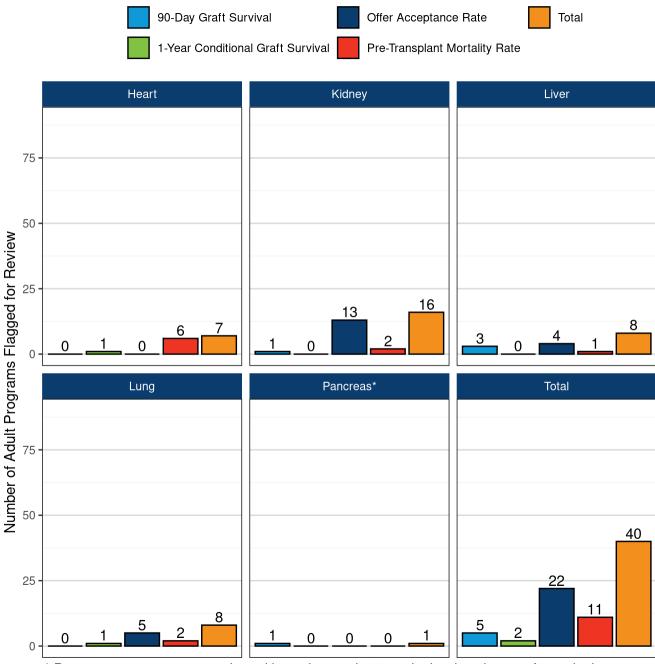
Number of programs (Adult and Pediatric) flagged for review by metric and organ, Fall 2024



\* Pancreas programs are reviewed based on patient survival rather than graft survival. \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

#### **OPTN Restricted**

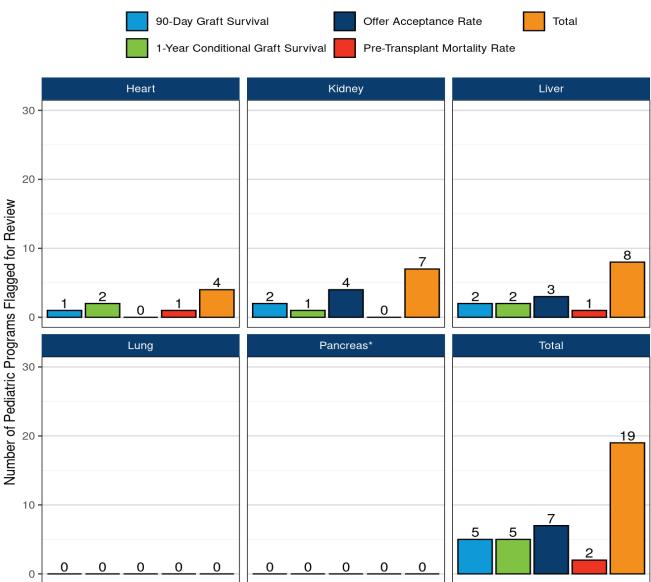
## Number of adult programs flagged for review by metric and organ, Fall 2024



\* Pancreas programs are reviewed based on patient survival rather than graft survival.
 \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

### Figure 3: Pediatric Flags - Fall 2024 by Metric and Organ

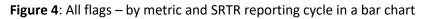
## Number of pediatric programs flagged for review by metric and organ, Fall 2024

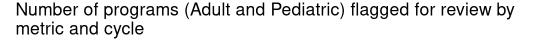


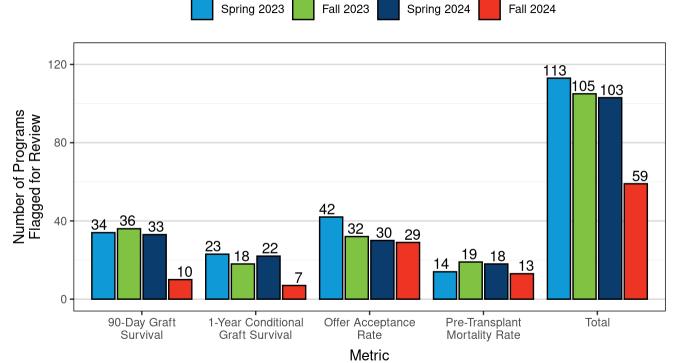
\* Pancreas programs are reviewed based on patient survival rather than graft survival.
 \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

### All Flags - Over Time by Performance Measure

The following figures provide data on the number of flags over time for the last four SRTR MPSC reporting cycles. The number of programs flagged for review in each reporting cycle are reported in bar charts and line plots and are additionally stratified by metric (**Figures 4-5**) or by organ (**Figures 6-7**). **Figure 8** provides the number of adult programs flagged by metric, organ, and cycle and **Figure 9** provides the number of pediatric programs flagged by metric, organ, and cycle and **Figure 9** provides the number of pediatric programs flagged by metric, organ, and cycle and **Figure 9** provides the number of pediatric programs flagged by metric, organ, and cycle.



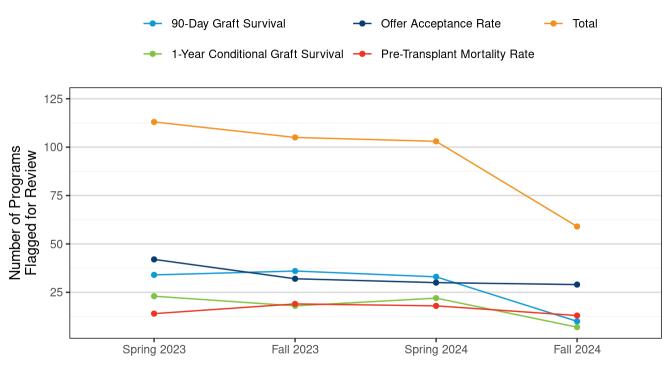




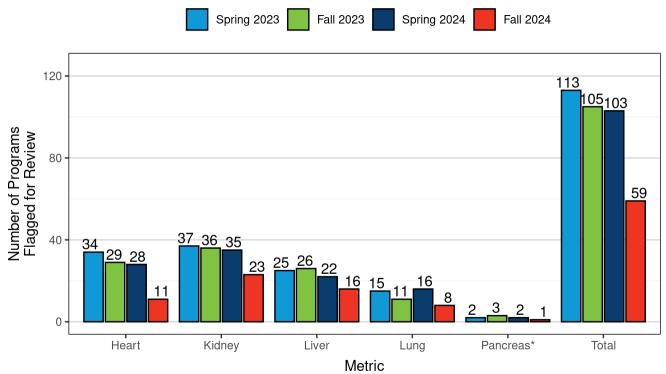
 \* Pancreas programs are reviewed based on patient survival rather than graft survival.
 \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

#### Figure 5: All flags – by metric and SRTR reporting cycle in a line plot

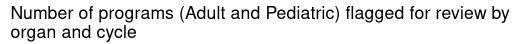
# Number of programs (Adult and Pediatric) flagged for review by metric and cycle

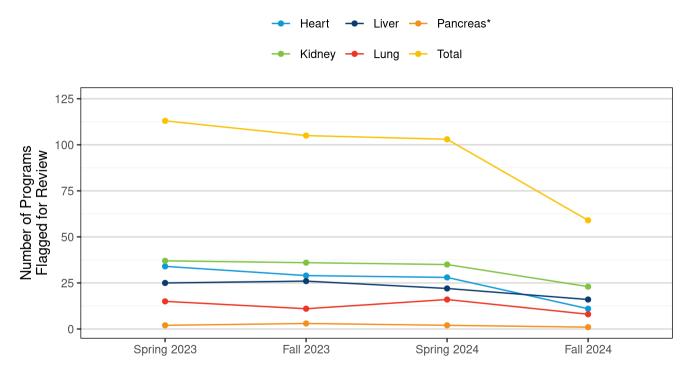


 \* Pancreas programs are reviewed based on patient survival rather than graft survival.
 \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle. Number of programs (Adult and Pediatric) flagged for review by organ and cycle



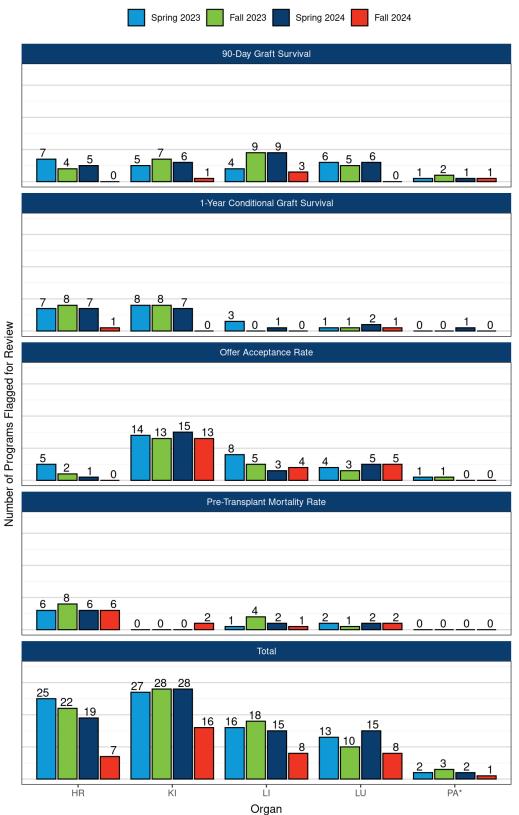
\* Pancreas programs are reviewed based on patient survival rather than graft survival. \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.





 \* Pancreas programs are reviewed based on patient survival rather than graft survival.
 \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

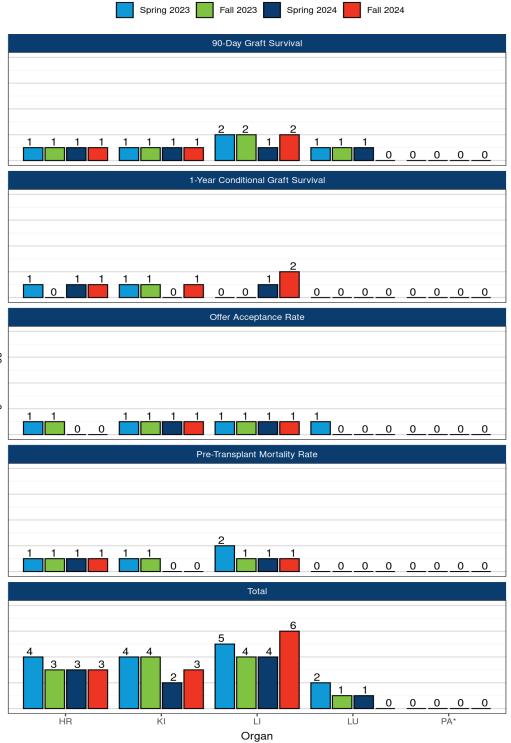
Number of adult programs flagged for review by metric, organ, and cycle



\* Pancreas programs are reviewed based on patient survival rather than graft survival. \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.

#### Figure 9: Pediatric flags – by metric, organ, and cycle

Number of pediatric programs flagged for review by metric, organ, and cycle



Organ \* Pancreas programs are reviewed based on patient survival rather than graft survival. \*\*The hazard ratio threshold for adult 90-day and 1-year conditional graft survival increased from 1.75 to 2.25 for the Fall 2024 PSR cycle.