

OPTN Membership and Professional Standards Committee (MPSC)

Meeting Summary

August 12, 2019

Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Heung Bae Kim, M.D., Vice Chair

Introduction

The Membership and Professional Standards Committee met by conference call and GoToTraining on August 12, 2019, to discuss the following agenda items:

1. Public Comment Proposal: Modify Data Submission Policy
2. Public Comment Proposals: Eliminate the Use of DSAs and Regions in Kidney and Pancreas Allocation
3. Public Comment Proposal: Expedited Placement of Livers
4. Contract Task: MPSC Charter Review

Additionally, the Committee met in closed session and discussed member specific issues.

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

1. Public Comment Proposal: Modify Data Submission Policy

The Data Advisory Committee (DAC) Chair presented that committee's proposal to the MPSC. MPSC members asked the Chair several questions about the implications of the proposed data submission changes and had a few comments for consideration when drafting the final policy language.

- Transplant hospitals could be delayed in obtaining data if their patients are being followed by their local physicians and don't come back to the clinic regularly. Sometimes it takes longer than 30 or 60 days, and, in rare cases, longer than 90 days to receive the data from the local physicians. Is the data lock for initial data, too? If we're submitting the form after 90 days, will we have to get permission to submit the data?

Currently, the proposal extends the TRF data submission guidelines by 60 days. The DAC understands that there are many issues that prevent the most timely access to follow-up data. To start with, the policy will require unlocking to submit late data. The DAC is trying to mitigate some of the timeline challenges by extending the deadline by 60 days and feels this is a reasonable place to start. If the committee finds this isn't working, the committee will have to revisit the policy.

- This proposal gives DAC the ability to define the problems. Once someone unlocks a form and provides the reason for unlocking, DAC will have that data and can report it to the Board of Directors.

The DAC will be able to see patterns: for example, how far beyond the deadline forms are being unlocked, how often is the reason that the data just became available, and are the issues with data submission different for patients that are one year post-transplant versus ten years post-transplant.

This proposal is the starting point. The first step is clarifying and extending data submission due dates, which should help hospitals. The second step is locking the data to provide data stability.

- How will the data lock impact hospitals that have a semi-automated or automated process through their electronic medical record for filling in the fields on the forms? Members' resource requirements may change if their ability to use their automated processes to submit data changes.

The IT Department is aware of the issue. The first pass when data is submitted through the system will work the same way. If changes are made in subsequent passes, the member will be directed to the process for unlocking the data.

2. Public Comment Proposal: Eliminate the Use of DSAs and Regions in Kidney Allocation

The Kidney Transplantation Committee Chair presented that committee's proposal to the MPSC. MPSC members mainly focused their questions and feedback for the Chair on the proposed import backup and medical urgency policies.

- Some OPOs move donors from hospitals to a regional donation center at the OPO. Will the circle be drawn around the original hospital, or will it be drawn around the donation center at the OPO?

The circle will be drawn around the original hospital.

- In the proposed import backup policy, does the host OPO get to choose whether to use the existing match run or to run a new match?

The new process will be somewhat similar to the current process. The host OPO can choose whether to continue down the original match run or to give local/import backup, if it makes sense from an efficiency or organ placement standpoint. The new process will require the original accepting transplant program's OPO to assist with reallocating the organ. The Committee picked a 150 NM circle because data shows that distance to be the most efficient for organs that have flown.

- Will centering the backup circle on the hospital of the original intended recipient direct more kidneys to the primary transplant hospital? Currently, import offers could go anywhere in the DSA.

The Committee does not think the kidney should just stay at the hospital of the original intended recipient; instead, there should be a way to equitably redistribute an organ that has already shipped while minimizing cold time for the organ. The new 150 NM circle is based on driving distance and may include hospitals that weren't in the original circle.

- Why did the Kidney Committee decide to allow the host OPO to decide whether to delegate backup, since it introduces variability?

The proposed policy mirrors the current policy that allows the host OPO to make that decision. The Committee wants OPOs to continue to have that flexibility so kidneys don't have to fly back and forth and risk becoming unusable.

- Will the KAS system still be operating, just with a 500-mile circle to replace the DSA?

Yes, the allocation sequences are still based in KAS. There are a few minor changes since there will no longer be DSA or regions in allocation. The Committee also put pediatric candidates and prior living donors higher in the sequences to give them a little extra benefit.

- What criteria will define “medical urgency”? The policy will need to include objective measures for medically urgent candidates in order for the MPSC to be able to review potential issues in the future.

The Committee appreciates the feedback. Since the current policy is managed at the DSA level, the Committee is relying on feedback from the community to help them define the objective measures.

Several MPSC members stated that the import backup policy made sense and would provide some consistency to the backup process. The MPSC tried to define “local backup” several years ago and found that there is no consistency in how OPOs grant local backup – some organs are backed up within the DSA, and others are backed up at the original accepting transplant hospital. Another MPSC member recommended that truly medically urgent kidney candidates should receive a higher priority on the match than currently proposed, including higher than pediatric candidates and candidates who are prior living donors.

3. Public Comment Proposal: Eliminate the Use of DSAs and Regions in Pancreas Allocation

A member of the Pancreas Transplantation Committee presented that committee’s proposal to the MPSC. MPSC members asked the presenter a few questions and provided feedback regarding import backup and facilitated placement under the new proposal.

- Local backup has always been a challenge, and it’s important that organs are ultimately transplanted. Moving forward with the new allocation system, it will be important to continue to make sure that the intended recipient is receiving the transplant, both for transparency and to ensure the health of the system. It will be important to continue to review allocations in which a transplant program accepts an organ for one candidate and transplants a different candidate, so the organ-specific committees can have an appreciation for how frequently this type of event occurs.

The presenter agreed and pointed out that Policy 5.9 says that transplant programs must let the host OPO know when an organ cannot be transplanted into the intended recipient.

- Will facilitated placement occur within the 500 NM circle? Or do offers to candidates within the circle have to be exhausted in order to use facilitated placement?

Facilitated placement can be used if it is within three hours of procurement and offers to candidates within 500 NM have been exhausted.

4. Public Comment Proposal: Expedited Placement of Livers

The Vice Chair of the Organ Procurement Organization (OPO) Committee presented its proposal to the MPSC. MPSC members asked the Vice Chair several questions about the proposal.

- Will OPOs be able to make more offers at one time than is currently allowed? Will OPOs also have a broader ability to see which programs have accepted the liver?

Yes, OPOs will be able to send more offers at once. They will also be able to make the expedited offers from the original match run, so the process will follow the list.

- Do transplant programs have to have accepted expedited offers previously, or can any program opt in?

Any program can opt in at this point.

- Is the OPO Committee concerned that the purpose is to expedite placement, and everyone will want to be involved? Did the Committee think about coming up with criteria for programs to meet in order to opt in?

The OPO Committee will review the data 6 months after the policy is implemented to determine how many programs are opting in and how many are accepting offers. It's hard to predict how that data will look, but the Committee is interested to see what will happen in practice.

MPSC members who participated on the expedited placement workgroup added that the workgroup consciously decided not be too prescriptive early on since the community had expressed concerns in previous public comment periods that programs wouldn't have an opportunity to change acceptance practices. The first step is to let anyone opt in and then look at the data closely to see how many programs are actually accepting the livers. This proposal provides a structure and framework for something that currently happens inconsistently around the country.

5. Contract Task: MPSC Charter Review

The Committee reviewed and provided feedback on an initial draft of a revised Committee charge. The new OPTN contract required a Governance and Operations Plan. One of the initiatives in that plan requires each OPTN committee to review the committee's charge for consistency with the new OPTN contract. The Executive Committee will be reviewing committee charges in the fall and providing feedback to the committees. Any needed charge updates will be presented to the OPTN Board of Directors for approval at the Board's December 2019 meeting. The current MPSC charge has not been revised for many years and does not reflect the current role and work of the MPSC. Staff presented a draft new MPSC charge.

The Committee briefly discussed whether there were any holes in the draft new charge. Staff noted that a number of MPSC activities were specifically called out in the current charge but not all of the activities of the Committee were addressed. Staff was very intentional in avoiding listing out every activity that the Committee performs in the draft new charge. Rather, staff drafted the proposed charge at a higher level than the previous charge to provide more flexibility to the Committee. One Committee member requested more time to review the draft charge. Staff committed to send out an email to the Committee requesting additional feedback over the next week. Staff also reiterated that this was an initial draft to get feedback from the OPTN Executive Committee and the Committee will have an additional opportunity to review after that feedback is received.

Upcoming Meetings

- September 27, 2019, Conference Call, 12-2pm ET
- November 5-7, 2019, Chicago, IL
- December 17, 2019, Conference Call, 3-5pm ET
- January 21, 2020, Conference Call, 2-4pm, ET
- Feb 25-27, 2020, Chicago, IL
- April 14, 2020, Conference Call, 2-4pm, ET
- May 21, 2020, Conference Call, 2-4pm, ET
- June 29, 2020, Conference Call, 2-4pm, ET
- July 21-23, 2020, Chicago, IL