

**OPTN/UNOS Executive Committee**  
**Meeting Minutes**  
**February 26, 2018**  
**Conference Call**

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**Introduction**

The Executive Committee met via Citrix GoToTraining teleconference on 02/26/2018 to discuss the following agenda items:

1. Request from POC: Approval of three new committee projects and endorsement of prioritization along with two previously approved Goal 2 projects
2. Request from the Histocompatibility Committee: Endorsement of a response to CMS Request for Information (RFI: CMS-3326-NC)
3. Update on Ad Hoc Committee on Geography

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

**1. Request from POC: Approval of three new committee projects and endorsement of prioritization along with two previously approved Goal 2 projects**

The Chair of the Policy Oversight Committee presented three new committee projects along with two previously approved Goal 2 projects:

- Improving Access for Pediatric & Highly Sensitized Kidney Candidates (Kidney)
- Modify Data Submission Policy (Data Advisory)
- Changing the CPRA Calculation (Histocompatibility)
- Reduce Pediatric Liver Waiting List Mortality (Pediatric)
- Ethics Principles of Multi-Organ Allocation (Ethics)

The Pediatrics and Ethics proposals were previously approved, but placed on hold due to resource availability. The estimated level of effort for each proposal within the portfolio of projects was shown with respect to both the current benchmarks and the proposed benchmarks in the 2018-2021 strategic plan.

Summary of discussion:

Committee members asked how to better structure future development of proposals to ensure partnership? The Kidney-sponsored project describes in detail the partnership between stakeholder committees but the Pediatric-sponsored *Reduce Pediatric Waiting List Mortality* project does not, though they are similar in needs for collaboration. One option is for committees to co-sponsor the proposal. The POC should ensure alignment of resources between committees and shared understanding of their respective responsibilities for projects before bringing them before the Executive Committee. Early discussions by the POC have discussed that co-sponsorship should require a vote to approve a drafted proposal by both committees. It was clarified that a working group comprised of members of the Pediatric and Liver Committees would be utilized.

After a motion was made and seconded, the Executive Committee approved the list of five projects to move into the evidence-gathering phase by a vote of 12 for; 0 against; 0 abstentions.

### Next steps:

The Chair of the POC will engage with the POC to decide formally how the Pediatrics and Liver Committees will ensure collaboration on the *Reduce Pediatric Waiting List Mortality* project. Results of this discussion, as well as a process for review of this in future proposals by the POC, will be presented at the April Executive Committee meeting.

### **2. Request from the Histocompatibility Committee: Endorsement of a response to CMS Request for Information (RFI: CMS-3326-NC)**

The Chair of the Histocompatibility Committee presented a response to a CMS RFI drafted by the Histocompatibility Committee and representatives from the Kidney Committee. A CMS rule states that the results of a kidney transplant or any transplant including a kidney must have the results of the crossmatch before kidney transplantation. The rules, however, are vague to if this could be a virtual or only a physical crossmatch. The RFI in question asked for feedback from the community regarding this rule and the drafted response would be on behalf of the OPTN/UNOS to CMS. There was also inclusion of section C(2) at the end, which asked the community for any other feedback on the HLA rules. The written response addresses this latter concern by stating that it is too large a scope to address in this RFI in the time allowed, and that it should be released as a separate RFI.

### Summary of discussion:

There is a template paragraph to add to the beginning of the document explaining the OPTN. Regarding the final statement on splitting the overall RFI into two RFIs, the Executive Committee mentioned that asking to extend the time to respond was not appropriate, given that the OPTN provides the same amount of time for public comment. However, asking for a second response period for the larger question on all HLA rules (section C(2)) is warranted.

After a motion was made and seconded, the Executive Committee approved the edited response to be submitted on behalf of the OPTN/UNOS by a vote of 12 for; 0 against; 0 abstentions.

### **3. Update on Ad Hoc Committee on Geography**

The ad hoc committee will be discussing different organ distribution frameworks and models on its next call. The committee participated in a polling exercise, asking members to determine whether they agreed or disagreed with a list of organ distribution principles. Approximately 20 statements were reviewed, and the results were viewed as overall weighted scores as well as based on transplant perspective. Principles are not being distributed yet since they may evolve with the committee's discussions. A preamble will also be added, explaining that further resource considerations (discards, costs, etc) are important in discussions of allocation schema but outside the scope of this ad hoc committee.

### **4. Implementation Plan – National Liver Review Board (NLRB) and Enhancing Liver Distribution**

The NLRB was approved by the Board of Directors in June 2017 and the Enhancing Liver Distribution proposal was approved in December 2017. Both were identified as enterprise-level IT efforts. A roadmap for implementation of Liver IT projects and other related projects demonstrates that the NLRB is slated for delivery in October 2018. The Enhanced Liver Distribution project is scheduled for delivery in December 2018. Other related projects include HCC Policy and Systems Optimizations. Previously, the liver redistribution project was intended for delivery in October 2018, but concerns from the Liver Committee on allowing time for additional training and education for the community resulted in the solution to delay implementation by three months.

### **Upcoming Meetings**

- March 19, 2018 1:00-2:00 PM EST
- April 16, 2018 1:00-2:00 PM EST
- April 20, 2018 8:00 AM-12:00 PM CST
- May 14, 2018 1:00-2:00 PM EST
- June 11, 2018 Time TBD