

**OPTN Executive Committee
Meeting Minutes
September 18, 2020
Conference Call**

**David Mulligan, MD, Chair
Matthew Cooper, MD, Vice Chair**

Introduction

The Committee met via teleconference 09/18/2020 to discuss the following agenda items:

1. COVID Emergency Actions Review
2. Membership & Professional Standards Committee (MPSC) Charge Update
3. Projects Recommended by the Policy Oversight Committee for Approval
4. Executive Committee Election Bylaws Proposal

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

1. COVID Emergency Actions Review

The OPTN Executive Director and a UNOS research scientist provided an update on the emergency modifications that have been made to policy and IT in response to the COVID-19 pandemic.

Summary of discussion:

Because the COVID emergency actions were approved without the full Board or public comment, the Executive Committee reviews them every time they meet to make sure they are still comfortable with them being in place. After the public comment, the emergency actions will be discussed by the full Board in December. The Committee was advised to look at the data, however, to see if there is anything alarming that would warrant changing that path.

The UNOS research scientist then noted that there have been no dramatic shifts since the last time the data was presented. She then provided an overview of the highlights from a report that was run September 7, covering updates to candidate lab data, modifications to wait time initiation for non-dialysis kidney candidates, and relaxation of data submission requirements. She also presented updates on COVID-19-related organ offer refusal reasons, waitlist and post-transplant COVID-19-related deaths, and donor COVID-19 testing.

In summary, the data showed that the percent of candidates who appear to be carrying labs forward remains small. New adult kidney waiting list registration counts continue to rebound from the initial pandemic time period, but the percent of additions qualifying for waiting time remains stable. The percent of TRF forms in amnesty status was stable over the past several weeks prior to the meeting, while LDF forms in amnesty status came down over the last several weeks prior and is stable at about a third of all forms. COVID-19 related waiting list or post-transplant deaths were most highly reported for kidney candidates or recipients. Finally, all OPOs are reporting COVID-19 testing and 100% of donors were tested.

In terms of the relaxation of data submission requirements, there were questions from Committee members on how to encourage people to turn that data in and whether program directors are even aware that they are behind. Another member expressed concern that the workload for some centers to

collect that missing data would be huge. He did agree that it would be beneficial to get the centers to start resubmitting everything and then as a separate task to submit the data they missed as much as possible.

The Executive Director suggested working with the MPSC, the coordinators' committee, and the communications department on how to communicate those requests, but that asking for that data now might be premature if the centers are still in chaos. If a center declines, UNOS might never get the data, so it may be better to ask further down the line once things calm down.

The Committee Chair then reviewed the timeline, stating that the first action item is good through March 2021 (this action item allowed the delay in the latest labs for heart/liver/lung candidates who needed updated labs to have a certain calculated LAS or MELD score). The other three action items expire at the end of December.

In addition, public comment presentations will be set for DAC, MPSC, Ops & Safety, the Heart Committee, the OPO Committee, the Transplant Coordinators Committee, and all regions.

A discussion item was presented to the Executive Committee with a choice to either repeal the COVID-19 emergency actions if they are no longer needed; allow the actions to expire as scheduled; or extend the expiration date for further consideration, including by the full Board of Directors. No attendees had questions or indicated a desire to make modifications at this time.

To conclude the presentation, the Executive Director listed some other OPTN COVID-19 responses, including the launching of an online collaborative site to share operational practices, all regional and committee meetings going virtual, site surveys being postponed or conducted virtually at the member's option, and UNOS staff having worked virtually since March 15.

2. Membership & Professional Standards Committee (MPSC) Charge Update

Because the Board approved a Membership & Professional Standards Committee (MPSC) charge that inadvertently excluded key updates made by the Committee at its October 2019 meeting, the Board is requesting action by the Executive Committee to update the charge.

Summary of discussion:

The Committee Chair read the updates to the language of the MPSC charge, which consisted of relocating one phrase related to taking and making recommendations for further action and deleting another phrase to make a sentence more concise.

A Committee member noted that the charge was worth celebrating because the MPSC carefully chose every word in it to increase performance and have it not just be about rule-following.

There was a motion and a second to approve the MPSC charge as written.

The vote was 11 yes; 0 no; 0 abstained.

3. Projects Recommended by the Policy Oversight Committee (POC) for Approval

The Policy Oversight Committee (POC) Chair outlined two projects that were recommended by the POC for approval.

Summary of discussion:

The first project under consideration updates and clarifies the National Liver Review Board guidance and policy document. The POC felt it was appropriate for the Liver and Intestine Committee to pursue this project at this time, particularly given the public comment feedback regarding PSC. In addition, it aligns well with other work where the Committee and Pediatric Committee are already collaborating.

To be more thoughtful in reviewing and approving new projects, the POC is looking at how they fit into the overall portfolio of work the sponsoring committee is doing, as well as how they fit into the overall work of the OPTN. Accordingly, the POC performed that kind of analysis with the Liver Committee for this project.

The second project seeks to enhance transplant program performance monitoring through the development of a balanced scorecard. The POC believes the development of such metrics is important and has some thoughts to relay back to the MPSC on how different metrics might be developed for each organ type. In addition, the MPSC does not have a lot of other big policy projects in its portfolio currently.

The POC also looked at where these projects would fit within the strategic plan alignment, including with respect to level of effort. They also determined that these projects do not really fit with the strategic policy priorities, but that is acceptable as they do not want all of the policy development work to fall within the strategic policy priorities.

With respect to the project resources, a Committee member questioned whether the resource allocation alluded to was an IT or financial measure, and the POC Chair clarified that it is an overall calculation of effort expressed primarily in terms of time. The member then stated that it was hard to understand what these figures meant from the perspective of being a priority, to which the POC Chair responded that it is merely a measure of where these two new projects fit with the existing work.

A Committee member stated that the second project (the balanced scorecard) will take more effort and time, but it will provide a lot of value.

One member noted that having a POC presentation during the regional meetings was very helpful, because some people had no understanding what the POC does. The member wondered whether there was a way to get more people onto the POC because it would be great if more than the vice chairs had access to what happens there. The POC Chair cautioned that the POC is big and purposefully populated with members from all the other committees. She is cautious about adding members from a regional perspective, for example, because the POC is focused on being the “committee of committees.” She allowed, however, that there may be ways for more participation or sharing of information.

There was a motion and a second to approve the two projects as recommended by the Policy Oversight Committee.

The vote was 11 yes; 0 no; 0 abstained.

4. Executive Committee Election Bylaws Proposal

The Executive Committee considered whether to retain categorical voting for Executive Committee at-large positions or to amend the bylaws to permit all directors to vote in Executive Committee at-large position elections regardless of category.

Summary of discussion:

OPTN *Bylaw 4.3* requires that at-large members of the Executive Committee are voted for by category – generally MD, Patient & Donor Affairs, or OPO Representative. The Final Rule stipulates that the Committee’s membership must be decided by an election, but statute does not require an election by *category*. It is therefore within the authority of the Board to change the bylaws. On the June 7, 2020 call, the Committee supported a review of this practice for a potential bylaw amendment, but did not want to look at composition as part of this review.

The options for the Committee to consider were to retain categorical voting for the Executive Committee at-large positions (i.e., the status quo) or to amend the bylaws to permit all directors to vote in Executive Committee at-large position elections regardless of “category.” If the latter, the issue would be sent to the full Board for consideration at their December meeting.

A Committee member stated that they thought the voting should remain categorical because although directors know their own community, they do not necessarily know the candidates from other groups. As a result, he argued, each community’s representation on the Board should be trusted to make a good decision on who represents that community on the Executive Committee.

The Chair of the Policy Oversight Committee responded that the Executive Committee positions are not representative positions. Executive Committee members do not represent stakeholders, but rather function as fiduciaries of the OPTN. She continued that while knowing who people are is important, there are ways to manage that, as is done with the national election. She provided the example that there are so few OPO individuals on the Board that if three of them are interested in the Executive Committee and four vote, it comes down to one person’s vote. She advocated changing this, either now or later because it’s in line with the Board’s increased focus on enhancing its fiduciary governance practices over the past couple years.

One member stated that there has been a move to making more objective data available for Board candidates and that same information could be made available to the entire Board when voting for the specific representatives on the Executive Committee. He felt that the organization needed to facilitate a culture that represents community, not constituency, although he was not sure if this was necessarily the right time to do so.

One member pointed out that this vote would not be the final say, as the issue would then go the Board if approved. Another member concurred that allowing the Board to discuss in full would be appropriate.

There was a motion to approve the amended bylaws language, as presented, for consideration by the Board of Directors at its December 2020 meeting.

The vote was 11 yes; 0 no; 0 abstained.

Upcoming Meetings

- Tuesday, October 20, 2020 at 1pm ET
- Sunday, December 6, 2020, 4pm ET

Attendance

- **Committee Members**
 - David Mulligan, Chair
 - Atsushi Yoshida
 - Denise Alveranga
 - Jeff Orlovski
 - Lisa Stocks
 - Maryl Johnson
 - Mindy Dison
 - Matthew Cooper
 - Medhat Askar
 - Robert Goodman
 - Tim Snyder
 - Valinda Jones
 - Brian Shepard, OPTN Executive Director
 - Christopher McLaughlin (HRSA)
 - Shannon Dunne (HRSA)
 - Shannon Taitt (HRSA)

Absent: Tim Snyder

- **UNOS Staff**
 - Chelsea Haynes
 - Susie Sprinson
 - Craig Connors
 - Jason Livingston
 - Laura Cartwright
- **Other Attendees**
 - Alexandra Glazier, POC Chair