OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
October 9, 2020
Conference Call

Richard Formica, M.D., Chair

Introduction

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met by conference call and GoToTraining on October 9, 2020, to discuss the following agenda items:

1. Project Progress & Regional Meeting Feedback
2. Scorecard Development Discussion: Visual Framework
3. Scorecard Development Discussion: Scorecard Strawman Discussion
4. Next Steps

The following is a summary of the Subcommittee's discussions:

1. Project Progress & Regional Meeting Feedback

The Subcommittee reviewed takeaways from the first meeting held on September 11, 2020, and staff gave an overview of the Regional Meeting feedback. Overall, there was general support from the community for use of multiple metrics incorporating phases of transplant. Additionally, there were some suggestions for metrics related to access to transplants. However, there was a recognition that the OPTN does not currently have data, and it is difficult to measure equity and access. There were also additional metrics mentioned to include: donor utilization and acceptance rates, quality adjusted life years, and shared OPO/transplant program metrics.

2. Scorecard Development Discussion: Visual Framework

Staff presented a visual framework using a pie chart to assist in the development of a scorecard and the associated metrics. Staff explained the difference between a measure and a dimension. Starting from very abstract concepts and then progressively becoming more specific can provide a basis for a possible "scorecard." An example pie chart focused on two areas of performance: Waitlist Management and Post-transplant Outcomes. Staff encouraged the Subcommittee to think about specific definitions for what are good performance metrics and what constitutes a well functioning program. Staff also asked the Subcommittee to think about what subdimensions of waitlist management or post-transplant outcomes are critical to a proper functioning program and what metrics should be used to measure them. The Subcommittee reviewed the pie chart and discussed.

<u>Subcommittee Feedback:</u>

The Subcommittee supported the use of the pie diagram to frame discussion. The Subcommittee chair asked the Subcommittee whether the example diagram dimensions captures the transplant experience and the areas under the transplant programs control.

The Subcommittee noted that it is important to look at metrics that are not overlapping and expressed some concern about a community perception that use of multiple metrics will put programs at higher

risk of being flagged. The Subcommittee Chair responded that as we are developing this new framework, the next step will be to determine the flagging criteria. Some may carry different weights then others, but flagging can be tweaked to ensure there is no overregulation.

A Subcommittee member noted that there is less control over waiting list outcomes in kidney transplant. Another subcommittee member stated there should be consideration of the characteristics of different organs when developing metrics and flagging criteria. However, she noted that we need to think about holding programs responsible for maintaining their list in an appropriate way and ways to encourage programs to move towards living donations.

Staff also noted that the dimensions are independent. An alternative could be combine them into one cumulative score. If the metrics are distinct from one another, then they are measuring different aspects of care. There is more evidence to suggest that keeping metrics distinct but having more leniency on flagging and thresholds is best. Cumulative scores are difficult to interpret.

The Subcommittee Chair summarized noting that the subcommittee does need to flesh out a decision on how many components do we measure and making sure that the solution the MPSC develops does not lead to programs feeling like they are more in jeopardy of review than currently.

3. Scorecard Development Discussion: Scorecard Strawman Discussion

The SRTR Director provided a review of the subcommittee's previous discussion regarding scorecard development and the difference between system performance and program performance metrics.

The Subcommittee reviewed the SRTR Metrics Explorer Dashboard which allows the Subcommittee to explore the correlation between metrics. The Director explained that there were updates made to the dashboard to include a tutorial and descriptive text. The Director presented the dashboard using the example of the correlation between waitlist mortality rate and offer acceptance rate to explain how the Subcommittee can use the dashboard to assist with identifying possible metrics to fill the visual framework pie chart.

The Director then provided information on the metrics that could be used to measure the subdimensions.

<u>Waitlist Management Dimension:</u>

The Subcommittee reviewed possible metrics that could measure waiting list management. The SRTR Director discussed metrics that could be used to measure the subdimensions of waitlist patient care and offer acceptance practices

- <u>Waitlist Patient Care subdimension:</u> A currently existing metric that could be used to measure waitlisted patient care is the waitlist mortality rate ration. The Director discussed the pros and cons of this metric noting that the metric is risk adjusted and measures the rate at which patients die on the waitlist. However, some programs, such as kidney programs may not directly care for waiting list patients and use of this metric could be creat a potential disincentive to list riskier patients. Another possible metric that could measure waitlisted patient care is looking at active vs. inactive candidate status on the waiting list. However, it is difficult to ascertain what is a good vs. a bad direction on this metric.

  Subcommittee Feedback:

  A SRTR representative noted that the subcommittee may want to consider process metrics rather than solely outcome metrics. Subcommittee members agreed that the MPSC should consider

process metrics focused on how a program interacts with the waiting list since they are important for identifying areas for improvement.

A Subcommittee member advised that the Subcommittee should identify desired program behavior and use metrics that will drive program behavior in a positive way. The program has to be doing well in many areas to achieve good post-transplant outcomes. When a program does come under review for outcomes, the MPSC reviews these other metrics to determine areas for improvement. Should we look at the ways the one-year post-transplant outcomes metric is failing us and then determine where we need a metric.

A Subcommittee member noted that for waiting list, we are interested in encouraging active management of the waiting list so a process metric may be more efficient at measuring that activity, for example, touchpoints with waiting list in UNet.

A Subcommittee member reiterated an interest in looking at the benefit a program provides to referred patients while acknowledging that the OPTN does not currently collect this data.

Some support for waitlist mortality was expressed but concerns were raised about comparing programs across the country rather than comparing programs in similar circumstances.

- Offer acceptance practices subdimension: The Subcommittee reviewed offer acceptance rate and offer response time metrics within the offer acceptance practices domain. The SRTR Director gave an example of overall offer acceptance rate at a program showing the number of offers, acceptances, and offer acceptance ratio. The Director described the pros and cons of each metric, noting that the offer acceptance rate measures the rate at which programs accept offers they receive and may increase system efficiency. This metric is also risk adjusted. The offer response time may increase system efficiency, but is not being currently assessed. Both metrics could result in inappropriate inactivation of candidates or use of offer filters.

  Subcommittee Feedback:

  One subcommittee member expressed a concern that the offer acceptance metric can make programs look like they are turning away organs that are transplantable, especially if the local OPO is performing well.

  The SRTR Director responded that the offer acceptance model is trying to answer if programs are accepting offers similarly to other programs for a similar offer and a similar candidate.

Post-Transplant Outcomes Dimension:

The Subcommittee reviewed possible metrics for post-transplant outcomes. The SRTR Director discussed metrics that can be used to measure the perioperative care and longer term post-transplant outcome subdimensions.

- Perioperative care subdimension: SRTR currently assesses 1-month outcomes across different programs but 1-month may not be the appropriate time period. The Director provided examples of one-month graft failure for each organ type and noted that the one month outcomes may measure a different phase of care than longer-term outcomes, but could cause risk avoidance if risks are not adequately adjusted and the existence of fewer early events may limit statistical power. The Director also noted that the optimal time period may be longer than one month, referencing graphs that demonstrate that there is a leveling off of outcomes around the 60 day period post-transplant for many organs. The subcommittee reviewed additional possible metrics to include: length of stay,

readmissions, complications, and rejection. Does length of stay have a good or bad direction from a patient care perspective. Also these metrics do not currently exist, but some data are captured in the OPTN and SRTR data.

Subcommittee Feedback:

Subcommittee members supported the use of a metric that will measure early post-transplant outcomes separate from longer term outcomes so program's can determine where there is a need for improvement.

- Postoperative care subdimension: The SRTR Director provided examples of one and three year outcomes. The MPSC is currently using one-year outcomes for postoperative care metrics. The Director reviewed the pros and cons of these metrics noting that both one and three year outcomes are risk adjusted and are currently used to measure program performance in the public reports. However, the three-year outcome metric measures transplants that took place 4-6 years ago. These metrics may also cause risk avoidance if risks are not adjusted for or not understood. The SRTR are currently working on a 5-year period prevalent outcomes metric to address some of these concerns. The metric is currently being reviewed by the MPSC. The SRTR Director reviewed other post-operative care metrics to include conditional outcomes, readmissions, complications, and rejection.

  Subcommittee Feedback:

  A Subcommittee member supported a metric based on conditional outcomes because it measures outcomes during a distinct time period where the care provided is different. She further noted that sometimes readmissions, complications, and rejections are not the most meaningful outcomes because the important factor is whether you were able to get the patient through them. She also stated that we must be careful when thinking of metrics by organ, because heart and lung are different from kidney and liver – 60 or 90 day survival from thoracic is more meaningful.

The Subcommittee provided some overall feedback. One subcommittee member noted that the MPSC should evaluate risk adjustment and any data that is missing to properly risk adjust. Being able to confidently state that the metrics will be appropriately risk adjusted will help gain support from the community. Staff noted that it is possible to recommend additional data collection as part of the proposal. The Data Advisory Committee has been made aware of project and endorsed it.

The Chair noted that the Subcommittee needs founding principles that can help guide it and prevent inefficiency of future discussions. He also noted that, in the context of the metrics, the Subcommittee needs to be very clear about what the MPSC is trying to achieve – determine evaluation of program and program's health or metrics regulatory in nature.

4. Next Steps

An update of the Subcommittee's progress will be provided to the MPSC at its October meeting.

Upcoming meetings

- October 27 – 29, 2020: MPSC Meeting
- November 9, 2020, 2 – 4 pm ET: MPSC Conference call
- November 20, 2020, 3 – 5 pm ET: Performance Monitoring Enhancement Subcommittee call
- December 15, 2020, 1 – 3 pm ET: MPSC Conference call

Attendance

- **Subcommittee Members**
    - Richard N. Formica, Jr
    - Sanjeev K. Akkina
    - Nicole Berry
    - Errol Bush
    - Matthew Cooper
    - Adam M. Frank
    - Catherine Frenette
    - Michael D. Gautreaux
    - Alice L. Gray
    - John R. Gutowski
    - Ian R. Jamieson
    - Christy M. Keahey
    - Mary T. Killackey
    - Jon A. Kobashigawa
    - Jules Lin
    - Didier A. Mandelbrot
    - Virginia (Ginny) T. McBride
    - Willscott E. Naugler
    - Matthew J. O'Connor
    - Steven R. Potter
    - Jennifer K. Prinz
    - Lisa M. Stocks
- **HRSA Representatives**
    - Arjun U. Naik
    - Raelene Skerda
- **SRTR Staff**
    - Nicholas Salkowski
    - Jon J. Snyder
    - Bryn Thompson
    - Andrew Wey
    - Ryo Hirose
- **UNOS Staff**
    - Sally Aungier
    - Matt Belton
    - Tameka Bland
    - Robyn DiSalvo
    - Nadine Drumn
    - Amanda Gurin
    - Danielle Hawkins
    - Kay Lagana
    - Amy Minkler
    - Jacqui O'Keefe

    - Liz Robbins Callahan
    - Sharon Shepherd
    - Leah Slife
    - Stephon Thelwell
    - Gabe Vece
    - Betsy Warnick
- **Other Attendees**
    - None