

OPTN Minority Affairs Committee

Meeting Summary

June 24, 2024, 3-4pm ET

Conference Call

Alejandro Diez, MD, Chair
Oscar Serrano, MD, Vice Chair

Introduction

The OPTN Minority Affairs Committee (the Committee) met via WebEx teleconference 06/24/2024 to discuss the following agenda items:

1. eGFR monitoring project recap
2. Review OPTN Policies with protocol requirements
3. eGFR Monitoring project
4. Recognition of outgoing members

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

1. eGFR monitoring project recap

The Committee was presented the project background, purpose, and progress from the prior meeting.

Summary of discussion:

No decisions were made.

There was no discussion.

2. Review OPTN Policies with protocol requirements

The Committee reviewed *OPTN Policies 5.7: Organ Check In* and *5.8: Pre- Transplant Verification*, as examples of how to integrate protocol requirements into *OPTN Policy 3.7.D: Waiting Time Modifications for Kidney Candidates Affected by RaceInclusive eGFR Calculations*.

Summary of discussion:

No decisions were made.

There was no discussion.

3. eGFR monitoring project

The Committee was presented with following site survey monitoring options:

- Review a sample of medical records, and any material incorporated into the medical record by reference, for documentation that XX.
- Review the program's internal policies, procedures, and protocols to verify that it has a written protocol(s) that includes XX.
- Interview transplant hospital staff to verify that hospital staff practices align with OPTN policy and with the hospital's policies and procedures.

The Committee also discussed possible requirements for ongoing compliance.

Summary of discussion:

- The Committee determined that *Review the program's internal policies, procedures, and protocols to verify that it has a written protocol(s) that includes XX* should be included in the eGFR monitoring policy.
- The Committee determined that an eGFR monitoring checklist should be developed to define the requirements and documentation that will be requested of programs during site survey.

During the beginning of the discussion, attendees from the Transplant Coordinators Committee (TCC) favored a less prescriptive method for monitoring eGFR ongoing protocols. They stated that monitoring which require programs to manage their own protocols like the *Review the program's internal policies, procedures, and protocols to verify that it has a written protocol(s) that includes XX* monitoring option would be most appropriate, especially if OPTN Policy 3.7.D is modified in the future. An attendee from the Membership and Professional Standard Committee (MPSC) provided insight, suggesting that due to the wide variation in the implementation of this policy in January 2023, any policy that monitors ongoing requirements should be specific and include a checklist that defines the requirements site survey will ask of programs during site visits. This MPSC member also reminded attendees that the eGFR modification policy is likely to sunset itself as the use of race-inclusive eGFR calculations become obsolete. Members of TCC agreed and added that this checklist should be available in the evaluation plan so programs can be prepared to produce the requested documents, including documented justification for any candidates programs could not find any modifications for.

A MAC member asked if there should be an expected rate or number of modification submissions from transplant programs. Other attendees suggested that because programs have completed reviewing their lists for currently registered candidates and the number of modifications being submitted moving will be fewer, it would be difficult to establish a requirement threshold. This MAC member also asked if there should be a maximum number of years programs are required to look back when seeking supporting documentation. Attendees expressed that this could be problematic, as establishing a maximum might disadvantage patients who were entitled to more years, if the program does not look any farther back than required.

Attendees suggested that this project provides an opportunity to make OPTN Policy 3.7.D more clear by plainly stating that candidates who are on dialysis are eligible for modifications and including more specific requirements for how the program must seek documentation. A TCC member added that documentation of due diligence will be essential in situations where no supporting documentation can be located.

Attendees began a discussion regarding how site survey might verify that the notification requirement has been met. A member pointed out that while many programs chose to send notifications in the form of a letter, the policy allowed for any type of notification (face to face conversation, telephone call, etc.). A member of the MPSC pointed out that they might be more likely to have a conversation face to face to meet the notification requirement during a visit before registration. Attendees agreed that no matter the method of notification, the policy should require documentation of meeting the notification requirement.

Next steps:

The Committee will continue to discuss protocol steps, development of a checklist, and how the ongoing policy requirements should be verified.

4. Recognition of outgoing members

The Committee's outgoing members were thanked for their time and dedication

Summary of discussion:

No decisions were made.

Upcoming Meeting

- July 15, 3-4pm ET

Attendance

- **Committee Members**
 - Alejandro Diez
 - Adrian Lawrence
 - Tony Urey
 - John Bayton
 - Christiana Gjelij
 - Amaka Eneanya
 - Sandy Edwards
 - Christy Baune
- **HRSA Representatives**
 - Adriana Alvarez
 - Shelley Tims Grant
- **SRTR Staff**
 - Monica Colvin
 - Bryn Thompson
- **UNOS Staff**
 - Kelley Poff
 - Jesse Howell
 - Yamir Chapman
 - Laura Schmitt
 - Alex Carmack
 - Kaitlin Swanner
- **Other Attendees**
 - Kristen Adams
 - Rachel White
 - Arpita Basu
 - Karl Neumann
 - Ashley Cardenas
 - Valinda Jones
 - Darla Granger