

**OPTN Operations and Safety Committee
Mandatory Usage of Offer Filters Workgroup
Meeting Summary
April 25, 2022
Conference Call**

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Charles Strom, MD, Co-Chair**

Introduction

The Mandatory Offer Filters Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 04/25/2022 to discuss the following agenda items:

1. Offer Filters – Current Usage Update
2. Awareness Strategies
3. Concept Paper Discussion
4. Next Steps

The following is a summary of the Workgroup’s discussions.

1. Offer Filters – Current Usage Update

UNOS Research Staff presented on the current usage of optional offer filters.

Data summary:

Engagement:

- 175 programs have accessed Offer Filters Explorer
 - Of those 129 programs have been granted access to Offer Filters Manager
- Currently, 68 programs have at least 1 filter enabled
- Of all the programs with filters enabled, programs have chosen predominantly to use all custom filters
- Offer filters have bypassed a total of 1,122,317 total offers
 - This accounts for 37.1% of offers to programs with at least one offer filter enabled

Summary of discussion:

A Co-Chair noted that bypassing 530,000 offers in one month highlights the inefficiency of the system.

Next steps:

Research Staff will continue to monitoring the usage of optional offer filters and update the Workgroup.

2. Awareness Strategies

The Workgroup considered approaches on how to encourage programs to use offer filters.

Data summary:

Previous Discussions:

- Webinar

- Regional Meeting Breakouts
- Fact Sheets for OPOs and Transplant Hospitals
- Educational Video Recording of Choosing/Activating Filter
- Concept Paper

Summary of discussion:

There was no discussion surrounding this item.

3. Concept Paper Discussion

The Workgroup determined what information should be included within the concept paper.

Summary of discussion:

A Co-Chair noted this concept paper should focus primarily on the reduction of time from organ offer to acceptance, as well as the benefit to being able to screen out offers to a program that they would have never used. In addition, it should bring awareness to the benefits of offer filters based off of their voluntary usage by other programs. A Co-Chair also suggested that programs should have the ability to access their data and see how filters have impacted their offers.

Staff asked the workgroup their thoughts on how mandatory usage of offer filters could be supported by policy. A Co-Chair also asked the Workgroup their thoughts on what the consequences for not employing mandatory filters should be. With no responses, the Workgroup reviewed their options for mandatory filters.

A member proposed that the most important step the Workgroup can take is to understand what is desired by individuals taking organ offers, rather than administrators. They suggested that low utilization of voluntary offer filters could be due to overall overburdening, with voluntary offer filters being an additional task to accomplish. Another member inquired whether or not there was a difference in utilization between programs that use an external call center versus members of their organization. Staff responded that they have a report on the differences between call center responses and organization responses that they could prepare for the Workgroup. The member also considered that any offer filters guidance should likely be targeted towards the transplant center utilizing the call center service, as the call center acts as a substitute for offer filters.

A member suggested that the Workgroup should try to inspire more voluntary usage of offer filters before mandating it, as, with such low uptake rates during this period, there could be significant pushback against mandatory usage. The Workgroup was also curious about the size of programs who have a significant portion of their offers filtered off; for example, 70% of offers screened off has different meanings for high volume and low volume programs. A Co-Chair suggested that representatives from programs who have successfully used offer filters could speak at regional meetings to inspire more voluntary usage. A member agreed with this, and further suggested that these presentations should focus on what specific filters had worked well, rather than a “sales pitch”.

It was suggested that the OPTN Kidney Committee could receive a presentation on offer filters best practices. Staff noted that the Kidney Committee had not seen a presentation on the voluntary offer filters since its implementation.

A Co-Chair asked the Workgroup what additional feedback should be solicited from the community. This would help guide the successful rollout of mandatory offer filters, as well as make changes that would encourage programs to use voluntary offer filters. A member suggested program-specific reasons that caused them to not use offer filters. The member continued by asking staff if they could identify

programs that attempted to use offer filters but ultimately chose not to employ them, noting that those could be good targets for outreach.

A member commented that their program had not activated offer filters because their surgeon did not feel they would be helpful for their pediatric program. They elaborated that, when testing, the filters they applied had only screened off one or two donors, which did not seem like a large enough benefit. A Co-Chair supported this investigation, noting that mandating offer filters could mean that a program must evaluate their applicability to their program, rather than a necessary usage.

A second member replied that they deactivated the recommended filters, and instead used custom filters that matched their program's absolute rule outs. They added that their program was meeting bi-weekly to ensure that their filters were still performing to their needs by reviewing the kidney offers that had been refused by their program. In addition, they also review the organ offers that were filtered off to see if they would have accepted any of them; their conclusion in each meeting has been they never would have accepted any of the kidneys that was filtered.

Staff inquired whether the member discovered any absolute rule outs that could not be converted to an offer filter. They added this also would be a good question for community feedback. A member noted they could not set a filter for creatinine. A Co-Chair noted that, while it wasn't a filter per se, they wanted the ability to filter at the candidate level – for example, the needs of an older candidate varied drastically from the needs of a younger candidate at the same center, who would be subject to the same filters. They suggested that the ability to group recipients and apply filters to those groups could be beneficial. A member expressed concern that there could be misinterpretation within the community that mandatory means each candidate must have a filter applied to them; on the contrary, programs must use filters, but can exclude candidates from their filtering criteria.

A Co-Chair added that, if programs were feeling overwhelmed when setting up the filters, the Workgroup could compile a best practices document to facilitate the process. A member also suggested that there could be a distribution of the most common filters used by programs stratified by size of the program.

A Co-Chair inquired how they should approach programs that had considered using filters but ultimately rejected them. A member responded that this could be a common response for programs using call services to screen their organ offers. However, offer filters could be used to make organ offer processes more efficient as it screens candidates in a quicker manner. In this case, it would be beneficial to both the OPO and transplant program.

Next steps:

The Workgroup will draft an initial copy of the concept paper for the June deadline. The Workgroup will also consider how best to encourage the voluntary usage of offer filters. Staff will reach out to the Kidney Committee to see if they would be interested to hear the offer filters project.

4. Next Steps

The Workgroup considered the timeline for their project.

Data summary:

The Workgroup will make final decisions on the concept paper. They will also continue their communication/awareness discussions.

Upcoming Meeting

- May 23, 2022

Attendance

- **Workgroup Members**
 - Kimberly Koontz
 - Charles Strom
 - Gregory Abrahamian
 - Sanjeev Akkina
 - Katherine Audette
 - Jill Campbell
 - Samantha Endicott
 - Christopher Jones
 - Kerrie Masten
 - Deb Maurer
 - Laura O'Meila
- **HRSA Representatives**
 - Arjun Naik
 - Raelene Skerda
- **SRTR Staff**
 - First Name Last Name
- **UNOS Staff**
 - Sally Aungier
 - Rebecca Fitz Marino
 - Isaac Hager
 - Carlos Martinez
 - Lauren Mauk
 - Rob McTier
 - Brittany Shean
 - Sharon Shepherd
 - Darren Stewart
 - Joann White
 - Ben Wolford