

**OPTN Board Policy Group
Meeting Summary
May 13, 2024**

Emily Blumberg, Group Leader

Introduction

The Board Policy Group met via Webex on 05/13/2024 to discuss the following agenda items:

1. Welcome and Announcements
2. Standardize the Patient Safety Contact and Reduce Duplicate Reporting (Disease Transmission Advisory Committee)
3. Update Post-Transplant Histocompatibility Data Collection (Histocompatibility Committee)
4. Standardize Six Minute Walk for Lung Allocation (Lung Transplantation Committee)

1. Welcome and Announcements

A group of Board members met to discuss select items from the Winter 2024 Public Comment cycle to prepare for the June 2024 Board of Directors meeting. The following is a summary of the group's discussions.

Contractor staff explained the next steps for the policy process ahead of the June 2024 Board meeting. Board Policy Group members were asked to vote on their recommended agenda placement (discussion or consent) for each action item.

2. Standardize the Patient Safety Contact and Reduce Duplicate Reporting

Stephanie Pouch, Vice Chair of the Disease Transmission Advisory Committee (DTAC) presented the proposal to Standardize the Patient Safety Contact and Reduce Duplicate Reporting.

Dr. Pouch shared that the purpose of the proposal is to improve the functionality of patient safety reporting as the proposal aims to update policy to reflect the roles and responsibilities of Patient Safety Contacts (PSCs). Dr. Pouch shared that the proposal for Board consideration would:

- Require OPOs transplant programs to list a secondary Patient Safety Contact.
- Require verification of listed Patient Safety Contacts and contact information biannually.
- Require OPOs to use OPTN system enhancement to administer positive donor test results post-procurement.
- Require transplant program PSCs to acknowledge confirmation of receipt through the OPTN system enhancement within 24 hours.
- Require the receiving PSC to acknowledge all information communicated between OPOs and transplant programs within 24 hours of receipt.
- Eliminate the need for OPOs to report recipient illness to the OPTN.

Dr. Pouch presented the committee's public comment analysis, highlighting that the proposal received broad support from the community. Dr. Pouch also shared key feedback themes from public comment. She shared that after public comment, the committee decided to remove requirements that the PSC be an employee at the OPO or transplant program. Dr. Pouch presented implementation considerations for OPOs, transplant programs, and the OPTN.

Summary of discussion:

Board members discussed the importance of including a primary and secondary PSC, and one Board member suggested that the committee consider requiring members to have a primary, secondary, and alternate PSC.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 8 consent agenda and 0 discussion agenda.

3. Update Post-Transplant Histocompatibility Data Collection

Contractor staff presented the data collection proposal to Update Post-Transplant Histocompatibility Data Collection from the Histocompatibility Committee. Contractor staff shared that the purpose of the data collection proposal is to:

- Update post-transplant histocompatibility data collection forms to be consistent with current histocompatibility testing methods.
- Add data collection for virtual crossmatching to inform recipient treatment and evaluate impacts of the practice on recipient outcomes, graft outcomes, and cold ischemic time.
- Generate Discrepant HLA Typings reports for all potential HLA critical discrepancies to increase awareness, provide system level data, and information future policy updates.

Contractor staff shared that during public comment there was general support for all aspects of the proposal, however there were concerns about a need for a definition of virtual crossmatching, and different recommendations on changes for specific data elements. Contractor staff shared that post-public comment, the committee added a data definition for virtual crossmatching, incorporated most recommended data field changes, and made minor clarifying language changes to some data elements and responses. Contractor staff shared implementation considerations for OPOs, transplant programs, and the OPTN.

Summary of discussion:

A Board member suggested that the committee consider mandating confirmatory typing. It was noted that this was outside of the scope of the current data collection proposal.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 9 consent agenda and 1 discussion agenda.

4. Standardize Six Minute Walk for Lung Allocation

Erika Lease, Immediate Past Chair of the Lung Transplantation Committee, presented the policy proposal and data collection to Standardize Six Minute Walk for Lung Allocation. Dr. Lease shared that the purpose of the proposal is to standardize how transplant programs perform the six-minute walk test when reporting the walk distance for use in the lung Composite Allocation Score (CAS).

Dr. Lease shared that the proposal for the Board's consideration includes a policy change, guidance, and a data definition. Dr. Lease shared that the proposed policy change would require an oxygen titration test ahead of initial six-minute walk test conducted for lung candidates at least 12 years old and for the six-minute walk test conducted just before candidates turn 12 years old; the guidance would complement existing clinical standards with recommendations for lung transplant programs on

provision of supplemental oxygen and safety considerations, and the data definition is to update the six-minute walk distance to align with the policy change and guidance.

Dr. Lease shared that public comment saw broad support for the proposal with some concerns related to logistical and financial considerations, recommendations for guidance, and comments related to altitude considerations. Dr. Lease shared that after public comment, the committee made updates to the guidance and to policy language based on the feedback received. Dr. Lease also shared implementation considerations for OPOs, transplant programs, and the OPTN.

Summary of discussion:

A Board member commented that based on the public comment received, the committee made appropriate changes post-public comment. The group discussed the oxygen titration test and the difficulty in performing a true oxygen titration test.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 9 consent agenda and 0 discussion agenda.

Attendance

- **Group Members**
 - Andrea Tietjen
 - Barry Massa
 - Emily Blumberg
 - Jim Sharrock
 - Kenneth McCurry
 - Laurel Avery
 - Lloyd Ratner
 - Nicole Hayde
 - Stuart Sweet
- **HRSA Representatives**
 - Adrienne Goodrich-Doctor
 - Christopher McLaughlin
 - Frank Holloman
- **UNOS Staff**
 - Anna Messmer
 - Courtney Jett
 - Jacqui O'Keefe
 - James Alcorn
 - Kelley Poff
 - Kim Uccellini
 - Maureen McBride
 - Morgan Jupe
 - Ross Walton
 - Susie Sprinson
 - Susan Tlusty
 - Tamika Watkins
- **Other Attendees**
 - Stephanie Pouch