

## **OPTN Transplant Coordinators Committee**

### **Meeting Summary**

**October 17, 2024**

**Conference Call**

**Christine Brenner, RN, BSN, CPTC, CCTC, Chair**

**Heather Bastardi, RN, MSN, CPNP, Vice Chair**

### **Introduction**

The OPTN Transplant Coordinators Committee (the Committee) met via Cisco WebEx teleconference on 10/17/2024 to discuss the following agenda items:

1. Policy Operationalization Checklist Project
2. eGFR Policy Monitoring Draft Review
3. Closing Remarks

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

#### **1. Policy Operationalization Checklist Project**

The Committee received a recap of the previous months discussion on the project and finalized the remaining aspects of the checklist. The Committee reviewed language and ensured there was clarity for instructions as well as expectations of document usage.

Summary of discussion:

The Committee added clarifying language to the work instructions to ensure clear expectations.

The discussion focused on refining the document to ensure it is clear, practical, and comprehensive. Members agreed on the need to explicitly define "internal" and "external" stakeholders, suggesting examples such as HLA labs, referring providers, and inpatient care partners be added to the document. This approach aims to help programs identify all parties involved in some aspect of transplantation and affected by operational changes.

The Chair suggested adding greater specificity around the compliance tracking process. A member wondered if it would be possible for the data to be better integrated into the system so that pulling reports is a simpler process. OPTN Contractor staff indicated this feedback would be beneficial for the OPTN IT staff and OPTN Service Owners as it would help them know what can be improved in the OPTN Systems. Members highlighted that being able to pull reports from the data that is being input will help them in maintaining compliance.

Members aimed to address ambiguity regarding inclusion of time estimation and understanding training burden. The Chair suggested using the language of "person-hours," to help programs evaluate the resource burden of new tasks. Members noted that this would be particularly useful for smaller programs with limited staff. Additionally, the members also discussed the importance of post-implementation evaluation. A member mentioned that adding a post-implementation evaluation section to the checklist could be beneficial in future iterations. This would enable programs to assess the long-term effects of new policies and adjust workflows as needed.

Members suggested adding examples of the types of operational changes programs might encounter. The recommendation was made to add bullet points with common operational impacts such as adjustments to documentation practices, new consent forms or protocols, and changes in patient or donor care workflows.

Throughout the discussion, members stressed the importance of flexibility in the document's design. The goal is to create a dynamic tool that can evolve with feedback and meet the diverse needs of various programs.

Next steps:

The document will circulate through internal review and be prepared for presentation to collaborating committees.

## **2. eGFR Policy Monitoring Draft Review**

The Committee reviewed draft policy and guidance from the OPTN Minority Affairs Committee (MAC). This new documentation is aimed at ensuring compliance.

Summary of discussion:

Members expressed frustration with the lack of specificity in the current EGFR policy. One member noted the discrepancies they had seen amongst programs when using race-specific versus race-neutral calculators, where patients might qualify with one method but not the other. Members strongly advocated for clearer policy language to eliminate these discrepancies and ensure uniform implementation.

Members debated the proposed update of requiring programs to backdate notifications and documentation for all patients listed since January 4, 2024. Some members raised concerns about the immense time and resource burden this would impose, especially for larger programs with high volumes of patients. One member shared an example of the burden, reporting that just 65 patient reviews at their center required over 145 hours of staff time during the initial waitlist review. Members also expressed concern that retroactive enforcement was not feasible or ethical, suggesting that new requirements should only apply prospectively once policies are finalized.

A new addition to the policy explicitly includes multi-organ transplant candidates in the monitoring requirements. Members discussed scenarios where this inclusion would be critical, such as when kidney allocation is affected by multi-organ eligibility. It was noted that while kidney allocation may not drive transplantation in most multi-organ cases, there are instances—such as when a kidney fails to be transplantable—that the wait time can significantly impact patient outcomes. Members agreed on the importance of ensuring that all candidates, regardless of their listing status, are accounted for in compliance efforts. Members emphasized the need for clear and standardized templates for patient notifications and documentation. Current practices vary widely, and some programs have developed their own processes without guidance. Suggestions included:

- Providing example protocols for candidate race confirmation and notification.
- Offering a variety of template letters to accommodate different program needs.
- Including hyperlinks to education materials and other resources directly in documentation templates.

While there was broad agreement on the intent of the policy, concerns about its implementation and resource implications remained central to the discussion. Members urged the MAC to consider the

practical challenges faced by transplant programs and advocated for policies to be implemented only prospectively, avoiding retroactive burdens.

Next steps:

The Committee feedback will be sent to OPTN Contractor Staff supporting the Minority Affairs Committee.

### **3. Closing Remarks**

The Chair closed up discussion changes to the OPTN contract and sought insight from other members if they had received official information from HRSA regarding new information. Other members cited receiving an email from HRSA and shared the link in the meeting chat.

One member brought up whether it would be possible for a member of the OPTN Board of Directors to join a future call and address the recent critical comments submitted to the OPTN. The critical comments referenced relate to normothermic regional perfusion and allocation out of sequence. The member also brought up a request they felt could be addressed to the OPTN Kidney Transplantation Committee. The member acknowledged the unique complexities surrounding the use of high KDPI (Kidney Donor Profile Index) kidneys. A concern raised was the lack of robust data collection processes for high KDPI kidneys. Members pointed out that while extensive data exists for lower KDPI kidneys, the reporting and tracking of high KDPI outcomes are inconsistent and less comprehensive. This data gap limits the ability to assess long-term outcomes and hinders evidence-based adjustments to allocation policies. To address this, members proposed integrating more specific metrics into existing reporting systems. Enhanced tracking would allow programs to better evaluate the performance of high KDPI kidneys and ensure compliance with emerging policies.

A member emphasized the importance of clear and honest communication with patients regarding the risks and benefits of accepting a high KDPI kidney. Robust educational materials and counseling tools were identified as critical components in fostering informed decision-making. Members proposed the development of tailored resources, such as decision aids and consent forms, to help patients understand the implications of choosing a high KDPI kidney. These tools would not only support transparency but also reduce variability in how transplant programs present this information to patients.

Next steps:

The Committee feedback and insight will be shared with the OPTN Kidney Transplantation Committee.

### **Upcoming Meetings**

- November 21, 2024
- December 19, 2024

## Attendance

- **Committee Members**
  - Ashley Cardenas
  - Courtney Risley
  - Stacy McKean
  - Eve Cabatan
  - Gertrude Okelezo
  - Heather Bastardi
  - Christine Brenner
  - Katherine Meneses
  - Kati Robinson
  - Kenny Laferriere
  - Robin Peterson-Webster
  - Stewart Jusim
  - Karl Neumann
- **UNOS Staff**
  - Cole Fox
  - Stryker-Ann Vosteen
  - Houlder Hudgins