

**OPTN Operations & Safety Committee  
Mandatory Usage of Offer Filters Workgroup  
Meeting Summary  
May 20, 2022  
Conference Call**

**Kimberly Koontz, MPH, Co-Chair  
Charles Strom, MD, Co-Chair**

## **Introduction**

The Mandatory Offer Filters Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 05/20/2022 to discuss the following agenda items:

1. Concept Paper Outline
2. Offer Filter Options
3. Next Steps

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

### **1. Concept Paper Outline**

The Workgroup discussed the core concepts of their concept paper.

#### Data summary:

The Workgroup agreed to change the title of their concept paper from the Mandatory Usage of Offer Filters to the Efficient Usage of Offer Filters.

#### Summary of discussion:

The Workgroup supported the change, with a number of members noting that "Mandatory" felt too assertive and could have negative backlash. A second member suggested a second option could be Optimizing the Usage of Offer Filters.

#### Next steps:

Staff will distribute a poll to vote on the operating title for the concept paper.

### **2. Offer Filter Options**

IT Staff presented concepts for how offer filters could be employed with varying degrees of requirements.

#### Data summary:

All options are based off of prior organ offer acceptance behaviors, and all include ways for programs to increase their offers received. To introduce the options, Staff all presented on the current data from the voluntary usage of offer filters. Possible options to consider with optimized filters are:

- Increasing the scope of model identified filters (e.g. model identified time measurements are *increased*)
- Only reviewing donors that were eventually transplanted
- Increasing the minimum number of donors filtered for a filter to be considered effective

Additionally, they reviewed possible pathways for transplant programs to demonstrate a change in behavior to make their filters less restrictive:

- Only apply filters to offers from far away
- Only apply filters involving CIT at time of offer
- Make each criteria a bit looser

Finally, Staff reviewed possible ways to determine which filters should be mandated:

- Allow candidate-specific exclusions from filters
- Turn only some model identified filters on by default
- No mandatory filters for programs using voluntary offer filters

#### Summary of discussion:

A member suggested that a way to demonstrate a change in behavior would be to have a “leaky” filter, that would periodically let an otherwise filtered donor through, to ensure that programs are not accepting these offers. Staff noted this is an option, but may be confusing for programs using it, as it could appear as a bug in their filter criteria. The member replied that transplant programs could be made aware that they will periodically receive offers that would otherwise have been filtered a set time period, and they should evaluate these offers as if they were any other offer. This would provide them a pathway to loosen their filters. They added that this could be done in conjunction with a quarterly report on each program’s acceptance practices. A second member contributed that any program can already request a report on their offer filter usage from the offer filters explorer.

It was suggested that loosening the filter criteria may not have the desired effect, as the model identified filter already has identified donors that the program has never accepted similar quality organs from. In loosening this criteria, the effect from offer filters would be “watered down”. They were in favor of having filters be mandated for programs that are not using them at all. A second member supported this perspective, adding that some filters should be mandated for programs that are using no filters, but programs should have flexibility in choosing which filters they apply.

A member proposed that the refusal reasons could be considered when determining a program’s filters. They considered that refusing a donor for positive crossmatch was different than refusing a donor for donor quality concerns. Staff noted that, within offer filters explorer, programs can review the offers that would have been screened off, which includes their decline codes.

A Co-Chair requested feedback on whether the Workgroup preferred using the model-identified filter or the loosened filters. A member supported using the model-identified filter provided there were ways to turn off the filters for specific candidates (e.g. pediatrics). A second member reiterated that the model should in some way incorporate refusal codes, as acceptable-quality candidates who were refused for other reasons (logistics, positive crossmatch) will be included in the model’s automatic screening. A third member suggested that using the model-identified filters to increase the efficiency of the filtering system may have the opposite effect if they can turn them off; programs that want to become more aggressive will turn off as many of the strict filters as possible to be able to review every offer.

A number of workgroup members agreed that the best way to convince programs to use the filters would be to distribute their data clearly showing that their acceptance practices are what drives the filtering criteria. Additionally, four members supported the filters being an opt-out system rather than an opt-in system, and the Workgroup was in agreement that candidate-specific exclusions should exist.

It was also suggested that, if biopsy data is being used in the filtering criteria, there needs to be increased clarity surrounding biopsy information present in the OPTN Computer System.

Next steps:

Staff will distribute discussion questions for the Workgroup to consider for their next call, as well as the possible filter implementation options discussed in the call.

**3. Next Steps**

This agenda item was not discussed.

**Upcoming Meeting**

- May 23, 2022

## Attendance

- **Workgroup Members**
  - Kimberly Koontz
  - Charles Strom
  - Gregory Abrahamian
  - Katherine Audette
  - Jill Campbell
  - Samantha Endicott
  - Amy Evenson
  - Caroline Jadlowiec
  - Jim Kim
  - Stacy Sexton
  - Melissa Walker
- **HRSA Representatives**
  - Raelene Skerda
- **UNOS Staff**
  - Isaac Hager
  - Carlos Martinez
  - Kerrie Masten
  - Rob McTier
  - Sharon Shepherd
  - Kaitlin Swanner
  - Joann White