

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
December 9, 2022
Conference Call**

Amit Mathur, M.D., Chair

Introduction

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met virtually via Citrix GoToTraining on December 9, 2022, to discuss the following agenda items:

1. Welcome and agenda
2. Thematic analysis of offer acceptance key informant interviews
3. Groundwork for development of offer acceptance review process
4. Next Steps

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

1. Welcome and Agenda

The Chair welcomed Subcommittee members and reviewed the agenda for today's meeting. The Chair reviewed offer acceptance data from August 2020 to July 2022, which showed an increasing trend of programs that would be flagged for the offer acceptance metric. The Chair emphasized the importance of creating an efficient review process for the MPSC since there are expected to be about 30 programs flagged for the offer acceptance metric each report cycle.

2. Thematic analysis of offer acceptance key informant interviews

Staff provided an overview of the keys to success and main process themes from offer acceptance key informant interviews conducted by staff in preparation for development of education resources and the offer acceptance collaborative.

The keys to success include:

- Include key decision makers in the offer acceptance process
- Use data to drive informed decision making
- Maintain open lines of communication to support a culture of continuous improvement

The main process themes include:

- Define and Revise Acceptance Criteria
- Optimize Response to Organ Offers
- Perform Retrospective Reviews
- Strengthen Waitlist Management Practices

Next steps:

- Get feedback from MPSC on effective practices identified in the community
- Share the educational resource developed with the community

- Resource released by January
- Offer Acceptance Collaborative – Kick Off Conference on January 31, 202

Staff posed the following discussion questions to the Subcommittee:

- What do you think of the effective practices collected from the key informant interviews thus far?
- What's missing?
- How should these effective practices be communicated to the community to ensure the most value?

Summary of discussion:

The Chair noted that the four thematic areas are great and asked whether programs have written resources that support these effective practices. Staff responded that some of the programs indicated that their processes were reflected in written protocols and waitlist criteria.

He further asked whether staff made any changes to the key informant interview process for offer acceptance practices based on the experience last spring with the post-transplant outcomes key informant interviews. Staff responded that the process were, for the most part, consistent. In this process, staff requested that programs share resources, such as listing criteria or minimum acceptance criteria, in preparation for the collaborative. In addition, during the post-transplant outcomes discovery process, staff sent out a survey to a broader group of transplant programs after conducting key informant interviews with the same interview questions. During the offer acceptance discovery effort, staff conducted key informant interviews with a much larger number of programs and did not do a survey.

A Subcommittee member stated that a lot of these processes resonated with them as best practices and noted that they could be modified into questions (i.e., "Does your program do 'X'?") for the initial offer acceptance questionnaire. The member does not believe that every program needs to adopt every process but, in the spirit of process improvement, it is appropriate to nudge programs into evaluating whether some of these processes would improve their offer acceptance. Staff stated that the Subcommittee could also consider incorporating some of the key informant questions into the initial questionnaire for the inquiries.

Another Subcommittee member noted that the focus of review for programs identified for low offer acceptance will be on whether the program's acceptance criteria reflect their actual acceptance practice. She suggested that educational resources for the offer acceptance collaborative need to be more detailed and give specific examples. Staff noted that the improvement guide that is being developed for the collaborative will include more details about actual strategies that programs use and can be updated as staff learns more from higher performing hospitals during the collaborative. The Subcommittee member specifically expressed interest in the strategies for performing retrospective reviews.

A Subcommittee member asked whether staff had modeled how the introduction of kidney continuous distribution might change these effective practices for offer acceptance. Staff responded that the Kidney Committee is still in the early stages of developing the continuous distribution system, but implementation of lung continuous distribution early next year may give them an understanding of how acceptance practices may be affected by continuous distribution frameworks.

A Subcommittee member also asked if there was any discussion during the key informant interviews about lean listing, which is when programs with long waiting times delay completing the full evaluation to make sure candidate information is current, such as avoiding repeat cardiac testing. Staff stated that

lean listing was not mentioned during the key informant interviews, but there was discussion of the use of hot lists for patients that were expected to begin receiving offers to ensure those patients were transplant ready. Staff stated that, when working with COIIN, these practices were discussed particularly in the context of waitlist management.

In response to the staff question about how these effective practices should be communicated to the community, a couple of Subcommittee members suggested that an email from the Chair of this Subcommittee or the Chair of the MPSC would be effective. Another Subcommittee member suggested that the Subcommittee needs to communicate repeatedly and in different forums, including a MPSC presentation during regional meetings and a video offering.

A Subcommittee member suggested that staff should evaluate how organ procurement organizations (OPOs) can be partners in retrospective reviews. A staff member responded that some of the key informant interviewees noted that they worked with their local OPOs on retrospective offer reviews and at least one indicated that with broader sharing, they are now meeting regularly with several OPOs from which they receive many offers. The staff member welcomed additional feedback on guidance for transplant hospital interaction with OPOs within the context of broader sharing.

3. Groundwork for development of offer acceptance review process

Staff provided a high-level overview of the content of inquiries for post-transplant outcomes reviews and offer acceptance data resources and tools available for transplant programs.

The Subcommittee held an open discussion on the following questions:

- What areas of inquiry should be included in an offer acceptance review questionnaire?
- What data or staff data analysis should be provided to hospitals and/or to MPSC reviewers to support a review for low offer acceptance rate ratio?

Summary of discussion:

Subcommittee members supported using a similar structure for the offer acceptance initial questionnaire as is currently used for post-transplant outcomes, but tailor the questions to important processes related to offer acceptance.

The Chair suggested that the Committee should ask programs if they are aware of and using the data tools. A Subcommittee member agreed and suggested that information should be provided to programs identified for low offer acceptance on where the tools are located and how to use them.

A Subcommittee member suggested that the questions used for the key informant interviews provide a good base for development of the offer acceptance initial questionnaire.

The Chair suggested that the SRTR report, offer acceptance CUSUMs and relevant OPTN data visual analytics may be data that should be included in the offer acceptance review packets to help Committee members evaluate a program under review.

A Subcommittee member mentioned that a question regarding a program's use of offer filters should be included in the initial line of questioning as well. Staff noted that offer filters are currently directed at kidney programs, but there's a plan to expand offer filters to other organs. Staff suggested that donor acceptance criteria may be something to ask non-kidney programs about, although they are not as dynamic as offer filters. The Chair stated that this would be a recommendation for any kidney program that is flagged – to use offer filters.

Another Subcommittee member suggested providing Benchmark reports to the programs in the initial inquiry. The member also indicated that a summary or conclusion section that analyzes important conclusions would be helpful since the Benchmark report is long.

A Subcommittee member stated that offer acceptance evaluation is very different from post-transplant outcomes. With offer acceptance, the Committee will be trying to determine what did not happen and there may be substantial organ-specific differences in this context. He suggested that, prior to requesting a lot of data, the Committee should allow programs to explain why their acceptance rate is low in a narrative format, including considerations about if their acceptance rate may have been affected by clinical information that is not captured by the OPTN. The Chair agreed and thought a narrative will help programs explain their experiences and help reviewers.

Another Subcommittee member suggested allowing programs to identify additional donor acceptance criteria or filters that would help programs filter offers they receive.

A staff member closed the discussion with a reminder that the development of the offer acceptance initial questionnaire will be an iterative process. Changes can be made to the initial questionnaire based on the experience with the offer acceptance reviews once they begin next July.

Upcoming Meetings

- January 20, 2023: MPSC Meeting

Attendance

- **Committee Members**
 - Amit Mathur (Subcommittee Chair)
 - Emily Blumberg
 - Todd Dardas
 - Reginald Gohh
 - Ian Jamieson
 - Carolyn Light
 - Kenneth McCurry
 - Nancy Metzler
 - Michael Pham
 - Pooja Singh
 - Candy Wells
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Ryo Hirose
 - Jon J. Snyder
 - David Zaun
- **UNOS Staff**
 - Sally Aungier
 - Tameka Bland
 - Rebecca Brookman
 - Robyn DiSalvo
 - Katie Favaro
 - Jasmine Gaines
 - Ann-Marie Leary
 - Samantha Noreen
 - Beth Overacre
 - Michelle Rabold
 - Sharon Shepherd
 - Stephon Thelwell
 - Betsy Warnick
- **Other Attendees**
 - None