

OPTN Executive Committee

Meeting Summary

March 5, 2024

Webex

Dianne LaPointe Rudow, ANP-BC, DNP, FAAN, Chair

Introduction

The OPTN Executive Committee met via Webex teleconference on 03/05/2024 to discuss the following agenda item:

1. Welcome and Announcements
2. Expedited Placement Variance Special Public Comment Review

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

1. Welcome and Announcements

Dianne LaPointe Rudow, Chair of the Executive Committee, welcomed the committee to the meeting and presented the agenda.

2. Expedited Placement Variance Special Public Comment Review

James Alcorn, Senior Policy Strategist, reviewed special public comment feedback received on the Expedited Placement Variance Proposal. He reviewed the timeline of the proposal and noted that next steps include a town hall for the community and that the Executive Committee will review feedback received and vote to send the policy to the Board for consideration. Mr. Alcorn noted that in the future, the Expeditious Task Force will collect protocols from the community and will review and recommend which protocols are tested. The committee discussed that protocol review and approval will be an ongoing process. They noted that the public will be able to comment on protocols throughout the protocol. Mr. Alcorn described the approval process of individual protocols for the committee's awareness. He noted that the Executive Committee will be the final approver of protocols. Mr. Alcorn shared overarching themes noted throughout public comment.

Mr. Alcorn explained that equity was a consistent theme in public comment. He explained that some comments questioned whether there should be guardrails in place for unintended consequences, and he noted that many comments specifically mentioned the need for a guardrail in place for pediatric patients. Mr. Alcorn asked the Executive Committee if they were interested in including guardrails in the policy, and they agreed that it was important to include some automatic guardrails.

The committee discussed what entity will monitor the results of the protocols. The committee discussed different entities including the Executive Committee, the Expeditious Task Force, the Policy Oversight Committee (POC), and organ specific committees. The committee decided that the Executive Committee will review the protocols, but they discussed whether there should be a group that performs a more in-depth analysis of the results of the protocols. Ultimately, the committee agreed that a subgroup of the Expeditious Task Force should monitor the results.

The committee discussed how they can ensure standard allocation frameworks are followed to ensure the safety of vulnerable subpopulations. The committee decided that expedited placement offers will not be permitted until offers have been made to certain classifications of patients. The committee also

discussed whether a time limit for protocols should be written into the policy. The committee decided that there should be a 6-month stop written into the policy and after that, the protocol will go back to the Executive Committee for their review.

The committee discussed whether the variance should focus on hard-to-place organs. The committee decided that because there is not sufficient data on non-utilization at this time, they should allow the variance to address any organ. A committee member suggested that once the OPTN has sufficient data for non-utilization, then the committee could revisit this question.

The committee discussed member discretion in participating in the variance. Mr. Alcorn noted that some members have stated they would only participate in the variance if they could choose which protocols they participate in. The committee discussed that once a member has signed up to participate in the variance, who should decide which members participate in specific protocols. The committee decided that the OPTN should choose which members participate in protocols.

The committee discussed whether the study of protocols should be concurrent or sequential studies. The community agreed that protocols addressing different organs may be performed at the same time, but the committee considered whether protocols that pertain to the same organ can be performed at the same time. The committee agreed that protocols addressing the same organ could be performed concurrently of one another, but the Executive Committee and the Expeditious Task Force should discuss each protocol this pertains to.

Next Steps:

Contractor staff will incorporate feedback received from the committee into the briefing paper and will bring a draft back to the committee at a later meeting. During a future meeting, the committee will vote to send the policy to the full Board for their approval.

Attendance

- **Committee Members**
 - Andrea Tietjen
 - Dianne LaPointe Rudow
 - Jim Sharrock
 - Linda Cendales
 - Manish Gandhi
 - Melissa McQueen
 - Rich Formica
 - Silas Norman
 - Wendy Garrison
- **HRSA Representatives**
 - Adrienne Goodrich-Doctor
 - Christopher McLaughlin
 - Frank Holloman
 - Suma Nair
- **UNOS Staff**
 - Anna Messmer
 - Dale Smith
 - Jacqui O'Keefe
 - James Alcorn
 - Julie Nolan
 - Liz Robbins Callahan
 - Maureen McBride
 - Morgan Jupe
 - Ryan Ehrensberger
 - Susie Sprinson