

**OPTN/UNOS TRANSPLANT ADMINISTRATORS COMMITTEE (TAC)
INTERIM REPORT**

October 20-21, 2011

Tim Stevens RN BSN, CCTC, Chair

The following is a summary of the TAC OPTN deliberations that occurred in Chicago, IL on October 20-21, 2011.

- The Committee received an update on current SRTR activities. SRTR plans the release of Program Specific Reports (PSR) in January 2012.
 - Pancreas risk-adjustment models will not be included in the reports publicly released in January.
 - A pediatric/adult age breakdown will be added to the descriptive waitlist data in the upcoming reports.
 - Beta-release of PSR with new formatting:
 - No new content
 - Easier to read summary tables and color figures
 - Available on the secure website only
 - Requesting feedback

Upcoming SRTR activities include a consensus conference on transplant program quality and surveillance that will be held February 13-15, 2012 in the Washington, DC area. This consensus conference is sponsored by SRTR and the OPTN and is designed to identify and discuss strengths and weaknesses of the current process for assessing solid organ transplant programs' performance.

- The TAC provided the following feedback to the OPTN regarding the US PHS Guidelines that are currently out for public comment until November 21, 2011.
 - Poor job in balancing risk/benefit of the tests available to screen potential donors.
 - Errs on the side of preventing all potential HIV/HCV/HBV transmission.
 - Recommendations will lead to many more patients not receiving organs due to false positive tests than the transmission events of all 3 viruses.
 - Recommendations are applicable to corneas and tissue transplant; however, they are too stringent for organ transplantation.
 - Does not include other malignant diseases that may have a similar likelihood (statistically) of being transmitted.
 - It is the responsibility of the living donor coordinator to educate high risk individuals about behavior modification – the responsibility of the living donor coordinator is to screen and assess the ability of someone to be a living donor.
 - Data on the results of pre- and post-transplant blood borne pathogen infection assessments in recipients is already reported to UNOS.
 - Proposal will generate added expenses to both donor and recipient.
 - Concern of HCV vessel discard, some regions have a high percentage of HCV patient and HCV donor population, and the proposed model would likely add additional expenses to the management of these vessels.
 - Opportunities for improvement:
 - Can improve on stratifying when to use what test in order to optimize minimizing transmission while also minimizing falsely rejecting acceptable donors.
 - The document is not clear with the recommendations on recipient screening post transplant if the organ came from an increased risk donor.

- Currently, there is no setting where it is recommended to stop testing for HIV and HCV post exposure after only 3 months.

The Committee discussed the importance of centers providing feedback on this document and it was suggested that a committee member post the information to the Transplant Administrators Listserv.

- The TAC reviewed and discussed the following public comment proposals:
 - **Proposal to Establish Requirements for the Informed Consent of Living Kidney Donors: Living Donor Committee Transplant Administrators Committee:**
The Committee reviewed and supported the proposal. The full Committee agreed that no specific risks need to be disclosed to the recipient and feel sharing recipient outcomes would suffice.
(14-Support, 0-Oppose, 0-Abstain)
 - **Proposal To Establish Minimum Requirements for Living Kidney Donor Follow-Up: Living Donor Committee Transplant Administrators Committee:**
The Committee did not support this proposal as written and has the following comments for the LDC to consider.
 - Oppose as written (90% considered unrealistic)
 - Percentage should be driven by population who can be followed (e.g. if several attempts are made, consider them lost to follow-up and exclude from the percentage; propose 3 attempts [telephone, written, and exhausted current contact information] prior to the due date to consider as lost)
 - Make threshold based on how many lost to follow up
 - Have DEQ role written to the policy (what are the consequences of non-compliance)
 - Unfunded mandate
 - Base the threshold on evidence
 (0-Support, 14-Oppose, 0-Abstain)
 - **Proposal To Establish Requirements for the Medical Evaluation of Living Kidney Donors: Living Donor Committee Transplant Administrators Committee:**
The Committee reviewed and supported this proposal but would like the policy to clarify if it is acceptable for a nurse practitioner to complete the psychosocial on the living donor and include that language in the policy.
(14-Support, 0-Oppose, 0- Abstain)
 - **Proposal to Clarify and Improve Variance Policies: Policy Oversight Committee (POC) Transplant Administrators Committee:**
Upon review, the Committee supported this proposal and suggested listing all variances in one location.
(14- Support, 0-Oppose, 0-Abstain)
- The Committee received an update on the KPD Financial Subcommittee. A brief history of the Subcommittee was provided. There are still considerable concerns that reside with the transplant centers and the physicians regarding the reimbursement fee for KPD. There is a recommendation

to include broader professional billing representation on the KPD Financial Subcommittee. Current subcommittee efforts include evaluating a standardized business associate agreement in conjunction with UNOS legal counsel and other academic medical centers. The Committee will continue to have representatives on the KPD Financial Subcommittee and will provide feedback related to transplant center operations and financial issues regarding the KPD Pilot Program.

The Committee was also informed that the KPD Work Group will submit feedback to CMS regarding the Living Donor Services Occurring in Transplant Programs Other than that of the Organ Recipient: Requirements and Interim Surveyor Guidance, dated September 30, 2011. The Committee will receive a copy of the feedback when submitted to CMS.

The TAC representatives will also continue to provide the full committee with updates during the TAC monthly Live Meetings and in-person meetings.

- The TAC has two representatives that support the MPSC Inactive Waiting List Reviews Focus Group. The Performance Analysis and Improvement Subcommittee (PAIS) of the Membership and Professional Standards Committee (MPSC) has been monitoring transplant programs that exceed 15 or more consecutive/28 or more cumulative days of waitlist inactivity in a rolling 365 day cohort. In 2009, a joint work group of the Patient Affairs Committee and MPSC developed suggested language that transplant programs could use to notify candidates of periods of wait list inactivation. The bylaw language that was approved was not specific in terms of requirements for these notices (i.e. who gets the notices, what is required to be in the notice); therefore, a focus group of MPSC members has been working on modifications to the existing bylaw.

At a recent PAIS meeting, the focus group modifications were presented to the Subcommittee. There was little debate over the required elements for patient notifications; however, the group had difficulty deciding who should get the notifications when a portion of a program ceases performing transplants (e.g. Pediatrics/Adults in all-ages facility, Living Donor Kidney/Liver). The PAIS/MPSC requested that the focus group reconvene, with the addition of representatives from the Patient Affairs Committee and Transplant Administrators Committee.

This Focus Group met via Live Meeting on October 13, 2011 to discuss the above mentioned issues and made suggestions to modify the bylaw language. These two representatives will participate in the focus group conference calls and provide the full Committee with updates on the monthly TAC Live Meetings as needed.

- The Committee received an update on the work of the TCC Donor-Recipient Information Sharing Task Force. There have been two conference calls and an in person meeting on April 28, 2011, in Chicago. The goal of the Task Force is to develop guidelines regarding the standards for the sharing of donor and recipient information (i.e. type of work, parent, child, quality of life, etc.) that should be provided to donor families and recipients, and the appropriate timeframe to share this information. Additionally, the Task Force will identify why transplant hospitals prohibit the release of *non-identifiable information* based on the interpretations of related HIPAA regulations and how it affects the information shared. The TAC along with other relevant constituents provided feedback to the Task Force on issues they should consider when developing guidelines/standards for this practice pertaining to the transplant administrator's role. The draft of the guidelines is currently being finalized and will go to the OPTN/UNOS Board of Directors for approval in November.

On October 5, 2011, UNOS produced a live webcast titled Sharing Donor and Recipient Information: Understanding HIPAA. This webcast highlighted the Donor-Recipient Information Sharing Guidance document and reviewed HIPAA regulations associated with sharing patient information.

- The TAC HRSA representative provided the Committee with an overview of the HRSA ex-officio's role on the Committee.
- The Committee received updates from the region 3, 6, 7, 9, and 11 representatives regarding the regional meetings.
- The Committee requested bi-annual updates from OPTN/UNOS Department of Evaluation and Quality regarding policy violations.
- The Committee received updates on the progress of the UNOS Private Work Groups.
- The Committee continued planning the 2012 Transplant Management Forum.

TRANSPLANT ADMINISTRATORS COMMITTEE	MONTH	October
	DAY	20-21
	FORMAT	In Person Meeting
NAME	COMMITTEE POSITION	
Timothy Stevens, RN, BSN, CCTC	Chair	X
Nancy Metzler	Vice Chair	X
Sharon Mathews, MS, RN, CPTC	Regional Rep.	
Joseph Anton, RN, MSN	Regional Rep.	X
Leigh Ann Burgess, RN, BSN, CCTC	Regional Rep.	X
Katherine Stark, MHSA	Regional Rep.	
Amy Peele, RN	Regional Rep.	X
Pamela Hester, RN, BSN, CCTC	Regional Rep.	X
Sara O'Loughlin, MHA	Regional Rep.	X
Nancy Long, RN, CCTC	Regional Rep.	
Karen Berger	Regional Rep.	
Laura Murdock-Stillion	Regional Rep.	X
Robert Teaster, RN, MBA, CPTC	Regional Rep.	X
Leroy Walker	At Large	X
Vikram Acharya, BS, MPH	At Large	
Grace Chang, Esq.	At Large	X
David Hefner	At Large	X
Beth Fetter RN, CPTC	At Large	X
Richard Spong, MD	At Large	X
Angel Carroll, MSW	Liaison	X
Cherri Carwile	Assistant Liaison	X
Jude Maghirang, MS	Support Staff	X
Tabitha Leighton	SRTR Liaison	X
Chiquita Braxton	UNOS Conference Planning	X
Erma Edmiston	UNOS Conference Planning	X
Cheryl Hall	UNOS Staff Support	
Mesmin Germain, MBA, MPH	Ex. Officio	
Robert Walsh	Ex. Officio	
Chinyere Amaefule	Ex. Officio	X
Gene E. Ridolfi, BA, RN, MHA	Ex. Officio	X

TRANSPLANT ADMINISTRATORS COMMITTEE	MONTH	October
	DAY	20-21
	FORMAT	In Person Meeting
NAME	COMMITTEE POSITION	
Christie Thomas, MD	Living Donor Committee Member	X