

## **ASTS Statement on OPO Metrics**

The American Society of Transplant Surgeons strongly supports efforts to increase the availability of life-saving organ transplants, which requires increasing the number of organs available for transplantation retrieved by Organ Procurement Organizations (OPOs). ASTS believes it is important not to significantly delay long-overdue modification of OPO metrics, which are currently subjective and self-reported. At the same time ASTS cautions that development of updated metrics must occur with appropriate involvement of the transplant and OPO community, with a thoughtful transition to new metrics that avoids unintended consequences that would adversely affect patients, such as simultaneous decertification of multiple OPOs.

OPO metrics must be put in place based on a potential donor “denominator” that is calculated based on a verifiable, objective methodology.<sup>i</sup> Assuming that no existing accurate alternative source of data reflecting hospital inpatient deaths can be identified, ASTS believes that the CDC’s National Center for Health Statistics’ Detailed Multiple Cause of Death (MCO) data (with appropriate exclusions) should be utilized to identify potential donors, and that the transplant community should work with appropriate governmental organizations to address the shortcomings of this database.

When significantly altering a complex system, both short- and long-term impacts must be considered. At least during the transition to the new metrics, care should be taken to ensure that any new regulatory requirements encourage improved OPO performance without resulting in widespread and simultaneous decertification of a significant number of OPOs, which would be inconsistent with the needs of our patients. For this reason, any new system that is put in place should establish realistic standards and should retain sufficient flexibility to enable an OPO that is continuing to make substantial improvement in meeting applicable outcomes requirements to retain certification, so long as it meets threshold and other improvement benchmark required by CMS that are tailored to take into account the circumstances of the particular OPO involved. This will hopefully mitigate the potential disruption and adverse impacts to patients resulting from the decertification of an OPO, while improving OPO performance.

ASTS looks forward to working collaboratively with the OPO community, HRSA, and CMS in future discussions for development and updates on such metrics to ensure continued focus on the goal of maximizing the number of patient lives saved.

---

<sup>i</sup>[Public comments on the CMS OPO Conditions for Coverage Proposed Rule](#)