

# **OPTN Modernization Discovery Task Summary**

## **OPTN Membership and Professional Standards Committee (MPSC) Re-Engineering**

### **Introduction**

HRSA is leading a historic modernization of the Organ Procurement and Transplantation Network (OPTN), designed to improve transparency, performance, governance, and efficiency. As part of this effort, HRSA engaged an independent contractor, Arbor Research, to conduct several discovery tasks to evaluate how OPTN oversight currently functions and identify potential opportunities to strengthen transparency, accountability, patient safety, and operational performance. These tasks included:

- Mapping the existing functions of the OPTN Membership and Professional Standards Committee (MPSC)
- Conducting interviews with OPTN members, patients, federal partners, and other stakeholders
- Reviewing OPTN policies, governance documents, prior reports, and federal guidance
- Applying business process re-engineering and implementation science methodologies

Arbor Research was tasked with assessing how the OPTN currently conducts key oversight and operational functions, including:

- Monitoring member compliance with OPTN policies
- Investigating patient safety events
- Assessing member performance
- Maintaining and evaluating membership criteria

### **Disclaimer**

This document summarizes the findings and recommendations of the contractor. It is provided for informational and transparency purposes only and does not represent the official policy or endorsement of the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). All final decisions regarding solicitations, requirements, and implementation rest solely with the U.S. Government. Additionally, HRSA will ensure that the OPTN, through close collaboration with the Board of Directors and other stakeholders, advises, reviews, and provides necessary input to enable HRSA to match vendor services to the needs of the OPTN.

# Contractor's Current-State Findings

Arbor Research observed five overarching current-state findings:

## **1. Compliance Processes Not Calibrated to Risk**

- Similar workflows applied to both high- and low-risk violations
- Limited use of automation despite rich data availability
- Manual, time-intensive case reviews
- Inconsistent transparency into triage and escalation processes
- Potential for real or perceived conflicts of interest due to reliance on peer review

## **2. Weaknesses in Patient Safety Event Reporting and Investigation**

- Reportable event definitions are narrow and outdated
- Reporting mechanisms vary and lack standardization
- Processes do not align with national patient safety frameworks
- Case handling is more reactive than proactive
- Safety data are underutilized for pattern detection or learning

## **3. Overlap of Compliance and Quality Improvement Within MPSC**

- Combining enforcement with performance coaching contributes to perceptions of punitive oversight
- Volunteer workloads are unsustainable under current processes
- Clinical expertise is better suited to learning and improvement than regulatory investigation

## **4. Outdated Data Infrastructure Across the OPTN**

- Data fields lack standard definitions
- Manual reporting persists where automation is feasible
- Systems are not interoperable and lack identity management capabilities
- Members lack visibility into data quality issues or process bottlenecks

## **5. Membership Criteria Require Overhaul**

- Criteria vary dramatically in specificity across member types
- Requirements do not reflect modern workforce realities
- External partners (e.g., perfusion organizations, transport vendors) lack defined criteria
- No continuous review mechanism exists

# Contractor's Future-State Recommendations

Arbor Research identified three future-state recommendations to strengthen the OPTN MPSC:

## **1. Establish an HRSA OPTN Compliance and Safety Office to:**

- Assume responsibility for policy compliance monitoring
- Conduct standardized, risk-calibrated oversight
- Implement automated data monitoring and tiered triage
- Modernize safety event definitions and reviews
- Use dashboards and metrics to improve transparency
- Use independent expert panels for complex safety cases

This approach seeks to introduce federal independence into oversight functions.

## **2. Rebrand and Rescope the MPSC as the Membership and Performance Improvement Committee (MPIC) to:**

- Shift compliance and safety functions away from MPSC
- Refocus the committee on maintaining membership criteria
- Support peer-led performance improvement
- Review and modernize membership requirements across all member types

Under this model, OPTN members would view MPIC as a quality improvement partner rather than an enforcement body.

## **3. Develop an OPTN Performance Improvement Learning System with:**

- Expanded data submission with process measures
- Benchmarking dashboards for hospitals, OPOs, and labs
- Mandatory performance support for the lowest-performing members
- Learning collaboratives addressing both member-specific and cross-cutting challenges
- A resource repository documenting improvement strategies and lessons learned

The system would be led by a contractor with improvement expertise and supported by MPIC.

# Considerations

## **Cross-Cutting Recommendations**

Across both reports, Arbor Research identifies several system-wide modernization needs:

- Improving data interoperability and identity management

- Strengthening conflict-of-interest processes
- Publishing operational metrics and value-stream maps
- Updating variable definitions, data quality checks, and reporting standards
- Building transparent feedback loops between contractors, HHS, and OPTN members

### **Implementation Observations**

Arbor Research outlines best practices for change management, including:

- Forming an implementation team
- Developing a communications plan
- Engaging stakeholders early
- Using rapid-cycle testing
- Sequencing changes logically (some parallel, some dependent)

These steps represent the contractor's suggested implementation pathways, not government direction.