AST | AMERICAN SOCIETY OF® TRANSPLANTATION

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RE: Modern National Resource Allocation System
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The American Society of Transplantation (AST), representing a majority of the nation's medical professionals engaged in the field of solid organ transplantation, remains grateful for HRSA's ongoing commitment to streamlining the infrastructure of the organ donation and transplantation community.

While the AST does not wish to offer a specific bid of interest regarding its ability to provide or develop an IT system to perform these specific required functions, the Society does have feedback that it wishes to share regarding this important request.

The scope of this RFI is limited to allocation, but the rationale for this pursuit is not offered. We believe that it would seem relevant to include the capability to inform issues related to the supply and utilization of organs, as there appears to be an information gap related to these issues. We see the following items as critical to the development of infrastructure meant to best support needs in a nimble and effective manner:

Supply:

- IT infrastructure that would enable national identification of a registered organ donors (not dependent on state DMVs confirming this)
- IT infrastructure to enable establishment and implementation of a standardized definition of an eligible donor. This would include obtainment of national data on in-hospital and ED deaths.
- IT infrastructure to ascertain the potential of DCD donations/missed donations using administrative data (with linkage to hospital EMRs)
- The RFI mentions donor management, but additional information regarding specific functionality would be useful:
    - IT infrastructure that could link to donor management systems used by regional OPOs to understand issues related to variation of donor management practices
    - IT infrastructure that could enable national quality improvement initiatives in regional OPOs

Utilization:
- It is clear that uncertainty regarding adverse outcomes contributes to non-use of organs. Fear of primary non-function and other immediate adverse outcomes likely impacts organ utilization. IT infrastructure that enables ascertainment of short-term (i.e. during the transplant hospitalization) outcomes for use in quality improvement initiatives would seem relevant.

While we do agree that updates to the current system or the development of a completely new infrastructure is critically needed, we do continue to see value in the current OPTN model of having policy, research, and IT working in concert with one another versus having a distinct handoff of information in a stepwise process. The nuances involved in programming the very complex policy language allows little margin for error. Having these elements working in concert with each reduces potential for error and, in turn, would be expected to enhance efficiency and patient safety.