Shark Tank: Improving OPTN Policy Development: Keep the Status Quo

Carl L Berg, MD
Medical Director of Abdominal Transplantation
Duke University Health System
Disclosures

• No relevant disclosures
• The opinions expressed are mine alone, and not those of the OPTN
What the heck is this shark tank thing anyway?
Wobegong shark from the Raja Ampat
Policy development within the OPTN: Where do the ideas come from?

• Committees (defined in OPTN Bylaws)
  – Organ specific
  – Pediatrics, operations, minority affairs, patient affairs, etc.

• Public

• Board of Directors, almost never
Who serves on these committees?

• Regionally elected content experts (11 UNOS regions)
• Appointed representatives of the community the OPTN serves
  – Recipients
  – Donors/donor family members
  – Public members
  – Transplant professionals
Appointed members

• Committee recommends additional appointments to the OPTN President-elect
• Strive to provide broad diversity in perspective
• Goal to have gender, ethnic and racial diversity reflective of transplant community
Which ideas are those that are pursued?

• Does the idea align with the OPTN Strategic Plan goals?
  – Increase the number of transplants
  – Provide equity in access to transplants
  – Promote efficiency in donation and transplant
  – Promote liver donor and transplant recipient safety
  – Improve waitlisted patient, living donor, and transplant recipient outcomes
Is OPTN policy development too nimble, or not nimble enough?
Composition of the Board (by OPTN Charter/Final Rule)

• 50% physicians/surgeons
• 25% transplant candidates, recipients, donors, donor family members
• Representatives of OPOs, transplant hospitals, transplant coordinators, HLA experts, general public and pediatrics
Composition of the Board (by OPTN Charter/Final Rule)

• Executive Director of the OPTN (ex-officio)
• HHS Project Officer for the OPTN Contract (ex-officio)
• Director, Division of Transplantation, HHS (ex-officio)
Role of the Board in policy development

• Broad diversity of Board members reflecting perspective of entire transplant community
• Membership directed by the Final rule and OPTN charter
• Oversight >>> policy development
Fiduciary duty

Duty of care
Duty of loyalty
Duty of obedience
The Board is NOT the US Senate
Board members responsible for:

• Sharing opinions expressed by the constituency they represent, BUT

• The primary responsibility in their vote is to the organization as a whole and not the Region, or constituency they represent
Factors favoring maintaining OPTN policy development

• Broad community input
• Policy development informed by expert stakeholders
• Large opportunity for public input to maintain trust
• Collaboration with HHS imbedded in system
Factors favoring maintaining OPTN policy development (2)

• Policy driven by content experts and the transplant community
• Policy development aligned through Strategic Plan with stakeholders goals
Dive knife: An essential scuba diving tool, often recommended when diving with sharks.

Primary recommended use is to disable fellow divers in time of emergency to permit personal escape.

I am prepared to escape from this panel if needed!
Questions?