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SRTR 5-Tier: Patient Focused Data Presentation

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Disclosures

I have no financial relationships to disclose within the past 12 months relevant to my presentation. The ACCME defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

My presentation does/does not include discussion of off-label or investigational use, and I do/do not intend to reference unlabeled/unapproved uses of drugs or products in my presentation.



Disclosures – SRTR

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The ideal outcome of public reporting:



Patients:

Use the data to make informed choices
about where to seek care



Providers:

Use the data to improve quality of care

Adapted from Werner et al. The Unintended Consequences of Publicly Reporting Quality Information. JAMA. 2005;293:1239-1244

SRTR's Contractual Obligation to Provide Public Evaluations of Transplant Program Performance

OPTN Final Rule 121.11(b)(iv)

- **“Make available to the public timely and accurate program-specific information on the performance of transplant programs. This shall include free dissemination over the Internet, and shall be presented, explained, and organized as necessary to understand, interpret, and use the information accurately and efficiently.”**

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- “Make available to the public timely and accurate program-specific information on the performance of transplant programs. This shall include free dissemination over the Internet, and shall be presented, explained, and organized as necessary to understand, interpret, and use the information accurately and efficiently.”

Translating the Final Rule into the SRTR Contract

SRTR Task 3.9.1 The Contractor shall develop PSRs on the performance of transplant programs and Organ Procurement Organizations (OPOs).

- “The Contractor shall disseminate for free over the internet the timely and accurate program-specific information on the performance of transplant programs according to 121.11(b) of the OPTN Final Rule.”
- “The transplant program information shall include waitlist data, pre-transplant outcomes, acceptance and utilization of organs, and post-transplant outcomes.”
- “Transplant programs and OPOs with better or worse outcome shall be identified.”




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Evolution of the SRTR Website

Previous SRTR Website: 3-Tier Outcome Assessment

Adult		Pediatric	
Living Donor	Deceased Donor	Living Donor	Deceased Donor

	<u>State</u>	<u>Hospital</u>	# of Cands	# of Txs	Patient Survival	# of Txs	Patient Survival	# of Txs	Patient Survival	# of Txs	Patient Survival	View Report
<input type="checkbox"/>	AZ	Banner University Medical Center-Tucson, Tucson, AZ	175	15	AS EXPECTED	80	AS EXPECTED	0	N/A	0	N/A	Report
<input type="checkbox"/>	AZ	Banner-University Medical Center Phoenix, Phoenix, AZ	863	111	AS EXPECTED	183	AS EXPECTED	0	N/A	1	N/A	Report
<input type="checkbox"/>	AZ	Mayo Clinic Hospital, Phoenix, AZ	883	153	AS EXPECTED	449	HIGHER THAN EXPECTED	0	N/A	0	N/A	Report

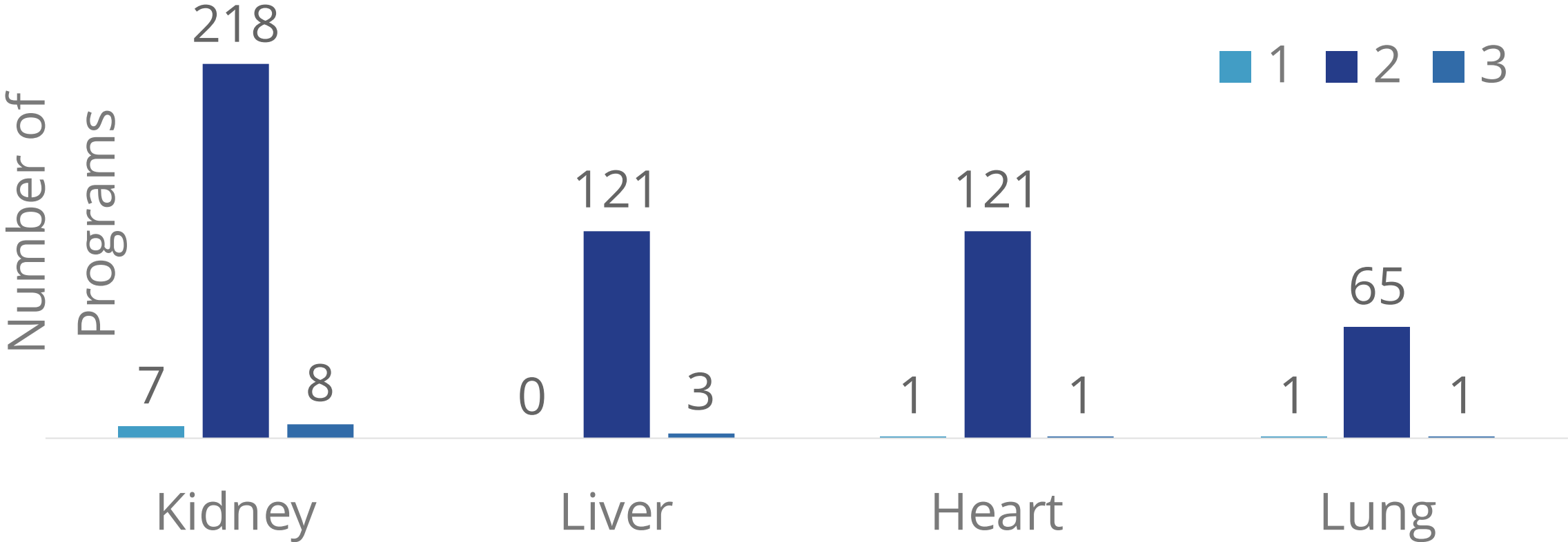
AHRQ-funded Survey Findings: Old Website Feedback

			As of 12/31/15	Living		Deceased		Living		Deceased		
✓	State	Hospital	# of Cands	# of Txs	Patient Survival	# of Txs	Patient Survival	# of Txs	Patient Survival	# of Txs	Patient Survival	View Report
<input type="checkbox"/>	MN	Hospital A	187	21	AS EXPECTED	31	AS EXPECTED	0	N/A	0	N/A	Report

Survey feedback (survey respondents from the general public):

- “That chart is NOT user friendly”
- “As near as I can make out through the haze of unexplained acronyms and statistics...”
- “I didn’t really understand any of the chart.”
- “Patient survival saying ‘as expected’ was important, though almost all of them say that and the numbers seem to vary a lot.”

Program Differentiation Under the 3-Tier Rating System



Limitations of the 3-Tier System

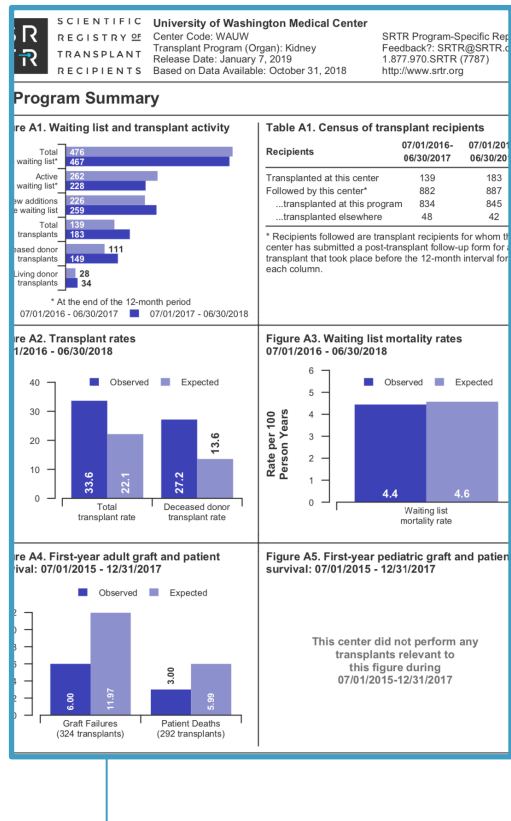
Never designed to summarize provider performance relative to other providers

Based on a statistical test that often lacks sufficient information to draw strong conclusions in all but the large transplant programs

The vast majority of programs were in the “As Expected” tier, while graft failure rates varied 4-fold within the “As Expected” tier

Recommendations from the 2012 PSR Consensus Conference

(Kasiske, et. al. American Journal of Transplantation. 2012; 12:1988)

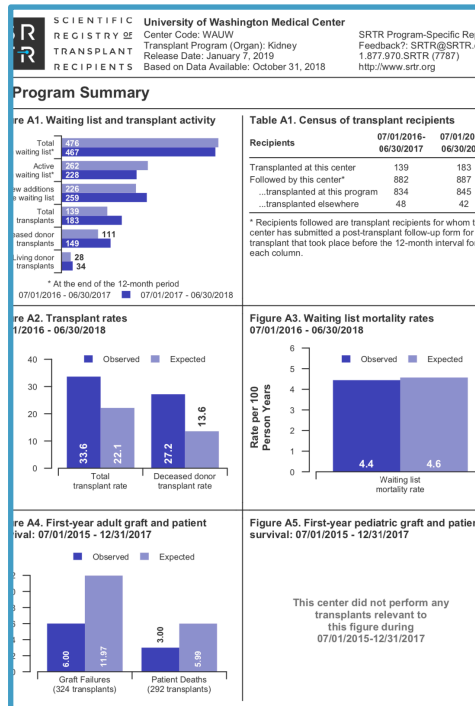


Recommendation: Program-Specific Reporting would benefit from tailoring and education targeted at stakeholders and end users, particularly patients

- Improve understandability of public data reporting
- Different analyses and presentations of the outcomes for different stakeholders

Recommendations from the 2012 PSR Consensus Conference

(Kasiske, et. al. American Journal of Transplantation. 2012; 12:1988)



Recommendation: Program-Specific Reporting would benefit from tailoring and education targeted at stakeholders and end users, particularly patients.

- Use of different level flags for different stakeholders
 - Actual Storm (avoid)
 - Storm Warning
 - Storm Watch
 - Clear Day

Hibbard

“If consumers do not understand information, they are more likely to dismiss it as unimportant.”

Hibbard JH, Jewett JJ. Will Quality Report Cards Help Consumers? Health Affairs 1997; 16(3):218-228.

Key AHRQ Recommendations for Public Reporting

¹Hibbard J, Sofaer S, AHRQ Publication No.
10-0082-EF, June 2010



Make it easy for consumers to understand and use the comparative information.



Reduce the cognitive burden by summarizing, interpreting, highlighting meaning, and narrowing options.



Rank order by performance as opposed to alphabetical ordering.



Use symbols instead of numbers.



Provide an overall summary measure.



Include fewer reporting categories (5 vs. 9).

Development Timeline

2012

- PSR Consensus Conference made recommendations to improve public reporting.
- Began discussions with the SRTR Visiting Committee (SVC, formerly STAC).

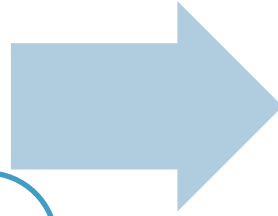
2013

- Developed new 5-tier methodology with SVC.
- Presented to The Alliance's Transplant Center Task Force.
- Presented to OPTN Patient Affairs and MPSC committees.

Development Timeline

2014

- Presented to OPTN Transplant Administrators and Transplant Coordinators committees.
- Presented new website concept to senior leadership within HRSA.



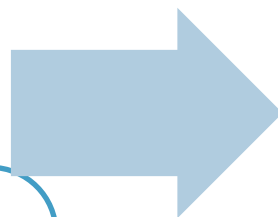
2015

- Finalized new 5-tier methodology.
- Initiated new website build.

Development Timeline

2016

- Presented to OPTN COIIN leadership; COIIN used the methodology during site selection.
- Presented to Transplant Quality Institute.
- Presented to ACOT.
- Launched new website and 5-tier system.



2017

- 5-tier system moved to a “beta” site following feedback HRSA received from the community.
- Ongoing discussions with SVC.
- Further patient engagement through AHRQ initiative.
- Development of Beta version 2.

Development Timeline

2018

- Released Beta Version 2 for 60-day public comment.
- SVC considered public comment at July and September 2018 meetings, voting to make a few additional modifications and launch the website.

2019

- Continuing to evaluate
- Developing overall summary measure per AHRQ recommendations

Click column headers below to sort the results. Click [here](#) to learn about the information provided on this page.

DISTANCE	DECEASED DONOR TRANSPLANTS IN A YEAR	LIVING DONOR TRANSPLANTS IN A YEAR	SURVIVAL ON THE WAITLIST	GETTING A DECEASED DONOR TRANSPLANT FASTER	1-YEAR LIVER SURVIVAL
----------	--	--	-----------------------------	--	--------------------------

i For liver transplant candidates, this measure has the **largest impact on survival after listing** among these three measures. 1 year liver survival includes only candidates who received a transplant.

Florida Hospital Medical Center

Orlando, FL

[View Summary Data](#)
[View Complete Report \(PDF\)](#)

N/A

72
ADULTS

0
ADULTS



Duke University Hospital

Durham, NC

[View Summary Data](#)
[View Complete Report \(PDF\)](#)

N/A

86
ADULTS

0
ADULTS



Indiana University Health

Indianapolis, IN

[View Summary Data](#)
[View Complete Report \(PDF\)](#)

N/A

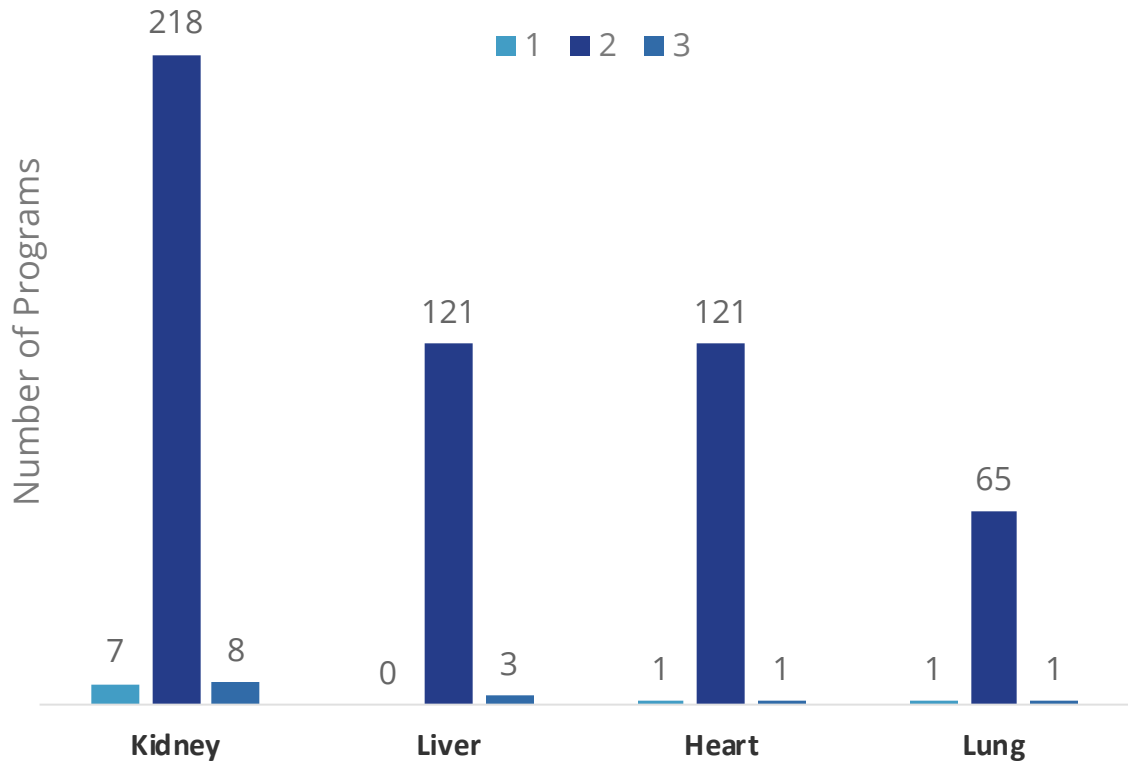
141
ADULTS

0
ADULTS

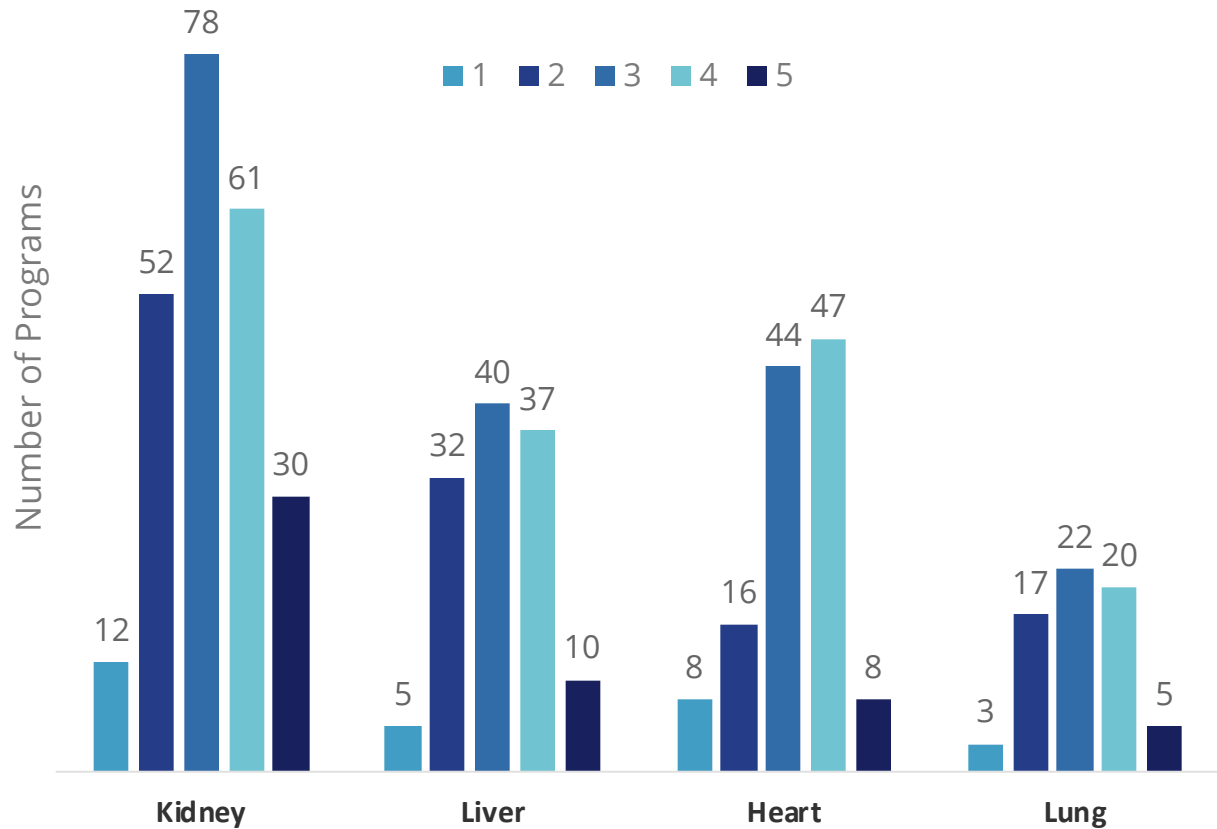


Program Differentiation — 3-Tier Versus 5-Tier Systems

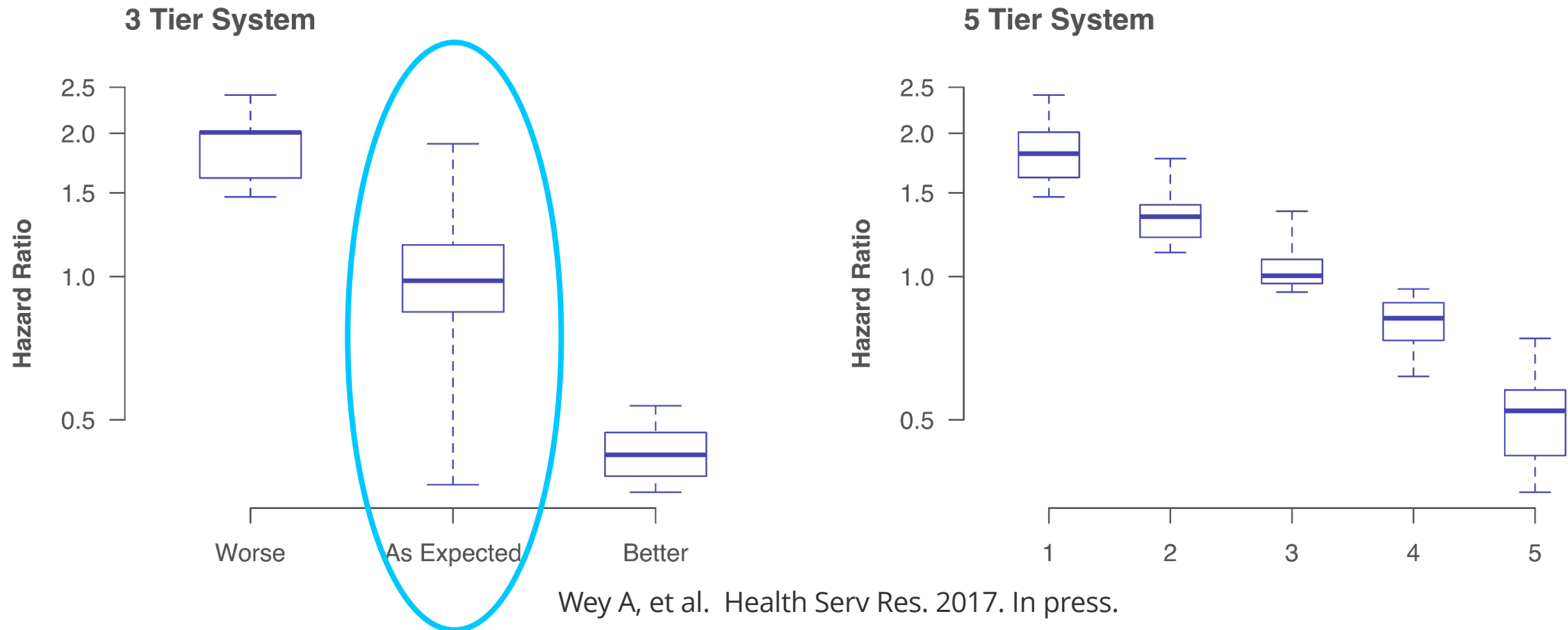
3-Tiers



5-Tiers



Variation in Program HRs 3-Tiers Versus 5-Tiers



Initial Version Launched December 2016

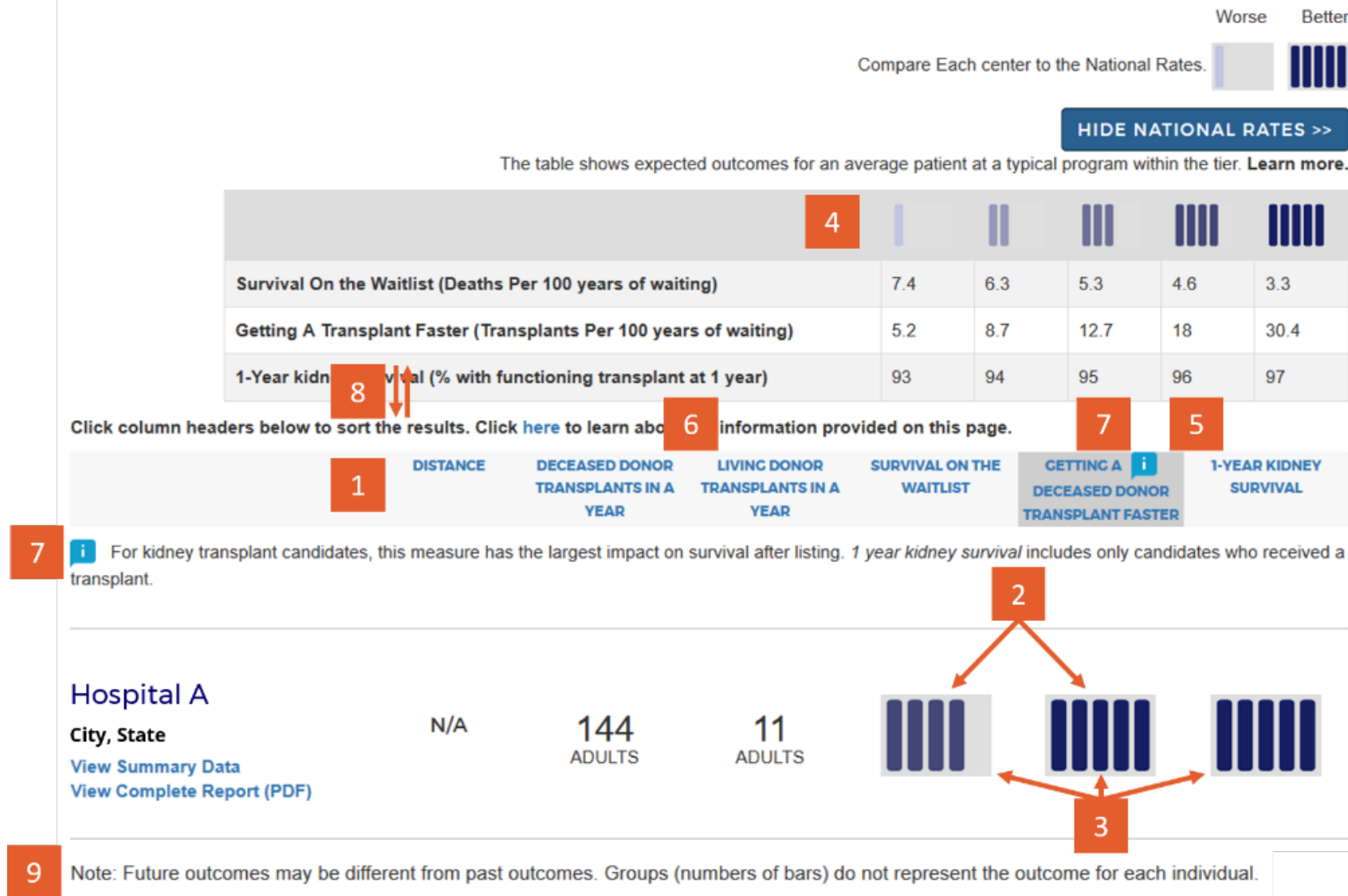
Moved to a beta website in
response to feedback and to
explore additional improvements

Showing 7 results for kidney transplant centers, adult patients , within 50 miles of 60608

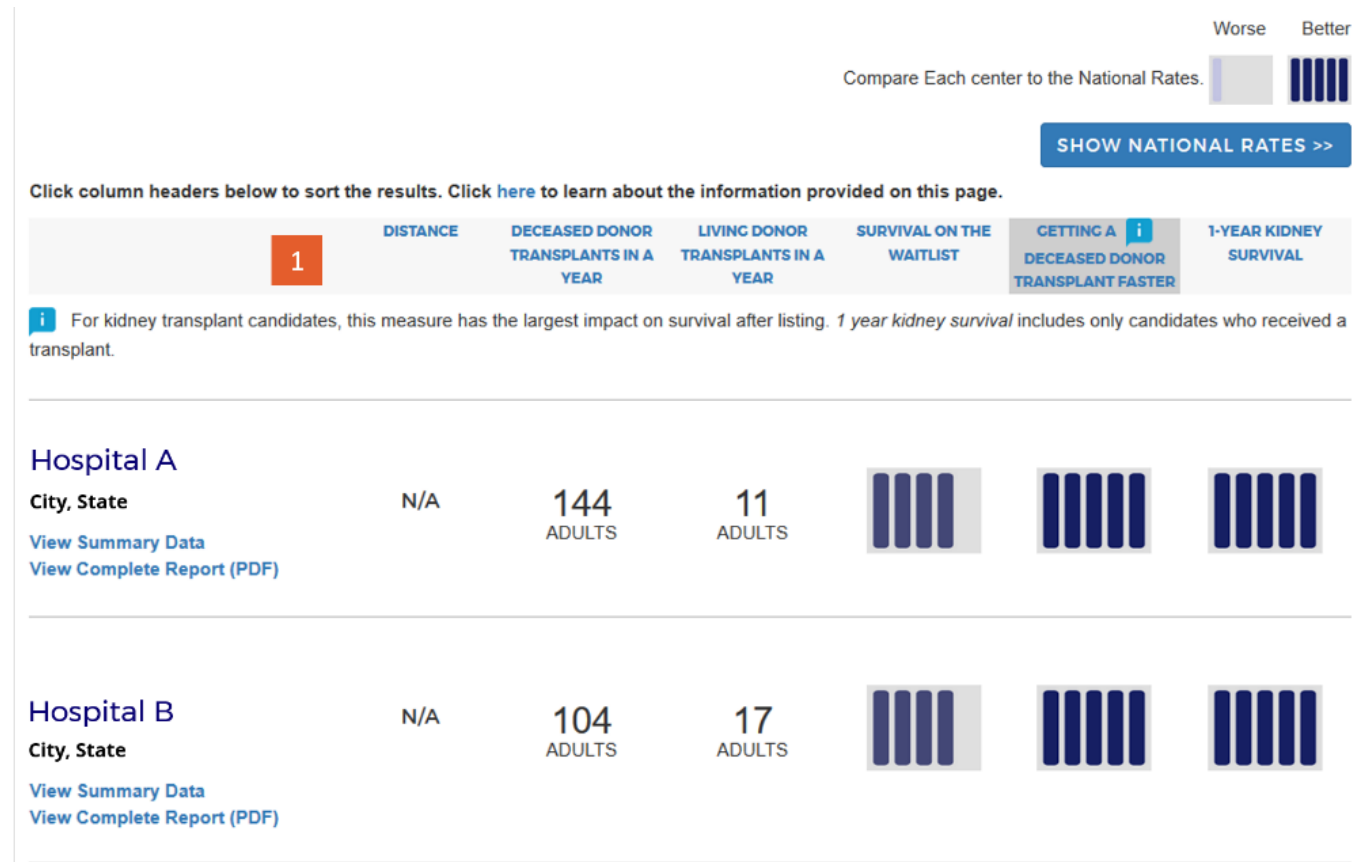
NAME	DISTANCE	TRANSPLANT VOLUME	TRANSPLANT RATE	OUTCOME ASSESSMENT
OUTCOME ASSESSMENT The outcome assessment is a risk-adjusted assessment evaluating how often patients are alive with a functioning transplanted organ 1 year after transplant. Assessments range from 1 (worst) to 5 (best). The assessment is assigned after case-mix adjustment for the types of recipients who undergo transplant at the program and the donors used by the program. The program's outcomes are compared with outcomes for other programs in the country that perform similar types of transplants. Search results are sorted by adult outcome assessments by default, so programs with the best assessments appear at the top of the list. You can choose to view assessments for pediatric recipients from the Recipient drop-down list above; however, SRTR may not evaluate outcomes for pediatric recipients if too few transplants are performed. Click here for more information.				
Rush University Medical Center Chicago, IL View Summary Data View Complete Report (PDF) Also transplants Heart, Kidney- Pancreas, Liver, Pancreas	2.5 miles	108 ADULTS	22.2 PER 100 PEOPLE PER YEAR	<div><div>5</div><div></div><div></div><div></div><div></div></div> BETTER THAN EXPECTED
University of Chicago Medical Center Chicago, IL View Summary Data View Complete Report (PDF) Also transplants Heart, Intestine, Kidney-Pancreas, Liver, Lung, Pancreas	5.9 miles	64 ADULTS	10.7 PER 100 PEOPLE PER YEAR	<div><div>5</div><div></div><div></div><div></div><div></div></div> BETTER THAN EXPECTED
Advocate Christ Medical Center Oak Lawn, IL View Summary Data View Complete Report (PDF) Also transplants Heart, Lung	10.5 miles	12 ADULTS	7.0 PER 100 PEOPLE PER YEAR	<div><div>4</div><div></div><div></div><div></div><div></div></div> SOMEWHAT BETTER THAN EXPECTED

Beta Version 2

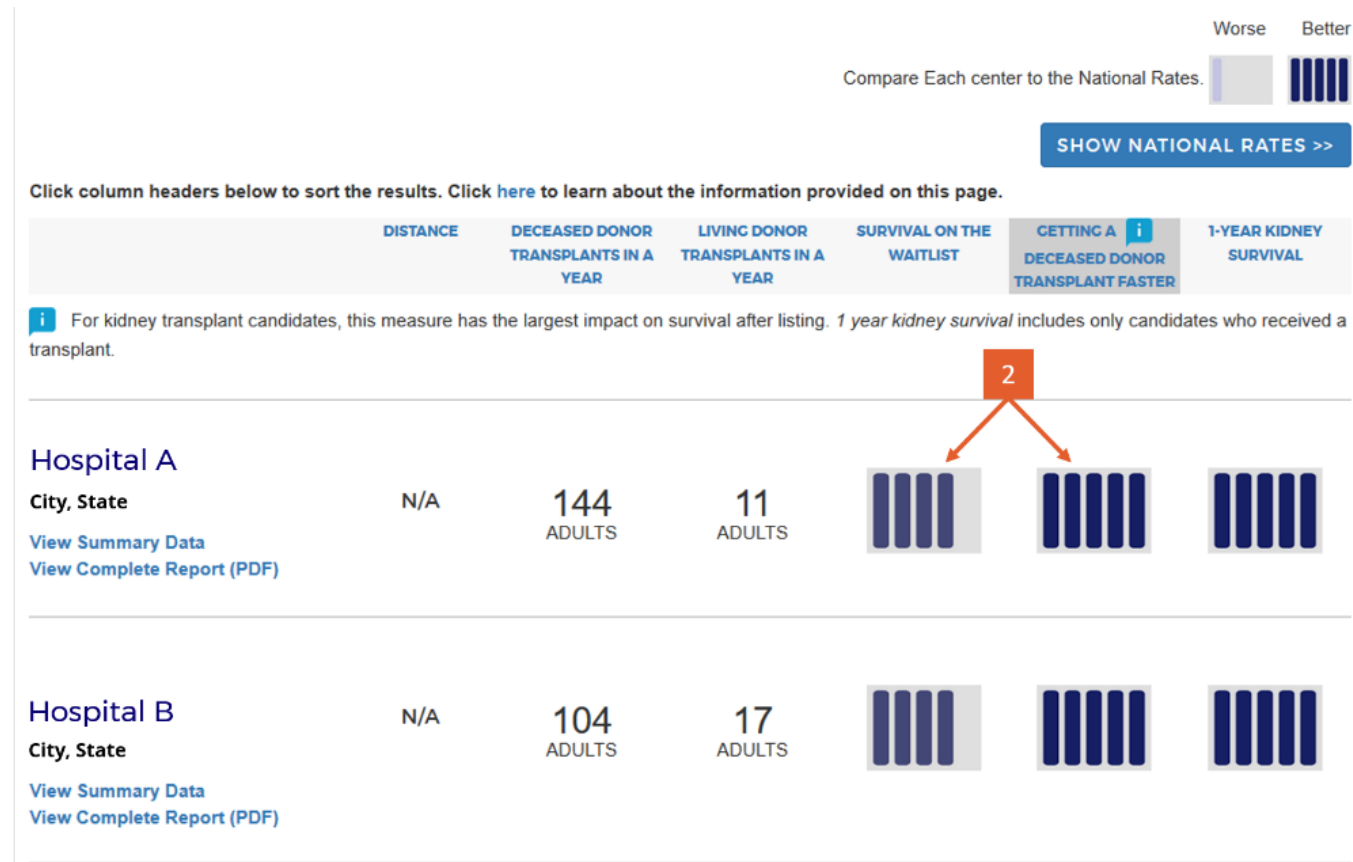
Incorporates 9
major
improvements
in response to
feedback



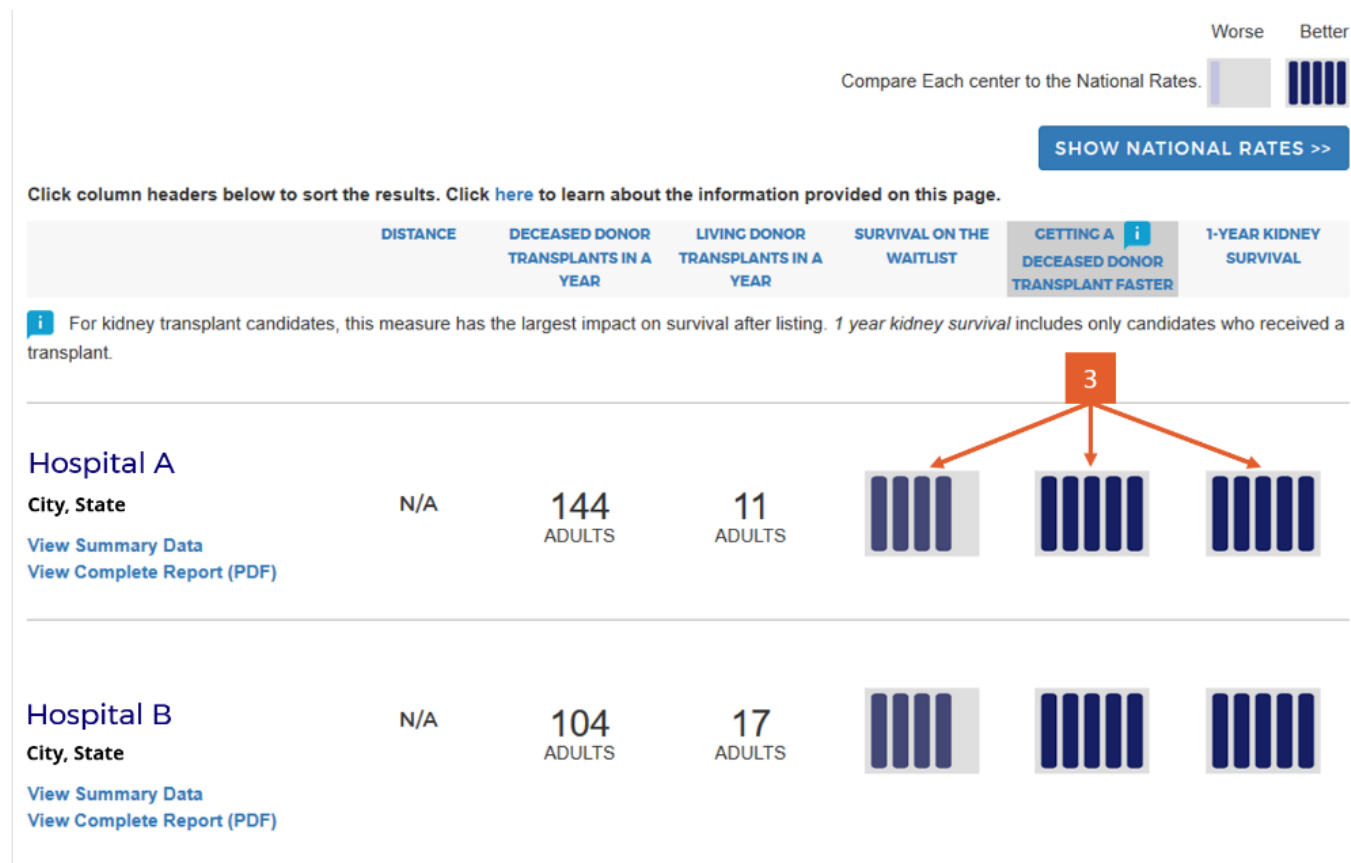
1. Column headings more patient-friendly per patient feedback.



2. Added 5-tier assessments for pretransplant metrics.



3. Condensed icons & removed interpretive text.



4. Added description of icon meaning & actual expected numbers.

Worse Better

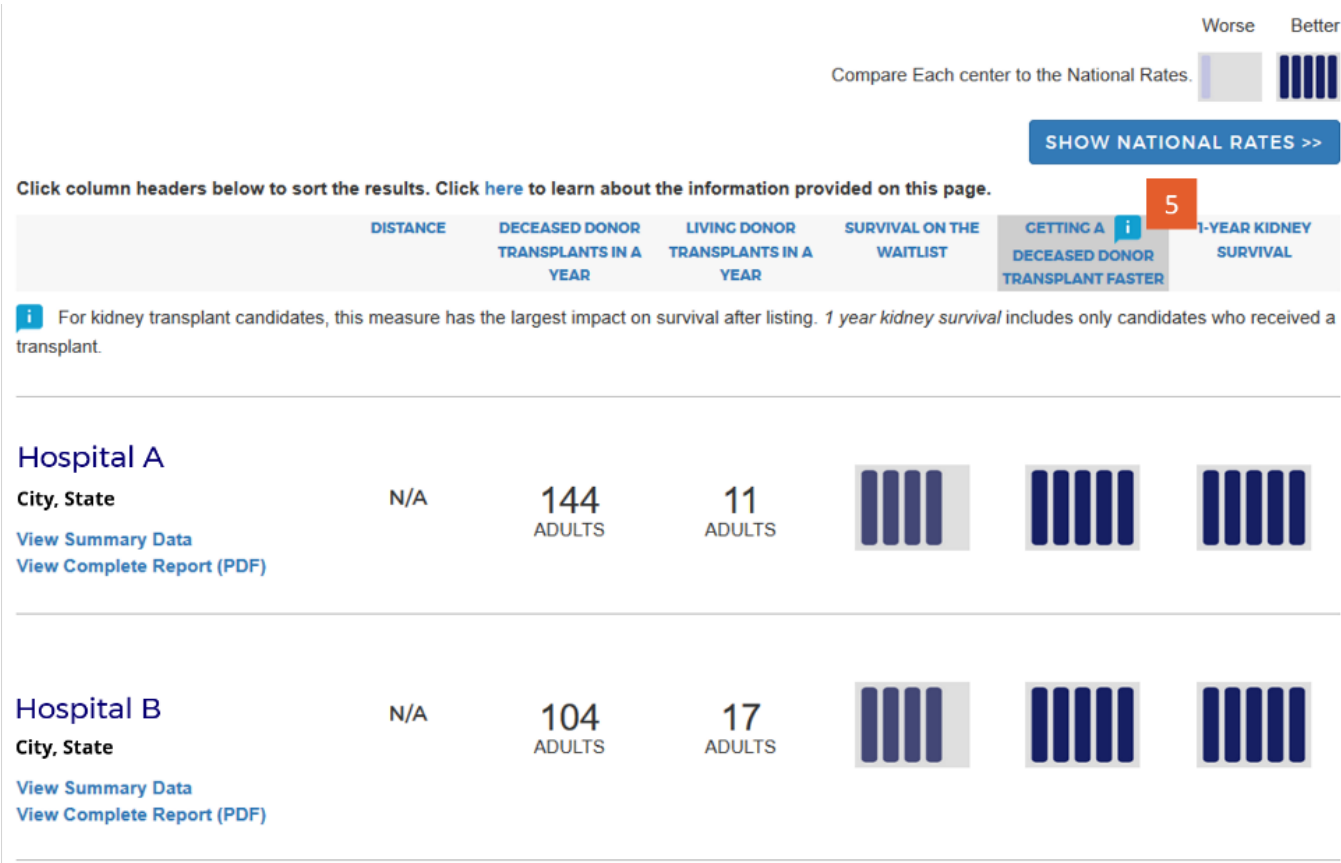
Compare Each center to the National Rates.

[HIDE NATIONAL RATES >>](#)

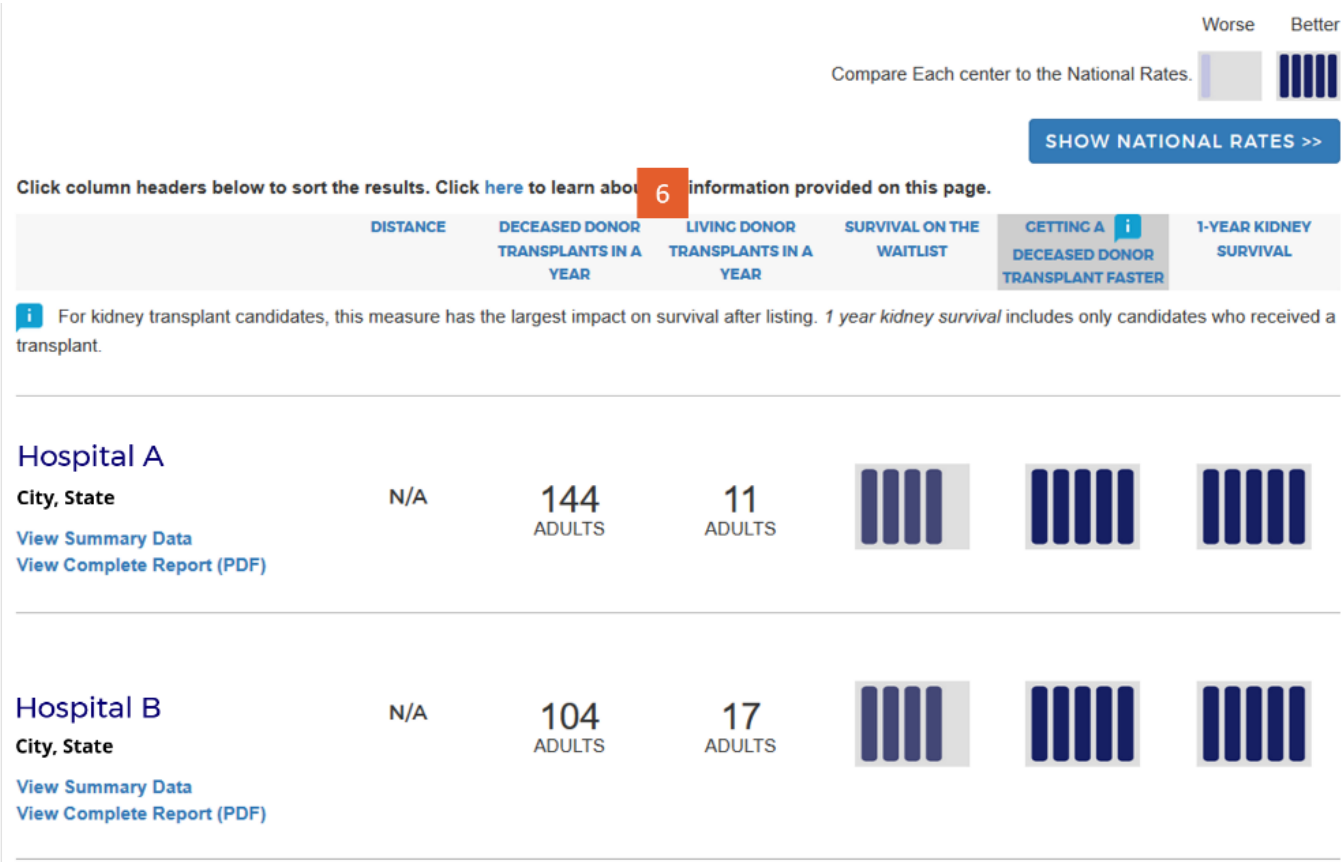
The table shows expected outcomes for an average patient at a typical program within the tier. [Learn more.](#)

	4					
Survival On the Waitlist (Deaths Per 100 years of waiting)	7.4	6.3	5.3	4.6	3.3	
Getting A Transplant Faster (Transplants Per 100 years of waiting)	5.2	8.7	12.7	18	30.4	
1-Year kidney Survival (% with functioning transplant at 1 year)	93	94	95	96	97	

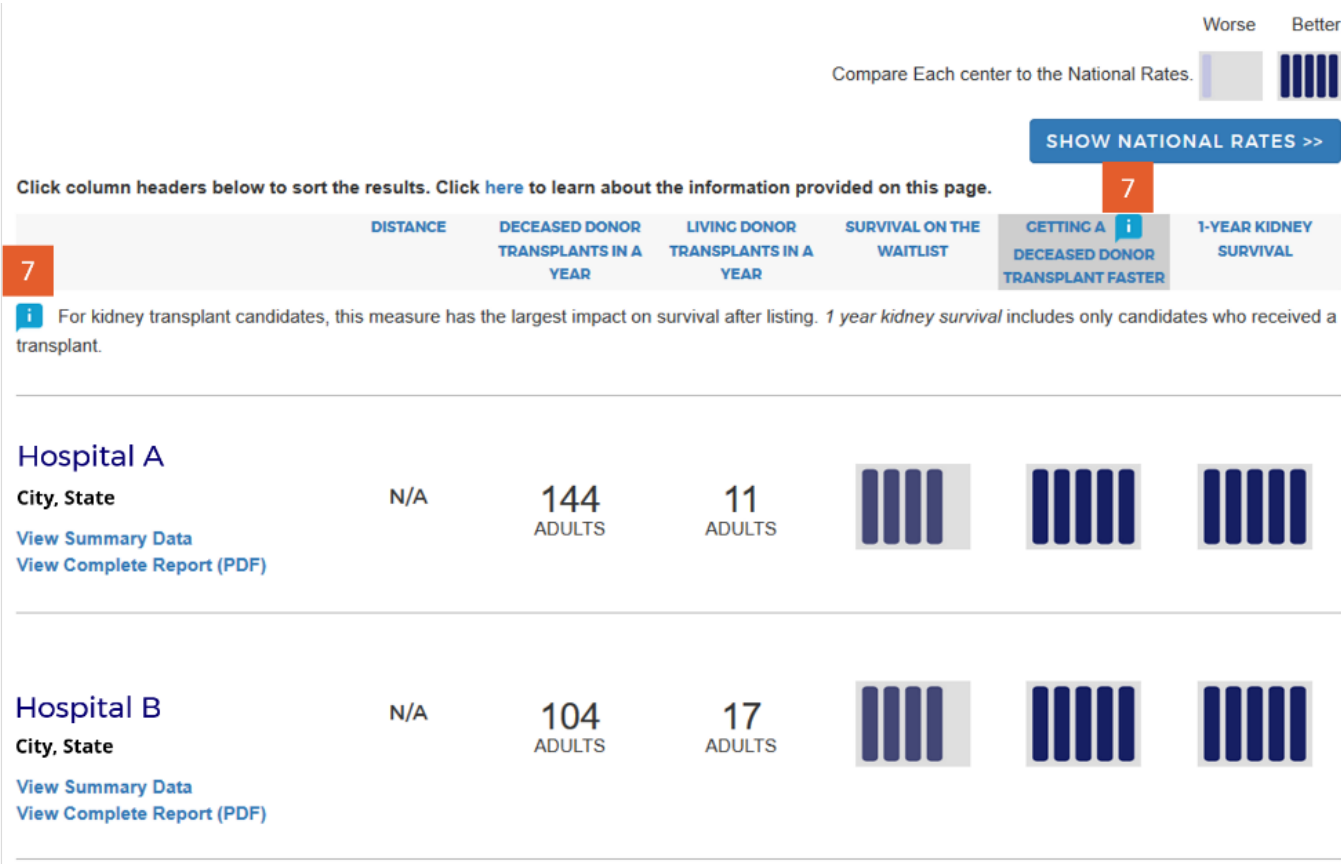
5. Changed transplant rate to a deceased-donor-only rate.



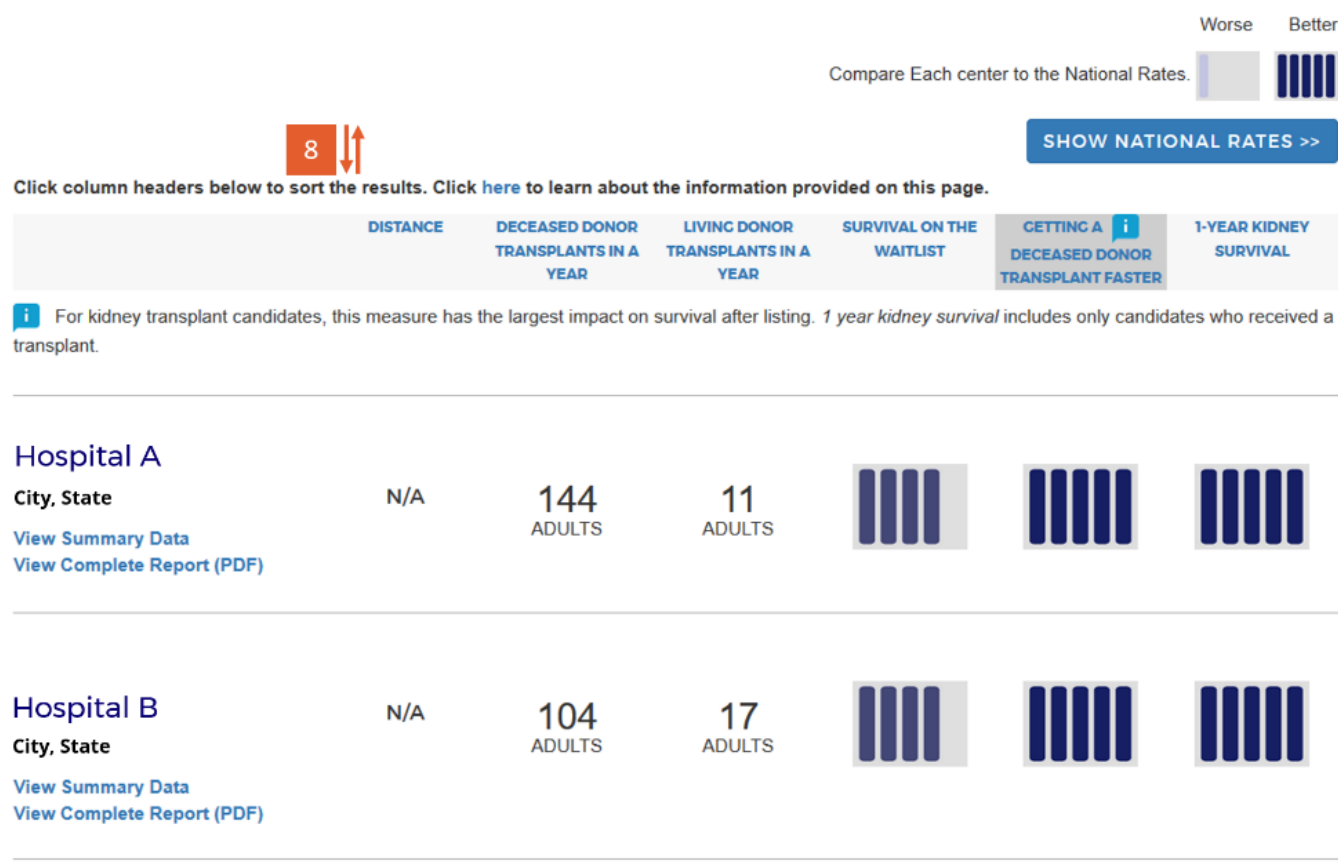
6. Divided transplant volume into deceased and living donor.



7. Indicated evaluation most important to patient survival after listing.



8. Changed default sort order to column most importance to patient survival after listing.



9. Disclaimer added below search results table.

Hospital B

City, State

N/A

104
ADULTS

17
ADULTS



[View Summary Data](#)
[View Complete Report \(PDF\)](#)

9 Note: Future outcomes may be different from past outcomes. Groups (numbers of bars) do not represent the outcome for each individual.



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What we learned through focus groups and website trials

Dr. Israni and Schaffhausen's AHRQ-Funded Work

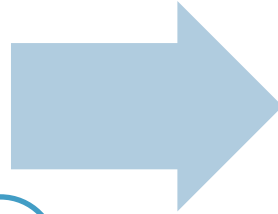
Co-investigators:

- Cory Schaffhausen
- Jon Snyder
- Ajay Israni
- Arthur Matas
- Sauman Chu
- Jack Lack
- Marilyn Bruin
- Ray Kim
- Judith Hibbard
- Scott Biggins

Schaffhausen CR, Bruin MJ, Chu S, et al. **Comparing Pretransplant and Posttransplant Outcomes When Choosing a Transplant Center: Focus Groups and a Randomized Survey.** Transplantation 2019.

Qualitative

- Patient Focus Groups
 - 23 focus groups
 - 127 patients



Quantitative

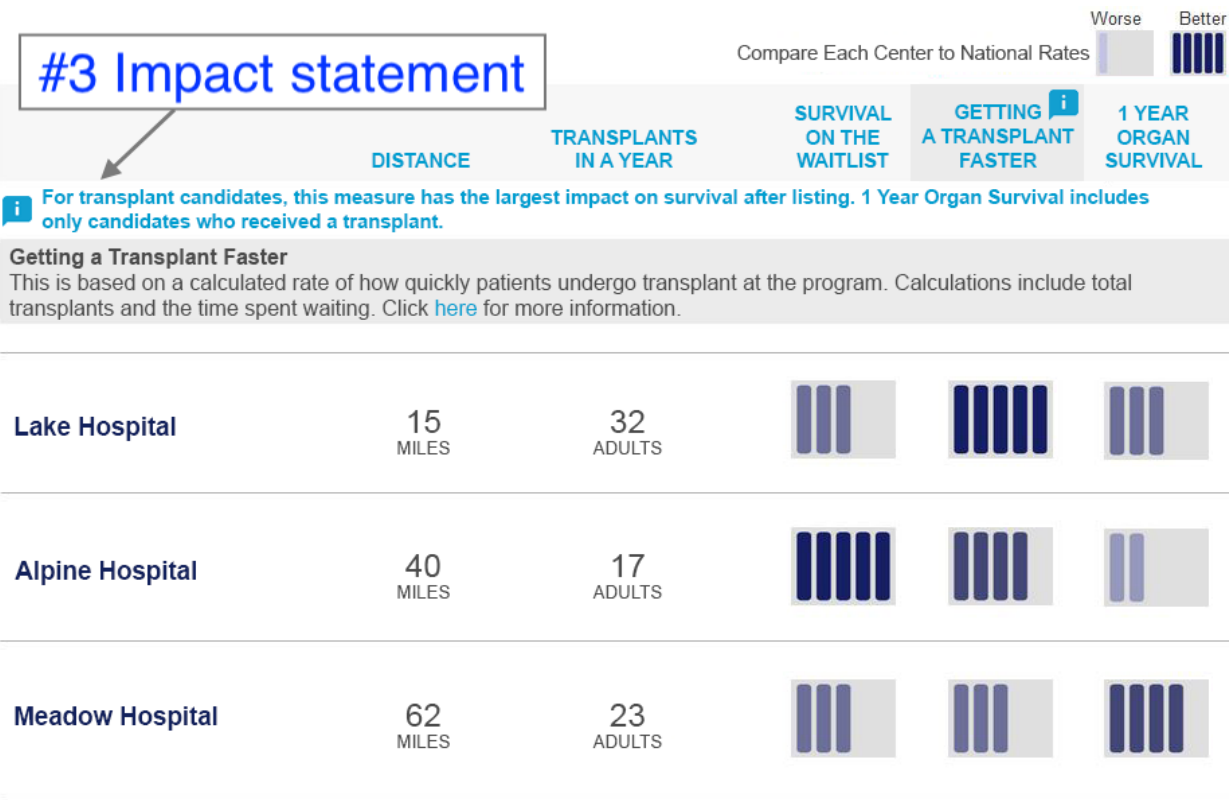
- Randomized Trial of Different Web Presentations
 - 975 participants

3 Main Themes From Qualitative Focus Groups



- 1) Outcome metrics have uncertainty relative to individual experiences.
- 2) Patients, in particular candidates, describe a focus on post-transplant outcomes.
- 3) Individual circumstances factor into decisions.

Schaffhausen CR, Bruin MJ, Chu S, et al. Comparing Pretransplant and Posttransplant Outcomes When Choosing a Transplant Center: Focus Groups and a Randomized Survey. Transplantation 2019, in press.



Quantitative Trials: Trying to Shift Focus to Pre-Transplant Metrics

The impact statement graphical element resulted in a 50% higher probability of selecting Lake Hospital, depicted as the highest transplant rate, compared to Meadow Hospital, depicted as the highest 1 year organ survival (RR, 1.16^{1.50}_{1.95}).

- 37% of Controls chose Lake
- 51% chose Lake with the Impact Statement

Schaffhausen CR, Bruin MJ, Chu S, et al. Comparing Pretransplant and Posttransplant Outcomes When Choosing a Transplant Center: Focus Groups and a Randomized Survey. Transplantation 2019, in press.

Testing Numeric vs. Tiered Transplant Rate

Transplant Center Search Results

Centers may vary in rates of complications and wait times. [Learn more](#)

	Distance	Transplant Rate	Outcome Assessment
The outcome assessment tells you if the program's 1-year survival after transplant is better, worse, or about the same as what is expected for that program. This is determined by comparing the survival for patients at each center with similar patients nationally.			
Meadow Hospital	92 miles	13.4 PER 100 PEOPLE PER YEAR	4 SOMEWHAT BETTER THAN EXPECTED
Forest Hospital	120 miles	8.5 PER 100 PEOPLE PER YEAR	4 SOMEWHAT BETTER THAN EXPECTED
Lake Hospital	15 miles	32.3 PER 100 PEOPLE PER YEAR	3 GOOD (AS EXPECTED)
River Hospital	4 miles	12.6 PER 100 PEOPLE PER YEAR	3 GOOD (AS EXPECTED)
Alpine Hospital	40 miles	15.7 PER 100 PEOPLE PER YEAR	2 SOMEWHAT WORSE THAN EXPECTED

Transplant Center Search Results

Centers may vary in rates of complications and wait times. [Learn more](#)

	Distance	Transplant Rate	Outcome Assessment
The outcome assessment tells you if the program's 1-year survival after transplant is better, worse, or about the same as what is expected for that program. This is determined by comparing the survival for patients at each center with similar patients nationally.			
Meadow Hospital	92 miles	3 GOOD (AS EXPECTED)	4 SOMEWHAT BETTER THAN EXPECTED
Forest Hospital	120 miles	2 SOMEWHAT WORSE THAN EXPECTED	4 SOMEWHAT BETTER THAN EXPECTED
Lake Hospital	15 miles	5 BETTER THAN EXPECTED	3 GOOD (AS EXPECTED)
River Hospital	4 miles	3 GOOD (AS EXPECTED)	3 GOOD (AS EXPECTED)
Alpine Hospital	40 miles	4 SOMEWHAT BETTER THAN EXPECTED	2 SOMEWHAT WORSE THAN EXPECTED

26% choose Lake with numerical rate vs. 45% with tiers (p < .001)

Peer-Reviewed Publications Resulting from the website development process

1. **The importance of transplant program measures: Surveys of 3 national patient advocacy groups.** Schaffhausen CR, Bruin MJ, Chu S, Wey A, Snyder JJ, Kasiske BL, Israni AK. Clin Transplant. 2018 Oct 16:e13426. doi: 10.1111/ctr.13426. [Epub ahead of print]
2. **Five-tier utility: A start on the path to better reporting, in response to Schold and Buccini.** Wey A, Salkowski N, Kasiske BL, Skeans M, Schaffhausen CR, Gustafson SK, Israni AK, Snyder JJ. Am J Transplant. 2018 Sep 19. doi: 10.1111/ajt.15120. [Epub ahead of print]
3. **Seeking new answers to old questions about public reporting of transplant program performance in the United States.** Kasiske BL, Wey A, Salkowski N, Zaun D, Schaffhausen CR, Israni AK, Snyder JJ. Am J Transplant. 2018 Aug 3. doi: 10.1111/ajt.15051. [Epub ahead of print]
4. **Comparing Scientific Registry of Transplant Recipients posttransplant program-specific outcome ratings at listing with subsequent recipient outcomes after transplant.** Wey A, Salkowski N, Kasiske BL, Skeans M, Schaffhausen CR, Gustafson SK, Israni AK, Snyder JJ. Am J Transplant. 2018 Jul 27. doi: 10.1111/ajt.15038. [Epub ahead of print]
5. **Association of pretransplant and posttransplant program ratings with candidate mortality after listing.** Wey A, Gustafson SK, Salkowski N, Kasiske BL, Skeans M, Schaffhausen CR, Israni AK, Snyder JJ. Am J Transplant. 2018 Jul 24. doi: 10.1111/ajt.15032. [Epub ahead of print]
6. **Program-specific transplant rate ratios: Association with allocation priority at listing and posttransplant outcomes.** Wey A, Gustafson SK, Salkowski N, Pyke J, Kasiske BL, Israni AK, Snyder JJ. Am J Transplant. 2018 Jun;18(6):1360-1369. doi: 10.1111/ajt.14684. Epub 2018 Mar 3.
7. **What patients and members of their support networks ask about transplant program data.** Schaffhausen CR, Bruin MJ, Chesley D, McBride M, Snyder JJ, Kasiske BL, Israni AK. Clin Transplant. 2017 Dec;31(12). doi: 10.1111/ctr.13125. Epub 2017 Oct 23.
8. **A Five-Tier System for Improving the Categorization of Transplant Program Performance.** Wey A, Salkowski N, Kasiske BL, Israni AK, Snyder JJ. Health Serv Res. 2018 Jun;53(3):1979-1991. doi: 10.1111/1475-6773.12726. Epub 2017 Jun 13.



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Controversy of Public Reporting



Low-rated US hospitals are deadlier due to mistakes, botched surgery, infections

Jayne O'Donnell • Updated 1:42 p.m. ET May 16, 2019

www.hospitalsafetygrade.org

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SAFETY GRADE

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How Safe is Your Hospital?

Search By Zip

55404

Within 50 Miles

Search

Hennepin Healthcare

701 Park Avenue
Minneapolis, MN 55415-1829

[View the full Score](#)

This Hospital's Grade

D

SPRING 2019

Abbott Northwestern Hospital

800 E. 28th Street
Minneapolis, MN 55407-3799

[View the full Score](#)

This Hospital's Grade

C

SPRING 2019

University of Minnesota Medical Center, Fairview - West Bank Campus

2450 Riverside Avenue
Minneapolis, MN 55454-1400

[View the full Score](#)

This Hospital's Grade

C

SPRING 2019

TQI 2019: Patient Focused

SR
TR

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49



Low-rated US hospitals are deadlier due to mistakes, botched surgery, infections

Jayne O'Donnell • Updated 1:42 p.m. ET May 16, 2019

"Hospitals that scored poorly also have claimed that the rankings are skewed because they treat sicker patients, whereas higher-graded hospitals have a healthier, more affluent clientele and are therefore less likely to have complications.

But Leapfrog, which has been grading hospitals since 2012, counters that some of their measurements, such as hospital infections, are risk adjusted to reflect sickness levels of patients."



Johns Hopkins' Armstrong Institute to Aid the Leapfrog Group in Grading the Safety and Quality of U.S. Hospitals

Release Date: December 12, 2012

"Patients should have access to the most accurate and current data on hospital safety and quality when making important decisions on where they and their loved ones should receive care," says Peter Pronovost, M.D., Ph.D., senior vice president of quality and safety at Johns Hopkins Medicine.

https://www.hopkinsmedicine.org/news/media/releases/johns_hopkins_armstrong_institute_to_aid_the_leapfrog_group_in_grading_the_safety_and_quality_of_us_hospitals

4 Steps Necessary For Patients to Benefit

Report cards must exist

Patients must know about them and be able to access them

Patients must be able to understand the quality rankings and believe them

Patients must act upon the information

Adapted from Werner et al. The Unintended Consequences of Publicly Reporting Quality Information. JAMA. 2005;293:1239-1244



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FIND & COMPARE TRANSPLANT PROGRAMS

Select Organ



Search by Postal Code or Program Name (optional)

SEARCH

ABOUT SRTR ▾

ABOUT THE DATA ▾

REPORTS & TOOLS ▾

NEWS & MEDIA ▾

REQUESTING SRTR DATA ▾

FAQS ▾

CONTACT US

Almost 20,000 transplants have been performed so far this year.

Upcoming PSR/OSR Changes and Model Previews





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FIND & COMPARE TRANSPLANT PROGRAMS

Select Organ



Search by Postal Code or Program Name (optional)

SEARCH

ABOUT SRTR ▾

ABOUT THE DATA ▾

REPORTS & TOOLS ▾

NEWS & MEDIA ▾

Almost 20,000 transplants have been performed year.

Upcoming PSR/OSR Changes and Model Previews

- 4,500 Users Per Week
- Top 5 pages
 - Liver waitlist calculator
 - Liver search
 - Kidney search
 - PSRs
 - OPTN/SRTR Annual Data Report





Some Patient Feedback...

"Just a word of thanks for compiling and presenting this data. My [son] recently had a successful kidney transplant at [program X]. We chose [Program X] over [Program Y] with confidence based on the data. And we know, definitively, that my son got a better outcome as a result."



Some Patient Feedback...

"I just explored the Beta Site Changes and I had to write to say thank you and bravo. When I learned of my sister's need for a transplant, I wanted data about centers because I knew nothing. I spent a lot of time getting there. And when I did my confidence level increased significantly. At the same time I remember feeling guilty thinking about how many patients probably couldn't do the same. So thank you from a patient on behalf of other patients."



Some Patient Feedback...

"Families are so thankful for the amazing reporting you provide."

Pros and Cons of Public Reporting



Pros

- Transparency
- Informed Consumers
- Drives improvement
- Focuses Attention



Cons

- Unintended Consequences!
- Reduce patient access to care
- Potential for gaming

Goodhart's Law

"Any observed statistical regularity will tend to collapse once pressure is placed upon it for control purposes."

-Goodhart, Charles (1981). "Problems of Monetary Management: The U.K. Experience". In Courakis, Anthony S. (ed.). *Inflation, Depression, and Economic Policy in the West*. pp. 111–146.

Marilyn Strathern

“When a measure becomes a target, it ceases to be a good measure.”

*-Strathern, Marilyn. Improving Ratings. *Audit in the British University System European Review* 5: 305–321.*

The conundrum

“Luis Garicano at the London School of Economics calls it the Heisenberg Principle of incentive design, after the defining uncertainty of quantum physics:

A performance metric is only useful as a performance metric as long as it isn't used as a performance metric.”

- Porter E. Grading Teachers by the Test. NY Times. March 24, 2015.



Quotes from our field?

Better-ranked [programs] got better [patients].

Other studies found [programs'] scores jump around a lot from year to year, putting their value into question.

[Programs] argue there is no way they could isolate the impact of [the program] itself from other factors affecting [outcomes], particularly such things as the family background of the [patients], the impact of poverty, [race], even [local healthcare systems].

Not from our field... Quotes are from a debate about performance metrics for teachers.

"Better-ranked teachers got better students."

"Other studies found teachers' scores jump around a lot from year to year, putting their value into question."

"Teachers argue there is no way they could isolate the impact of teaching itself from other factors affecting children's learning, particularly such things as the family background of the students, the impact of poverty, racial segregation, even class size."

- Porter E. Grading Teachers by the Test. NY Times. March 24, 2015.

The conundrum continued...

“Anytime you perform an evaluation you must worry about unintended side effects,” said Joel Klein, former chancellor of New York City schools, who famously battled the teachers’ union. “But the absence of evaluation is totally unacceptable.”

- Porter E. Grading Teachers by the Test. NY Times. March 24, 2015.

Unintended Consequences Raised

1. Too many centers identified as underperforming
2. Not a clinically meaningful difference in outcomes vs. expected.
3. Adverse effects on growth and innovation
4. Unadjusted confounding
5. Data are often above the health literacy / numeracy level of most patients
6. Tiers are not associated with prospective candidate survival
7. Pretransplant metrics are also subject to unintended consequences of not wanting to list patients
8. Discards have increased and flagged centers have higher turndown rates

Schold et. al. Quality Metrics in Kidney Transplantation: Current Landscape, Trials and Tribulations, Lessons Learned, and a Call for Reform. Am J Kidney Dis 2019; article in press.

Tiers Predict Risk of Death after Listing

	% Reduction in Prospective Risk of Death Following Listing			
	1-Tier Difference	2-Tier Difference	3-Tier Difference	4-Tier Difference
Kidney (Tx Rate Tier)	5%	10%	14%	19%
Liver (Tx Rate Tier)	10%	19%	27%	34%
Lung (Post-Tx Graft Survival Tier)	5%	10%	14%	19%
Heart (Tx Rate Tier)	4%	8%	12%	15%

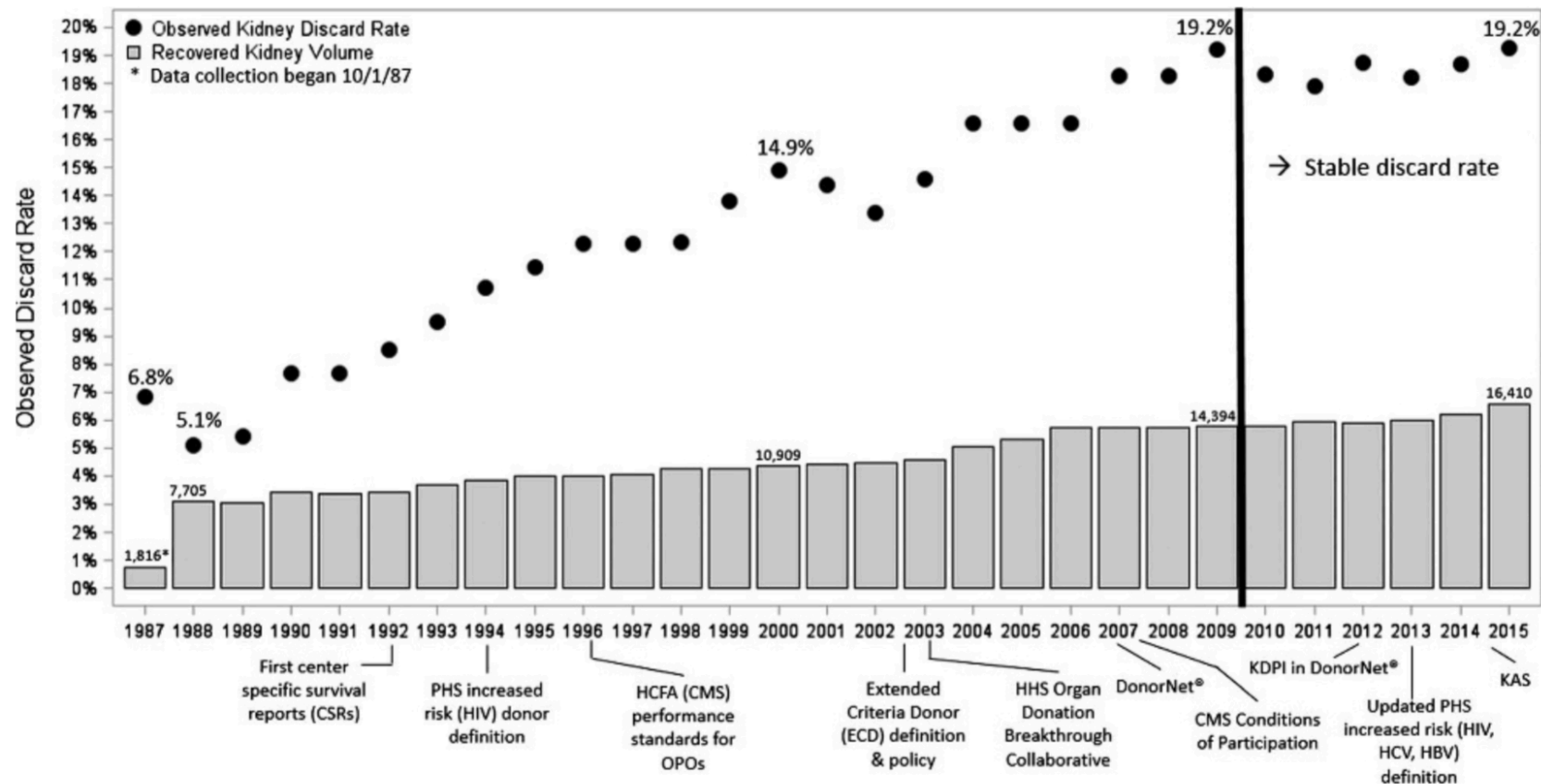
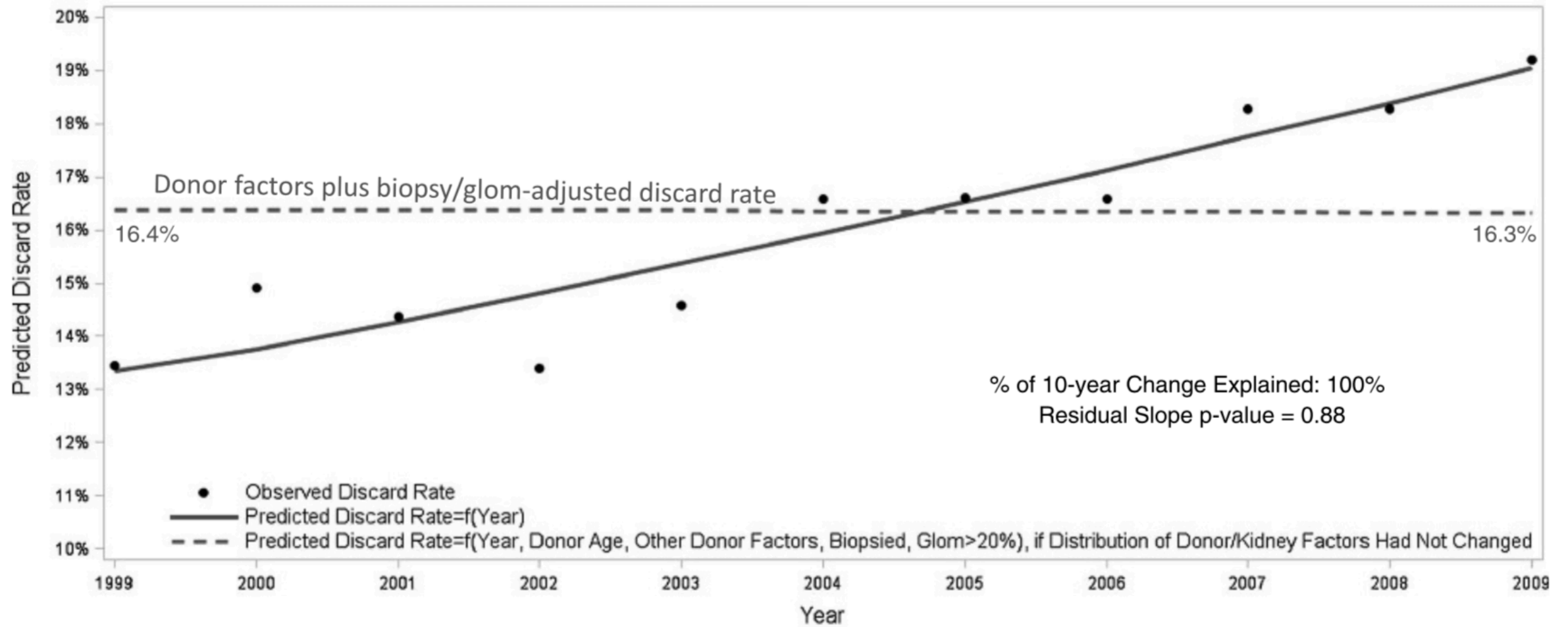


FIGURE 1. Trends in deceased donor kidneys recovered for transplant and the kidney discard rate, 1987 to 2015. The percentage of kidneys recovered for transplant but discarded rose from 5.1% in 1988, the first full year available, to 19.2% in 2009 and remained around 18% to 19% through 2015. The number of kidneys recovered for transplantation has more than doubled. Historical events potentially related to kidney recovery and discard, such as policy, system, or oversight changes, are annotated for reference.

Stewart Et. Al. Diagnosing the Decades-Long Rise in the Deceased Donor Kidney Discard Rate in the United States. *Transplantation* 2017;101:575-587.

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Stewart Et. Al. Diagnosing the Decades-Long Rise in the Deceased Donor Kidney Discard Rate in the United States. Transplantation 2017;101:575-587.

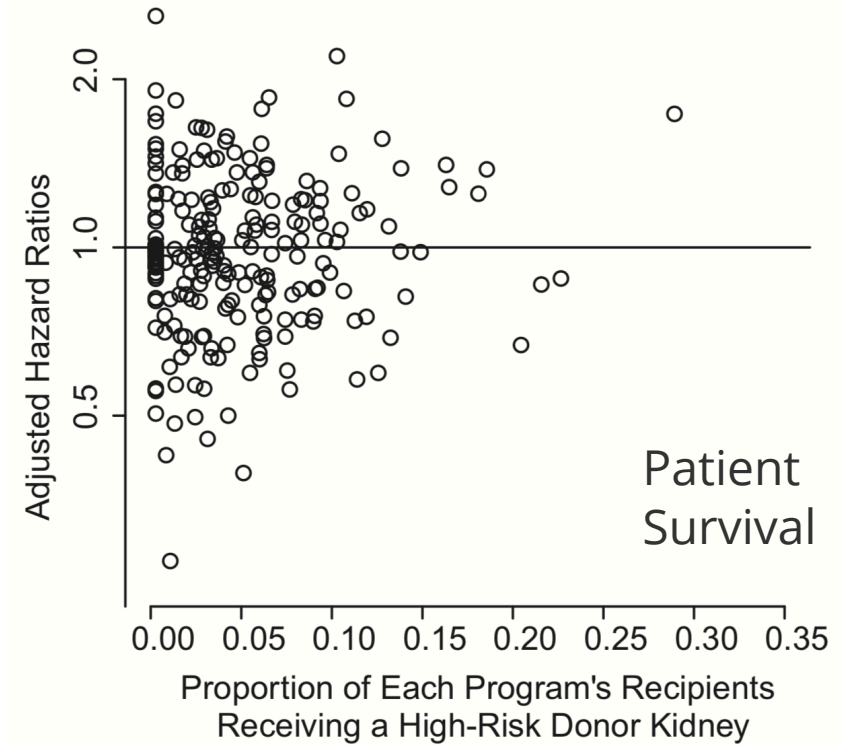
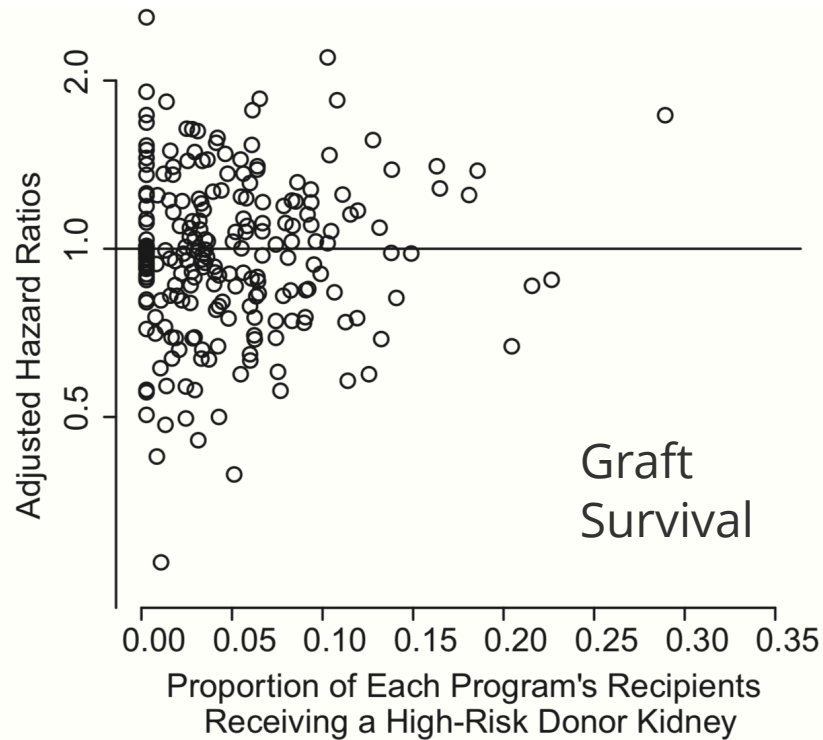
Mitigating Unintended Consequences

“With outcomes-based report cards, the incentive to avoid patients at high risk for adverse outcomes is best addressed through detailed and credible risk adjustment.”

“However, detailed risk adjustment does little to mitigate physicians’ incentive to migrate toward healthy patients for whom treatment may provide fewer benefits. One way to decrease this unintended consequence of public reporting is to include measures of the appropriateness of care.”

- Werner RM, Asch DA. The Unintended Consequences of Publicly Reporting Quality Information. JAMA. 2005;293:1239-1244.

Measured Donor Risk is Not Associated with Worse Kidney Program Evaluations



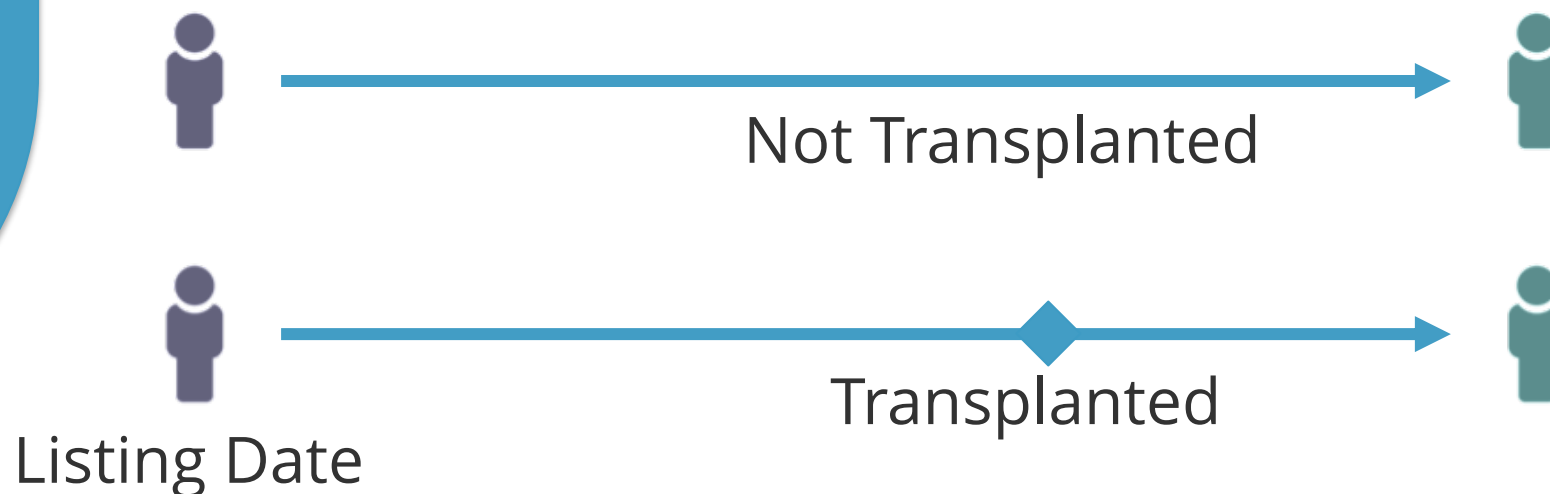
Snyder Et. Al. Effects of High-Risk Kidneys on Scientific Registry of Transplant Recipients Program Quality Reports. Am J Transplant 2016;16:2646-2653.



Survival From Listing Metric



What is the overall survival experience of patients at program X from the time of listing?



Why survival from listing?


Most similar to an intent-to-treat analysis for the candidate experience after listing

Integrates the pretransplant and posttransplant patient experience

SRTR contract and the OPTN Final Rule state that the PSRs shall include survival from listing

To make public reporting work

Measures must be promoted widely, understandably, and credibly.



Should decrease incentives for providers to select patients to improve rankings.



Participation must be mandatory and quality measurement and reporting must be universally adopted.

- Werner RM, Asch DA. The Unintended Consequences of Publicly Reporting Quality Information. JAMA. 2005;293:1239-1244.

The Bottom Line...

“Keeping quality information private may appear conspiratorial, reduce patient trust, damage the profession’s credibility, and hinder future efforts at quality improvement. The Institute of Medicine has suggested that what is really needed to improve quality is a culture that encourages sharing rather than hiding errors.”

- Werner RM, Asch DA. The Unintended Consequences of Publicly Reporting Quality Information. JAMA. 2005;293:1239-1244.
- Institute of Medicine. Patient Safety: Achieving a New Standard of Care. Washington, DC: National Academy Press; 2003.



Transplantation

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