### **Disclosures**

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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.

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### Stability of New CMS Metrics for Organ Procurement Organizations: Comparison of 2 Consecutive Years

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### **Introduction & Methods**

- CMS evaluates organ procurement organizations (OPOs) for quality performance.
- OPOs classified into 1 of 3 tiers based on whether they are <u>not</u> significantly below:
  - 75th percentile for both metrics (Tier 1)
  - Median of all OPOs (Tier 2)
  - Based on prior calendar year's evaluation (eg, 2020 percentiles based on 2019 performance)
  - Worse performing Tier 3 have 1 or more upper 95% confidence limits below the median cutoff
  - We compared the stability of tiers for the new CMS metrics for:
    - Donation rate
    - Transplant rate
    - Overall Tier

• Compare 2019, 2020 and 2021 CMS metrics (available at <u>https://qcor.cms.gov/main.jsp</u>).











### **CMS Donation Rate Tier: 2021**













### **CMS Transplant Rate Tier: 2021**













### **CMS Overall Tier: 2021**









### **Stability of the CMS Targets**

#### **Donation Rate**

#### **Transplant Rate**





### Conclusions

- More OPOs failed CMS's performance assessment in 2020 compared with 2019. Trend continues in 2021
- Potential reason for more OPOs failing CMS performance assessment:
  - Donation rate relatively stable for 3 years
  - Donation rate median and 75 percentiles increasing across all 3 years
  - Transplant rates nationally declined from 2019 to 2020 and declined again in 2021
  - Transplant rate median increased (2019 to 2020) and 75<sup>th</sup> percentile increased (all 3 years).
- This illustrates a limitation of using prior year to set the performance targets.
  - SRTR Program-specific reports and OPO specific reports compare performance to other programs in same period.
- Goal was to increase tier 1 OPOs but instead tier 3 OPOs increasing.



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