

Providing Systematic Review, Guidance

A look at the MPSC and its role in member compliance

BY KAREN SOKOHL

Transplant centers, organ procurement agencies, tissue typing laboratories and all other institutions that make up our nation's complex organ transplantation network must meet specific requirements before they can become a functioning institutional member of the OPTN.

The group that reviews and approves membership applications and ultimately makes sure that all members comply with OPTN policies and bylaws is the OPTN/UNOS membership and professional standards committee (MPSC).

The committee's mammoth responsibilities require a large membership (32 members) and the support of multiple UNOS staffers from various departments.

To complete all its tasks and responsibilities, the committee splits itself into two working subcommittees: the *data subcommittee* (DSC), which monitors transplant program performance, and the *policy compliance subcommittee* (PCSC), which reviews policy violations.

The DSC looks at one-year posttransplant patient- and graft-survival rates as well as periods of transplant inactivity to see if any aspect of the center's program warrants further study.

The PCSC reviews policy violations made by OPTN/UNOS members to determine what type of action, if any, needs to be taken to bring the member back into compliance. Voluntary compliance with OPTN/UNOS policies is the ultimate aim, although there are cases when the member fails to come into compliance voluntarily and some sort of sanction is necessary.

To help transplant professionals better understand the complex make-up and role of this important committee, we asked a few questions of OPTN/UNOS MPSC chair James J. Wynn, M.D., chief of transplant surgery at the Medical College of Georgia.

Q Why is the peer review process so important?

A We have a long and effective tradition in medicine and in the United States of using peer review to improve the quality and outcome of medical care. Peer review works because transplantation requires professional expertise to address some of the situations that arise.

I also think there are many circumstances in which the response to a review from your peers is more positive than it would be to a more regulatory sort of oversight. I don't mean to imply, though, that both types of review shouldn't co-exist.

The recent CMS [Centers for Medicare and Medicaid Services] conditions of participation for transplant centers, for example, are a positive example of regulatory oversight that, in some ways, parallels the sort of activities that the OPTN undertakes.

But there is a role for both, and the fact that we use peer review makes our approach less threatening to OPTN/UNOS members. A more regulatory sort of approach might result in *compliance* with regulations, whereas peer review creates the *environment* for an open and honest exchange—and ultimately allows for improved outcomes.

Q You served as a regional representative on the MPSC in the early '90s. How do you think the committee's role has changed?

A Certainly the degree of oversight that we're providing now is different. UNOS' department of evaluation and quality (DEQ) in its current form didn't even exist when I was on the MPSC, and there was very little systematic review of transplant center or program performance. Back then, we spent most of our time looking at new program applications and looking at qualifications of primary surgeons and primary physicians.

But the OPTN Final Rule and the Health Resources and Services Administration (HRSA) called for more oversight over issues of compliance and patient safety. That led to creation of UNOS' department of evaluation and quality in its current form and changed the scope of the committee somewhat.

Q What is the biggest misconception about the MPSC? What would you like for transplant professionals to understand about the committee?

A I think OPOs and transplant programs need to know that the committee undertakes its responsibilities with serious intent and that the members of the committee are very invested in their work.

It is clear to me that individual committee members commit a substantial amount of time to review program applications and key personnel changes and any compliance issues that come before them.

The professionals who volunteer to serve in this capacity take their job quite seriously. There is no hint of a “good old boys club” or of perfunctory review—everything is done with a sense of professionalism and commitment that I find admirable.

There’s also a great commitment to fairness—and a recognition that, despite the best intentions, errors can occur. “There but for the grace of God go I,” in other words.

There is a willingness on the part of the MPSC to work and cooperate with OPTN/UNOS members in order to resolve issues. But we need programs to take the same sort of approach and recognize that OPTN/UNOS policies are not trivial.

The current policies and procedures and compliance issues have been vetted by the transplant community. The issues have been thought about seriously by the OPTN/UNOS board and OPTN/UNOS committees in collaboration with HRSA by the time the policies go into effect. It is the program’s responsibility to make sure they remain in compliance.


Q What are some of the more common policy violations that the committee has encountered?

A The committee recently identified the most common policy violations, and the May/June issue of the *Update* had an article [see page 20] that went into this topic in detail.

Some of the most common policy violations involve patient notification, ABO typing, listing candidates, organ allocation, data submission and organ-packaging requirements.

Almost always, our members voluntarily comply with these requirements after receiving education about the policy and guidance about how to comply. [Editor’s note: See sidebar, this page.]

That is one of the most positive aspects of working on the MPSC—it’s gratifying to work with our members and see their policy compliance improve over time. **U**

 For more information about the MPSC, visit optn.org or unos.org (*who we are > committees > membership and professional standards*) or call Sally Aungier, UNOS liaison to the MPSC, at (804) 782-4812 or send her an e-mail at aungiesh@unos.org.

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GET HELP—THE OPTN ‘EVALUATION PLAN’

Are you taking advantage of the OPTN “evaluation plan” to make sure your efforts are up to date to comply with OPTN/UNOS requirements and the Final Rule?

The plan—first approved by the OPTN/UNOS board in late 2004—is updated in March, June, September and December to incorporate the latest policy and bylaw changes.

UNOS announces each update to the evaluation plan by sending an e-mail to OPOs, transplant centers and histocompatibility labs. Changes are highlighted in bright blue in each updated plan. Also included is a “change log” with links to the section of the plan containing the changes.


The plan includes links to supporting materials, such as policy brochures, system notices and training modules. There’s also Google search capability for easy navigation.

Overall, the OPTN evaluation plan helps OPTN/UNOS members understand how to apply policies and bylaws in their day-to-day activities, explaining what is expected of them to comply with each requirement. The plan also explains how UNOS will monitor compliance.

If you have questions or suggestions for the evaluation plan, please send an e-mail to your regional administrator.

UNOS’ regional administrators are the following:

- Shannon Edwards (1, 4, 9), edwardsf@unos.org
- Betsy Gans, CPTC (2, 6, 8), gansel@unos.org
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- Chrystal Graybill (5, 7, 10), graybioe@unos.org

 The OPTN evaluation plan is available at optn.org (*policies > evaluation plan*). If you prefer using a desk reference, we recommend printing the complete document once and then printing only the quarterly change logs to incorporate into the full document.