Donation Rate Interpretation Guidance

For Organ Procurement Organizations (OPO) Performance Measurement
Version August 2026

Donation Rate Interpretation Guidance as of August 2026

Reporting Frequency

The Donation Rate is intended to be measured annually.

Directionality

The Donation Rate represents the number of donors who donate at least one organ compared with an estimate of the number of potential organ donors in the Donation Service Area during the time period of interest.

Performance Thresholds

There is not enough information to set a threshold. While the Centers for Medicare & Medicaid Services (CMS) compares performance of organ procurement organizations (OPOs) against the median performance of all OPOs and then automatically decertifies OPOs that fall below the median on either this measure or the CMS Transplant Rate Measure, AOPO does not believe there is sufficient evidence to set a threshold at this time.

Application of the Measure Results

Donation Rate data are intended to be used *internally* by an OPO for performance improvement. Because every OPO operates in a unique environment and limited data have been collected across all OPOs at this time, these data are intended for internal use only and should not be used to compare OPOs. Additionally, this measure is similar but not identical to the CMS Donation Rate Measure and should not be confused with that measure. Specifically, the age cut-off in this measure is different and the potential donor population is smaller than in the CMS Measure.

Exclusions

Exclusions introduce biases. If it is necessary to exclude a case from the calculation, please consult the measure developer.

AOPO
ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS

ECONOMETRICA, INC.

Cautions and Limitations

+ **Lag Time:** The numerator comes from Scientific Registry of Transplant Recipients (SRTR) data. These data are available annually with little lag time for annual calculation because they are extracted from OPO Electronic Donor Records. However, the potential donor population estimate (the denominator) is generated using death data that have a lag time of up to 18 months. This lag time in a stable population demographic is not meaningful. In times of significant demographic changes, such as a pandemic or epidemic with a high death rate, the lag time may be meaningful. If this measure is calculated more frequently than annually, there may be lag time considerations.
+ **Use of Interim Multiple Cause of Death (MCOD) Data:** Interim MCOD data are available via the Centers for Disease Control and Prevention's (CDC) Wide-ranging ONline Data for Epidemiologic Research (WONDER). Although these data have limited lag time, they may be incorrect. Because donation is a rare event, small differences in these interim files before data are cleaned, recoded, and deduplicated may introduce large differences in the final measure. OPOs should keep this in mind in estimating performance.
+ **No Cross-OPO Comparisons for Ranking Purposes:** Because each OPO's experience and operating environment is different, comparisons across OPOs should be limited to discussing reasons for differences and exploring whether best practices contribute to desired changes in performance. Some OPOs may appear to perform better or worse than other OPOs on Donation Rate due to their proximity to transplant centers, air transportation options, or relative geographic isolation (e.g., states with a coastal or international boundary, or island states or territories). Size of the Donation Service Area also is a significant consideration in any type of OPO Cross-Comparison on Donation Rate, as large OPOs may have a statistical advantage or disadvantage in rankings. Comparisons should not be used for value-based payment or used alone to make regulatory decisions.
+ **Managing High Variability:** Because donation is a rare event and some OPOs have relatively small Donation Service Areas, there may appear to be differences in performance that are not actual differences. If it is necessary to compare OPOs, a test of statistical significance—rather than a direct comparison of percentages or rates—should be used.

Cautions and Limitations, Continued

+ **Combining Measure with Other Measures to Create a Scorecard:** No single measure can fully capture OPO performance. This principle was a key driver behind the development of the OPO measurement framework. However, composite scoring across multiple measures, rankings, and comparisons to the mean and median can obscure important details in performance and limit opportunities to identify, share, and adopt best practices. We therefore recommend evaluating process and outcome measures individually as part of a comprehensive oversight approach that also includes site surveys, quality improvement activities, and other tools that support patient safety, accountability, and continuous improvement.