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Summary of the Organ Procurement Organization (OPO) Performance Measurement Technical Expert Panel (TEP) Meetings and Recommendations

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Recommended Citation
Rahman, M., Arellano, O., Lind, C. & O'Connor, J. (2026). *Summary of the Organ Procurement Organization (OPO) performance measurement technical expert panel (TEP) meetings and recommendations.* Econometrica, Inc., Bethesda, MD.

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Introduction

In March 2025, the Association of Organ Procurement Organizations (AOPO) partnered with Econometrica, Inc., to launch the Organ Procurement Organization (OPO) Performance Measurement project, bringing together 53 OPOs to develop independently validated, data-driven metrics that promote transparency, trust, and system-wide quality improvement. As part of this initiative, Econometrica staff members Jean O'Connor, J.D., Dr.P.H., PMP, FACHE, Project Director; Caroline Lind, M.B.A., M.P.H., Project Manager; Oneyda Arellano, PMP, CHES, Stakeholder Lead; Masuma Rahman, M.P.H., Research Associate; Lisa Newton, M.S.N., R.N., NEA-BC, Measure Endorsement Lead; and Jennifer Paraboschi, CPC, Measure Development and Testing Lead convened a Technical Expert Panel (TEP) to support the OPO Performance Measurement project.

This report provides an overview of the TEP, summarizing its objectives, participant composition, and key discussions across five meetings. The report is organized by meeting and includes each meeting's agenda, discussion summary, decisions, and key takeaways.

Overall TEP Objectives and Members

The Econometrica Team was tasked with conducting five TEP meetings to support AOPO in addressing the urgent need to develop new or alternative measures for OPO performance. The goal of the TEP was to obtain insight into project strategy and measure development approaches, identify performance measure gaps, and inform recommendations for necessary measures.

The primary objectives of the TEP were as follows:

- Review the landscape of existing OPO measures and measurement methodology.
- Identify alternative data sources and measurement approaches for OPO performance.
- Identify criteria for the adoption of new measures.
- Consider the application of performance measures and their use in a system of reporting and accountability for OPO performance.
- Make recommendations on the adoption and implementation of new measures for consideration by OPOs for submission to federal health agencies.

TEP Composition

The TEP consisted of 15 members with a range of relevant backgrounds, including donor and transplant family representatives and experts in organ recovery and procurement, population health data (e.g., vital statistics), economics, payment policy, intensive care unit (ICU) clinical care, healthcare quality measurement, organizational performance measurement, leadership of health organizations, demography, and data science and statistics. Table 1 provides a brief overview of the TEP's members.

Table 1. TEP Member Biographies

TEP Member Name	Current Role(s)/Title(s)	Organization Affiliation(s)
Alden Michael Doyle, M.D., M.S., M.P.H.	Transplant Service Line Quality Director	University of Virginia (UVA) Health
Marzyeh Ghassemi, Ph.D.	Germeshausen Career Development Professor	Massachusetts Institute of Technology (MIT)
Fady Nasrallah, M.D.	Trauma, Surgical Critical Care, and Acute Care Surgeon and Associate Medical Director	Scripps Clinic Medical Group and Lifesharing, University of California, San Diego (UCSD) Health, OPO
Harry Hertz, Ph.D.	Retired and Director Emeritus	Baldrige Performance Excellence Program in the National Institute of Standards and Technology (NIST)
Jesse Schold, Ph.D., M.Stat., M.Ed.	Professor of Surgery and Epidemiology	University of Colorado in the Anschutz Medical Campus
Jon Snyder, Ph.D., M.S.	Director of Transplant Epidemiology and Associate Professor	Scientific Registry of Transplant Recipients (SRTR), Hennepin Healthcare Research Institute (HHRI), and Department of Medicine at the University of Minnesota Medical School
Julie Spear, B.S., PE	Owner and Principal Engineer, Peakview Environmental, LLC; Founder and CEO, Evan Spear Foundation; Advocate for Life, Donor Alliance; Former Member, Organ Procurement and Transplantation Network (OPTN) Board of Directors; Former Region 8 Representative, OPTN Patient Affairs Committee	OPTN and Donor Alliance, Inc., OPO
Kenneth W. Kizer, M.D., M.P.H.	Professor Emeritus, Senior Scholar, Member of the Board of Regents, Member of the National Academy of Medicine, and Fellow of the National Academy of Public Administration	University of California Davis School of Medicine, Clinical Excellence Research Center (CERC) at the Stanford University School of Medicine, and Uniformed Services University of the Health Sciences (USUHS)
Kevin Cmunt	Former President and Chief Executive Officer	Gift of Hope Organ & Tissue Donor Network of Illinois Transplant Fund (ITF) OPO
Marty Sellers, M.D., M.P.H.	Medical Director	Gift of Life Donor Program OPO
Renée M. Landers, J.D.	Professor of Law and Faculty Director, Health and Biomedical Law Concentration and Master of Science in Law, Life Sciences Program	Suffolk University Law School
Richard Threlkeld, Ph.D.	Chief Executive Officer	Valiant AI

TEP Member Name	Current Role(s)/Title(s)	Organization Affiliation(s)
Rocio Lopez Moscoso, M.S., M.P.H.	Research Scientist, Division of Transplant Surgery, Department of Surgery	University of Colorado, Anschutz Medical Campus
Sumit Mohan, M.D., M.P.H.	Professor of Medicine & Epidemiology and Medical Director for Kidney Transplant	Columbia University's Vagelos College of Physicians & Surgeons and Mailman School of Public Health (MSPH) and Columbia University Irving Medical Center (CUIMC)
Winfred Williams, M.D.	Associate Chief, Transplant Nephrologist, Founding Director, Associate Professor of Medicine, and Deputy Editor	Massachusetts General Hospital (MGH) Division of Nephrology, Transplant Center, and Center for Diversity and Inclusion; Harvard Medical School; and the *New England Journal of Medicine*

TEP Meeting Planning and Development

The Econometrica Team planned and developed a total of five multi-hour TEP meetings, two of which were in person and three facilitated virtually via Zoom. As noted, the TEP had five primary objectives, which the team used to develop meeting objectives while incorporating the gathered feedback and insights from each prior meeting. The final meeting dates and objectives are outlined in Table 2.

For each of the five TEP meetings, the team planned and carried out pre-meeting, meeting-day, and post-meeting activities for up to 15 TEP members. Responsibilities included preparing draft and final agendas for AOPO approval; sending calendar invitations; developing draft and final meeting presentations; facilitating group discussions and small-group activities; producing meeting recordings, transcripts, and notes; and developing summary documents that captured meeting objectives, attendees, discussions, and key takeaways. Econometrica also prepared meeting engagement reports summarizing attendance and engagement scores based on participation in pre-work, meeting discussions, and post-work. TEP members received a $500 honorarium for each meeting, and AOPO paid any TEP-associated travel expenses.

Building on this overview of the TEP's purpose, composition, meeting structure, and planning activities, the following sections provide a meeting-by-meeting summary of the key discussions, findings, and recommendations that emerged across Meetings 1 through 5.

Table 2. TEP Meeting Dates and Objectives

Meeting	Meeting Date	Meeting Objectives
1	June 22, 2025 (In Person)	Outline the purpose and aims of the TEP; review the landscape of existing OPO measures and measurement methodology; and discuss the draft measure criteria for input.
2	August 27, 2025 (Virtual)	Share the final measure criteria list and logic model and gather additional feedback; learn about available OPO data; review the measure development process; and review and gather feedback on the draft measure areas and measure inventory list.
3	October 29, 2025 (Virtual)	Discuss the article authored by the TEP evaluating the stability of current OPO performance metrics; discuss the candidate measure feedback from stakeholders and TEP members; present the final list of measures for testing; understand the measure testing approach and next steps; discuss risk adjustment for candidate outcome measures and potential future measures; and discuss performance measure maintenance and sustainability.
4	February 11, 2026 (Virtual)	Provide a recap of measure feedback and reflective changes; provide a status update on measure testing; present the updated approach for consensus-based entity (CBE) endorsement of candidate measures; understand the measure development project direction and next steps; and learn about the current state of the OPO data environment.
5	June 23, 2026 (In Person)	Review the final measure testing results; confirm final measure specifications; discuss the CBE endorsement submission status and planning; discuss fall measures for CBE submission; discuss future AOPO measures for consideration and prioritization; summarize key decisions and project outcomes; and identify remaining action items and next steps.

Meeting 1

Focus and Agenda

The first meeting, held on June 22, 2025, focused on outlining the purpose and aims of the TEP, reviewing the landscape of existing OPO measures and measurement methodology, and discussing measure criteria for input.

Table 3 describes meeting agenda items.

Table 3. Agenda for Meeting 1

Time	Topic
3:00–3:05 p.m.	Welcome and Opening Remarks
3:05–3:10 p.m.	Meeting Expectations
3:10–3:40 p.m.	Introductions: Econometrica, AOPO, and TEP Members
3:40–3:50 p.m.	Background, Purpose, and Goals of the TEP
3:50–4:20 p.m.	Presentation: Current Landscape of OPO Measures and the CMS Measure Development Process
4:20–4:55 p.m.	Facilitated Group Discussion
4:55–5:00 p.m.	Survey Link and Closing

Meeting 1 Summary

- Feedback showed general support for the proposed measure criteria, especially criteria such as whether a measure improves upon current measures and is meaningful, donor- and donor family-centered, evidence-based, and rigorous.
- The TEP recommended refining the criteria by making definitions clearer, reducing overlap, and adding or emphasizing concepts such as actionability, risk adjustment, equity, implementation burden, resistance to gaming, and avoidance of unintended consequences.
- A major theme was widespread concern about the current Centers for Medicare & Medicaid Services (CMS) OPO performance metrics. Several TEP members argued that the current metrics rely on crude or imperfect data, lack appropriate risk adjustment, and may not adequately account for differences in donor populations, healthcare access, hospital capabilities, socioeconomic factors, geography, or other contextual conditions outside an OPO's control. TEP members specifically emphasized that the Cause, Age, and Location-Consistent (CALC) denominator should be refined to better capture ventilated deaths and exclude incompatible causes of death. Others noted that the current metrics may be volatile, statistically flawed, and difficult to use for identifying true outliers or driving meaningful quality improvement. Specifically, the TEP agreed that there are many systematic problems in the use of the CMS metrics, such as clear statistical fallacies in the tiering system.
- The group also discussed how measurement affects behavior across the donation and transplantation ecosystem. TEP members stressed that metrics should encourage process improvement, collaboration, and accountability rather than

create disruption or competition. TEP members noted that rank ordering and decertification pressures may discourage collaboration among OPOs, while others cautioned that decertifying OPOs based on poor metric performance could negatively affect patients who need organ donations. Several members emphasized the need to align incentives across OPOs, donor hospitals, transplant centers, and other partners, because OPO and transplant center metrics can work against each other. For example, the TEP highlighted that donation and transplantation are interconnected and should not be measured in isolation.

- Another key takeaway was that future OPO measures should better reflect what OPOs can control while still recognizing their ability to influence broader system factors. TEP members discussed the importance of considering donor hospital performance, referral quality, ICU and emergency department roles, hospital partnerships, transplant center behavior, and relationships with donor families. TEP members suggested incorporating risk measures tied to socioeconomic conditions, donor access to healthcare, referral hospital quality, ICU availability, and partnership quality. There was strong agreement that donor hospitals and donor care center performance are important factors that CMS can influence and should be considered in the broader measurement framework.
- The meeting also surfaced debate about what "patient-centered" means in this context. CMS-recommended measure criteria include being patient-centered and meaningful, aligned and integrated, evidence-based and rigorous, feasible and implementable, and focused on value and outcomes. TEP members, however, raised concerns that donor families and potential donors should be represented with precise and respectful language, noting that donor families are not patients. Several TEP members argued for both patient-centered and donor-centered metrics, while several other TEP members suggested that OPOs should not necessarily be measured using patient-centered metrics alone and proposed a stronger focus on timely referrals. The group also identified observed-to-expected performance as a promising measurement approach.
- Overall, TEP feedback indicated strong support for developing improved OPO performance measures while underscoring the need for clearer objectives, more focused discussions, stronger engagement, and a structured process for prioritizing measure concepts.
- The project team shared progress already completed, including a draft literature review, OPO site visits, additional OPO interviews, a draft site visit report, an ecosystem map under review by the OPO Stakeholder Group, a draft Logic Model, and the convening of the OPO Stakeholder Group. Site visit themes included OPO staff professionalism, commitment to mission, rapidly evolving donation science and operations, the influence of external forces, and uneven relationships among OPOs, hospitals, and transplant centers. Upcoming work included identifying measure criteria, developing potential measures, and conducting alpha and beta testing.
- Pre-work materials and reference resources for TEP members were noted, including a curated list of reports, CMS materials, and published literature on OPO

performance measurement. The literature list reinforced the meeting's themes: OPO metrics have been debated for years, with studies addressing donation rates, CMS recertification metrics, population characteristics, data sources, dashboards, race adjustment, geographic variation, donor consent mechanisms, organ utilization, and performance improvement.

Meeting 2

Focus and Agenda

The second meeting, held on August 27, 2025, focused on sharing the final measure criteria list and Logic Model and gathering additional feedback, learning about available OPO data, reviewing the measure development process, and reviewing and gathering feedback on the draft measure areas and measure inventory list.

Table 4 describes meeting agenda items.

Table 4. Agenda for Meeting 2

Time	Topic
Welcome, Introductions, and Recap	
1:00–1:05 p.m.	Welcome, Agenda, and Econometrica Introduction
1:05–1:10 p.m.	Meeting Expectations and TEP Charter
1:10–1:15 p.m.	Meeting 1 Recap, Exit Survey, and Post-Work Results
1:15–1:20 p.m.	Meeting 2 Objectives and Energizer Activity
Measure Criteria List	
1:20–1:30 p.m.	Presentation of Final List of Measure Criteria
1:30–1:50 p.m.	Group Discussion: Final List of Criteria Feedback
Logic Model	
1:50–2:00 p.m.	Presentation of Logic Model
2:00–2:30 p.m.	Group Breakout Discussion: Finalize Logic Model Feedback
2:30–2:50 p.m.	Group Report-Out
2:50–3:10 p.m.	**Break**
OPO Available Data	
3:10–3:40 p.m.	Presentation of Available OPO Data
Draft Measures	
3:40–4:00 p.m.	Presentation of Measure Development Process & Draft Measures
4:00–4:35 p.m.	Group Breakout Discussion: Feedback on Draft Measure Areas and Potential Measures
4:35–4:55 p.m.	Group Report-Out
Closing	
4:55–5:00 p.m.	Meeting Recap, Survey Link, and Closing

Meeting 2 Summary

- The meeting built on feedback from the first TEP meeting and was designed to help refine the project's measurement framework before moving into measure specification, testing, and further discussion of risk adjustment and structural measures.
- A major theme across the discussion was the importance of developing measures that are meaningful, actionable, feasible, and attributable to OPO performance. TEP members generally supported the Measure Criteria List, but they emphasized

that the criteria should be used to identify measures that reflect areas within OPO influence or control. Members recommended further attention to attribution, feasibility, risk adjustment, and whether measures could unintentionally incentivize undesirable behavior. Several members noted that measures should account for variation in donor populations, donor hospital practices, transplant center behavior, geography, and other external factors that may influence OPO performance but are not fully within OPO control.

- Another major theme was the need to clarify how donor- and donor family-centered concepts should be incorporated into measurement. TEP members discussed whether donor and donor family considerations should remain as a measure criterion or be developed as a specific measure area. The discussion highlighted the difficulty of operationalizing donor family experience, which can be subjective, time-dependent, and influenced by interactions with donor hospitals as well as with OPOs. Members suggested that organ utilization and donor family experience surveys could potentially reflect donor- and donor family-centered performance, but they also emphasized the need to distinguish between factors attributable to OPO actions and factors outside OPO control.
- The Logic Model discussion focused on strengthening the connection between inputs, donation activities, outputs, and outcomes. TEP members suggested adding or clarifying inputs, such as potential donor types and quantities of deaths in the donation service area, demand for organs rather than only patients on the waitlist, hospital policies and bylaws, state laws, the role of the Health Resources and Services Administration (HRSA) in policy, donor care units, trauma centers, and financial and staffing resources, as well as adding or clarifying data inputs such as electronic health records (EHRs) and match run data. Members also emphasized that the model should distinguish between factors OPOs control, factors they influence, and factors primarily controlled by donor hospitals, transplant centers, or other system actors.
- A recurring discussion centered on fairness, access, and risk adjustment. TEP members noted that OPOs operate in different environments and serve populations with different demographic, clinical, geographic, and healthcare system characteristics. Members emphasized that risk adjustment should be used thoughtfully to avoid penalizing OPOs for factors outside their control and to reduce unintended consequences. Several members connected this issue to attribution, noting that measures should reflect the quality of OPO activities rather than broader system variation. The group also discussed the need to account for transplant center behavior, late organ turndowns, and medically complex or harder-to-place organs when evaluating OPO performance.
- The available OPO data discussion highlighted both opportunities and limitations in current data sources. TEP members discussed the potential value of EHRs, OPO data systems, OPTN data, SRTR data, the Unified OPO National (UNION) project, and the Ventilated Patient Form. Members emphasized that standardization of data capture is a necessary first step before more advanced methods, such as artificial intelligence (AI), can be used effectively. The group also raised concerns about

inconsistent availability of data at the time of referral, the need for more granular cause-of-death and rule-in/rule-out information, and the challenge of capturing donor hospital actions that influence donation outcomes.

- TEP feedback on draft measure areas and candidate measures emphasized that measures should support quality improvement rather than encourage gaming or punitive use. Members supported exploring process measures such as referral rate, approach rate, authorization rate, donor management goals (DMGs), and organ yield, while recommending refinements to definitions and denominators. Members also suggested that some proposed measures may be better categorized differently, such as count of attempts or offers functioning more as a process measure than an outcome measure. The group expressed concern that counting offer attempts could incentivize broad or poorly targeted offers rather than thoughtful allocation and placement practices.
- TEP members also discussed the need to measure and reward OPO effort and innovation without holding OPOs accountable for actions outside their control. Discussions included the role of donor care units, Normothermic Regional Perfusion (NRP), machine perfusion, DMGs, and efforts to place medically complex organs. Members suggested that measures should recognize the additional work involved in managing and placing harder-to-place organs, while also accounting for transplant center acceptance decisions, late declines, geography, and other contextual factors. Several members recommended focusing on utilization and transplant-related outcomes, while avoiding measures framed around nonuse or nonutilization if those measures could unfairly penalize OPOs or duplicate information captured by utilization measures.
- TEP feedback emphasized that measure criteria should help identify gaps in current measures and justify why selected measures are stronger. The TEP generally supported the criteria but noted that not every measure will meet every criterion equally.
- Attribution, actionability, feasibility, and fairness were major themes. The TEP emphasized that measures should reflect what OPOs can reasonably control or influence and should not hold OPOs accountable for outcomes driven by donor hospitals, transplant centers, donor characteristics, geography, or other external factors.
- Risk adjustment was repeatedly raised as essential to fair OPO measurement. TEP feedback noted that OPOs serve different populations and operate under different circumstances, so measures should account for factors outside OPO control and avoid discouraging work with medically complex or harder-to-place organs.
- The TEP raised questions about donor- and donor family-centeredness, including whether it should remain a criterion or become a measure area. Feedback suggested organ utilization and donor family experience could reflect donor intent, but it also noted that family experience is subjective and difficult to measure consistently.
- TEP feedback suggested refining some criteria language, including reframing "cost-effectiveness" around pragmatism, feasibility, affordability, and data

availability and clarifying what "validated" means for new OPO measures when current measures may not have undergone formal validation.

- For the Logic Model, TEP feedback emphasized the need to distinguish between what OPOs control, influence, and cannot control. Suggested additions included donor types, quantities of deaths in the donation service area, demand for organs, hospital policies and bylaws, state laws, HRSA policy influence, trauma centers, donor care units, and variation in demographics, acuity, insurance status, geography, and access.
- Equity and access were important cross-cutting themes. The TEP noted that social determinants of health, referral for transplant evaluation, waitlist access, trust in healthcare, distance (e.g., travel time), and geography (e.g., nautical miles from the mainland) can affect donation and transplantation outcomes and should inform measure design and risk adjustment.
- TEP feedback on donor registration recognized that OPOs may not maintain registries, but they do influence registration through outreach, education, promotion, and partnerships. The TEP suggested considering registration-related measures such as first-person authorization or the percentage of approaches involving registered donors.
- Allocation practices were a major area of discussion. The TEP emphasized that offer timing, match run practices, communication method, completeness of clinical information, third-party allocation, third-party recovery, and late transplant center turndowns can affect organ placement and should not be overlooked in measure development.
- The TEP expressed concern that OPOs may be unfairly penalized for organ nonuse when organs are accepted and later declined by transplant centers. Feedback suggested using turndown codes and rejection reason data to help distinguish OPO performance from transplant center decision-making.
- Discussions about available data emphasized the need for standardized, granular, and reliable data sources. EHRs were viewed as a potentially rich source, but TEP feedback stressed that standardizing what data are collected and how they are aggregated should come before broader use of AI or advanced analytics.
- TEP feedback on the Ventilated Patient Form was mixed. The form was seen as potentially useful for capturing more granular donor potential and risk-adjustment data, but concerns included reporting burden, unclear collection processes, fields unavailable at referral, and likely "unknown" or "not applicable" responses.
- For draft measure areas, the TEP showed interest in structural measures such as staff training, donor desk investment, donor hospital and transplant center relationships, donor care units, hospital capacity, population demographics, and disparities, while recognizing that process measures may be more feasible because OPOs already collect many related data.
- Process measure feedback supported further exploration of referral rate, approach rate, authorization rate, DMGs, clinical donor care after authorization, allocation practices, and organ recovery-related measures. DMGs were viewed favorably

because related data already exist and may be associated with improved organs-per-donor outcomes.

- The TEP cautioned against measures that count organ offers or attempts without considering quality. Feedback warned that such measures could incentivize "shotgunning" offers, increase burden on transplant centers, and reward volume rather than thoughtful matching, complete information, and effective communication.
- The TEP preferred framing measures around utilization rather than nonutilization. Feedback noted that nonuse may reflect transplant center decisions, organ characteristics, or late declines outside OPO control, so measures should avoid unfairly penalizing OPOs or incentivizing undesirable behavior.
- Overall, the TEP feedback pointed toward measures that are attributable to OPO performance, feasible to collect, appropriately risk-adjusted, aligned with transplant system realities, and designed to encourage improved donation, organ utilization, donor family experience, and transplant outcomes without creating unintended consequences.
- Key takeaways from the meeting included the following:
  - The Measure Criteria List was generally viewed as appropriate, but TEP members recommended strengthening attention to attribution, feasibility, risk adjustment, actionability, and the potential for unintended consequences.
  - Donor- and donor family-centered concepts are important, but they may be better operationalized as specific measures or measure areas rather than as broad selection criteria.
  - The Logic Model should more clearly distinguish between OPO-controlled activities, OPO-influenced activities, and external system factors, including donor hospital and transplant center actions.
  - Risk adjustment and fairness considerations are central to developing valid OPO performance measures, particularly because OPOs operate in different demographic, geographic, clinical, and healthcare system contexts.
  - Data standardization is a critical prerequisite for measure development, testing, and future use of more advanced data tools.
  - TEP members supported continued exploration of process measures, especially those related to referral, approach, authorization, DMGs, organ recovery, and allocation processes.
  - Measures should be designed to drive quality improvement and avoid incentivizing behaviors such as excessive organ offer volume, inappropriate pursuit of nonviable organs, or unfair penalization for transplant center decisions.
  - Future measure development should include frontline OPO staff input to validate measure feasibility, data availability, and operational usefulness.

Meeting 3

Focus and Agenda

The third meeting, held on October 29, 2025, focused on discussing a TEP-authored article evaluating the stability of current OPO performance metrics, discussing the candidate measure feedback from stakeholders and TEP members, presenting the final list of measures for testing, understanding the measure testing approach and next steps, discussing risk adjustment for candidate outcome measures and potential future measures, and discussing performance measure maintenance and sustainability.

Table 5 describes meeting agenda items.

Table 5. Agenda for Meeting 3

Time	Topic
Welcome, Introductions, and Recap	
1:00–1:02 p.m.	Welcome, Agenda, and Econometrica Introduction
1:02–1:05 p.m.	Meeting 2 Recap and Exit Survey
1:05–1:07 p.m.	Meeting 3 Objectives
Current OPO Metrics Manuscript	
1:07–1:25 p.m.	Group Discussion: Recent Manuscript on CMS OPO Metrics
Status of Candidate Measures for Testing and Measure Testing Approach	
1:25–1:40 p.m.	Presentation of Final Candidate Measures for Testing, Measure Testing Approach, and Next Steps
1:40–1:45 p.m.	Brief Q&A
Risk Adjustment for Candidate Measures and Future Measures	
1:45–2:00 p.m.	Presentation of Risk Adjustment for Candidate Outcome Measures and Future Candidate Measures
2:00–2:30 p.m.	Breakout Group: TEP Feedback on Risk Adjustment for Outcome Measures and Future Candidate Measures
2:30–2:35 p.m.	Group Report-Out
2:35–2:50 p.m.	**Break**
Performance Measure Maintenance and Sustainability	
2:50–3:05 p.m.	Presentation of AOPO Performance Measure Maintenance and Sustainability Plan
3:05–3:25 p.m.	Group Discussion: TEP Feedback on Measure Maintenance and Sustainability Plan
Closing	
3:25–3:30 p.m.	Meeting Recap, Survey Link, and Closing

Meeting 3 Summary

- TEP feedback on the current OPO metrics manuscript emphasized that existing CMS OPO metrics may be unstable and highly sensitive to the data source used. The discussion highlighted that different data sources can produce different donor

potential estimates, affect OPO tier classifications, and make it difficult to know whether tier changes reflect true performance differences.

- TEP feedback raised concerns about both the data sources and the tiering structure used in current CMS metrics. The discussion noted that the current approach may be open to multiple interpretations and that additional validation is needed before metrics are used to assess OPO performance.
- TEP feedback on candidate measure testing emphasized the importance of selecting testing sites that reflect geographic, socioeconomic, population, and performance-tier diversity. The discussion also recognized that some measures may be ready within the current project timeline, while others will require continued refinement, maintenance, and management beyond the initial project period.
- Risk adjustment was a central theme, with TEP feedback generally distinguishing between process and outcome measures. The discussion suggested that true process measures may not need risk adjustment, but outcome measures should be considered for adjustment based on factors outside an OPO's control.
- TEP feedback cautioned against applying a blanket rule to all process measures. Several comments noted that some measures labeled as process measures, such as authorization, referral, or approach outcomes, may actually capture the result of a process and may therefore need to be evaluated individually.
- TEP members discussed that risk adjustment should consider factors that vary across OPOs and affect outcomes—including donor age, cause of death, comorbidities, donor quality, socioeconomic factors, rurality, hospital characteristics—and population-level or individual-level factors that influence authorization and donation outcomes.
- TEP feedback emphasized that race alone may not be the right risk adjustment factor, but related factors—such as socioeconomic status, cultural factors, community trust, language, immigration patterns, and area-level deprivation—may influence authorization and donation outcomes. The discussion also stressed that these factors should not be used as excuses for lower performance but could be important to learn more about through stratification of results by race, where feasible. The TEP also noted that cultural sensitivity or competence is essential for OPO staff who engage in approaches and should therefore be explored in quality improvement strategies for that measure.
- Stratification was discussed as an important alternative or complement to risk adjustment. TEP feedback indicated that stratifying results could help identify performance differences across groups, reveal disparities, and support targeted improvement without masking variation through adjustment.
- TEP feedback highlighted the need to distinguish between factors OPOs can control and factors outside their control. The discussion emphasized that measures should be fair and comparable while still encouraging OPOs to improve practices, build stronger hospital relationships, and adopt best practices.
- Hospital variation was a recurring theme. TEP feedback noted that OPO performance can be affected by donor hospital behavior, referral practices, operating room availability, donor care unit access, transplant or trauma center

status, rural versus urban context, and state-level policies related to practices such as NRP.

- Feedback on measure maintenance and sustainability emphasized the need for an ongoing mechanism to monitor, evaluate, revise, and maintain measures after implementation. TEP members discussed the possibility of a consortium or committee that includes OPOs, transplant centers, donor hospitals, data experts, patient and family advocates, and independent methodologists.
- TEP feedback stressed the importance of transparency, auditability, and credibility in future measure maintenance. The discussion highlighted that self-reported data should be auditable, underlying data should be available for appropriate review, and donor hospitals should be more directly involved because of their role in referrals, donation processes, and data quality.
- A key takeaway was that future OPO performance measures should balance fairness, comparability, accountability, and improvement. TEP feedback consistently emphasized the need for valid data sources, thoughtful use of risk adjustment or stratification, recognition of OPO and hospital context, and sustainable measure review processes.

Meeting 4

Focus and Agenda

The fourth meeting, held on February 11, 2026, focused on presenting a recap of measure feedback and reflective changes, providing a status update on measure testing, presenting the updated approach for CBE endorsement of candidate measures, understanding the measure development project's direction and next steps, and learning about the current state of the OPO data environment.

Table 6 describes meeting agenda items.

Table 6. Agenda for Meeting 4

Time	Topic
Welcome, Introductions, and Recap	
1:00–1:02 p.m.	Welcome, Agenda, and Econometrica Introduction
1:02–1:05 p.m.	Meeting 3 Recap and Exit Survey
1:05–1:07 p.m.	Meeting 4 Objectives
Summary of Measure Feedback and Reflective Changes	
1:07–1:22 p.m.	Presentation of Measure Feedback and Reflective Changes
1:22–1:32 p.m.	Brief Q&A
Measure Testing Updates	
1:32–1:47 p.m.	Presentation of Status Update on Measure Testing
1:47–2:02 p.m.	Group Discussion
Updated Approach for CBE-Endorsement of Measures	
2:02–2:17 p.m.	Presentation of Updated Approach for CBE Endorsement of Candidate Measures
2:17–2:32 p.m.	Group Discussion
2:32–2:47 p.m.	**Break**
Measure Development Project Direction and Next Steps	
2:47–3:02 p.m.	Presentation of Project Direction and Next Steps
3:02–3:47 p.m.	Group Discussion
Current State of OPO Data Environment	
3:47–4:02 p.m.	Presentation on the Current State of OPO Data Environment
4:02–4:17 p.m.	Brief Q&A
Closing	
4:17–4:30 p.m.	Meeting Recap, Next Meeting, Survey Link, and Closing

Meeting 4 Summary

- A major theme was the need for stronger standardization across OPO data systems, definitions, and measurement approaches. Feedback emphasized that while OPOs may operate in different local contexts, the field needs a more consistent data infrastructure so that performance can be compared fairly and measures can be calculated reliably.

- The TEP generally supported continued development of alternative OPO performance measures but raised important questions about what happens after testing and endorsement. The TEP wanted to understand whether CMS or HRSA might use the measures in the future and how endorsement could create a credible alternative to current CMS measures without requiring immediate federal adoption.
- The TEP was interested in seeing how OPOs perform under the proposed measures once testing is complete, including how results compare with current CMS metrics and recent performance data. This reflected a broader interest in understanding whether the new measures would produce different, more meaningful, or more actionable views of OPO performance.
- Data quality and data availability were recurring concerns. Feedback highlighted that, while reliable, SRTR does not currently function as a comprehensive OPO performance registry because it captures some organ- and patient-centered data but not the full range of data needed to assess referrals, approaches, authorizations, OPO processes, and other performance-related activities.
- The TEP raised concerns about current and emerging HRSA/OPTN data collection efforts, particularly where submitted variables may be ambiguous, inconsistent, or not aligned with the data elements needed for quality measurement. Several comments suggested that electronic submission and alignment with hospital electronic medical records (EMRs) would be preferable to duplicative or manual data collection.
- Feedback on the CBE endorsement process focused on credibility, transparency, and subject matter expertise. The TEP asked whether prior CMS measures had been endorsed, who might comment during the public comment period, whether Partnership for Quality Measurement review committees would include appropriate OPO and transplant expertise, and how conflicts of interest would be handled.
- The TEP identified several stakeholder groups that may comment on the measures, including transplant societies, patient advocacy groups, the American Society of Transplant Surgeons, the American Hospital Association, large health systems, and groups critical of OPOs. This feedback suggested that the measures and accompanying communications need to be clear, defensible, and understandable to audiences outside the OPO community.
- Public misconceptions about OPOs were a major discussion area. Feedback emphasized that the public often misunderstands the difference between OPOs, hospitals, care teams, transplant centers, and the national allocation system, including misconceptions that OPOs determine death, influence lifesaving care, decide who receives organs, or control whether organs are accepted for transplant.
- The TEP emphasized the importance of explaining organ donation safeguards in plain language, including brain death, donation after circulatory death (DCD), first-person authorization, family authorization, cost recovery, organ nonuse, and the separation between medical care teams and donation recovery teams. Feedback suggested that these topics are essential for building public trust and reducing fear or confusion about the donation process.

- Dissemination feedback focused on the need for materials that are accessible, audience-specific, and grounded in both data and human experience. Suggested materials included one-page process maps, family "what to expect" guides, short explainer videos, educational posters in hospitals or motor vehicle bureaus, social media content with pathways to more information, and donor family or transplant recipient stories.
- The TEP noted that communications should be tailored to policymakers, journalists, patients and families, donor hospitals, communities with lower donation and transplant rates, and the broader transplant ecosystem. Feedback also emphasized that media and public narratives can shape trust in the system, so OPO-related messaging should be proactive and clear.
- The TEP stressed that the OPO community should speak with one voice about the measures, their purpose, and expectations for adoption. Feedback suggested that broad understanding and buy-in across the OPO community will be important for building trust, supporting use of the metrics, and reinforcing that the measures are intended to support quality improvement.
- Feedback on the AOPO/HHRI UNION effort was generally supportive and reflected interest in OPO-led data infrastructure. The TEP viewed UNION and related efforts as potentially important for standardizing data capture, improving access to quality data, and helping OPOs maintain stronger control over their own performance data.
- The TEP also discussed future data infrastructure needs, including expanding participation in UNION; aligning data across vendors such as iTransplant, LifeLogics, and Digital Donor; and exploring longer-term connections to hospital EMR data. At the same time, feedback recognized barriers related to non-AOPO member participation, vendor variation, and differences across hospital systems.
- Overall, the TEP feedback supported continued measure development while emphasizing that success will depend on reliable and standardized data, credible endorsement, transparent communication, public education, and a stronger data infrastructure that can support both accountability and quality improvement.

Meeting 5

Focus and Agenda

The fifth meeting, held on June 23, 2026, focused on reviewing learnings from pilot testing, sharing the status of CBE endorsement submission for candidate measures and next steps, discussing DMG bundle and patient safety measures, discussing future AOPO measures for consideration and prioritization, summarizing key decisions, and identifying remaining action items and next steps.

Table 7 describes meeting agenda items.

Table 7. Agenda for Meeting 5

Time	Topic
Welcome, Introductions, and Recap	
8:30–8:32 a.m.	Welcome, Agenda, and Econometrica Introduction
8:32–8:35 a.m.	Meeting 4 Recap
8:35–8:37 a.m.	Meeting 5 Objectives
Measure Development Timeline and Completed Milestones	
8:37–8:45 a.m.	Presentation of Measure Development Timeline and Completed Milestones
Learnings from Pilot Testing	
8:45–8:55 a.m.	Presentation of Measure Testing Results and Key Findings
8:55–9:05 a.m.	Brief Q&A
Specification for Spring Measures & CBE Endorsement Updates	
9:05–9:15 a.m.	Review of 4 Measures Submitted for Spring Cycle
9:15–9:30 a.m.	Review of 4 Measures Planned for Fall Cycle
9:30–9:40 a.m.	Brief Q&A
DMGs and Patient Safety Measures	
9:40–9:50 a.m.	Presentation of DMGs and Patient Safety Measures
9:50–10:35 a.m.	Group Discussion: Input on DMGs and Patient Safety Measures
10:35–10:45 a.m.	**Break**
Measures for Potential Future Development	
10:45–10:55 a.m.	Overview of Measures for Future Development
10:55–11:25 a.m.	Group Discussion: Feedback on Measures for Future Development
Key Decisions, Remaining Action Steps, and Next Steps	
11:25–11:35 a.m.	Recap of Key Decisions, Action Items, and Next Steps
11:35–11:45 a.m.	Last Reflections
Closing	
11:45–11:50 a.m.	Survey Link and Closing
11:50 a.m.–12:00 p.m.	Optional Networking and Additional Conversations

Meeting 5 Summary

- TEP members provided feedback that the transplant environment had changed quickly, with increased regulatory, political, and public scrutiny. They noted that the measures remained important because they focus on core OPO activities, such as referral, approach, authorization, donation, donor management, and safety.
- A key theme from TEP feedback was that the measures should support quality improvement and process improvement rather than decertification. Pilot-test variation was viewed as useful for identifying opportunities for improvement but not appropriate for punitive use without context and interpretive guidance.
- TEP discussions on pilot testing focused on the need to understand the number of OPOs included, the 2021–2024 data collection period, and whether results reflected current practice. TEP members noted that the donation field has changed substantially, and they encouraged ongoing or repeated data collection over time.
- TEP members viewed referral, approach, authorization, and donation measures as useful but needing careful interpretation. Referral rates may appear high because hospitals call broadly or more than once, and approach rates may appear low depending on the denominator, case mix, and approach decision-making.
- Stratification by race, age, and gender was supported as a way to identify variation and disparities, while TEP members also noted the need to improve race and ethnicity categories in OPO electronic donor records. Stratified results were viewed as helpful for OPO quality improvement.
- Feedback on measure rollout focused on participation, feasibility, automation, and dashboard use. TEP members supported moving toward automated data extraction and using a dashboard that allows OPOs to compare their performance against blinded peers for quality improvement.
- The DMG bundle was generally viewed by TEP members as a valuable donor management and quality improvement tool, but they raised concerns about feasibility, data availability, standardization, and how results should be reported.
- TEP members generally viewed the DMG bundle as most useful as a composite measure, with value in also reporting individual components so that OPOs can identify common failure points and benchmark performance.
- Feedback emphasized that donation after brain death (DBD) and DCD should be handled separately for the DMG bundle. DBD cases were viewed as more likely to have complete and consistent data, while DCD documentation varies more in timing, vital signs, and data captured near withdrawal and operating room events.
- TEP members noted that some DMG components—such as mean arterial pressure (MAP), glucose, vasopressor use, pH, sodium, and urine output—may be more consistently available than ejection fraction and central venous pressure (CVP), stroke volume variation (SVV), and pulse pressure variation (PPV). OPO EMRs were also identified as a potentially better source than DonorNet in some cases.
- The DMG bundle was repeatedly framed as a strong management tool, but not one that should be used for decertification. TEP members also raised fairness concerns for smaller OPOs, rural centers, and facilities with different resources or levels of OPO control.

- Donor family perspective feedback emphasized measuring tangible supports rather than subjective emotions. TEP members suggested focusing on whether families received clear information, follow-up, grief support, opportunities to honor the donor, and ways to connect with recipients or other donor families.
- Patient safety feedback centered on the need to clearly define "patient," "donor," and "transplant recipient." TEP members noted that "patient safety" may be confusing in the OPO context and suggested clearer framing around donor safety and transplant recipient safety.
- Concerns were raised that adverse event measures could discourage reporting if used punitively. TEP members emphasized that safety reporting should support learning, transparency, and quality improvement without creating incentives for underreporting.
- Potential safety measure areas identified through TEP feedback included confirmation of brain death testing, confirmation of required DCD waiting periods, donor eligibility review, infectious disease screening, blood type or lab errors, and organ transport or delivery errors.
- TEP members suggested that the OPO community should proactively shape a safety measure before one is imposed by regulators. Any safety measure should reflect actual OPO responsibilities and distinguish OPO roles from hospital and transplant center responsibilities.
- Future measure priorities identified by TEP members included donor family experience, donor hospital engagement, donor hospital capacity, transportation systems, and registration systems. These areas were viewed as important but requiring careful attention to attribution, standardization, feasibility, and cross-stakeholder coordination.
- Donor family experience was viewed as important but difficult to measure because grief, timing, and confusion between the hospital and OPO roles can affect responses. TEP members suggested focusing on services provided and supports offered rather than relying only on satisfaction-style questions.
- Final reflections from TEP members emphasized that trend data are more useful than point-in-time results for performance improvement. They also encouraged AOPO and OPOs to communicate quality improvement efforts more clearly to the public, regulators, and legislators and to pursue a more responsive, less punitive regulatory framework.

Overall Findings and Recommendations

Overall Findings

Based on the key discussions, findings, and recommendations discussed in the previous section, the Econometrica Team noted that the TEP members were supportive of the need for OPOs to develop measures. While they were cautious about the rapid timeline, TEP members felt that the development of the initial set of eight measures was a positive step in efforts to measure the quality and performance of OPOs.

The TEP did recognize that the identification of new measures involved substantial work and that OPOs would need infrastructure, additional studies, and ongoing maintenance and support for measure data collection and use in quality improvement. The TEP perceived the implementation burden of OPOs calculating measures to be minimal, and participants indicated that the measure data would be useful to the system to develop targeted solutions and process improvements. The TEP included donor family member representatives, and they expressed support for the ongoing inclusion of those donor family members and the inclusion of transplant recipients in the measurement efforts.

The TEP did acknowledge the cost of potential enhancements to data systems at the OPOs to collect data, and that the new role AOPO would need to assume in management of the data would come at a cost. However, the TEP seemed to feel that these costs would be offset by the necessity of the work. The TEP acknowledged that having the gold standard of data available should be a national aim and agreed that improving data sources about potential organ donors, such as through the National Healthcare Safety Network or National Vital Statistics System, should continue to be a goal, as it would allow for improvements in measures and measure data sources over time.

The TEP, which included donor hospital and transplant center representatives, also noted that ongoing collaboration with those organizations was essential to the alignment of measures across the donation and transplantation system. They noted that future measure development should be aligned across the transplantation continuum, including donor hospitals, OPOs, and transplant centers, and encouraged AOPO to undertake activities that would promote this collaboration.

Recommendations

The TEP members made the following recommendations for OPOs and AOPO:

- Continue testing, evaluating, and refining proposed measures following endorsement decisions to support ongoing improvement and measure validity.
- Provide ongoing technical assistance and education to the OPO community regarding the purpose, development, implementation, and interpretation of process and outcome measures.

- Identify, prioritize, and develop future measure concepts, such as measures related to staff training, donor hospital and transplant center relationships, donor care units, hospital capacity, population demographics, health disparities, donor family experience, donor hospital engagement, transportation systems, and donor registration systems.
- Enhance public communication and transparency regarding OPO quality improvement initiatives and outcomes while engaging regulators, legislators, and other stakeholders to promote a more responsive and improvement-focused regulatory framework.
- Convene and facilitate regular meetings or discussions with healthcare leaders and the donation and transplantation community to share progress, gather feedback, and advance collaborative quality improvement efforts.
- Pursue manuscript development, publication efforts, and dissemination activities to strengthen the evidence base for OPO measure development, implementation, and quality improvement practices.
- Promote continuous assessment of emerging innovations and policy developments to ensure quality measures remain meaningful, evidence-based, and responsive to changes in the organ donation and transplantation landscape.