

Organs Expert Committee Meeting

October 19th, 2009

Sheraton Gateway Hotel, Toronto



Meeting Objectives

- Begin to establish strategic direction by discussing solution options to six strategic questions in Organ Donation and Transplantation
- By the time we leave today, we will have...
 - Identified areas of consensus where preliminary recommendations are readily apparent
 - Identified areas where additional work is needed prior to determining a recommendation



Agenda

Discussion Item	Time
Welcome and administrative items	8:30 – 8:45
Review of preliminary OTDT system principles	8:45 – 9:30
Introduction to design discussions	9:30 – 9:45
<i>----- Break -----</i>	
Design discussions	10:15 – 12:30
<i>----- Lunch -----</i>	
Design discussions (continued)	1:00 – 5:30
Wrap-up and next steps	5:30 – 6:00

Administrative Items

- Approve the minutes from the June committee meeting and the recent conference call



Review of Preliminary OTDT System Principles



What are “System Principles” and why do we need them?

- System Principles are the declared, fundamental purposes, beliefs and assumptions that underlie system design and implementation
 - World Health Organization: “to provide an orderly, ethical framework for the acquisition and transplantation of human cells, tissues and organs for therapeutic purposes”
 - The Board of Assisted Human Reproduction Canada “has adopted a set of principles to guide its activities and operations”
 - The document, “Building a National Diabetes Strategy” [for Canada] identifies “potential principles for collaboration” and “principles for action”
- For OTDT in Canada, System Principles should:
 - Guide the design and development of the national system; they should not be window dressing or post-decision justification
 - Address the sensitive medical and ethical issues facing OTDT
 - Provide common ground for discussions and disagreements as relatively fixed reference points that all participants can agree on
 - Ensure that the OTDT system is aligned with broader healthcare system principles (e.g., Canada Health Act)



What kinds of principles do healthcare systems use?

Motivation	Scope	Style
<p>Moral philosophy and individual rights</p> <ul style="list-style-type: none"> • “<i>Integrity</i>” <p>The responsibilities and expectations of public organizations</p> <ul style="list-style-type: none"> • “<i>Accountability</i>” <p>How organizations and systems ought to be structured, operated and funded</p> <ul style="list-style-type: none"> • “<i>Collaborative</i>” 	<p>“Universal”</p> <ul style="list-style-type: none"> • Valid even outside the system • Often enshrined in law • “<i>Fairness</i>”, “<i>Transparency</i>” <p>“Context-specific”</p> <ul style="list-style-type: none"> • Valid specifically in the system or location • “<i>Portability</i>” (Canada Health Act) <p>“Situational”</p> <ul style="list-style-type: none"> • Critical to express for the moment • “<i>Safety is paramount...</i>” (CBS) 	<p>“Headlines” vs. Long form “Proclamations”</p> <p>Mandates vs. Encouragements</p>

Review of Steering Committee discussion of System Principles

- Please refer to the individual handout



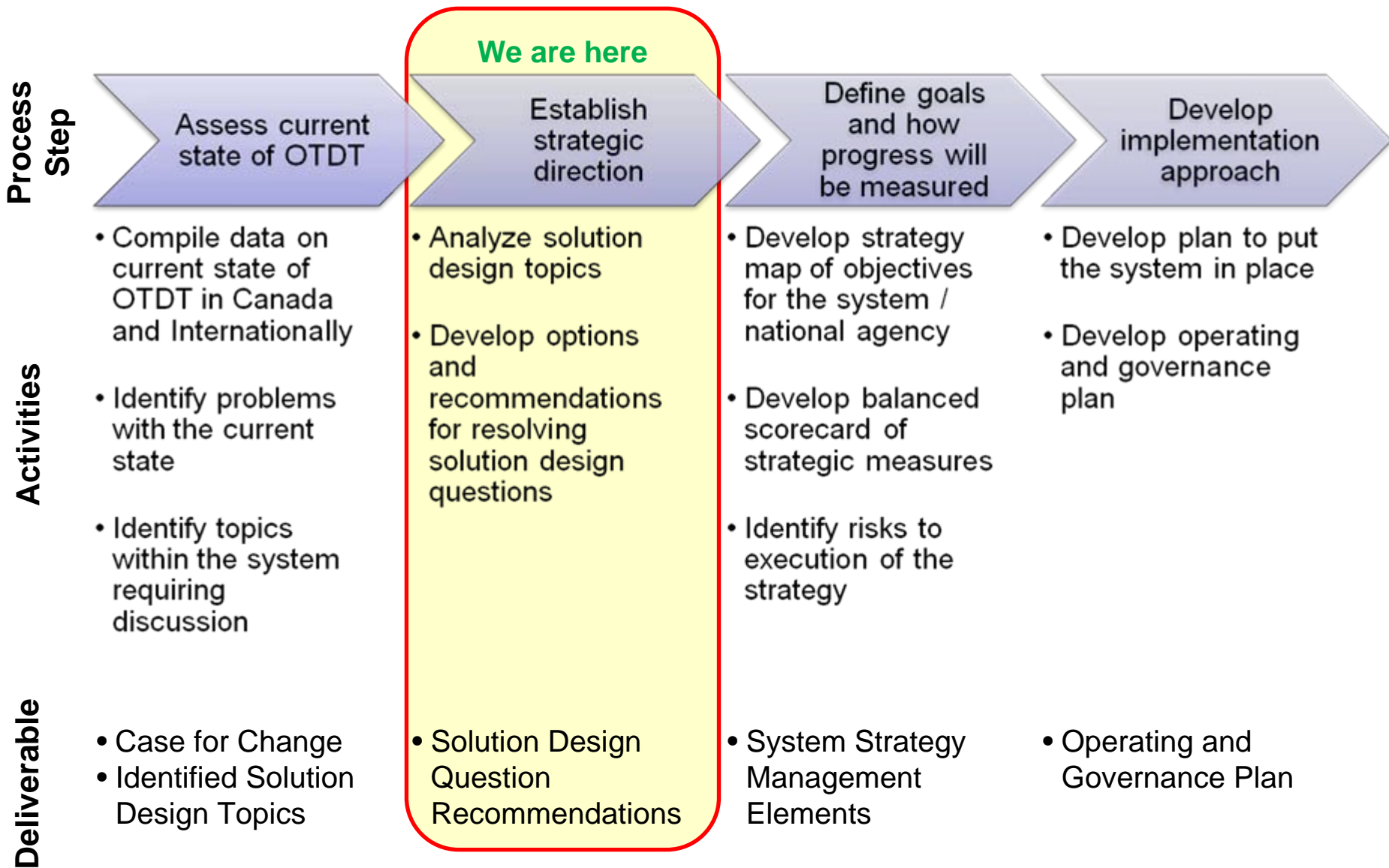
Introduction to Design Discussions



Organs Case for Change

Draft Case for Change	Revised Case for Change
1. Canada is failing to realize its potential for organ donation.	1. Canada is failing to realize its potential for organ donation.
2. Patients with end-stage organ failure are an under-serviced population.	2. The Canadian organ donation and transplantation system is not equitable or transparent.
3. The quality and efficiency of allocation, utilization, and transplantation of donated organs are constrained by resource and technology limitations.	3. There are system inefficiencies associated with patient assessment and organ allocation that can impact patient wait times and health.
4. The current ODT system lacks the measurement and accountability mechanisms to drive consistent, system-wide performance improvement .	4. The current organ system lacks the measurement and accountability mechanisms to drive consistent, system-wide performance improvements.

Process Overview: A Refresher



In general, we propose to focus first on procedural recommendations, then principles of governance and last roles and responsibilities



- **Ethics**
- **Responsibilities**
- **Methods**

The system should comply with the Charter of Rights and with provincial privacy legislation

- **Safety, Supply, Efficiency**
- **Donation, Transplantation, Allocation**

Identification and Referral should be made routine through the following mechanisms...

- **Policy, Measurement, Accountability**

All donation and transplantation data should be collected nationally and made available to the community

- **Roles, Responsibilities, Relationships**

Consensus policy should be developed nationally and implemented locally

Examples only

Organs Solution Design Topics

Case for Change	Solution Design Questions
<p>Canada is failing to realize its potential for organ donation.</p>	<ol style="list-style-type: none"> 1. How can the system better enable the public to turn support for organ donation into action? 2. How can the system improve and increase identification and referral of potential donors? 3. What resourcing model(s) best accommodate organ donation services?
<p>The Canadian organ donation and transplantation system is not equitable or transparent.</p>	<ol style="list-style-type: none"> 4. To what extent should practices in patient referral and waitlist management be consistent? What are the best mechanisms for achieving this?
<p>There are system inefficiencies associated with patient assessment and organ allocation that can impact patient wait times and health.</p>	<ol style="list-style-type: none"> 5. What operating and resource models best accommodate organ transplantation services? 6. What principles should guide an improved approach to organ allocation?
<p>The current organ system lacks the measurement and accountability mechanisms to drive consistent, system-wide performance improvements.</p>	<ol style="list-style-type: none"> 7. What ODT data should be captured and used and how should it be captured and used? 8. How should policies be developed, approved and maintained to support the objectives defined in the solution recommendations? 9. How should measurement, accountability and funding be organized to deliver the most successful ODT system?



Discussions for Today (1/2)

Question	Options
1. How can the system better enable the public to turn support for organ donation into action?	<ul style="list-style-type: none">▪ National consent / opt-in registry▪ National intent to donate registry▪ Provincial registries with national accessibility▪ National opt-out registry▪ Nationally managed and implemented public awareness / marketing strategy▪ Nationally coordinated public awareness / marketing strategy
2. How can the system improve and increase identification and referral of potential donors?	<ul style="list-style-type: none">▪ Legislated referral of potential donors▪ National support of best practices▪ In-hospital donor coordinators▪ Donor coordinator network▪ In-hospital physician donation champions
3. What resourcing model(s) best accommodate organ donation services?	<ul style="list-style-type: none">▪ Dedicated in-hospital coordinators▪ Off-site coordinators▪ Dedicated organ retrieval team▪ Medical leaders for donation▪ Dedicated infrastructure▪ Designated donation hospitals▪ Surge capacity▪ Prioritized access▪ Service-based funding▪ Full cost reimbursement▪ Hybrid approach

Discussions for Today (2/2)

Question	Options
4. To what extent should practices in patient referral and waitlist management be consistent? What are the best mechanisms for achieving this?	<ul style="list-style-type: none">▪ Provincial waitlists, national referral criteria▪ Provincial waitlists coordinated nationally, national referral criteria▪ National waitlists, national referral criteria
5. What operating and resource models best accommodate organ transplantation services?	<ul style="list-style-type: none">▪ Service-based funding▪ Pay for performance funding▪ Surge capacity▪ Dedicated resources▪ Prioritized access to resources▪ Living donor assessment in another location▪ Expanded assessment services in other cities
6. What principles should guide an improved approach to organ allocation?	<ul style="list-style-type: none">▪ Equity▪ Safety▪ Transparency▪ Medically / scientifically sound criteria▪ Accountability

Design Discussions

Objectives for this discussion

- Identify solutions that are not feasible or acceptable
- Recommend the best solution(s) to each design question

Breakout Groups

Process:

1. Start at 'home' table
2. Consider the two discussion questions and write group notes on the table
3. After 30 minutes, rotate to the next table (all except the Table Host and Scribe)
4. React to the prior group's ideas on the table
5. After 15 minutes, rotate again (all except the Table Host and Scribe)
6. React to the prior groups' ideas on the table
7. After 15 minutes, return to your home table
8. Read reactions and additions of other groups to the original work at the 'home' table and synthesize and document the overall output for the table

Roles:

- Table Host: Remain at the same table for the entire round of conversation to maintain the thread of the conversation
- Participants: Address the questions at the table by drafting ideas and/or reacting to the ideas of others
- Scribe: Keep a written record of the table's conversation

Challenge questions for each group to answer

- For each design question,
 - What options are not feasible? Why?
 - What options have we missed?
 - What are the best options? Why?

Keep In Mind...

- The options in the papers represent a suggested starting point for discussion - you are encouraged to bring in great solution ideas that were missed, or recombine the draft options into better solutions
- All options are on the table; don't let implementation barriers get in the way of identifying the best solutions
- Seek common ground when discussions do not seem to yield easy agreement, sorting through areas of disagreement is important but takes time
- We have provided some structure to make sure all voices are heard and that we address every topic, but ultimately, this is your dialogue



Morning Groups

Group 1

Raylene
Scott
John
David
Joe
Deanna
Kim

Table 1
**Intent /
Consent**

Group 2

Greg K
Steve
Noel
Frank
Tony
Michel
Tom
Sam

Table 2
**Donor ID &
Referral**

Group 3

Norm
Deb
Shaf
Adeera
Bob
Ian
Greg G
Peter

Table 3
**Patient
Referral &
Waitlist**

Afternoon Groups

Group 4

Greg G.
Steve
Tony
Deanna
Frank
John
Joe
Sam

Group 5

Adeera
Bob
Norm
Scott
Deb
Tom
Kim

Table 1

**Donation
Resourcing**

Table 2

**Transplantation
Resourcing**

Table 3

Allocation

Group 6

Greg K.
Shaf
David
Raylene
Michel
Ian
Noel
Peter



Synthesis and Review

Objective of this discussion

- To review what we've decided as a group, so that we can...
- Identify areas that need the most follow-up work and focus, and...
- Discuss the implications of System Principles on the emerging Organs strategy

Are we addressing the critical problems?

Canada is failing to realize its potential for organ donation.

The Canadian organ donation and transplantation system is not equitable or transparent.

There are system inefficiencies associated with patient assessment and organ allocation that can impact patient wait times and health.

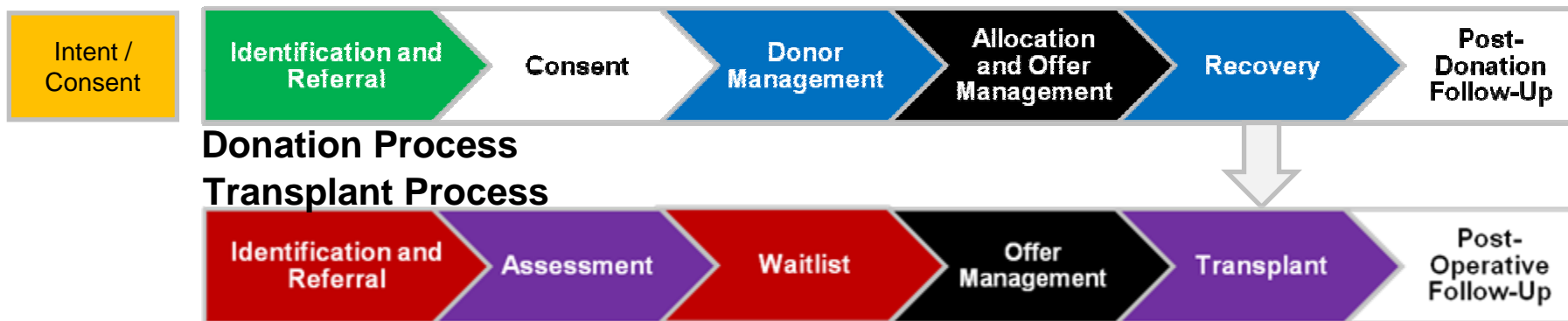


A Synthesis of Today's Discussions

Intent/Consent:

Identification & Referral:

Donation Resourcing:



Referral & Waitlists:

Allocation:

Transplantation Resourcing:

How do we bring closure to these solution design questions?

- Some areas needing further analysis and/or consultation remain
- There is an opportunity to use the time before the January meeting to resolve some of the areas where a recommendation has not yet been determined
- What is the best method for solidifying complete recommendations for the solution design questions?



Wrap-Up and Next Steps



Upcoming Activities and Next Steps

- Upcoming Activities
 - International Conference Call series
 - Public Dialogs
- Next Steps for OEC
 - Minutes from this meeting will be distributed no later than November 9th
 - The next in-person Organ Expert Committee meeting is scheduled for January 11th
 - Future conference call(s) will be scheduled

OTDT Steering Committee Members (for reference)

- ❖ **Dr. Graham Sher**, CEO, Canadian Blood Services (Committee Chair)
- ❖ **Dr. Andrew Baker**, Medical Director – Trauma and Neurosurgery Program, St. Michael's Hospital, Toronto
- ❖ **Dr. John Hamm**, family physician and former Premier of Nova Scotia
- ❖ **Commodore Hans Jung**, Canadian Forces Surgeon General
- ❖ **Mr. Craig Knight**, Assistant Deputy Minister, B.C. Ministry of Health Services
- ❖ **Dr. Maurice McGregor**, Former Dean and Chair of Medicine, McGill University
- ❖ **Honourable A. Anne McLellan**, Former Deputy Prime Minister and Federal Minister of Health
- ❖ **Dr. Brian Postl**, President and Chief Executive Officer, Winnipeg Regional Health Authority
- ❖ **Dr. Judith Shamian**, President and CEO, Victorian Order of Nurses Canada
- ❖ **Dr. Michael Strong**, international tissue banking expert, University of Washington School of Medicine
- ❖ **Dr. Simon Sutcliffe**, former President and CEO, BC Cancer Agency, and incoming Chair, Canadian Partnership Against Cancer
- ❖ **Dr. William Wall**, OC, pioneering transplant surgeon at London Health Sciences Centre and University of Western Ontario