

December 30, 2024

Sent via email: paperwork@HRSA.gov

Attention: HRSA Information Collection Clearance Officer

From: UWH Transplant Center, Madison, Wisconsin (UNOS Code WIUW)

Re: *Information Collection Request Title:* Process Data for Organ Procurement and Transplantation Network, OMB No. 0906-xxxx—New

The University of Wisconsin Health's Transplant Center greatly appreciates the opportunity to provide our viewpoint on this proposed data collection, as it impacts both our solid organ transplant programs as well as our organ procurement organization. The UW OTD (OPO) will comment separately on the impact the deceased patient form would have on their operations.

We have reviewed in detail the proposal and have received a draft list of fields to be completed on patients in the referral and evaluation phases of care. While we applaud the attempt to enhance monitoring of processes for our transplant candidates and provide transparent center performance data, we have considerable concerns about the operational impacts of the proposal:

1. **Data burden:** After careful review, we have determined that the time presented in the proposal for ***data entry*** is only a fraction of the time necessary for the ***data collection*** which will be required to complete the fields for submission. Transplant programs often receive minimal information such as a name and phone number at the time of referral, therefore, gathering the additional data proposed, will require the team to contact the referring provider *and* the patient. This information will take a significant amount of time to attain, which was not factored into the proposal's estimated time burden. UW Health's Transplant Center receives greater than 2,200 transplant referrals and initiates more than 1,000 evaluations annually. In many instances, we are unable to contact the referred patients by phone, email, letter, or other communication methods.
2. **Completion requirements:** It is unclear from the proposal if there will be flexibility in the requirements for completion to include responses such as "not available" or "unknown" for information that cannot be reasonably obtained. The completion of these data fields will not contribute to our patients' well being or help improve access for our patients. Given the time burden outlined under number 1 above and the lack of benefit to our patients, we foresee high rates of unknown data variables.
3. **System integration:** It is our recommendation that HRSA review interoperability between the various EMRs and the intended destination of this data, and work to limit manual entry and redundancy in efforts for this process. All EMRs, even of the same type, have variations. In this field, we regularly build interfaces to vendors or other software as needed to improve processes, find efficiencies, and decrease the risk of manual entry error. It can take months to create a

protected HL7 interface between 2 systems. We strongly urge HRSA to spend time and expense building a repository for this data that can easily be interfaced for data exportation.

4. **Cost of staffing:** As outlined above, the resource burden of completing these forms for thousands of patients is expected to be quite high. While every center receives a different percentage of pre-transplant costs reimbursed through the Medicare Cost Report, we would like to recommend that a financial incentive equivalent to the balance of the cost of additional staff be awarded to centers completing these forms. The cost of performing transplants has risen dramatically over the past 3 years, and transplant programs are not receiving sufficient reimbursement via the Medicare Cost Report, CMS, and commercial payors. This is not a sustainable model, and many transplant programs are struggling to stay open and/or retain qualified staff. The additional work required for these forms will further deteriorate the situation, resulting in decreased access to transplant when programs close due to lack of funding and negative operating margins.

Outlined above are but a few of our many concerns about this proposal. We strongly recommend that HRSA meticulously and prudently investigate the true data, technical and resource burden of adding additional data collection requirements for Transplant Centers. We at UW Health's Transplant Center place caring for and meeting our patient's needs as our highest priority. We believe this proposal would ask us to reprioritize our focus away from patient care to data collection and submission focused work. It is for this and many other reasons, that we are vehemently opposed to HRSA's proposal.

Respectfully,



Melissa Roberts, MSN, RN
Senior Director
UW Health Transplant Center (WIUW)
Madison, Wisconsin
Mroberts2@uwhealth.org