July 2, 2026 via Electronic Submission

The Partnership for Quality Measurement
P.O. Box 1532 Brunswick, GA 31521

RE: CBE ID 5603

Dear Partnership for Quality Measurement (PQM) Team:

HonorBridge appreciates the opportunity to provide comments on the measure CBE ID: 5603, Authorization Rate for Organ Donation Among Approached, Referred Potential Organ Donors in the Organ Procurement Organization's Donation Service Area in a Calendar Year. We firmly support this proposed measure for endorsement.

HonorBridge is the largest federally designated OPO serving the state of North Carolina, providing organ recovery services, donation advocacy, and family support in 77 counties and Danville, Virginia. HonorBridge is proud to have been part of the donation and transplant community for more than 40 years, and we take our role in maximizing the gift of life very seriously.

HonorBridge serves a unique donor population, consisting of a diverse range of cultures, economic realities, religious beliefs, and education levels. We serve the metropolitan capital, the rural east, the coastal region, and the Research Triangle. We have experienced, first-hand, the year-to-year volatility that results from the current CMS metrics based on fluctuations outside of our control. In our experience, the current CMS metrics are inadequate to capture an OPO's true performance, unique to its individual DSA.

HonorBridge has a robust continuous improvement program focused on all aspects of and processes within the organ donation field. Regarding the authorization rate, we analyze authorization data to identify factors that influence family decision-making and strengthen our family support practices. Authorization outcomes are evaluated across donation pathways and by first-person authorization registry status to better understand trends and opportunities for improvement. We also assess the relationship between referral quality and timeliness and the timing of donation discussions, recognizing that authorization outcomes can be impacted by how early and effectively the OPO is engaged in the donation process. Our approach emphasizes collaboration with the healthcare team to ensure donation discussions are appropriately timed, aligned with the family's needs, and integrated into the overall plan of care. We routinely review authorization data through case evaluations, family conversation quality reviews, and staff development activities to promote transparent, respectful, and informed discussions about donation. These efforts help strengthen hospital partnerships, support family-centered decision-making, and ensure every family is provided the opportunity to make an informed donation decision free from coercion.

When examining our Authorization Rate, it is not in isolation but coupled with our Approach Rate and our Rate of Authorized Not Recovered Donors. (Approach Rate is defined in CBE ID 5602. Authorized Not Recovered (ANR) Donors are those who are authorized first person or by the family but do not progress to organ recovery. This could be due to a variety of reasons, including medical rule-outs, etc.) The three together measure our performance in converting potential donors to realized donors, while supporting donors and their families and partnering effectively with our hospitals.

On a broader scale and encompassing all four proposed OPO measures (CBE IDs 5601-5604), improvements in the organ donation system cannot happen unless there are strong metrics that accurately measure the performance of the different stakeholders in the system. The metrics, and oversight within the system, should reflect what each part of the system actually does and not just the final outcome. When metrics are inaccurate, they not only affect organizations; they can also affect patients waiting for lifesaving transplants. Good measurement leads to better decisions, stronger accountability, and more lives saved.

The two current CMS metrics—donation and transplant rate—do not fully reflect the role of OPOs in the system. Additionally, the current transplant rate reflects the performance of the entire system, including transplant centers and logistics, not just OPOs. This makes it difficult to fairly evaluate performance or identify where improvements are truly needed. As a result, the current framework risks unintended consequences for patients and system stability. Under the current framework, nearly half of OPOs could face decertification or competition this year. Based on current data, OPOs serving up to 72 percent of the U.S. population will be impacted by the end of 2026. This creates the potential for widespread disruption across the donation system. The focus should be on improving performance while maintaining continuity of care for patients and donor families.

The four measures provide a comprehensive assessment of the organ donation process—from referral and approach through authorization and donation. This allows OPOs and stakeholders to identify opportunities for improvement at specific stages of the donation process and implement targeted quality improvement efforts. This level of transparency and actionable insight is not possible when performance is evaluated solely through end-stage outcome measures.

These accurate metrics will help ensure that every donation opportunity is maximized. They support better coordination across the system, so organs reach patients faster, and they strengthen transparency and public trust, which is essential for donation. Ultimately, better measurement means more transplants and more lives saved.

HonorBridge appreciates the opportunity to provide comments on the proposed measures (CBE IDs 5601-5604) for endorsement. As an organization committed to advancing strategies that increase the number of lives saved through organ donation and transplantation, HonorBridge offers these comments in support of that mission.

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On behalf of:
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