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

RE: **CBE IDs: 5601, 5602, 5603, 5604**

Dear Partnership for Quality Measurement (PQM) Team:

LifeSource appreciates the opportunity to provide comments on the following measures:

- CBE ID: 5601 Rate of Hospital Referrals of Potential Organ Donors Made to the Organ Procurement Organization (OPO) from within the OPO's Donation Service Area in a Calendar Year.
- CBE ID: 5602 Rate of Referred Patients that are Approached for an Organ Donation in the Organ Procurement Organization's Donation Service Area in a Calendar Year.
- 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.
- CBE ID: 5604 Rate of the Number of Organ Donors to the Potential Donors in an Organ Procurement Organization's Donation Service Area in a Calendar Year.

As a member of the Organ Procurement Organizations (OPO) community, we firmly support the proposed measures for endorsement.

BACKGROUND

LifeSource is a federally designated nonprofit OPO serving Minnesota, North Dakota, South Dakota and counties in western Wisconsin. LifeSource supports more than 7 million people within our donor service area, as well as 270+ donor hospitals and 9 transplant centers.

DISCUSSION

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. Organ

donation is a highly coordinated, time-sensitive process, and instability anywhere can impact patients everywhere. The focus should be on improving performance while maintaining continuity of care for patients and donor families.

AOPO, in partnership with 53 OPOs and Econometrica, Inc., launched a national effort to develop better performance metrics identified as the four measures mentioned above. These measures are the result of a rigorous, multi-stakeholder development process that included independent measure development experts, technical expert panel input, stakeholder interviews, site visits, literature review, and testing consistent with CMS measure development standards. This coordinated effort has ensured the metrics are objective, scientifically sound, and trusted by policymakers.

Additionally, these metrics focus on the work OPOs actually do. These 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.

At LifeSource, we use data-driven quality improvement efforts to strengthen hospital partnerships, improve family authorization processes, and maximize donation opportunities. The proposed measures provide actionable information that supports these efforts and helps ensure continuous improvement across the donation process.

The dashboard we share with all donor hospitals within our designated service area includes information on their referrals, timely referral rate, approaches, authorization rate, and donors.

Outward awareness of performance and scrutiny of outcomes will improve overall accountability of the process and those supporting the process.

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.

CONCLUSION

LifeSource appreciates the opportunity to provide comments on the proposed measures—**CBE IDs 5601, 5602, 5603,** and **5604—**for endorsement. As an organization committed to advancing strategies that increase the number of lives saved through organ donation and transplantation, LifeSource offers these comments in support of that mission.

Sincerely,

Stephanie Davis
Chief Operations Officer

On behalf of:

LifeSource
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