4400 Lakeland Dr., Flowood, MS 39232
601.933.1000 | www.msora.org

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:

Mississippi Organ Recovery (MORA) 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

MORA is the federally designated organ procurement organization (OPO) serving the majority of Mississippi. Since 1994, MORA has facilitated the organ donation process by maintaining and promoting the state's donor registry, securing authorization for potential donors, and coordinating the recovery and transportation of life-saving organs for transplantation. In addition to organ donation, MORA manages a comprehensive tissue recovery program that provides life-enhancing tissues, including skin, bone, heart valves, veins, and ligaments.

In response to increasing transplant demand and a rapidly evolving regulatory environment, MORA has made significant operational investments to strengthen organ donation across Mississippi. Since 2021, MORA has increased staffing from 58 to 88 full-time equivalent employees, a 52% increase, expanding clinical operations, hospital development, family support services, and public education capacity. These investments were designed to improve donor identification, strengthen hospital partnerships, and increase opportunities for organ recovery and transplantation.

DISCUSSION

Improvements in the organ donation system cannot occur unless there are robust metrics that accurately measure the performance of the various 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, they 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 MORA, 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.

MORA Quality Improvement Initiatives

I. Automated Referrals

a. The implementation of automated referral technology represents a significant step in improving the organ donation process. By enabling real-time, standardized referrals, MORA's automated referral system reduces delays, minimizes human error, and helps ensure every potential donor is identified and evaluated promptly.

The system is now operational at six major hospitals across Mississippi, with two additional hospitals currently in the implementation phase. Once fully implemented, automated referral is expected to account for approximately 80% of referrals in the service area, improving efficiency, compliance, and overall donation outcomes.

II. Referral Management Department

a. With the continued increase in referral volume, MORA established a dedicated Referral Management Department to enhance efficiency, improve communication, and ensure a timely response to all donor referrals. Staffed 24 hours a day, seven days a week, the department serves as the initial point of contact for referral calls and provides immediate assessment and coordination. Team members work closely with hospital personnel and internal organizational staff to identify potential organ, eye, and tissue donors, facilitate the referral and evaluation process, assign appropriate follow-up activities, and ensure seamless communication throughout the donation process. This centralized approach has resulted in a 35% increase in referrals, faster response times, stronger partnerships with hospitals, and an enhanced ability for MORA to identify and maximize every donation opportunity.

III. Expansion of DCD criteria and high-risk donors

a. Mississippi Organ Recovery Agency expanded the use of Donation after Circulatory Death (DCD), creating more opportunities for families to give the gift of life and for patients to receive transplants. Unlike traditional donation after brain death (DBD), DCD occurs after the heart stops following the withdrawal of life support, with death confirmed by an independent hospital physician. Since 2020, MORA has increased the opportunities for families to donate via the DCD pathway by 325%.

MORA has implemented targeted clinical and operational improvements to expand organ utilization across a medically complex donor population in Mississippi. MORA is utilizing advanced technology to help keep organs viable for a longer period after death, improving preservation and increasing the opportunity for successful transplantation.

For kidney donation, MORA has expanded donor criteria, implemented perfusion protocols, and strengthened collaboration with transplant centers and peer OPOs to improve evaluation and placement practices. While overall kidney utilization remains influenced by transplant center acceptance patterns, MORA continues to exceed expected organ transplant rates, as indicated by the Scientific Registry of Transplant Recipients with the total observed over expected rate of 1.21 for all organ types (kidney 1.19). These gains have been supported by broader use of imaging review, surgeon consultation, and expanded age criteria to better assess donor suitability.

MORA has expanded donor eligibility through the use of advanced perfusion techniques and the removal of historical weight limitations for liver donations. These changes are particularly impactful in a state that ranks among the highest nationally in obesity, allowing more organs to be evaluated and considered for transplant that may have previously been declined. In addition, the organization developed and published an innovative liver biopsy protocol that helps identify transplantable organs more efficiently, reducing unnecessary organ discards while also minimizing strain on transplant center resources. Together, these efforts have helped MORA not only maximize the gifts entrusted by donor families but also outperform national averages in organ utilization across many organ types.

IV. Collaboration with Medical Examiner

a. Focused efforts have been made to strengthen collaboration between the Medical Examiner community and the State prison system, with emphasis on death investigations, organ and tissue donation, and interdisciplinary partnership. Engagement with coroners, forensic pathologists, and medical examiners is critical, as many donors fall under their jurisdiction.

   Case reviews identified a small number of ME refusals from 2024–2026,

   2024: One non-accidental trauma case

   2025: Five ME refusals (three adult homicide cases, two pediatric suspected non-accidental trauma cases)
   2026: One decline involving a non-accidental trauma case

   These included homicide and non-accidental trauma cases, where viable organs may have been suitable for transplant. To improve outcomes, a more standardized review process was established.

   Key improvements include establishing a primary communication contact, advancing relationship-building efforts, and developing ongoing strategies such as quarterly meetings, data reporting, and case debriefs. These initiatives aim to enhance communication, preserve forensic integrity, and maximize lifesaving donation opportunities.

V. Addition of Pulmonary Assistant Medical Director and Respiratory Therapists

a. For lung donation, MORA developed and implemented standardized DCD lung protocols and provided training to hospital care teams. These efforts were supported by the addition of a Pulmonary Assistant Medical Director and critical care respiratory therapists to enhance donor evaluation and expand clinical criteria. As a result, lung utilization now exceeds national averages and outperforms peer OPOs in the region, despite operating in a high-risk clinical environment, resulting in measurable improvements. This initiative has resulted in a 141% increase in the average number of lungs transplanted per year since beginning the program in 2020.

VI. Hospital Engagement

a. Findings from the Spring 2024 Hospital Partner Survey highlighted a critical need to enhance engagement between MORA and its hospital partners. Survey responses indicated that many hospital staff felt disconnected from MORA, lacked a clear understanding of their role in the donation process, and, in some cases, held misconceptions about MORA's practices that contributed to strained working relationships.

In response, MORA developed the C.A.R.E. Focus Group as a structured, recurring forum designed to foster meaningful collaboration and strengthen partnerships. Rather than serving as a traditional educational program, C.A.R.E. promotes a two-way exchange of information and perspectives. It provides hospital staff with a dedicated forum to share experiences, identify challenges, and offer feedback, while enabling MORA staff to listen, respond, and work collaboratively to improve processes and outcomes.

By creating an environment of open communication, mutual respect, and shared problem-solving, the C.A.R.E. Focus Group reinforces the essential partnership between hospitals and MORA, ultimately enhancing the donation experience for donor families and maximizing opportunities to save and heal lives.

b. MORA's clinical, family care, and hospital development teams also implemented weekly internal case debriefs to review processes, identify challenges, monitor operational drift, recognize outstanding hospital staff, and evaluate outcomes and deviations while reinforcing goals related to hospital relationships. Family care also assesses hospital huddles, family readiness, timing of support conversations, and donation decisions.

In addition, multidisciplinary case debriefs were implemented with hospital providers, nursing staff, OR personnel, administrators, and all MORA team members involved from referral through recovery. These collaborative sessions promote open dialogue, provide timely feedback, support process improvement, and enable more efficient follow-up across all stakeholders.

VII. Outreach efforts

a. To grow the organ donor registry, MORA has made targeted investments in public education, community outreach, and expanded access to donor registration across Mississippi. In addition to working with the Mississippi Department of Public Safety, through which approximately 98% of donor registrations occur, MORA helped advance legislation creating an additional donor registration pathway through the Mississippi Department of Wildlife, Fisheries, and Parks' (MDWFP) online hunting and fishing license system. MORA has also expanded school-based education, increasing from 66 schools in 2023 to 105 schools in 2025 and reaching nearly 7,000 students.

MORA also launched the *Yes You Should* campaign, the largest public education initiative in the organization's history, focused on increasing donor registration in communities that are disproportionately represented on the transplant waiting list but underrepresented in the donor registry. The campaign has generated more than 12 million impressions and over 54,000 direct connections to donor registration resources.

These investments are designed not only to increase donor registration but also to address misinformation, improve public understanding of the donation process, and reduce barriers that can affect donor authorization. Together, they support a broader strategy to improve equity in donor registration and increase access to transplantation for Mississippi families.

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

MORA 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, MORA offers these comments in support of that mission.

Sincerely,

Kevin Stump
President/CEO

On behalf of:

Mississippi Organ Recovery Agency
4400 Lakeland Drive
Flowood, MS 30232