MIDWEST TRANSPLANT NETWORK

July 6, 2026

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:

On behalf of Midwest Transplant Network, Inc. (MTN), a Missouri not-for-profit corporation and the federally certified organ procurement organization (OPO) designated to serve Kansas and western Missouri, we strongly support endorsement of CBE IDs 5601, 5602, 5603, and 5604 because they provide a more accurate, actionable, and accountable framework for evaluating OPO performance.

We appreciate the opportunity to comment on the following measures:

- CBE ID: 5601 Rate of Hospital Referrals of Potential Organ Donors Made to the Organ Procurement Organization from within the OPO's Donation Service Area (DSA) in a Calendar Year.
- CBE ID: 5602 Rate of Referred Patients that are Approached for an Organ Donation in the OPO's Donation Service Area in a Calendar Year.
- CBE ID: 5603 Authorization Rate for Organ Donation Among Approached, Referred Potential Organ Donors in the OPO's Donation Service Area in a Calendar Year.
- CBE ID: 5604 Rate of the Number of Organ Donors to the Potential Donors in an OPO's Donation Service Area in a Calendar Year.

As a member of the OPO community, MTN supports these measures because they align accountability with operational control, promote targeted quality improvement, and better protect continuity in a donation and transplantation system that patients and donor families depend on.

BACKGROUND

MTN serves a population of 5.8 million individuals in Kansas and the western two-thirds of Missouri and has safely and effectively supported organ, eye, and tissue donation within its DSA for over 50 years. Our mission, saving lives by honoring the gift of organ and tissue donation with dignity and compassion, is fulfilled daily by our 275 employees who remain committed to leading with excellence.

DISCUSSION

Meaningful improvement in the organ donation system requires performance measures that distinguish the steps an OPO can directly influence from downstream outcomes that depend on transplant centers, logistics, clinical acceptance decisions, and other system actors. Metrics that isolate referral, approach, authorization, and donation activity create clearer accountability, identify where process improvement is needed, and support better decisions for patients awaiting lifesaving transplants.

The current CMS framework relies primarily on donation and transplant rate outcome measures, but the transplant rate necessarily reflects decisions and conditions outside the authority of any single OPO. In late 2026, nearly half of U.S. OPOs serving up to 72 percent of the U.S. population may face automatic decertification or forced competition under the current framework, creating a risk of broad disruption in a highly coordinated, time-sensitive system. PQM endorsement of these additional measures would help strengthen accountability without destabilizing the continuity of care required by donor families, hospitals, transplant programs, and patients.

AOPO, in partnership with 53 OPOs and Econometrica, Inc., developed these four measures through a rigorous, multi-stakeholder process that included independent measure development expertise, technical expert panel input, stakeholder interviews, site visits, literature review, and testing consistent with CMS measure development standards. This process supports measures that are meaningful, actionable, feasible, evidence-based, replicable, verifiable, and aligned with the evolving science and practice of donation.

These measures also focus on the work OPOs are entrusted to perform: identifying potential donors, ensuring timely referral, supporting an appropriate and compassionate approach, obtaining authorization, and converting donation opportunities into actual donors when clinically possible. By assessing each stage of the donation continuum, the proposed measures provide the transparency needed to diagnose performance gaps, test targeted interventions, and continuously improve practices that cannot be evaluated through end-stage outcome measures alone.

MTN's own operating model illustrates why process-level measures are essential. We maintain specialized referral staff, 24/7 on-site donation support, critical care intensivist engagement across the donation continuum, and a state-of-the-art Donor Care Unit which opened in 2022 to strengthen donor management from hospital referral through recovery. These investments are designed to improve the same core functions reflected in CBE IDs 5601 through 5604, making the proposed measures directly relevant to how high-performing OPOs manage quality, accountability, and continuous improvement.

For these reasons, endorsement of CBE IDs 5601, 5602, 5603, and 5604 would advance a more balanced and strategically useful performance framework—one that preserves accountability

while giving OPOs, policymakers, hospitals, and the public clearer information about where improvement is occurring and where additional focus is needed.

CONCLUSION

Midwest Transplant Network appreciates the opportunity to provide comments on CBE IDs 5601, 5602, 5603, and 5604. We respectfully urge PQM to endorse these measures as an important step toward a more accurate, transparent, and actionable approach to OPO performance measurement. MTN's more than fifty-year history of service to donor families, hospitals, transplant partners, and patients reflects our commitment to continuous improvement and to our mission of saving lives by honoring the gift of organ and tissue donation with dignity and compassion.

Sincerely,

Jan Finn, RN, MSN
President and Chief Executive Officer
Midwest Transplant Network
1900 West 47th Place
Westwood, KS 66205