July 7, 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:

New England Donor Services 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 support the proposed measures for endorsement.

BACKGROUND

New England Donor Services (NEDS) is the federally designated nonprofit Organ Procurement Organization serving most of New England, comprising a population of almost 15 million residents, 200 acute care hospitals and 14 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 contributes to the whole 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 and more lives saved.

The two current CMS OPO performance metrics, donation and transplant rate, do not fully reflect the role of OPOs in the system. Additionally, the current transplant rate attributes the decision to accept an organ for transplant to OPOs which are limited in affecting the decision-making ability of transplant centers. This makes it difficult to fairly evaluate OPO performance or identify where improvements are truly needed. As a result, the current CMS OPO metric framework risks unintended consequences for patients and system stability.

However, we site the same concerns that the denominator for both donation and transplant rate derived from death certificate data is inaccurate and should be replaced by risk-adjusted donor demographics that meet donation criteria.

Under the current regulatory measurement framework, nearly half of OPOs could face automatic decertification or loss of DSA via 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 donors and donor families.

The Association of Organ Procurement Organizations (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 are specifically responsible for accomplishing. These four measures provide a comprehensive assessment of the organ donation process from referral and the donation discussion with potential donor families through authorization and coordination of donation. The thoroughness and specificity of the measures allow 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 NEDS, we use data-driven quality improvement efforts to strengthen hospital partnerships for donor identification, 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.

Our OPO deeply focuses on referral compliance of donor hospitals. We utilize a self-developed system that identifies potential donors who were either not referred to our OPO but met clinical cues for referral or referred to us in an untimely manner. Late notification to the OPO of patients who hold potential for organ donation results in lower authorization rates and a suboptimal experience for families. Non-referred patients are identified by our OPO and notification to the donor hospital is immediate and comprehensive, focused on identifying knowledge gaps of donor hospital teams or barriers to potential donor identification by the hospital. Data on non-referred patients and untimely referrals are provided to donor hospitals monthly in Organ Donation Advisory Committee (ODAC)

meetings. Additionally, these key metrics are routinely shared by the NEDS team with donor hospital leadership.

Authorization metrics are also shared monthly with donor hospitals. This includes the number of donation discussions, the overall authorization rate and the percent of donation discussion that met the Collaborative Donation Process (CDP). The CDP measures the extent of collaboration the donor hospital made with our OPO team to optimize authorization outcomes. The CDP includes timely referral to our OPO and an agreed upon plan for NEDS to introduce the opportunity of organ donation without pre-mention of donation by a member of the donor hospital team. Authorization rates are higher when our OPO and the donor hospital team adhere to the CDP to ensure potential donor families have the information they need to make a thoughtful, informed decision about donation. Further, authorization rates are higher when the donation discussion is led by a specially trained member of the NEDS Family Services Team. Clinical donation metrics are also shared with donor hospitals. This includes the number of organs transplanted from the donors at their hospital and a review of donor management outcomes for each organ donor.

In addition to donation metrics reviewed with donor hospitals, Key Performance Indicators (KPIs) are developed by each team within the NEDS' Organ Donation Services (ODS) department. These KPIs are strategically developed to impact growth of donors and organs available for transplant. KPIs are targeted to identify opportunities for improvement specific to each role/team within ODS and results are regularly shared with each team during team meetings and strategies to meet KPIs are continually discussed and evaluated. NEDS executive level leadership is closely involved in the development and review of KPIs. Dedicated forums at NEDS exist to identify opportunities for improvement across the spectrum of donation and transplantation.

AOPO encourages wide-spread adoption of these key qualitative measures to encourage standardization across the system. Measuring just the final results (e.g. donation and transplantation rates) without evaluating the path(s) that lead to that performance, misses the opportunity for improving the system. The goal of performance metrics should be to ensure patients receive the best care possible across the system. Punitive programs that do not factor where gaps exist or why underperformance occurs, are not designed for sustainability. The measures put forth by AOPO evaluate "how" an OPO performed, thus enabling opportunity to make improvements. As stated earlier, it is easier, less costly, and less disruptive to make focused adjustments versus dismantling the national system and then attempting to rebuild it.

These more 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.

NEDS 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, New England Donor Services offers these comments in support of that mission.

Sincerely,

Ben Asfaw
Chief Quality Officer

On behalf of:

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