
CBE ID

5602

Title

Rate of Referred Patients that are Approached for an Organ Donation in the Organ Procurement Organization's Donation Service Area in a Calendar Year

Project

Management of Acute Events, Chronic Disease, Surgery, and Behavioral Health

Endorsement Status

New

Is Under Review

Yes

Next Maintenance Cycle

Spring 2026

Steward

Other

1.0 New or Maintenance

New

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure identifies the rate of approaches per 100 referrals by the Organ Procurement Organization (OPO) to referred potential donors or their next of kin in the OPO's donation service area (DSA) in a calendar year.

1.7 Measure Type

Process

1.8 Level of Analysis

Other

1.8b Other Level of Analysis

Organ Procurement Organization - a non-profit organization responsible for the evaluation and procurement of deceased-donor organs for transplantation. OPOs also educate the public to

increase awareness and participation in organ donation.

1.9 Care Setting

Other

1.9b Other Care Setting

The OPO is the care setting for which this measure is specified and tested.

1.10 Measure Rationale

The Approach Rate measure identifies the rate of approaches per 100 referrals made by the Organ Procurement Organization (OPO) to referred potential donors or their next of kin in the OPO's donation service area (DSA) in a calendar year. We will refer to this measure as the Approach Rate measure in this report. It indicates whether the OPO had a conversation with potential donors or their next of kin about next steps in the organ donation process (if the individual has documentation of intent to be an organ donor) or about interest in becoming an organ donor. Although each organ donation is initially triggered by contact from the donor hospital as they identify a potential donor (a referral), the OPO must act on the referral to make the request of the donor. At that point, conversations will be held with the patient's family to ensure that they are given the time, information, and support needed to make informed decisions. While donations must occur within specific medical timeframes for organs to remain viable for transplant, highly skilled OPO professionals are trained to approach these discussions with compassion and respect during moments of profound loss (AOPO, 2026).

The goal of this measure is to provide OPOs with meaningful insights into their overall discussions (approaches) with potential donors (referrals). Without a conversation about organ donation, potential donors and their next of kin may be unaware of or uninformed about donation possibilities. An approach conversation is a minimum requirement for authorization to be possible and a key step toward making more organs available to those on the transplant waiting list. A lower Approach Rate signals the need to explore potential root causes. It may indicate that an OPO needs to prioritize connecting with each referred patient or their next of kin by increasing in-hospital presence, encouraging earlier referrals to allow adequate time for approaches, or addressing other barriers. In addition to the clinical suitability of the donor, OPOs have identified that timely referrals from donor hospitals based on correct clinical triggers is a key factor impacting Approach Rate (Rahman et al., 2026b). Other issues may involve administrative tracking, resources, or training that hinder either onsite or telephonic responses to hospital referrals.

Although not every patient referral will be medically suitable for donation, OPOs must make every effort to respond to referrals and seek consent for donation in order to achieve their lifesaving mission. The literature indicated that modifiable factors related to approach can influence the approach conversation outcome. Simpkin et al. (2009) identified the skills of the individual making the request and the timing of the conversation as important factors in approach conversations. Hospital staff education should reinforce the importance of allowing the OPO—not the hospital staff—to initiate the family approach for organ donation (Ebadat et al., 2014). Inappropriately timed conversations conducted by untrained personnel can hinder approach efforts and potentially negate the referral. Maintaining clear boundaries between teams responsible for providing care and those responsible for donation is critical to patient safety, clinical integrity,

and public confidence in the system (AOPO, 2026). OPOs can work with their leadership and frontline staff to establish Approach Rate benchmarks, work through challenges that are preventing approaches, and prioritize these time-sensitive and delicate conversations. The Approach Rate measure is an important metric that can provide insight into OPO performance, allowing further exploration of the dynamics surrounding approach conversations.

References:

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1.11 Measure Webpage

None.

1.13 Data Dictionary

Attached

1.13a Attach Data Dictionary

[CBE-5602-1.13a-Approach-Rate-Data-Dictionary-Attachment-A-Spring2026.pdf](#)

1.14 Numerator

The numerator is the number of referred potential donors that are approached for an organ donation (terminal conversation) in the OPO's DSA in a calendar year.

1.14a Numerator Details

The numerator for the Approach Rate measure uses data shared directly by six OPOs. The numerator is the number of referred potential donors who are approached for organ donation (sometimes called a terminal conversation in historical literature) in the OPO's DSA in the calendar year. An approach is defined as any type of conversation in person, over the telephone, or via telehealth with the intent to make donation a possibility after preliminary suitability has been determined by the OPO staff. The patient must have been referred to the OPO for an approach to occur.

Approaches include situations in which the patient appears to meet Donation after Brain Death criteria but is not formally declared, the patient is declared to be brain dead and appears to be a suitable donor (at least one organ), or the OPO has determined that the patient is a suitable Donation after Circulatory Death candidate and has talked to the family about organ donation.

The approach definition does not change regardless of outcome or rule-out circumstances (e.g., family declines, patient expiration, medical examiner denial, or other rule-out status). This does not include courtesy calls where a family has requested information about donation, but the OPO had already chosen not to investigate further or pursue donation.

Please refer to Attachment B for a list of definitions and acronyms associated with this measure submission.

1.15 Denominator

The denominator is the number of patients referred to the OPO in the OPO's DSA in a calendar year.

1.15a Denominator Details

The denominator for the Approach Rate measure is the number of patients referred to the OPO in the OPO's DSA in the calendar year. The OPO receives telephonic or electronic notification by a donor hospital of a potential donor based on clinical criteria agreed upon between the OPO and the donor hospital in a Memorandum of Understanding (MOU). OPOs maintain MOUs with donor hospitals regarding hospital notification of imminent deaths. These criteria generally require hospitals to refer within 1 to 3 hours of a ventilated patient identified as meeting any of the following established clinical triggers and prior to the withdrawal of mechanical and/or pharmacological support:

- Patient with a neurological and/or life-threatening injury, OR
- Loss of neurological function without sedation, OR
- Patient meeting a Glasgow Coma Scale (GCS) of 5 or less, OR
- Anticipated family meeting to discuss end-of-life care, OR
- Prior to the discontinuation of ventilator support, the family asks to discuss donation options.

A referral is attributed to a calendar year based on the date of the referral, not the date of death. Referred potential donors are counted as referrals regardless of whether the referral was made using accurate clinical criteria for donation (donor referral triggers).

A potential donor is a hospitalized patient who meets the following clinical criteria for donation:

- Brain death or imminent death from severe brain injury or trauma, cerebrovascular insult, anoxic injury, or amyotrophic lateral sclerosis; OR
- Assist-device dependent (e.g., extracorporeal membrane oxygenation); OR
- Referred as outlined in each OPO-to-hospital MOU, as outlined above.

The potential donors are included in the denominator regardless of whether the referral resulted

in an organ transplant into a recipient. Referrals are attributed to the calendar year (time between 12:00 a.m. on January 1 of a calendar year and 11:59 p.m. on December 31 of that same year) based on the referral date.

OPOs capture the ventilator status in their Electronic Donor Record (EDR) at the time of referral from the donor hospital.

1.15b Denominator Exclusions

Non-ventilated referrals and patients older than age 80 are not included in the denominator.

1.15c Denominator Exclusions Details

Only ventilated referrals are included in the Approach Rate denominator and are calculated from the ventilator flag variable; referrals where the patient was not ventilated are removed. OPOs do sometimes receive referral calls, which they document, where a patient is determined not to be imminently near death. These are recorded in the EDR system of OPOs but are not included in this denominator. Patients whose age is greater than 80 are also removed from the set of referrals because, while a patient over age 80 may be an organ donor, these are rare circumstances, and patients over age 80 represent a large proportion of in-hospital deaths. Removing these patients as part of data cleaning reduces substantial noise in the dataset used to calculate the measure.

1.15d Age Group

Other

1.15e Age Range in Years

Patients who are 0 to 80 years of age.

1.16 Type of Score

Rate/proportion

1.17 Measure Score Interpretation

Better performance = Higher score

1.18 Calculation of Measure Score

To calculate the numerator for the measure, using the set of referrals for an OPO for a calendar year, filter the data to only referrals where the patient was ventilated and aged 0 to of 80 years old. Next, filter to referrals where an approach occurred. Count the number of unique referrals from in subset; this is the number of approaches.

To calculate the denominator for the measure, from the set of referrals for an OPO in a calendar year, filter the data to include only referrals where the patient was ventilated and aged 0 to 80 years old. Count the number of unique referrals in this subset; this is the number of referrals.

To calculate the measure, divide the numerator (the number of approaches) by the denominator

(the number of referrals) to determine the Approach Rate. This value is multiplied by 100, as the rate is expressed as X per 100 referrals. In addition to calculating the overall measure score, we stratified by demographic information for gender, race, and age. Please refer to Exhibit 2: Measure Score Calculation Diagram in Attachment B for additional details.

1.19 Measure Stratification Details

We stratified this measure by race to better understand whether different populations are served disproportionately relative to the proportions of potential donors in the DSA. Due to the nature of the data shared by OPOs, we compare “Non-Hispanic White” and “Non-White” populations. People of Hispanic ethnicity are included in the “Non-White” category because some OPOs coded “Hispanic” as a mutually exclusive “race” category.

We stratified this measure by gender/sex to evaluate whether the approaches and referrals received by the OPO reflect the gender/sex proportions of deaths in the population in the OPO’s DSA.

Finally, we stratified this measure by age. Stratification by age permits evaluation of the population breakdown of the approaches and referrals received by the OPO as compared to the proportions of potential donors in the OPO’s DSA. We hypothesized that there will be proportionally more approaches for males due to their overall higher death rates in the under-80 age group we are examining. We considered that different age concentrations for the different OPO DSAs could affect Approach Rates. Specifically, areas with older ages may have higher death rates, but that may not translate directly to higher Approach Rates. Stratifying by age allows us to observe if Approach Rates differ by age.

Additional stratification information is covered in Section 5.4.

1.20 Types of Data Sources

Electronic Health Records

1.21a Data Collection Tool URL(s)

<http://example.com>

1.25 Data Source Details

The data for the numerator and denominator of the Approach Rate measure come from the OPO’s EDR. Approach data are entered manually by OPO staff into the EDR in response to a donor referral. Of our six OPO test sites, four used LifeLogics/TrueNorth EDR and two used iTransplant/InVita Health EDR. Both systems permit data capture via an application programming interface (API) linked to hospital Electronic Health Records (EHRs)—where available and in coordination with donor hospitals—for the input of patient data, including demographic and clinical data.

OPO staff determine medical suitability for donation and, if appropriate, conduct an approach conversation with the referred potential organ donor or their next of kin. This approach, whether

in person, over the telephone, or via telehealth, is recorded into the OPO's EDR system by OPO staff. Each OPO performs standardized quality assurance (QA) completeness checks of each donor case file in their EDR.

Prior to measure testing, we discussed the nature of the variables with OPOs to understand the data elements and workflows that generated the data points. We learned that OPOs were not systematically coding demographic values in the same way, such as collecting age instead of date of birth, or collecting multiple race categories that differ from the census categories. We did not find differences in the approach variable itself, although some OPOs capture multiple approach attempts. Through reviews of the OPO data, their dictionaries, the logic behind calculated fields, and—in some cases—additional data submissions, we learned how each OPO captured and reported their data. We clarified the measure specifications and definitions and engaged in discussions with each OPO to ensure that we obtained and analyzed the necessary data. Other clarifications included alignment on how missing data were handled. However, overall, we found that it was relatively straightforward to harmonize the data when we had clarifications on the data dictionary and field names.

1.26 Minimum Sample Size

There is no minimum sample size.

2.1 Attach Logic Model

[CBE-5602-2.1-Approach-Rate-Logic-Model-Attachment-C-Spring2026.pdf](#)

2.2 Evidence of Measure Importance

To validate the importance of the Approach Rate metric and ensure accurate and comprehensive information when developing the measure, we performed an extensive literature review about the organ donation and transplant ecosystem (Rahman et al., 2025). We reviewed relevant literature for any measures or data sources that had already been explored and had potential as candidate measures. Based on this review, no appropriate measures were identified, and the team continued exploring alternative evidence means for measures and amplified importance.

A thorough review of existing measures in the CMS Measures Inventory Tool (CMIT) indicated that there were no measures comparable to the one proposed for endorsement (CMIT, n.d.). Therefore, we continued identifying potential measures using the CMS Blueprint Measure Lifecycle as a validated measure development framework.

The CMS Blueprint Measure Lifecycle was used to guide our work due to its rigorous and established approach to measure development and validation (CMS, n.d.). Econometrica operationalized the Blueprint by systematically integrating the conceptualization, specification, testing, implementation, measure use, evaluation, and maintenance phases into the project plan.

To collect additional information validating measure importance, we conducted 7 site visits of U.S. OPOs, including 45 individual interviews with OPO leadership, directors/managers, and other essential frontline staff. Econometrica conducted a qualitative analysis of all interviews that

informed the development of the ecosystem map and logic model (Rahman et al., 2026a).

We convened four meetings with a Technical Expert Panel (TEP) (Rahman et al., 2026b) and assembled an OPO stakeholder group (Rahman et al., 2026c) to gather targeted, informed feedback over five sessions (June 2025 to February 2026). The purpose of the TEP was to provide expert guidance on project strategy, measure development, and recommendations for new measures. The OPO stakeholder group served to engage OPOs in informing and testing measures and supporting the development of a shared logic model. In Fall 2025, our team solicited feedback from OPO stakeholders on a list of structural, process, and outcome measure candidates. This activity narrowed the list of measure candidates, with the Approach Rate measure receiving a high percentage of agreement for advancement to the testing phase (Rahman et al., 2026c). During OPO Stakeholder Meeting 3, Econometrica continued in-depth discussions with stakeholders, further solidifying the final measures selected for the testing phase, including Approach Rate (Rahman et al., 2026c).

We also conducted a qualitative study to explore the perspectives of donor families, transplant recipients, and OPO stakeholders to better understand the emotional, practical, and systemic aspects of organ donation and transplantation (Arellano et al., 2025). Although we did not find specific implications for an Approach Rate measure, the importance of overall appropriate measures was emphasized.

Evidence from the literature, Technical Expert Panel (TEP) and OPO stakeholder group feedback, and public comments highlighted the importance of ensuring that successful approach conversations occur for each referral to maximize the likelihood of authorization and ultimately donation (Rahman et al., 2025; Rahman et al., 2026b; Rahman et al., 2026c; O'Connor & Lind, 2025). Nicely et al. (2023) found that measures directly related to donation conversations resulted in more approaches, reapproaches, and timely conversations, leading to an increase in organ donors and more organs for transplantation. The National Academies of Sciences, Engineering, and Medicine (NASEM, 2022) also identified standardized metrics and data points for OPOs that could evaluate and improve performance of the organ transplantation system, including novel measures such as the number of referred deaths responded to by the OPO. When OPOs ensure that approach conversations occur for each referral, they increase the likelihood of authorization, leading to more viable organs being offered to transplant centers.

The Approach Rate measure is intended to quantify the extent to which meaningful approaches are being made by OPOs. OPOs receive referrals from hospitals on potential candidates for organ donation and conduct an initial review and evaluation. OPOs then respond to the referral—either in person or via telephone—and conduct further evaluation to confirm donor registration status, determine legal next of kin, conduct pre-approach conversations, have conversations and build relationships with donor families, and provide support for donation decisions. OPOs have emphasized the importance of having supportive conversations with families that occur in a timely and appropriate manner (Rahman et al., 2026a). Simpkin et al. (2009) recognized the complexity and nuance of approach conversations, including the timing of the discussion, the need for privacy, and the skills of the individual making the request. To assist the approach process, OPOs utilize dedicated tools such as the Family Readiness Assessment Tool (FRAT) to assess family readiness for donation, receptivity to prognosis, active conversations, and timing (Organ Donation and Transplant Alliance, 2023).

In collaborative sessions with our TEP and OPO stakeholder group, and in accordance with the CMS Blueprint Measure Lifecycle, we identified measure selection criteria to guide the development and testing of quality measures (CMS, n.d.; Rahman et al., 2026b; Rahman et al., 2026c). These criteria were refined and prioritized to evaluate whether a measure was regarded as meaningful, actionable, and feasible. Our TEP and OPO stakeholders also emphasized that measures under consideration should improve upon current CMS measures and be rigorously developed, evidence-based, replicable, and verifiable. In addition to these standards, our TEP and OPO stakeholders recognized the need for flexibility in new measures to reflect the evolving science and medicine of organ donation. They identified that new measures should be aligned across the transplantation system (i.e., hospitals, OPOs, and transplant centers), oriented toward optimizing transplant outcomes, developed inclusively, and assessed for the potential to promote unethical behavior (induce individuals or organizations to seek out organs that will not be used). We took these guiding criteria into account as we developed and tested the Approach Rate measure.

OPO stakeholders, as well as feedback from public comments, have reflected that OPO process measures should focus on areas within OPO control (Rahman et al., 2026c; O'Connor & Lind, 2025). The Approach Rate measure supports this goal by providing objective data to measure OPO success in this area and promote further accountability. The short-term output of this measure is anticipated to be an increase in OPO approaches to donors or next of kin. The approach process inherently involves engaging, supporting, respecting, and appreciating donor families. Additionally, successful approach conversations allow OPOs to build capability to respond to referrals and approach families efficiently and effectively. Intermediate outcomes include increased collaboration between hospitals and OPOs, fostering a culture of support for organ donation. Ultimately, these efforts culminate in the desired health outcome of an increase in the number of organs available for transplant and a shorter transplant waiting list.

References:

Arellano, O., Rahman, M., O'Connor, J., & Rajakannan, T. (2025). *Perspectives and experiences in organ donation and transplantation: A qualitative study* [Internal document]. Econometrica, Inc., Bethesda, MD.

Centers for Medicare and Medicaid Services. (n.d.). *Centers for Medicare and Medicaid Services Measures Inventory Tool (CMIT)*. <https://cmit.cms.gov/cmit#1/>.

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2.3 Anticipated Impact

The proposed Approach Rate measure will provide OPOs with a standardized mechanism to quantify their approach to donors or next of kin. Since this metric identifies when referrals were made but an approach conversation did not take place, OPOs can use the measure to direct further exploration of potential causes. There are various reasons why an approach conversation may not occur. OPOs have identified that, in addition to clinical suitability of the donor, receiving a timely referral from the donor hospital based on correct clinical triggers is a key factor impacting Approach Rate (Rahman et al., 2026a). Other issues may involve administrative tracking, resources, or training that are hindering either onsite or telephonic response to hospital referrals. A study by Valikodath et al. (2023) validated the importance of timely hospital referrals which allow OPOs to better understand family dynamics and tailor the timing and content of their approach to family discussions. Tracking approach data helps OPOs identify missed opportunities and address variances in their process.

As depicted in the logic model, this measure will also promote collaborative problem-solving with donor hospitals as OPOs evaluate missed opportunities and seek solutions. Gibson et al. (2023) demonstrated the importance of collaboration between donor hospitals and OPOs. After reviewing trauma mortality cases and performance improvement metrics with their OPO hospital liaison, they implemented a multidisciplinary performance improvement initiative to create a more donation-friendly culture for their facility. Hospital administrative engagement, staff education, and increased OPO program visibility were key approaches used. Donor conversion rates improved from 66.6 percent in 2017 to 86.1 percent in 2021. The relationship between OPOs and

donor hospitals is a vital link to improving organ donation outcomes.

As noted in the previous section, OPOs track approach conversations internally, but there is currently no uniform Approach Rate measure used by all OPOs. Establishing an endorsed Approach Rate measure will facilitate benchmarking and sharing of best practices between OPOs. This is supported by the NASEM consensus study report (2022) that recommended embedding continuous quality improvement efforts into the organ donation system, including promoting the development, systematic sharing, adaptation, and use of best practices in conducting culturally sensitive conversations with all families about organ donation.

Understanding and addressing the barriers that prevent OPOs from having approach conversations with families will lead to more donation conversations and more donor organs available for transplantation. These efforts support the ultimate goal of organ donation being recognized by the public as a trusted aspect of high-quality end-of-life care.

References:

- Gibson, J. E., Campbell, T., Gibson, K., Kottemann, K., Krause, M. A., & Pack, L. (2023, June 15). Collaborative approach to organ donation in a level II trauma center. *AACN Adv Crit Care*, 34(2), 88-94. doi:10.4037/aacnacc2023552.
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2.4 Performance Gap

The measure is being submitted for initial endorsement.

Currently, CMS assesses OPO performance using two unendorsed quality measures: Donation Rate and Organ Transplantation Rate. A measure of Approach Rates provides essential information to OPOs to support quality improvement efforts directed at increasing approaches to their referrals.

The data source is the OPO EHR. The data are presented by OPO for our six test site OPOs:

- OPO 1 provided data from 1/1/2021 through 12/31/2024.
- OPO 2 provided data from 1/1/2021 through 12/31/2024
- OPO 3 provided data from 1/1/2022 through 12/31/2024.
- OPO 4 provided data from 1/1/2021 through 12/31/2024.

- OPO 5 provided data from 1/1/2021 through 12/31/2024.
- OPO 6 provided data from 1/1/2021 through 12/31/2024.

The Approach Rates per 100 for our 6 test site OPOs are presented in Exhibit 3: Approach Rates by OPO in Attachment B.

Table 1. Performance Scores by Decile

The Approach Rates per 100 for our 6 test site OPOs are presented in Exhibit 3: Approach Rates by OPO in Attachment B.

2.5 Health Care Quality Landscape

The consensus study report from NASEM (2022) identified that there is an absence of established, consensus-based measurement development and endorsement processes for organ donation measures, such as those administered by the Partnership for Quality Measurement. Specifically, the authors called for the creation of standardized performance measures, based on a consensus-driven process with limited reporting burden on health professionals or patients. Such measures would ultimately support collaboration between OPOs, donor hospitals, and transplant centers to reduce the number of patients on the transplant waiting list.

CMS currently uses two related outcome measures—Donation Rate and Organ Transplantation Rate—to assess the performance and quality of OPOs and to determine whether an OPO can be recertified or decertified. Neither of the CMS measures underwent a consensus or endorsement process. Concerns regarding these existing measures were reported during the 2020 OPO rule-making public comment period, site visit interviews, and meetings with the TEP and OPO stakeholders (CMS, 2020; Rahman et al., 2026a; Rahman et al., 2026b; Rahman et al., 2026c). One noted concern is that the current CMS measures do not fall under the OPO scope of control. OPOs facilitate the organ donation process from referral through donation but have no influence on transplant centers' organ acceptance, which is one of the current measures they are held accountable for. OPO stakeholders have also indicated that existing CMS measures, specifically denominators for measures, do not capture donor potential. The proposed Approach Rate measure emphasizes the importance of approach conversations in the organ donation process, which falls under the purview of OPOs.

NASEM (2022) also noted that, while OPOs are responsible for discussing organ donation with a potential donor's next of kin, there are no national standards for training OPO staff in compassionate and culturally sensitivity communication. Siminoff et al. (2024) highlighted the importance of clinician training for donor authorization conversations, due to the need for both technical expertise and strong relational communication skills. They noted that families who interact with clinicians with poor communication skills are more likely to perceive the patient's care as poor, experience negative arousal, have inhibited grief processes, and report post-traumatic stress. A study by Traino et al. (2017), conducted across eight geographically distinct areas of the United States, found meaningful variations in the way OPO staff communicated with family decision-makers about organ donation. The study suggested that "OPO staff were missing opportunities to increase the supply of available deceased donor organs and equalize some of the

regional variations in donation, conversion, and transplantation rates. The proposed Approach Rate measure can provide a standardized way for OPOs to measure their performance in conducting approaches and identify and track missed opportunities and/or staff training needs.

References:

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2.6 Meaningfulness to Target Population

As part of establishing the meaningfulness of this measure, we conducted 7 OPO site visits, totaling 45 interviews with OPO leadership, directors/managers, and other essential frontline staff (Rahman et al., 2026a). We also conducted a qualitative study of 16 participants to explore the perspectives of donor families, transplant recipients, and OPO stakeholders (Arellano et al., 2025).

During our conversations, OPOs reported utilizing operational best practices for approach conversations to maximize the likelihood of success. These included hiring qualified and trained family services staff, responding to referrals from donor hospitals in a timely manner, conducting

in-person approaches to build relationships with families, and engaging in relationship-building and education with donor hospitals regarding appropriate approach conversations and support.

During our OPO site visits, all seven OPOs mentioned utilizing a dedicated family services team responsible for activities related to donor families, including initiating conversations about organ donation and providing donor family guidance and support services. These teams receive tailored orientation and training and are often required to have specialized educational backgrounds (such as social work) due to the intricacies of this work.

The importance of communication was highlighted during our discussions with organ donor and recipient families (Arellano et al., 2025). Families noted that it is important for OPO staff to recognize the emotional state of donor families, who may struggle to process extensive information during a highly stressful time. The Approach Measure reflects the importance of the first contact with OPOs for families, emphasizing that effective communication is essential to both the family decision-making process and their overall experience. The need for both technical expertise and strong relational communication skills among OPO staff has been previously identified as critical for these sensitive conversations (Siminoff et al., 2024).

OPOs view the proposed Approach Rate measure as meaningful for the target population of patients and families of organ donation, noting that it will generate valuable information on Approach Rates that can improve care decisions.

References:

Arellano, O., Rahman, M., O'Connor, J., & Rajakannan, T. (2025). *Perspectives and experiences in organ donation and transplantation: A qualitative study* [Internal document]. Econometrica, Inc., Bethesda, MD.

Rahman, M., Arellano, O., Lind, C., Newton, L., O'Connor, J., & Paraboschi, J. (2026a, April 7). *OPO site visit final report* [Internal document]. Econometrica, Inc., Bethesda, MD.

Siminoff, L. A., Alolod, G. P., McGregor, H., et al. (2024). Developing online communication training to request donation for vascularized composite allotransplantation (VCA): Improving performance to match new US organ donation targets. *BMC Med Educ*, 24, 77. <https://doi.org/10.1186/s12909-024-05026-9>.

3.1 Contributions Towards Closing Care Gaps

This domain is optional for the Spring 2026 cycle.

4.1a Data Structure and Availability

All OPOs track their data electronically in EDRs. All data elements for the Approach Rate measure are available in structured fields. During measure testing, some standardization of data elements was necessary to allow comparisons across OPOs.

OPOs use a combination of real-time data validation to catch missing data at the point of entry and

conduct QA checks on a routine basis, often during monthly reviews. OPOs indicated that missing data is infrequent, identified through routine QA checks, and completed after following up with the coordinator or staff member familiar with that stage of the OPO activity. OPOs noted that donor referrals that lead to an organ donation have the most complete records, as they have moved through each step of the donation workflow. In contrast, potential donors that do not result in a donation may have less complete records if the donation was authorized and not recovered, there was no authorization, or the referral was medically ruled-out and otherwise did not proceed through the referral-approach-authorization-management-recovery pathway. This type of missing data limits the OPO's ability to understand patterns, evaluate missed opportunities, and assess process performance at key decision points.

While these issues do not impede Approach Rate measure calculations, they can limit OPOs' internal visibility into possible operational improvements. All of this underscores the importance of identifying and resolving missing, incongruent, irregular, or incomplete data issues in a methodical, predictable, and timely manner.

4.1b Implementation Costs and Burden

Our testing and research indicated that there is little to no additional burden to implement the Approach Rate measure as defined. Our test sites indicated that the data for the Approach Rate measure are already being tracked and collected by OPOs, although some manual data entry is required because some referrals (denominator) are provided via telephone rather than electronically. There is also manual labor involved for hospital record reviews, which OPOs are already conducting. The donation coordinators at OPOs track their approach conversations in the EDR with the outcome of the conversations (authorization status). There is no disruption to workflow, and no significant barriers were reported. Feedback from the TEP, stakeholders, and public comments did not indicate a concern with the burden of implementation for the Approach Rate measure.

4.1c Confidentiality

The data are collected by OPOs as part of their routine care and are captured in alignment with the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations in secure systems. While OPOs observe HIPAA requirements, they are specifically categorized under an exemption to HIPAA to enable hospital-OPO-transplant center communication. There are no patient confidentiality concerns. For measure testing, the data analysis did not depend on any confidential patient information beyond age (or birthdate). Therefore, unique case IDs were used for each patient record. When our team received the data, no patient names were included. All of our measures are calculated based on patient populations large enough that it would be almost impossible to identify an individual.

4.3 Feasibility Informed Final Measure

All of the data elements used in the measure are collected routinely by OPOs. For some data items, additional coding or details from the OPO were required before the final measure could be

constructed. Thus, while initially there were some challenges in constructing some of the variables needed for the measures, with a clearer understanding of measure requirements and definitions, these variables are constructed routinely in the current data management processes of OPOs. We will also be disseminating instructions to OPOs regarding the variables for use in this measure, and a separate project is working on updates to OPO EDRs.

As noted in Section 2.2, we used our extensive collaboration with OPOs, the TEP, and site visits to confirm that an Approach Rate measure provided meaningful information to OPOs about their efforts to approach every eligible referral (Rahman et al., 2026a; Rahman et al., 2026b). These collaborations ensured that the data elements were captured in EDRs and that many OPOs were already tracking these data points for internal performance benchmarking and improvement efforts, further demonstrating the feasibility of this measure.

We refined our initial definition of an approach conversation to reflect that approaches occur onsite and virtually and are not dependent on the ultimate outcome of the donation (i.e., medical rule-out). However, our data collection from test site OPOs and subsequent conversations with OPO staff revealed that the definition of an approach may be used differently across OPOs. Once we confirmed definitions and the variables used for approaches with each OPO, we were able to calculate the measure rate. For the Approach Rate measure to be comparable across OPOs, alignment on what is tracked (and how that information is tracked generally) will be key to the measure's broad applicability.

References:

Rahman, M., Arellano, O., Lind, C., Newton, L., O'Connor, J., & Paraboschi, J. (2026a, April 7). *OPO site visit final report* [Internal document]. Econometrica, Inc., Bethesda, MD.

Rahman, M., Arellano, O., & O'Connor, J. (2026b). *Organ Procurement Organization (OPO) performance measurement technical expert panel (TEP) meetings 1–4 summary overview* [Internal document]. Econometrica, Inc., Bethesda, MD.

4.4 Proprietary Information

Not a proprietary measure and no proprietary components

5.1.1 Data Used for Testing

OPO test sites provided data for testing, which were exported from their EDRs into Excel workbooks. As noted in Section 1.25 Data Source Details, we received testing data from six OPO test sites. Of these, four sites used LifeLogics/TrueNorth EDR and two sites used iTransplant/InVita Health EDR for donor record management. The data were quantitative, providing patient profile and demographic information for patients referred by a donor hospital to the OPO. The data included information on the referral date, approach conversation date and outcome, authorization outcome, and donation result. Gender, age, and race were also used for stratification.

5.1.1a Dates of Testing Data

All data are for a calendar year (1/1 through 12/31):

- OPO 1: 2021-2024.
- OPO 2: 2021-2024.
- OPO 3: 2022-2024.
- OPO 4: 2021-2024.
- OPO 5: 2021-2024.
- OPO 6: 2021-2024.

5.1.2 Differences in Data

The reliability testing and stratification used the same data that were used to construct this measure. No specific exclusions were made.

5.1.3 Characteristics of Measured Entities

There are 56 OPOs currently meeting the Conditions for Coverage under CMS regulations as of 2023 (CMS, 2020b). CMS categorizes OPOs by population size of their DSA. Six of the 56 OPOs volunteered to participate in measure testing by submitting anonymized patient data, data dictionaries, and definitions and by participating in surveys and discussions about their submitted data, definitions, data capture processes, and data quality checks.

Of the six test sites that contributed data, one was in the “less than 2.9 million” size, one was in the “2.9–5 million” size, one was in the “5–7.2 million” size, and three were in the “greater than 7.2 million” size (OPTN, 2025).

Our six test sites were from six states and included OPOs that were ranked as “underperforming” (three OPOs) and “passing” (three OPOs) under the current CMS performance tiers for the existing Donation Rate and Transplant measures (based on 2023 CMS data) (OPTN, 2025; CMS, 2025). Five of the 6 OPOs have DSA coverage in more than 1 state, bringing the total count of states in this analysis to 13 states.

Exhibit 4 in Attachment B includes the characteristics of the six test OPO. The 6 sites are reasonably representative of the 56 OPOs.

References:

Centers for Medicare & Medicaid Services. (2020b). Medicare and Medicaid programs; organ procurement organizations conditions for coverage; revisions to the outcome measure requirements for organ procurement organizations. A rule by the Centers for Medicare & Medicaid Services. <https://www.federalregister.gov/d/2020-26329/p-195>.

Centers for Medicare & Medicaid Services (CMS). (2025, July). *OPO public performance report*. Quality, Certification & Oversight Reports. <https://qcor.cms.gov/OPOs>.

Organ Procurement and Transplantation Network (OPTN) and Scientific Registry of Transplant

Recipients (SRTR). OPTN/SRTR 2023 Annual Data Report. U.S. Department of Health and Human Services, Health Resources and Services Administration; 2025. Accessed February 2026. <https://srtr.transplant.hrsa.gov/annualdatareports>.

5.1.4 Characteristics of Units of the Eligible Population

Please refer to Exhibit 5 in Attachment B for the OPO demographic information.

5.2.1 Level(s) of Reliability Testing Conducted

Person or encounter level (i.e., data element) (e.g., inter-abstractor reliability), Accountable entity level (i.e., measure score) (e.g., signal-to-noise analysis)

5.2.2 Method(s) of Reliability Testing

Approach is a key step in moving a referred potential organ donor to an organ donor. However, not all referred organ donors are appropriate to approach. OPOs determine whether to approach a donor based on a number of factors, including age, prognosis/time to death, health status, first person authorization or availability of next of kin for authorization, and facility considerations (e.g., whether organs can be procured in a safe and timely manner at the current facility or whether the donor could be moved to a donor care unit). Under 42 CFR 486.344, the medical director for each OPO is responsible for potential donor evaluation, which includes these factors that may influence donor acceptance. While multiple factors affect whether an approach is made, approach data are generally reliable.

Person or Encounter Level

Approach is recorded by OPOs as a yes/no variable, with additional variables recording details regarding the manner of the approach by OPO staff (i.e., telephone versus in person), the timing of approach (i.e., time and date), and the results of each approach if multiple approaches were made. Multiple approaches may be made if a family is undecided, traveling to the patient's location, or awaiting additional medical information regarding their loved one's prognosis. Approaches are always made by OPO staff and never by hospital staff, as required by law and as is a best practice.

OPOs utilize a protocol for approach, including what information must be obtained in advance by the OPO staff member and scripts for the approach, followed by recording each approach in the electronic donor record. The approach protocol varies by type of potential donor—brain death or cardiac death. Some OPOs use a system of confirmation, where each approach is discussed with a supervisor at OPO headquarters in real time, then made, and then discussed, allowing data to be checked during the process of the approach. Most OPOs also report using a system of checks in their donor record. One OPO provided us with an unpublished report of these checks, showing that in one quarter 92 of 95 donor records, or 96 percent, had completed all items associated with properly recording an approach (please refer to Exhibit 6 in Attachment B).

While we are aware that some prior studies have found that OPO data cannot easily be harmonized across OPOs (Adam et al., 2026), we did not find this to be true. We found similar or

identical fields for approach and authorization. This may be because OPOs have implemented an internal project called UNION, which promotes the standardization of their data. The paper by Adam et al. (2026) uses older data from 2015 through 2021 while our measure testing used data from 2021 through 2024. Additionally, as OPOs roll out this approach measure, OPO electronic donor record providers are participating in an activity to further standardize the capture of demographic data on donors and will use a self-auditing tool to validate their approach data uniformly across all OPOs.

Accountable Entity Level

Reliability testing was conducted using the repeated split-sample methodology described by Nieser and Harris (2024), as recommended by the PQM Endorsement and Maintenance Guidebook (2025).

For each of the six OPOs and for each year in the range 2021-2024, the data used to compute the numerator (count of approaches meeting all applicable inclusion and exclusion criteria, obtained from OPO data) and the denominator (count of referrals meeting all applicable inclusion and exclusion criteria, also obtained from OPO data) were repeatedly resampled to create pairs of half-sample datasets, with each record randomly assigned to one half-sample or the other. The number of repetitions was 200, which is the approximate size of the smallest OPO-year dataset used for reliability analysis. The Approach Rate was then computed for each half-sample. This allowed the creation of a dataset containing 200 records for each OPO and year, with each record containing the OPO and year, and the rates for each of the two half-samples.

The data for each of the 200 sets of OPO-year pairs were then analyzed separately to obtain the correlation between the rates of the two randomly assigned half-samples. The measure of correlation used was the intraclass correlation coefficient (ICC) for a one-way random effects model—ICC(1)—obtained from the covariance estimates provided by a hierarchical generalized linear model. The ICC(1) provides a measure of the total proportion of total variance of the Approach Rate that is explained by the OPO and year. (We do not currently have data from a sufficient number of OPOs to compute a statistically valid measure of correlation by OPO alone.) The average value of ICC(1) across the 200 repetitions, which is the measure of reliability, was then computed.

References:

Adam, H., Pollard, T., Suriyakumar, V., et al. (2026). Organ retrieval and collection of health information for donation: The ORCHID dataset. *Scientific Data*, 13, Article 120.
<https://doi.org/10.1038/s41597-025-06435-1>.

Nieser, K. J., & Harris, H. S. (2024). Comparing methods for assessing the reliability of health care quality measures. *Statistics in Medicine*, 43(23).

Partnership for Quality Measurement, Endorsement and Maintenance Guidebook, National Consensus Development and Strategic Planning for Health Care Quality Measurement, October 2025, p.71.

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid

Services.t(2026). 42 C.F.R. § 486.344: Condition: Evaluation and management of potential donors and organ placement and recovery.

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-486/subpart-G/section-486.344>.

5.2.3 Reliability Testing Results

Person or Encounter Level

Please refer to Section 5.2.2 Methods of Reliability Testing.

Accountable Entity Level

The Approach Rate reliability as estimated by the average ICC(1) value has a mean value of 0.9845, with a 95-percent confidence interval of [0.9839, 0.9851].

5.2.4 Interpretation of Reliability Results

Person or Encounter Level

Please refer to Section 5.2.2 Methods of Reliability Testing.

Accountable Entity Level

The estimated Approach Rate reliability is 0.9845, which surpasses the minimum reliability threshold of 0.6. Therefore, this measure meets the Consensus-Based Entity requirements for reliability.

Table 2a. Accountable Entity Level Reliability Testing Results by Denominator, Target Population Size

Please refer to Section 5.2.2 Methods of Reliability Testing and Section 5.2.3 Reliability Testing Results.

Table 2b. Accountable Entity Level Reliability Testing Results by Reliability Score

Please refer to Section 5.2.2 Methods of Reliability Testing and Section 5.2.3 Reliability Testing Results.

5.3.1 Level(s) of Validity Testing Conducted

Person or encounter level (i.e., data element) (e.g., sensitivity and specificity), Accountable entity level (i.e., measure score) (e.g., criterion validity)

5.3.2 Type of Accountable Entity Level Validity Testing Conducted

Systematic assessment of face validity of the measure's performance score as an indicator of

quality or resource use

5.3.3 Method(s) of Validity Testing

Approach is a key step in moving a referred potential organ donor to an organ donor. However, not all referred organ donors are appropriate to approach. OPOs determine whether to approach a donor based on a number of factors, including age, prognosis/time to death, health status, first person authorization or availability of next of kin for authorization, and facility considerations (e.g., whether organs can be procured in a safe and timely manner at the current facility or whether the donor could be moved to a donor care unit). Under 42 CFR 486.344, the medical director for each OPO is responsible for potential donor evaluation, which includes these factors that may influence donor acceptance. While multiple factors influence if an approach is made, approach data are generally reliable and valid.

Person or Encounter Level

Approach is recorded by OPOs as a yes/no variable, with additional variables recording details regarding the manner of approach by OPO staff (i.e., telephone versus in person), the timing of approach (i.e., time and date), and the results of each approach if multiple approaches were made. Multiple approaches may be made if a family is undecided, traveling to the patient's location, or awaiting additional medical information regarding their loved one's prognosis. Approaches are always made by OPO staff and never by hospital staff, as required by law and as is a best practice.

OPOs utilize a protocol for approach, including what information must be obtained in advance by the OPO staff member and scripts for the approach, followed by recording each approach in the electronic donor record. The approach protocol varies by the type of potential donor—brain death or cardiac death. Some OPOs use a system of confirmation, where each approach is discussed with a supervisor at OPO headquarters in real time, then made, and then discussed, allowing data to be checked during the process of the approach. Some OPOs also use field checks, with two staff members involved in each approach (one observing the other). Most OPOs also report using a system of checks in their donor record, as discussed in Section 5.2.2 Method(s) of Reliability Testing above.

Additionally, OPOs report utilizing advanced methods for validating the approach data they obtain at the person level and at the entity level, such as the use of an AI dashboard to predict the expected outcome of an approach based on the potential donor's age, race, and donor type, and compare the performance of each person conducting approaches to expected rates to identify problems in the data and performance.

Accountable Entity Level

We considered both face validity, which is the assumption that the measure reflects what it says it does, and criterion validity. Criterion is the extent to which the measure relates to or predicts an outcome. Criterion validity includes both concurrent validity, which compares the measure in question to another outcome assessed at the same time such as from another data source, and predictive validity, which compares the measure to an outcome assessed at a later time.

Face validity: The data used for this measure represents the only source of information on

donation approaches—all such data are ultimately provided by OPOs. These are the only data that can be used to measure this concept. For this measure, the direct counts of approaches were provided by the six participating OPOs, and they are not subjective or constructed. The denominator is the number of referrals. For these datasets, missing values were mostly not an issue.

Criterion validity: To test concurrent validity, we compared the approach data to the referral data to ensure that the approach numbers were less than referrals, as expected (see Table 1). We queried OPOs to request information on the magnitude of the difference, and the OPOs provided an explanation regarding how they determine if an approach should be made from a referral. This added confidence that the OPO is capturing the expected approaches in their DSA in their referrals.

Table 1. Criterion Validity

	OPO 1	OPO 2	OPO 3	OPO 4	OPO 5	OPO 6
MCOD Deaths	11,604	15,800.18	3,314	9,329	6,341	4,793.58
Max Vent Referrals	3,017.04	4,108.05	861.64	2,425.54	1,648.66	1,246.33
Reported Referrals by OPO	18,734	19,199	7,131	12,887	13,511	8,634
Approaches Reported by OPOs	2,909	6,890	953	2,407	2,395	1,560
Difference (Count) between Referrals reported by OPOs and Approaches	15,825	12,309	6,178	10,480	11,116	7,074
Difference %	146%	94%	153%	137%	140%	139%

Predictive Validity: We understand the gold standard to demonstrate validity is to determine the degree to which the performance on the measure predicts an outcome. We used a simple regression analysis to determine the extent to which approach rate determines authorization rate (see Table 2). While a small N is a significant limitation of this analysis, we conducted it to ensure that all avenues for analysis were pursued.

Table 2. Approach Rate vs. Authorization Rate, R-Squared Value = 0.4119

	OPO 1	OPO 2	OPO 3	OPO 4	OPO 5	OPO 6
Approach Rate	16	36	13	19	18	18
Authorization Rate	64	47	59	52	73	63

Reference:

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2026). 42 C.F.R. § 486.344: Condition: Evaluation and management of potential donors and organ placement and recovery.

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-486/subpart-G/section-486.344>.

5.3.4 Validity Testing Results

Person or Encounter Level

Please refer to Section 5.3.3 Methods of Validity Testing. We relied on OPO internal unpublished reports showing that in one quarter, 92 of 95 donor records, or 96 percent, had completed all items associated with properly recording an approach. OPOs are implementing a uniform system of auditing for data validity moving forward. The audit tool is available upon request.

Accountable Entity Level

Please refer to Exhibit 7 in Attachment B for details of the testing results. We compared the MCOD data for each DSA by race, gender, and age with the OPO data. We compared the proportions from the MCOD file to the referral counts provided by each participating OPO. By comparing the relative proportions of an OPO's vented referral counts to the estimated potential donor pool, the team could observe how much they varied from the MCOD population estimate.

5.3.5 Interpretation of Validity Results

Person or Encounter Level

Please refer to Section 5.3.3 Methods of Validity Testing.

Accountable Entity Level

Please see Exhibit 7 in Attachment B for the results.

We observed that the proportions of approaches and referrals did vary somewhat from the MCOD "baseline" data. For age, while the proportions varied, the relative shape of the distribution was similar for the approach and MCOD data. Most observations fell in the 25 to 69 age range. For race, proportions were very similar across all groups, with the majority of observations being Non-Hispanic White. Similarly, the majority of observations were male, constituting 61 percent of approaches and 64 percent of the MCOD data.

5.4.1 Methods Used to Address Risk Factors

Stratification by risk factor category

5.4.2 Conceptual Model Rationale

Because this is a process measure, risk adjustment may obscure critical information. There is some debate in the literature about donation regarding the appropriateness of risk adjustment (CMS, 2023; CMS, 2025; NQF, 2014; Vogel & Chen, 2018), but we followed the Office of the Assistant Secretary for Planning and Evaluation's recommendation not to risk-adjust process measures (ASPE, 2020). We calculated stratified rates to understand how the OPOs differed across groups of interest and where there are some historical patterns of different donation rates.

We stratified by age, race, and gender. We considered that different age concentrations for the different OPO DSAs could affect Approach Rates. The goal was to test if and how age, race, and gender composition differed and how they could affect the measure outcomes. Specifically, areas

with older ages may have higher death rates, but that may not translate directly to higher Approach Rates. Stratifying by age allows us to observe if Approach Rates differ by age. One issue for OPOs is obtaining full participation in the donation process for all races. We have stratified the rates by race to better understand if there are racial differences in Donation Rates and if minorities have lower Approach Rates. For gender, generally men have higher death rates at younger ages. Observing the differences by gender will allow us to see if there are noticeable differences in approaches by gender and understand if gender composition affects the measure.

References:

Centers for Medicare & Medicaid Services. (2023, August). *Risk adjustment and risk stratification in quality measurement*. Supplement material to the CMS Measures Management System (MMS) Hub. <https://mmshub.cms.gov/sites/default/files/Risk-Adjustment-in-Quality-Measurement.pdf>.

Centers for Medicare & Medicaid Services. (2025, May). *Ways to account for risk*. CMS Measures Management System (MMS). <https://mmshub.cms.gov/measure-lifecycle/measure-specification/risk-adjustment/ways-to-account-for-risk>.

National Quality Forum. (2014, August). *Risk adjustment for socioeconomic status or other sociodemographic factors*. National Quality Forum. <https://digitalassets.jointcommission.org/api/public/content/ed011a6479574761b11211d55eae0bc3?v=67b20abf>.

Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. (2020). *Second report to Congress on social risk factors and performance in Medicare's Value-Based Purchasing Program*. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/195191/Second-IMPACT-SES-Report-to-Congress.pdf.

Vogel, W. B., & Chen, G. J. (2018). An introduction to the why and how of risk adjustment. *Biostatistics & Epidemiology*, 4, 84-97. <https://doi.org/10.1080/24709360.2018.1519990>.

5.4.2a Attach Conceptual Model

[CBE-5602-5.4.2a-Approach-Rate-Conceptual-Model-Attachment-D-Spring2026.pdf](#)

5.4.3 Variable Distribution Across Measured Entities

The measure was stratified by age, race, and gender. The distributions for those variables are shown in Exhibit 8 in Attachment B.

5.4.4 Risk/Case-Mix Adjustment Modeling and/or Stratification Results

We selected the stratification variables based on an understanding of what can impact the organ donation process.

5.4.4a Attach Risk/Case-mix Adjustment Modeling and/or Stratification Specifications

[CBE-5602-5.4.4a-Approach-Rate-Risk-Factor-Stratification-Specification-Attachment-E-Spring2026.pdf](#)

5.4.6 Interpretation of Risk/Case-mix Factor Findings

In this section, we present Approach Rates stratified by age, race, and gender. Please refer to Exhibits 9-14 in Attachment B for the interpretation of our results.

5.4.7 Final Approach to Address Risk Factors

Stratification by risk factor category

6.1.1 Current Status

Not in use

6.1.2 Current or Planned Use(s)

Public Reporting, Regulatory and Accreditation Programs, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

6.1.4 Attributes for Accountability Use

The Approach Rate measure identifies the rate of approaches per 100 referrals made by the Organ Procurement Organization (OPO) to referred potential donors or their next of kin in the OPO's donation service area (DSA) in a calendar year. The goal of this measure is to provide OPOs with meaningful insights into their overall discussions (approaches) with potential donors (referrals). Without a conversation about organ donation, potential donors and their next of kin may be unaware of or uninformed about donation possibilities. An approach conversation is a minimum requirement for organ donation authorization to be possible. The Approach Rate measure is an important metric that can provide insight into OPO performance, allowing further exploration of the dynamics surrounding approach conversations.

The OPO is the care setting for which this measure is specified and tested. This proposed measure is intended to be used by OPOs in the following accountability applications: internal quality assurance and performance improvement (QAPI) activities; quality improvement initiatives with external benchmarking, such as between OPOs to facilitate cultivation of best practices; public reporting; and regulatory and accreditation programs. Because this is a process measure, risk adjustment may obscure critical information. There is some debate in the literature about donation regarding the appropriateness of risk adjustment (CMS, 2023; CMS, 2025; NQF, 2014; Vogel & Chen, 2018), but we followed the Office of the Assistant Secretary for Planning and Evaluation's recommendation not to risk-adjust process measures (ASPE, 2020). We calculated stratified rates by age, race, and gender to understand how the OPOs differed across groups of interest and where there are some historical patterns of different donation rates.

During our conversations with OPOs, they reported using operational best practices for approach

conversations to maximize the likelihood of success (Rahman et al., 2026a). These included hiring qualified and trained family services staff, responding to referrals from donor hospitals in a timely manner, conducting in-person approaches to build relationships with families, and engaging in relationship-building and education with donor hospitals regarding appropriate approach conversations and support. OPOs view the proposed Approach Rate measure as meaningful for the target population of patients and families involved in organ donation, noting that it will generate valuable information on Approach Rates that can improve care decisions.

References:

- Centers for Medicare & Medicaid Services. (2023, August). *Risk adjustment and risk stratification in quality measurement*. Supplement material to the CMS Measures Management System (MMS) Hub. <https://mmshub.cms.gov/sites/default/files/Risk-Adjustment-in-Quality-Measurement.pdf>.
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- Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. (2020). *Second report to Congress on social risk factors and performance in Medicare's Value-Based Purchasing Program*. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/195191/Second-IMPACT-SE S-Report-to-Congress.pdf.
- Rahman, M., Arellano, O., Lind, C., Newton, L., O'Connor, J., & Paraboschi, J. (2026a, April 7). *OPO site visit final report* [Internal document]. Econometrica, Inc., Bethesda, MD.
- Vogel, W. B., & Chen, G. J. (2018). An introduction to the why and how of risk adjustment. *Biostatistics & Epidemiology*, 4, 84-97. <https://doi.org/10.1080/24709360.2018.1519990>.

6.2.1 Actions of Measured Entities to Improve Performance

As a process measure, the Approach Rate provides OPOs with meaningful insights into their level of effort (approaches) for potential donors (referrals). The use of established and consistent definitions, clinical triggers, and documentation practices to ensure accuracy in measure utilization is essential for this process.

A robust internal quality improvement program can assist OPOs in identifying root causes and developing targeted strategies to improve their Approach Rate metric. By using a Plan, Do, Study, Act framework, OPOs can implement small tests of change and alter approach strategies for broader implementation based on outcomes. The following list of potential activities or tests of change that OPOs can implement are realistic and attainable:

- Maintaining a visible presence in donor hospitals to build relationships and collaboration.
- Evaluating all OPO staff orientation and training materials for the inclusion of effective approach strategies and communication techniques.
- Collaborating with donor hospitals to ensure that referral criteria are understood and utilized correctly.
- Utilizing readiness assessments and tools to evaluate family receptivity to donation.
- Offering structured Q&A content and supporting materials to improve family understanding and decision-making.
- Engaging hospital leadership to help establish donation as a priority in their facility.
- Performing in-depth case reviews of all missed approaches to identify patterns in the data and guide focused areas for training.

6.2.5a Potential Unintended Consequences

We believe that the benefits of the proposed Approach Rate measure outweigh any potential unintended consequences associated with its use. However, we identified two potential unintended consequences through conversations with OPOs.

One potential unintended consequence is that OPO staff may make approaches that are inappropriately timed or involve patients who are medically unsuitable for organ donation. This can be prevented or mitigated through adequate OPO staff orientation and training (Siminoff et al., 2024) and close collaboration with hospital staff regarding donor status and donation eligibility. Additionally, the use of dedicated tools such as the Family Readiness Assessment Tool (FRAT) can help determine family readiness for donation, receptivity to prognosis, active conversations, and timing (Organ Donation and Transplant Alliance, 2023).

A second potential unintended consequence is that well-intentioned hospital staff may initiate an approach conversation with a family instead of OPO staff. Conversations conducted by untrained personnel who are not aligned with OPO donation practices can hinder approach efforts and negatively affect referral outcomes. Maintaining clear boundaries between teams responsible for patient care and those responsible for donation is essential. Through education and ongoing communication, OPOs can work with hospital leadership and frontline staff to identify and resolve challenges related to approaches.

Although not every patient referral will be medically suitable for donation, OPOs must make every effort to ensure that successful approach conversations occur for each referral in order to maximize the likelihood of authorization and ultimately donation. Overall, OPOs expressed that the benefits of the Approach Rate measure outweigh any potential consequences, which can be effectively mitigated by the strategies outlined above.

References:

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7.1 Supplemental Attachment

[CBE-5602-7.1-Approach-Rate-Supplemental-Attachment-B-Spring2026.pdf](#)

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