

Proposal fact sheet

Calculate Median MELD at Transplant around the Donor Hospital and Update Sorting within Liver Allocation

This proposal would change the median MELD at transplant (MMaT) calculation, which is used to assigned MELD exception scores, to be based around the donor hospital rather than the transplant program where the candidate is registered. Calculating the MMaT for each donor hospital more closely aligns with the Acuity Circle allocation system, which utilizes a series of designated distances from the donor hospital.

It would change waitlist ordering to rank non-exception candidates ahead of exception candidates when they have the same MELD or PELD score and blood type compatibility with the donor.

How liver allocation works today

When a liver transplant candidate's MELD or PELD score does not reflect their medical urgency, the transplant program may request an exception score for the candidate.

MELD exception scores are assigned based on the MMaT around the transplant program where the candidate is listed. Two candidates with the same diagnosis, but listed at different transplant programs, may receive different exception scores even if the transplant programs are close to each other.

25% of liver transplant candidates on the waitlist has a MELD or PELD exception

What this proposal changes

- The MMaT calculation and how candidates are sorted with the same MELD or PELD score and blood type compatibility
- Each donor hospital will have an MMaT score and exception candidates on a match will be assigned an exception score relative to the MMaT for that donor hospital
- Sorting on the liver waitlist so that non-exception candidates are ranked ahead of exception candidates when their MELD or PELD score and blood type compatibility are the same

Words to know

Model for End-stage Liver Disease (MELD) and Pediatric End-stage Liver Disease (PELD): A measure of liver disease severity used to order candidates on the liver waitlist. Candidates age 12 and older are assigned a MELD score. Candidates under the age of 12 are assigned a PELD score.

Median MELD at Transplant (MMaT) Score: Score calculated for each liver transplant program. The score is based on a subset of transplant recipients with a MELD score (age 12+ at time of transplant) from all programs within 250 NM of the transplant program.

Donation Service Area (DSA): The geographic area designated by CMS that is served by one organ procurement organization (OPO), one or more transplant centers, and one or more donor hospitals. Formerly referred to as Local Service Area or OPO Service Area.

Acuity circles: Designated distances from the donor hospital (specifically, 150 nautical miles (nm), 250 nm and 500 nm) that removed references to DSA and region in liver allocation policy in 2020. This converted each transplant hospital's MMaT score to be based on transplants performed at hospitals within a 250 nm radius.

Exception request: A request submitted by a transplant program for additional MELD or PELD points for candidates who are sicker than their calculated score. The request is sent for review by the National Liver Review Board (NLRB) who will vote to approve or deny the exception request.

Non-exception candidates: A liver transplant candidate that has a calculated MELD or PELD score.

Exception candidates: A liver transplant candidate that has a MELD or PELD exception score.

National Liver Review Board (NLRB): Implemented in 2019, the NLRB equitably and efficiently reviews exception score requests for candidates across the country. Their purpose is to reduce regional variability by adopting national guidance for assessing exception scoring requests.

Frequently asked questions

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How will the proposal impact candidates on the waiting list?

The proposal will have the greatest impact on MELD exception candidates. Instead of having a set exception score relative to the MMaT of the transplant program, exception candidates will be assigned a different score for each match run based on the MMaT of the donor hospital.

For example, if a candidate has an exception for MMaT minus three, for a match run at a donor hospital where MMaT is 30, the candidate will have an exception score of 27. However, if a match is run at a donor hospital where the MMaT is 25, the candidate will have an exception score of 22. Exception scores will change with each match run. In addition, the proposal changes the way in which candidates with the same MELD or PELD score and blood type compatibility are sorted. Non-exception candidates will be ranked ahead of exception candidates when they have the same MELD or PELD and blood type compatibility.

Will I have to do anything differently as a result of this proposal?

You will need to be aware that exception candidates will no longer have a set exception score. If you work at a transplant program, you will not need to submit any new information or complete any new processes.

When requesting an exception, instead of requesting a specific score for a candidate, you will request a MELD or PELD score adjustment (i.e. MMaT minus three) that will be used to assign a candidate's exception score relative to the MMaT of donor hospitals. Exception requests will still need to be extended on the same schedule.

The proposal does not impact OPOs or histocompatibility laboratories.

How does the proposal impact pediatric candidates?

The proposal does not change the use of the national median PELD at transplant to assign PELD exceptions. Adolescent candidates with a MELD exception will be impacted by the new MMaT calculation.

Even though the use of the national MPaT is not changing, PELD exceptions will now be requested as a score adjustment (i.e. MPaT minus three), as opposed to a specific score.

How will this proposal impact candidates' place on the waiting list?

Under this proposal, all exception candidates on a match run will be assigned an exception score relative to the same MMaT. This will mean that their exception score, and subsequently their position on each match run, will change with each match run.

In addition, the proposal changes how liver candidates are sorted so that after MELD or PELD score and blood type compatibility, non-exception candidates will be ranked ahead of exception candidates. Subsequently, non-exception candidates will be ranked by time at score or higher while exception candidates will be ranked by time since submission of earliest approved exception.