

Author Full Name : Katelyn Faust**Received Date :** 07/22/2025 03:50 PM**Comments Received :**

We appreciate HRSA's goal of improving transparency and equity in the pre-transplant process. However, we must express our concerns about the substantial workload this proposal would impose and highlight an important gap in available information: repeat patient referrals. Collecting and reporting detailed data at both patient referral and waitlist registration stages will require additional data entry support (approximately 0.75 FTE) for our center. This is a significant operational burden. For many centers, including our own, these hours will divert critical staff away from patient care, organ offer coordination, quality and performance improvement projects, and transplant patient management. Many transplant candidates are referred multiple times, and the proposal lacks guidance on whether each referral should trigger a new data submission or if each individual transplant candidate will only require one submission regardless of the number of referrals received. We recommend HRSA defines initial vs. repeat referral distinctly in the data collection forms to clarify whether repeat submissions are required for each referral. If a separate submission is required for each new referral, we request that HRSA considers limiting duplicate reporting by allowing summary metrics for repeat referrals, reducing redundancy while preserving analytic value. We also request EHR integration with major charting systems be prioritized to allow data to be pulled directly from clinical charting systems, in addition to reducing the FTE burden, this will help reduce error and ensure accuracy and timely data submission. We support the aim to enhance transparency and equity in the pre-transplant process and believe that capturing referral-to-evaluation data is valuable. However, the current approach proposed places significant burden on transplant centers and has the potential to compromise data quality and patient care.