

DEATH CERTIFICATES ARE NOT A RELIABLE DATA SOURCE FOR A PERFORMANCE METRIC

The Association of Organ Procurement Organizations (AOPO) are among many who have raised concerns about the use of death certificates to measure OPO performance. Here are what other organizations wrote in response to the proposal:

[American Society of Transplantation \(AST\)](#)

“The proposal suggests eligible data can be gathered via death certificates, which are delivered by states to the CDC. We believe there are major limitations to the use of data from these death certificates, including limited granularity, completeness and accuracy of the data. Would CMS consider using patient-level data, which could be obtained at minimal effort and cost directly to hospitals? We believe that such patient-level data would be more granular, relevant, accurate and timely.”

[Greater New York Hospital Association \(GNYHA\)](#)

“Death certificates often contain inaccurate and insufficient information. Most death certificates are completed by hospital physicians who have not been trained on how to complete a death certificate. Additionally, death certificate instructions do not call for reporting secondary diagnoses that are unrelated to the cause of death, and can affect organ donation potential.”

[Connecticut Office of the Chief Medical Officer](#)

“A literature review reflects that 30-60% of death certificates inaccurately reported the cause of death (COD). Even setting aside the number of death certificates filed in the US each year that have COD errors, CMS must take into account that [Cause of Death] statements on death certificates are only a distillation of the decedent’s clinical course and, therefore, incomplete when evaluating for organ donation potential and exclusion.”

[Vermont Department of Public Health, Office of the Chief Medical Examiner](#)

“Such a degree of inaccuracy in cause of death statements may result in MCODE inaccuracies and an unreliable denominator for the proposed donation rate metric. This is especially concerning given CMS intent to use the donation rate metric to compare OPO performance across jurisdictions with differing death investigation systems, likely resulting in inaccurate assessments of OPO performance.”

[Renal Support Network](#)

“We are deeply concerned about the proposed rule which relies upon a state-provided death certificate as the deceased donor’s cause of death information. Death certificates are broadly reported as inaccurate. Death certificates exclude secondary diagnoses, like cancers, that did not cause the death, but regularly rule out deceased organ donation. Death certificates include no information on the most critical factor required for organ donation: neurological injury that leads to brain death.”

Additional studies on the accuracy of death certificates:

- [Using National Inpatient Death Rates as a Benchmark to Identify Hospitals with Inaccurate Cause of Death Reporting](#)
- [One in 3 Death Certificates Were Wrong Before Coronavirus. It’s About to Get Even Worse.](#)

Recommendation: Use inpatient ventilated deaths as the data set for donation rates.

Rationale: A potential donor must be on a ventilator in a hospital at the time of death for organ donation to occur. The calculation of a donation rate should include only these inpatients for the most accurate performance metric.

AOPO and the Organ Procurement Organization (OPO) community support valid and continually improving performance metrics, that are based on sound data. Unfortunately, the proposed metrics fail to meet these standards. For how the proposal can be improved [click here](#).