Crisis Standards of Care
Joint Meeting of
Community Advisory Board and Technical Advisory Panel
February 11, 2022
2:30-5pm

Meeting Notes

Meeting Materials
- Agenda Joint Meeting_CSC_0.2.11.2022.pdf [EMAIL]
- CSOCP Meetings.pdf [EMAIL]
- Crisis-Standards-of-Care-and-COVID-19-What-Did-We-Learn.pdf [EMAIL]
- Combined Document – Objectives, ES questions, FG questions_02.11.2022.pdf [EMAIL]
- Members CAB TAB_CSC_02.11.2022.pdf [EMAIL]

Combined Agenda:
2:30pm – Opening Remarks
2:40pm – Welcome and Introductions
3:00pm – Crisis Standards of Care: Background & Q/A
3:30pm – Timeline and Process
3:40pm – Break (10 minute)

Meeting Commitments:
- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Joint Meeting Attendees
CAB members: Glenda DuBoise, AARP Kansas; Irene Caudillo, El Centro; Rev. May E Hall, St. John African Methodist Episcopal Church; Tawny Stottlemire, Community Action, Inc; Candace Ifabiyi, Disabled American Veterans Group VA Medical & Regional Wichita KS (Robert J. Dole VA Medical Center; Carter Olson, Nicol Home; Alice Weingartner, Community Care Network of Kansas; Julie Wright, Genesis Family Health; Kathy Lobb, Self-Advocate Coalition of Kansas (SACK); LT Sebe Masquat, Haskell Indian Health Center; Sherrie Vaughn, National Alliance on Mental Illness, Kansas; Amy S. Hyten, Topeka Independent Living Resource Center, Inc.

TAP members: Daniel Decker, DCF; Dan Goodman, KDADS; Jennifer Watts, MD, Children's Mercy Hospital; Dr. Dennis Cooley, American Academy of Pediatrics, Kansas Chapter; Con Olson, Kansas Emergency Medical Services Organization; Dr. Lillian Lockwood, Kansas Healthcare Coalition (HCC); Ron Marshall, Kansas Hospital Association; Carla Keirns, MD Ph.D., KUMC; Jean P. Hall, Ph.D., KU; Dennis Kriesel, Kansas Association of Local Health Departments; Patrick Gaughan, Centura Health; Mike Burgess, Disability Rights Center of Kansas; Dr. Steve Simpson, KUMC; Christopher Harms, Advent Health; Dr. Dereck Totten, Citizens Health; Dr. Samer Antonios, Ascension Via Christi Health; Michael Lewis, KU Health System

KDHE: Janet Stanek, Secretary of KDHE; Ashley Goss, Deputy Secretary for Public Health; Dr. Joan Duwve, State Health Officer; Rebecca Adamson, Preparedness Program Section Director Bureau of Community Health Systems; Kendra Baldridge, Kansas Department of Health and

Environment Director, Bureau of Community Health Systems; Edward Bell, Preparedness Healthcare Coalition Program Manager
Bureau of Community Health Systems

Staff: Kari Bruffett, KHI; Tatiana Lin, KHI; Hina Shah, KHI; Wendy Dang, KHI; Samiyah Para-Cremer, KHI; Miranda Steele, KHI

Welcome and Introductions

As part of introductions, participants of the February 11 meeting were asked to provide one word that comes to mind when they hear "crisis standards of care." Responses were then placed in a word cloud that was shared with the group on screen. The resulting word cloud is included below with larger words representing words that were mentioned more frequently.

Crisis Standards of Care: Background & Q/A

The Kansas Department of Health and Environment (KDHE) began the meeting by presenting key background information about the CSC plan, update process, and timeline. Then, Dr. Dennis Cooley explained the process of the prior CSC plan creation in 2013 and some of the goals and considerations for this new update.

Rebecca Adamson and Edward Bell, KDHE

Summary:

- The CSC plan update is required by the Department of Health and Human Services' Hospital Preparedness Program Grant and must be finalized by June 2022.
- CSC plan provides guidance for health care professionals to follow during a medical surge event or mass casualty event and can guide:
    - Prioritization of medical care
    - Extension of medical supplies

    - Redistribution of medical equipment (e.g., ventilators)
- Issues and Concerns with prior CSC plan raised by advocacy groups included:
    - Redistribution of medical supplies and equipment with potential for discrimination against populations who rely on that equipment for survival in cases of:
        - Poor survivability patient vs. patient of greater survivability
        - Defined triage concepts and processes
        - Redistribution of personally owned equipment
- Based on these concerns, KDHE removed the plan from public view and did not implement it

Questions:
The following questions were asked by CAB and TAP members:

- What does the distribution of personally owned equipment mean?
    - There were concerns about people who own their own ventilators having their ventilator removed when they sought care.
- Were there instances of redistribution of personally owned equipment occurring?
    - No, to my knowledge this didn't occur. Advocates promptly came forward to share their concerns about language in the toolbox and indicated that there would likely be lawsuits if the CSC plan was implemented.
- My interpretation from 2013 CSC plan is that crisis standards would only be implemented statewide rather than regionally. However, are there any state statutes that allow this to be implemented statewide?
    - The plan was not written as law, only guidelines that hospitals can choose to follow.

Discussion:

- **Redistribution of Personal Equipment:** CAB and TAP members discussed the language around distribution of personally owned equipment in the 2013 CSC plan.
    - **Interpretation:** Although members involved in the drafting of the 2013 plan explained that redistribution of personal equipment was not intended, other members of CAB and TAP provided links to documents that pointed to the language in question and detailed reasons for their interpretation.
    - **Source:** Members said this same language was codified in other states and was likely included in the plan for this reason. Some members explained that this should mean other plans should be inspected for potential differences in interpretation when borrowing language.

Resources:
Members shared the following resources in the meeting chat:

- Truog (2021). Ventilator allocation protocols: Sophisticated bioethics for an unworkable strategy, *Hastings Center Report.*
- Antommaria et al. (2020). Ventilator triage policies during the COVID-19 pandemic at U.S. hospitals associated with members of the association of bioethics program directors. *Annals of Internal Medicine, 173*(3), 188-194.
- April 2020 Center for Public Integrity Article: *State policies may send people with disabilities to the back of the line for ventilators*
- March 2020 Disability Rights Center of Kansas Letter: *Complaint of disability discrimination*
- March 2020 NPR Article: *HHS warns states not to put people with disabilities at the back of the line for care*

Dr. Dennis Cooley American Academy of Pediatrics, Kansas Chapter
Summary:

- The writing of the 2013 CSC plan focused primarily on ventilators. It also did not anticipate a crisis extending longer than a few weeks. COVID-19 has demonstrated the need for expanding the scope of the CSC plan (i.e., to topics such as PPE, staffing, etc.) and considering the role of longer-term crises. It is also a priority to consider how to ethically prioritize resources with what is now known about the limitations of tools such as the Sequential Organ Failure Assessment (SOFA) and how structural inequities impact health outcomes.
- Goal of CSC is to prioritize resource distribution in fair, unbiased, and consistent manner.
- Objectives of CAB and TAP
    - Make sure that critical resources go to those who will benefit the most.
    - Prevent hoarding and overuse of limited resources.
    - Conserve limited resources so that more people can get the care they need.
    - Minimize discrimination against vulnerable groups.
    - Ensure that all people can trust they will have fair access to the best possible care under the circumstances.
- Additionally, it is important to:
    - Consider equity when prioritizing resources
    - Determine who makes the decisions related to CSC
    - Identify processes for regional prioritization of resources
    - Incorporate training for clinicians related to CSC if implemented

Questions:

The following questions were asked by CAB and TAP members:

- Will the CSC plan be scalable? I've not yet heard this as an objective and many rural Kansans still don't have access to care.
    - Yes, ideally these will be adaptable and scalable.
- Will the CSC plan we draft be guidance/guidelines or will it be codified into law?
    - This is guidance, it will not be mandated. We never intended them to be mandated. CSC are voluntary and give providers some guidance for how to proceed.

Discussion:

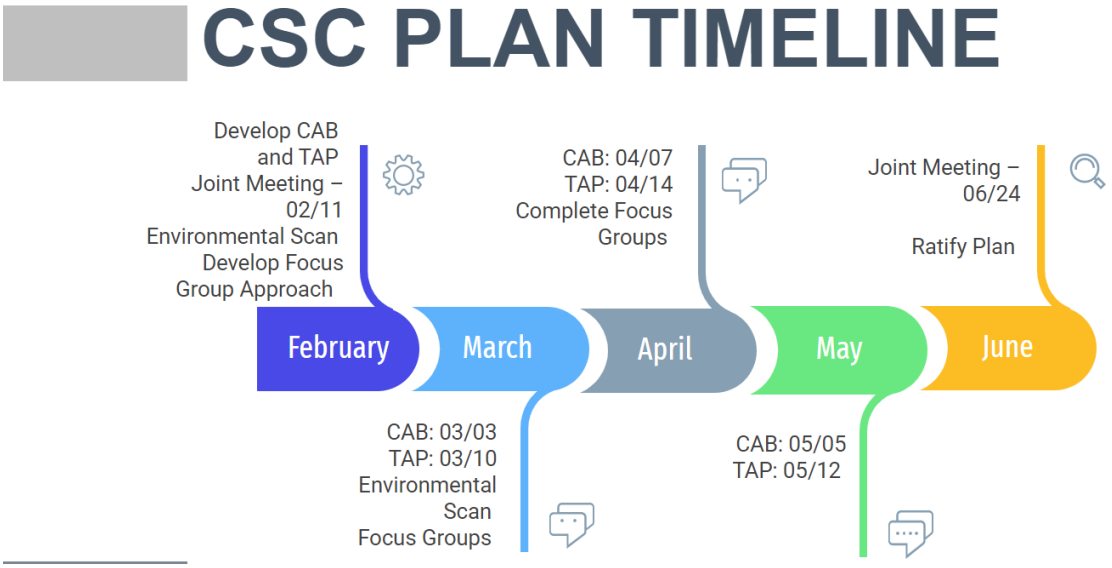
- **Types of Shortages:** The members identified that in addition to supplies such as ventilators, there are new challenges related to space, staff, and people who can take care of patients. Additionally, new shortages have emerged including dialysis machines, antivirals, and antigens. Members said that the CSC plan needs to be comprehensive for all potential challenges.
- **Use of Plain Language:** Some members asked for the final CSC plan to appear in plain language to ensure that interpretation is clearer and that all stakeholders can better understand what is being discussed.
- **Flexibility of Plan/All Disasters Approach:** Members discussed how although the prior 2013 CSC plan may have focused on shorter term disasters, CAB and TAP members identified that this plan must be flexible enough to respond to both long-term pandemics and shorter-term disasters such as fires, flooding, or smaller scale disease outbreaks.
- **Required vs. Mandatory CSC:** Some CAB and TAP members raised concerns that if the CSC plan is only provided as guidelines and remains fully voluntary, there would be increased legal liability for hospitals that implement CSC. However, other members said that if CSC was made mandatory, it could create undue shortages in areas not currently experiencing crisis as resources were moved to support other areas in the region.

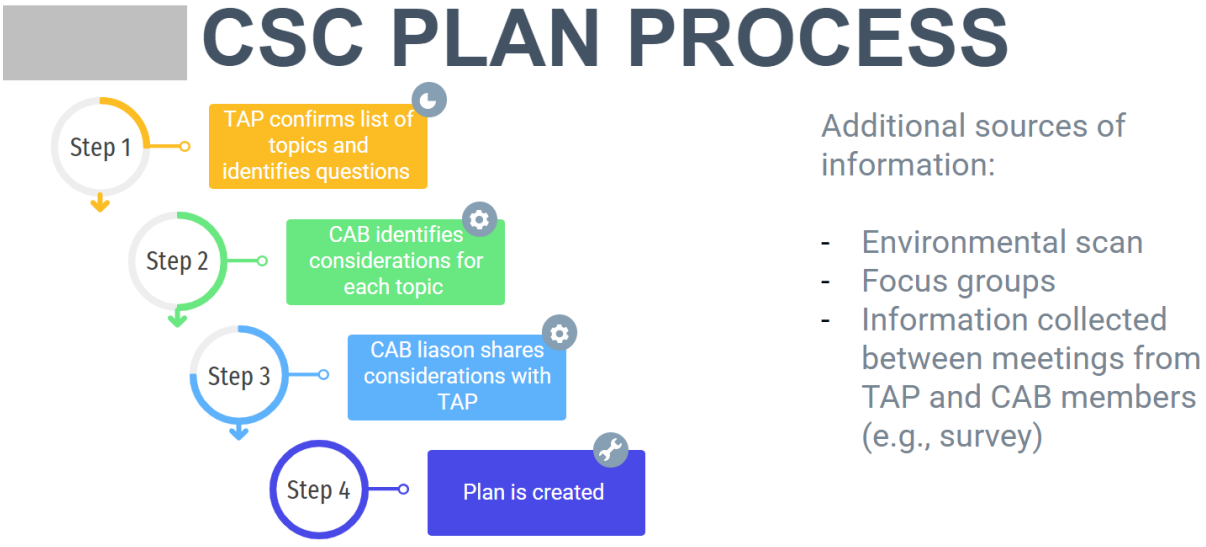
Timeline and Process

Summary:

KHI reviewed the following timeline and process for the CSC process.

- **Key Components**
  - Community Advisory Board (CAB): Up to 15 individuals including consumer advocacy groups, patients and other individuals with live experience
  - Technical Advisory Panel (TAP): Up to 25 individuals including clinicians and those with technical knowledge, including representatives of hospitals of various sizes
  - Environmental Scan: Address key questions to support discussions
  - Focus Groups: Identify considerations around allocation of scarce resources during emergencies (e.g., perspectives from safety net clinics and facilities, consumer advocacy, patients)





Questions:

- For the focus groups, are there plans to compensate participants, particularly the patients and people on the ground doing this work?
    - There is not currently grant funding for this, but it is an important consideration that we want to discuss with CAB to see what is possible considering the barriers.

Crisis Standards of Care
Breakout Room Meeting of Community Advisory Board
February 11, 2022

Meeting Notes

CAB Breakout Room Agenda:
3:50pm – Roles
4:00pm – Questions for Focus Groups
4:45pm – Liaison for TAP and Next Steps
4:55pm – Wrap-Up
5:00pm - Adjourn

Breakout Room Meeting Attendees
CAB members: Glenda DuBoise, AARP Kansas; Candace Ifabiyi, Disabled American Veterans Group VA Medical & Regional Wichita KS (Robert J. Dole VA Medical Center); Carter Olson, Nicol Home; Alice Weingartner, Community Care Network of Kansas; Julie Wright, Genesis Family Health; Kathy Lobb, Self-Advocate Coalition of Kansas (SACK); LT Sebe Masquat, Haskell Indian Health Center; Sherrie Vaughn, National Alliance on Mental Illness, Kansas; Amy S. Hyten, Topeka Independent Living Resource Center, Inc.

KDHE: Rebecca Adamson

Staff: Tatiana Lin, KHI; Samiyah Para-Cremer, KHI; Miranda Steele, KHI

Roles
Summary
KHI reviewed the roles of the Community Advisory Board including:
- Meet once a month virtually from February-June 2022, in meetings lasting up to 2 hours each.
- Participate in a structured process to develop the CSC plan.
- Nominate an individual that will represent the Community Board on the panel of individuals responsible for developing the standards.
- Share considerations regarding different topics examined during the development of the plan.
- Inform the development and implementation of focus groups to gain community insights regarding considerations around the development of the Crisis Standards of Care (CSC) Plan.
- Contribute to and provide feedback on the plan.

Introductions with Population Served
CAB members introduced themselves and the population they serve and the perspective they bring to CAB. The populations served include:

- Individuals with intellectual disabilities
- Individuals with physical disabilities
- Older Kansans
- African American Community
- Hispanic Community
- American Indians and Alaskan Natives
- Rural Community
- Veterans
- Low-Income Kansans
- Community Health
- Religious Community
- Safety Net Clinics
- Mental Health Providers

Discussion

CAB members identified that the following perspectives were missing and representatives for these perspectives should be recruited prior to the next meeting of CAB:

- School System
- Legal/Indigent Defense Representatives
- Kansas Legal Services or Kansas Holistic Defenders
- Individual involved in court system
- More self-advocates

Questions for Focus Groups

Goal of Focus Groups

CAB reviewed the draft goal for the focus groups and provided feedback for KHI revision.

- **Draft Goal:** "Understand stakeholder perspectives on fair allocation of scarce resources during emergencies."

Discussion

- **Clarification of "health resources"**: CAB said that allocation of resources could be too broad and should be modified either to the allocation of health care or health care resources
    - **Identifying Scope**: Some CAB members shared that narrowing the goal to "health care resources" could be too narrow as many resources such as housing, food, transportation, etc. may be at risk during emergency situations.
- **Removing Jargon**: CAB said they were concerned about the use of jargon in the goal as consumers particularly are unlikely to understand allocation. When an alternative language of rationing was proposed, CAB members said that would raise too many alarm bells. One proposed solution was modifying the goal to say "fair access when health care resources are limited in emergencies"

Stakeholder Groups for Focus Groups

CAB reviewed the proposed list of focus group participant types and provided feedback for KHI revision:

Focus Group Participants

Stakeholder Type	Mode of Participation	Participants	Target Number of Participants
Safety net clinics or facilities	Virtual	Providers or administrators from Federally Qualified Health Centers, free health clinics/charitable clinics, rural health clinics, safety net hospitals and local public health departments	1 focus group - up to 15 individuals
Consumers	In-person or virtually	Uninsured, low-income, persons with disabilities, Black, Hispanic or Latino origin.	2 focus groups - up to 15 individuals
Consumer advocacy groups	Virtual	Representatives from consumer advocacy groups	1 focus group - up to 15 individuals

Discussion

- **Additional Stakeholders:** CAB proposed adding a focus on consumer participants with a tribal affiliation and participants who can speak to the rural experience with healthcare.
- **Concerns with in-person Interviews:** Although CAB did mention some limitations of having all virtual interviews because of inconsistent internet access and differences in technological literacy across the state and different stakeholder groups, members said they think an only-virtual approach makes the most sense with the ongoing public health crisis of the pandemic and lack of compensation for participants who must travel to participate.
    - ***Phone Interviews:*** With the move to an all-virtual participation model, CAB requested that a phone interview option be provided to consumers who would otherwise be unable to participate on a zoom focus group.
- **Compensation:** CAB members said they are concerned about the lack of compensation and believe this should be prioritized, particularly for participants in the consumer focus groups, preferably as gift cards because gift cards do not need to be reported as income and would not impact any participant's access to benefits.
- **Time Commitment:** CAB confirmed that stakeholders were not asked to meet for more than 60 minutes. KHI confirmed that focus groups are anticipated to take between 60-90 minutes but consumer focus groups will be kept to no longer than 60 minutes.
- **Size of Focus Groups:** CAB members suggested that limiting focus groups to 8-10 people may be more productive than having groups of 15 people.

Questions for Safety Net Clinics or Facilities and Consumer Advocacy Groups

CAB discussed the questions proposed for focus groups with Safety Net Clinics or Facilities and Consumer Advocacy Groups and provided feedback.

Discussion and Recommendations

- **Definition of Equity:** KHI defined equity for the purpose of the focus groups as fairness and justice in how people are treated and access resources. CAB provided the following feedback
    - **Ease of Access:** CAB said that in addition to having access to resources, equity will involve understanding how easy it was for people to access the resources
    - **Equity vs. Equality:** Some CAB members said that the proposed definition of equity is actually a definition of equality because it lacks a conversation about

systemic barriers and prioritizing specific populations in order to rebalance health outcomes when considering allocation of resources.

- **Rationing of Care Language**: CAB members explained they were concerned about the language of rationing because it implies that something is being taken away from patients whereas allocation implies that resources are being given away in the best way possible. However, this consideration is primarily for consumers as CAB agreed that providers and consumer advocacy groups will likely understand what is meant by rationing of care. Members recommended using caution when drafting these questions.
    - **Need for Plain Language:** CAB members said that for consumers particularly, it is important to use plain language. Allocation of care may use too much jargon to be easily understood by consumers.
- **Socio-Economic Considerations:** CAB said that there needs to be a focus on asking about how social and economic status affects accessibility particularly in crisis standards of care situations.
- **Additional Questions:** CAB proposed adding an additional question asking:
    - Whether policies about rationing of care should be implemented at local, regional or state level
    - Whether CSC guidelines should be mandatory or voluntary
    - About the barriers providers see related to implementing CSC guidelines including reasons they may or may not choose to implement them
    - About the importance of timing for providers when making clinical decisions in CSC situations

Questions for Consumers

CAB discussed the questions proposed for focus groups with Consumers and provided feedback.

Discussion and Recommendations

- **Decision Making Process:** Some CAB members shared that they feel that the individuals and families should be the ones to make the decision about the care and resources they receive rather than the providers, and they think it is important to ask consumers this question
- **Rationing vs. Allocation:** Upon discussion of possible alternatives to the language of "rationing" for consumer focus group questions, CAB determined that alternatives to using "rationing" such as allocation, distribution, or prioritization of resources would be harder for consumers to understand and respond to. For this reason, CAB members agreed that the language of rationing was ok so long as it was clearly defined.
    - **Improving Consumer Understanding:** CAB requested that focus group questions be provided and shared with other self-advocates so they can review the language and provide feedback as to what needs to be added or changed to improve understanding. KHI agreed to send revised focus group questions to CAB for further review following the February 11 meeting.
- **Consumer Experience:** CAB identified that the focus group questions for safety net clinics or facilities and consumer advocacy groups ask about their experiences related to CSC, but the consumer questions do not. Although CAB members said one concern that they have is that asking consumers about this could derail focus group discussions as people share the trauma of their stories, they said it would be important to show whether participants were asking from their lived experience or their perceived future. KHI said they would explore options to ask about this in the question revisions.

Liaison for TAP and Next Steps

KHI asked for volunteers to represent CAB as a liaison to TAP. Carter Olson volunteered for this responsibility. Additional CAB members who would like to co-liaison to TAP were given the opportunity to reach out to Tatiana following the meeting.

Follow up items

CAB members were asked to:

- Review revised focus group questions and provide feedback
- Begin identifying (***but not contacting***) potential focus group participants via a survey sent to CAB members following the meeting.
    - CAB was specifically asked to consider participants from diverse regions around Kansas so the state can be better represented in focus groups
- Email Tatiana recommendations for other stakeholders you think would be good representatives for CAB
- Email Tatiana if you would like to be a co-liaison to TAP

Additionally, CAB members were advised of the following meetings:

- Thursday March 3, from 2-4pm, *Community Advisory Board (CAB) Meeting*
- Thursday March 10, from 2-5pm, *Technical Assistance Panel (TAP) Meeting*

Crisis Standards of Care
Breakout Room Meeting of Technical Assistance Panel
February 11, 2022

Meeting Notes
Meeting Materials:
- TAP's Jamboard - https://jamboard.google.com/d/1VRqudnlM5TKkHnnOmphLxH1hNHogDS8tuZAGavR_bW8/viewer?f=1

TAP Breakout Room Agenda:
3:50pm – Roles
4:00pm – List of Topics and Jamboard Questions
4:45pm – Next Steps
4:55pm – Wrap-Up
5:00pm - Adjourn

Meeting Commitments:
- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees
TAP members: Daniel Decker; Dan Goodman; Dr. Jennifer Watts; Dr. Dennis Cooley; Con Olson; Dr. Lillian Lockwood; Ron Marshall; Carla Keirns, MD Ph.D.; Jean P. Hall, Ph.D.; Jane Kelly; Dennis Kriesel; Michael McNulty; Patrick Gaughan; Mike Burgess; Dr. Steve Simpson; Christopher Harms; Dr. Dereck Totten; Dr. Samer Antonios

KDHE: Janet Stanek; Ashley Goss; Dr. Joan Duwve; Edward Bell; Kendra Baldridge

Staff: Kari Bruffett, KHI; Hina Shah, KHI (TAP facilitator); Wendy Dang, KHI; Emma Uridge, KHI

Break Out Session - TAP

ROLES
Background: *Hina (facilitator) shared the roles of TAP (Panel) for the members to review:*
- *Participate in a structured process to update the CSC (Crisis Standards of Care) plan.*
- *Provide meaningful participation and assess evidence-based information to contribute to the plan.*
- *Assess considerations recommended by the Community Advisory Board.*
- *Meet once a month virtually from February-June 2022, in meetings lasting up to three hours each (typically with a 30-minute break).*
- *Contribute to and provide feedback on the plan*

- **Volunteers for Drafting Process:** Along with the other roles regarding surveys and emails, KHI may ask if anyone from the Panel would be available to participate in the drafting process on parts of the guidelines in addition to attending the meeting.
  - Carla Keirns (KUMC), Edward Bell (KDHE), and Mike Burgess (DRC) volunteered to participate in the drafting process.

- There may be a few more members added to the Panel.
- **Question:** *Regarding the roles of assessing evidence-based information, should the Panel contribute to the evidence that KHI is accumulating?*
  - **Answer:** The literature review is currently being done. If there are articles, guidelines or any guidance that the Panel would like to share, please send them to one of KHI staff (Wendy Dang wdang@khi.org or Hina Shah hshah@khi.org) in the next week and all resources will be shared with the team conducting the environmental scan.

AREAS OF FOCUS

Background: *TAP members reviewed the 9 areas of focus: (1) equity, (2) politics and declarations of CSC, (3) categories and nomenclature, (4) defining and understanding surge, (5) coordination of care and information sharing, (6) alternative care sites, (7) triage and clinical decision making, (8) supplies, and (9) staffing. The document can be found in* ***Combined Document – Objectives, ES questions, FG questions_02.11.2022.pdf [EMAIL].*** *The TAP members were recommended to read* ***Crisis-Standards-of-Care-and-COVID-19-What-Did-We-Learn.pdf [EMAIL].***

- **Question:** *Regarding the area of focus on politics and declarations of CSC, would other health professionals take the Panel's product (CSC Plan) seriously as opposed to having the Panel completing this project for a grant deliverable?*
  - **Answer:** There is increased interest in Kansas' CSC plan, and there are other professionals and health systems that are looking forward to adopting the Panel's work as their own CSC plan.

Discussion:

- **Education and Training:** A TAP member expressed that it was more than an educational issue (regarding the "Categories and Nomenclature" focus) when there is a culture of avoiding discussions of tradeoffs in health care especially when there is a strong cultural resistance across the country to the idea of limits to healthcare. They shared that healthcare professionals are ending up triaging by geographic or financial access, etc. as opposed to rational planning. TAP members agreed with the statement and shared that the discussion is about rationing even though the term is not well liked generally.
- **General Public Perceptions:** A TAP member shared that the public are not aware that meetings around CSC are being conducted and asked what responsibility the Panel must make for these types of conversations to be more palatable for the public when it arises so that the implementation of CSC is easier to rationalize. Other TAP Members agreed that transparency is extremely important and to ensure that the Panel is receiving input from the community groups and members, especially from marginalized communities. Prioritizing plain language and communication must be explicitly discussed in future meetings. Another TAP member stated that the focus should be having the public understand that the hospitals and other systems are trying to expand the health professional's ability to provide care to many people as possible. The example used was to consider explaining to the public that a patient receiving care at an alternative care site does not mean that the quality of care is reduced, instead it is only a different place to expand access for the entire community to benefit.
- **Concept of "The Greater Good":** A TAP member shared that the purpose for the guidelines (for them) is to help hospitals optimize the common good for the greater good and recommended to spend more time in the purpose section to explain that point. Another member cautioned using the term "for the greater good for the common good" because people with disabilities have been marginalized throughout history in the name "for the greater good," and that the term has been

weaponized as a reason to not do something important that would help people with disabilities. The TAP member suggested that the Panel seek the perspectives of people with disabilities to break down biases that currently exist.

Proposed Consideration/Guideline:
The Panel proposed the following consideration:

- **Review Colorado's CSC:** Colorado's CSC is very different from Kansas' CSC because it has annexes where they can implement just EMS or staffing, where Kansas' CSC is structured to be more "all or none."
- **Review existing plans or models regarding triage:** There are other existing triage models that were developed during the pandemic that TAP can review and adopt to the CSC plan.

JAMBOARD

Background: *A Jamboard was shared for the Panel to consider the 9 areas of focus, decide when the Panel would like to discuss the topics across 3 meetings, provide questions for the Community Advisory Board (CAB) to consider when they look at the 9 areas of focus to help inform the Panel about how the plan or guideline should look like, and provide a list of data or other resources that the Panel want to see.*

- **Question:** *Has the Panel considered getting plans from other states that have recently developed CSC plans and have been approved by HHS/ASPR? May expedite the process.*
  - **Answer:** There are some plans gathered from other states for the environmental scan. The team also hopes to identify published health system standards. However, if any TAP members are aware of those, please send the resources to KHI staff.

Proposed Consideration/Guideline:
The Panel proposed the following consideration:

- **Breaking into smaller workgroups:** To be effective and efficient with time, the Panel suggests that the next meeting should primarily focus on data presentation and other resources that members may have and want to share. Afterwards, the Panel should break into smaller working groups to focus on specific topics that are considered "easier" and report back to the Panel. The "hard" topic areas, like equity, should be worked by the Panel.
- **Area of Focus – Equity:** The Panel suggests that the topic "equity" should be an overarching focus for the other 8 areas of focus because equity should be intertwined with the other topics. The Panel agreed to consider outside resources and review the focus group information and data when it comes regarding diversity, equity, and inclusion to make sure that the Panel are hearing voices that are not being represented by constituents on this call.

Follow up items

TAP members were asked to:

- Read the document Crisis-Standards-of-Care-and-COVID-19-What-Did-We-Learn.pdf [EMAIL]
- Review the Key Topics (Objectives, Areas of Focus, and Questions) on page 2-4 of the Combined Document – Objectives, ES questions, FG questions_02.11.2022.pdf [EMAIL]
- Provide any additional resources or data on any of the focus areas or any resources from other states' CSC plans to one of KHI staff (Wendy Dang wdang@khi.org or Hina Shah hshah@khi.org) in the next week.

Additionally, TAP members were advised of the following meetings:

- Thursday, Mar 10 from 2:00 p.m. to 5:00 p.m., *Technical Advisory Panel (TAP) Meeting #1 (Crisis Standards of Care Plan)*