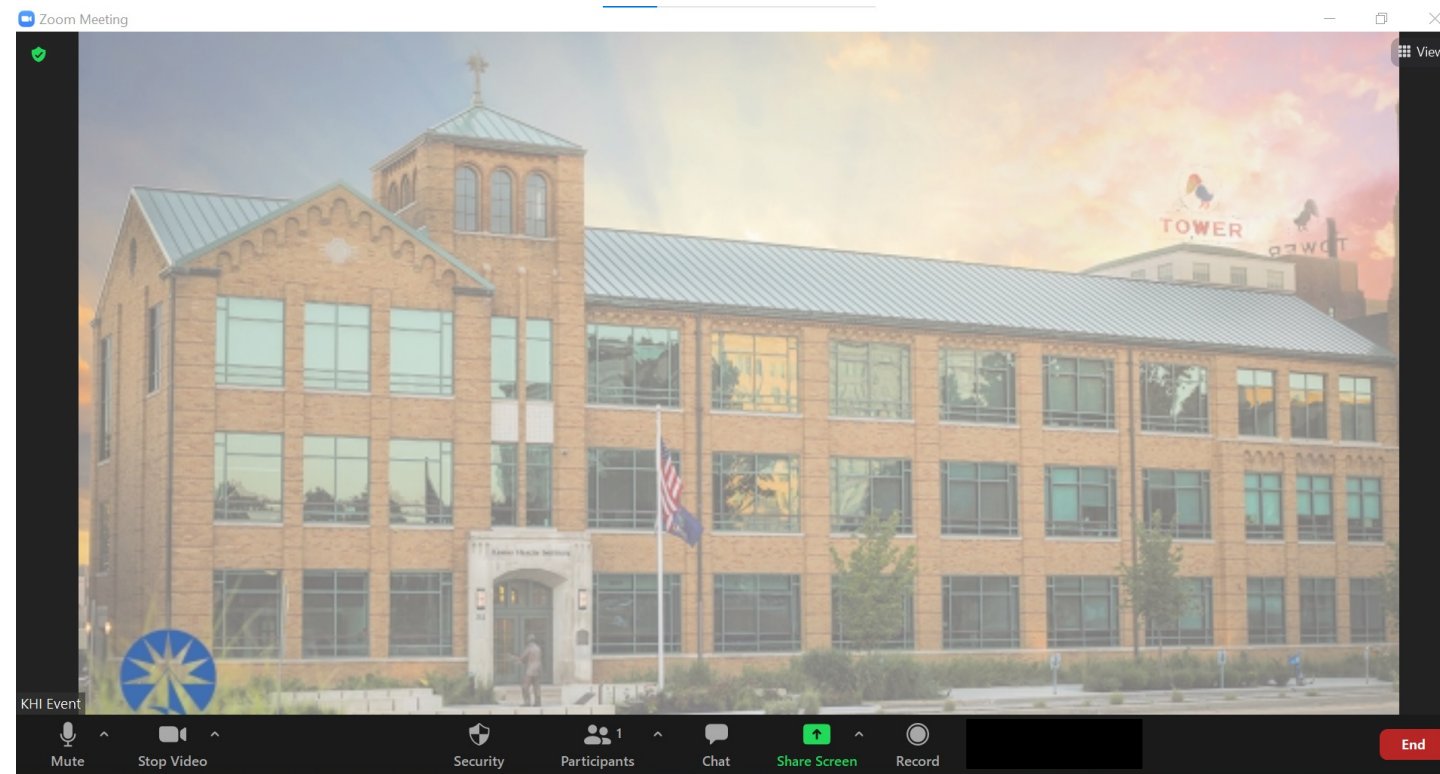


Crisis Standards of Care Plan: Joint Meeting

February 11, 2022



View Options

Helpful Hints for Zoom Meeting

Mute

Stop or Start
Your Individual
Video

See participants
list / Find a
participant to
message

Chat: Use this
feature enter
questions and
comments.

Technical questions about your
Zoom connection or functionality?
> Find **KHI, IT Help** in the
Participants list to connect for
assistance.

WHO WE ARE

- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from Kansas Statehouse in downtown Topeka.
- Committed to convening meaningful conversations around tough topics related to health.



Kansas Health Institute

TODAY'S AGENDA

Joint Meeting

2:30 p.m.	Opening Remarks	Kendra Baldrige, KDHE
2:40 p.m.	Welcome and Introductions	Hina Shah, KHI
3:00 p.m.	Crisis Standards of Care: Background &Q/A	Rebecca Adamson, KDHE Edward Bell, KDHE Dr. Cooley
3:30 p.m.	Timeline and Process	Tatiana Lin, KHI
3:40 p.m.	Break (10 min)	All

Breakout Rooms

Technical Advisory Panel (Lead: Hina Shah, KHI)

Community Advisory Board (Lead: Tatiana Lin, KHI)

3:50 p.m.		Roles
4:00 p.m.	List of Topics and Questions	Questions for Focus Groups
4:45 p.m.	Next Steps	Liaison for TAP and Next Steps
4:55 p.m.		Wrap-Up



BACKGROUND



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Background of the Crisis Standards of Care

Acknowledgements

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Definition and Importance

As recent events have shown, medical surge and mass casualty events are chaotic.

- The CSC is designed to create guidance to lessen the impact of these events:
 - Provides guidance for health care professionals to follow during a medical surge event or mass casualty event:
 - Triggers
 - Prioritization of medical care during a medical surge event or mass casualty event
 - Extension of medical supplies during a medical surge event or mass casualty event
 - Redistribution of medical equipment during a medical surge event or mass casualty event

Issues and Concerns

- Several advocacy groups raised concerns regarding the introduction of the revised CSC, the COVID-19 Toolbox
- Questions were raised: about the re-distribution of medical supplies and equipment during a surge event
 - Poor survivability patient vs. patient of greater survivability
 - Some concepts of triage or triage-like processes
 - Redistribution of personally owned equipment
- Groups concerned about discrimination against those who require such equipment in order to survive
- KDHE removed from public view and did not implement

CSC PLAN: OBJECTIVES

- 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.

2

TIMELINE AND PROCESS

KEY COMPONENTS



Community Advisory Board

Up to 15 individuals - Consumer advocacy groups, patients and other individuals with live experience



Technical Advisory Panel

Up to 25 individuals - Clinicians and those with technical knowledge, including representatives of hospitals of various sizes



Environmental Scan

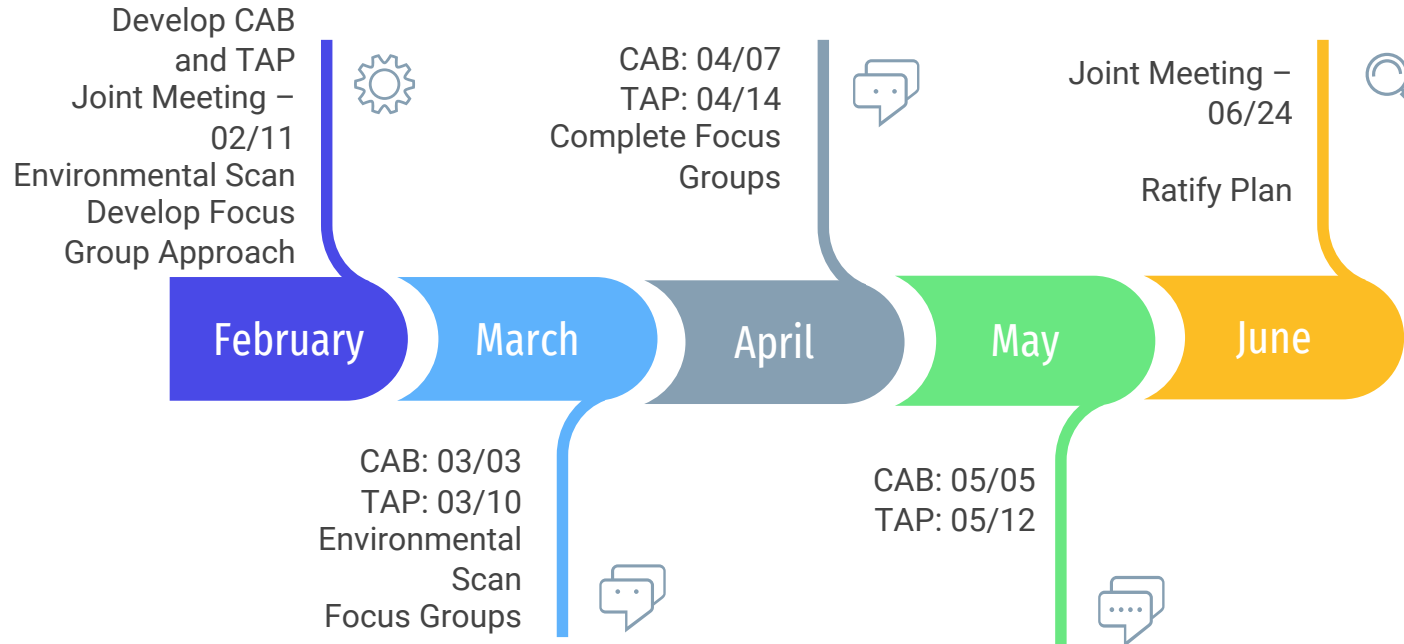
Address key questions to support discussions



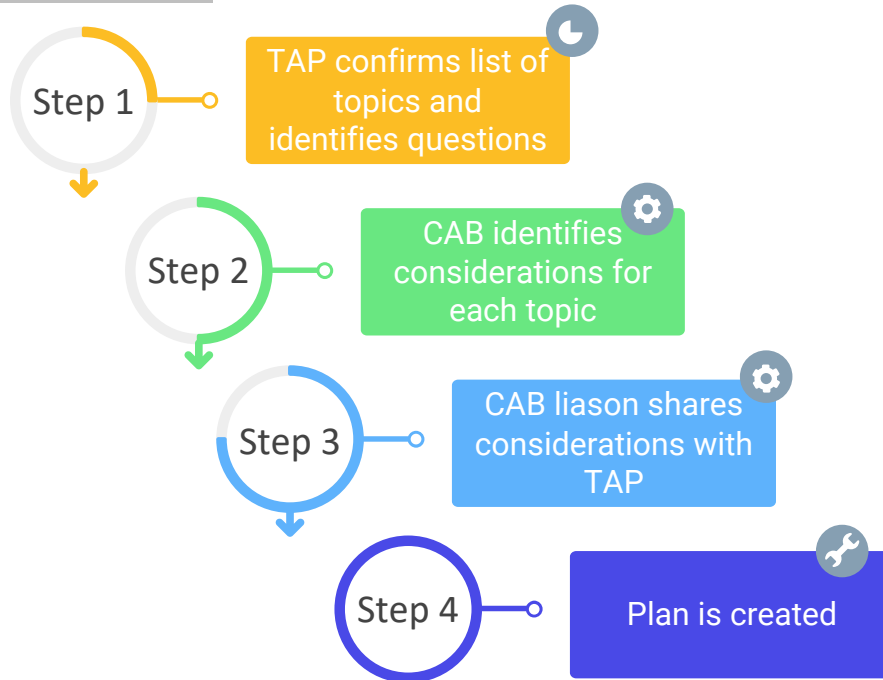
Focus Groups

Identify considerations around allocation of scarce resources during emergencies (e.g., safety net clinics and facilities, consumer advocacy, patients)

CSC PLAN TIMELINE



CSC PLAN PROCESS



Additional sources of information:

- Environmental scan
- Focus groups
- Information collected between meetings from TAP and CAB members (e.g., survey)

COMMUNITY ADVISORY BOARD: ROLES

- Meet once a month virtually from February - June 2022, in meetings lasting up to 2 hours each.
- Participate in a structured process to create 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 CSC 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 CSC Plan.

TECHNICAL ADVISORY PANEL: ROLES

- Meet once a month virtually from February-June 2022, in meetings lasting up to three hours each.
- Participate in a structured process to create the CSC Plan.
- Provide meaningful participation and assess evidence-based information to contribute to the CSC Plan.
- Assess considerations recommended by the Community Advisory Board.
- Contribute to and provide feedback on the CSC Plan.



BREAK

10 min



COMMUNITY ADVISORY BOARD

COMMUNITY ADVISORY BOARD: ROLES

- 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.

LIAISON TO TAP

- Attend TAP meetings: March 10, April 14 and May 12 (Joint Meeting – 06/24)
- Share considerations discussed by CAB
- Volunteer?

CSC PLAN: OBJECTIVES

- 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.



FOCUS GROUPS

FOCUS GROUPS: GOAL

Understand stakeholder
perspectives on fair
allocation of scarce resources
during emergencies.

FOCUS GROUPS

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

FEEDBACK

- Categories of questions
- Questions
- Terminology/language
- Other considerations?

SAFETY NET CLINICS AND CONSUMER ADVOCACY GROUPS

Draft Topics:

- Equity
- Triage and Clinical
Decision Making
- Staffing

Other?

EQUITY

1. **Provider Language:** “Have you witnessed or were you asked to ration care? How did you feel about these policies?” / **Advocacy Group Language:** “Have you witnessed crisis care policies being implemented or do you know of any consumers who experienced care rationing? How did you feel about these policies?”
2. What worries you most about rationing of medical care? What populations might be at risk of experiencing inequities as the result of rationing of care?
3. What do you think would be the best way to ensure that rationing of care does not disproportionately affect populations that are already vulnerable due to their age, disability status, race, ethnicity, or gender?
4. What ethical considerations should be used to determine who gets scarce resources and who does not?

TRIAGE AND CLINICAL DECISION MAKING

1. What do you believe would be the best possible criteria for choosing how to prioritize resources?
2. Who should make the final decision about who receives care when resources are scarce?

STAFFING

1. What strategies can be implemented to augment the staffing necessary to maximize quality of care during rationing of care?
2. When care is being rationed, how should this be communicated to facility staff, patients, and the community overall? (Advocacy Groups will NOT be asked about facility staff)
3. Are there any other considerations for rationing of care that you feel are important to share?

ADDITIONAL QUESTIONS

1. What are strategies to maximize care once the crisis standards of care have been implemented?
2. What support should the state provide to keep providers informed related to state and federal crisis standards of care guidance?
3. What are some potential strategies for maintaining transparency around crisis standards of care?
4. What are some best practices that should be considered for crisis standards of care?

CONSUMERS

Draft Topics:

- Equity and Consumer Experience

Other?

EQUITY AND CONSUMER EXPERIENCE

1. What worries you most about rationing of medical care?
2. What do you think would be the best way to decide who should receive care?
 - a. Follow-up: What if two people were equally likely to survive if they received care but the doctors can only save one person because of limited supplies, who should receive care?
 - b. Who should be the one to make that decision about who should be saved in this situation?

EQUITY AND CONSUMER EXPERIENCE

3. Is it possible to ration care fairly? Why or why not?
4. Are there any groups of people you think would lose the most from rationing of care?
5. If you, or someone you know, delayed or did not seek care because of fear of care rationing, what were you (or they) afraid of?

EQUITY AND CONSUMER EXPERIENCE

6. What do you think the role of community members like yourself should be in the decision-making process about rationing of care in your community?
7. How would you want to be told if your local hospital had to begin rationing care?
 - a. What type of information would you want to receive in this case?
8. Are there any other considerations around rationing of care you feel are important to share?



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

THANK YOU

Any questions?

You can connect with us at:

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