Crisis Standards of Care
Community Advisory Board
March 3, 2022
2:00-4pm

High-Level Overview of Meeting

Detailed meeting notes will be sent prior to March 10, 2022 Technical Advisory Panel meeting.

CAB March 3 Meeting Agenda:
2:00pm – Introductions and Updates
2:10pm – Overview of the Project Scope and Q/A
2:30pm – Equity Considerations: CSC Guidelines
3:30pm – Equity Definition: CSC Guidelines
3:50pm – Next Steps
4:00pm – Adjourn

Key Considerations for TAP:

CAB discussed the following concerns and considerations for the CSC process:

Diversity in CSC Process:

CAB noted that it is important that members of TAP are demographically diverse and also have direct experience working with populations of focus, including individuals who are uninsured, low-income, persons with abilities, LGBTQ+, Black, Hispanic, Latino, or Tribal origin, rural populations, older adults, parents or caregivers of children with ongoing illness or disabilities, and veterans. KHI also clarified that CAB and TAP is not meant to be hierarchical. We see TAP and CAB as on a level playing field.

What *should NOT* be considered in a score for purposes of allocation of medical resources during crisis:

CAB identified all items currently recommended by the Minnesota CSC framework to **not** consider in CSC situations should also be excluded as a basis for decision in KS, including:

- **Ability to pay;**
- **First-come, first-served;**
- **Judgments that some people have greater quality of life than others;**
- **Predictions about baseline life expectancy unless the patient is imminently and irreversibly dying, because rationing based on such baseline predictions would exacerbate health disparities;**
- **Race, gender, religion or citizenship;**
- **Age as a criterion in and of itself (this does not limit consideration of a patient's age in clinical prognostication);**
- **Judgments that some people have greater "social value" than others**

CAB also recommended the exclusion of the following characteristics as a basis for deciding on allocation of medical resources during a crisis:

- **Gender identity** – In addition to excluding gender, gender identity should be excluded as a basis for allocating resources during the pandemic. CAB members gave the example that Trans individuals should not be asked to identify their birth gender in most situations of resource allocation unless considered absolutely medically necessary.

What *should be* considered in score for purposes of allocation of medical resources during crisis:

- **Patient's desire to survive** – CAB discussed that patients who have expressed desire that they do not want to receive live-saving medical treatments should have wishes respected.
- **First impacted** – CAB discussed that although a first come, first serve model is not ideal, the people impacted first by a disease or lack of resource (the people who get sick first and in greatest numbers due to social inequities and systemic barriers) should be prioritized.
- **Severity of Disease** – CAB shared that people who are most likely to die without intervention should be prioritized in tie-breaker situation with other patients who have better chance of survival even without treatment.
- **Social Determinants of Health** – CAB identified that any scoring system to assist providers with the allocation of medical resources should involve an acknowledgement of social determinants of health.
    - **Geographic Indicator** – CAB expressed interest in learning more about a model like the Social Vulnerability Index that could help identify individuals likely to have higher negative health impact due to systemic disadvantages based on the neighborhood they live in. Some potential characteristics to select geographic locations discussed by CAB could include but are not limited to rural areas with limited health access, high poverty rates, and racially diverse areas. However, CAB members said these indicators should be used with caution as there could be differences in need within a geographic indicator, particularly if used at a larger zip-code level.

Best way to decide who receives medical care resources (e.g., ventilator, medicine, beds) at times when medical resources are limited:

CAB members proposed the following ideas for the best ways to allocate limited medical resources:

- **Coordinate with Power of Attorney and Patient –** Some CAB members said it was important for the person identified as power of attorney for the patient or the patient's family be consulted when making the decision
- **Blinded-Decision Making** – CAB said it was important that the person making the decisions was not at the patient's bedside and/or could not see the socio-demographic information about the patient when making triage decisions to help prevent the impact of implicit biases of decisionmaker
    - **Social Determinants of Health** – CAB said that even in blinded-decision making, it is important to still recognize patients are not necessarily on level playing field with their health. Blinded-decisions should still have a way to account for these inequities that may change a person's clinical indicators.