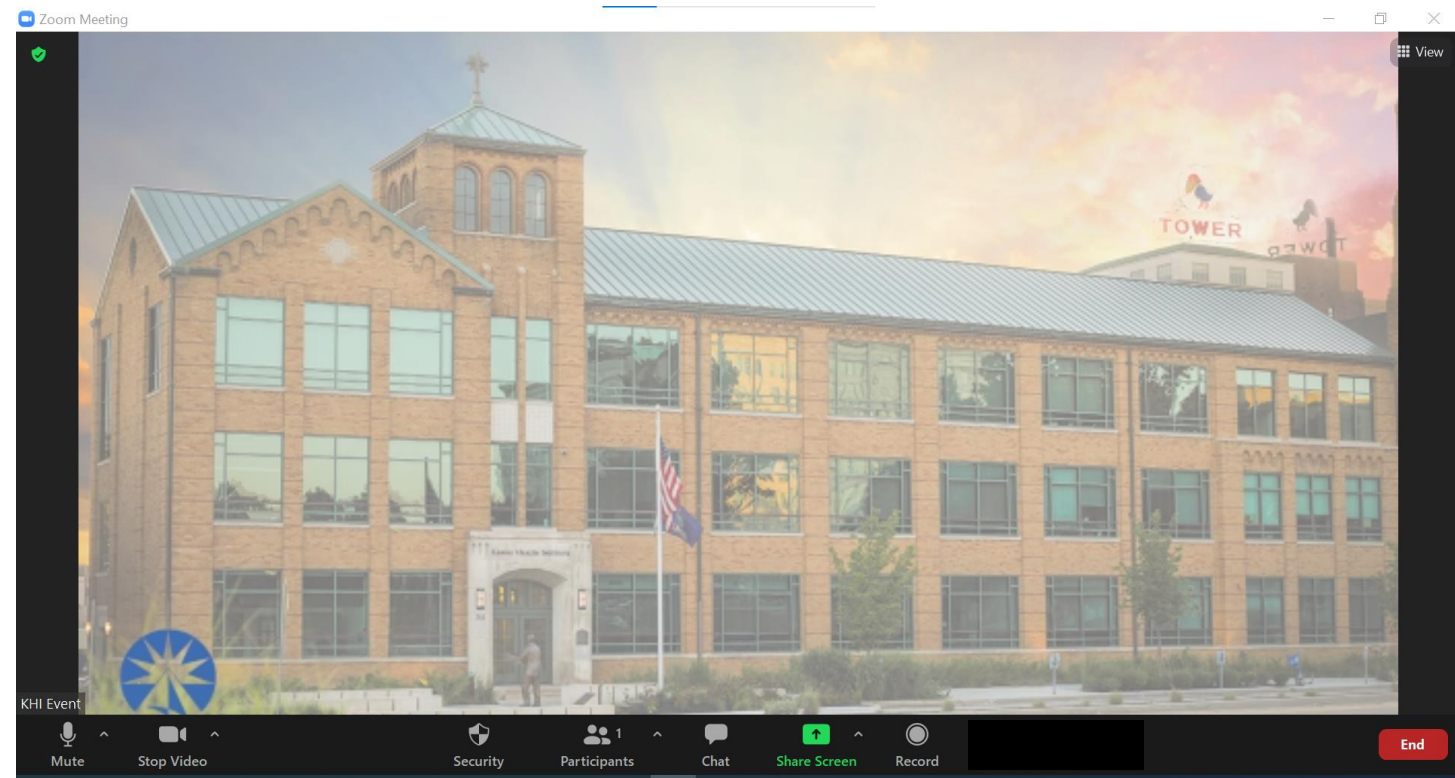


# Crisis Standards of Care Plan: Community Advisory Board Meeting

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March 3, 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.

# 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.



# TODAY'S AGENDA

## CRISIS STANDARDS OF CARE GUIDELINES

### Community Advisory Board

March 3, 2022  
2:00 p.m.-4:00 p.m.  
Zoom

<b>Facilitator and Timekeeper:</b>	KHI	<b>Note taker:</b>	KHI
<b>Invited Attendees:</b>	Community Advisory Board (CAB), Technical Advisory Panel (TAP) members, the Kansas Department of Health and Environment (KDHE), and the Kansas Health Institute (KHI)		
<b>Please Review:</b>	<ul style="list-style-type: none"><li>• Agenda</li><li>• 02/11 Joint Meeting Minutes</li><li>• Articles</li></ul>		
<b>Purpose of the Meeting:</b>	<ul style="list-style-type: none"><li>• Receive updates regarding the project</li><li>• Identify equity considerations for the development of the Crisis Standards of Care (CSC) Guidelines</li><li>• Identify a definition of equity for the CSC Guidelines</li></ul>		
<b>Zoom Link:</b>	Join Zoom Meeting <a href="https://khi.zoom.us/j/94892315547">https://khi.zoom.us/j/94892315547</a> Meeting ID: 948 9231 5547 Passcode: 348294		

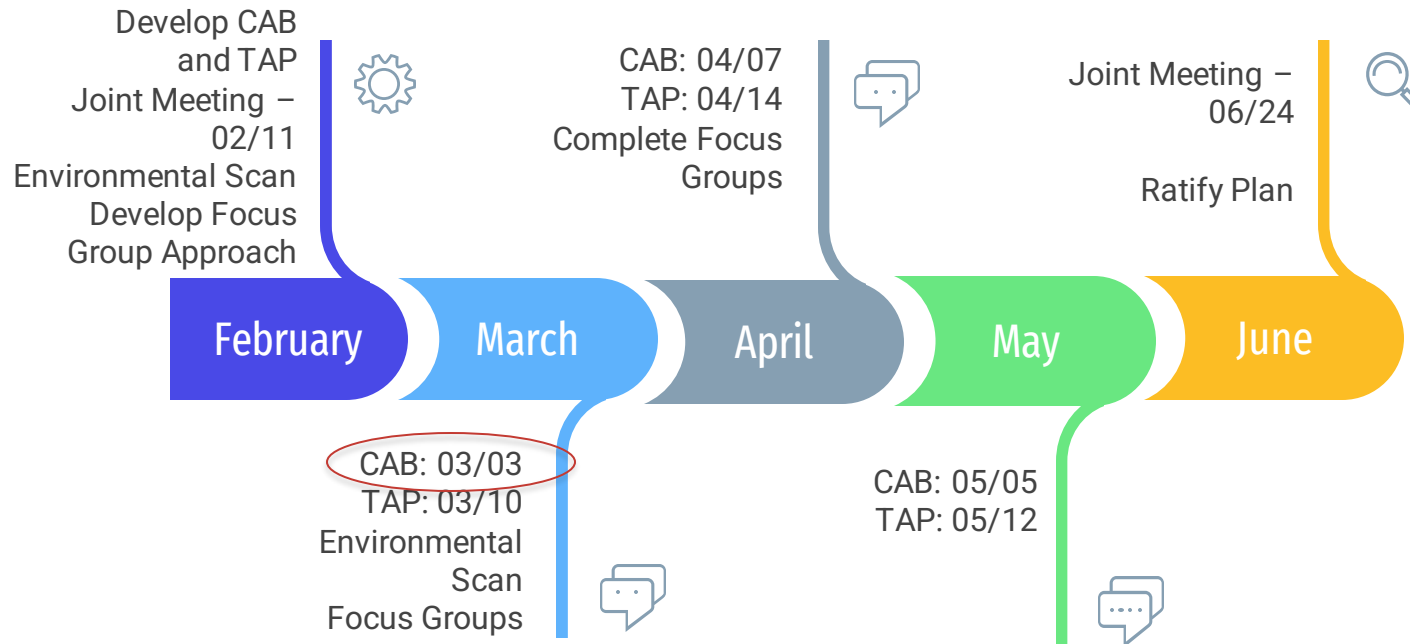
### Agenda Items

Approx. Time		Facilitator/Speaker
<i>Meeting</i>		
2:00 p.m.	Introductions and Updates	Tatiana Lin, KHI
2:20 p.m.	Overview of the Project Scope and Q/A	Dr. Cooley
2:40 p.m.	Equity Considerations in CSC Guidelines	Tatiana Lin, KHI
3:30 p.m.	Equity Definition	Tatiana Lin, KHI
3:50 p.m.	Next Steps	Tatiana Lin, KHI
4:00 p.m.	Adjourn	



# UPDATES

# CSC PLAN TIMELINE



# 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)

# FOCUS GROUPS: OVERVIEW

- **Goal:** Understand stakeholder perspectives and concerns associated with decisions related to who gets what medical resources and when during the emergencies.

Stakeholder Type	Mode of Participation	Participants	Target Number of Participants
<b>Safety net clinics or facilities</b>	Virtual	Providers or administrators from Federally Qualified Health Centers (FQHC), free health clinics/charitable clinics, rural health clinics, safety net hospitals and local public health department	1 focus group – up to 10 individuals
<b>Consumers</b>	Virtual (with phone interview alternative)	Vulnerable populations and/or historically marginalized groups including those who are uninsured, low-income, persons with disabilities, LGBTQ+, Black, Hispanic, Latino, or Tribal origin, rural populations, older adults, parents or caregivers of children with ongoing illness or disabilities, and veterans.	2 focus groups – up to 10 individuals
<b>Consumer advocacy groups</b>	Virtual	Representatives from consumer advocacy groups	1 focus group – up to 10 individuals



# FOCUS GROUPS: OVERVIEW

- **Feedback:** Received and incorporated feedback
- **Questions:** Subset of questions – same for consumers and providers
- **Terms:** For purposes of some of the questions asked in this focus group, we use the term rationing of care. The goal of rationing is for everyone to receive some level of care, but they may not receive the same access to medical resources (such as beds, ventilators, nurses, etc.) that they would have received if there was not a crisis.

# FOCUS GROUPS

1. What is the first thing that comes to mind when you hear the word “rationing of care”?
2. If your local hospital had to ration medical care, what would worry you most?
  - How might this impact your decision to seek medical care?
3. How should people find out their local hospitals are facing shortages and may need to ration care?
4. When medical resources are limited, what do you think would be the best way to decide who gets what medical resources and when?
  - Who should be the one to make that decision?
  - What information should be available to those making the decision?
  - What do you think the role of community members like yourself should be in that decision?

# FOCUS GROUPS

5. Is it possible to make fair decisions about who gets what medical resources and when? Why or why not?
6. What groups of people could be at greatest risk of not having all their medical needs met when care is being rationed?
7. How do you feel about dedicating greater medical resources to people who have historically been less able to access medical care and/or health-supporting resources? When, if at all, would this be appropriate?
8. Are there any other considerations around who gets what medical resources and when that you feel are important to share

# NEXT STEPS

- Submit to the KDHE Institutional Review Board for Approval – **March 8**
- Identify participants (total: up to 40 people)
- Community Advisory Board Recommends:
  - Providers that work at safety net clinics, free clinics, rural hospitals, local health departments
  - Consumers (Vulnerable populations and/or historically marginalized groups including those who are uninsured, low-income, persons with disabilities, LGBTQ+, Black, Hispanic, Latino, or Tribal origin, rural populations, older adults, parents or caregivers of children with ongoing illness or disabilities, and veterans)
  - Complete a survey – **by March 9**

[https://survey.qualtrics.com/jfe/form/SV\\_aXxRop6xU4fPyya](https://survey.qualtrics.com/jfe/form/SV_aXxRop6xU4fPyya)

# 2

## OVERVIEW OF THE PROJECT SCOPE

# 3

## **EQUITY CONSIDERATIONS IN THE CSC GUIDELINES**

# QUESTIONS FOR DISCUSSION

- At times when medical resources are limited, what do you think would be the best way to decide who gets what medical resources and when (e.g., ventilator, medicine, beds)?
  - What worries you most about those decisions?
  - Is it possible to be fair when making those decisions? Why or why not?

# QUESTIONS FOR DISCUSSION

- When sorting and allocating treatment to patients when medical resources are limited, providers often assign a score to patients.
  - What things should be considered in a score?
  - What things do you think should not be considered in a score?




# EXAMPLE FROM MN: SHOULD NOT BE PART OF SCORES

- 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

# 4

## DEFINITION OF EQUITY



As the Crisis Standards of Care (CSC) Guidelines are being developed, what else should be considered to make sure that they do not create inequities, especially among populations that historically and currently have experienced barriers in accessing medical resources?



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# THANK YOU

## Any questions?

You can connect with us at:

[tlin@khi.org](mailto:tlin@khi.org) or [sparacremmer@khi.org](mailto:sparacremmer@khi.org)





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