**AHRQ/NIDDK PCOR eCare Plan Project:**

**Cardiovasulcar Disease Technical Expert Panel Call**

**Meeting Minutes**

**July 23, 2020**

**Attendees:**

Maureen Henry

Tiffany Washington

Lindsey Hoggle

Arlene Bierman

Saadia Miran

Jenna Norton

1. **Continued Review of Data Elements: Goals Tab**
	1. **Subsection: Free text goals**
		1. This section adapts from the Pharmacy and eLTSS care plants, allowing for free text goals
		2. This group’s work is aiming standardize where possible, but the group discussed how it is important to include free text goals to allow for personalization
	2. **Subsection: Prioritizing, Preferences, Participation**
		1. Preferences is aimed to capture a patient’s personal thoughts about their goals- especially when pertinent to planning
			1. The group discussed defining the limits around ‘preferences’ further (ex: food preferences vs. preferences on therapy)
			2. Preference is not currently standardized in a FHIR profile
			3. The group advised clarifying the definition for “preferences,” noting that they are not neutral or mere “personal thoughts” but rather capture an affirmative desire for one thing over another
		2. Patient Priority Preference/ Provider Priority Preference
			1. These two elements allow for ranking the importance of component goals
			2. The group also delineated the difference between “important to” vs “important for” in care planning – that something might be important ***for*** someone to do to achieve a goal, even if it isn’t important ***to*** them.
		3. Barriers/ Challenges
			1. This element was added to capture factors (e.g., social determinants of health) which may create barriers to achieving a goal
			2. NCQA developed a taxonomy of goals for people with serious illnesses which are clustered into physical function, emotion, life goals, etc.
		4. Strengths
			1. This element captures attributes that might facilitate a person’s ability to reach a goal- this element is adapted from eLTSS
			2. The group discussed the possibility of expanding this to include general categories to enable standardization
				1. Example categories might include social network, home environment, faith belief, employment, personal characteristics, environmental characteristics, etc.

Also include a free text option

* 1. **Goal Attributes**
		1. This subsection fleshes out attributes relevant to each goal, including date of creation, date of completion, progress to goal observation, author participation, purpose of goal, ability to achieve goal, target completion date, goal status, and outcome
		2. The group discussed the element which captures ‘confidence to attain goal’
			1. NCQA study found that providers consistently rated confidence lower than the patient
			2. CDSMP- self rating confidence to achieve goal found that if a person rates themselves less than 7 (to achieve a goal), it may require a revisit of goals
	2. **Laboratory and Vital Signs Goals**
		1. Elements in this subsection capture target vital signs (ex: blood pressure, lab values, etc.)
		2. The group discussed including elements to capture functional status as being relevant to cardiovascular patients- this element is captured under *Subsection: Symptom Management Goals*
		3. The group discussed including an element to capture ‘target HDL’- but decided that while HDL is important it doesn’t require a target level to treat to
	3. **Dietary and Behavioral Goals**
		1. The group reviewed elements in this subsection, including review of elements incorporated by other TEPs (ex: alcohol, marijuana, etc.)
		2. The group suggested adding an element to capture “screen time” and “sedentary time”
			1. The group suggested reframing “sedentary time” to a positive wording- “amount of time standing/ moving”
			2. The group also suggested an element to capture “number of steps”
	4. **Subsection: Treatment Preferences**
		1. This subsection captures patient preferences regarding relevant treatments (ex: renal replacement therapy)
		2. The group discussed that it may be better to capture overall goals that might inform treatment preferences, rather than specific treatment preferences. The closer you are to a decision, the more likely your decision will be valid and reflect the choice you would make at the time. Documenting such preferences may be challenging as the person’s opinion may change – e.g., a person may think they will not want life sustaining care when healthy, but then may choose to have that care when they come to the point of needing it. The project will need to think through how to ensure that advance directives are updated frequently (e.g., every birthday).
		3. This subsection also includes elements to capture a patient’s advance directives- including determination of whether or not a patient has recorded advance directives, a summary description of the advance directives, and an element determines whether a legal document is available
		4. The group suggested including an element to indicate healthcare power of attorney form
			1. This may be combined with medical directive in some states
		5. The group discussed that state requirements may vary depending on state
	5. **Subsection: Person Life & Health Goals**
		1. The section includes goals relating to personal health goals (managing symptoms, avoiding hospitalization) and life goals (e.g., having children, continuing to work)
		2. Goals relating to social determinants/social needs will be adapted from the GRAVITY project
		3. It was noted that the NCQA work may address additional goals
	6. **Subsection: Symptom Management Goals**
		1. This subsection includes elements that capture goals relating to symptom management (e.g., pain intensity, pain expectations), diabetes symptoms, dyspnea
		2. The group suggested elements to capture fatigue, itchiness, sleep management, and mental fog/ cognitive function