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

**Cardiovascular Disease Technical Expert Panel Call**

**Meeting Minutes**

 **Jan 23, 2020**

1. Action Items from 1/23 Call
	1. **NIDDK** will develop additional personas to include CVD in context of MCC
		1. **ALL MEMBERS:** please let Jenna and Saadia know if you would like to participate to inform persona development
		2. **NIDDK** will set up meeting with TEP members who indicate(d) interest in informing personas
	2. **ALL MEMBERS**: please continue to review data element spreadsheet (found [HERE](https://nih.box.com/s/tptgu3y37y9fez5ukx8klamoi1nsrn9p)) with consideration of gaps in data elements and technical challenges and considerations for representing proposed data elements
	3. **ALL MEMBERS**: please review and provide feedback on the Intervention Framework (see attached PowerPoint) proposed by the Gravity Project:
		1. Is this framework useful to our work?
		2. Does it address all important types of interventions you would want captured in the care plan?
		3. Are any types not necessary for the e-care plan?
		4. Other comments?
	4. **ALL MEMBERS:** review and provide feedback on the patient goals LOINC panel (see attached PowerPoint or https://loinc.org/87533-6/) – how can we make this more useful for patients with CVD and MCC?
2. Recap of December Call
	1. Reviewed & discussed Data Element Sheet – includes data elements from guidelines on IHD, CHF, HTN
	2. Overview of Persona Development: reviewed [CKD personas](https://www.niddk.nih.gov/health-information/communication-programs/nkdep/working-groups/health-information-technology/development-electronic-ckd-care-plan) and discussed possible addition of care coordinator role – either RN or MSW
	3. **Action Items for TEP members**:
		1. Review data elements: What is missing? What challenges do you anticipate?
		2. Review personas: What new personas do we need for CVD/MCC?
3. **Including CVD in the implementation guide persona**
	1. Our goal is to create personas for 2 purposes: 1) to inform data element selection and user-centered design of the application and 2) to include in the use case implementation guide (IG) to inform broader implementation of the e-care plan standard/ application
		1. The IG may include a “base” use case building from the NIDDK “Betsy” persona developed for the CKD care plan work
		2. We would also like to develop additional CVD patients to inform data element selection & app development
	2. Building from the “Betsy” persona- we want to make sure we are appropriately reflecting CVD on our primary persona. Betsy currently has CKD, type 2 diabetes and congestive heart failure. Key questions include: Should Betsy have additional CVDs? What CVD concerns/ issues might we want to present through the use case? How can we expand the draft use case developed by Evelyn Gallego (presented on Jan 21 call- recording will be available on Box)—currently very kidney-centric—to better address issues relating to CVD?
	3. Suggestions from the group to expand the Betsy persona included:
		1. Adding cognitive issues—we could leverage work being initiated through the [PACIO project](http://pacioproject.org/) to identify data elements relating to cognitive assessments.
		2. Adding hypertension as a diagnosis. Her blood pressure is elevated and having hypertension on her problem list would fit.
		3. Considering multiple personas so as not to overburden Betsy’s persona. It is unlikely we can adequately represent all CVDs in one persona. However, we will need a single, central patient persona for the IG. This central persona does not need to address the full scope of CVD challenges but should incorporate some key issues. We want to make Betsy as simple as possible while still being complex enough to be realistic and to demonstrate the e-care plan standards and application
		4. Incorporating a mental health component would be beneficial. It may be best for Betsy to have either depression or anxiety, but both may not be necessary. Betsy’s pain and depression may interact, with depression feeding into experience of pain, and pain feeding into experience of depression.
		5. Primary and secondary diagnoses may be dependent on the care team member perspective, the setting of care and the situation at hand, and as a result will not be static over time for a longitudinal care plan. A better model for the care plan may be patient and/or clinician priorities.
		6. The pain TEP suggested adding low back pain as a chronic pain condition, which could potentially be exacerbated by an acute pain condition, such as hip fracture.
		7. Betsy could be hospitalized for fluid overload, creating a narrative for Betsy to organically come in and see her cardiologist
		8. Having the internal team create personas but have input from TEP members who are familiar with CKD in a clinical setting to help inform and guide the work
		9. Liz Palena Hall, Tiffany Washington, and Terry Cullen volunteered to be involved in a subgroup call to discuss persona development; NIDDK team will schedule a call these TEP members. Other members interested in participating should contact Jenna and Saadia.
4. Intervention framework – from Gravity
	1. Jenna reviewed intervention framework (see attached PPT) and raised the following questions:
		1. Is this framework useful to our work?
		2. Does it address all important types of interventions you would want captured in the care plan?
		3. Are any types not necessary for the e-care plan?
		4. Other comments?
	2. The group discussed the “assessment of” category and which stakeholders would find this information useful
		1. From a patient standpoint, it could be useful to help determine coverage and find affordable care
		2. From a payer perspective, it could be beneficial for billing
	3. We welcome comments by email
5. Patient Goals – what’s missing?
	1. Jenna briefly introduced the [LOINC patient goal panel](https://loinc.org/87533-6/) developed through the CKD care plan project, and asked the group for feedback by email on how the panel could be improved and expanded to an MCC and CVD perspective
	2. There may be opportunities to align functional status components with ongoing work in the post-acute care space (e.g., PACIO)
	3. The group discussed LOINC’s interest in integrating similar panels (e.g., through parent-child structure) within LOINC so not to have redundancy. The PACIO team is meeting regularly with Swapna Abhyankar from LOINC, who was the contact for the CKD work as well.
	4. Call for feedback via email/ Box