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

**Diabetes Technical Expert Panel Call**

**Meeting Minutes**

**April 3, 2020**

**Attendees**:

Daniel Vreeman

Dave Carlson

Ian Stewart

Nancy Kusmaul

Kenrick Cato

Katiya Shell (on behalf of Evelyn Gallego)

Arlene Bierman

Jenna Norton

Saadia Miran

1. **Confluence Site.** We are almost ready to launch a new Confluence site to serve as a central access point for the NIDDK/AHRQ eCare Plan for People with MCC project. The Confluence site will be accessible from: <https://ecareplan.ahrq.gov/>
	1. The confluence site will replace the Box site, where information has been stored in the past
	2. **TEP Section**. The Confluence site includes a subsection for the TEPs, where all relevant TEP documents, including data element sets, clinical information models (CIMs), & personas are posted. In addition, each TEP has a subpage with meeting times, recordings and summaries available for reference. The TEP section will be accessible only to TEP members & NIDDK/AHRQ staff. Please let us know if you would like us to provide access to a colleague.
	3. **Public Content.** The Confluence site also includes general project background, deliverables, timelines, contacts and contributors, as well as materials from the project kickoff meeting. These pages will be open to the general public for anyone interested in the project. Please feel free to share.
	4. Please expect an email providing invitation to log in within the next few weeks
	5. The NIDDK team welcomes feedback on what additional content TEP members would like included on the confluence page. Please send any suggestions to Jenna and Saadia.
2. **Data Elements Set Review**
	1. The TEP continued review of ‘Health Concerns’ tab
		1. Mental Health
			1. Several mental health elements were identified in the CKD work and are reflected here. Depression and anxiety were identified as high priority; bipolar disorder and PTSD were identified as lower priority
			2. The team discussed whether health distress, trauma, and grief were appropriately bucketed under ‘mental health’
			3. The team discussed collapsing different PTSD elements into a single, scored measure rather than including multiple elements for different aspects of PTSD
			4. The NIDDK team ask the TEP members to review the mental health list and *provide feedback for any elements they feel are missing and relevant*
		2. Substance use and abuse
			1. The original CKD set included “smoking status” but the Pharmacy care plan includes “tobacco use.” To what degree would we want to know ‘smoking status,’ or would ‘tobacco use’ be enough
				1. The team discussed that including a broader category is preferred
				2. Should this category include vaping and e-cigarettes?

The team discussed keeping vaping separate, as the risks are different

* + - 1. Cannabis use
				1. In the CHOIR data, cannabis use was called out separately because it can be used as pain management
				2. The team discussed including it as an element to capture self-medication for pain, even if it isn’t recorded as an actual treatment; Some states are medically prescribed
				3. To the extent cannabis is used as a treatment, it may fit better in the intervention section
		1. Substance Use Disorders
			1. This includes alcohol abuse disorder, drug problem, substance abuse disorder
				1. The group briefly discussed which terminology is best- substance use disorder v. substance abuse disorder v. substance disorder
				2. The group concluded following ICD-10 terminology was the best route
		2. Cognitive and Functional Status
			1. This work will defer to the PACIO project (http://pacioproject.org/) on cognitive and functional status elements. PACIO is developing data standards to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders.
			2. We have invited all TEP members to a call on **Thursday, April 23, 2020 from 3-4 PM EST** with the PACIO team to receive an update on PACIO’s work in this space and to allow an opportunity for our TEP members to provide feedback on the PACIO data elements in context of the eCare Plan. We encourage all TEP members to attend and will record and post the call for those who are unavailable.
		3. Genitourinary Conditions
			1. The group reviewed genitourinary conditions especially those that are often a complication found with diabetes
			2. The group suggested addition of nephrolithiasis and Urinary tract infection
		4. Infectious Diseases
			1. The infectious diseases listed came from the CKD working group: HIV, tuberculosis, Hepatitis B, Hepatitis C
			2. The group discussed including Hepatitis A
		5. Nutrition and Metabolic Conditions & Sleep Disturbances
			1. The group reviewed the current elements and had no suggested additions
		6. Other signs and clinical findings
			1. Urine Sediment Present- the group discussed splitting this element into multiple data elements including RBC, RBC casts, WBC, WBC casts, Tubular Casts, Cellular Casts, Granular Casts, etc.
			2. The group acknowledge the element was low priority, but suggested breaking it up into multiple data elements if it were to be included
		7. Healthcare Utilization
			1. The NIDDK team asked if capturing these elements (overnight hospitalization frequency, physician visit frequency, and ER frequency) as self-report and is this relevant as a clinician
				1. Could this be derived from CPT code history rather than self-report
				2. The group pointed out that this might be a social determinant of healthcare measure- especially the ER frequency and physician visit frequency