PROPOSED 30-MINUTE AGENDA / OCTOBER 26, 2026

A working session with a decision to take away.

Goal: decide whether a local education and follow-up pilot is feasible, what is missing, and who will resolve it. Date and participants to be agreed.

Suggested participants

Lisa as the proposed education and engagement lead; a clinical decision-maker; a community or parent representative; an evaluator; and a prospective fiscal or program lead. One organization may cover several roles, with appropriate oversight.

0–5 min	**Agree on the first population.** Choose the setting and a manageable group, such as postpartum women with pregnancy-related hypertension, including NICU mothers.
5–12 min	**Walk through the existing care pathway.** Identify where history is recorded, who provides the plan, who owns clinical follow-up and how completion can be confirmed.
12–20 min	**Confirm delivery and access.** Review clinical ownership, navigation time, referral capacity, language needs, paid community input and payment for indicated care.
20–26 min	**Define evaluation and resources.** Review the baseline, observation window, data permissions and planning budget. Identify the evaluator and potential fiscal lead.
26–30 min	**Assign the next decision.** Name an owner and due date for unresolved items. Agree whether to proceed to feasibility work, revise the scope or pause.

Read before the meeting

One-page federal brief — purpose, scope and proposed budget.
Evidence appendix — published findings, model limitations and evaluation definitions.

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What would each partner own?

Record proposed responsibilities. Interest does not establish institutional participation, funding or permission to enroll patients.

Education and coordination	Lisa Zahakos, RPA-C: reviewed materials, engagement, partner coordination and delivery planning.
Clinical lead and host	Eligibility, clinical review, referrals, treatment and escalation; a feasible pathway for indicated care.
Community advisers	Paid family input, language and accessibility review, recruitment advice and assessment of practical barriers.
Evaluation lead	Baseline, denominators, observation window, approved data use, analysis and reporting of access differences.
Fiscal or eligible lead	Organizational eligibility, agreements, staffing, allowable costs and the route to appropriate funding.

Decision at the close

Proceed to feasibility work / Revise the scope / Pause

Proposed site or setting _____

Accountable lead and contact _____

Main unresolved item _____

Owner and due date _____

Next decision or meeting _____

Before enrollment: confirm written roles, clinical capacity, payment, staff resources, privacy and required quality-improvement or research review. Agree the final scope and budget. Patient-level information belongs in partners' approved systems.

Keep the education demonstration and risk-prediction research separate. Prospective research collaborators would need their own protocol, data permissions, oversight and budget.

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