Oregon Resource Allocation Advisory Committee

Full Committee Meeting Summary
February 28, 2023

Overview

Meeting Purpose

Share updates on the Triage Approaches and Triage Team & Data Collection subcommittees

Agenda

1. Welcome
2. Triage Approaches Subcommittee - update
3. Break
4. Triage Approaches Subcommittee - Discussion
5. Triage Team & Data Collection update
6. Closing

Meeting Notes

Welcome

ORAAC facilitator Alyshia Macaysa reviewed the zoom features, meeting resources, and meeting purpose. Committee members were asked to center two of the eight ORAAC Working Agreements during today's meeting:

1. Keep the patients and communities who have been marginalized by mainstream institutions, like the healthcare system, at the center of the discussion
2. Keep an open mind and come with a willingness to learn and to share

Triage Approaches Subcommittee - Update

The subcommittee built a foundation for their work centered on values discussed in the broader committee, relationship building, and learning. The key topics for learning included:

1. Health justice
2. Disadvantage indices in triage tools
3. Foundational questions about the allocation of scarce resources
4. Survivability

5. SOFAs

The subcommittee was supported by the expertise and research of Harald Schmidt and Ruqaiijah Yearby. Between December - February the subcommittee reviewed and discussed the following materials:

1. Oregon Interim Crisis Care Tool
2. University of Pittsburgh guidance on the allocation of scarce critical care resources
3. Rationing, racism and justice: advancing the debate around 'colourblind' COVID-19 ventilator allocation. Schmidt H, Roberts DE, Eneanya ND. J Med Ethics 2022; 48: 126-130.
4. The potential impact of triage protocols on racial disparities in clinical outcomes among COVID-positive patients in a large academic healthcare system. Roy S, et al. PLOS One 2021.
5. Racial disparities in the SOFA score among patients hospitalized with COVID-19. Tolchin B, et al. PLOS One 2021.

The key points guiding the subcommittee's discussions:

1. What is the intent of our approach to triage?
    a. Is our purpose to worsen, maintain, or reduce health inequities?
2. Decisions about scarce resources must utilize tools that actually measure what we are trying to do

The subcommittee then presented nine draft statements to the full committee. The draft statements were developed for the purpose of generating discussion, and are not draft recommendations.

- ➢ There was general alignment across the subcommittee for 3 of 9 statements that included: centering hope and innovation, achieving procedural justice through transparency and community engagement, and that crisis care must acknowledge that there is no universally accepted or accurate approach
- ➢ There is mixed alignment across the subcommittee for 6 of 9 statements that included: the composition of a triage team, prioritizing health justice allocation factors, use of the Sequential Organ Failure Assessment (SOFA), recommendations against using survivability as a primary factor in resource allocation, centering resource allocation on reducing health inequities, and utilization of imminent death based on clinician prognostication.

Next steps for the subcommittee include:

- ➢ Exploring disadvantage indices as potential prioritization factors
- ➢ Presenting draft recommendations and receiving feedback from the broader committee

Triage Approaches Subcommittee - Discussion

An online sticky note activity was utilized to generate discussion. The online sticky note activity included three questions:

1. What additional questions or concepts should the subcommittee be grappling with?
2. What are you most interested in learning from the subcommittee at the next meeting?
3. Do you have any other feedback?

Highlights from this activity include:

- ➢ How do we address health inequities while not ignoring survivability in the setting of triage for critical care (ICU) resources?
- ➢ How will you deal with intersectionality of oppression and the cumulative impact when thinking about health justice approaches?
- ➢ The need for an organized system and diligent response to inherent bias seem to be foundational to this discussion

- ➢ Clinical judgment and individualized assessment cannot be excluded to accurately predict survivability
- ➢ How do we take into account the personal wishes of a person?
- ➢ Can you define imminent death?
- ➢ If SOFA is not used, there will have to be widespread education on the rationale, especially to providers and hospital groups.
- ➢ Will everyone have access to crisis care guidelines? In what languages will it be available?
- ➢ Were there instances in Oregon of not sharing resources between hospitals and regions?
- ➢ How can the committee build communication and trust with members of diverse communities?
- ➢ There is variation in an individual's preference for how they identify with their disability.
    - Some prefer person first or person centered language. For example: a person with a disability.
    - Some prefer identity first language. For example: disabled people. Identity-first activists say that the experience of a disabled person is woven into every part of the way someone experiences the world. Disability is not a bad word and people are not ashamed.

General Discussion

- ➢ It will be important to do the work of load balancing patient admissions across the entire state to have an equitable approach and prevent the need to make difficult decisions
    - Load balancing will require having a coordinated system across the state similar to the statewide trauma system
    - It is about more than having a system, it is making sure that people work within the system
- ➢ Make sure that when we discuss access to services, we name it as “equitable services”
- ➢ What does success look like when providers are trying to decide who is admitted to the ICU in a crisis? Are we looking at survivability at discharge or something different?
    - Whose value is this?
    - What do we need to explore in terms of cross cultural values of survivability?
    - What do we know about tools that assess survivability?
    - Do we have tools that assess survivability without increasing health inequities?
- ➢ What is a physician's ability to accurately assess imminent death? Putting that responsibility on individual physicians is a lot of pressure.
- ➢ Trying to identify a tool or definition that can actually measure imminent death or survivability is the core of the subcommittee’s discussion. SOFA is a problem because it does not accurately measure what it is supposed to and it perpetuates inequities.
    - Not including clinical outcomes as a foundation of resource allocation will make it difficult to appeal to clinicals. The tool should increase clinical outcomes.
    - It is important that clinicians understand that tools have inherent bias and are being utilized in clinical scenarios that they were not designed for. Having a full discussion to understand the limits of those tools is important.

Triage Teams & Data Collection - Update

There is no longer a Triage Teams & Data Collection subcommittee due to the limited capacity of committee members to join. While some committee members did volunteer, it was not representative of the identities or sectors of the broader committee. The Triage Teams & Data Collection work will now be integrated into the full committee. Key discussion points on this topic include:

- In a situation where resource allocation decisions need to be made in a matter of five minutes, how will Triage Teams operate? There is also the issue of a lack of adequate staffing.
- There needs to be an oversight group to think about load balancing and equal access across the healthcare system
    - Washington had a model that allowed for regional coordination to pool resources - no one should be declined if a resource is available somewhere in the state
- It will be important to think about the operation of a Triage Team in various crises: pandemic, earthquake, etc. Each have a different pace.

Closing

- The full committee will return to meeting on a monthly basis
- The facilitation team is working on getting materials translated and shared with the full committee in a timely manner moving forward
- The jamboard (online post it activity) will remain open for committee members to share their comments with the Triage Approaches subcommittee
- Over the next 1-2 months we will be working on preparing a set of recommendations to bring forward to the full committee and open for public comment
- The next meeting is scheduled for March 21, 2023 from 3:00 - 5:00 PM PT