Oregon Resource Allocation Advisory Committee

Full Committee Meeting Summary

July 26, 2022

Overview

Purpose: Close out initial working agreement and guiding principles discussions in order to transition into in-depth crisis care subject areas.

Desired Outcomes:
1. Vote and approve ORAAC's Working Agreements
2. Thoroughly discuss differing viewpoints on decision-making principle
3. Provide clarity on what future meetings aim to cover

Agenda

1. Welcome, Check-in, Vote to adopt Working Agreements
2. Principles Discussion Part II
3. Topics for Future Discussion

Meeting Notes

Voting to Adopt Working Agreements

- Suggested change: language that says "elderly" should be shifted to say elders or older adults
  - Elderly has a negative connotation from legal conversations, and it typically denotes people who are uniformly frail
- Action: committee members who were present voted on to adopt the Working Agreements that will change "elderly" to "elders"
  - All committee members present voted yes
  - Facilitator will reach out to absent committee members to get their votes via email
  - Facilitator will let committee members know once the updated Working Agreements have been formally adopted by all committee members

Principles Promoting Health Equity Part II Discussion

This section opened up with a recap of the discussion in July and pivoted members to focus on discussing their opinions between a patient-led versus patient-centered approach (or if they saw any difference at all). Below are high-level notes captured from the breakout sessions and large group discussion.

- General Language Feedback
  - The principles should include planning and practice; doing dry runs to ensure these principles are actually in practice when it comes time to implement crisis care in different scenarios will be key
  - Consider substituting "all ages and abilities" in place of the disability and age language
  - Terms or laws that were referenced in discussion
    - DNR = Do not resuscitate

        - POLST = Portable Medical Orders; https://polst.org/
        - [Christine Getman Law]()
- Patient-led versus patient-centered
    - General Thoughts
        - Triaging is a form of moral injury for health care providers, families, and patients alike.
        - It is important that these decisions and conversations with patients are done in plain language
        - Asking a patient what their preferences are at the time of crisis is really important
            - One might assume that a patient wants every medical intervention possible; asking is important for healthcare providers to understand and clarify what is important to the patient
        - Language is important when talking about a patient versus a person
        - Decision-making with patients must include partners, spouses, family, etc. and recognize the pressure put on support persons when making the decision
    - Equity and Power
        - When doctors speak to a patient, we enter into power dynamics
            - Who has more of the information in this scenario?
        - Historical context matters in terms of what relationships with patients have looked like
        - Marginalized communities have not been served well by patient-provider relationships
        - Must remembers that structural racism and ableism are built into things healthcare systems consider objective
            - For example: pulse oximeters are engineered to read the oxygen levels of fair-skinned folks more accurately than people with dark skin
    - Patient-Centered vs Patient-Led
        - Healthcare always has the goal to have the patient at the centered decision-making
        - Feasibility of this approach is concerning during a crisis; health care team may not follow the orders from the patient
        - When someone is leading, someone else is following. It can't be one or the other. What about shared decision-making?
        - Patients should be defining what quality of life means
    - Ideas
        - Consider a nuanced approach depending on the situation
        - Considered shared decision-making as long as it starts with what is important to the patient
        - Want to see a collaborative approach to care between the patient and the providers
    - Questions
        - Can support or authorized persons provide insight when the patient is not able to share their input?
        - How do we have these conversations about what kind of care a patient wants during a crisis?
        - In the case of moral injury, what are we doing on the back end to evaluate when crisis standards of care are in place?
        - Patient-centered versus patient-led may not matter in the end, what we need to get down to is once a patient names their preferences, how will scarce resources be distributed/how will care be administered?

Topics for Future Discussion

There was inadequate time for the committee to discuss the final agenda item. Committee members were invited to review the proposed list of future topics and provide feedback if desired. This topic will also be added to the next meeting agenda.