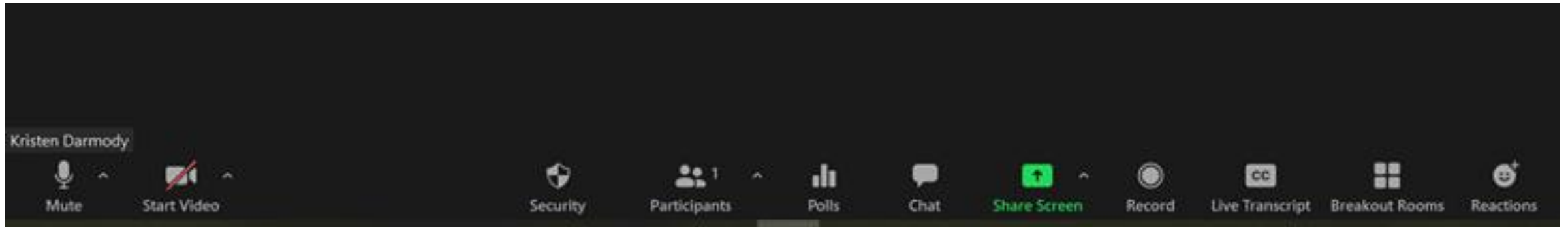

Oregon Resource Allocation Advisory Committee

Advisory Committee Meeting
July 26, 2022



Zoom Features



Your microphone
and video controls

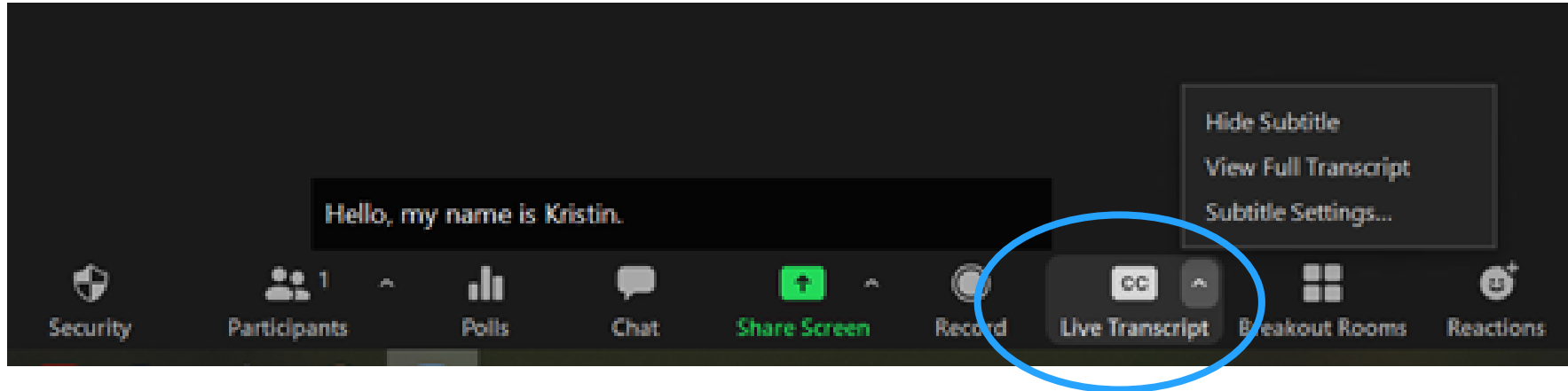


List of
who is
present



Chat feature
(will open in a
new window)

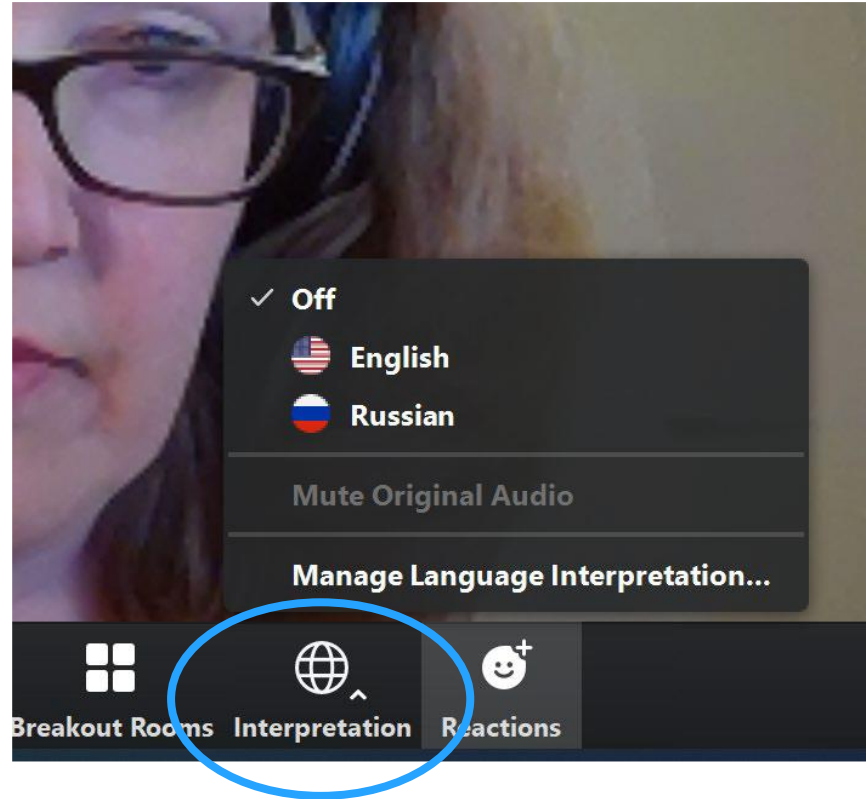
Captions and Transcript



Click the small arrow next to “CC Live Transcript” to access caption controls.

You can hide the subtitles or view the full transcript.

Interpretation



- Click the globe to enable interpretation options.
- Select the language.
- You can choose to hear the original audio at a lower volume or select “mute original audio” to stop hearing the original audio.

Meeting Resources

If you need support, we have:

Simultaneous Spanish language interpretation

Technology support

Note taker

➤ **If you have a need, contact Lisa Bui at: 503-576-9321**

Please note that this meeting will be open to the PUBLIC

1. The general public may be in attendance
2. The meeting summary will be posted to OHA's website

Agenda

1. Welcome
2. Check-in
3. Working Agreements (vote)
4. Principles in Promoting Health Equity- Discussion Part 2
5. Break
6. Discussion Part 2 Continued
7. Topics for Future Discussion

Total 120 minutes (2 hours)

Purpose

Close out initial discussions on what practices and principles are guiding ORAAC members in order to transition to future and more in-depth discussion topics.

Administrative Announcements

1. April – June meeting follow up
2. Administrative Tasks Survey
3. Meeting Schedule for future meetings

Check-in Question

What would you be if you were a food?

Working Agreements

Overview of Process

1. We collected input via [Jamboard](#) during our May and June meetings
2. Facilitation team summarized comments to develop Working Agreements

Discussion

1. Does anyone have any remaining questions or feedback on these Working Agreements?

Decision-Making Process Review

ORAAC will aim to have **consensus** in how the committee does its work, and ultimately, the recommendations that are submitted to OHA.

1. This means all committee members must agree on a decision
2. Decisions will take place during meetings
3. On occasion, decisions may take place via email

Decision

1. Do you agree on adopting the Working Agreements presented today?

0

No way!
I'll block
this.

1

I see
MAJOR
issues we
need to
resolve.

2

I see
MINOR
issues we
need to
resolve now.

3

I see minor
issues we
can resolve
later.

4

I'm fine with
this as it is.

5

I love this! I
will
champion
it.

Principles in Promoting Health Equity During Resource Constrained Settings

Guiding Principles

The OHA identified the following four principles in the document “Principles in Promoting Health Equity During Resource Constrained Settings”:

1. Non-discrimination
2. Health Equity
3. Patient-led Decision Making
4. Transparent Communication

Discussion Part 1 Highlights

- General agreement and alignment with the four principles
- Implementation of these principles is where things start to break down
- Need to acknowledge that the healthcare system does not operate with these principles during normal operations
- Communication must include accessibility (plain language, IDD and sensory abilities)
- Ensure that our health equity framework includes age
- Being well planned to prevent and act effectively during a crisis is critical

Discussion Part 2 Focus

Patient-Led Decision Making

Patient preferences regarding their health care and treatments must be considered, even during times of limited resources. To do so, patients must receive necessary supports and their communication needs must be addressed. Patients should be offered to have a support person accompany them. A support person may be needed to provide communication, decision making or physical support. Providing the option to have a support person accompany a patient is required by state law for certain individuals.

Discussion Part 2 Focus

Patient-Led Decision Making Continued....

Healthcare providers should assess the patient's goals of care and treatment preferences. If the patient has indicated their preferences for medical treatment in written statements, often called advance directives, these should be verified. Supported decision-making should be used when a patient has limited or low capacity to make decisions about their health. Patients or their authorized decision maker must not be pressured to make written statements regarding their wishes for medical treatment or decide preferences for life-sustaining care.

Small Group Discussion

1. Why is this principle important when developing crisis care guidance?
2. How does this principle create tension when considering crisis standards of care?
3. Should the guiding principle for crisis care utilize a patient-led or a patient-centered approach?
4. What principles are missing, if any?

Take a 5-minute break

Large Group Share Out

1. Why is this principle important when developing crisis care guidance?
2. How does this principle create tension when considering crisis standards of care?
3. Should the guiding principle for crisis care utilize a patient-led or a patient-centered approach?
4. What principles are missing, if any?

Topics for Future Discussions

What have we done so far?

April | Small Group Introductions

May | Learning Sessions; What does it mean to be an ORAAC member?

June | What principles are guiding ORAAC?

July | What principles are guiding ORAAC cont.

Topics for Future Discussions

August| Health justice considerations in crisis care guidelines

September and beyond:

- Triage tool and individual assessments
- Legal considerations: antidiscrimination and protected class
- Triage team
- Equal priority resolution process (tie breaker)
- Communication and transparency

Topics for Future Discussions

1. Are we missing any important topics?
2. What are priority topics that we must address?
3. What do you believe is the best process for addressing this wide range of topics?

Thank you!