## **Oregon Resource Allocation Advisory Committee**

### **Meeting Details**

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| Purpose | Close the deliberation process to begin drafting final recommendations.  |
| Desired Outcomes | 1. Understand the concerns, questions, and suggestions from members of the public as the committee closes its deliberation process.
2. Complete the introduction of triage options by providing examples of multi criteria approaches to showcase how each of the options would potentially work in implementation.
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### **Agenda**

1. Welcome
2. ORAAC Timeline Review
3. Review: written public comment & community conversations
4. Public Comment (est. 11:00 AM PT)
5. Break
6. Multi-criteria examples
7. Closing

### **Meeting Notes**

*ORAAC Timeline Review*

OHA provided a high-level overview of ORAAC’s work since May 2022. Committee members were asked to reflect on the following question: *What is something new you have learned on the committee from someone who has had a different experience or perspective than you?*

Comment from committee member:

* ORAAC has provided insights about triage scoring tools and their strengths and weaknesses; the compounding effect of being in marginalized groups; and the challenge with limited time to make life-saving, scarce resource decisions in an emergency.

*Review: written public comment & community conversations*

Themes from the written public input received between May 23-June 2 were summarized and shared. Themes from two community conversations hosted in May to engage with communities most affected by health inequities were also discussed. These sessions confirmed the need to build relationships between healthcare providers and communities before a crisis.

Comments from committee members:

* End of life planning is especially critical to discuss with communities.
* Extension services and local public health could be used to successfully disseminate information, such as on the topic of advance directives, and prepare for moments of crisis.

*Public Comment*

There were no public comments.

*Multi-Criteria Approaches*

OHA described generally how a triage algorithm works and described one example of a multi-criteria approach. OHA explained that the state and hospitals work together to facilitate the movement of patients between facilities (load balancing) before crisis care triage is activated.

OHA acknowledged concerns about the continued use of SOFA/mSOFA and use of the life cycle principle. While further public input on these topics has been invited, OHA will not incorporate these triage approaches into updated guidance unless new information is available that offsets the drawbacks identified.

Questions from committee members:

* Does such software exist, is it available, and has it been validated in Oregon?
* For the equitable chances criterion, how would we know how to weight an individual patient’s chances?
* How are houseless individuals accounted for in disadvantage indices that are based on home address?
* If OHA decides to use a criterion that worsens health inequities, how would that change the process?
* Will OHA provide more guidance on best practice in using disadvantage indices?
* Will OHA use tabletop exercises to assess whether and to what extent a criterion worsens health inequity?

Comments from committee members:

* Concern about litigation with use of software; would need to be approved by OHA
* Tabletop exercises would be important and can help to assess gaps in any approach.
* It would be difficult to apply a disadvantage index to an individual patient, as it is designed for populations.
* Concern about applying a tool (disadvantage index) designed for one purpose to a different purpose, particularly when it has not been validated.
* SOFA was not developed to use in the triage and research shows it to be inaccurate.
* Disadvantage indices move us closer to creating our own tool that would be effective.
* Different disadvantage indices use different geographic reference points. We can consider which index is the right one to use in different cases.
* Hope that the use of disadvantage indices opens opportunity for better service to those with linguistic and other needs.
* The way OHA has stated concerns, such as including footnotes about these triage options, may have tilted the conversation. Children that would benefit from [the life cycle principle] were not represented in this conversation.

The meeting closed with reflections from committee member Daniel Alrick:

As we approach our final meeting it is appropriate for ORAAC to reflect on our year of work. This especially impinges on those members who are returning to the frontline, for they are the guardians of the ORAAC’s work tomorrow and the watchtower of challenges in the future. Not all will be in the position to make command decisions, and not all will be receiving them. But all of us regardless of our station will bear responsibilities for the future of emergency preparedness in Oregon.

Some discussions have been difficult and complicated, and some present a gloomy forecast, but facts brought to attention should illustrate not doom but the great need for action. There have always been and always be problems -we just didn't know so much about them- and someone else’s problem was their problem. But that has changed, and as a strong state famous for its iconoclasm and independent spirit, we must accept the responsibility to stand for a more just and equitable response.

At some point of course the writing must end. Ultimately the purpose is to get advice in writing, and perfect cannot be made the enemy of good.

In preparing this piece of work, you have done good and honorable work.  Progress toward saving lives requires that the state have motivation to work for the achievement of specific goals. In teamwork it is a principle that if each individual is trained and focused on their mission, the quality of the organization will be strong.  If the majority of the state  is indifferent to the needs of all Oregonians, then the response will be indifferent.

Fortunately the contrary is true: if Oregonians are inspired, dedicated and focused, the state as a whole will reflect that attitude, positive action will result. In addition to preparing this document, the mission of producing this document, ORAAC members have gone through the process of good conversation among citizens.

The mission of this committee has been unique. While presentations, facilitation, education, equity, intersectionality, and discussion have been excellent, what makes ORAAC unique in that all these elements and others are blended together and collide at a place called life, in which the stakes are the saved and the lost. The military refers to The Whole Man, in describing someone that most valued Jack of all trades who can perform multiple skills and operate effectively in multiple situations. To respond equitably and operate effectively during a crisis, Oregon must become a Whole State.

In our limited time together, remember the child: remember what you learned and how your horizons were widened. Leaving is the last lesson of learning.

You can do it.

Thank you.