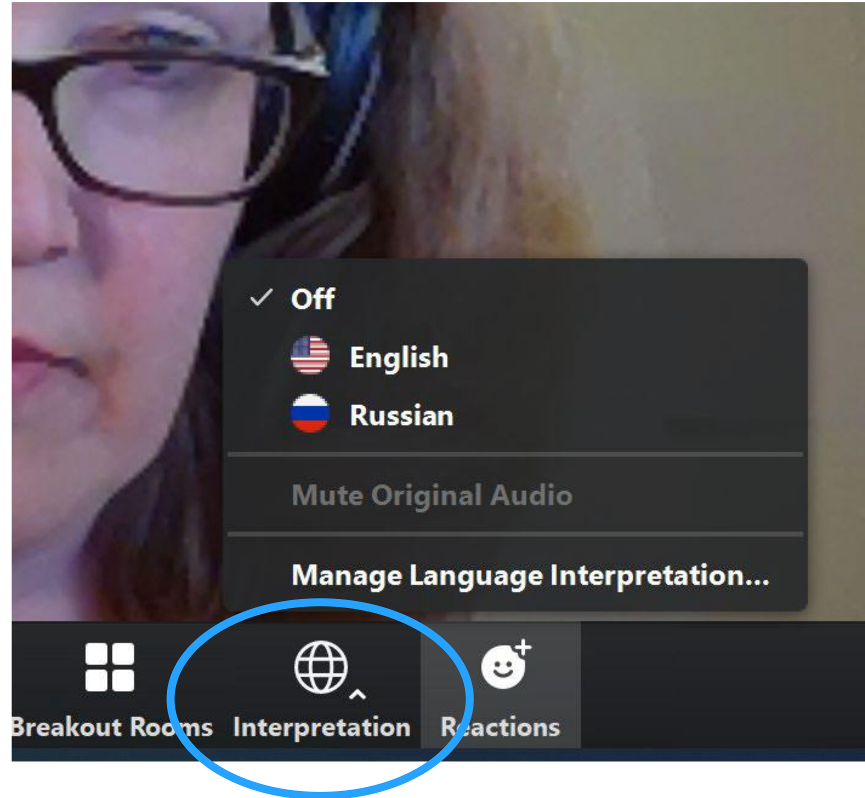
Oregon Resource Allocation Advisory Committee

Advisory Committee Meeting

October 25, 2022

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

This Content May Be Difficult

If today's content is difficult for you, please take the steps you need to care for yourself. This might include:

- Turning off your video
- Stepping away from the meeting
- Contacting Trey Doty at Responder Life during or after the meeting for individual support:
    - 503.320.8775
    - trey.doty@responderlife.org

Purpose

Provide an introductory presentation to Triage Approaches in Crisis Care Guidance

Agenda

1. Welcome
2. Review Agenda
3. Reflections from September Meeting
4. Introduction to Triage Concepts
5. Break
6. Reflections
7. Future Subcommittees

Total 120 minutes (2 hours)

Check-in Question

What is your favorite fall activity?

Reflections: September Meeting

September meeting:

Explore the significance of health justice in crisis care through three different perspectives: public health, healthcare, and community systems

Prediction tools and health inequities

"This problem is not unique to medicine. The criminal justice system, for instance, uses recidivism prediction tools to guide decisions about bond amounts and prison sentences. One tool, COMPAS (Correctional Offender Management Profiling for Alternative Sanctions), while not using race per se, uses many factors that correlate with race and returns higher risk scores for black defendants.

Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight – reconsidering the use of race correction in clinical algorithms. N Engl J Med. 2020; 383: 875-882.

Prediction tools continued

"The tool's creators explained that their design simply reflected empirical data. But if the underlying data reflect racist social structures, then their use in predictive tools cements racism into practice and policy. **When these tools influence high-stakes decisions, whether in the clinic or the courtroom, they propagate inequity into our future."**

Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight – reconsidering the use of race correction in clinical algorithms. N Engl J Med. 2020; 383: 875-882.

Pair Share

1. Share your reflections from the September meeting.
2. How do we center this information as we proceed in our work to update crisis care guidelines?

Introduction to Triage Concepts

Overview: Introduction to Triage Concepts

- Revisit the scope of this committee
- Discuss the role of triage during crisis capacity and potential impact on health equity
- Describe common approaches to triage
- Prepare for our work ahead

Committee Scope

Crisis Care Guidance: Life-saving resources

When resources are in limited supply during a public health emergency or disaster, decisions about how to allocate scarce resources must be made.

- Pandemic, earthquake, tsunami, mass casualty event, other

Our focus: how to distribute limited, life-saving health care resources during crisis capacity?

15

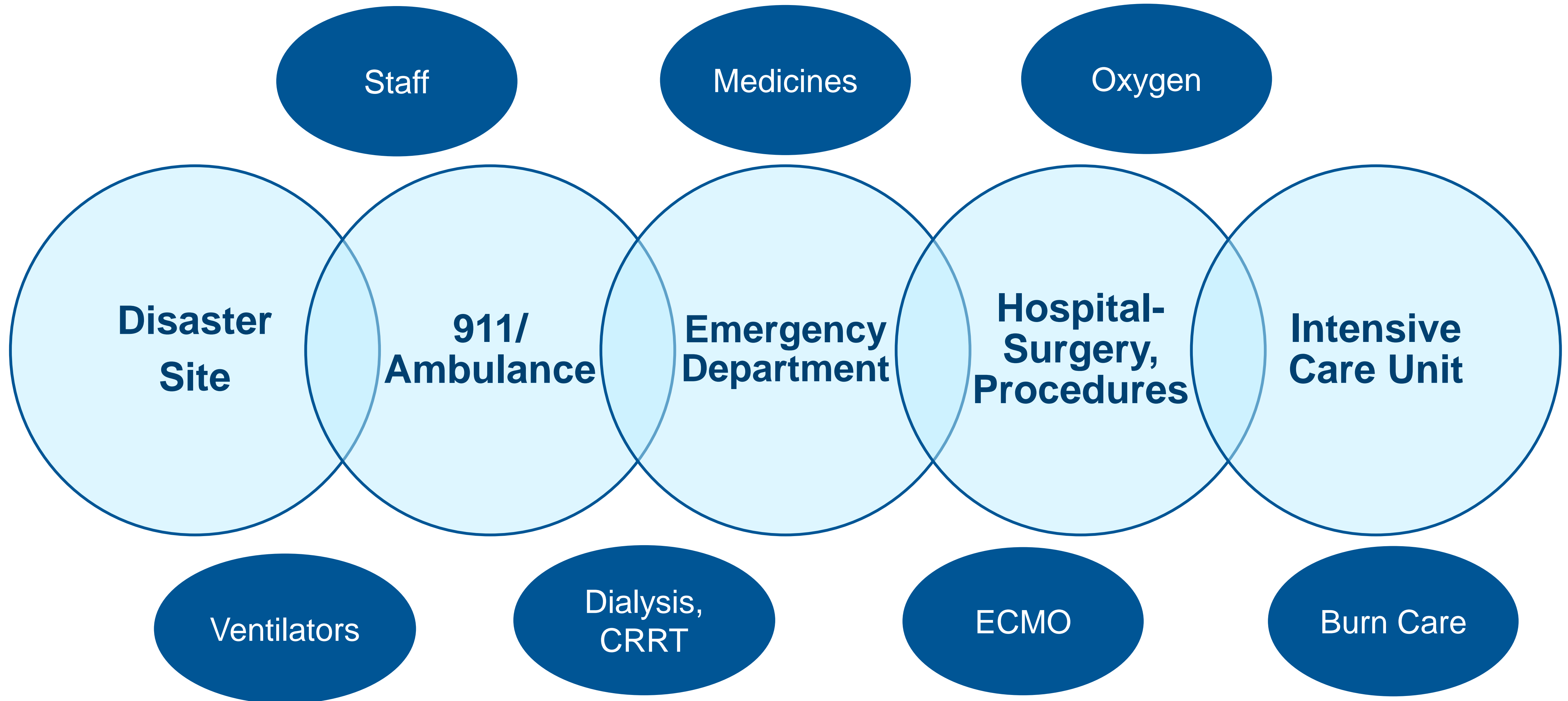
Crisis Capacity Within a Continuum

Crisis capacity. Crisis capacity marks a significant change from standards of care. A crisis exists when health care resources are severely limited, the number of patients needing care exceeds capacity, and there is no option to transfer to other care facilities.

Continuum of capacity constraints:

Conventional capacity ⟷ Contingency capacity ⟷ Crisis Capacity

Life-Saving Settings and Resources- Examples



CRRT = continuous renal replacement therapy   ECMO = extracorporeal membrane oxygenation

17

Crisis Care Guidance: Our Focus

Prevention – Guidance Development – Preparation – Implementation

Crisis care guidance describes how a community or health care system should respond when resources are overwhelmed.

The Role of Triage

Crisis Care Guidelines

Triage Medical Definition

Triage[1]:

1. The sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors
2. The sorting of patients (as in an emergency room) according to the urgency of their need for care

[1]Mirriam-Webster Medical Dictionary, accessed October 9, 2022, at https://www.merriam-webster.com/dictionary/triage#medicalDictionary

Triage in Crisis Care Guidelines

For our purposes: “triage” refers to the prioritization process to determine which patient(s) will receive life-saving resources when there are not enough for everyone who needs them

Related, for future meeting discussion:

- Parameters for activation of crisis care guidance
- Consideration of patient preferences
- Triage team
- Beyond

Triage Tools: Ideal Properties

A triage tool to determine who gets priority for life-saving care in a crisis should have the following parameters:

- Advances health equity
- Mitigates bias
- Validated and reliable
- Can be operationalized, ideally across a range of emergencies/disasters/settings
- Other?

Triage Tools: current status

Evidence for structural discrimination in existing tools

Risk for bias

Development often lacks involvement of community

Limited experience operationalizing emerging approaches

Limited research on emerging approaches, unknown impact

- Health equity and non-discrimination principles must remain core to our work

Concerns With Existing Triage Protocols

"The burdens of the [COVID-19] pandemic have fallen disproportionately on disadvantaged groups, including the poor and Black, Latinx, and Indigenous communities. There is substantial concern that the use of existing ICU triage protocols to allocate scarce ventilators and critical care resources…may compound these inequities."

White D.B, Lo B. Mitigating Inequities and Saving Lives with ICU Triage during the COVID-19 Pandemic. *Am J Respir Crit Care Med* 2021: 203(3), 287-295. DOI: 10.1164/rccm.202010-3809CP

More Equity Concerns

"Structural elements of dominant allocation frameworks simultaneously advantage white communities, and disadvantage Black communities– who already experience a disproportionate burden of COVID-19-related job losses, hospitalizations and mortality."

Schmidt H., Roberts DE., Eneanya ND. Rationing, racism and justice: advancing the debate around 'colourblind' COVID-19 ventilator allocation. *J Med Ethics* 2021: 0:1-5. doi:10.1136/medethics-2020-106856

Additional Concerns: Triage Protocols

“[U.S. Representative Ayanna] Pressley advocated for Governor Charlie Baker to rescind Massachusetts’ CSCs, citing concerns about equity. ‘We know communities of color are more likely to have comorbidities not because of any genetic predisposition, but due to the legacy of structural racism and inequality…undoubtedly, this crisis will force our physicians and frontline healthcare workers to make difficult decisions, but these decisions cannot be guided by a set of standards that devalues the lives of individuals with disabilities and people of color.’”

Manchanda EC, Couillard C, Sivashanker K. Inequity in Crisis Standards of Care. *N Engl J Med* 2020. DOI: 10.1056/NEJMp2011359

Take a 5-minute break

Approaches to Triage

Approaches to Prioritization in Crisis Care Triage

Survivability: *save the most lives*

Health justice: *reduce or eliminate health inequities*

Prioritize by exposure: *e.g., essential workers*

Random allocation: *prioritization is "random"; a lottery system*

Use modifications, a combination of the above, other

Survivability

- Dominant prioritization approach used in crisis standards of care
- The Sequential Organ Failure Assessment tool (SOFA) tool is widely used to determine *short-term survivability*
- Some triage tools focus on clinical judgement to determine survivability due to equity concerns with SOFA tools
- Previously used, though questioned due to equity concerns:
    - ✕ Survival expected at 1-year or 5-years
    - ✕ Overall life expectancy
    - ✕ Underlying medical conditions

Modified Sequential organ failure assessment tool (mSOFA)

Organ System	0	1	2	3	4
Respiratory SpO_2/FiO_2	>400	≤400	≤315	≤235	≤150
Liver	No scleral icterus or jaundice			scleral icterus or jaundice	
Cardiovascular, hypotension	No hypotension	MAP <70 mm Hg	dopamine≤5 or dobutamine any dose	dopamine >5 epinephrine ≤0.1 norepinephrine ≤0.1	dopamine >15 epinephrine>0.1 norepinephrine >0.1
CNS, Glasgow Coma Score	15	13-14	10-12	6-9	<6
Renal, Creatinine mg /dL	<1.2	1.2-1.9	2.0-3.4	3.5-4.9	>5.0

- If using SOFA scores for resource allocation, patients with higher SOFA scores would be denied resources based on assumptions of survivability.

Concerns with SOFA and modified (mSOFA) Tools

Emerging concerns, such as:

- May fail to accurately predict short-term survival
- Use of creatinine will perpetuate health inequities resulting from longstanding oppression
- Use of Glasgow Coma Scale in scoring will deprioritize some people with disabilities
- Normalizes white, ableist values and propagates structural inequities
- Will perpetuate structural racism

Potential Impact of SOFA on Racial Disparities

- Retrospective review of data for 2,554 hospitalized COVID-19 patients in the Yale-New Haven Health System
- Examined associations between race/ethnicity, SOFA scores, intensive care unit (ICU) admission, and mortality
- Used statistical analysis tools to assess differences in SOFA scores across race and ethnicity and outcomes

Roy S, Showstar M, Kashyap N, Bonito J, Salazar MC, et. al. The potential impact of triage protocols on racial disparities in clinical outcomes among COVID-positive patients in a large academic healthcare system. *PLoS ONE* 2021:16(9): e0256763. https://doi.org/10.1371/journal.pone.0256763

Findings: Retrospective Cohort of hospitalized COVID-19 patients and SOFA scores

“Black patients had higher SOFA scores compared to patients of other races. Black patients did not have significantly greater in-hospital mortality or ICU admission compared to patients of other races”

“If SOFA score had been used to allocate care, Black COVID patients would have been denied care despite similar outcomes to white patients”

Roy S, et. al. The potential impact of triage protocols on racial disparities in clinical outcomes among COVID-positive patients in a large academic healthcare system. *PLoS ONE* 2021:16(9): e0256763. https://doi.org/10.1371/journal.pone.0256763

Health Justice

- Use of disadvantage indices to prioritize resource allocation
- Dropping scoring systems that produce structural inequities
- Modifications to scoring systems in order to mitigate potential for exacerbating health inequities
- Need for further realization of health justice approaches in part by involving community in the decisions and addressing their concerns/and needs

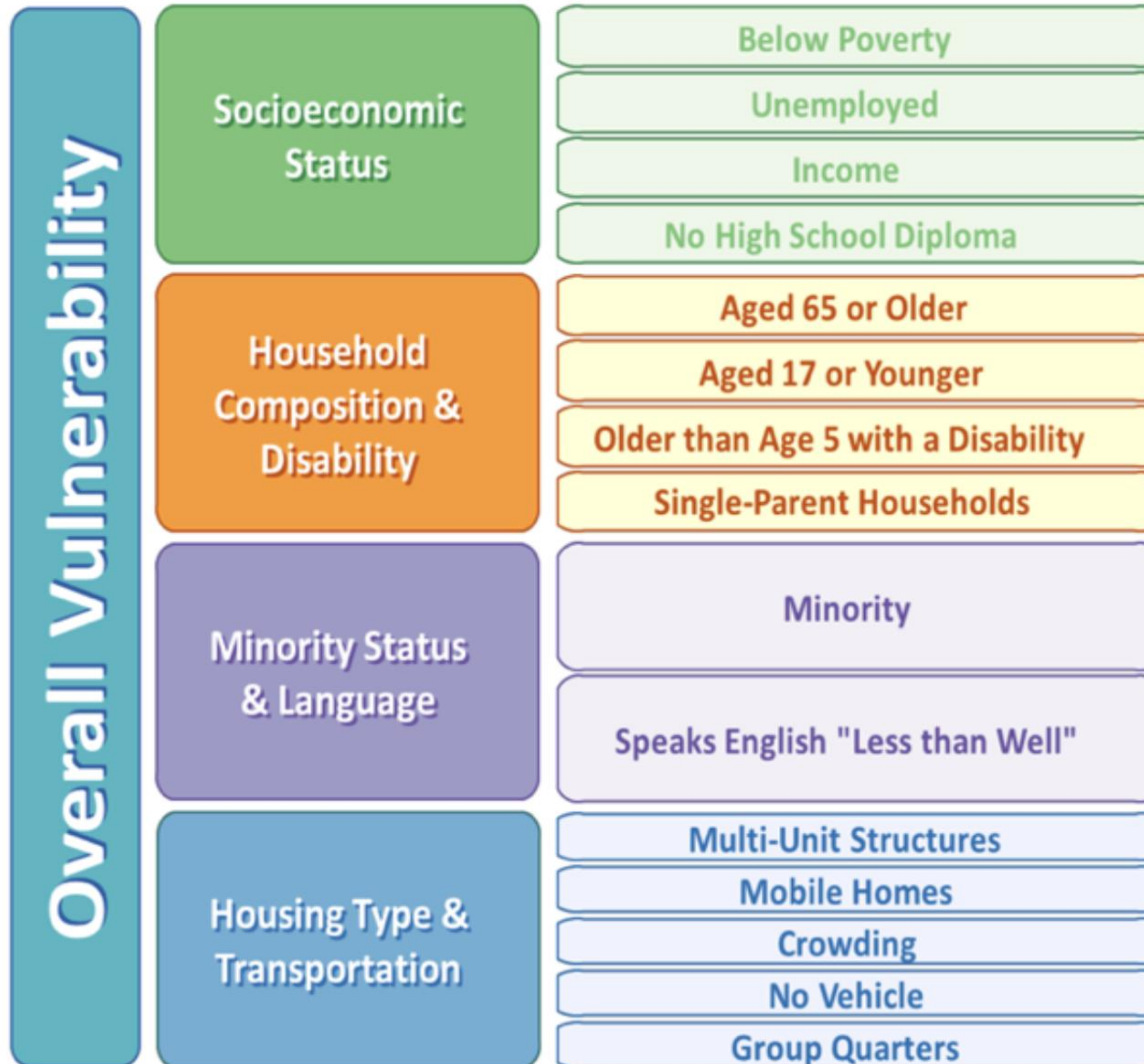
Considerations for Triage Protocols

"To insist on color blindness is to deny the experience of people of color in a highly racialized society and to absolve oneself of any role in the process."

Manchanda EC, Couillard C, Sivashanker K. Inequity in Crisis Standards of Care. *N Engl J Med* 2020. DOI: 10.1056/NEJMp2011359

Social Vulnerability Index

Fig.1: CDC Social Vulnerability Index – composition[4]



Prioritization by Exposure (or Occupation)

"Utilitarian" and equity considerations:

- First Responders
- Broad health system workforce
- Essential workers

Challenges: difficult to define, unclear applicability in all crisis scenarios, complex to operationalize, potential for structural inequities

Random Allocation

Under this approach, if two or more people needed a resource (e.g., a ventilator) but only one is available, a random selection process (like a coin toss) would be used to determine who receives the ventilator and who receives comfort care.

Considerations:

- Reduces role of bias and structural discrimination in triage
- May result in more deaths compared to a process that considers survivability, including within a group facing historical and ongoing inequities
- Would not address disparities or support health justice

Combination

Many states and health systems combine elements of each of these triage approaches.

Limited validation studies or research on the impacts of these approaches.

Importance of community involvement to inform what improvements and changes are needed.

Oregon Interim Crisis Care Guidelines

Oregon's *Interim* Crisis Care Guidelines incorporate a combination of triage approaches, including:

- Use of mSOFA to assess short-term survivability
- Adjusted scores for patients with chronic kidney disease
- Modifications for individuals with underlying disabilities
- Built-in pause to review scoring for clinical consistency and potential biases
- Random allocation in the case of equal prioritization

https://www.oregon.gov/oha/Pages/Resource-Allocation-Advisory-Committee.aspx

Moving Forward

Health Equity

Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution and redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices

Our Way Forward

"We have no standards of care for this crisis. Health equity, with its commitment to create the conditions for everyone to reach their best health, is the standard of care we need. Only then can we truly begin to work towards improving the health and well-being of Black communities and all racial and ethnic minorities."

Galarneau C, Yearby R. Racism, health equity, and crisis standards of care in the COVID-19 pandemic. *St. Louis U. J. Health L. & Pol'y*. 2021: 14(2). Available at https://scholarship.law.slu.edu/jhlp/vol14/iss2/4

Our Work

Guiding Principles

Non-discrimination

Health Equity

Patient-informed Decision Making

Transparent Communication

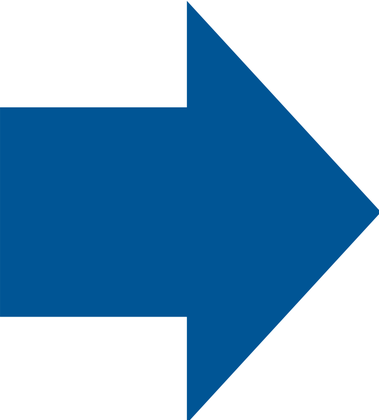
Challenges

Dominant tools with evidence for structural discrimination

Insufficient research

Lack of prior community involvement

Risk of propagating inequities



Discussion Questions

What resonates with you from the approaches that were described? What causes concern?

What disproportionate impacts on communities who face the greatest health inequities do we need to consider when reviewing these approaches?

Are there lessons learned or other areas of work that we can pull from to inform our triage approach?

Reflections and Next Steps

Reflections

Work Ahead

Subcommittees

1. Tentatively plan to launch in November
2. Will focus on: Triage Approaches, Triage Team
3. Are optional and hope to have representation reflective of committee
4. Will be responsible for doing a deep dive on these topics, potentially presenting additional information to committee members, and play a role in shaping initial recommendations to share with broader committee

Public Comment

- A time for public comment will be integrated into our agenda moving forward

Thank You