

# Oregon Resource Allocation Advisory Committee

## Full Committee Meeting Summary

October 27, 2022

### Overview

#### *Meeting Purpose*

Provide an introductory presentation to Triage Approaches in Crisis Care Guidance

### Agenda

1. Welcome
2. Reflections from September - Health Justice
3. Introduction: Triage Approaches in Crisis Care Guidance
4. Reflections
5. The Work Ahead

### Meeting Notes

#### *Welcome*

ORAAC facilitator Alyshia Macaysa reviewed the zoom features, meeting resources, and meeting purpose. The committee also took time to welcome three new members:

- Desha Reed Holden (she/her) - Program Specialist with Healthy Birth Initiatives at Multnomah County
- TK Kapurura (he/him) - Immigrant and Refugee Systems Strategist with Multnomah County
- Marci Ramiro Jenkins (she/ella) - Virginia Garcia Memorial Health Center & Foundation

#### *Reflections from September Meeting*

Members were split into groups of 2-3 to discuss their reflections from September's meeting. The notes below highlight what committee members shared during the large group share out.

- ORAAC has really tough conversations ahead, and the committee needs to think about aging through an intersectional lens. There are many factors to consider when thinking about aging and health justice including:
  - Taking the perspectives of elders into account and not dismissing people based on their older age
  - The role and value elders have in non-Western and non-White cultures
  - How age factors into the life experiences available to older individuals that children have not had the opportunity to experience
- COVID-19 is not the only crisis to consider when discussing the allocation of limited resources. It is important to recognize that COVID-19 is still happening.
  - Oregon’s healthcare system is at a breaking point right now with a severe lack of staff.
  - Will there be enough staff to treat patients during this upcoming flu season?
- Some biomedical ethicists on the committee will be leading a panel discussion presenting the challenges hospitals faced during COVID-19 regarding staffing. This member will have to confirm if it is okay to share the materials from that panel.
- The infrastructure (staffing) to pre-plan is important to: understand what tools are available to help assess & prioritize resources, provide a personal touch to care for patients, and help flag recognize implicit biases in the resource allocation process and bedside care that is delivered.
- It will be important to figure out how to best utilize different triage tools in ways that compliment one another. It does not have to be “either, or” thinking. The committee will need to assess:
  - What tools are well design but being utilized poorly or improperly
  - How to teach people working in healthcare how to properly use these tools
  - For example: How do we use POLST and advance directives to the best benefit of patients?

***Introduction: Triage Approaches in Crisis Care Guidance***

Dana Hargunani of OHA led a presentation on Triage Approaches. Committee members provided questions and comments throughout the presentation, which are highlighted below. The committee did not go into discussion groups due to limited time.

- Comments
  - OHA’s health equity and health justice work is broader than crisis care guidance and will need to continue in many ways. This committee will need to continue its focus on crisis care because triage tools can exacerbate health inequities.

- It is possible that Oregon will need multiple crisis tools depending on the situation and range of what emergency or issue is being addressed
- The data utilized for crisis care tools needs a large sample representative of Oregon's communities to eliminate bias
- Crisis care work must continue to center community in this process in order to work towards transformational change, and think about intersectional community needs
- Do not get caught up in limiting what is possible for crisis care by just thinking about what could be legal, what we have done in the past, or what the current guidelines are. Focus on doing the right thing, the equitable thing. Then we can go to legal experts to translate recommendations into what the state should do.
- Questions
  - How will information about crisis care get to the communities from OHA?
  - Where does the upstream public health work that needs to happen outside of crisis care live?

### ***Reflections***

The committee was not able to do structured reflections or small group discussions due to limited time.

### ***The Work Ahead***

- The work ahead is about understanding and addressing the limitations of triage tools, and the role triage teams can play in recognizing bias and consider how to eliminate bias
- The facilitation team (OHA + Alyshia) is preparing to tentatively launch subcommittees on Triage Tools and Triage Teams
- Members should take time to consider if they are interested in serving on these subcommittees who will do a deep dive on both topics and potentially draft the initial recommendations to share with the larger committee
- Starting in November each ORAAC agenda will include a public comment period to invite members of the public to speak
- The November meeting has been moved from November 17 to November 29, 2022 from 1:00 - 3:00 PM PT.