

February 6, 2023

Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the House Committee on Behavioral Health and Health Care: for the record, my name is Matthias Merkel, and I serve as Senior Associate Chief Medical Officer and Professor of Anesthesiology & Perioperative Medicine at OHSU. I write to offer OHSU's enthusiastic support for House Bill 2743 and ask for the state's ongoing support of the Oregon Medical Coordination Center (OMCC).

In 2017, OHSU launched Mission Control, a command center that uses predictive analytics and a real-time data display to coordinate patient care from the time the patient enters the hospital until they are discharged. Initially, the system monitored patient flow across a four-hospital system, including OHSU Hospital and Doernbecher Children's Hospital on Marquam Hill, as well as partner hospitals Hillsboro Medical Center and Adventist Health Portland.

GE Healthcare worked with OHSU to create a customized program that pulls patient data from every department in all of these hospitals, two of which even have different software and electronic medical record systems. OHSU was the second health system in the country to bring this technology into daily hospital operations, and the first to coordinate care between separate partner hospitals, using the Mission Control platform. OHSU also developed a forecasting tool that allows the team to anticipate inpatient capacity and staffing constraints in all areas, up to 9 days in advance. In March 2020, using the lessons learned on how beneficial realtime data is, I initiated the creation of a statewide capacity tracking tool to manage the anticipated capacity constraints in Oregon during the COVID-19 pandemic. This has now become the automated Oregon Capacity System—replacing the manual HOSCAP tracking tool—in partnership with the Oregon Health Authority, OAHHS, larger health systems, and regional resource hospitals. This state-of-the-art tracking tool allowed overburdened health systems and hospitals all over Oregon to see and react to hospital capacity statewide, rather than attempting to manage pandemic surges on a piecemeal hospital-by-hospital approach. The center actively monitors real-time hospital data to inform patient intake and care, and now includes 90% of all hospital beds statewide.

In 2021, OHSU led the creation of the Oregon Medical Coordination Center (OMCC) in collaboration with OHA and larger health systems in the Portland Metro area, with rapid expansion to include all regional resource hospitals. The OMCC allows us to coordinate interhospital

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## **Administrative Support:**

Mackie Donaldson Administrative Coordinator, OHSU Mission Control

Office: +1-503-494-3234 Email: donaldma@ohsu.edu transfers of patients from across the state who need a higher level of care than available in their local community if the normal referral pathway is unable to accommodate their transfer in a timely fashion.

The ability to message the need for an interhospital transfer *simultaneously* to all larger hospitals and health systems immediately increases the likelihood of securing the necessary resources. The tracking system also provides an overview of the magnitude of unmet demand in any region in Oregon. As such, OMCC serves as a "vital sign" monitor for the state, and contributes to health equity in our rural communities despite the lack of local specialty care services.

The e-board funding in 2022 allowed us to move from coordination during daytime for adult critical care only—without dedicated staff—to a 24/7 operation with expansion to coordinate interhospital transfers for adult and pediatric patients. Previously, it would sometimes take hours of clinicians calling hospitals throughout Oregon to locate available beds; this can now be done in minutes with OMCC. This speedy access was critical in our response during the acute increase in pediatric ICU demand in Oregon during the recent RSV surge. As for monitoring the state's vital signs, we can see that the frequency of OMCC activations directly reflects the level of unmet demand in interhospital transfer needs, which helps coordinate hospital responses. This contribution benefits all Oregonians.

Ongoing funding will allow us to maintain this critical function for all Oregonians in sudden need of a higher level of care. It will also create a state of readiness for the next emergency with a sudden increase in hospital demand.

We believe OMCC is a valuable resource for the state of Oregon and all those who call our state home. I want to thank Rep. Goodwin for her sponsorship of this legislation, and for your thoughtful consideration.

Please don't hesitate to reach out to me for additional questions.

Sincerely,

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John Lell

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