

**Oregon Chapter
American College of
Emergency Physicians**

Date: February 7, 2023

To: Rep. Rob Nosse, Chair
House Health Care Committee

From: Alex Skog, MD
Oregon Chapter of the American College of Emergency Physicians

Subject: HB 2743 Oregon Medical Coordination Center

Chair Nosse and members of the committee, please accept this statement for the record on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

OR-ACEP strongly supports HB 2743, which provides funding for the Oregon Medical Coordination Center.

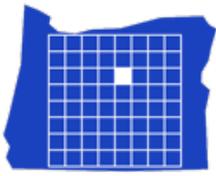
OHSU, in collaboration with OHA, and other tertiary care hospitals in Oregon, led to the creation of the OMCC. The Oregon Medical Coordination Center (OMCC) arose out of necessity during the height of the pandemic to match critically ill patients with scarce resources. At the height of the medical surge, we had patients dying in rural and community hospitals waiting for a bed at a tertiary care hospital, where they could get dialysis, a ventilator, or other Intensive Care Unit (ICU) level care. The chief medical officers, and critical care doctors, from across the state were having daily meetings trying to match patients with resources; sometimes shipping patients as far away as Salt Lake City, because it was the nearest ICU bed. It was not uncommon during these calls to have check-ins with rural hospitals where they would mention that they had a patient in their emergency department on a ventilator for days and couldn't find a bed.

ICU doctors at the tertiary care centers would comment that that patient was not on their list and they weren't aware of it. Anyone who's worked in a rural emergency department can tell you how this happens. If you're trying to find a bed for your

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patients from a small hospital in Oregon, you must call every single large hospital and get on their waiting list individually, and then as you have time available, repeatedly call them during the day to try to find out where you are on that list.

Each hospital has its own list so your patient might be #3 on one hospital's list, and #7 on another hospital's list. If you can't find a bed for them in time, people change shifts and you might fall off the list completely and have to start over again the next shift. That's always the way it's been here in Oregon. The ICU physicians created a master list of all the patients, and what their needs were, and checked in several times a day to see who had a resource available. At first this was ad hoc but this has now been formalized into the OMCC.

Here's how it works: if you're a doctor in rural Oregon and you call your regional resource hospital and they can't accept your patient, you can put them on the master list. **The OMCC will check in across the state to find a bed for your patient.**

The OMCC has saved many lives during the pandemic and will continue to save lives into the future. It creates more efficiency and coordination in our healthcare system. We all know that many physicians and nurses have left the workforce due to burnout from the pandemic and it will take years to replace them. If we can't create more resources, we have to be more efficient with the ones we have through better coordination and communications. The OMCC will ensure that the people of rural Oregon have equal access to ICU, and other scarce resources.

The Oregon College of Emergency Physicians (OCEP) highly endorse HB 2743, and urge stable funding for the OMCC.

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