



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 Renee Edwards, I serve as the Chief Medical Officer and Associate Professor of Obstetrics and Gynecology at OHSU. I am here today to testify in support of House Bill 2743 and the Oregon Medical Coordination Center or OMCC.

COVID-19 was the source of significant challenge for OHSU and all hospitals and health systems throughout the state. Many times, our resources were stretched incredibly thin and our people worked through challenging conditions to serve as many Oregonians needing our care as possible. Through this time, it was important for hospitals and health systems across Oregon to find new ways to work together, and indeed we found opportunities for collaboration that had never existed before.

For several years prior to the onset of the pandemic, OHSU had been operating a hospital “mission control” that allowed us to better understand the dynamics of patient flow at OHSU’s hospitals and at our partner hospitals, Hillsboro Medical Center and Adventist Health Portland, through real time data display and predictive analytics. What we created, working with GE Health, was an integrated and responsive way to coordinate transfers and ensure access across our health system.

With the onset of the COVID-19 pandemic, hospital capacity throughout the state and nation was tremendously strained and we faced a persistently high demand for transferring patients to higher levels of care, depending upon their condition. It was important to have the right patient in the right bed in the right hospital to preserve limited resources and best serve every patient in need for *their* medical needs. Through this challenge, we identified an opportunity for collaboration like never before. In partnership with the Oregon Health Authority, working through

the regional resource hospital system and large health systems throughout the state, we were able to set up the Oregon Medical Coordination Center.

The OMCC allows us to improve equitable access to critical care services, decrease duplicate work for Oregon medical practitioners and create more efficient interhospital transfer cooperation. The standard work for a hospital who needs to transfer a patient from their local community to a higher level of care is to get on the phone and start calling every appropriate hospital for the patient until they could find one with an available bed. This commonly would take hours. During the height of the pandemic this would routinely take days and it was not uncommon to call outside of Oregon seeking a hospital or, not ever find a transfer option for the patient. For an Oregonian in a rural hospital in Oregon, not being able to secure an ICU bed to transfer to a higher level of care can literally be the difference between life and death. Thanks to the E-Board funding the OMCC now serves as a 24/7 single coordination center, tracking bed availability for patients across Oregon, using the Oregon Capacity System which has replaced the previous manually operated HOSCAP system.

For those of you who have had the opportunity to visit – and please you all are welcome anytime - you can see all of this happening live in our state-of-the-art control center on the OHSU campus in Portland, staffed by a team of registered nurses.

In recent months, waves of RSV and the flu in addition to COVID-19, the OMCC was a vital resource in making timely interhospital transfers for higher levels of care. For our rural and frontier parts of the state, the state funded OMCC has been key to ensuring access to critical care. A rule-based analysis conducted by OHSU of the daily unmet demand across Oregon found that on average 25 patients/day, with a predominance in more rural areas of the state, require access to higher levels of care not readily available in their rural hospital. Again, pre-pandemic they would have relied upon a series of phone calls across multiple hospitals, wasting precious time, to secure a bed. Now this function lives in real time bed availability data gathered from almost all hospitals across the state and supported within the regional hospital network.

We know that our capacity crisis isn't going away with the end of the pandemic surges as a result of Oregon having the lowest per capita hospital beds in the United States. We continue to have 10 to 15 percent of inpatient beds occupied with COVID patients. We also have a very large capacity crisis in Behavioral

Health beds, which I know you all are aware of, and a shortage of skilled nursing facility beds that result in patients remaining in Acute care hospitals like OHSU.

The OMCC can significantly reduce the workload for the referring and receiving hospitals through standard coordination processes, and thus improve patient care and outcomes by getting patients to the right location for their needs more rapidly. Collaborative efforts have allowed Oregon to avoid extended delays for ICU care during the recent respiratory viral surges for both adult and pediatric patients.

The OMCC is also a critical component of disaster preparation for Oregon along with a supplement to the trauma system.

Oregonians, no matter where they live, deserve equitable access to care. OMCC is a valuable resource in our ongoing efforts to improve the health well-being of every Oregonian.

We defer to OHA on the specific cost of this bill but we believe it is critical that OHA continue to lead this work and the nurse coordination, which is likely most of the cost, is absolutely necessary to make the real time data meaningful and actionable, especially for our rural partners. We believe that this delivers an excellent return for the state with minimal investment providing the necessary ability to stretch the limited hospital resources we have to support access to hospital care. This has proven to be a model other states and even the federal government are looking to implement to be able to harness the power of real time information sharing to meet the acute care needs of patients.

Thank you to the committee for your thoughtful consideration today and thank you to Vice Chair Goodwin for your sponsorship of this legislation.

Sincerely,

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