

**HUMAN HEALTH-RELATED SCOPE OF PRACTICE
PROCESS ADVISORY GROUP (PAG)**

June 27, 2008, 9:00 AM-12:30 PM
State Capital Hearing Room B
900 Court Street NE, Salem, Oregon

FINAL DRAFT MEETING SUMMARY

I. Welcome-Senator Monnes Anderson

Senator Laurie Monnes Anderson welcomed the group, thanking everyone for their continued interest in working on scope of practice issues in Oregon. She also welcomed the group on behalf of Representative Mitch Greenlick, who was unable to attend the meeting. She explained that she had asked Oregon Consensus to help convene this group, noting that this type of process is more amenable to collaboration than the legislative process.

Senator Laurie Monnes Anderson explained that her hopes for this project were for better patient safety and access through a system that works for health care professions, legislators, and consumers. She also explained that the hopes of this project were to explore solutions and recommendations for a pilot program in the 2009 legislative session. Senator Monnes Anderson also stated that if this group reaches consensus, representatives of both the House and the Senate Health Committees have agreed and committed to adopt the process recommended. If no consensus is reached, legislators will review and consider the recommendations forwarded from PAG in setting up the procedures they will use for deciding scope of practice requests.

She thanked everyone for their time, resources, and financial support, and explained that the current health care related stakeholder participant information for this advisory group was taken from the Capital Club notice and that names of additional participants who were not in attendance should be given to the OC facilitation team. Lastly, Senator Monnes Anderson introduced Laurel Singer, the Health and Human Services Program Manager for Oregon Consensus.

II. Laurel Singer, OCP Health and Human Services Program Manager

Laurel introduced herself as Oregon Consensus Staff and part of the facilitation team. Laurel explained that Oregon Consensus (OS) was specifically established to serve as a neutral forum to assist public agencies and entities, like legislators, work with stakeholders to make decisions and form public policy through collaborative, consensus based processes. OC's role in this project is to serve as a neutral convener and as such has absolutely no stake in the outcome.

Laurel explained that this group is the result of an assessment she conducted at the request of Senator Monnes-Anderson that revealed stakeholders would support a collaborative approach to improving the process for resolving scope of practice issues. Laurel stated that in general, OC is supported by state funding and fee for services to support its work. For this project, OC is donating its services and is soliciting donations from various associations to cover additional facilitation costs. She stated that while the resolution of scope of practice requests is an issue nationally, Oregon may well be one of the first states to use a collaborative process to improve this process. As such, the work of this advisory group is cutting edge and may have national implications.

Laurel introduced Sam Imperati, the process facilitator, stating that he was selected with the assistance of stakeholders, Nan Heim, Mike Niemeyer, Amy Goodall, Bill Cross, and Sandy Theile Cirka. Lastly, Laurel introduced Christine Evans, intern for Oregon Consensus, as an integral part of the facilitation team. Members were encouraged to seek out Christine, Laurel, or Sam if they had any questions, concerns or other needs as part of their work on this advisory group.

III. Sam Imperati, Executive Director of the Institute for Conflict Management, Inc.

Sam introduced himself, stating that he has over a decade of experience with public policy processes. Sam has been a full time mediator since 1992 and has done a lot of public policy work. Sam used to be the trial attorney for Nike, and was a Pro Tem judge for the Multnomah County Circuit Court. Sam described some of the projects that he has worked on and is currently working on. Currently he works on Airport Futures, an Exempt Ground Water Well project in conjunction with OC, a Gorge Air Quality project, and the Dairy Air Quality Task Force (just finished). Sam said there are many ways to facilitate a process and that he will be responsive to the group's needs. Sam then apologized for the room accommodations, stating that the next meeting would be in a larger facility.

IV. Participant Self-introductions (in alphabetical order):

Lisa Blood.
Bryan Boehringer, Oregon Health and Science University.
Marshall Coba, Oregon Society of Physicians Assistants.
Bill Cross, Oregon Optometric Physicians Association.
Jack Dempsey, Oregon Nurses Association.
Phil Donovan, Oregon Association of Naturopathic Physicians.
Courni Dresser, Oregon Medical Association.
Betsy Earls, Associated Oregon Industries
Andi Easton, Oregon Association for Hospitals and Health Systems
Karen Ferge, Oregon Federation of Nursing.
Beryl Fletcher, Oregon Dental Association.
Patty Glenn, Oregon Board of Massage Therapists
Amy Goodall, Oregon Association of Orthopedists.
Nan Heim, Oregon Academy of Ophthalmology, Oregon Association of Nurse Anesthetists,
Oregon Association of Orthopedists, Oregon Board of Medical Examiners.
Marilyn Hudson representing Holly Mercer, Oregon State Board of Nursing.
Joanne Jene, Oregon Anesthesiology Group, Oregon Medical Association.
Betsy Jones, Oregon Psychological Association, Oregon Optometric Physicians Association,
Oregon Veterinary Medical Association.
Susanna Knight, OSBGE and OSLAB
Lynnea Lindsey, Oregon Psychological Association.
Missy Maese representing Patty Curran, Kaiser Foundation Health Plan of the Northwest.
Jim Markee, Oregon Society of Anesthesiologists.
Matt Markee, Oregon Society of Anesthesiologists.
Elizabeth Mazzara, COHO.
John McCulley, Occupational Therapy Association of Oregon, Oregon Psychiatric Association,
Oregon Speech Language Hearing Association.
Allison mc Mullin, Representing Ron Maurer, State Representative.

Sarah Myers, Oregon Association for Home Care.
Brian Nilsen, Oregon Coalition for Consumer Health Protection and Choice.
Bob Oleson for Michael Mason, Oregon Doctors of Chiropractic.
Rob Painter-Johnson, United Nurses of Legacy.
Ed Patterson, Capitol Dental Care, Oregon Rural Health Association, Oregon Rural Health Coalition.
John Powell, Regence BlueCross BlueShield of OR, American International Group
Tracy Rutten, Western Advocates representing Oregon Physical Therapy Association.
Vern Saboe, Chiropractic Association of Oregon.
Gary Schnabel, Oregon Board of Pharmacy.
Lara Smith, Oregon Psychological Association, Oregon Optometric Physicians Association, Oregon Veterinary Medical Association, National Alliance on Mental Illness.
Ricci Susick, Oregon Physical Therapy Association
Cathy Swenson, Oregon Federation of Nursing and Health.
Bill Tenpas, ODS.
Dana Tierney, representing Michael Becker, Regence BlueCross BlueShield of OR.
Alan Tressider, Oregon Dental
Diane Waldo, Oregon Association for Hospitals and Health Systems David Wall, Osteopathic Physicians and Surgeons of Oregon.

V. Overview of Today's Agenda

Sam reviewed the meeting agenda and went through each item. He noted the goals were to:

- Provide Overview of Collaborative Negotiation Concepts and Tools
- Secure Agreement in Principle on Collaboration Principles (Process Ground Rules)
- Confirm and Narrow the List of Issues to be Addressed by the Group
- Agree on a Process and Working Agenda for Remaining Meetings

Sam thanked everyone who had a chance to complete the Survey Monkey on-line questionnaire. Because this group will have minimal real time meetings, it is crucial that participants use Survey Monkey to explore these difficult issues.

VI. Overview of Collaborative Negotiation Concepts and Tools

Sam introduced the "Collaboration 101" (Negotiation Concepts and Tools) Power Point, a short overview of some of the skills and concepts that might be helpful during this process. He discussed many of the common process challenges and possible solutions to them. Sam said that parties in conflict are usually "spinning in the intersection of logic and emotion." Using Peter Senge's "Conflict Systems Thinking, the Ladder of Inference," Sam explained how we tend to take in only information that supports our worldview. We create our biases by this process. Sam encouraged the group to dive below the waterline of adversarial banter and listen, rather than just take turns talking. Sam then explained that it is at the discretion of the group whether these skills will be helpful for this group. Lastly, Sam asked if they had any questions, comments, or concerns about the concepts that were presented.

Some members of the group were concerned that the collaborative negotiation concepts and tools were incompatible with the ways in which lobbyists achieve the goals of their constituents. It was stated that lobbyists are advocates and only start negotiating when the Legislators tell

them that they must. A number of members expressed the perception that the current process for resolving scope of practice is not working and that legislative leaders want to see a process change, at least on a pilot basis. The group then discussed the best interest of Oregonians and the need for a mechanism to monitor patient safety, the criteria that should be used to change a professions' scope of practice, the market share and financial interests of the professions that are changing or expanding their scopes, and how these issues affect Oregonians.

Sam Imperati emphasized that the group can use or not use the concepts discussed as they deem appropriate.

VII. Process Hopes and Fears, Defining Success – Brainstorming

Sam displayed the following survey results and went over them, seeking additional input from the group, as noted below:

HOPEs	FEARS
<p>Survey Results:</p> <ul style="list-style-type: none"> ▪ Ability to solve scope of practice issues using FACTS and EVIDENCE BASED RESEARCH to make decisions ▪ Definition of scope of service providers based on education and licensure ▪ Focused discussion of a process to help the Legislature evaluate scope of practice questions ▪ I hope that the process is collaborative and that all parties are participating in good faith in order to implement a process to better resolve scope related issues in the future ▪ That the meetings will be an open, evidence-based, and consensus building process ▪ To develop a system of assessing scope of practice issues that removes the "turf wars" and focuses on the needs of consumers and practitioners 	<p>Survey Results:</p> <ul style="list-style-type: none"> ▪ Expanded scope of practice and services, which individuals are not trained or educated to provide ▪ Non cooperation of members who are not focused on the group, but individual wants/needs; special interests dominating process ▪ Not fears, but expect that this process is advisory to the legislature and not fashioned after the process used by MLAC for Workers Compensation laws ▪ People will go outside the group to pursue their own agenda ▪ Pre-meeting politics will hinder #1 ▪ That participants will not be cooperative and participate in good faith to implement a fair process for resolving scope related issues ▪ That the development of a process will stall the current needed scope changes until this process is complete
<p>Group Input:</p> <ul style="list-style-type: none"> ▪ Rely on evidence and consensus ▪ Proactive, not reactive 	<p>Group Input:</p> <ul style="list-style-type: none"> ▪ New way of doing business ▪ Too many interests, no common ground

<ul style="list-style-type: none"> ▪ Some people hope that the status quo stays and they don't want to do anything ▪ Fair, transparent process 	<ul style="list-style-type: none"> ▪ We will meet here and come to agreement, but not everyone will abide by it ▪ As a staff nurse, I am not used to sitting in room full of lobbyists. I am afraid of getting lost in the noise ▪ As a lobbyist, I would be scared because if this works and we came up with effective guidelines, the lobbyists would not be necessary ▪ Colossal waste of time ▪ Fear of the unknown. ▪ This may change our roles ▪ The timing, everyone is ramping up for the '09 session and putting together scope of practice bills. What will happen to our work come Jan 2? ▪ People may not respect the process if they think the role of lobbyists will go away. We need full participation. ▪ How do you do this in an effective time frame without being killed in committee ▪ That this process might get in the way of what is working or create an extra layer of bureaucracy. ▪ If the pilot runs and is a disaster, there will be consequences for those who went through it.
--	--

VIII. Successful Process Discussion – Brainstorming

Sam put up the following survey results and went over them, seeking additional input from the group, as noted below:

SUCCESSFUL PROCESS
<p>Survey Results:</p> <ul style="list-style-type: none"> ▪ Approval of a legislative concept related to a process for evaluating scope of practice issues ▪ Come up with decisions that we can support, that are fair and equitable

- Discussion and evidence-based decision making
- I think that the "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations" document is a good start for the group to consider in order to ensure a fair and collaborative process. I think the process needs to filter out emotional arguments and instead focus on evidence and data to support arguments for or against a scope of practice issue
- Objective process for the legislature to utilize when considering scope of practice proposals when there is opposition. I do not wish to see the authority of the law or the opportunity of private citizens or organizations representing a discipline to find limitations on the ability to seek legislative changes
- Something that honors the concerns of the parties involved without catering to any one constituency
- That the stakeholders in attendance achieve #1

Group Input:

- A process that actually goes through before you go to the legislature (well vetted, time saver)
- Insuring a legislative role, to make sure that proposals will still be seen by legislature.
- It can do things with more flexible time frames outside of the legislative schedule. Helpful to legislators because it is earlier.

IX. Explore and Agree Upon Collaboration Principles Tools - Brainstorming

Sam went over the draft Collaboration Principles explaining agreeing on the purpose and operating procedures of the group will enable it to operate smoothly. Sam noted that the sticking point seemed to be Section II, Participation. "Only one person per interest group is allowed on the work group." This is not to limit who can participate. Because we are working by consensus, numbers are not the name of the game. If there is an interest group that wants to participate, they are welcome. Sam then asked for thoughts from the group.

COMMENTS

Group Input:

- Some people in this group represent 4-5 groups or associations, how should this work?
- I have not seen a list of members, is there one?
- It should have clinicians, practitioners, and lobbyists, so that we do not have only one flavor. Diversity will show us more about the issues.
- One person could come and then educate lobbyists and employees
- Interests can be represented by one participant

- The language of the document works. If there are two people, they need to be on same page; i.e. they can only have one vote, not two.
- If we want to keep the politics out of it, we should only have clinicians and not lobbyists. Lobbyists run risk of creating an impasse.
- Work groups are not new to our field.
- You need both lobbyists and clinicians to make this work
- People at table must know the nuances of the politics. They must understand of the industry.
- We will need clinicians for science-based evidence. We will need legislators because they understand the statutes that are embedded in legislation.
- The process exists to inform the current process, not to throw it out. The intent is not to take scope of practice petitions out of legislative process.
- We should get a list of organizations that are planning on having changes next session.
- It is up to each interest group to decide whom to send for them, but they should have one representative per interest.

It was then discussed that the title Scope of Practice Advisory Group (SOPAG) might be a misrepresentation of this process. It was suggested that the title include “human health related” and “process.”

Sam then explained “consensus” polling to the group. The method was:

- 1 - I fully support
- 2 - I can live with it, but have tweaks for the group to considerations (if changes were adopted I would change from 2 to 1)
- 3 - No

If everyone polls a 1 or 2, there is consensus.

Outcome: Sam then polled the group regarding the Collaboration Principles document and the group consensus was to accept the Collaboration Principles document with the above-mentioned edits.

X. Advantages of Maintaining/Changing Current Practices; Confirm and Narrow Issues - Brainstorming

What are the advantages associated with MAINTAINING the current practice surrounding requests for changes to scopes of practice? What are the advantages associated with CHANGING the current practice surrounding requests for changes to scopes of practice?
The survey results follow, as do the additional comments received from those present:

MAINTAINING	CHANGING
<p>Survey Results:</p> <ul style="list-style-type: none"> ▪ Allows for Lobbying and using relationships to influence legislation; nothing getting done is sometimes better than making wrong decision ▪ I can't think of many. The process has been frustrating, time consuming and does not provide legislators with honest and accurate information ▪ In many cases, there is no opposition and sufficient evidence that the change is necessary and appropriate ▪ None ▪ There are few advantages in maintaining the current practice ▪ Track record and evidence of what is working and what needs to be reviewed in light of current health care arena ▪ With a strong lobbying effort, an organization can expand or defeat expansion of scope of practice 	<p>Survey Results:</p> <ul style="list-style-type: none"> ▪ Agreed upon criteria and processes for review when there is opposition ▪ Better informed decisions by legislators producing better public policy ▪ Bring Oregon up to speed across the country ▪ Decisions can be made on fact vs. emotion and misinformation ▪ Hopefully to make decisions relative to scope of practice issues via scientific evidence and/or by consensus building and take the "politics" out of the process ▪ Small organizations will be able to have a fair hearing for scope of practice changes without having to raise large sums of money to hire lobbyists and work the legislature. The issues can be focused on the reality of the scope changes rather than the potential pitfalls that are often exaggerated to generate fear ▪ To filter out unsubstantiated arguments and instead base future decisions on facts and data. I hope that legislators will be able to better understand the perspective and arguments of both sides of an issue and be able to better decide what is best for the public and fair by all professionals
<p>Group Input:</p> <ul style="list-style-type: none"> ▪ I don't think there are any ▪ Assures full time employment for lobbyists ▪ We are comfortable with it and know how it works 	<p>Group Input:</p> <ul style="list-style-type: none"> ▪ It gives fairer and broader access to those who may not have equal footing ▪ Opportunity to change the mentality to one that is not based on self interest ▪ More information provided to the legislators that is packaged in a usable way ▪ Public access and safety ▪ To have the time to get the information across

	<ul style="list-style-type: none"> ▪ To clearly articulate the changes and use a standardized process to go before committee. ▪ Legislation will pass and it may reduce costs for the public. Delivers substantively.
--	---

XI. If SOPAG were to recommend to the Legislature an alternative to its current method for responding to scope of practice requests, what ATTRIBUTES/ELEMENTS/CONCEPTS would that alternative have in order to succeed? The survey results follow, as do the additional comments received from those present:

ATTRIBUTES/ELEMENTS/CONCEPTS	
Survey Results:	
<ul style="list-style-type: none"> ▪ A evidence and/or consensus building process ▪ A fair, unbiased system that has objectivity to assess the change without being beholden to a particular constituency ▪ Issues would be vetted in a neutral, fair, and professional environment. The focus would be on facts, data, and what is best in terms of public safety as determined by facts/data. If a consensus could be reached, that would obviously be ideal, but if not, at least legislators could be provided with factual information and data so that they would feel better equipped to make a decision ▪ Neutral facilitator of discussion between parties; Process for evaluation; Identification of pro's and con's to expansion of scope with no recommendation; short time line (180 days max) ▪ Decisions would be based on education and training as related to the profession who is adding to or maintaining their scope of practice...education should be looked at in terms of that profession and whether the level of education supports their scope of practice...not a comparison of education from one profession to another. Different professions have different focuses and levels of expertise and practice in different settings. Just because one profession proclaims more hours of training in a particular area should not preclude another practice from providing a service within their own scope so long as their education and training is adequate and supports that scope. Decisions should also be based on evidence in terms of public safety (is there a risk based on past use of the skill such as injured patients or complaints made to licensing boards). Also evidence in terms of positive outcomes for patients who receive that particular service...is it effective in treating their condition? The regulatory environment should also be part of the criteria that decisions are based on...does the regulatory environment support the change or ability to maintain the skill in question? ▪ Non-biased third parties to mediate decisions; Fact based research on issues; true public safety issues ▪ Objective, open, voluntary and advisory only ▪ I like SB 717 approach, maybe larger review committee four from each profession, one 	

facilitator/neutral party

- Mediation, Research, Unbiased third party recommendations based on facts.

Group Input:

- Public Safety is among criteria for making any decision
- Evidence based facts are among criteria for decision making
- Standardized documentation and consistency in presentation format for the ease of legislator viewing
- Economic Impact of the issues presented to health care system, legislature, opposing professions, and the public
- Uniform, open, and transparent communication. Participants abide by ground rules
- A period of freedom from lobby efforts
- Manage bias in a fair and transparent way
- Bi-partisan, bi-regional
- Guidelines around managing the emails and letters that the legislators get. To create a “clearinghouse” function for emails, etc
- Unbiased process
- An organized and efficient way to present information, like a voter's pamphlet.
- Allows for agreement seeking if parties would like it
- Efficient and timely
- Evaluation component that evaluates the pilot process
- Realistic goals, particularly with the pilot program
- Short term (pilot), long term (program)
- Meetings must take place in a professional environment with the support to facilitate goals, especially for the administrative oversight
- Members must have appropriate time to allot to this project.
- Convening body is available (will the administration be inside or outside of the legislature?)
- Expertise represented in convening body. This may need multiple conveners or issue specific conveners.
- Technical advisory committees available for specific issues

Questions raised during discussion:

- Vetting or a recommending process? Mediation? Agreement Seeking?
- Which Scope issues go through this process? All....Some...Voluntary?
- Should this be “pre-drop” or “post-drop” implementation (i.e. preferred)

**XII. What do you think, if any, is the emerging consensus or direction of this group?
Where is it going?**

EMERGING CONSENSUS OR DIRECTION	
Group Input:	
<ul style="list-style-type: none">▪ That this process might get in the way of what is working. An extra layer of bureaucracy.▪ It seems like a lot of people do not want it to change▪ Do we have time for the pilot or the vetting process?▪ Information should be up front for lobbyists so that we are not scrambling during the session. More comfortable for professionals▪ We have gained a good education about what SOPAG is all about▪ One side wants change, one does not▪ It feels awkward▪ This is a process that we can support	

XIII. Process Suggestions:

Sam asked if the group would like to do the traditional facilitative process or if they would like to respond to a template of characteristics and ideas between now and next meeting. (I.E. “turbo charged” facilitation.) Sam stated that the facilitation team could synthesize the issues that were brought up in the discussion and place them in a spreadsheet. Sam would then email this spreadsheet to all participants asking if there are any other issues that should be raised. After everyone has had a chance to respond and add their input, Sam would then send out this template asking each participant to answer the questions in the spreadsheet.

Outcome: Sam asked the group to poll 1, 2, or 3 for the “turbo charged” facilitation. Everyone polled either a 1 or a 2, giving the group a consensus for using the “turbo charged” facilitation.

Sam then suggested that he send the “Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations” document in a word document and have the group edit the document with the track changes function. The facilitation team would then place the suggested edits in a synthesized order and the group would use this to get moving.

COMMENTS
<p>Group Input:</p> <ul style="list-style-type: none"> ▪ Let's not reinvent the wheel ▪ Most people will not argue the concepts inside this document

Outcome: Sam stated that the group should send OC an email with all of the detailed questions that need to be answered, i.e. how many people, who, resources, etc. We will send out an email back to you asking for your answers. Everyone works from the same 30-question template (details) to frame up the issue. Do you want the answers attributed or un-attributed?

Sam then did voting: Everyone voted either a 1 or a 2 leaving the answers unattributed.

XIV. Closing Matters: Meetings, Dates, and Locations – Sam Imperati

Sam Imperati: We will have three more meetings. The plan is to have one the first week of September and one the first week of October, and one full day meeting in November if we need the extra time. After the November meeting, your input will go to Senator Laurie Monnes Anderson and Representative Mitch Greenlick.

Sam facilitated a discussion about timeliness and bumping the meetings up to August, rather than September. The group seemed to desire the September over the August.

Sam then asked the group if they would rather meet in Portland, Salem, or Wilsonville. It was decided that the meetings would alternate.

Sam explained that most of the work would be off-line and that the participants will get another survey monkey questionnaire. He asked the participants to list all data points they would like the group to explore in order to have a broad picture to make these decisions. Sam said that he would work off-line to develop a matrix of what we know, need to know (data gaps), and may need to know, recognizing we will never know everything.

He then stated that he would be sending out a meeting wizard in order to schedule the next meeting's dates and times.

XV. Closing Comments – Laurel Singer

Laurel Singer: Reminded participants about the continued need for financial support for this process and asked people to donate.

Thank you everyone for your participation.

XVI. Summary of Major Decisions

- A. The group consensus was to accept the Collaboration Principles document with the following edit: Changing the group name from Scope of Practice Advisory Group (SOPAG) to Human Health-Related Scope of Practice Process Advisory Group (PAG)

- B. The group discussed the nature of the facilitation: traditional facilitation or “turbo charged” facilitation. The group consensus was the use of “turbo charged” facilitation.
- C. The Group discussed whether survey questions should be attributed or un-attributed. The group consensus was un-attributed.

XVII. Summary of Next Steps

This group will have three more meetings, planned for September, October, and November. A recommendation will be given to the Legislature in December.

Before the September meeting, all participants will receive the following documents via email:

- A. Meeting Summary
- B. Updated Collaboration Principles document
- C. Survey Monkey Questionnaire
- D. Meeting Doodle (online calendar survey)
- E. Current Roster of Participants and Mailing List
- F. How a Bill Becomes a Law 101 - |Annotated for Scope Issues
- G. Draft Work Plan outlining future steps
- H. Link to the OC website page

XVIII. MEETING EVALUATION SUMMARY (Results from 14 Evaluations)

1. **OVERALL MTG QUALITY:**
Results:

Poor	Fair	Good	Very Good	Excellent
		6	3	8
2. **PACING:**
Results:

Too Slow		Just Right		Too Fast
3. **PRESENTATIONS:**
Results:

Poor	Fair	Good	Very Good	Excellent
		4	2	10
4. **DOCUMENTS:**
Results:

Poor	Fair	Good	Very Good	Excellent
		1	2	13
5. **DISCUSSION:**
Results:

Poor	Fair	Good	Very Good	Excellent
	1	8	10	
6. **MOST USEFUL?**
 - Draft Collaboration Principles
 - Moving it along
 - Facilitator-good use of resource

- Good facilitator
- Opportunity to explore need for this process to be undertaken-will it be beneficial-solve any problems.
- Handouts and presenter's humor
- Facilitation
- Good facilitation
- Handouts and the facilitation
- Space accomplishes successful communication and facilitators
- Facilitation did a great job of communicating purpose of group
- Chance to air views and educate participants. Current system at legislation is broken and many have not fully realized this-but reality is beginning to sink in.
- Non-biased facilitation
- Clarification of the purpose and scope of the work group

7. LEAST USEFUL?

- Frustrated with misconceptions of "what we are doing?"
- It was disappointing that more people didn't come prepared-hadn't done reading. Lots of lack of clarity on part of participants on the mission of this group when that information was available.
- The room set-up
- Too long
- None
- Foot dragging by folks who think their narrow interests are best served by status quo, etc.
- I think it was all useful

8. COMMENTS, SUGGESTIONS, OR QUESTIONS?

- Good facilitation; maybe some of the invitees didn't have as much background as they should have.
- Thanks for the effort!
- I think it was a helpful discussion
- Is there a document describing the "status quo" I could get either by mail or email?
- As a non-lobbyist, it would have been good to get an explanation (brief) of the current process. Could that be provided please?
- Some people talk too much (not facilitator)
- I think this group will do better in reacting to more specific thoughts/questions rather than open-ended discussions.
- Push forward and do not prematurely rule out option of having recommendations by vetting group that is established.
- This was a very good start
- I'm still not totally clear on membership

Notes respectfully submitted by the OC Facilitation team.