

**SOPAG Survey Monkey Pre-Meeting Questionnaire Responses
(Responses have been sorted alphabetically for confidentiality)**

I. What are your process-related "hopes"?

- 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 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

II. What are your process-related "fears"?

- 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 further stall current needed scope changes until this process is complete

III. How would you (and those whose interests you represent) define a successful collaborative process?

- 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

IV. A draft of the Collaboration Principles that will serve as guidelines for how this group will do its work was attached to the invitation e-mail. Please list any concerns you have with the Draft Collaboration Principles.

- None
- None
- None at this time
- The guidelines were not attached to the e-mail???
- They look good to me.
- Voluntary process only needs to be explicit
- Will review later...am out town

V. Please provide any suggested improvements.

- I need to see the guidelines then answer this question...
- None
- None

VI. What are the advantages associated with MAINTAINING the current practice surrounding requests for changes to scopes of practice?

- 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 healthcare arena
- With a strong lobbying effort an organization can expand or defeat expansion of scope of practice

VII. What are the advantages associated with CHANGING the current practice surrounding requests for changes to scopes of practice?

- 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 miss-information
- 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

VIII. If SOPAG were to recommend to the Legislature an alternative to its current method for responding to scope of practice requests, what ATTRIBUTES/ELEMENTS would that alternative have in order to succeed?

- 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--no recommendation; short time line (180 days max)
- Non biased third parties to mediate decisions; fact based research on issues; true public safety issues
- Objective, open, voluntary and advisory only

IX. If SOPAG were to recommend to the Legislature an alternative to its current method for responding to scope of practice requests, what CONCEPTS, if any, would you like SOPAG to explore?

- An evidence and/or consensus building process
- 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?
- 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.

X. If pre-established criteria to evaluate scope requests were used by the Legislature or a neutral and balanced outside group/forum, what EVALUATION CRITERIA would you like SOPAG to explore?

- Evidence based research and actual data regarding public safety issues
- I would refer to the "change in health care professions' scope of practice: legislative considerations" document as I am in agreement with much of the criteria that has been outlined
- Public need for change is scope; training necessary to protect public health/safety; cost both in terms of state funds and insurance; number of professionals affected; adequacy of professional board oversight; public demand (need) for the change in scope
- The "evaluation criteria" must in part be based on "evidence" and where lacking a consensus by the stakeholders must be used

XI. From a political perspective, why did SB 717 fail to pass?

- Because a large interest group did not want it to pass; fear of change; concern over reduction of power to influence legislature
- Because it was a bad idea
- Fear by some groups that one group would dominate and have more "power" than others (i.e. OMA)
- Movement occurred too late in the process and it appeared that some groups believed that the process outlined would be unfair and potentially harm them in their efforts to expand or maintain their professions' scope
- Not enough time for study/review
- Too late in the session...

XII. What did you like about SB 717 and what were your concerns?

- Concerns were the choice of third party evaluator, whether we needed a process and cost
- I liked the bill as amended as the initial facilitators (OMA) for the process created fear among many health care professionals. Once the concepts contained in the "Changes in Healthcare Professions' Scope of Practice" document were incorporated, I think we were much closer to a fair and collaborative process

- I would love to have a process that is based on education and factual and evidence based practice. Much of what is presented at Legislative hearings is misinformation or rhetoric by some groups
- It was a very reasonable approach that the groups I represent wholeheartedly supported. No concerns
- No comment
- Sorry not sure, I don't recall the "guts" of the bill

XIII. What background information do you think the Scope of Practice Advisory Group needs for this collaborative process?

- A thoughtful review of Scope issues presented to the legislature for the last several sessions and why they were successful or not successful
- Background on SB 717--why it failed
- Core curriculums and post graduate studies e.g., "skill sets" of the various stakeholders
- Legislator perspectives on scope of practice issues and why they have been difficult in the past, as well as the perspective of those representing the various professions
- Understanding of health care disciplines
- What are the various scope of practice issues that are "out there"; where have the biggest disagreements been in the last few legislative sessions

XIV. What would the ADVANTAGES be, if any, if the Legislature itself used a collaborative or joint recommendation-making process to address scope requests?

- Better information, improved collaboration, a consistent and fair process
- Better information; more control over process; more direct involvement in discussions
- Better informed decisions
- Higher quality recommendations that have been thoughtfully vetted
- I would favor a process using committee staff
- If force the issue of facts or evidence being used to make decisions relative to change in scope rather than politics doing so

XV. What would the DISADVANTAGES be, if any, if the Legislature itself used a collaborative or joint recommendation-making process to address scope requests?

- Difficulty in maintaining neutrality in process; by its nature, legislature is political and subject to political influences that might not produce best product; subject to time pressures if done during session
- It would require a lot of time and if this occurred during the session it could potentially be difficult to find the time and resources (education, information, etc.) to vet issues in an efficient manner and effective environment
- No great disadvantages except that criteria for consideration are not always clear
- None seen at this point

XVI. What would the **ADVANTAGES be, if any, if the **Legislature REFERRED** scope requests to a neutral and balanced outside group/forum that would use a collaborative or joint recommendation-making process to address scope requests?**

- Ability to engage in scope related discussions without having to raise a lot of money for lobbyists
- Better informed decisions
- Determinations would be made based on evidence and consensus rather than "back door" politics
- Greater freedom from politics; opportunity for more deliberative review process; disagree with premise that process needs to produce a recommendation
- Improved collaboration, and consistency in the process which would hopefully lead to improved outcomes
- Maybe a vetting process that is removed from the polarization of the political process. Maybe

XVII. What would the **DISADVANTAGES be, if any, if the **Legislature REFERRED** scope requests to a neutral and balanced outside group/forum that would use a collaborative or joint recommendation-making process to address scope requests?**

- Delay, bias, cost
- I can't think of any at this time
- Selecting parties; finding neutral group
- That the supposed "neutral" group was not neutral and as such enough stakeholders/members were present that they could block changes in scope of practice requested by other groups regardless of the evidence that supports such a change. One need look no further than the current Management-Labor Advisory Committee relative to changes in Oregon's Workers' Compensation Law!

XVIII. During the course of the convening interviews for this group, the Oregon Workers' Compensation Management-Labor Advisory Committee (MLAC**) was mentioned as a model for SOPAG to explore. If you are familiar with it, what are your thoughts about the advantages and disadvantages of that construct for scope requests?**

- Absolutely not. It functions like an unelected legislature and is not effective
- Conceptually, it is a good model. Advantage is that the legislature won't consider any workers' comp changes that haven't come through MLAC. Definitely forces discussion of key issues
- Funny....see my previous answer ha! If issues come down to a vote by the say "Scope of Practice Advisory Committee" it must be by simple majority vote. A "super majority" or "double majority" voting system similar to MLAC's would be non-workable and a mechanism by which certain stakeholders could circumvent clear evidence in support of a change in scope
- Not familiar with it
- That there would not be adequate representation of a certain groups

XIX. Additional participants:

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- Kevin Earls–Oregon Association for Hospitals and Health Systems, 503-479-6004, kcearls@oahhs.org
- Lara Smith–NAMI, many others, 503-477-7230, lsmith@smithgovernmentrelations.com