

Patient Physician Cooperative seeks to remodel health care

BY DEVAN SCHWARTZ
STAFF WRITER

On Nov. 19, demonstrators rallied in Pioneer Courthouse Square calling for health care reform and coverage for all. Speakers stepped to the microphone and called out "I'm mad as hell because..." The crowd then responded to their narratives of medical inequity with a chorus of "unacceptable!"

A desire for affordable, reliable medical care united those in attendance — a universal desire for a universal solution. The rally was supported by the Patient Physician Cooperatives (PPC), a nonprofit, insurance-free model of health care in Portland. Modeled after chapters in North Carolina and Houston, Texas, the local PPC was founded last spring.

"Portland is very comfortable with the idea of a co-op," says Tony McCormick, a medical software writer who founded the Portland PPC. Compared to traditional insurance companies, the PPC also emphasizes alternative medicine practitioners, a seemingly perfect fit in naturopathic Portland.

"How it works is quite simple," says McCormick. "An individual pays 15 dollars a month for co-op membership. This is considered Plan A."

Plan A provides access to non primary-care specialists, a pharmacy discount card and co-op advocacy for finding urgent and catastrophic care.

Plan B is for members who want to choose a primary care provider. Monthly fees range from \$22 to \$77, depending on the provider, and the shopping list of services are listed on the organization's Web site. Each provider offers a number of no co-pay visits, encouraging preventative care.

"When you see your provider through PPC, you will see them for the entirety of

your visit," McCormick adds. "PPC attracts the kind of providers who want a connection with their patients."

Naturopathic Doctor Leslie Nicholas serves as one such primary care provider. "The co-op is a beautiful thing," she says. "There's no issues with pre-existing illnesses. You get to choose your primary care provider. It's a relationship."

Nicholas, also the medical director at Mercy and Wisdom Healing Center and the attending physician at Northwest College of Natural Medicine, saw a need for the co-op since the beginning.

"My question is: why is everything so expensive? Why not do things at cost for what's really being provided? I just wonder if medical insurances aren't to blame for the high cost of medical care."

Nicholas aims her critique also at the Oregon Health Plan. "It's really good in theory, taking Medicaid dollars and figuring out who should have that money. But only so many people can get on the plan. And it's a lot of finagling to make it work for the patient."

The Oregon Health Plan, running since 1994, is the state's Medicaid program and was developed jointly by Gov. John Kitzhaber and Dr. Ralph Crenshaw.

The organization bills itself as ideal for people who do not qualify for free health care through Medicaid or assistance programs such as the Oregon Health Plan; people who can pay a for basic health care but can't afford health insurance. This includes people with lower pay, the unemployed, the self-employed, or part-time employees or persons who work for small businesses who cannot offer health benefits, the organization claims.

While the cooperatives in North Carolina and Texas include many medical doctors, Kirstin Carr is the first M.D. serving in Portland's chapter. Carr was attracted to the

co-op's affordability for patients, and its ability to sidestep pre-existing conditions and byzantine insurance coverage networks.

"Going forward, as the co-op grows, I'm excited by the possibility of streamlining staff, vaccines and overhead costs that would make my ability to see patients even better," Carr says.

Carr says the co-op couples well with catastrophic insurance coverage. This way, patients can see primary care providers with few hurdles and still have peace of mind were they to receive a catastrophic disease diagnosis, such as cancer.

"Being part of a system that explains your options can be very helpful," says Carr.

"The co-op advocates for its members and helps them find their proper level of coverage."

As with any organization, it's important to bear in mind their financial picture. Tony McCormick says the PPC gets 15 dollars per member each month for member administration, support and provider marketing. Three to five dollars of that goes to the 501(c)3 charity, he says, and PPC keeps 1 percent of the provider fees for administration. The rest goes directly to care givers.

One objective in the organization's development is seeking recognition from the federal government to qualify for 2014's personal mandate providership, as outlined in the Patient Protection and Affordable Care Act (HR 3590).

"The Patient Physician Cooperative has been an easy thing to get started," McCormick said. "And I think it will grow dramatically."

More information about the Patient Physician Cooperatives can be found at www.patientphysiciancoop.com.

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in support of the ban. "It's bad policy," Oliver says. "The data is in, in terms of the effect [of clinics]."

Outside In will lose around \$6,250 in federal funding because of the ban. Oliver says the inability for local clinics to apply for federal support puts more pressure on local governments to fund the clinics. "Local money is more critical than ever," Oliver says.

The city is early in the 2012-13 budget cycle, with each department asked to present budget cut packages of between 4 and 8 percent. Outside In's funding is a special appropriation, which are due until the end of January. The mayor, who included the funding last year as a special appropriation, will not be presenting his budget until later in April.

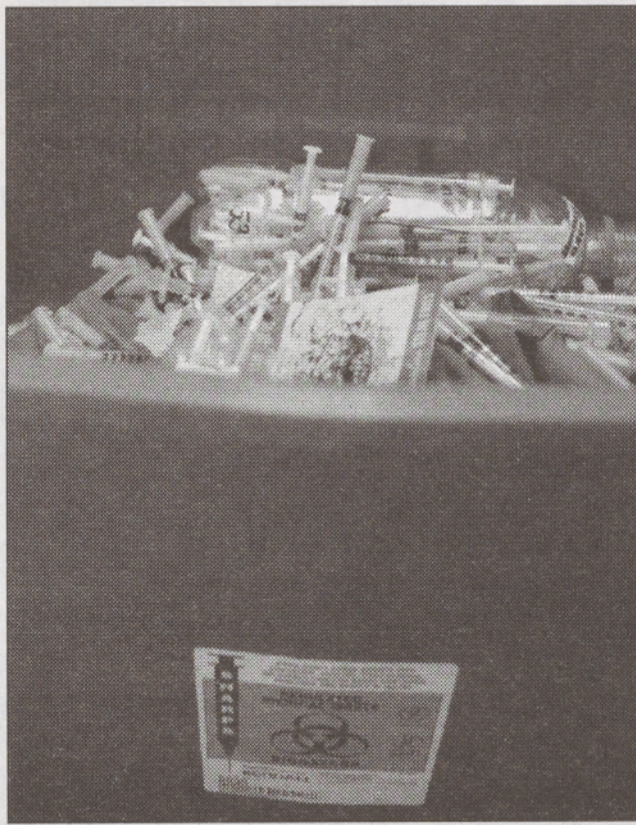
The threat to funding is coming at a time when Multnomah County's four clinics and Outside In's exchange program are experiencing record levels in both the number of individuals coming to the clinics and the number of syringes exchanged.

Toevs says the number of needles exchanged at the five clinics has increased, on average, by 15 percent each year since 2008. In 2011, a little over 1.5 million needles were exchanged at the clinic's four sites and Outside In.

Toevs attributes the rise in numbers to the increasingly popularity of heroin among young people. She also says that the recession may drive people who usually buy syringes at a pharmacy to needle exchanges, where they can get clean needles for free.

Public health officials tout the programs as an effective and proven method of reducing the spread of infectious diseases among injection drug users, particularly HIV, by getting drug users to use clean needles and not share needles with other people. According to the Centers for Disease Control and Prevention, 36 percent of HIV infections are the result of injection drug use.

"It's ridiculous," said Michael Kaplan, executive director of Cascade AIDS Project. "At a time when we just got the ban removed, when we know that access to clean needles makes a difference in HIV



Used needles for disposal.

prevention, when we know that it does not increase substance abuse, and despite what surgeon generals and people throughout government have argued for many years, the

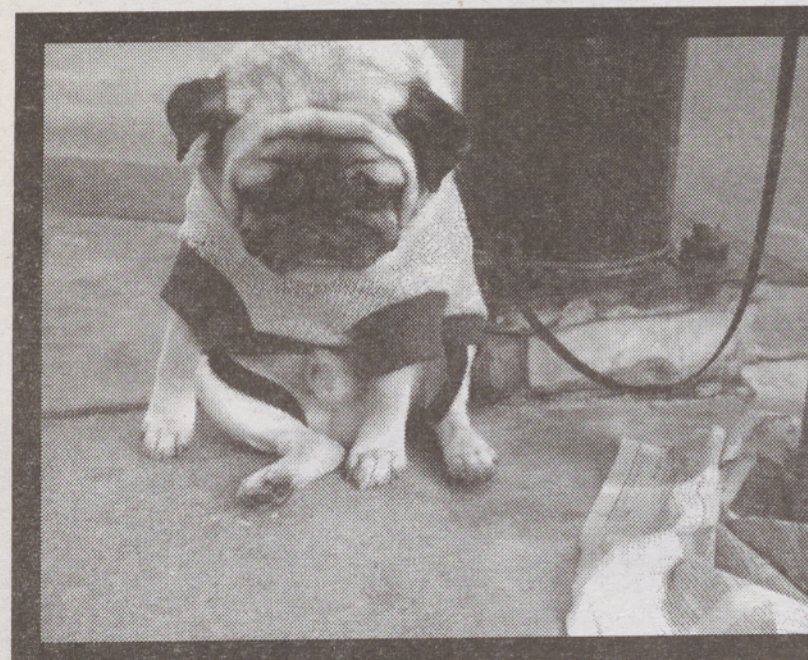
House has gone — counter to good public health — and said, 'We're not going to fund access to clean needles.'"

Toevs says needle exchange clinics can also be the gateway to drug treatment and other services that drug users would not normally be willing to think of accessing.

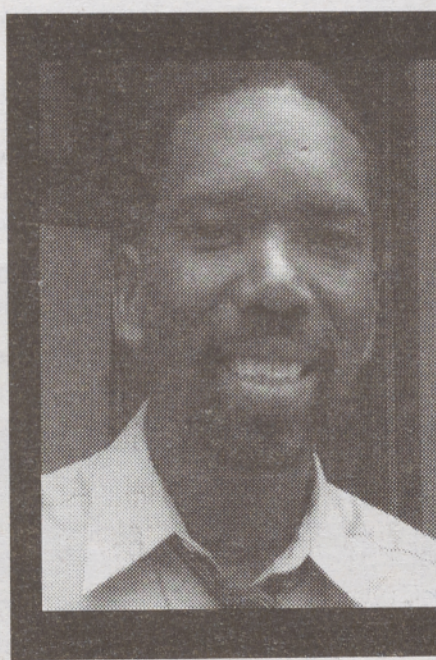
"We're pretty neutral in terms of meeting people where they're at," Toevs says. "If they are interested in reducing their use or exploring or engaging in treatment, we are like a first step to getting them into the system."

The clinics Multnomah County operates also provides information and teaches individuals about how to identify an overdose and what to do, as well as how to prevent overdoses, abscesses, and other health-related risks.

Oliver says Outside In's clinic frequently sees individuals who do not use any other type of social services, but clinic staffers are typically successful at convincing individuals to go to Outside In's medical clinic if they have abscesses or other basic, preventable, and treatable health needs. "It helps keep them safe," she says.



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