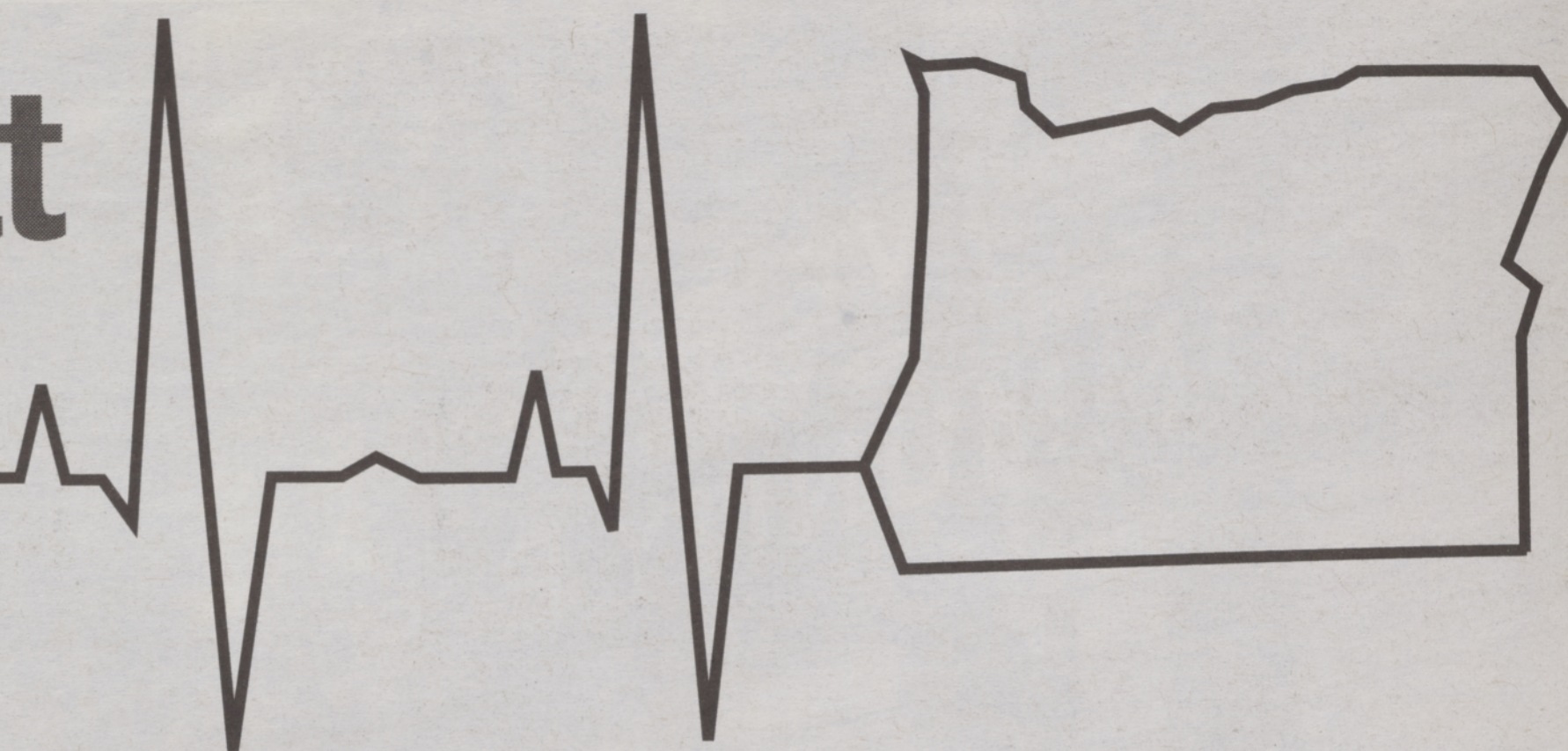


Oregon's great health care experiment



This month the state puts \$240 million on the line with coordinated care

BY AMANDA WALDROUPE
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Starting in September, the Portland metropolitan area's largest private and public health care providers will forge a new way of delivering health care to some of the neediest and most vulnerable patients in the state, and they'll do it in a way that seems impossible: by working together.

The organization the providers have created is called the Tri-County Medicaid Collaborative. It is one of dozens of coordinated care organizations, or CCOs, forming throughout Oregon to change how patients on the state's Medicaid program, the Oregon Health Plan, receive health care.

Coordinated care organizations form the backbone of ambitious changes to the Oregon Health Plan pushed by Governor John Kitzhaber and bipartisan legislation the Oregon Legislature passed during the 2011 and 2012 sessions—an effort to not only provide higher quality care, but also to drastically reduce the state's Medicaid expenditures by millions of dollars.

The Collaborative, like the rest of the state's CCOs, does not have time to dally. CCOs are expected to save the state \$239 million dollars in 2013 alone; if those savings are not made, it could be catastrophic for the state's budget.

Regional umbrella organizations that bring together doctors, nurses, mental health and addictions providers, hospitals, counties, public health departments and other health care providers, CCOs are expected to integrate and coordinate the physical, mental and dental health care for the 650,000 Oregonians on the Oregon Health Plan.

The state's first seven CCOs became operational on Aug. 1; by November, the transition to the new system is expected to be complete.

The Oregon Health Authority formally certified the Collaborative to become a CCO on July 31, and it will begin providing care to 180,000 Oregon Health Plan patients living in Multnomah, Washington and Clackamas counties on Sept. 1.

The Tri-County Medicaid Collaborative will, by far, be the largest CCO in Oregon. It

is composed of every major health provider in Multnomah, Washington and Clackamas counties: Adventist Health, CareOregon, Central City Concern, Kaiser, Legacy Health, Oregon Health & Science University, Providence Health & Services, Tuality Healthcare, and representation from the three metro counties. Its annual budget is expected to be around \$750 million dollars, and it will provide care for roughly a third of the state's Oregon Health Plan patients.

Janet Meyer, the Collaborative's interim CEO, says one of the biggest challenges is creating a coordinated system of care just as relevant and effective to patients living in St. Johns as it is to patients in Sherwood. "We have a huge area to cover," she says.

Another is simply learning how to work together to make the new delivery model work. "We're competitors, but ... the reality is that we need to be collaborative and cooperate," says George Brown, the CEO of Legacy Health and chairman of the Collaborative's board of directors. "It is in our mutual best interest, and in the best interest of the community we serve."

One of the first big tests the Collaborative will face is submitting an "implementation plan" to the Oregon Health Authority within 90 days. The plan will spell out exactly how the Collaborative will coordinate care, with estimations on how much emergency room and specialty care use decreases, how care improves, and most importantly, how much money the Collaborative expects to save.

And the federal government has its eye on CCOs: Earlier this summer, the Centers for Medicare and Medicaid Services (CMS), which regulates Medicare and Medicaid, brokered a deal with Kitzhaber to give the state \$1.9 billion dollars over the next five years to help fund CCOs.

But there are strings attached to the money. In addition to clearly showing that preventive care is being utilized, the state must reduce Medicaid expenditures by 2 percent in two years.

The requirements demand that CCOs get moving, fast.

"We have to move quickly so that we can

drive transformation, (but) not too quickly that we disrupt the system of care," Meyer says. "This is a very vulnerable population."

Ed Blackburn, a member of the Collaborative's board of directors and executive director of the social service agency Central City Concern, thinks the savings are doable, but difficult.

"One of the things we must absolutely accomplish is the reduction in utilization in hospital beds, psychiatric units, and emergency departments," Blackburn says. "We have to drive down those costs, not simply to help people, but get them into services that can intervene and prevent them from getting that far."

He says the time has passed for the Collaborative, like the rest of CCOs, to do nothing. Medical costs continue to rise, exceeding national inflation rates, and the strain on state and city budgets means community services won't be able to continue picking up the pieces of a failing health care system.

"We've got a few years to pull this off," Blackburn says. "We're all going to take big hits if this doesn't work."

One recent development giving those closely watching the Collaborative's development reason for encouragement is the composition of the Collaborative's community advisory committee, which was announced in late July.

The committee is responsible for representing the perspectives of Oregon Health Plan patients and the larger community; in that regard, many view the advisory committee as an important source for holding CCOs accountable to their goals and mission. The committee is also responsible for developing a community health improvement plan, designed to address health disparities and improve population and public health that the Collaborative will implement.

The Collaborative's advisory committee is made up of 17 people. Nine are current

Oregon Health Plan patients. The other members include representation from a variety of agencies serving low-income and vulnerable people — including the Coalition of Community Health Clinics, the Housing Authority of Clackamas County and Multnomah County's Department of Human Services.

Steve Weiss, an Oregon Health Plan patient and active consumer advocate, will serve as the committee's chair. His chairmanship also makes him a voting member of the Collaborative's board of directors.

The selection of committee chair and the committee's composition, says Chris Bouneff, president of Oregon's chapter of the National Alliance of Mental Illness says, shows the Collaborative is intent on engaging the community and taking its concerns seriously. "That's a very impressive list," he says. "They put some people on that committee who are strong advocates for better health care."

Weiss, 69, has been an Oregon Health Plan patient since 1991. During that time, he has received dozens of notifications from the state telling him that certain health services would no longer be covered by the state. And he says the coordination between physical and mental health care has been "badly needed" for years.

He hopes he can help the Tri-County Medicaid Collaborative function as effectively as possible for the patients it will serve. He thinks the biggest challenge the Collaborative will face is being able to reduce costs, but still provide effective service.

He also worries that the Collaborative's ability to clearly communicate with patients may be hampered by the sheer size of the Collaborative. "The greater number of middle men you have, the greater likelihood that you're going to have complications," he says.

See HEALTH CARE, page 5



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"Brandy, what did he tell you to convince you to come, to have him come back?"

Brandy couldn't control her tears. "Just that he loved me, and he was sorry, and he would never let —"

"Did you believe him this time?" DPA Hershkowitz asked.

"I believe him every time," Brandy said.



The gravity of abuse

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