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RURAL HEALTH

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OCTOBER 2012 NEWSLETTER



29TH ANNUAL OREGON RURAL HEALTH CONFERENCE

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THIRTEEN COMMUNITY CARE ORGANIZATIONS (CCO) APPROVED BY STATE

The process of creating CCOs to transform Oregon's health care delivery system continues as the Oregon Health Authority (OHA) has approved **13 CCOs** . The currently approved CCOs do not cover every area of the state. In addition, the OHA has provisionally approved three additional CCOs that will begin operation November 1, 2012.

Under a waiver from the federal government, Oregon has flexibility to provide more preventive care and disease management than has been possible under traditional Medicaid guidelines. Research shows that 80 percent of health care costs are driven by 20 percent of patients, many with chronic conditions such as heart disease, diabetes and serious mental illness. CCOs will have the ability to hire community-based health workers to help people manage their conditions, ensure they are taking appropriate medications, and avoid unnecessary acute or emergency care. By focusing on improved health, Oregon has agreed to reduce Medicaid inflation by 2 percentage points within two years by focusing on improving the health of clients to reduce waste, inefficiency, and unnecessary expenditures.

Oregon's 2012 SB 1580 requires that the state provide Innovator Agents, also known as Transformation Consultants, to any CCO requesting one. These consultants will be the single point of contact between the CCO and the OHA and help support CCOs in reaching the health care transformation objectives.

One area in which Transformation Consultants will be working is the Community Advisory Councils (CACs). According to legislation, "A coordinated care organization must have a community advisory council to ensure that the health care needs of the consumers and the community are being addressed." CAC must have a majority of consumer members representing the communities that are served by the CCO. "Some areas have very well organized consumers, others do not," says Scott Ekblad, Office of Rural Health. "CCOs are just getting started so it will be important to ensure that they get these CACs in place."

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THE LARGE CHALLENGE OF A CCO FROM A SMALL TOWN PERSPECTIVE



In downtown Grants Pass, not far from the banks of the wild and scenic Rogue River, you'll find the office of the newly minted, conditionally approved Coordinated Care Organization (CCO) representing most of Southern Oregon: AllCare Health Plan, Inc.

Under AllCare, Southern Oregon's physical, mental and oral health care will be administered under one management company in an effort to streamline costs, integrate treatment, improve access and most important, provide better care. The company represents 23,000 Oregon Health Plan members in Southern Oregon. It also contracts with 1,000 local health care providers (including roughly 95 percent of the area's physicians) and works with five different hospital systems.

Like CCOs everywhere, AllCare is in the process of engineering a new health care delivery system. The emphasis will be on sharing treatment plans, exchanging information electronically, coordinating care, working in teams, incentivizing wellness and preventive medicine programs, reducing expensive non-emergency visits to emergency rooms and prioritizing primary care, says AllCare's Medical Director, Lyle Jackson, MD. As OHSU President Joe Robertson said in a [previous Q&A article](#), "the operative word is coordinated. When you're creating the proverbial paradigm shift, you have to coordinate and collaborate."

"Delivering medical care is now a team effort," says Dr. Jackson, who started his private family medicine practice in Grants Pass in 1977 and cared for patients for 22 years before changing careers. "It's a team of professionals working together to keep people healthy with the primary care doctor at the center. It's a very good thing for Oregon."

In the Vanguard of Reform



Like the CCO that OHSU belongs to—the [Tri-County Medicaid Collaborative](#)—AllCare is in the vanguard of state health care reform. It's part of a statewide "boots on the ground" effort now underway that will remake how care is delivered to more than 650,000 low-income Oregonians on the Oregon

Health Plan (Medicaid). The CCOs are expected to officially launch in August, although the TCMC recently announced it will be operational on Sept. 1.

AllCare is headquartered in Grants Pass, a town of 34,500 nestled in one of several mountain-river valleys that give Southern Oregon its rugged and beautiful topography. Though AllCare is located in a small town, it's not behind the times. It has implemented managed care concepts, electronic health records and the primary care, patient-centered medical home for some time under the company's former managed care model.

"Though we don't have the large member numbers and the multiple large hospital systems like Portland, we're similar in that we have to work with a variety of stakeholders who hold different philosophies," says Dr. Jackson. "And for the most part, doctors, nurse practitioners, hospitals, A&D (alcohol and drug) services, safety net clinics and other stakeholders in this area are willing to take a leap together to make the CCO succeed. Ultimately, we all know CCOs can't fail because there is no Plan B. There is no going back to the old system."

Unique Rural Challenges



AllCare, like other Oregon CCOs, will be working to reduce levels of depression, anxiety, heart disease, rampant cavities and other health problems universal around the state. But it faces challenges unique to rural CCOs. One is long distances. "People here might live 30 or 40 miles from their care provider," says Dr. Jackson. "When gasoline costs \$4 a gallon, poor people literally can't afford to get to a doctor's office, especially for routine, non-emergency appointments. That's a major challenge."

The other is fewer providers. "As a result, we have to work very closely with the well-qualified providers who are in our area, build good relationships with them and become more efficient in utilizing those scarce services," says Dr. Jackson. "We have to bring in other trained personnel such as counselors, midlevel nurse practitioners and physician assistants to extend our knowledge and care so we can touch more people. We have to be imaginative and flexible."

Gov. Kitzhaber is promoting one imaginative idea that is particularly attractive to AllCare and other rural CCOs. Now being piloted at OHSU and other places, a health care or patient navigator is a non-clinician professional who is trained to understand all aspects of the local health care landscape and be a patient advocate. The navigator would steer a patient through the health care system, sometimes literally driving patients to and from appointments. They would schedule and coordinate care and ensure patients have access to decent housing, food and transportation. The navigator, the thinking goes, might be an employee of a CCO, clinic or other local entity, an interested family member or someone who has completed a certification program at a local community college.

"What we all know but which the system couldn't address before is that good health is much broader than medicine," says Dr. Jackson. "It's about creating a healthy environment with good, adequate food, decent housing and transportation and access to social services." A health care navigator could mean helping to link those things.

Educating a Workforce for the CCO Model

OHSU, for its part, has an important role to play in the success of Oregon's CCOs and particularly those in rural communities, says Dr. Jackson. "OHSU has long been a national leader in having strong primary care educational programs," says Dr. Jackson. "Now is the time to expand and improve upon those strengths. Doctors need to get used to working in teams, not as individuals. They need to interact well with mental health workers and therapists. They need knowledge of alcohol and drug dependency issues. OHSU students and residents need to experience caring for patients in a CCO network now so they learn this new model of care. It's the future."

Though health care reform is starting with the Oregon Health Plan, many experts agree it will eventually come to private, commercial insurance plans nationwide and government insurance plans such as Medicare. "We're very proud of Oregon and the leadership the state has taken on how to transform health care," said Dr. Jackson. "All Oregonians should be proud. The whole nation is looking to us to see how we do it. These are exciting times."

Pictured: (top) Lyle Jackson, MD; (middle) Downtown Grants Pass; (bottom) Sign in Grants Pass
Full disclosure: Writer Rachel Shafer is the daughter of Dr. Jackson.

M.D. STUDENT IS NEWEST OHSU BOARD MEMBER



One of the outcomes of last week's Legislative Days in Salem was the confirmation of OHSU's newest Board member, student representative Poorav Patel.

A second-year M.D. student in the School of Medicine and a member of the class of 2015, he was confirmed by the Senate Rules Committee on Friday.

Poorav has impressive academic credentials as well as deep ties to Oregon and a first-hand understanding of health care in small communities. The son of Indian-immigrant parents, he was raised in Brookings, where his father has been a physician for the past 25 years.

Poorav studied bioengineering at UC San Diego and has a master's in genetic epidemiology from Johns Hopkins Bloomberg School of Public Health. He has displayed leadership characteristics throughout his academic career and serves as a Dean's Advisor in the OHSU School of Medicine.

LAKEVIEW'S GORDAN ENSLEY RETIRES


Gordon Ensley, CEO of the Lake Health District, retired this past June after 16 years of leadership, first as the CFO and taking over as the CEO in 2001. He came to Lakeview after working at Gold Beach Hospital for 11 years. Ensley handed over the reins to Charlie Tveit.

As CEO, Ensley was responsible for the daily operations at both the Lake District Hospital and the Long Term Care home. His hard work, and that of his dedicated employees, won them recognition from US News & World Report magazine's 2010 list of best long-term care homes in the nations.

Gordon has helped direct many changes at Lake Health District. In 2008, voters approved an \$8million, 30-year bond measure to help finance a \$23 million hospital expansion and upgrade. He worked with the USDA to help arrange additional funding. Work included updated laboratory, diagnostic imaging, admitting as well as a new 33,000 square foot wing that added new patient rooms, two surgical suites, emergency room and labor and delivery suites. A portion of the original hospital was converted into wound and aesthetics services and physical therapy.

"He will be missed," says Shellye Dant, Oregon Flex Program Coordinator. "Rural hospitals are facing many challenges and it is great to have someone with his experience. But we are very excited about Charlie and look forward to continuing the good work in Lakeview."/>

"I can tell you that Gordon was a "true friend" of both nursing and excellent patient care in all the clinical areas," says Teresa Squire, RN. "He always made his decisions based on what was best for the patient, rather than what was the most financially beneficial. That said, however; he was superior in his management of finances and understanding of the importance of each of our various departments and their role in delivering patient care excellence. He knew all the employees names and kept an open door policy for any employee or patient that wanted to talk with him."

On August 3, 2012, Rep. Greg Walden [paid tribute to Gordon in a state to the US House of Representatives](#) .

AROUND THE STATE

Welcome Gina Seufert. Gina is the new VP for Physician and Clinic Services at Tillamook County General Hospital. Gina has been with Tillamook General since 1994 and worked in Quality Improvement, Risk Management, Safety, Emergency Department, Outpatient Therapy Services, Clinic Services, Medical Staff Services and Patient Scheduling.

NATIONAL RURAL HEALTH DAY—CELEBRATING THE POWER OF RURAL

No one needs to tell you that rural communities are wonderful places to live and work. That is why nearly 59.5 million people – nearly one in five Americans – call them home. Our small towns, farming communities and frontier areas are places where neighbors know each other, listen to each other, respect each other and work together to benefit the greater good. They are also some of the best places to start a business and test your “entrepreneurial spirit.” These communities provide the rest of the country with a wealth of services and commodities, and they are the economic engine that has helped the United State become the world economic power it is today.

That is why the Oregon Office of Rural Health and the National Organization of State Offices of Rural set aside November 15, 2012 and the third Thursday of every November to celebrate **National Rural Health Day**. First and foremost, National Rural Health Day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded, “can do” spirit of that prevails in rural America and rural Oregon. But it also gives us a chance to bring to light the unique healthcare challenges that rural citizens face—and showcase the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address those challenges.

How can you celebrate in your community? There are many great ways you can celebrate: Thank a rural provider in your community; Plan an event that helps raise awareness of health care issues in your community; Contact your legislators and tell them about the great things going on your community and how they might be able to help; Talk to your local paper or closest TV station and encourage them to do a story on rural health in your community. During the 2011 National Rural Health Day, Lower Umpqua Hospital answered their phones “Happy Rural Health Day”, the Mayor of Reedsport signed a proclamation and several schools participated in essay contest on health.

National Rural Health Day is our day to celebrate. Contact [Robert Duehmig](#) ✉, (503) 494-4450, if you have questions or want to talk about ways you can celebrate!



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