

Investing in Oregon's Health Care Safety Net

Opportunities and
Challenges

Safety Net Advisory Council (SNAC)

Staff support – Office of Health Systems Planning (HSP) Office of Health Policy and Research (OHPR)

Members of the Safety Net Advisory Council

Priscilla Lewis, Co-chair – Providence Health Systems
Craig Hostetler, Co-chair – Oregon Primary Care Association
Bill Thorndike – Medford Fabrication
Jackie Rose – Oregon School-based Health Care Network
Tom Fronk – Benton County Health Department
Vanetta Abdellatif – Multnomah County Health Department
Scott Ekblad – Office of Rural Health
Abby Sears – Our Community Health Information Network (OCHIN)
Ron Maurer – State Representative
Beryl Fletcher – Oregon Dental Association
Jim Thompson – Oregon Pharmacy Association
Tracy Gratto – Coalition of Community Health Clinics
Steve Kliewer – Wallowa Valley Center for Health and Wellness
Matt Carlson – Portland State University

History of SNAC

National Governor's Association Grant - 2004

Convened broad-based expert workgroup and developed report '*Strengthening the Safety Net through Data Driven Policy*' – set of recommendations

- Governor endorsed report and recommendations – SNAC formed 2005
- Primary staff support through Division of Public Health, Office of Health Systems Planning, in partnership with Office of Health Policy and Research, Division of Finance, Policy and Analysis and Division of Medical Assistance Programs

SNAC's CHARGE

- *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

What is the Health Care Safety Net?

“The health care safety net is a key delivery system element for the protection of the health of Oregonians and the delivery of community-based care.”

Enrolled Senate Bill 329 – 74th Oregon Legislative Assembly – 2007 Regular Session

A community’s response

- Federally Qualified Health Centers – or Community Health Centers
- School-based Health Centers
- Isolated Rural Health Facilities
- Community Sponsored Clinics
- Hospital Emergency Departments
- Local Health Departments
- Tribal Health Clinics

Safety Net Defined – SB 329 74th Legislative Assembly

Providers that deliver health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services. “Safety net providers” includes health care safety net providers, **core health care safety net** providers, tribal and federal health care organizations and local nonprofit organizations, government agencies, hospitals and individual providers.

“Core Safety Net” – especially adept at serving

SB 329 74th Legislative Assembly

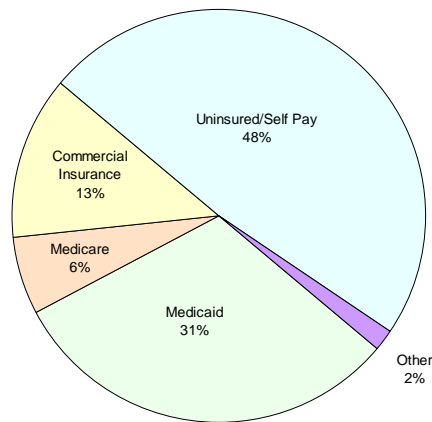
- Persons who experience significant barriers to accessing health care
- Homelessness, language and cultural barriers, geographic isolation, mental illness, lack of health insurance, and financial barriers
- A mission or mandate to deliver services to persons who experience barriers to accessing care

Serving a substantial share of persons without health insurance and persons who are enrolled in Medicaid or Medicare, as well as other vulnerable or special populations.

Patients by Insurance status – (all

safety net clinics – SNAC core data CY 2006, Data reflects 11 of 17 IRHF, 9 of 15 known CSC)

Patients By Insurance Status: All Safety Net Clinics



Scope of Services

- Primary and acute care
- Mental and behavioral health
- Dental health
- Chronic Care Management
- Interpretation services
- Care Coordination/delivery system navigation
- Transportation
- Referrals to specialty care and other supportive services

What we don't (but NEED) to know

- Data gaps across the safety net
- We know more about some sectors of the safety net than others*.
- Areas of Need:
 - Hospital ED patient volume data
 - Quality and Patient Safety data
 - Workforce data
 - Uniform measures, where appropriate, across the system
- SNAC Core Data Set – commitment to progress

*OCHIN has a sub-set of FQHC's with robust data. A demonstrable benefit of Health Information Technology

An essential piece of the delivery system

- Providing primary care for a disproportionate number of low-income, chronically ill, racially and culturally diverse Oregonians; many of whom experience homelessness, language barriers, mental illness, geographic isolation and lack of health insurance.
- Providing primary care for many Medicaid patients
- The state's "insurance" against downturns in the economy
- Laboratories for innovation – especially adept at meeting the needs of complex patients and developing creative and culturally attuned approaches to providing comprehensive and integrated care.

Safety Net Advisory Council's Recommendations

- STABLE FUNDING
- CRITICAL INFRASTRUCTURE/
TOOLS
- WORKFORCE

Essential Building Blocks

- There is currently no public fund or financing mechanism to support the safety net. An Investment Fund would support community investment, expand safety net impact and help to assure its strength and viability
- Oregon and the nation are moving toward greater readiness to implement Health Information Technology to improve access, quality, safety and efficiency. The safety net has a role to play but needs assistance with broad-based adoption
- Safety net providers and rural providers in particular, struggle with recruitment, retention and distribution of the health care workforce. Creative and flexible strategies are necessary to fill these gaps.

Recommendations

STABLE FUNDING...

Establish the Safety Net Integrity Fund

- Assist clinics in financial trouble
- Assist with strategic investments to maintain infrastructure
- Invest in new site development or expansion
- Link funds to technical assistance to address specific organizational issues/challenges
- Other critical community initiatives

Critical Investment

“Grow” an investment fund over a 3-year period sustained at \$ 3 million per year.

Options for Funding:

- Legislative appropriation
- Public Bond
- Public-Private partnerships
- “Clinic Adoption” model

Recommendations

INFRASTRUCTURE/TOOLS

Support Electronic Health Record Adoption across the Safety Net

- Provide systematic approach to EHR adoption across the safety net
- Assist with capital-intensive start up and ongoing maintenance and technical assistance costs.
- Provide better patient and treatment information. Improve the safety, quality and efficiency of care

Critical Investment

Options for Funding:

- Safety Net EHR Investment Fund – legislative appropriation
- State and Federal Partnership – leveraging Medicaid and Medicare \$
- Oregon Style “Utility” - modeled after utility services framework

Recommendations

WORKFORCE

Implement innovative approaches to meet safety net workforce needs

- Rural Locum Tenens Program
- Flexible community health workforce options
- Oregon Health Service Corps (Loan Repayment)
- Updated Tax Credits
- Increased pipeline of midlevel practitioners

Critical Investment

- **Rural Locum Tenens*** - fees, grant funding, legislative appropriation
- **Oregon Health Service Corps** - legislative appropriation
- **Updated Tax credits** - Legislative appropriation
- **Increase Pipeline for Midlevel practitioners** - legislative appropriation, public-private cost-sharing
- **Flexible Workforce Approaches**** - Legislative appropriation to fund grant program

*Taken from the Latin "to substitute for", locum tenens providers are physicians who provide temporary medical services for a specific length of time.

** e.g. Community Paramedics, Community Health Workers etc.

REVIEW of SNAC Recommendations

- Invest in stable funding for Oregon's health care safety net
- Invest in critical infrastructure by supporting adoption of Electronic Health Technology across the safety net
- Invest in recruitment, retention and flexible strategies to grow and sustain the safety net Workforce.

Thank You!

- The Safety Net Advisory Council would be pleased to make itself available to speak with any members of the Health Fund Board to further explore these recommendations or answer any questions.

