

# OREGON'S HEALTH CARE SAFETY NET

## *A part of the solution!*

*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 (SB 329).*

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### **TO MEMBERS OF THE OREGON HEALTH FUND BOARD:**

*It is heartening to see the Board's recognition of the critical role the safety net plays in providing comprehensive primary (physical, mental, behavioral and oral health) services to vulnerable Oregonians.*

*The statewide Safety Net Advisory Council (SNAC) has developed a set of recommendations that will help the Board to realize this commitment both in the interim as strategies are implemented, and over time as part of long-term broad reform efforts.*

### **SAFETY NET ADVISORY COUNCIL (SNAC) RECOMMENDATIONS**

#### **1. Stable Funding – Safety Net Stability Fund**

*Establish the Health Safety Net Fund*

- Strategic investments to maintain infrastructure
- New site development or expansion
- Technical assistance to address specific organizational issues/challenges
- Assist clinics with financial stability strategies

The Safety Net Stability Fund will assist in preserving the safety net and maintaining community based patient-centered services for those who face barriers to care. The Stability Fund will provide a source of capital for safety net clinics to maintain essential services and support expansion for additional sites or services in areas of unmet need. Stable funding will enable Oregon to maintain critical infrastructure and “grow” the health care safety net in a strategic and sustainable way.

#### **2. Critical Tools**

*Electronic Health Record Adoption across the Safety Net*

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

Oregon and the nation are moving toward greater readiness to implement health information technology. It is a key tool for realizing the broader goals of access,

quality, safety, improved health, and cost reduction. The safety net provides care to many Oregonians who face barriers to care and who often move in and out of coverage and from provider to provider. Policy makers can help assure that electronic health records are available at the time of treatment for safety net patients. The barriers to broad adoption of health information technology across the safety net are substantial. They include significant start up and ongoing cost. In addition, safety net clinics have much smaller operating margins than the private sector and have less access to capital. In general, what margin safety net clinics do have is funneled back into direct services.

### 3. **Workforce**

*Implement innovative approaches to meet safety net workforce needs:*

- Establish Rural Locum Tenens Program
- Provide flexible community health workforce options
- Provide an increased pipeline of midlevel providers to rural communities
- Implement Oregon Rural Health Services Corps (Updated Rural Health Services Loan Repayment Program)
- Strengthen rural practice incentives by updating the tax credit program

Baby boomer retirements will have an especially strong impact on the safety net and rural areas in particular. Specific issues need to be addressed such as assuring an adequate provider “pipeline”, preventing burn-out of existing providers, addressing misdistribution of workforce, providing workforce tools that will help safety net clinics remain viable, and supporting communities in their efforts to evolve models that work. Like the rest of the health care delivery system, the safety net is dependent on its workforce. It is especially dependent on mid-levels and physicians who provide supervision, dentists, and, increasingly, behavioral/mental health professionals.

### 4. **Equitable Inclusion on Accountable Health Plan (AHP) Panels**

*All AHP panels will include safety net entities on their provider panels*

- State to assure that safety net providers are included on Accountable Health Plans provider panels
- Safety Net providers to be engaged as participants in Accountable Health Districts

The safety net is a "Living" Innovation lab for many of the leading initiatives in health care today. Examples include addressing health care disparities, implementing integrated health homes, employing culturally competent care practice, providing affordable care, use of allied health professionals, and application of evidence based practice. These mission driven organizations should be an integral part of key components of delivery system renewal.