

Better health, better care, lower costs

Why it matters for Oregon

Emergency department training shows nurse there has to be a better way



Julie Flindt spent time as a nursing student in the Emergency Room. There, she saw many patients who simply didn't need to be there. She also knew that there had to be a better way.

“Why does someone with diabetes have to get to the point where they need their foot amputated? What could have been done to prevent this?” she says.

In Oregon today, stakeholders from every aspect of health and health care – mental, physical, dental,

public health, and other services – are working on that exact problem. A solution, they say, is to expand on the team-based, coordinated health care model Flindt is practicing at Portland's OHSU Richmond Clinic. She works with a team of doctors, physician assistants, nurse practitioners, social workers, medical assistants and support staff. Her job is part triage planner, part listener, part coach, part cheerleader...and she says, part nag. She spends time on the phone with her patients, figuring out what they really need to stay healthy and out of the hospital.

“I want to be part of the solution as to why our ERs are overused or why our health care costs are so high,” she says.

Coordinated care gives skills for success

Mary Lindsey of Portland remembers the date like a birthday: Nov. 11, 2008. That was the day things changed. She was 35 years old and drugs had been part of her life since she was 16. Three times she wound up in a hospital department room, twice for deep stab wounds and once after getting shot in the face.

Getting back to health involved more than the detoxification she found that day. “I needed everything when I got clean,” she says. “I didn't know how to cook a square meal. I didn't know how to go to work. I didn't know how to be social with people.”

Through Hooper Detox Center, Mary found the “wraparound” services of Portland's Central City Concern. The center serves 13,000 people a year, most with chronic mental illness and addictions to drugs or alcohol, or both.

Central City Concern provides primary health care, but also transitional housing, job training, counseling, mentoring and classes in daily living skills: how to prepare a meal, navigate a bus schedule, interview for a job.

Today, Lindsey has been sober for more than two years. She has a paying job and her own apartment.

“I'm a tax-paying, self-sufficient citizen,” she says. And she hasn't been to an emergency department once.



Reducing costs and red tape for providers



Oregon's Women's Clinic, has nine obstetrician-gynecologists who take care of patients...and six people to take care of paperwork.

"We can easily deal with 1,000 different insurance formats in a year. We're

doing more and more administrative work," says MaryKaye Brady, the clinic's administrator.

Brady participated in a work group that made recommendations to the state Oregon Health Policy Board on how to untangle that red tape.

Their solution: require insurers to use the same language and formats.

Health plans differ not only in coverage, eligibility, benefits and authorization requirements. Sometimes the difference can be as trivial as the format for a simple date: whether the current year, for example, is expressed as "11" or "2011." Such small differences can be enough to trip a computer and slow a claim.

Their recommendation is now part of a bill before the legislature to give Oregon's Department of Consumer and Business Services (DCBS) authority to adopt one set of uniform standards for financial and administrative transactions between all health providers and insurers in the state.

Family needs access to quality, affordable health care

Lisa and Brian Richardson of Cave Junction are looking for stability in health care coverage for their blended family of five children. Lisa is an office manager for a small business that cannot afford to offer health care and Brian is looking for work in Oregon's difficult economy.



They have tried to maintain health care coverage, but when the monthly premium rose to more than \$400, it became prohibitively expensive. For a time in 2009, two of the children were uninsured, while a third kept coverage through an ex-spouse's plan.

"I was just praying nothing would happen to my kids," she says.

Today, the Healthy Kids plan has helped provide coverage for the children. But the adults remain without coverage. That means they receive care only in emergencies and basic prevention is out of reach. It took a toothache to spur a dental visit, and an out-of-pocket charge of \$200.

Under Oregon's proposed health insurance marketplace – also known as an exchange – families like the Richardson's would have access to stable quality, affordable health care coverage.

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