

FACT SHEET: Patient-Centered Primary Care Homes and Healthy Communities

Concept: SB 456A will support key activities and initiatives recommended by the Oregon Health Fund Board (OHFB). It will lead to common standards for patient-centered primary care homes and quality outcomes measurements, which can drive improvements necessary to ensure that Oregonians get the right care, in the right place, at the right time. These changes will strengthen the effectiveness of primary care services, improve care coordination and health outcomes, increase the focus on prevention and disease management, improve the quality of care delivered, and help reduce the cost of health care. The bill will also support the development of statewide goals for the prevention of chronic disease and offer support to communities to implement evidence-based initiatives aligned with these goals.

Purpose: Research demonstrates better health outcomes, higher patient satisfaction and lower cost per capita in countries with strong primary care systems; however, Oregon's current delivery system is not equipped to meet the long-term primary care health needs of the population. Care is fragmented and many Oregonians do not have regular and convenient access to a provider who can deliver preventive and chronic disease management services, as well as treat acute problems that arise. In many cases, people do not receive recommended care or receive duplicative services from many sources. Chronic diseases are not always optimally managed and largely preventable episodes result in severe illness and hospitalizations.

The patient-centered primary care home model can serve as a blueprint for delivery system redesign that encourages patient-centered, cost-efficient care and stresses the importance of wellness, prevention and effective disease management. Patient-centered primary care homes establish personal and continuous relationships with patients, provide team-based care, assume responsibility for providing culturally competent care for all of a patient's health care needs, coordinate and integrate care with the care received from other providers and organizations, focus on quality, and safety and provide patients with enhanced access to care services.

SB 456A would support delivery system transformation by directing the Office for Oregon Health Policy and Research (OHPR), under the direction of the OHFB, to establish a common definition of patient-centered primary care homes to be used by public and private stakeholders, as well as a standard and simple process for identifying health care practices as patient-centered primary care homes. In addition, OHPR would develop a standardized set of quality measurements that could be used to measure the performance of patient-centered primary care homes and other care settings across the state.

The bill also establishes a collaborative for state agencies, patient-centered primary care homes, and other public and private partners to share information about quality improvement and best practices surrounding the delivery and reimbursement of patient-centered primary care services. The DHS Division of Medical Assistance Programs (DMAP) will have the ability, as funding levels allow, to reimburse providers serving Oregon Health Plan enrollees for providing patient-centered primary care home services. DMAP will also work with PEBB, OEBC, to develop and pilot common policies to reward publicly-funded health plan enrollees who seek preventative services, utilize a patient-centered primary care home, practice healthy lifestyles, and effectively manage chronic disease.

The patient-centered primary care home initiatives included in SB 456A would be implemented under the direction of the OHFB in collaboration with the DHS Director, DMAP Administrator, OHPR Administrator, Office for Multicultural Health and the Public Health Division working with an advisory

group of healthcare stakeholders. This work will use existing staff in OHPR and OHFB, with funding for public meetings with stakeholders and consulting for expertise.

In addition, SB 456A establishes the Statewide Health Improvement Program within DHS. As part of the program, DHS will establish aggressive goals for the reduction of chronic disease risk factors, especially tobacco use and obesity. In addition DHS will provide grants to community collaboratives to be used to implement evidence-based prevention initiatives that complement the aims of patient-centered primary care homes and focus on reducing health disparities. Community collaboratives that have a track record of bringing various community stakeholders together to design and implement community-driven health initiative can play an essential role in improving population health. This effort will complement the broader range of public health and health promotion efforts that will be funded by the tobacco tax increase proposed by of HB 2122.

Impact if Not Approved: Without support and funding for this bill, key aspects of the OHFB's recommendation for improving population health and redesigning the delivery system to improve the quality of healthcare delivered in the state will not be implemented. Setting standards for patient-centered primary care homes and quality outcomes can drive the improvements necessary to ensure all Oregonians have access to patient-centered, effective, efficient, and safe care. Without standardized processes, such efforts across the multiple public and private purchasers could be fragmented and uncoordinated, reducing the positive impact on Oregonians' health. Not funding SB 456A would mean failing to follow up on the successes of the state's Physician Access Improvement pilot, a program that ends April 30, 2009.

This could mean a reversal in efforts to provide access to and coordinate primary and preventive care for OHP clients. Coordinated primary and preventive care, such as the care provided in the patient-centered primary care home model, is critical to reducing the risk of increased emergency room and hospitalization costs. Currently \$1.4 billion is spent every year in Oregon to treat chronic diseases and this number will continue to increase unless there is a renewed focus on prevention, disease management, and care coordination.

Other Possible Solutions: This is the first and critical step to reform the delivery system and improve quality of care for Oregonians, especially those with chronic diseases. Redesigning the delivery system to achieve improved quality and value of healthcare purchased with public funds improve the health of Oregonians, particularly those served by these plans. It can also help contain costs and improve future sustainability of these forms of healthcare coverage.

Other Supporters: DHS, Governor's Office, Oregon Health Fund Board.

Fiscal Impact: \$889,424 TF (\$444,712 GF, \$444,712 FF).

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