



July 10, 2012

Oregon Health Policy Board  
500 Summer Street NE  
Salem, Oregon 97301

Dear: OHPB Members

RE: **CCO Proposed Administrative Rules & Health System Transformation**

There are three issues which must be addressed within the proposed CCO administrative rules;

1. ***"Primary Care Providers."*** CCO member-patients must be allowed to select a chiropractic physician, naturopathic physician, or nurse practitioner as their primary care provider. This is consistent with the stated philosophy of Governor Kitzhaber who has repeatedly stated these provider types will be instrumental in helping address the growing primary care provider shortage (please see attached). We recommend clarification of the current proposed language found in, ***"410-141-3160 Integration and Care Coordination, (2) (a)"*** as it is uncertain to the reader what constitutes an ***"...eligible CCO participating provider?"*** We would propose the following additional language to subsection (a) (additional language in red);

***"(a) Demonstrate that each member has a primary care provider or primary care team that is responsible for coordination of care and transitions and that each member has the option to choose a primary care provider of any eligible CCO participating provider type. An eligible CCO provider type means a health care provider who can provide primary care services which include chiropractic, naturopathic, osteopathic, or medical physicians or a nurse practitioner."***

Coordinated care organizations that attempt to prevent certain provider types from providing primary care services restricting CCO member-patients from selecting that provider as their primary care provider would violate current statute (ORS Chapter 414 SECTION 4. (1)). As a consequence we believe the recommended clarifying language would be instructive to all stakeholders.

2. ***“Network Adequacy.”*** As found in ORS Chapter 414 SECTION 4. (3)(a) must be defined within the proposed administrative rules as it is not defined in statute. Network adequacy is found in the proposed rules at; ***“410-141-3120 Operations and Provisions of Health Services (6) (a).”*** We propose the following definition (written in red);

***“Network adequacy means a sufficient number of health care providers from each licensed health care profession such that all member-patients within the CCO can obtain care from the provider type of their choice without unnecessary waiting periods or other restrictions.”***

3. ***“Varying Reimbursement Rates.”*** ORS Chapter 414 SECTION 4. (1) allows for; ***“...varying reimbursement rates based on quality and performance measures.”*** We advise that the proposed administrative rule language should be more instructive to the reader further clearing up that varying reimbursement rates by CCOs cannot be based solely on the provider’s area of practice or discipline. This would violate the non-discrimination provision in ORS Chapter 414 SECTION 4. (1) as a consequence we recommend the following additional language (in red) in; ***“OAR 410-141-3120 Operations and Provision of Health Services (4)(b);”***

***“Preclude the CCO from establishing varying reimbursement rates based on quality or performance measures. For purposes of this section, quality and performance measures include all factors that advance the goals of health system transformation, including price. A CCO may not pay a different rate of reimbursement to a provider based solely on the provider’s area of practice or discipline.”***

If we are serious about changing how we deliver health care and not just how we pay for it, CCOs must not be allowed to discriminate against any health care provider acting within their scope of practice or certification. Calling for “a far more robust evidence-based overlay” in regards to healthcare reform, Governor Kitzhaber often refers to the “Triple Aim.” The Triple Aim of course referring to three components necessary for true healthcare reform. 1. Improve the health of a defined population. 2. Reduce the per capita cost. 3. Improve the patient experience (in terms of clinical outcomes, patient safety, and patient satisfaction). A comprehensive seven-year prospective study (JMPT 30(4):263-269, 2007) revealed that when consumers are free to select a chiropractic or naturopathic physician as their primary care provider the savings are significant. This analysis of 70,274 member-months over a seven-year period revealed an 85% reduction in drug costs, 62% reduction in MRIs and surgeries, 60.2% reduction in, in-hospital admissions, 59% reduction in hospital days, and a 95% patient satisfaction rating.

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We submit that chiropractic and naturopathic physicians do achieve the triple aim within their defined patient populations and it is time to make “room under the tent” for all health care professions and their evidence-based interventions.

Sincerely,

Vern A. Saboe Jr., DC., DACAN., FICC., DABFP, FACO  
Oregon Chiropractic Association