

March 13, 2019

Director Pat Allen
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

To: Oregon Health Authority Director Pat Allen,

CC: CCO Behavioral Health Directors; Oregon DHS Director, Fariborz Pakseresht; Oregon Health Authority Child and Family Behavioral Health Director, Chelsea Holcomb; Oregon Health Authority System of Care and Wraparound Lead, Nat Jacobs.

Re: Psychiatric Care Provider Shortage in the State of Oregon.

On behalf of the Tri-County System of Care Regional Governance Structure, which operates in collaboration with system partners in Clackamas, Multnomah, and Washington Counties, our governance bodies have been discussing and gathering data related to the lack of psychiatric care providers treating youth in the Portland Metro area since 2016. Throughout our conversations we have acknowledged that this is a statewide issue and we have developed a set of recommendations for your consideration. Each of these recommendations would directly impact our providers' ability to increase psychiatric capacity, and are in line with the "Big Ideas" of CCO 2.0 to improve behavioral health, reduce overall health costs, and to pay for better health. We intend to continue trying to work on this issue locally, and believe the parties addressed in this memo are the most appropriate to consider this issue and our five recommendations at this time.

Recommendation #1:

We recommend that the Oregon Health Authority consider increasing the psychiatric reimbursement rates for CPT and Evaluation and Management codes on the DMAP fee schedule to be more aligned with our community mental health providers' usual and customary rates. These usual and customary rates include the full costs of employing psychiatrists and include consultation times that both increase the skill level of clinicians throughout the agency and lead to greater employment satisfaction and retention for psychiatric professionals. We understand that each CCO has the ability to set their rates in accordance with their budget. We also understand that all payors' rates influence our community mental health providers' ability to provide competitive compensation required to recruit, hire and retain psychiatric staff. Increasing the DMAP schedule would allow for agencies to bill for services rendered to Open Card youth at a competitive reimbursement rate, and

would set a new benchmark for CCO's to use when determining and analyzing their reimbursement rates for psychiatric practitioners. Many of our youth who are adopted from DHS and/or are in foster care are enrolled in Open Card secondary to their private insurance, in addition to youth who are enrolled in unmanaged Medicaid for any other number of reasons. Increasing any CCO's reimbursement only impacts a single variable for the losses that providers state they are incurring by providing psychiatric services to Medicaid enrolled members, and an increase to the DMAP fee schedule would provide an increased ability for our providers to offer competitive compensation packages for these practitioners.

Recommendation #2:

We recommend that the Oregon Health Authority look at pairing alternative treatments, such as acupuncture and yoga with PTSD, and other anxiety related diagnoses that are likely the result of trauma. Our council has engaged in discussions regarding how to decrease demand for psychiatric medication management, and potentially using flexible services dollars to fund these types of alternative payment, however we believe a more sustainable solution is to pair these treatments with trauma related diagnoses. Research studies have found that acupuncture has a comparable effect to other evidence-based practices used to treat trauma. At this time acupuncture is paired with back and spine pain, and substance use diagnoses, but not PTSD or trauma-related disorders.

In the ongoing spirit of being helpful, we as a council will be discussing additional alternative treatments that are also culturally-specific interventions that may alleviate some of the need for psychiatric care and medication management. Increasing psychiatric capacity cannot solve this problem alone though is essential in making progress. Exploring ways to fund treatments that can decrease psychiatric demand will be an important focus to continue as we work together on solving the overall capacity issue.

Recommendation #3:

We recommend the state of Oregon develop and promote a loan forgiveness program specifically for psychiatrists and psychiatric nurse practitioners providing care at agencies who support youth and adults who are enrolled with Medicaid or other publically-funded insurance. We recommend that an element of this loan forgiveness program includes a requirement that the psychiatric professionals practice in community mental health for a minimum of 3-5 years in order to be eligible. Increasing the number of psychiatric providers in the Metro area will likely require for providers to engage in a national recruitment, and having a robust loan forgiveness program would help providers be more competitive in their recruitment efforts.

Recommendation #4:

We recommend that the State of Oregon re-engage in a promotional campaign to extend the use of Opal-K and Project Echo services to support primary care in meeting the needs of youth who require medication management. Many of our provider agencies continue to prescribe medications for youth after they are psychiatrically stable, and are not able to take new clients due to the inability to move these youth back to primary care. Promoting and enhancing Opal-K and Project ECHO, and other resources to support primary care in meeting these needs, would allow for our community behavioral health system to increase access for the most acute youth who require more expedient access to psychiatric care. Our council recommends that Project ECHO develops trainings directed primarily at supporting children and youth with complicated presentations and medication regimens in primary care in order to create capacity and support youth being treated in the most appropriate and convenient place within the service continuum possible.

Recommendation #5:

We recommend that the State of Oregon increase the number of Psychiatric Fellow slots at OHSU and Samaritan Hospital in Corvallis. It is our understanding that there are currently only four Psychiatric Fellow slots annually in the state of Oregon, and that OHSU annually receives upwards of seventy-five qualified applicants to this program. Increasing the number of slots would immediately widen the pipeline of psychiatric professionals in our local community that would be potential resources for youth and families in our publically-funded behavioral health system.

Our governance bodies realize that this is a complicated problem, and are eager to engage in the development of any or all of these recommendations, but realize that they are outside of our local control. We appreciate your consideration of these recommendations, and assure you that we will continue to work on solutions within our local control, and are happy to provide updates on these efforts as they become available.

Health Share of Oregon, as host to the Tri-County System of Care Regional Governance Structure, is pleased to forward these recommendations for your attention. Health Share's plan partners are in support of these collaboratively-written recommendations, as is the Children's System Advisory Council, as evidenced by the signatures below.

Our Executive Council requests a formal response to these recommendations within ninety (90) days of receipt with a commitment to partner on any required actions that are proposed.

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Please feel free to contact Selby Stebbins (selby@healthshareoregon.org) regarding questions related to the shortage of psychiatric professionals and related recommendations, and she will ensure that they are directed to the appropriate party.

Respectfully,

Maggie Bennington-Davis, M.D.

Interim CEO and Chief Medical Officer

Health Share of Oregon

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Children's System Advisory Council