Bruce Thomson public comment:

I am Bruce Thomson a retired family doctor from Corvallis where I was a shareholder in a private clinic with 4 other family physicians for 20 years. In 1993-94 we were shareholders in the Corvallis Clinic (TCC). We left TCC in 1994 when the Corvallis Clinic chose to pursue forming Physician Partners Incorporated with Health First Clinic in Portland and the Medford Clinic. The business plan to form an IPO from these 3 large clinics that would be traded on the Stock Market, was not successful and was a costly failure. I am here today as an advocate for access to affordable health care for all people in Oregon and as a member of the legislative committee for Mid Valley Health Care Advocates. I am a member of Health Care for All Oregon.

My colleagues and I, have serious concerns for the evolving health care crisis in Lane County as unknown thousands of patients are being discharged from OPTUM/EUGENE OMG. In the written comments I have included a copy of the letter that OPTUM has recently sent to Eugene/OMG patients. There are several problems with this letter and the strategy that OPTUM is using in discharging patients. This letter borders on willfully planned patient abandonment, I encourage you to read it. We have heard of several patients who first learned that they "Were no longer a patient of EugeneOMG" when they called the clinic to schedule a follow-up appointment with their PCP. Those patients never received a letter and <u>it is unknown how many OMG patients still do not know they have been discharged.</u> Colleagues estimate that as many as 13,000 letters have been sent out, however the true number of letters is unknown. This number of letters represents the loss of 4-5 medical providers from EugeneOMG, in addition to the 30 plus medical providers who separated from EugeneOMG in the first year after OPTUM took over. With that many patients being discharged in this crisis, it could take 2 years for all discharged patients to find new providers.

The letter is signed by Imelda Dacones, MD, Market President Optum Pacific Northwest. Dr Dacones does not have an active license to practice medicine in Oregon so she may not be aware of proper procedures and responsibilities in discharging patients from medical practice in Oregon. The American Medical Association has specific constitutional bylaws that elaborate on Physician Responsibilities for Safe Patient Discharge from Health Care Facilities.

The Corporate Practice of Medicine dates back to the 1800's and is rooted in the tension between the ethical obligations of practicing medicine by trained professionals and the business interests and fiscal earnings reaped by controlling medical practices. This tension can have significant impacts and creates moral injury for many medical providers. Moral injury accumulates and eventually leads to medical providers leaving a system that is ethically conflicting.

We advocates for access to affordable healthcare in Oregon, are very concerned that the healthcare crisis evolving in Lane county will soon spread to Linn and Benton County. The trending problems at Eugene/OMG are being nervously observed by patients of The Corvallis Clinic, as friends and relatives are left in limbo to ponder their medical care future.

Thank you for this opportunity to provide this information to the OHPB and OHA.

February 2024:

Dear Patients and Friends:

It is with mixed emotions that I send you this letter. After much thought and consideration, your primary care provider, [redacted] recently made the decision to leave Oregon Medical Group. [redacted] last day seeing patients was February 22, 2024. I apologize for the loss and hardship this may cause.

As you may know, we have seen lots of transition in health care in our region and across the country over the past few years. Because of the global pandemic and many other factors, this country, our state, and our county have extremely limited access in primary care. So, while we are not able to transfer your care to another Oregon Medical Group provider at this time, we want to continue to partner with you to support your health. You may also contact your insurance carrier to find a contracted provider.

I want you to know that we are committed to caring for our Eugene and Springfield communities for the long term. Oregon Medical Group has served our region for more than 36 years and we look forward to doing so for decades to come. Thanks to our support from Optum, we are continuing to build a stronger foundation for our organization now and well into the future. Optum is a nationwide family of doctors dedicated to caring for communities like ours and making health care work better for everyone.

We are hard at work with our teams to address what are national, statewide and regional healthcare workforce shortage by:

- Actively recruiting additional physicians and advanced practice clinicians (PA-Cs, ARNPs, etc.)
- Credentialing our clinician partners across state lines (as part of one larger Optum Pacific Northwest) to provide care to our patients in this time of transition
- Launching virtual care options like on-demand video visits to help manage urgent issues from the comfort of home, work, and anywhere you may be
- Expanding our NOW Immediate Care Clinic operations and access
- Adding MyChart e-visits to address common conditions quickly

Next Steps for Your Care
Here are several ways we can support you through this transition:

Existing Appointments: We are evaluating all currently scheduled appointments with departing clinicians. We will contact you to help triage and meet urgent needs as we are able. We will honor and confirm as many appointments as possible. For others, we may need to postpone until we have restored access.

Medication Refills: We will continue to refill medications for up to 60 days after your provider's departure. Please contact your preferred pharmacy first to initiate a refill request. Note that our processing times may be longer than usual.

Lab Work and Testing: Completed lab and test results are available to view via MyChart.

Acute Care Needs During Office Hours: If you have an acute medical need, our call center can provide additional information for community resources. We will share more information on our website regarding care advice services as we hire and onboard new clinicians to provide this support.

Nurse Line Through Your Insurance Company: Contact your insurance company to learn more about care resources available to you such as nurse triage lines or virtual care options.

Oregon Medical Group, now part of Optum, has an incredible legacy of being your trusted health care partner in our community. We are working to build new services and rebuild our care teams to enhance our access and to better serve you and our community.

We appreciate your patience, understanding and support. We will share more information in the coming months on our website, in patient outreach and through social media as we add new providers and welcome more patients back into the clinic and into our expanding services of digital and telehealth this spring.

Thank you for being an Oregon Medical Group patient and trusting us for your health care needs. It is our privilege to provide your care.

Sincerely,

Imelda Dacones, MD
Market President
Optum Pacific Northwest

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 541-687-4905. ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 541-687-4905. 請注意：如果您說中文(Chinese)，我們免費為您 提供語言協助服務。請致電：541-687-4905.

One Peak Medical:
https://www.onepeakmedical.com

- **Country Club:**
    - Phone: (541) 346-6613
    - Address: 992 Country Club Rd Ste 201, Eugene OR 97401
    - Office Hours: Mon - Fri: 7am to 5pm
- **Springfield:**
    - Phone: (541) 204-4745
    - Address: 3312 Gateway St, Springfield OR 97477
    - Office Hours: Mon – Fri: 7am to 5pm
- **Coburg (*OPENING MARCH 2024*):**
    - Phone: (541) 346-6606
    - Address: 1755 Coburg Rd Ste 601, Eugene OR 97401
    - Office Hours: Mon - Fri: 7am to 5pm

Oak Street Medical:
https://www.oakstreetmedical.com

- Closed to all Medicare, Medicare Advantage plans, and Military coverage.
- Phone: (541) 431-0000
- Address: 1426 Oak St, Eugene OR 97401
- Office Hours: Mon, Tues: 7:30am to 5:30pm, Wed - Fri: 7am to 5pm

Thurston Medical Clinic:
https://thrustonmedicalclinic.com
Phone: 541-746-1166

- Address: 147 S 52nd Pl, Springfield OR 97478
- Office Hours: Mon - Thurs: 7am to 6pm, Fri: 7am to 5pm

G St Integrated Health:
https://www.gsih.org
(541) 735-9420

- Closed to Medicare and Medicare Advantage plans.
- Address: 1435 G St, Springfield OR 97477
- Office Hours: Mon, Thurs, Fri: 8am to 5pm, Sat, Sun: 9am to 5pm

Hemsley Healthcare:
https://www.hemsleyhealthcare.com
(541) 681-8446

- Closed to Trillium, DMAP and Medicare
- Address: 498 Harlow Rd, Ste 5, Springfield OR 97477
- Office Hours: Mon – Fri: 8am to 5pm

Clinics Accepting New Patients

Northwest Medical Homes:
https://wwwnwmedicalhomes.com
(541) 747-4333

- **Springfield Family Medicine:**
  - Address: 2280 Marcola Rd, Springfield OR 97477
  - Office Hours: Mon - Fri: 7am to 8pm, Sat: 9am to 5pm
- **Centennial Clinic:**
  - Address: 1800 Centennial Blvd, Springfield OR 97477
  - Office Hours: Mon - Fri: 8am to 6pm
- **McKenzie Valley Primary Care:**
  - 2644 Suzanne Way, Eugene OR 97408
  - Mon - Fri: 8am to 5pm

Oregon Integrated Health:
https://www.oregonih.com
(503) 972-0235

- **Eugene Family Medicine:**
  - Address: 3 River Ave, Eugene OR 97401
  - Office Hours: Mon - Thur: 8am to 7pm, Fri 8am to 5pm

Best Med Primary Care:
https://bestmedclinics.com/oregon

- **Coburg:**
  - Phone: (541) 345-8760
  - Address: 1800 Coburg Rd, Eugene OR 97401
  - Office Hours: Mon - Fri: 8am to 5pm
- **Harlow:**
  - Phone: (541) 500-6949
  - Address: 445 Harlow Rd Ste 100, Springfield OR 97477
  - Office Hours: Mon - Fri: 8am to 5pm

Journey Family Medicine:
https://journeyfamilymedicine.com
(541) 228-9700

  - Address: 995 Willagillespie Rd Ste 300, Eugene OR 97401
  - Office Hours: Mon - Fri: 9am to 5pm
    - *For pt's 6yrs + an online pre-registration form must be completed prior to becoming a new patient. This must be done individually for each family member. Journey will call to schedule in the order received.*

John Santa public comment:

I am submitting these written comments in hopes the Oregon Health Policy Board will review them and the document I attach. I urge each of you to do so knowing that OHPB reviewed and approved HCMO prior to its passage in the Legislature and, that OHPB has a statutory basis for reviewing HCMO procedures. OHPB has a commitment to health equity and to transparency. Certainly, OHPB should be interested in how the suggestions it made and the decision it made to approve HCMO has worked out, especially when it comes to OHPB's priorities such as health equity, health access and cost.

I focus on procedures because I know that the HCMO statute does not provide a basis for OHPB to be involved in HCMO decisions about specific transactions. But I think process issues and the importance of the overarching goals are appropriate for OHPB to take on. My most vivid memory of those discussions was that the initial HCMO documents presented to OHPB made no reference to health equity and several OHPB members urged that be added and it was. I recall being pleased that important consumer aspects would be crucial to the decisions HCMO would make---quality, cost, access and equity.

Current language describing HCMO emphasizes these goals. "Through the Health Care Market Oversight (HCMO) program, the Oregon Health Authority (OHA) reviews proposed business deals to make sure they will help – and not hurt – Oregon's shared goals of health equity, lower consumer costs, increased access, and better care."
https://www.oregon.gov/oha/HPA/HP/Pages/health-care-market-oversight.aspx

But each of the 19 transactions reviewed present very different circumstances and put HCMO to the test in terms of the process it has pursued. I have followed several of these transactions and have found multiple process obstacles that prevent understanding of important aspects. A group of colleagues and I have shared our experiences and developed the document attached. It identifies 14 categories of process concerns, many with multiple questions within the category. It seems it is time to think about how to address these issues.

The current process is highly asymmetric. The applicant, usually a health care industry organization, dominates the information process. It can designate almost any piece of information as confidential. In some cases, it appears a document from the applicant can be entirely confidential and even its presence be kept secret from the public. In some cases, the applicant can determine that HCMO content is confidential and redact it or prevent it from being made public.

The role of the public in the process is poorly defined and executed. The initial announcement of a transaction is poorly publicized, especially to the communities and patients it may have

impact on. Public comments are received and published, and a few may eventually be mentioned in the final report but there is little acknowledgement of concerns/harms. Commenters may ask questions but, to my knowledge, there are rarely answers provided. Public sessions are promised but have occurred only in a minority of transactions. The public sessions I have attended often have few and sometimes no commenters. These virtual sessions were filled with applicant executives, lawyers, and communication staff who say nothing. Pretty intimidating. When there are public attendees present and they ask questions no one from HCMO will respond. It does not appear that there is any confidential process for the public to pursue for in person comment or any protections for a patient or employee from the applicant.

In a recent transaction involving the purchase of the Corvallis Clinic by a large for profit health insurance conglomerate (Optum/UnitedHealth), hundreds of comments were received and published. Reading them was an experience. 90% were opposed to the transaction and 50-70 of them shared lived experiences with the conglomerate that demonstrated obvious harm. Some specifically pointed to an earlier Optum takeover of the Eugene Oregon Medical Group, prior to HCMO, that had caused them, or their families. harm. HCMO made public a proposal to approve the transaction with conditions clearly aimed at moderating those harms. But then reversed course and granted an emergency exemption from the process. No one from HCMO or OHA made any attempt to reach out to the Mid Valley community to explain why the harms they reported were ignored to the benefit of the business of the conglomerate. In fact, as of the writing of this comment, HCMO has made nothing public about how they weighed the benefit/harms. Making tough decisions does not justify the absence of accountability. Please ask OHA and HCMO to meet in public and private (with those who prefer confidentiality), with members of the Mid Valley Community and explain what happened.

Every month OHPB is reminded of HCMO transactions and individual OHPB members are encouraged to participate in the process. Some of you have---thank you. But I ask you to evaluate the process and procedures underway and whether they are consistent with the approach OHPB urged when it approved HCMO. OHPB has done this for multiple other OHA programs it has been involved in. More transactions are coming. Follow up on previous transactions are pending. I hope the document attached provides a start for this discussion.

Questions related to HCMO processes   Draft 4 April 2, 2024

Submitted by John Santa MD MPH

These questions are focused on HCMO processes as it relates to individuals, organizations and communities engaging with the process. This draft has been reviewed by multiple individuals who have tried to participate in the HCMO review process. We know some of the answers are available in the HCMO statute but felt best to identify key issues causing confusion and concern. Comments are welcome and can be sent to santa1177@comcast.net.

1) Notification of a transaction
    a. What individuals, organizations or communities are routinely informed of the receipt of a materials change transaction?
    b. Can individuals, organizations and communities request routine notification of all transactions, a subset of transactions or a specific materials change transaction?
    c. Are media routinely notified of every materials change transaction? Which media are informed? Can media request notification of all transactions?
    d. If/When are other organizations in the same market as an applicant informed of a transaction?
    e. Are patients notified of a transaction that directly affects them in some way? Does the applicant have any obligation to inform their patients/customers?
    f. Is the OHPB notified of all materials change transactions? What is the role of the OHPB with regard to the HCMO process?
2) Notification of transaction "events" in the HCMO process
    a. If/when are individuals, organizations or communities that submitted a comment on a transaction informed of that transaction's progress, decisions etc.?
    b. Are other organizations in the market informed of events in the HCMO process? Should those organizations be asked to estimate impacts on them? Should competitors be requested to file an estimate of impact – we need to improve on the lack of transparency of the current process
3) Response periods
    a. It appears the initial response period after notice of a materials change transaction is "received" is 30 days. This needs to be made more clear to the public. Can this period begin after significant public notification has been made, including notification of media?
    b. The response period of a comprehensive evaluation is 180 days but it is unclear when this starts and ends. It appears that if "parties" agree on an extension the extension occurs. It seems the public/community (and a Community Review Board if convened) should be a part of that decision and allowed to request/suggest extensions but also disagree with an extension. Is that possible?
    c. It appears that applicants are allowed to communicate with HCMO after a deadline for specific reasons including timing. Are there other reasons applicants are allowed to communicate with HCMO? Are those communications public? When do they become public?
    d. Final reviews include a report on how the "clock" progressed on a transaction. But from a public point of view, it would be more helpful to have a clock on the transaction page showing current progress, tolling or other aspects.
4) Interactions outside of response periods
    a. It appears that applicants are allowed to communicate with HCMO after a deadline for specific reasons including timing. Are there other reasons applicants are allowed to communicate with HCMO? Are those communications public? When do they become public?

   b. It appears that HCMO can communicate with applicants during and after response periods but not make their communications/inquiries public. Does HCMO make all communications with an applicant public?
   c. Does HCMO make all applicant communications public during response period and after response periods?
   d. If an applicant does not meet deadlines set by HCMO for additional information, how much additional time are they allowed? Should there be a limit on the additional time allowed? Would strict deadlines help HCMO from getting overwhelmed by delays in obtaining additional information and thereby speed up the decision process?

5) Applicant Confidentiality
   a. We are aware of HCMO rules around confidentiality. Are all communications (oral, electronic, paper) from the applicants made public by HCMO even if all (or most) of the content is felt confidential or deemed confidential? For example if 100% of a communication to HCMO is confidential, does HCMO inform the public? Does HCMO have guidelines determining which communications or parts of communications are deemed confidential/proprietary?
   b. Applicants now appear to be complying with the creation of a separate list of redactions and justification for those. Do those include all confidentiality claims including conversations, meetings, emails etc? Does it include interactions that are entirely confidential?
   c. The list of confidentiality claims includes identification of the Oregon Code justifying confidentiality. Does the DOJ or outside counsel review each of those claims and document agreement/disagreement? Can HCMO disagree with what applicants are calling confidential information? What might be legally confidential in one state, may not be legally confidential in Oregon? Can the public be informed about which applicant communications are deemed confidential?
   d. Does the applicant identify which employees of the applicant have been required to sign confidentiality agreements and the penalty for breaching those agreements?
   e. Are employees of the applicant required to disclose the existence of those agreements when they interact with HCMO or the public?
   f. Are employees of an applicant who are involved in routine financial and performance monitoring of OHA finance activities required to disclose that they are working under a confidentiality agreement.
   g. Are employees or board members of an applicant who participate in OHA advisory or decision making committees of OHA required to disclose the presence of a confidentiality agreement if/when issues arise relevant to the transaction or the “community or market” it will occur in?
   h. Are organizations or individuals not part of an application allowed to submit “public comments” and documents to HCMO and insist on confidentiality?
   i. Are parties to an application allowed to not submit any response to an application they are named in? Is this kept confidential?

6) HCMO confidentiality
   a. What confidentiality agreements govern HCMO staff since they are allowed to “view” some confidential information in documents that the public is not allowed to view? Can

the public request documents and communications to HCMO by the applicants that do not meet the DOJ criteria for confidentiality?

b. What about confidential information communicated orally by the applicant to OHA? How are oral communications documented? Are oral communications subject to DOJ criteria for confidentiality?

7) Public sessions
   a. Are any interactions between the applicants and OHA public? Between HCMO and applicants?
   b. When an applicant is involved in Medicaid are sessions between OHA and the applicant public? On what statutory basis are those meetings held in private?
   c. What Oregon statutes are applicable to HCMO when it comes to public sessions?
   d. Are all sessions and meetings related to community review boards public?
   e. Are applicants prohibited from participating in public sessions?
8) Recorded sessions
   a. Are public sessions recorded and made available to the public?
   b. Is there a lag time before recorded sessions are made public?
9) Applicant documents
   a. In some cases applicant responses to OHA inquiries are submitted over an extended period of time, with multiple answers/updates/corrections to individual questions. Rather than updating answers in a consistent document, multiple documents are generated making it difficult to determine what is old, new, changed, deleted. Has HCMO considered a format that would enable all involved to see a single updated document to HCMO inquiries?
   b. In some transactions a Form A process takes place in addition to HCMO. While HCMO and Form A staff commit to sharing information, it can be difficult to be sure they are doing so since the web pages of each are designed differently, lag times exist for both. Can these challenges be reduced?
   c. Many applicant documents are written by lawyers with the interests of the applicant or HCMO in mind rather than the public. Would HCMO consider making legal resources available to the public to resolve challenging statute language, answer questions?
   d. Are applicant documents fact checked? Can consumers request that applicant facts be checked?
   e. Applicant contracts are often hundreds of pages. Does HCMO review those contracts? If HCMO has concerns about those contracts does it communicate those concerns prior to making a decision?
   f. Do HCMO processes assure that applicant contractual documents acknowledge and specifically address Article 1, Section 47 of the Oregon Constitution?

   g. Do HCMO processes assure that applicant contractual documents acknowledge and specifically address the priorities of the OHPB regarding health equity, access to health care, and maintaining affordable health care costs in Oregon?

10) Appeal of decisions

   a. Can consumers, organizations or communities appeal a HCMO decision? For example if a city, county or other jurisdiction had concerns about a HCMO decision could that jurisdiction appeal the decision?

11) HCMO decisionmaking
    a. Who at OHA makes the decision about approving an application for a merger or acquisition?
    b. Is it one person or a group of people?
    c. Does the OHA Director play a role in the final decision?
    d. Is there anyone designated specifically to represent the public in this process?
12) Community Review Boards
    a. Who makes the decision as to whether a Community Review Board should be formed to review an application?
    b. How many people will be selected?
    c. How do community review boards approach confidentiality issues?
    d. How many times has HCMO convened a "community Review Board"?
    e. Does HCMO/OHA/OHPB have a "standard" protocol for community review boards to follow?
13) Conditions of approval
    a. Who makes the decisions regarding specific conditions?
    b. How are conditions determined?
    c. Does HCMO have a "standard set of conditions" that are options or can conditions be "specified" for each transaction as determined appropriate?
    d. If HCMO does have a "standard set of conditions" that are required to be met by the applicant, can these conditions be made available to the public?
    e. Should OHPB be involved in reviewing approvals, since the OHPB serves as the link to the interested public?
14) Review questions
    a. Are there limits or boundaries around data to be included in a review?
    b. When it comes to "health equity" is every transaction examined with health equity for Medicaid patients in mind? Would an application be approved in which the applicant specifically excluded serving Medicaid patients? Specifically excluded serving Medicare patients?
    c. If an applicant has done business in Oregon prior to their application is data from the prior period included in the review analysis?
    d. For transparency, should there be additional/designated staff in HCMO who facilitate informing the public regarding the processes and progress of a review?