

Report to Oregon Health Policy Board Benton County Coordinated Care Community Meeting November 2, 2011.

On November 2, 2011, approximately 180 community members came together in Corvallis, Oregon, in response to the Oregon Health Authority's seeking public input to the development of Coordinated Care Organizations. The event, "Health Care is Changing – Be a Part of the Story," was planned by an ad hoc committee representing a wide cross-section of the Benton County community, including both public and private health care entities along with community volunteers and health care advocates.

Multiple outreach strategies were employed to reach the greatest number of community participants. Fliers in both English and Spanish were widely distributed by both traditional and electronic means. Newspaper articles both before and the day after the event informed the community at large.

The site, timing, and design of the forum was carefully planned to encourage attendance and active participation. People sat around tables for 8-10, light refreshments were available, and child care was provided. Two tables provided simultaneous translation into Spanish. The initial part of the event was a presentation about the goals of CCOs and a panel of key local leaders involved in designing the program in this area.

Leaders for the small group discussions which followed were carefully chosen in advance and received orientation as to the goals and recommended process to elicit the most relevant comments from participants. A participant at each table was asked to serve as recorder for the group. Five questions asked were identical to those used at other statewide gatherings; a sixth was added locally.

The report which follows is an attempt to categorize the large number of responses received during these small group discussions. Important to note is that the number of responses doesn't necessarily correspond with people; there was open discussion and, while not everyone responded to each question, some may have made multiple comments. Also the sampling of responses is just that – an effort to show a range of representative responses.

Active engagement during the entire two-hour period was most notable. Sign-in sheets at each table gave participants an opportunity to indicate if they wished to remain involved with the issue of health care reform - and a majority said they did!

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How can the community support my health?

There were 164 responses recorded to this first question. Almost a third cited factors contributing to a healthy lifestyle. Other frequently mentioned supports were the delivery of health care, outreach efforts, and access to health care.

Healthy lifestyle: 53 comments
Health care delivery and outreach: 32
Access to health care: 30
Education and information: 19
Prevention: 10
Financial: 15
Transportation and rural needs: 9
Mental health: 7
Cultural sensitivity: 3

Healthy lifestyle:

“The community can sponsor health friendly activities to encourage a health-conscious culture.”
“Widespread access to healthy food.”
“Limiting the number of convenience stores who just advertise tobacco, beer, and junk food in our lower income neighborhoods.”

Health care delivery and outreach:

“The community can partner with the CCO in sponsoring educational sessions on health matters.”
“Need more community based outreach and support, connecting everyone, making community healthcare a responsibility of everyone, not just the individual.”
“Reaching out through fitness centers for health screenings.”

Access to health care:

“Phone access to connect people with the services they need (already available for the elderly and very recently for people seeking various community services.)”
“Services with equal access to the uninsured and disabled.”
“Recognize that there is a segment of the population that contributes to the community and the county’s economy but, due to their status, cannot benefit from any medical assistance programs. Health care should not be a privilege.”

Education and information:

“Community organizing – events like this, and topics at the library and in newspapers.”
“People in my community must be informed and active in the formation of the CCO, thereby insuring that the community CCO will have a healthy start.”
“Resources are available but the use of behavioral specialist providing education could be a huge help to encourage utilization.”

Prevention:

- “Someone calls at home with questions and ideas about preventative things I could do and whom I could call any time.”
- “Free, inexpensive health screenings.”

Financial:

- “Better coverage – full coverage including dental.”
- “Free, inexpensive health screenings.”
- “Instead of going to insurers, pool money within community to pay for health.”

Transportation and rural needs:

- “Additional access to mass transit; there are more difficulties for rural communities to access community benefits.”
- “Rural communities need equal access to health care.”

Mental health:

- “Immediate mental health crisis support for children, teens, families.”
- “Adequate mental health providers, especially adolescent psychiatry.”

Cultural sensitivity:

- “Resources are not as available in south town and are also not culturally appropriate.”
- “Access to care and education that is culturally and age appropriate.”

2. How should Coordinated Care Organizations (CCOs) be responsible to their communities?

Of the 178 individual responses to this question, more than 40% focused on organizational aspects of the CCO. Other frequent responses pointed to communication, coordination, preventive care, education, and attention to special needs populations. Access to care and cultural and other barriers were often listed.

Organizational/structural: 72 comments

Coordination and communication: 29

Preventive care and education: 23

Special needs, including mental health: 21

Access issues: 18

Cultural issues and other barriers to care: 18

Organizational/structural comments:

- “Make sure community in all its diversity is represented.”
- “Governance and input structure should allow the community to have input into the CCO.”
- “Meetings should be open to public, subject to public meeting law.”
- “Availability of an ombudsman office to receive complaints.”
- “Funds should go to direct care – not more management of local providers and public health people.”
- “Make sure there is competition – Samaritan should not be the only provider.”
- “Decision makers should be local, embedded in community.”

Communication and coordination:

“Make sure providers talk to one another.”

“The CCO has to let the community know what is going on through meetings, metrics.”

“Community healthcare organizations and facilities should not compete for patients and should work together to boost efficiency.”

“Providers should have easy access to all kinds of health information/medical records for their patients so as to not duplicate labs, exams, etc.”

Preventive care and education:

“As a society, we don’t deny care but we don’t prevent the need for care – more education.

“The people impacted by the CCO need to know the difference between it and the HMO or the other programs they have used in the past.”

“Initiate programs to promote public health, preventive care.”

Special needs including mental health:

“CCO should have responsibility to medically vulnerable – aged, chronic conditions.”

“Lots of subsets of users – mental health, chronic, pediatric, etc. – need flexibility of care.”

“Consistently caring for all of their designated populations.”

Access issues:

“Meet a patient where they are – multiple types of care with one visit.”

“Rural health needs a hospital within its CCO.”

“Daily 24 hour call/access for clinic/urgent care.”

Cultural issues and barriers to care:

“The CCO must have bilingual (and bicultural as much as possible) staff who can attend to us with respect.”

“The information must be accessible – offer more services in Spanish, in order to assure that everyone has equal access. They should do everything possible to diminish barriers faced by certain populations.”

“Remove barriers such as insurance not covering a referral.”

3. How will the Oregon Health Authority and the community know that communities are being engaged by CCOs in a meaningful way?

The 155 responses recorded to this question divided relatively evenly.

Organizational structure: 28 comments

Health measures: 27

Utilization: 26

Statistical/quantitative: 26

Patient feedback and satisfaction: 24

Communication: 21

Cost factors: 10

Organizational structure:

- “The community knows that it is being engaged when it has strong voices on the governing board.”
- “Not another impotent advisory board; mix of community members, public health and other providers on governing board; should be a mix of local community members that includes marginalized populations.”
- “It has access to the CCO’s financial statement.”

Health measures:

- “Community members will have mental and physical health needs met, especially chronic health conditions.”
- “Community could conduct comprehensive health assessments to insure everyone is being reached.”
- “Number of behavioral successes (BMI, smoking, blood pressure)”
- “Set measurable goals for health care problems (e.g., diabetes, smoking, prenatal care).”

Utilization measures:

- “Less emergency room use might be indicator that people are educated.”
- “A majority of patients are seen for crisis care – this indicates that the CCO is doing its job.”
- “Have health care advocates to help educate people about the health care system.”

Statistical measures:

- “Number of people served matches demographics of the population.”
- “Satisfaction survey with documentation.”
- “Publish numbers about how many people receive care.”
- “Compare numbers of MRIs, CTs, etc. before and after.”

Patient feedback and satisfaction level:

- “Survey OHP clientele through phone calls for follow-up; invite patients to come to group events (with child care) for check-ins and education.”
- “CCO should have a toll free number and email address for members to share concerns and offer compliments. This will allow for CCO to get specifics on good care vs. poor care, see trends and best practices.”
- “Pre and post office visit evaluations/surveys and community-wide surveys.”

Communication:

- “Increase awareness about CCOs and its program in the community.”
- “Be honest.”
- “There should be a feedback loop, such as public forums.”

Cost factors:

- “Tell communities about how dollars are going to be spent; global budgets should be clear to communities, as should appeals.”
- “See where the money is being spent – education and preventive care.”
- “Information on costs of service – can lead to wiser use.”
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4. How can I be an active participant in my health care?

Of the 138 responses to this question, 35% indicated primarily personal responsibility. The next two most often mentioned factors were mostly perceived as external, provided to the individual. There was often, however, a blend of what is available with how the individual responds to it. A sizable number indicated an interest in reaching out beyond oneself to concerns for the larger community's health.

Personal responsibility: 49 comments

Information and incentives: 27

System factors: 26

Community perspectives: 18

Advocacy: 17

Personal responsibility:

"Eat well, be physically active, drink less soda, walk more, participate more in sports: lifestyle intervention changes."

"Follow provider care instructions."

"Write out questions before you go to doctor."

Information and incentives:

"Using a hotline or nurse phone for questions re: accessing providers appropriately."

"Be rewarded somehow for staying healthy."

"Billing and records should be made more transparent."

"Health care providers need to address patient fears to help them be an active participant."

System factors:

"Patient advocates for those who need help navigating the system, accessing medical needs and other services."

"Stay informed about my health status – have easier access to my own medical records."

"Be aware of changes to the system."

Community perspective:

"Shift from a self to community mindset."

"Engage in community education and support."

"On a community level, increase in health centers or recreation center with easier accessibility and more opportunities."

"Participate in your neighbor's wellness, community wellness"

Advocacy:

"Answer questionnaires and provide feedback on anything that isn't satisfactory with care/ services."

"Stay involved! Learn the system. Be open to change."

"Be an informed consumer."

5. Think about the best health care experience you ever had...what features made it the best?

There were 138 responses recorded to this question. A number of the positive experiences cited occurred in other countries or in specialized environments such as a Shriners' Hospital. Situations where care providers served as patient advocates – with referrals, insurance companies, financial problems - seemed to be especially positive experiences.

Feeling cared about: 33 responses
Having enough time with concerns: 22
Being listened to; good communication: 14
Quality of care: 21
Coordination of services: 12
Being informed and consulted as a patient: 10
Financial factors: 9
Access to care: 9
Complementary/alternative approaches: 7*
Flexibility in care: 6

Feeling cared about, listened to, and given enough time with provider:

“Providers really cared, made patient feel welcome and not rushed.”
“When I am treated as a partner and with respect.”
“Medical professionals have sufficient time to spend with a patient.”

Quality of care:

“Wonderful emergency services”
“Competency – trust that they know what they’re doing”
“Urgent care diagnosed malaria, 6 doctors consulted, team in the hospital focused on solution.”

Financial matters:

“Providers know about cost of procedures and also individual’s cost.”
“Allowing patient to make choices without having to worry about how it will be paid for or the costs of specific treatments in stressful situations (e.g., childbirth)”

Access to care:

“Open access to specialists.”
“Availability after hours.”
“Having CAWEM Plus for my pregnancy – knowing that I would get equal prenatal care as any other OHP mom-to-be”

Information:

“Nurse offered patient choices and let the patient decide what they wanted to do.”
“Sharing of medical record information with patient.”
“Full explanation of procedures beforehand – open communication.”

Coordination of services:

“PCP coordinated my care with specialist”
“Access to providers I need – exercise physiologist, neurologist, etc. – at the time I needed it.”
“Communication among providers”

Flexibility (including complementary/alternative approaches):

“Physicians did not force patient to take medical approach and allowed time to help patient improve without medical interventions.”

“Partnership with naturopath and cancer MD – coordinated non-traditional and traditional methods.”

“In-home support and care, including after medical procedures.”

6. Think about the worst health care experience you ever had...what made it such a bad experience and how could it have been improved?

There were 106 responses to this final question:

Poor or unavailable care: 26 (25%) (especially with mental health needs.)

Care driven by cost considerations: 21

Lack of coordination: 20

Insensitivity: 15

Lack of time from providers: 6

Having to wait for services: 3

Poor or unavailable medical care:

“Mix up of medications – gave me someone else’s”

“Hard time finding doctors that accept Medicare”

“Mental health is not well understood by providers”

Cost-driven care:

“Not respectful of patient’s financial issues – someone who cannot afford co-pay does not go to doctor and ultimately ends up in ER.”

“Deductibles disincentive for primary care.”

“Heart attack at 3 am; first attention was to have me sign insurance forms.”

Lack of coordination:

“Elderly in-laws got care from dueling specialists – care was not coordinated.”

“Didn’t know where to seek care.”

“Run around – sent from doctor to doctor without correct diagnosis; also fragmented care becomes very expensive with extra co-pays.”

Insensitivity:

“Bad news over the phone.”

“Doctor looks at computer whole time.”

“The provider made me feel like she did not want to see me but had to see me because she works for a free family planning clinic and I had good insurance. I felt discriminated because I did not speak English and she was frustrated having to use an interpreter. She laughed at my questions and was not patient with me.”

Lack of time/waiting for services:

“When I was a 5 minute visit with provider only looking at the record.”

“The long wait in the lobby for a scheduled appointment. The providers are given too little time in the consultation room with me; always feel rushed. It would be nice if a provider did not have to see me as a dollar sign and have to worry about “productivity”.

“Visit to emergency room – too long to wait, too expensive, incomplete care.”

