



Oregon Health Authority

Community Meetings Summary
September – October 2011

October 28, 2011

Prepared by Oregon Consensus

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**Oregon Health Authority
Community Meetings - September and October 2011**

**Submitted by Oregon Consensus, Portland State University
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Oregon Health Authority Community Meetings 2011 Summary Report

Overview

From September 26 through October 13, 2011 the Oregon Health Authority (OHA) held eight community meetings around the state (Roseburg, Medford, Pendleton, Florence, Bend, Portland, Eugene, and Astoria). The purpose of the meetings was to provide an overview of proposed changes to the Oregon Health Plan (OHP) that would allow for the development of Coordinated Care Organizations (CCOs) and to solicit input from communities about the new approach. The meetings were facilitated by Oregon Consensus with support from local community dispute resolution centers in each location. Bruce Goldberg, OHA Director, Mike Bonetto Health Policy Advisor for Governor Kitzhaber, and Sean Kolmer, Assistant Health Policy Advisor for Governor Kitzhaber were the key speakers at the meetings. In many locations they were joined by local health care innovators who are working to establish more integrated approaches to healthcare in their communities. Following the informational presentations participants had significant time to ask questions of the presenters and also broke into small groups to discuss and provide feedback on the following questions:

1. Think about the best health care experience you have had. What were the key features that made it the best?
2. What is the responsibility of the patient to be an active participant in their care plans?
3. Coordinated Care Organizations need to be accountable to and engage the community they serve.
 - a. How should a CCO be accountable to its community?
 - b. How would the Oregon Health Authority (and local communities) know that CCOs are engaging the communities they serve in a meaningful way?

In total, more than 1,000 Oregonians attended the eight sessions. Each of the meetings received strong interest and participation. Many participants expressed appreciation for the OHA's effort to engage the public in a conversation about CCOs. In general, participants were supportive of the CCO concept but there were many questions and some concerns about how the new approach would be implemented and impact current providers and local communities. Concurrent to the eight community meetings OHA administered an online survey for individuals who were not able to attend the meetings in person. 284 individuals provided feedback via the online survey, bringing to total of individual respondents to nearly 1,300. The following is a brief summary of some of the key themes heard during the eight meetings and gathered from online respondents. More detailed summaries of discussions at each of the eight locations are provided later in the report. Neither the summary report nor the individual meeting summaries are intended to be an exhaustive description all topics discussed, but rather should serve as a high level overview of questions asked and common themes that emerged during the meetings.

Themes from Community Input

The following is a brief summary of some of the emergent themes heard during the eight meetings. This is not intended to be an exhaustive list of topics discussed but rather should serve as a high level overview of common themes that emerged throughout the meetings.

Comprehensive health care that meets the needs of the whole person is essential. At each of the meetings participants expressed a strong desire for the CCO system to include alternative providers, such as naturopaths and chiropractors, as well as mental health, home care, and dental services. Many saw these services as potential cost saving services and important for creating better health in the community. Many suggested that alternative health care providers should be placed in equal standing with primary care providers in the CCO.

Mental health and addiction services should be better integrated into the health care system.

Currently, there is a strong sense that mental health and addiction services are not well integrated into the health care system. All communities expressed desire for this to change with the implementation of CCOs.

Economic health and community health are linked. All communities saw the current health care system as a significant strain on available resources. Providing more efficient care that creates better health was seen by many as an important factor in maintaining or creating long term economic vitality.

Provide assistance and support to communities as they develop CCOs. Developing a CCO would be a significant endeavor and many participants, especially in rural communities, expressed a desire for state support in the development phase. Among the suggestions made was a desire for trainings to local health providers and funding to help coordinate between providers.

Provide clear direction and metrics to evaluate CCO success. Many suggested that articulated metrics and goals would help ensure CCO accountability to OHA and provide clear direction when developing and managing CCOs. When participants considered what the likely indicators of success might be, many suggested that there would be reduced emergency room visits, diminished rates of obesity, diabetes, mental illness, among others, and greater awareness in the community about the importance of health.

Preserve local character and build on existing strengths. Oregon's communities are broad and diverse and this diversity should help shape CCOs in each community. CCOs should look different in rural communities than in larger metropolitan areas. In many locations there are already collaborative health care efforts underway; these efforts should be learned from and built upon.

Provide sufficient guidance while maintaining flexibility. Participants conveyed a desire for guidance from the state on goals and evaluation metrics, but wished to preserve flexibility to develop a CCO that incorporates local characteristics and is adaptable to changes in the community.

Local communities should be meaningfully engaged in CCO development and governance. Many participants felt that community members understand best what is needed in their area and should be included throughout CCO development and management. There was also recognition that the state will have an important role in establishing a framework and evaluation metrics for CCOs to work from. In many locations, participants also stressed the importance of having a local oversight and governance board for the CCO.

Clients and beneficiaries perspectives and experiences should be included. The majority of meeting participants were health care providers and many commented that including clients and beneficiaries in CCO development and evaluation would be important to achieving success.

Determination of funding should be transparent and take local conditions into consideration. Participants in all locations asked questions related to how funding level for CCOs would be determined. Many conveyed a desire for funding to reflect more than the number of OHP recipients. Suggestions for additional considerations included the number of elderly persons, mental health rates, diabetes rates, HIV rates, among others.

CCO development should be a first step toward broader reform. In a number of locations participants suggested that OHA take on broader health care reform, extending the CCO model to sectors beyond OHP.

Community education is key. Many participants saw a link between better community health and education. The suggestion was made in many locations that community education would be important for CCOs to create better health and encourage patients to take ownership of their own health.

OHA should be a partner with communities. Many participants expressed a desire for OHA to maintain a strong collaborative relationship with the CCOs and communities throughout the state.

Preventive care is essential. Numerous participants conveyed the importance of preventive care in reducing costs and achieving better health. Preventive care was viewed as a potential key component for CCOs in many communities.

Quality of care should not depend on where you live. Some participants expressed a desire to ensure that CCOs would help provide quality care throughout the state and not funnel resources to certain communities while leaving others to fend for themselves.

Build on what works. Many people described things that were going well and that should be preserved and built on when developing CCO's. Among the examples provided were home health care, coordination between offices and across disciplines, electronic records, alternative care, and community education.

Support coordination and reduce bureaucracy. Many participants saw the current system as bureaucratic and inefficient. They stressed a desire for CCOs to reduce bureaucracy, stream line processes, and increase coordination across service areas. Electronic databases were a particular tool referenced with some frequency.

Liability should be balanced. In a number of locations participants wondered what would happen if a CCO failed or went bankrupt. This was a particular concern for smaller and rural communities that worry about financial exposure if a CCO is not successful. There was an overall desire to balance liability among providers and between local communities and the state.

**Oregon Health Authority
Roseburg Community Meeting
September 26, 2011, 6:00 – 8:00 p.m.
Umpqua Community College**

Facilitated by Oregon Consensus in Partnership with
Coos/Douglas Neighbor to Neighbor Mediation

Introduction

Approximately 120 participants attended the community meeting in Roseburg, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Mike Bonetto Ph.D., Health Policy Advisor for Governor Kitzhaber and a member of the Oregon Health Policy Board were introduced as the key speakers.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Dr. Bonetto provided a presentation explaining the reasons driving the transformation and explained why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Highlight Local Innovation

Dr. Robert Dannenhoffer, a local physician, was introduced. He shared that local health care leaders have already been meeting for the last couple of years to discuss health care transformation. He believes Douglas County is ahead of other counties in planning for the CCOs and is looking forward to their creation. He believes a lots of community involvement is needed to assist this process. He emphasized that all communities are different, and flexibility in the rules and guidelines is needed. CCOs should be empowered to improve preventative care and take the long term view.

Themes from Question & Answer Period

During the Question and Answer sessions Dr. Goldberg and Dr. Bonetto responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Participants stressed the importance of lowering health care costs, which are a heavy burden to many communities. Many wondered how the CCO's would help lower costs.
- Numerous participants spoke of the inefficiencies of the current system, which pushes low income patients into emergency rooms, does not coordinate well

- between providers and services areas, and lacks sufficient electronic support for data management. A common question was how CCOs would improve efficiency and help break down silos in communities and between service areas (e.g. health providers, mental health, and public health).
- Some participants expressed concern that CCOs would increase bureaucracy, which was seen as a deterrent to improving health.
 - Some participants stress the need to increase access to the Oregon Health Plan (including by the self-employed)
 - Some participants wanted to see the OHA and CCOs encourage healthy communities by supporting community services, like public schools, to offer healthier choices.
 - Many participants stressed the value of preventive care as a tool to save money and keep people healthier. They wanted to encourage CCOs to provide more preventive work.
 - Oversight and accountability were seen by many as important. Some asked how success would be defined and measured.
 - Outreach and community involvement were seen as needing to be key components of CCOs, OHP recipients are a group that should be given particular attention.
 - The CCO should ensure coverage for underserved populations, including those with mental health needs and those who have been incarcerated.
 - Adult foster care should be preserved under the CCOs.
 - Many wondered how funding for CCOs would be determined and wanted to ensure that their community would not lose funding for key services if they entered into a CCO.
 - Some stressed the importance of providing training to health care professionals through the CCOs. Home health workers expressed a particular interest in maintaining training opportunities and a role for their services in CCOs.

Summary of Group Reports Back and Written Comments

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*
 - Freedom to choose a provider
 - Being treated with trust, honesty, dignity and respect
 - One on one time with doctor
 - Doctors who spend time and pay attention and get to know who you are
 - Staff who are well coordinated /quality support staff
 - Being treated like a valuable customer
 - Provider works with patient for health improvement, not just treating a symptom
 - Not waiting too long for an appointment
 - Many treatment options were available

- Unexpected medical costs didn't cause long lasting financial consequences
2. *What is the responsibility of the patient to be an active participant in their plans?*
- Patient should follow the advice of providers
 - Changing your lifestyle to treat your own condition
 - To pick someone they're comfortable with to be their provider
 - Parents and caregivers need to be involved to help children and the elderly to take responsibility
 - To educate patients about the outcomes based on how they behave at home
 - Patients need to respect medical office staff's time, showing up for appointments, and following through on provider suggestions
 - The patient should make good choices, take action, and have rewards for doing so
 - What is the medical system's response to patient irresponsibility?
3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*
- a. *How should a CCO be accountable to its community?*
- Accessible, responsive, reducing barriers to care
 - Creating ways to co-locate services
 - Transparent process to improve health care services
 - Reducing barriers to services
 - Prevention care and services
 - Citizen review board
 - Reporting patient status to physicians and educating patients on their conditions, improving social economics.
 - A community report card on the health of citizenry
 - Primary care should ensure patients getting needs met
 - CCO boards should have OHP clients on them, and the clients should know and feel that their input is valued, and documented
 - Provide prevention services for diet and exercise
 - Transparency, data-driven
- b. *How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?*
- Positive outcomes which should warrant the costs and expenses
 - Involvement at all levels from community sources, to primary care providers, schools, etc.
 - Incentives to stay healthy
 - Questionnaires with user input, information exchange

**Oregon Health Authority
Medford Community Meeting
September 27, 2011, 6:00 – 8:00 p.m.
Santo Community Center**

Facilitated by Oregon Consensus in Partnership with Mediation Works Dispute Resolution Center

Introduction

Approximately 120 participants attended the community meeting in Medford, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Mike Bonetto Ph.D., Health Policy Advisor for Governor Kitzhaber and a member of the Oregon Health Policy Board were introduced as the key speakers.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Dr. Bonetto provided a presentation explaining the reasons driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Highlight Local Innovation

Dr. Hanon, a primary care physician from Grants Pass, was introduced. He shared that currently specialized care is most profitable. For example providers are paid well for by-pass surgery and colonoscopies, rather than preventing them. OHA should provide incentives for preventing health problems. A primary care model with coordinated services, including mental and dental health will save money. Rules and metrics need to be created that pay people to do the most coordinated, prevention-based medical care. It should be relationship based and locally controlled.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Dr. Bonetto responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Many participants wished to underscore the importance of alternative care in helping to achieve better health and reduce health care costs. They wanted to see alternative care providers as an integral part of CCOs.
- Some wanted to ensure that their freedom to choose a provider would be preserved under the CCO system.

- Some participants expressed a desire for CCOs to address what they saw as negative aspects of Accountable Care Organizations, particularly burdensome rules and regulations an overall lack of flexibility. Along these same lines some participants talked about the need for better coordination between service providers. They wanted to see the CCO support logistical coordination.
- A number of participants discussed their desire for CCO to encourage partnerships and build efficiencies that are not present in the current health care system, which seems to be based on completion not health.
- Participants viewed the current system as inefficient and burdensome. They want the CCO to streamline processes and encourage coordination across service areas.
- Counties were seen as key partners for CCOs, especially for mental health.
- Participants stressed the importance of including preventative care, including dental care, in the CCOs to both save money and improve health.
- Some participants explained that home health workers provide essential services that should be included in CCOs.
- Some participants described a concern that rural areas would have adequate levels of service and enough providers are a part of CCO and maintain quality care.
- Community input to CCOs about access, choice, and local control was seen as important.

Summary of Small Group Discussions Report Back and Written Responses

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*

- Convenience
- Cost was known
- Relationship beforehand and trust went both ways
- There were options in the decision making process
- Patient got better in a short period of time
- Timeliness
- Easily accessible
- Technologically competent
- Affordable
- No out of pocket expense
- Effective and efficient
- Needs were met
- Good communication both ways
- Provider understood patient culture
- Responsibility to ask questions and listen to answers

2. *What is the responsibility of the patient to be an active participant in their care plans?*
- Ask questions
 - Listen to answers
 - Take initiative to be informed – it's your body and your life
 - What can you change in your own life that will improve your life?
 - Don't wait until you are really sick to get help
 - Certain disabilities make taking responsibility difficult
 - There is shared responsibility with the treatment team
 - There is a relationship between provider and patient, but it's the patient's ultimate responsibility. The goal is to help them understand their condition and their responsibility.
3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*
- a. *How should a CCO be accountable to its community?*
- Understand the community's poverty and its culture. Outreach effectively in order to communicate effectively
 - Be honest with practitioners
 - Provide obesity education
 - Allow doctors to refer anyone
 - Don't limit access
 - All providers contracted
 - Provide continuity of care
 - Be transparent financially
 - Create a clear, easy appeal process
 - Create an oversight board , including community members
 - Create living wages with benefits for those who work for clients
 - Audit providers and patients
- b. *How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?*
- Outcomes are client based
 - All doctors are participating
 - By patient outcomes and patient satisfaction
 - People are happy and healthy
 - Good statistical outcomes
 - The community is able to get info to OHA through classes, town hall meetings, workshops, held and organized by the CCO

**Oregon Health Authority
Pendleton Community Meeting
October 3, 2011, 6:00 – 8:00 p.m.
Pendleton Center for the Arts**

Facilitated by Oregon Consensus in Partnership with Umatilla Mediation Services Program

Introduction

Approximately 65 participants attended the community meeting in Pendleton, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority was introduced as the key presenter. Oregon Health Policy Board member, Chuck Hofmann, MD, was also present and answered questions.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg provided a presentation explaining the factors driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Highlight of Local innovation

Dr. Renee Grandi, M.D. of Winding Waters Clinic in Enterprise, Oregon explained that the current healthcare system is organized so that a doctor needs to see a patient every fifteen minutes all day long to pay the bills, which does not support general health care. Dr. Grandi and other providers in the Enterprise area have been participating in a program that provides flexible funding which has allowed for expanded access through additional service hours, development of electronic health care records and email access to medical professionals, and a team based care approach. These changes have dramatically changed and improved the level of care that providers in the area offer.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Dr. Hofmann responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Many participants wondered whether alternative providers would be included in CCO. They viewed alternative providers as inadequately included in the current system and as important for improving health and reducing costs. Some participants also expressed a desire for services like detoxification and addiction treatment to be included in CCOs.

- Some participants wondered how the CCO service areas would be defined and funding allocated. A particular concern was raised about the unique characteristics of rural communities, which may need to have a much broader service area. Rural clinics were described as particularly valuable.
- A number of participants expressed a desire for CCOs to reduce the bureaucratic burden in the health care system. The mental health area was identified as particularly problematic.
- Participants wanted the CCOs to preserve their community's rural character.
- Some stressed the importance of home health workers in creating better health and wanted to make sure that the CCOs would include coverage for home health.
- A number of participants described current positive efforts in their communities (e.g. electronic record keeping). They wanted to confirm that these efforts would be continued and enhanced under the CCOs.
- Local health care workers were seen as needing to be central to the CCO.
- Mental health was viewed as a crucial element of addressing rising health care costs.
- Some wondered if CCO would still use the OHP prioritized list.
- Participants were curious about the proposed timeline for CCO development.
- A number of participants stressed the importance of preserving crisis care and safety nets through the CCO system.

Summary of Group Report Back and Written Comments

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*

- Provide strong patient advocacy including having someone take patients through the process
- Coordinated care between multiple specialists
- No long waits
- Dedicated nurse for inpatient services
- efficient and effective transfer of patients between staff and providers
- Treated with dignity and respect
- Actual physical touch
- Conveniently located easily minimum of distraction from computer or paperwork

2. *What is the responsibility of the patient to be an active participant in their plans?*

- Ask questions
- Be upfront and honest
- Be assertive and communicate with your physician
- Hold healthcare provider accountable
- Educated about options and personal history

- follow through on the recommended care
3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*
- a. *How should a CCO be accountable to its community?*
- members of the public should be included in the governance with sufficient representation of patients and providers
 - Governance should be created through election
 - Should be located in the community
- b. *How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?*
- Decrease in the number of emergency room visits
 - Reduced morbidity rates
 - Community representation on the CCO board
 - Improvement in the baseline numbers and statistics
 - Patients are healthier and happier

**Oregon Health Authority
Florence Community Meeting
October 5, 2011, 6-8 p.m.
Florence Event Center**

Facilitated by Oregon Consensus in Partnership with Community Mediation Services

Introduction

Approximately 65 participants attended the community meeting in Florence, Oregon. A welcome video featuring Governor John Kitzhaber was played. Sean Kolmer, Assistant Health Policy Advisor for Governor Kitzhaber was introduced as the primary presenter.

Transforming the Oregon Health Plan Presentation

Sean Kolmer provided a presentation explaining the factors driving the transformation and explaining why it is happening now. He described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Themes from Question and Answer Period

During the Question and Answer sessions Mr. Kolmer responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Some wondered how CCO decision making would be established and what the local involvement would be in decision making. Many viewed local participation as key to the CCO success.
- Some wondered what the CCOs connection was to federal health care reform and whether changes at the federal level might impact the state's CCO effort.
- Many participants wondered whether alternative providers would be included in CCO. They viewed alternative providers as inadequately included in the current system and as important for improving health and reducing costs.
- Some participants express concern that CCOs might limit quality care in rural and small communities. They stressed the importance of providing quality care where people lived and developing CCOs with the appropriate local considerations and scalability to meet diverse needs within communities.
- A number of participants wondered whether the state would provide support for small communities as they develop CCOs. It was noted that small communities may lack the financial or technical resources to invest in CCO development, which may prevent them from participating, even though they may stand to benefit from a CCO.

- Participants expressed a desire for home health workers to be included in CCO, as they have strong relationships with their clients and are uniquely positioned to administer services in an effective and efficient manner.
- Some participants wondered whether the CCO would be for-profit organizations and also how for profit health businesses would relate to the CCO.
- Some wondered what would happen to communities that did not decide to have a CCO. Others asked what would happen to providers who opt not to participate in the program.
- Participants asked what would happen to a community if a CCO went bankrupt. There was a desire to ensure coverage for community members while maintaining an appropriate level of financial exposure.
- Many participants asked what the role of the state would be in relation to the CCO overtime. Some expressed a concern that the state would establish CCOs and then require local communities to administer them with little support. Others wanted to preserve local management.

Summary of Group Discussions Report Back and Written Responses

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*

- Continuity of the provider/physician seen
- Affordable
- Easy to understand
- Doctors that listen to the patient
- Being treated well
- Insurance that is effective and covers the cost of treatment

2. *What is the responsibility of the patient to be an active participant in their plans?*

- Responsibility does not lay with patient
- Diet and exercise appropriate to patient
- Following doctors orders
- Choose an appropriate provider from the services needed

3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*

a. *How should a CCO be accountable to its community?*

- As a resource for information
- Needs to be held accountable and payment needs to reflect that
- The CCO should help develop electronic databases
- Repeatable, validated.
- Should measure community health through such metrics as BMI's, teen pregnancy, etc.

- People's stories and experiences should be listened to
- b. How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?*
 - The CCO would concentrate more on our youth, who are the future of our community
 - Focus on prevention
 - Improved satisfaction levels
 - Patient reports
 - Decrease in the number of emergency room patients
 - Will be accountable to the patient accountability

**Oregon Health Authority
Bend Community Meeting
October 6, 2011, 6:00 – 8:00 p.m.
Riverhouse Convention Center**

Facilitated by Oregon Consensus in Partnership with Central Oregon Mediation

Introduction

Approximately 95 participants attended the community meeting in Bend, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Sean Kolmer Assistant Health Policy Advisor for Governor Kitzhaber were introduced as the key presenters.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Mr. Kolmer provided a presentation explaining the factors driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Local Innovator

Dr. Divya Sharma of Mosaic Medical in Bend provided an overview of the group's effort to institute a more coordinated approach to care. Through the changes to date they have been able to increase hours and service in key areas and have implemented an electronic records system that as greatly increased efficiency.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Mr. Kolmer responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Many participants wondered how CCO service areas would be defined and how funding would be allocated. It was important to people that the local community's character be taken into consideration in this process.
- Some participants stressed the importance of including crisis care in CCOs
- Many participants wondered whether alternative care providers would be included in the CCO. The inclusion of these providers was seen by numerous participants as crucial to reducing costs and improving health.
- Some people wondered what entities would make up the CCOs and how these decisions would be made.

- A number of participants wondered what the state's level of commitment was to see this through.
- Some participants asked how payments for Medicaid would be effected by a CCO.
- A number of participants described collaborative community efforts currently underway to improve health. They wished to ensure that the CCO would build on and enhance these efforts, not undermine them.
- Some small communities struggle to have a sufficient number of providers, and a number of participants wondered whether the CCOs could help encourage or guarantee an adequate number of providers in each community.
- Home health care and long-term care were seen by some as an important element of better health that should be included in CCOs.

Summary of Group Discussion Report Back and Written Comments

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*
 - Quick and efficient
 - Services coordinated with all providers
 - Providers that know you personally and have time to work with patients
 - A system that can tailor care to patients rather than just hand-out medication
 - Care throughout process from pre to post
 - Communicating in simple understandable language - clear and concise information
 - Able to choose the doctor that fits
 - Involves family and advocates
 - Hospice is insured a place at the table
 - Continuity of care
 - Providers have time to work out a plan
2. *What is the responsibility of the patient to be an active participant in their care plans?*
 - Client knows all providers
 - Needs to have a central health care system
 - Universal access
 - Being transparent, honest to providers
 - Patient is informed enough to be a strong self-advocate in the system
3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*
 - a. *How should a CCO be accountable to its community?*
 - Identify health indicators and report them
 - Involve the whole family
 - Knowing that this is about the health of the community, not just medical care

- Data reasonably collected and not redundant
- A local board
- Accessibility
- Inclusive of all types of care.

b. How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?

- Hard data
- Ask clients if they are satisfied
- A shifting from illness to health
- Using CCOs as part of the community
- Reduction in the number of emergency visits
- Using local resources
- Not using institutional care
- Getting feedback from clients and patients through providers.

**Oregon Health Authority
Portland Community Meeting
October 10, 2011, 6:00 – 8:00 p.m.
Portland State University**

Facilitated by Oregon Consensus in Partnership with Resolutions Northwest

Introduction

Approximately 320 participants attended the community meeting in Portland, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Mike Bonetto Ph.D., Health Policy Advisor for Governor Kitzhaber and a member of the Oregon Health Policy Board were introduced as the key speakers.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Dr. Bonetto provided a presentation explaining the factors driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Brief Highlight of Local Innovations

Dr. Nicholas Gideonese described how OHSU's Richmond Clinic is a safety net clinic in SE Portland that has been using an advanced patient-centered primary care home (health home) model for the last 4-5 years. One example of the model's success is the case of Tammy, a woman in her mid 30s with a heart condition complicated by substance abuse issues and homelessness, who had been in and out of hospitals for years. Under the new comprehensive approach which coordinates substance treatment, medical care, etc., she has not had any hospitalizations in the last 3 years. It is a relationship-based model that gives patients a home where they know their names, and can help them access other parts of the system when necessary. Only 15-20% of health care dollars are spent in primary care; the expenses, duplications, unnecessary tests, etc. happen when people get lost in the system away from that home and don't have coordinated care.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Dr. Bonetto responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Many participants wished to underscore the importance of alternative care in helping to achieve better health and reduce health care costs. They wanted to see alternative care providers included in CCOs as primary care providers.
- Preventive care was described by numerous participants as key to creating better health and reducing costs. Such examples as the services provided by dental hygienists and adult dental care were cited as the type of preventive services that should be included in a CCO.
- Some participants stress the importance of maintaining an individual's right to choose their provider in a CCO.
- A number of participants were curious why the state was only adopting the CCO model for OHP beneficiaries. Some felt that the state should make a larger effort and undertake broad health care reform with a goal of a single payer system .
- Participants asked who would bear the cost of CCO development and how funding levels would be determined. A number of participants noted that the cost of transition should not be borne by front line health care workers, like home health workers.
- A number of participants wondered whether there was a connection between this effort and federal health care reform.
- Several participants wondered whether the CCOs would be for-profit entities and also were curious how the CCOs would relate to and interact with insurance companies.
- One participant wanted to confirm that birth control would still be available under a CCO, as it currently is in OHP.
- Some participants wondered how the foster care system would be impacted by CCOs.
- A number of participants expressed concern that home health service is not sufficiently valued in the current health care system. They would like to see home health take a significant role in CCOs.
- Some participants expressed a desire for non emergency medical transportation to be included in CCO coverage.
- Many participants stressed the importance of maintaining community input throughout CCO development. Some noted that most participants at the community meeting were providers and that OHA should make a concerted effort to get feedback from beneficiaries.
- A number of participants stressed the importance of mental health in relation to both improving health and reducing costs. A desire was expressed for CCOs to better integrate mental health services into the broader health care system.
- Some wondered whether the CCOs would be permitted to take on private clients to help offset costs.
- A number of participants wondered if current beneficiaries would be able to maintain their care under CCOs. They expressed a desire for increased coverage and strongly encouraged that CCOs not drop current clients.

Summary of Group Report Back and Written Responses

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1) *Think about the best health care experience you have had. What were the key features that made it best.*

- Being part of the decision making process, feeling respected and dignified, having the potential best and worst outcomes explained, provider used language I could understand, received appropriate and coordinated care and/or placement when necessary.
- Consumer choice.
- Resources are available near the patient's home,
- Collaboration among medical professionals.
- Addressing all of my issues in one session, instead of one at a time;
- Easy access to labs and diagnostics,
- Hands on physical medicine—such as massage, or options for other kinds of alternative care—not just drugs.
- Adequately paid jobs with union benefits paid with public dollars, we need to reinvest public dollars in local and small firms, not big CCO profits.

2) *What is the Responsibility of the patient to be an active participant in their care plans?*

- There has to be shared responsibility between the provider and the patient. Some patients may not be able to recognize the impacts of their decisions, and may need help overcoming barriers to be able to actively participate in their care. CCO's need to hear patients and let them know that they are heard.
- Patients need prompting from physicians for all of the information they need to share; family members and other close relatives should be involved whenever possible, especially for people with chronic or debilitating conditions—family members might be able to share information the patient doesn't remember, etc.
- Personal responsibility needs to be explained to the patient. OHP should devise a plan to tell them what it means to take personal responsibility for your care, and encourage them to ask questions about anything they don't understand.
- Patients should be transparent and honest
- Need to act on what the doctor recommends

3) *CCOs need to be accountable to and engage the community they serve.*

a. *How should a CCO be accountable to its community?*

- Reporting on outcomes, such as a reduction in HIV or dependence on medication.
- Reaching out to minority/marginalized communities,
- Strong communication between CCOs, providers and community partners.

- Relationship building should be at the center of the process.
 - Change the structure of what's reimbursable, make care more multidisciplinary, include more nurses, social workers, alternative medicine, etc.
- b. *How would OHA (and local communities) know that CCOs are engaging the communities they serve in a meaningful way?*
- There needs to be a community focus, including forums, publishing public reports online; follow-up with public meetings for continuity of conversation.
 - Having a way to decertify the CCO if they are not doing what they are supposed to do.
 - Measurements of chronic conditions—how they improve over time.
 - The people charged with setting up CCOs need to be representative of their communities (race, ethnicity, immigration status, etc.)
 - Keep having meetings like this after CCOs are established.
 - Some kind of feedback system/database for patients to give feedback on their interactions with their providers.

**Oregon Health Authority
Eugene Community Meeting
Oct. 12, 2011, 6:00 – 8:00 pm
Campbell Senior Center**

Facilitated by Oregon Consensus in Partnership with Community Mediation Services

Introduction

Approximately 165 participants attended the community meeting in Eugene, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Mike Bonetto Ph.D., Health Policy Advisor for Governor Kitzhaber and a member of the Oregon Health Policy Board were introduced as the key speakers.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Dr. Bonetto provided a presentation explaining the factors driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Local Innovations

Leo Cytrynbaum, M.D., Hospitalist, Sacred Heart and McKenzie-Willamette Medical Centers described how healthcare providers have been paid the most to treat the very sick, and so providers have built structures to care for those very sick struggled to provide services at a low costs. Repeat patients are expensive for system and community and Sacred Heart and McKenzie-Willamette Medical Centers are working to ensure that there are people stationed in hospitals to take care of repeat patients and guide them through the system. Working on transitional care plan to keep track of why a person is receiving treatment and what medications they're on. For example, developing a packet that a patient can carry to keep their medications, prescriptions, and medical information in order that the patient and new providers can easily track a patient's history. In addition, they are working with Lane Care and County Mental and Physical Health services to align and simplify chemical dependency care. These are 100% access program developed to assure providers that OHP patients care will be so well coordinated that providers are willing take them on as new clients. They have received a grant to help people navigate the system, provide child care, transportation, training health care workers.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Dr. Bonetto responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be

a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Many participants wished to underscore the importance of alternative care in helping to achieve better health and reduce health care costs. They wanted to see alternative care providers included in CCOs as primary care providers.
- Numerous participants asked how the size and scope of CCOs would be determined. There was a strong desire among many participants to maintain local community values when CCOs are developed.
- Some participants wished to encourage CCOs to incentivize preventive care as a way of encouraging better health and reducing costs.
- Some wondered how CCO budgets would be determined and held accountable. Budget accountability and transparency was viewed as an important aspect of CCO success; some suggested that local participation in budget oversight would be beneficial.
- Numerous participants spoke of the inefficiencies of the current system, which pushes low income patients into emergency rooms, does not coordinate well between providers and services areas, and lacks sufficient electronic support for data management. A common question was how CCOs would improve efficiency and help break down silos in communities and between service areas (e.g. health providers, mental health, and public health).
- Some wondered whether benefits would be the same as under OHP. For example, one participant was curious whether access to technology like hearing aids would be available and, if so, how often new devices could be obtained. Others wondered whether the OHP list of covered disabilities would still apply under CCOs.
- Some participants wondered whether the CCOs would help create incentives to improve social and environmental factors that negatively influence health.
- Some felt that CCOs should help provide training for health care workers like home health workers. Home health workers wanted to ensure that their services would be included in CCOs.
- Participants asked how the CCOs related to other health care initiatives underway, specifically the federal health reform effort and the state health care exchanges.
- Some wondered whether CCOs would be able to decide where elderly people live and receive care.
- Many people encouraged OHA to maintain strong community engagement and allow for significant public input throughout the process.

Summary of Group Report Back and Written Responses

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

Question 1: Think about the best health care experience you've had. What were the key features that made it the best?

- An efficient integrated care based model
- Included patient education
- Environmental & social concerns that contribute to disease model need to be targeted by comprehensive methods including preventative care as well as the traditional.
- Coordination between practitioners.
- Enough time for the client to make informed decision
- Enough time and attention spent getting good medical history that would reveal other non-medical questions that will be related to care.
- Following up with treatment
- Respectful
- Alternative treatments were available and discussed

Question 2: What is the responsibility of the patient to be an active participant in their care plans

- Good objective info available to patients so that they are not relying on commercial interests for their information about treatment options.
- Patients should listen and implement what doctor suggests
- Patients should communicate their needs and be honest
- Provider needs to know their patient
- Patients should be active partners in preserving and improving their health
- Getting patient through the door- public transportation, identifying their barriers to treatment, seek preventative approach to treatment.
- Patients should be encouraged and supported to get tests early for the things that we fear, rather than leaving them till late when they're too far gone for effective treatment.

Question 3: Coordinated Care Organizations need to be accountable to and engage the community they serve...

a) how should a CCO be accountable to its community?

- Provide all types of care that are licensed. Traditional and alternative care
- Education for the public
- Communication between CCO and consumer
- Clear system of recourse and appeals
- Have enough personnel and providers to treat the patients
- Establish best practices per certain disease process

b) how would the Oregon Health Authority (and local communities) know that CCOs are engaging the communities they serve in a meaningful way?

- CCO should have transparency to see how the budget is being utilized
- Open meetings at CCO with providers and practitioners receiving feedback in survey or meeting
- Patients have opportunity to express what they see as challenges and barriers
- Alternative health care folks are a robust and important part of the representation on the CCO
- Communicating to underrepresented groups the purpose and services of the CCO. Seeking out those individuals that are traditionally hard to contact and draw into the system.
- Doctors and nurses have to be honest and provide quality care and moderate costs to help people live better lives.

**Oregon Health Authority
Astoria Community Meeting
October 13, 2011, 6:00 – 8:00 p.m.
Clatsop Community College**

Facilitated by Oregon Consensus in Partnership with Astoria Community Mediation

Introduction

Approximately 55 participants attended the community meeting in Bend, Oregon. A welcome video featuring Governor John Kitzhaber was played. Bruce Goldberg M.D., Director of the Oregon Health Authority and Sean Kolmer Assistant Health Policy Advisor for Governor Kitzhaber were introduced as the key presenters.

Transforming the Oregon Health Plan Presentation

Dr. Goldberg and Mr. Kolmer provided a presentation explaining the factors driving the transformation and explaining why it is happening now. They described how HB 3650 is the vehicle to create a system to achieve the three part vision of better health, better care and lower costs. They spoke about Coordinated Care Organizations (CCO), global budgets, and accountability metrics.

Themes from Question and Answer Period

During the Question and Answer sessions Dr. Goldberg and Mr. Kolmer responded to questions and comments from attendees. The following is a brief summary of the themes that emerged during the Question and Answer sessions. This summary is not intended to be a comprehensive summary of all issues discussed and is not a direct transcription of the questions asked.

- Numerous participants spoke of the inefficiencies of the current system, which pushes low income patients into emergency rooms, does not coordinate well between providers and services areas, and lacks sufficient electronic support for data management. A common question was how CCOs would improve efficiency and help break down silos in communities and between service areas (e.g. health providers, mental health, and public health).
- A number of participants asked what the criteria would be for starting a CCO and how will OHA determine if a community is ready. Building on this theme, some participants expressed a desire for state support for CCO development, particularly support to smaller communities.
- Some participants express a concern over what would happen to a community if a CCO failed. Concern centered on finances and continuation of care.
- Some participants wondered how CCO service areas would be determined. Among those asking this question, there was strong interest in having local involvement in the process. Others wondered whether communities that did not form a CCO would need to go to a neighboring CCO to receive care.

- Many participants wished to underscore the importance of alternative care in helping to achieve better health and reduce health care costs. They wanted to see alternative care providers included in CCOs.
- Some participants wanted to ensure that home health care would be included in CCOs.
- Some wondered how CCOs will operate in the confines of competition between providers in local communities. The CCO model requires a certain amount of collaboration and some were concerned that this would present an obstacle in their community.
- Providers from smaller private practices were interested in whether CCOs would include them or whether they would be limited to larger institutions.

Summary of Small Group Report Out and Written Responses

Participants were asked to break into small groups and answer three key questions. After the small group discussions each table briefly reported back to the larger group. Many attendees also submitted written responses. A summary of responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*
 - Attentive to the patients' needs
 - Listened well
 - Affordable
 - Time for patient to make an informed decision
 - Convenient
 - Proactive contact
 - Treated me with respect
2. *What is the responsibility of the patient to be an active participant in their care plans?*
 - Listen
 - Ask questions
 - Proactive with your own health – don't wait
 - Do what is recommended
 - Think of questions ahead of time
 - Eat well and exercise
 - Be an active citizen
3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*
 - a. *How should a CCO(s) be accountable to their community (ies)?*
 - Active engagement in an oversight board, including quality insurance
 - Being present in the community - sponsor health related events
 - Not just bricks and mortar but stakeholder participation
 - Open forum for practitioners
 - Health outcomes improve

b. How would the Oregon Health Authority (and local communities) know that CCO's are engaging the communities they serve in a meaningful way?

- Measurement tool
- Prescription drug use would decrease
- Emergency room visits decline
- Care focused on lifestyle and community changes (e.g. walking/running events and bike lanes)
- Reduced obesity rates
- School nurse in every school
- Users and providers are both included and engaged

Appendix A

Online Survey Results

Concurrent to public meetings held around the state, OHA also solicited feedback through an online survey. The intent of the survey was to provide a targeted opportunity for feedback for those who were unable to attend a public meeting. The online survey was administered through Survey Monkey and asked respondents the same questions as those participating in the in-person meetings. A total of 284 individuals submitted a survey; a summary of the major themes from responses is included below.

1. *Think about the best health care experience you have had. What were the key features that made it the best?*

- Affordable
- Easy and convenient access
- Flexible (time and treatment)
- Patient was treated with respect
- Provided high quality care
- Doctor took the time to listen
- Provided an opportunity for patient to choose the care that they felt most comfortable with
- Medical team was knowledgeable

2. *What is the responsibility of the patient to be an active participant in their plans?*

- Patient needs to come to scheduled appointment
- Patients should make healthy behavioral changes and strive for prevention
- Need to follow the plan and advice of the doctor
- Patients need to ask questions and communicate with the provider
- Need to be transparent and honest about their health

3. *Coordinated Care Organizations need to be accountable to and engage the community they serve.*

a. *How should a CCO be accountable to its community?*

- CCO should be transparent, recommended strategies included: regularly published CCO reports, public meetings, surveys to solicit feedback from providers and patients
- Local representatives are include on the CCO board and any committees
- CCO will be designed around the characteristics of the community and constructed to meet the unique needs of the population
- The CCO will be actively seeking to serve disadvantaged populations
- CCO will be seen as the champion of prevention and wellness
- CCO will provide high quality care at an affordable rate

b. *How would the Oregon Health Authority and local communities know that communities are being engaged in a meaningful way?*

- Health metrics and statistics would show improved health indicators and reduced illness rates

- Reduced number of emergency room visits
- Diverse voices would have been included throughout the process
- Hospital admissions and overall costs would be down
- There would be a high rate of program utilization