

Prevention will be key theme of health program

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Health care in Oregon is expensive, inefficient and only getting worse.

At least that's the message from the Oregon Health Authority.

Facing a \$239 million health care deficit in 2012, the Oregon Health Authority is in the middle of reconfiguring how medical services are delivered to the state's more than 600,000 Oregon Health Plan users. Low-income families are the primary users of the state-subsidized insurance program.

To hear about the plan, more than 60 people packed into a lecture hall at Clatsop Community College to listen to officials from the state's health authority and Gov. John Kitzhaber's office make the case for the changes. It was the last of eight meetings held throughout the state.

"Right now, health care has become financially unsustainable," said Bruce Goldberg, director of the the Oregon Health Authority. "We at the state are having a progressively harder time."

The state's plan is part of a proposal to create teams of coordinated care organizations, expected to take over some local health operations starting during summer 2012.

How these organizations will operate is not known, but a collection of work groups, composed of health care workers, started meeting this month to begin hashing out details. Once that is completed by the end of the year, the updated plans will go to the Oregon Legislature for its February short session.

In June, the Legislature passed House Bill 3650, bipartisan legislation that laid the groundwork for coordinated care organizations.

The goal is to provide what the Health Authority calls a "triple aim." The triple aim is better health, better care and lower costs, Goldberg said.

He said how health care is provided to local communities will be determined by residents. But in doing so, the state hopes to incentivize preventative care. The emphasis on health delivery will shift from the state to counties, but it would give local communities more say in how health care is dispersed, he added.

Areas of the state that have the more health care problems would receive more money, Goldberg said.

Locally, the idea of transforming the delivery of medical services is a cause for concern, especially as the details are being discussed.

Jim Coffee, director of the Coastal Family Health Center, said he's concerned that some people could slip

through the cracks and not receive medical services and that coordinated care organizations will end up operating much like health maintenance organizations.

He's not alone within the medical community.

"There are lots of questions about this," said Clatsop County's Public Health Director Margo Lalich.

"None of us know ... how the program will work."

Lalich said she hopes that if there are substantial savings, the money is reinvested into preventative health care. At the end of September, Lalich signed off on a letter Clatsop County officials sent Kitzhaber's office, outlining concerns health care officials countywide have with creating coordinated care organizations.

Pat Burness, director of the Clatsop County Women's Resource Center, said whatever the state chooses to do, it needs to release more money to mental health resources.

Onofre Contreras is an organizer for the Oregon Health Action Campaign, which advocates on behalf of people using the Oregon Health Plan, and attended several of the health authority's meetings with local communities.

Though the meetings have all received heavy attendance, and elicited plenty of questions, he's concerned that the people being left out of the discussion are those who actually use the services.

Contreras said he expects more concerns to come to light once formulated plans for coordinated care organizations come to light.

"How we actually change things is the next step, and that will be more of a battle," Contreras said.