

Investing in Oregon's Health Care Safety Net

Opportunities and
Challenges



Safety Net Advisory Council (SNAC)

Staff support – Office of Health Systems Planning (HSP) Office of Health Policy and Research (OHPR)

Members of the Safety Net Advisory Council

Priscilla Lewis, Co-chair – Providence Health Systems

Craig Hostetler, Co-chair – Oregon Primary Care Association

Bill Thorndike – Medford Fabrication

Jackie Rose – Oregon School-based Health Care Network

Tom Fronk – Benton County Health Department

Vanetta Abdellatif – Multnomah County Health Department

Scott Ekblad – Office of Rural Health

Abby Sears – Our Community Health Information Network (OCHIN)

Ron Maurer – State Representative

Beryl Fletcher – Oregon Dental Association

Jim Thompson – Oregon Pharmacy Association

Tracy Gratto – Coalition of Community Health Clinics

Steve Kliever – Wallowa Valley Center for Health and Wellness

Matt Carlson – Portland State University

History of SNAC

National Governor's Association Grant - 2004

Convened broad-based expert workgroup and developed report '*Enhancing the Safety Net through Data Driven Policy*'

- Governor endorsed report and recommendations – SNAC formed 2005
- Primary staff support through Division of Public Health, Office of Health Systems Planning, in partnership with Office of Health Policy and Research, Division of Finance, Policy and Analysis and Division of Medical Assistance Programs

SNAC's CHARGE

- *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

What is the Health Care Safety Net?

“The health care safety net is a key delivery system element for the protection of the health of Oregonians and the delivery of community-based care.”

Enrolled Senate Bill 329 – 74th Oregon Legislative Assembly – 2007 Regular Session

Patients the Safety Net Serves

- Populations Experiencing Significant Barriers to Accessing Care (financial barriers only one of many)
 - Cultural
 - Language
 - Transportation
 - Geographic
 - Homeless
 - Higher prevalence of mental illness
 - Substance abuse, including meth addicts
 - Cognitive impairment/ memory problems
 - Decreased functional status
 - Health literacy barriers
 - Socially isolated
 - Financial

Safety Net Defined — SB 329 74th Legislative Assembly

Providers that deliver health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services. “Safety net providers” includes health care safety net providers, **core health care safety net** providers, tribal and federal health care organizations and local nonprofit organizations, government agencies, hospitals and individual providers.

Safety Net Providers with the Mission to Serve Vulnerable Populations

- . Persons who experience significant barriers to accessing health care
 - . Homelessness, language and cultural barriers, geographic isolation, mental illness, lack of health insurance, and financial barriers
 - . A mission or mandate to deliver services to persons who experience barriers to accessing care
- Serving a substantial share of persons without health insurance and persons who are enrolled in Medicaid or Medicare, as well as other vulnerable or special populations.

A community's response

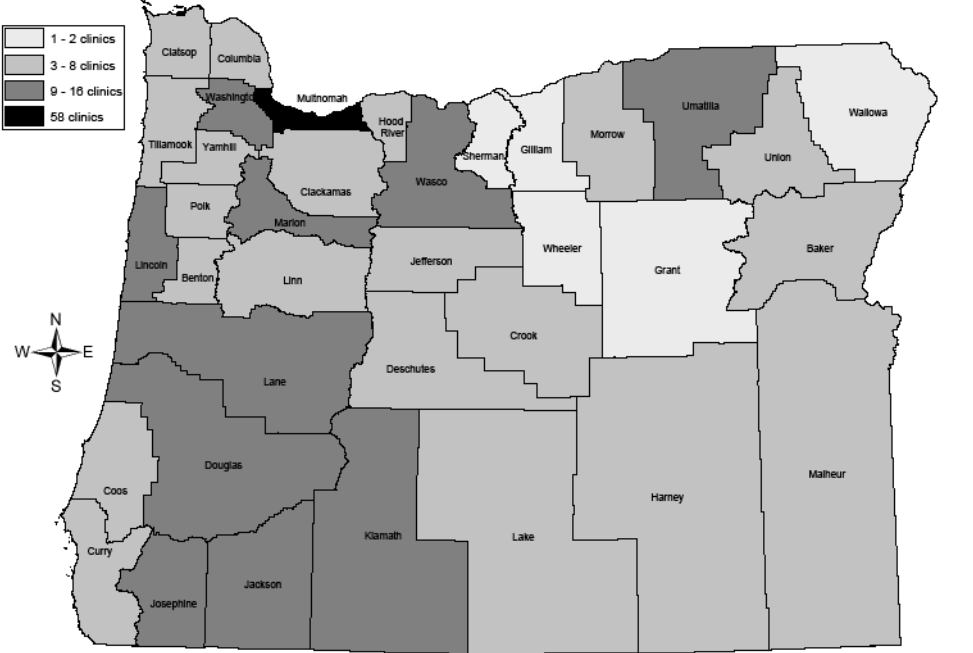
- Federally Qualified Health Centers – or Community Health Centers
- School-based Health Centers
- Isolated Rural Health Facilities
- Community Sponsored Clinics
- Hospital Emergency Departments
- Local Health Departments
- Tribal Health Clinics

Safety Net Clinics

- **School-based Health Centers** - currently 45 centers in 19 counties
- **Isolated Rural Health Facilities** – currently 17 facilities in 14 counties
- **Federally Qualified Health Centers** - 26 centers with over 150 sites located in 27 counties
- **Community Sponsored Clinics** - (approximate) 14 clinics in 6 counties
- **Tribal Health Clinics** – 10 Clinics in 9 counties

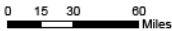
Safety Net Clinics in Oregon

Oregon Safety Net Clinics By County



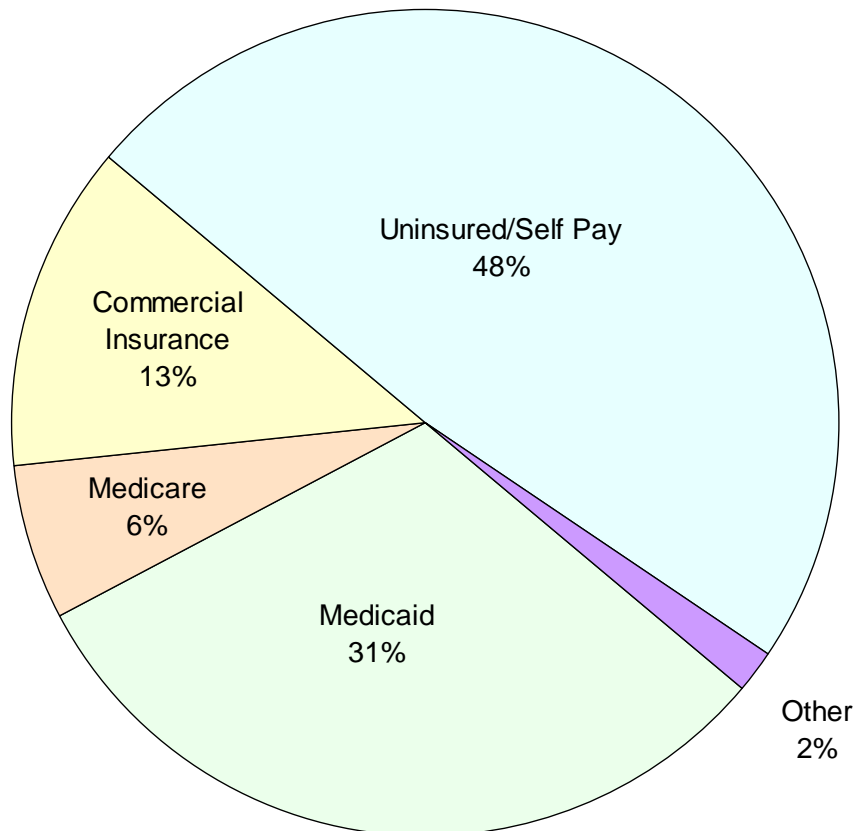
Includes Federally Qualified Health Center's, Rural Health Center's, School Based Health Center's, Local Health Department Clinics, Indian/Tribal, Clinics, and Community Volunteer Clinics.

Prepared By: ORDHS, Health Systems Planning, 1/10/08



Percent of Patients by Insurance status – (All safety net clinics – SNAC core data)

Patients By Insurance Status: All Safety Net Clinics



Numbers of Patients by Insurance Status

(All Safety Net Clinics, SNAC core data)

- Medicaid – 83,957
- Medicare – 16,772
- Commercial Insurance – 34,890
- Uninsured/Self Pay – 130,988
- Other – 4,301

- **Total – 270,908**

Types of Services Offered

Type of Services and Intensity Varies Across Safety Net

- Primary and acute care
- Urgent and emergent care
- Mental and behavioral health
- Dental health
- Chronic Care Management
- Interpretation services
- Care Coordination/delivery system navigation
- Referrals to other supportive services
- Transportation

What we don't (but **NEED**) to know

- Data gaps across the safety net
- We know more about some sectors of the safety net than others*.
- Areas of Need:
 - Hospital ED patient visits for safety net patients statewide
 - Better data on where workforce gaps are, particularly for midlevel providers and ancillary staff
 - Uniform measures, where appropriate, across the system
- A more detailed data set forthcoming and SNAC will continue to work on data gaps

* OCHIN has a sub-set of FQHC's with robust data. A demonstrable benefit of Health Information Technology

Safety Net Advisory Council's Recommendations

- STABLE FUNDING
- CRITICAL INFRASTRUCTURE/
TOOLS
- WORKFORCE

Essential Building Blocks

- There is currently no public fund or financing mechanism to support the safety net. An Investment Fund would support community investment, expand safety net impact and help to assure its strength and viability
- Oregon and the nation are moving toward greater readiness to implement Health Information Technology to improve access, quality, safety and efficiency. The safety net has a role to play but needs assistance with broad-based adoption
- Safety net providers and rural providers in particular, struggle with recruitment, retention and distribution of the health care workforce. Creative and flexible strategies are necessary to fill these gaps.

Recommendations

STABLE FUNDING...

Establish the Safety Net Integrity Fund

- Assist clinics in financial trouble
- Assist with strategic investments to maintain infrastructure
- Invest in new site development or expansion
- Link funds to technical assistance to address specific organizational issues/challenges
- Fund expansions of RX assistance programs
- Fund dental and behavioral service expansion

Critical Investment

“Grow” an investment fund over a 3-year period sustained at \$ 3 million per year.

Options for Funding:

- Legislative appropriation
- Public Bond
- Public-Private partnerships
- “Clinic Adoption” model

Recommendations

INFRASTRUCTURE/TOOLS

Support Electronic Health Record Adoption across the Safety Net

- Provide systematic approach to EHR adoption across the safety net
- Assist with capital-intensive start up and ongoing maintenance and technical assistance costs.
- Provide better patient and treatment information. Improve the safety, quality and efficiency of care

Critical Investment

Options for Funding:

- Safety Net EHR Investment Fund – legislative appropriation
- State and Federal Partnership – leveraging Medicaid and Medicare \$
- Oregon Style “Utility” - modeled after utility services framework

Recommendations

WORKFORCE

Implement innovative approaches to meet safety net workforce needs

- Rural Locum Tenens Program
- Flexible community health workforce options
- Oregon Health Service Corps (Loan Repayment)
- Updated Tax Credits
- Provide an increased pipeline of midlevel providers to rural communities

Critical Investment

- **Rural Locum Tenens** – fees, grant funding, legislative appropriation
- **Oregon Health Service Corps** – legislative appropriation
- **Updated Tax credits** – Legislative appropriation
- **Increase Pipeline for Midlevel practitioners** – legislative appropriation, public-private cost-sharing
- **Flexible Workforce Approaches** – Legislative appropriation to fund grant program

REVIEW of SNAC Recommendations

- Invest in stable funding for Oregon's health care safety net
- Invest in critical infrastructure by supporting adoption of Electronic Health Technology across the safety net
- Invest in recruitment, retention and flexible strategies to grow and sustain the safety net Workforce.

An essential piece of the delivery system

- Access for Oregon's most vulnerable patients - providing primary care for a disproportionate number of low-income, chronically ill, racially and culturally diverse Oregonians; many of whom experience homelessness, language barriers, mental illness, geographic isolation and lack of health insurance.
- Laboratories for innovation – especially adept at meeting the needs of complex patients and developing creative and culturally attuned approaches to providing comprehensive and integrated care.
- Essential to primary care capacity – The rest of the health care system could not absorb these patients if the safety net disappeared