

EVERY MEMBER

STATUS OF HEALTH CARE AND ITS ACCESS IN LANE COUNTY

INTRODUCTION

A summary of the League of Women Voters of the United States (LWVUS) position on health care: (1993)
Promote a health care system for the United States that provides access to a basic level of quality care for all United States residents and control health care costs.

Included in this position are policies that promote access to a basic level of quality care at an affordable cost for all U.S. residents and strong cost control to ensure the efficient and economical delivery of care. Basic level of quality care includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. The League maintains that health care services could be more equitably distributed by allocating medical resources to underserved areas, by providing for training health care professionals in needed fields of care, and by standardizing basic levels of service for publicly funded health care programs.

Over the last 20 years LWV has lobbied at the national, state, and local levels for health care policy solutions, including the Affordable Care Act (ACA), to control costs and ensure a basic level of care for all. The League stands committed to help Americans understand the ACA and its pivotal impact. Local and state Leagues have worked with government agencies, health care providers and advocates in order to educate communities about the health care system and to ensure the ACA is being fully implemented. (www.lwv.org/content/advancing-health-care)

PART I: HEALTH CARE IN LANE COUNTY

OREGON HEALTH PLAN

The options for health care open to low income residents through the Oregon Health Plan (OHP) will be experienced by 90,000 Lane County residents now enrolled in the plan, representing more than 25% of the county's population. The balance of Lane County residents will also begin to see changes in health care delivery as the concept of Coordinated Care Options, or CCO, becomes operative state and countywide. The Oregon Health Plan provides health care to low-income Oregon residents. It is Oregon's Medicaid program, overseen by the Oregon Health Authority and conceived and realized in 1993 by Dr. John Kitzhaber, then a state senator, and Dr. Ralph Crawshaw. The plan was intended to make health care more available to the working poor and to meet budget constraints by rationing benefits rather than cutting clients from coverage. Funding comes from the state and the federal government. During the 1990's Oregon was considered a national leader in health care. (en.wikipedia.org/wiki/Oregon_Health_Plan)

A statewide effort to reform health care resulted in HB 3650, which passed in 2011. The goal of this legislation is to achieve better care and lower costs by establishing CCO's. Today there are 16 CCO's operating in Oregon. (www.oregon.gov/oha)

CCO: CCO's are a network of health care providers combining physical health care, addictions and mental health care and sometimes dental care providers. These providers work together to serve OHP

members in their communities. Prevention is the focus, along with management of chronic conditions like diabetes. The aim is to achieve better care and lower costs through improved coordination among all levels of service available and by combining prevention, chronic disease management and early intervention.

Each CCO has a budget growing at a fixed rate. They are required to meet quality standards set by the Oregon Health Authority. Health outcomes are measured for the members they serve. Governance is by a partnership of health care providers, community members and stakeholders who have a financial risk. The OHA publishes a Quarterly Progress Report showing quality and access, financial data and progress towards goals achieved. Some of the criteria used are: access to care; prevention and health screening; mental health care; and curbing costs. By 2013 the coordinated care model showed large improvements in the following areas since the 2011 baseline data:

- Emergency Department visits down by 17% and the corresponding cost of providing services decreased by 19% over the same time period.
- Decreased hospitalization for chronic conditions. Congestive heart failure rates reduced by 27%, chronic obstructive pulmonary disease reduced by 32% and adult asthma by 18%.
- The percentage of children screened for the risk of developmental, behavioral and social delays increased from 21% to 33%.
- Outpatient primary care visits increased by 11%, and spending for primary care and preventive services are up over 20%. Enrollment in patient-centered primary care facilities increased by 52% since 2012.

The report also shows areas where progress has been made but more gains need to be made, such as screening for risky drug or alcohol behavior and adequate access to health providers. Access to care is particularly important, with more than 340,000 new OHP members joining the system since January 2014, when the Affordable Care Act was implemented. As of July 2014, nearly 90,000 Lane County residents and 993,900 across the state are enrolled in the OHP.

([www.oregon.gov/oha/Metrics/Documents/2013 Performance Report](http://www.oregon.gov/oha/Metrics/Documents/2013%20Performance%20Report))

TRILLIUM COMMUNITY HEALTH PLAN

Trillium provides comprehensive care management in Lane County. It is a Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) Health Plan with a Medicare Contract. Since 2012 it has been certified by the state of Oregon as the CCO for OHP. It is a private company owned by 300 doctors, founded in 1997. The parent company is Agate Healthcare. (www.Trilliumadvantage.com)

The Integration Incubator Project:

This summer (2014) Trillium and Lane County funded eight projects to take part in the "integration incubator project." Mental and physical health services are offered in the same office in the hope that patients will be more likely to seek the care when they need it. The offices undertaking the projects range from small private medical practices to the largest medical groups in Lane County. Some projects station behavioral specialists in primary care practices while others place primary care providers in behavioral clinics. The chances that patients actually follow through with a referral, improve vastly when it is easy to do so and under the same roof. (*The Register-Guard*: 8/11/2014)

Additional Projects:

Springfield Family Physicians provide primary care at the Center for Family Development in Eugene. **Eugene Pediatrics**, owned by Dr. Pilar Bradshaw, associated with Thrive Behavioral Clinic.

The Child Center, a human services agency in Springfield, offers behavioral health services at Oregon Medical Group (OMG) Crescent Medical Clinic.

Options Counseling with Oregon Medical Group's Garden Way and Adult Medicine Clinic.

Peace Health will offer integrated services for its young adult behavioral health clinic at two primary care sites: Santa Clara and University District.

Willamette Family, a Eugene nonprofit offers addiction services, also no-cost primary care at its Family Health Clinic. It will expand these services and open a new office.

At these integrated facilities a variety of health care providers are available: primary care providers, pediatricians, psychiatrists, therapists, nurses, medical social workers, drug and alcohol counselors, a peer support specialist, nurse practitioners, and community health workers. (*The Register-Guard*: 8/11/2014)

LANE COUNTY GOVERNMENT HEALTH SERVICES

HEALTH & HUMAN SERVICES: Functions under the supervision of the Board of County Commissioners. Location: 151 W 7th Ave., Eugene. Areas of Service: Communicable Disease, Immunization Program, Emergency Preparedness, Maternal & Child Health, Environmental Health, Mental Health Services, Developmental Disabilities Services, Medical Examiners, Vital Records, and Women, Infants and Children (WIC).

BEHAVIORAL HEALTH SERVICES (Mental Health Services) Location: 2411 Martin Luther King, Jr. Blvd., Eugene. Mental health counseling, including adult, adolescent and child, as well as adult residential programs, civil commitment and a methadone treatment program are its responsibilities. National Advocates for Mental Illness (NAMI), a volunteer organization, works closely with this agency, and is now located in the same building on MLK, Jr. Blvd. Community Health Centers of Lane County function under Behavioral Health Services' umbrella. They aim to provide access to healthcare services regardless of ability to pay, offering a sliding-fee scale based on income and family size. Private insurance, OHP, and Medicare are welcomed. Five locations in the Eugene-Springfield area provide primary care for all ages, as well as mental healthcare, preventive dental, and a pharmacy program. (www.lanecounty.org/departments/hhs)

COMMUNITY HEALTH IMPROVEMENT PLAN FOR LANE COUNTY

(Interview Nov. 14, 2014 Jennifer Jordan, MPH, Senior Community Health Analyst, Lane County)
In 2013 a collaboration by Lane County Public Health Department, Peace Health, Trillium Community Health Plans, United Way, and Lane County community members developed the Community Health Improvement Plan (CHIP). Its continuing purpose was to engage community organizations to work together to improve health in the community. From May 2012-April 2013 the team members conducted an extensive community health assessment and, based on that data, began developing the Plan. Jennifer Jordan, Lane County Public Health Department, helped prepare and organize the document "Lane County's Healthy Future, A Plan for Empowering the Community," the basic document for Lane County's CHIP. The team reviewed collected data and compared with that collected for the state and decided to closely align the Lane County plan with the State health improvement plan.

Based on the local health data five key areas became the focus:

- Advance and improve health equity
- Prevent and reduce tobacco use
- Slow the increase of obesity
- Prevent and reduce substance abuse and mental illness
- Improve access to health care particularly in rural areas

The plan will be implemented through June 2016. These five priorities were seen as offering the greatest opportunities for improving lifelong health, advancing health equity, and promoting equal access. (*Lane County's Healthy Future*, April, 2013, page 5) The team envisions a community where everyone is

empowered to participate in efforts to improve health for all community members. Changes to environments for the better in the workplace, recreational areas, schools, and households will facilitate better health for everyone and improve health equity.

Populations experiencing health disparities are less likely to have access to fresh produce, less likely to be tobacco-free, less likely to have health insurance, and less likely to receive appropriate health care. Data show chronic illnesses caused by tobacco, obesity, and substance abuse are the lead cause of health problems and preventable death in Lane County and Oregon.

Tobacco kills 7000 Oregonians each year and nearly 700 a year in Lane County. Tobacco use costs Oregon more than \$243million annually in direct medical expenditures and indirect costs due to premature death. Oregon Medicaid spends \$340 million per year treating smoking-related diseases. Almost every chronic disease is either caused or worsened by tobacco, which accounts for \$0.85 of every \$1.00 spent on health care.

Obesity is the second cause of preventable death in Lane County and Oregon. About 1500 deaths annually in Oregon are due to obesity-related illnesses. Between 2001 and 2009 the obesity percentage rate for eighth graders increased 53% and for eleventh graders, increased 55%. Since 1990 Oregon's adult obesity rate has increased 121%. The prevention of obesity lowers the risk of diabetes, heart disease, strokes, high blood pressure, stress and depression.

The fourth health priority focuses on **substance abuse and mental illness**. The Oregon State Health Profile indicates that Oregon's death rates were higher than those of the overall U.S. death rates for liver disease (28%) and suicide (36%). Since research shows that approximately four in ten youth who first used alcohol by age 14 were diagnosed with alcohol dependency at some time in their lives, strategies would be directed toward youth.

Equitable health care and accessibility coincide. Both depend on socioeconomics and location. Advancing and improving health equity, the top priority, is still at a very early stage of development. Examples of health inequities include neighborhoods with less access to healthy food options, areas with higher air pollution, communities with lower-achieving schools, and populations that lack access to health care. The Health Equity Advisory Group, made up of team members, continues to develop the strategies and network for involving diverse populations to participate in community health improvement activities. The plan outlines strategies to improve access to care by increasing the number of people enrolled in a health insurance plan. Other improvement strategies include: increase access to disease management programs; increase immunization rates; improve health care access to rural residents; improve oral health; improve patient connectivity with physical, mental and behavioral services; and expand the health care workforce.

CHIP outlines strategies focusing on the five listed priority areas. Through collective efforts the team anticipates improving health equity and critical health indicators. Strategies include: legislation, such as taxes on sugary drinks and increased excise-tax on cigarettes; promoting Oregon Tobacco Quitline; increasing the number of smoke-free environments; building support for the 2017 legislative PE mandate; supporting efforts to fund Farm to School, School Gardens and Nutrition Programs; and exploring the feasibility of healthy food zoning policies near schools. The complete plan can be viewed online, contained in the *Semi-Annual Board of Health Report to the Board of Lane County*, presented on May 13, 2014.

HEALTH CARE SOURCES FOR LOW INCOME/NO INCOME PEOPLE IN LANE COUNTY

Center for Community Counseling is a non-profit mental health organization that serves as a resource for low-income and uninsured adults in need of mental health services.

Community Health Centers offer primary care for the whole family.

HIV Alliance hosts a needle exchange service, offers testing and outreach for Hepatitis C, and basic medical care through their Wound Care Program.

Occupy Medical Bus, downtown Eugene, serves as a free health care clinic, Sundays 12-4pm.

Planned Parenthood of Southwestern Oregon provides health services, education and advocacy.

ShelterCare uses community health workers and helps uninsured adults with psychiatric disabilities navigate the healthcare system.

South Lane Mental Health is a non-profit community mental health organization serving the Cottage Grove region.

The Child Center, Springfield, offers rapid access to behavioral health for children, ages 0-20.

Volunteers in Medicine provides a free, comprehensive program of primary care, mental health services, prescription assistance, laboratory services, and women's health care to low-income adults who have no health insurance and are ineligible for government health care programs.

White Bird Clinic provides mental health medications management in the evening for uninsured and under-insured patients living in households earning less than 200% of the Federal Poverty Level.

Willamette Family, Inc operates the Family Health Network Medical Clinic and provides medical care for substance abuse and mental health. (www.unitedwaylane.org/health/medical-and-dental-clinics)

HOSPITALS IN LANE COUNTY

PEACE HEALTH - Peace Health is a non-profit health care organization operating nine hospitals in the Northwest. In Oregon, Peace Health operates Sacred Heart Medical Center University District (Eugene), and Riverbend (Springfield), Peace Harbor Medical Center, (Florence), and Cottage Grove Community Medical Center (Cottage Grove). It is headquartered in Vancouver, Washington. Founded by the Catholic Sisters of St. Joseph of Peace in 1876, its first hospital was established to furnish medical care to loggers. Its health insurance plan is a merger with its original SelectCare insurance plan and Providence Health & Services. Sacred Heart Riverbend Hospital has 379 beds, all in private rooms.

MCKENZIE-WILLAMETTE - McKenzie Willamette Medical Center is an acute care hospital located in Springfield. Opened in 1955, it serves the Lane County area. Originally a non-profit, community health center, in 2003 it partnered with Triad Hospitals in a for-profit joint venture. In the interim, Triad Hospitals has been bought out by Community Health Systems, Inc; of Tennessee. The 113 bed hospital recently announced a major \$80 million expansion.

URGENT CARE CENTERS

Urgent Care Centers operate mainly in the urban areas of Lane County. Many have opened their doors in the last few years, responsive to a community need for immediate medical services. An advance appointment is not required. They are for profit medical clinics, often open long hours. They accept medical insurance; otherwise, proof of immediate payment is required. Some accept Oregon Health Plan members, others do not. Peace Health and McKenzie-Willamette house urgent care clinics and do accept

OHP. Eugene Urgent Care has six locations: Eugene (3); Springfield (1); Thurston (1); and Junction City (1). They are independently owned, opened seven days a week, but do not contract with OHP. Prime Medical Clinic in Cottage Grove operates seven days a week.

LANE COUNTY NON-TAX SUPPORTED RURAL HEALTH CARE

Clinics, all fee supported, have opened in the following communities:

McKenzie River Medical Clinic, in Blue River, is a community non-profit facility and receives no government grants or assistance. Donations are welcome. It is staffed by two family nurse practitioners and local support staff. They see patients five days a week. Oregon's first rural clinic, it opened its doors in 1978. They work with a physician group which provides consultation and on-call services if necessary. **Orchid Health Oakridge Clinic**, in Oakridge, opened August 11, 2014, two years after its conception by two University of Oregon alumni. It is a subscription based access to a health clinic in Oakridge. The clinic is initially staffed by a doctor of osteopathy and a nurse practitioner. A flat fee averaging \$50 per month entitles unlimited local visits with no co-pays, same or next day appointments, and the opportunity to have more than one issue addressed per visit. Insured patients will be reimbursed by the insurance company after a cash payment at time of visit. Medicare and the OHP are accepted.

The communities of Cottage Grove and Florence are served by clinics and hospitals operated by the Peace Health Medical Group. **Peace Health Medical Group** in Cottage Grove also serves Dexter and Creswell and is located inside the Cottage Grove Community Hospital. There is a pediatrics department and a walk-in clinic. Family medicine and internal medicine are also departments of the Hospital. **Peace Health Peace Harbor Medical Center**, Florence, offers general clinic services and also medical services that include primary care, mental health, women's services, etc.

PART II: WHAT'S NOT WORKING TODAY

The Affordable Care Act requires that all adults carry a health insurance policy in 2015. The final tally for enrollment for 2015 is not yet available but penalties will be assessed for those not complying. For 2014 the uninsured pay a minimum penalty; in 2015 and thereafter, the penalties increase dramatically.

Volunteers in Medicine was founded in 1999 by Sister Monica Heeran to provide compassionate care for Lane County citizens. Such care is donated by volunteers providing medical and mental health services for those who could not otherwise afford it. More than 11,000 patients have been served, at no cost, by 500 volunteers who staff the clinic in Springfield and 400 others who provide specialty care and other services. However, according to a Guest Viewpoint in the Register Guard, by Dr. Steve Marks, Board Chairman, the focus of Volunteers in Medicine has changed from the uninsured -- to the underserved. "...which often now includes people who have a (insurance) plan with high deductibles, high copays and other restrictions. Although these plans can help cover catastrophic injuries and illnesses, they too often provide inadequate protections for staying well." Dr. Marks also cites the need for more primary care physicians and other health care providers, nurse practitioners, and physician assistants. "In my view, that requires federal action as well, given that the US Congress, through Medicare funding supports the post-medical school education of our residents." (*The Register-Guard*:12/14/2014)

The shortage of primary care physicians has left Trillium, which oversees the Oregon Health Plan, with 9,000 new OHP enrollees without a primary care physician. They are able to receive dental, mental health, emergency room or urgent care treatment, but cannot get a routine physical, etc. Trillium stopped accepting new primary care OHP patients in April, 2014. Residents who have been allowed to enroll since April are in a statewide program known as "open card." That allows them to visit certain doctors who bill the State for services provided --and is more expensive for the State. Trillium has opened Brookside Clinic in west Eugene which will serve 6,000 of the new OHP enrollees with primary care. (*The Register-Guard*: 8/28/2014)

PART III: SOME SOLUTIONS

The LWVUS promotes a health care system for the United States that provides access to a basic level of quality care for all U.S. residents and controls health care costs.

.UNIVERSAL TAX SUPPORTED HEALTH CARE

The League supports a national health insurance plan which would be financed through general taxes instead of individual insurance premiums. The League would accept an employer-based system of health care reform that would provide universal access and would support administration of the system either by a combination of the private and public sector or a by a combination of federal, state and/or regional government agencies. LWVUS is opposed to a strictly market-based model of financing and administration solely by the private sector of the states. (www.lwv.org/content/health-care)

A number of grassroots organizations are aiming for a nationwide system of publicly supported health care, which would exclude no one. The goal is to achieve a system in the United States comparable to those of virtually all the other industrialized nations in the world. Active in Lane County and statewide, Health Care for All Oregon (HCAO) is a coalition of 100 plus organizations and individuals collaborating to create a better way of financing health care for every Oregonian. Its mission is to provide publicly funded, privately delivered, high quality, affordable, universal health care. A comparable model is the Canadian system, which has been in effect for 50 years. (www.hcao.org)

DIRECT PRIMARY CARE

Many primary care doctors are frustrated by the current fee for service system and the extensive paperwork it entails. A certain amount is paid to the caregiver for each test, diagnosis, and procedure. According to critics this encourages overtreatment, instead of preventive care. Fewer medical students are entering this field for various reasons: lower salaries compared to specialists; lack of respect for primary care by the public and colleagues; and lack of personal reward by the way medicine is practiced in the United States.

Direct primary care may be the answer. Doctors set up a practice, charge a monthly fee per person for unlimited access to primary and preventive care. The patient then needs only insurance for catastrophic care. Instead of the eleven minutes allowed per patient under fee-for-service, the doctor can spend more time to address patients' needs and still earn between \$200,000 and \$240,000 per year.

A group of physicians in Seattle began a direct primary care practice a few years ago, which is growing as a corporation and now has expanded into in-house medical services for corporations like Expedia and Comcast. Doctors who have adopted direct primary care in Seattle and other parts of the country state that they are receiving numerous inquiries from dissatisfied primary care physicians every week. Could the "family doctor" be on the way back? (Excerpted from " Medicine Gets Personal" by David Van Drehle, *Time*, December 29, 2014)

KAISER PERMANENTE TO OPEN EUGENE CLINIC IN 2015

Kaiser Permanente, the nation's largest nonprofit managed care health plan, will open a clinic in Eugene in late 2015. It will offer both dental and medical services. Kaiser will open with four health care providers, a lab, a pharmacy, dental services, and support personnel. Offering a range of health services under the same umbrella is a growing trend spurred by the ACA; but not common in Lane County at present. Kaiser Permanent is a managed care consortium, based in Oakland, CA, and founded in 1945. It is the largest managed care organization in the U.S., with 9.3 million health plan members. It is comprised of the Kaiser Foundation Health Plan and its subsidiaries, Kaiser Foundation Hospitals and the autonomous regional Permanente Medical Groups.

STUDY COMMITTEE: Chair: Pat Bitner; Members: Linda Ferdowsian, Barbara Smith, Veronika Walton

DISCUSSION QUESTIONS:

1. In what way did any information in our LWVLC Health Care study surprise you?
2. Provisions of the Affordable Care Act are changing the manner in which health care is delivered. What is your opinion of Oregon's movement toward Coordinated Care, i.e. combining physical, mental, and dental care under the same umbrella?
3. What methods could be used to educate the public on preventive, integrated health service--assuming it is available to the public?
4. Lane County has a shortage of primary care doctors. County officials state it is difficult to recruit new doctors to Eugene/Springfield. Why is this, and what can be done?
5. Overhead costs of insurance companies (administration, advertising, research, and salaries) represent 25% of the operating budget, compared to 3% for Medicare. Would you support a health care system based on Medicare for all?