
Senior & Disabled Services

a division of LCOG

MEMO

To: LCOG Board Executive Committee
From: Kay Metzger
Subject: Health Systems Transformation Update
Date: April 14, 2011

State Level

On March 23rd, the Health Systems Transformation Team (HSTT) concluded its work. The HSTT was a broad-based committee chartered by the Oregon Health Policy Board to develop a common vision and provide guidance for operational planning of a new integrated delivery model for health care. At the March 23rd meeting the “Coordinated Care Organization: Strawperson Summary” document (attached) was distributed and reviewed. The Strawperson Summary incorporates several concepts pulled from Lane County members input, such as:

- The definition of a Coordinated Care Organization (CCO) is consistent with our local work and collaborations to date. The Health Systems Transformation Team and Oregon Health Authority staff publicly recognized that Lane County organizations were better prepared than other areas to move forward, largely due to our commonly held principles of respect and collaboration.
- The CCO will not include long term care supports and services (i.e. the direct service payments for in-home care, group living situations, and nursing facility care). This means the responsibility for case management will remain with Senior & Disabled Services. However, Senior & Disabled Services continues to be part of local governance discussions for the CCO.
- And lastly, concepts of consumer involvement, protection, and advocacy are incorporated into the Strawperson Summary. These, of course, are core values for S&DS.

Now that the work of the Health Systems Transformation Team is complete, the emphasis moves to the Legislature. The Strawperson Summary will serve as a template for legislation to be developed within the next few months. This legislation will create the structure and framework by which physical, behavioral and dental health care services will be delivered in a coordinated and revenue-restricted environment. To that end, the Joint Special Committee for Health Care Transformation has been named. Members of the committee are:

Sen. Laurie Monnes Anderson, Co-Chair
Rep. Tim Freeman, Co-Chair
Rep. Mitch Greenlick, Co-Chair
Sen. Frank Morse, Vice-Chair
Sen. Alan C Bates
Sen. Jeff Kruse
Sen. Chip Shields
Rep. Tina Kotek
Rep. Jim Thompson

The Committee will be meeting Wednesday evenings and they've been given six weeks to complete the process. Agendas and meeting materials should be available on the Oregon Legislature website at <http://www.leg.state.or.us/11reg/agenda/webagendas.htm> under Joint Special Committee Agendas.

Local Level

Several Lane County organizations continue to meet to discuss more formal partnerships and how to improve the coordination of services. Our common interest primarily revolves around State budget reductions, Medicaid system reform and service integration for seniors and people with disabilities receiving both Medicare and Medicaid. There is the possibility that as Federal healthcare reform unfolds, the population may expand. There are still many questions and many unknowns regarding expectations of the Coordinated Care Organization at the State level and the Accountable Care Organization at the Federal level. But we continue to meet, which is positive. The CEOs of Sacred Heart and McKenzie Willamette Hospitals, the County Health and Human Services Director, LaneCare Manager, LIPA CEO, physician representatives, and S&DS are meeting twice per month to lay the groundwork for creating a regional health policy group, working in a more coordinated way, achieving cost reductions while not sacrificing the health of consumers. LaneCare and LIPA are meeting frequently to plan how to put into operations a more integrated system of physical health, mental health and addictions. LIPA is also hosting regular meetings with physicians to discuss both the State and Federal health care reform initiatives.

Summary

The role of S&DS in the midst of this healthcare planning continues to be focused on building a bridge between the medical and social service fields. A recent study on the determinants of health indicated that social determinants such as behavioral patterns, social circumstances and environmental exposure comprised 60% of the determinants of health, while genetic predisposition was 30% and direct health care was only 10%. Through partnerships and focused interventions that address social service issues, we can impact the health of our clients, reduce the number of un-necessary doctor or hospital visits and thus reduce health care spending. I am hopeful there will be great outcomes from our collaboration.