

## **CCOs and the ACA In Oregon: An Update**

**AUTHOR(S):** Michael C. Huntington, MD, Samuel Metz, MD, Peter N. Mahr, MD, Kenneth Rosenberg, MD (moderator)

**PRESENTATION FORMAT:** Panel Presentation

**TOPIC/TARGET AUDIENCE:** Public health professional, public health policy advocates

**ABSTRACT:** Oregon has unique applications of the Affordable Care Act, including using Coordinated Care Organizations for Medicaid patients and accepting federal subsidies with a promise of reducing the rate of rise of Medicaid spending in the state. Are the ACA and CCOs achieving their goals in Oregon? What are their goals? Are they compatible?

Three speakers will discuss:

- 1 - CCOs: What they are, what they are supposed to do, and are they succeeding?
- 2 - The ACA: Has it achieved its goals in Oregon and what are those goals anyway?
- 3 - The Institute of Medicine and Financing Health Care: How does the ACA Measure Up.

**OBJECTIVE(S):** List the goals of health care reform. Discuss how CCOs differ from ACOs. Compare the ACO goals with those of IOM Principles and Recommendations

**PANEL ABSTRACT 1:** A Coordinated Care Organization, or CCO, is a network of all types of health care providers (physical health care, addictions and mental health care and sometimes dental care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.

CCOs are unique to Oregon. Coordinated Care Organizations (CCO) differ from Accountable Care Organizations in the benefits provided, the patient population being served, and the program paying for services. The federal government advanced Oregon nearly \$2 billion for CCOs as an experiment in health care. If CCOs fail to reduce the cost of care for their Medicaid patients, Oregon taxpayers must pay the difference and refund the \$2 billion. How can CCOs succeed and what can Oregonians do to insure that success?

**PANEL ABSTRACT 2:** The Affordable Care Act (ACA) was designed to increase the number of Americans covered by health insurance programs. The ACA uses three primary tools to achieve that end: (1) a mandate that certain businesses provide employer-sponsored health insurance and that individuals without employer-sponsored insurance purchase insurance on their own; (2) exchanges in which individuals and small businesses can compare policies offered by insurance companies who to choose to participate in exchanges; and (3) expanded Medicaid coverage.

Nationally, the percentage of citizens covered by insurance policies has increased. In Oregon, 95% of residents are covered by policies, either private or public. The ACA has achieved its goal.

In contrast to the goal of the ACA, the goal of health care reform is to provide better care to more people for less money. Providers and workers in public health appreciate the difference between access to insurance and access to care, whether that care be preventative, primary, or specialty.

Has the ACA achieved better care to more people for less money? If it hasn't, should it try? If it should try, what can it do to achieve that goal? If it can't achieve that goal, what next?

PANEL ABSTRACT 3: During the great health care reform debate of 2009-2010 surrounding the Affordable Care Act, there was intense discussion regarding the content of the legislation, political considerations, and whether it would pass. Unfortunately there was no conversation about the principles required to create an ideal insurance system. The Institute of Medicine's (IOM) 2004 report entitled "Insuring America's Health: Principles and Recommendations"(1) addresses these overlooked principles, including what a "gold standard" health insurance system would look like.

This lecture reviews the IOM's principles and recommendations for an effective and sustainable health insurance system and evaluates how the Affordable Care Act addresses or misses these principles. Evidence presented will include recent statistics, a review of the relevant literature, and international comparisons. The presentation will conclude with a closer look at the health insurance systems in other industrialized nations, focusing on their common characteristics. The goal is for attendees to appreciate the necessary components to enact a universal, affordable health care system in Oregon and the United States.

(1) Institute of Medicine. (2004). Insuring America's Health: Principles and Recommendations. Retrieved from: <http://www.iom.edu/Reports/2004/Insuring-Americas-Health-Principles-and-Recommendations.aspx>

#### PRIMARY CONTACT INFORMATION:

Samuel Metz, MD  
Physician  
Physicians for a National Health Program  
Portland, OR  
5037541329 | [opha@samuelmetz.com](mailto:opha@samuelmetz.com)

#### CO-PRESENTER(S):

Michael C. Huntington, MD | [mchuntington@comcast.net](mailto:mchuntington@comcast.net)  
Samuel Metz, MD | [opha@samuelmetz.com](mailto:opha@samuelmetz.com)  
Peter N. Mahr, MD | [peter.n.mahr@gmail.com](mailto:peter.n.mahr@gmail.com)

MODERATOR: Kenneth Rosenberg, MD | [rosenbergkd@yahoo.com](mailto:rosenbergkd@yahoo.com)