

Coordinated Care Organizations In Oregon: Update And Next Steps

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TOPIC/TARGET AUDIENCE: Healthcare Professionals and individuals interested in Healthcare policy

ABSTRACT: Access to Healthcare remains a significant issue for many Oregonians. The enactment of the Affordable Care Act and, in Oregon, the arrival of Coordinated Care Organizations, brought hope to healthcare policy experts and patients that access to healthcare would become universal and affordable.

Unfortunately many patients remain uninsured and under insured. Rates of those delaying care due to cost, those with unpaid medical debt and those going bankrupt due to illness have remained steady will costs have continued to escalate.

This panel discussion will explore more fully whether Coordinated Care Organizations have lived up to their billing as a way to increase access and decrease cost. It will then explore the principles underlying universal care systems around the world that are able to provide high quality care to everyone at much lower cost to individuals and society.

We conclude, therefore, that Oregon, should move toward a universal care system resembling those functioning around the world. Finally we will discuss the opportunities and barriers to enacting a universal health care system here in Oregon.

OBJECTIVE(S):

- Evaluate the efficacy of Coordinated Care Organizations in Oregon.
- Understand the principles required to enact a universal health care system.
- Analyze the barriers to enacting a universal care system in Oregon.

PANEL ABSTRACT 1: 1. The concept of coordinated care organizations (CCOs) is beyond reproach and speaks for itself. CCO pilot projects such as the patient centered primary medical home and global budgeting are allowing better care for more people at lower cost.

2. We have reason to be proud of Oregon, former Gov. Kitzhaber, and the legions of smart and dedicated people who have engineered and propelled the CCOs in a very short period of time.

3. CCOs, even if perfectly executed cannot solve the two major problems of our health care system, complexity and cost.

Medicaid has 36 eligibility categories related to age, number of children, pregnancy, income, disability, and place of residence.

A person's status in each of these categories can change month to month. People gain or lose eligibility and therefore churn in and out of access to care with sometimes devastating consequences. This

churning phenomenon is inherent to our entire health insurance system and creates obstructions to care and discontinuity of the sacred relationships between doctors and patients.

A statewide single risk pool will counter the complexity curse. Global budgeting and power to negotiate price with the health care industry will counter the cost curse.

PANEL ABSTRACT 2: Universal care systems around the world provide access to healthcare for all their citizens at roughly 1/2 the cost to that of the U.S. they do this by making the system universal, having one single set of benefits for everyone that is accepted by all doctors, other providers and hospitals and enforcing not-for-profit financing of their systems.

These principles ensure universality, efficiency, simplicity and a focus on customer service. Including everyone in one system ensures that those with political power will support and strengthen the system over the long term.

Any universal system enacted nationally or here in Oregon must follow these same principles.

PANEL ABSTRACT 3: Three major obstacles impede state-based universal care: (1) Healthcare businesses are reluctant to compromise business viability. These include highly-paid physician specialists, health insurance companies, hospitals, device manufacturers, and pharmaceutical manufacturers. (2) Non-healthcare businesses with employees in other states will find a healthcare plan operating in only one state a challenge. (3) Federal laws Medicare, the Affordable Care Act, and ERISA make state action illegal without waivers or, in the case of ERISA, a presidential executive order.

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