



May, 2016

**TO:** Oregon's Primary Care Payment Reform Collaborative  
**FROM:** Laura Rodriguez, *Systems and Policy Analyst*  
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(Oregon's Title V public health agency)

**OCCYSHN**  
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I share this comment on the CPC Plus initiative on behalf of OCCYSHN's Interim Director, Dr. Brian Rogers, We recognize that the CPC Plus initiative presents a beneficial opportunity for Oregon to explore alternative payment models. We ask, however, that this collaborative also explore models that include children and youth.

The National Survey of Children's Health (NSCH) 2011-2012<sup>1</sup> estimated that 19.4% (166,596) of Oregon children between the ages of birth to 17 years had a special health care need, the population that OCCYSHN represents.

Cross systems care coordination – that is, care that includes, for example, education; dental, mental, and public health; and social services -- is an essential service for children and youth with special health care needs (CYSHCN), their families, and the systems serving them. CYSHCN are more likely than other children to need care coordination, because their care often involves several types of providers and services across systems (e.g. education, Headstart, DHS). These systems, which are critical to children's needs, are missing components in adult care. Such coordination of services also is a critical facet of medical home for CYSHCN; although in Oregon we do not require PCPCHs to address care coordination for CYSHCN.

We know that in practice it is difficult to realize cross systems care coordination in large part because of the lack of support for providers' time to participate. A 2015 report issued by The National Catalyst Center stated that "Care coordination for CYSHCN under the Fee-For-Service (FFS) model does not promote team or person-centered care." Funding models need to support provider participation in cross-systems care coordination for CYSHCN.

It is time for health care transformation efforts in Oregon to focus on children and youth. If transformation efforts successfully support children and youth with special health care needs (the most complicated of pediatric cases), then all children will be supported.

We understand that Oregon SB 231's intent is to develop and share best practices and methods of reimbursement across all populations in primary care, including pediatrics in primary care. We ask this collaborative to also explore an alternative payment model that is inclusive of children and youth.



Thank you for your time and consideration.

**OCCYSHN**

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*<sup>1</sup>National Survey of Children's Health. (2011-2012). Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 12-20-2014 from [www.childhealthdata.org](http://www.childhealthdata.org).*

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Grant # HRSA-14-030, State Implementation Grant for Enhancing the Systems of Services for Children and Youth with Special Health Care Needs through Systems Integration



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