Coordinated Care Organizations — bringing health reform to the local grange

Lyle J. Fagnan, MD

Historically Oregon has not waited for the rest of the nation to improve the lives of our citizens. In 1967 the Oregon Beach Bill established public ownership of land along the Oregon Coast from the water level up to 16 feet above the low tide mark. In 1971, the legislature passed the Oregon Bottle Bill to reduce litter and increase recycling. In 1993 the Oregon Health Plan (OHP) was enacted. The OHP described that all citizens should have universal access to basic health care, that society is responsible for financing care for poor people, and that the health care delivery system implement evidence-based, necessary care while discouraging over-treatment.

In 2011, Oregon is again leading the way by establishing the Oregon Standards for the Primary Care Patient-Centered Medical Home (PCPCH). Although the PCPCH standards across national organizations are similar, Oregon has created its own unique dialect. The Oregon PCPCH Standards Advisory Commi...
While the primary care practice transformation effort in Oregon is making progress one practice at a time, it will take a community conversation and action to improve the health of the entire local population. Rural settings have a long standing history of building stronger communities through the Grange model. Their approach is to create abundance through sharing scarcity. The Coordinated Care Organizations (CCO) bill signed in June, 2011 by Governor Kitzhaber and passed by the state legislature is well suited for using the Grange model to improve the health care of local communities.

Five fundamental elements characterize CCOs:

1. Local control: Each community is unique with varying strengths and history in approaching healthcare transformation. Local solutions, using local providers, have a higher probability of success and sustainability. Practices are responsive to local voices.

2. Coordination: Physical health, mental health, and dental health services would be integrated across the local population.

3. Global budgets and shared savings: The current system of visit-based payments would be replaced with payments based on delivering evidence-based chronic illness and preventative care in a variety of ways and by maximizing the use of health teams and health information technology. The global budget includes all care providers, including medical practices, hospitals, mental health providers, dental and ancillary services. The CCO manages the global budget and if performance standards are met, providers could share in the savings. Health care dollars should be spent locally to sustain and increase local business activity.

4. Metrics/Performance Measures: The performance standards will include clinical, patient experience of care, financial, and operational metrics.

5. Primary Care Health Homes: All residents in the local community will have a usual source of care that provides for their needs in health and in illness. Teams will implement shared decision making—aligning treatment decisions with patients’ preferences and values using the best available evidence in the context of local resources. The bill describes alternative payment structures within provider networks, especially to encourage patient-centered medical homes.

ORPRN’s experience with implementation science and knowledge of rural Oregon has shown us that several communities demonstrate a high degree of readiness for change and are meeting at the “Grange,” and discussing health reform at the local level. These action oriented communities are ready to take the CCO plunge.


Dr. Rinehart is a 1972 graduate of OHSU School of Medicine and has served on the OHSU Family Medicine faculty for over 20 years. Medical Director of The Rinehart Clinic in Wheeler, Dr. Rinehart was awarded the Volunteer Faculty Award by the Department of Family Medicine. Lisa Dodson, MD presented the award.

For his “outstanding dedication to the education of medical students in the community setting,” Dr. Law of Dunes Family Practice in Reedsport, received the Community Preceptor Award on June 6, 2011. Selected by the Class of 2011 students, the award was presented at the graduating ceremony.
David Evans, MD, lead author

David Evans, MD is the lead author on a recently published qualitative research paper in the online version of *The Journal of Family Practice*. Examining the Madras Medical Group’s attitudes in response to prohibiting visits from pharmaceutical detailers and acceptance of drug samples and marketing materials, the paper is titled “One practice’s experiment in refusing detail rep visits.”

The study team used semistructured interviews with clinicians and nurses to identify common themes and discovered that the benefits of refusing visits from pharmaceutical representatives outweighed the perks they had grown accustomed to.


**Carpenter Award goes to David Evans, MD**

The 2011 Lewis and Ruth Car-
penter Award was given to David Evans, MD at the 2011 OAFP/ORPRN annual con-
ference. Given annually to a volunteer faculty member of the OHSU Department of Fam-
ily Medicine, nominations for the award come from third and fourth year medical students. Dr. Evans and his wife, Suzanne El-Attar, MD have been favored by a number of students going into family medicine.

**Coming soon . . . ShareCenter**

The Oregon Clinical & Translational Research Institute (OCTRI) received an award from the National Center for Research Resources to customize a tool called ShareCenter for ORPRN. ShareCenter is an online tool that will open up many possibilities for sharing resources, communicating with other members and staff, and discussing topics of interest. ShareCenter will allow members to find contact information and study documents, communicate with each other and with ORPRN staff, share resources such as job descriptions, and discuss topics such as Medical Home or PharmFree. To learn more about what ShareCenter can do, visit: [http://orprn.getsharecenter.org](http://orprn.getsharecenter.org).

OCTRI participates in a national consortium that uses the ShareCenter platform and ORPRN is fortunate to be the first PBRN scheduled to implement the tool. The ShareCenter team presented focus group findings to the Steering Committee and conducted an online survey of ORPRN members. A pilot will be launched this Fall, and the public website will be ready in mid-2012.

To request an invitation to participate in ShareCenter, please contact Nancy at rollinsn@ohsu.edu.

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**Tell us your new email address.**

We try to keep our database up-to-date, but if you have changed your email address in the past year, please let us know. Send your new contact information to: ORPRN@ohsu.edu.
James Calvert, MD, named Oregon Family Doctor of the Year

Jim Calvert, MD, Associate Professor, Department of Family Medicine, and founding residency director of the Cascades East Family Medicine Residency Program, was named Oregon Family Doctor of the Year for 2011. Dr. Calvert received the award at the Oregon Academy of Family Physicians Celebration Luncheon held in April, 2011. Nominations for the award came from physicians, patients, and colleagues. In the Klamath Falls Herald and News, Dr. Calvert was quoted as saying “It was a wonderful feeling. I really respect the group of people who nominated me, so it was a pretty big deal.”

Poster presentation by Gabriel Andeen

Gabriel Andeen, a fourth-year medical student, presented a poster of his ORPRN-sponsored research on rural pharmaceutical detailing at the American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students in Kansas City. Titled “Prevalence and Impact of Pharmaceutical Industry Detailing in Oregon” the study evaluated the prevalence of pharmaceutical industry detailing and drug sampling practices in rural primary care clinics. Gabe’s work showed that over 80% of ORPRN clinics allow visits from industry representatives who distribute drug samples, and these activities tend to be more frequent at clinics having more clinicians and larger patient panels.

Family Medicine graduates honor mentors

Welcome new clinicians to ORPRN clinics

Gregory Steinke, MD, MPH moved from Southern California to join the staff at Bayshore Family Medicine’s Lincoln City clinic, which opened in the summer of 2010. Dr. Steinke was in the first graduating class of the Lifestyle Medicine Track at Loma Linda University Medical Center. His Family and Preventive Medicine Residency, a four-year program, included additional training in obesity care, smoking cessation, exercise, and nutrition.

David Hall, MD has joined Strawberry Wilderness Clinic. Raised in Pasco, WA, Dr. Hall completed medical school at OHSU. Board-certified in family medicine, his residency was at McKay-Dee Hospital Family Medicine Residency in Ogden, Utah. His special interests are in sports medicine, fitness, and obstetrics. Dr. Hall travelled to Haiti and treated people at the epicenter of the earthquake. Dr. Hall and wife Alicia are delighted to raise their three children in the John Day area.

Ginger Vaughn, MD recently joined Strawberry Wilderness Clinic in John Day. Dr. Vaughn graduated from Saba University School of Medicine in Netherlands-Antilles and completed her residency at Southern Colorado Family Medicine. She has co-authored a book of poems, photos and short stories about her work in Haiti after the earthquake, entitled “Hope in Despair: Haiti Through our Eyes.”

Pollyanna Lam, MD is joining Columbia Gorge Family Medicine in Hood River. A pediatrician, she has years of experience working in family centered health and is moving from Chicago to live in the Gorge.

Sharon King, MD is new to High Desert Medical Center in Burns. A family physician, Dr. King will practice OB at the clinic. She is moving from Cheyenne, Wyoming but grew up in Burns, and is happy to be coming back to her roots.

Joyce Hollander-Rodriguez, MD named Director

Joyce Hollander-Rodriguez, MD is the new Program Director of Cascades East Rural Family Medicine Residency Program in Klamath Falls. The community-based program is administered through OHSU and prepares graduates to treat patients in rural areas. Cascades East is proud of how many of its graduates remain in the area.

Dr. Rodriguez completed medical school at OHSU and her residency at Cascades East. She and her husband loved Klamath Falls so much that they decided to stay. Her medical interests include geriatrics and end-of-life care. She is Medical Director of a local hospice and an active member of the hospital Ethics Committee. She and her family share a ranch with horses, sheep, dogs, and chickens.

Welcome a new building

Columbia Gorge Family Medicine is excited to move to their new building on October 15th. Their new address is 1750 12th Street, Hood River.
In the last two issues of this newsletter, I have written about your community being an asset to your clinic and the outreach process of connecting your clinic with community-based organizations. Both of these concepts and activities were framed with the purpose of helping your patients achieve optimal health. Further, they recognize that as a clinician and clinic if you struggle alone against the social determinants of health and unhealthy behaviors, you are not likely to be successful.

There is a paucity of existing metrics to measure and evaluate clinical-community linkages. Yet, in the lead article, Dr. Fagnan introduces the Coordinated Care Organization which will be forming over the next couple of years. And with little research describing clinic-community linkages, there is even less information about how these Coordinated Care Organizations are to be organized to achieve the dollar savings and improved health outcomes anticipated.

Without some level of measurement available to guide your decision making, we need to step back and look for a framework that might be applied. The Coordinated Care Organization will require collaboration between various organizations. Some have heard me say this before, but the definition of collaborate is to “consort with the enemy.” A collaborator during war could be charged with treason. Most people would define it as “to work together.” But it is usually referenced in the dictionary in terms of collaborating on a written document or a work of art. The definition has a negative tone. We call collaborating on a school test “cheating.” All these are serious charges. But you will indeed be competing for resources between public, private and nonprofit organizations to improve the health status of the community. Decisions will be made about which organizations get the scarce resources to control community health workers, health coaches (trained in Motivational Interviewing), and social workers, among others. Emphasizing prevention is expected to be the key to saving money.

Arthur Himmelman is a consultant who wrote “Collaboration for Change” (last updated in 2002 – http://depts.washington.edu/ccph/pdf_files/4achange.pdf). This document can help you understand and interpret what you might see being played out as various organizations come together to decide how they will be working together. Himmelman defines the collaborations as a continuum of change strategies that are designed to help overcome the most common barriers to working together…those being time, trust, and turf. He suggests definitions that describe the continuum starting with Networking, leading to Coordinating, then to Cooperating and finally to Collaborating. Within those definitions he describes the relationships as being either informal or formal (meaning there is written agreement). He also characterizes the definitions regarding the level of time commitment required to achieve change and lastly describes how resources and risks are shared.

While not mutually exclusive, he defines common roles played by organizations in the process from convener to facilitator. Lastly, he presents some basic steps in the process and suggests questions you should ponder before stepping into the process. Community organizing and coalition building are not an exact science. There are people involved and when that happens, things get messy. But there is research on this subject. We can learn from the past as we create the future that Coordinated Care Organizations may bring. Himmelman’s source is a good primer.

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Care Coordination: More than just a PCMH buzz word

by Jill Currey, MPH

At Treasure Valley Pediatric Clinic (TVPC) in Ontario, OR, care coordination is old hat. According to TVPC Medical Director Sandra Dunbrasky, MD, the process of care coordination was solidified over 10 years ago with the clinic’s participation in the Oregon Medical Home Project (OMHP). A major component of this project combined the efforts of parents and a nurse care coordinator to work with the pediatrician to enhance resource identification and referral services.

Dr. Dunbrasky’s own version of care coordination came about when she started practicing in Ontario 17 years ago, before PCMH was the buzz word it is today. She delegated her nurse to compile a list of community resources and the list has been growing ever since. Today, with the efforts from the OMHP and TVP staff, the list consists of over 70 multidisciplinary community resources with connections ranging from mental and behavioral health services to the local schools and nurseries. Treasure Valley Pediatric Clinic has a comprehensive staff of care coordinators that identifies and makes resource connections before the patient even walks through the door. According to Dr. Dunbrasky, having care coordinators frees up time for her to see more patients and indirectly saves the practice money. In a clinic that has provided children and families with one-on-one patient centered care, Treasure Valley Pediatric Clinic jumped on the bandwagon early…and will never go back.

Biking for rural health

Second-year medical students Nathan Defrees, Wes Fuhrum, and Matthew Sperry completed a one month, thousand mile bicycle ride in Oregon this summer, with an aim to raise awareness of the challenges facing rural health care. They met with community groups across Oregon to share the message that rural communities need more primary care doctors and to discuss Oregon’s health care issues. Travelling west to the coast and down to Reedsport, then east to Prineville and onto Enterprise, the students were hosted by ORPRN clinicians Robbie Law, MD, Reedsport; Mike Hodulik, MD, Florence; Bob Holland, MD, John Day; Jon Schott, MD, Baker City; Liz Powers, MD Enterprise. Follow their adventures on their blog: http://www.medstudentscycle.blogspot.com/

Congratulations to Myra Thompson, DNP

Myra Thompson earned her doctorate at OHSU, graduating in June, 2011. Formerly an RN, MS, LCRN, she practices at Bayshore Family Medicine and has been affiliated with Samaritan North Lincoln Hospital since 1983. “It is great to have a practicing clinician get their doctorate while working full time and participating in one of our studies” says L.J. Fagnan, MD, ORPRN Network Director. Dr. Fagnan is referring to Myra’s contribution to the Shared Decision Making study. Dr. Thompson attended Walla Walla College in Washington, received her masters degree at Loma Linda University in California, and a post Masters certificate as a Family Nurse Practitioner from OHSU. She returned to OHSU to complete her PhD. She is married to Albert Thompson, MD, pictured above at her graduation. She has four children and loves to spend time with her two grandchildren. She is an accomplished vocalist and flutist, reads, and is a total iPhone junkie.
2011 OAFP/ORPRN Annual Scientific Assembly Meeting
Skamania Lodge

ORPRN presenters pictured at left: Marilyn Fraser, MD from Lincoln City Medical Center, Lyle J. Fagnan, MD from ORPRN in Portland, Liz Powers, MD from Winding Waters Clinic in Enterprise, Myra Thompson, PhD from Bayshore Family Medicine in Pacific City, and Betsy Anderson, MD from Pioneer Memorial Clinic in Heppner.

Collaboration: Sometimes solving an “easy” problem is harder than you think.

Shared Decision Making presentation with Betsy Anderson, MD; Myra Thompson, PhD; Marilyn Fraser, MD; Liz Powers, MD

OAFP / ORPRN SPRING CME CONFERENCE
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Abraham Verghese, MD, author of “Cutting for Stone” will be the Keynote Speaker. Visit the OAFP site for more information:
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