



Marion-Polk County Health Care System Capacity and Access Assessment

2013

**Willamette Valley Community Health
Community Advisory Council**



2013 Marion-Polk County Health Care System Capacity and Access Assessment

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2013 Marion-Polk County Health Care System Capacity and Access Assessment Executive Summary

Introduction: Willamette Valley Community Health (WVCH) is the Coordinated Care Organization for Marion and Polk Counties. Through this assessment, the Community Advisory Council (CAC) for WVCH attempts to describe the capacity of the health care system of Marion and Polk Counties, identify barriers to health care, and identify populations who may experience barriers to health care services. The assessment looks at the continuum of services for all populations located in the two counties, and where possible, provides data specific to the population served by Willamette Valley Community Health (WVCH). It is hoped that this information will provide a baseline for planning and improvement. It is also known that assessment is an on-going process and this report may identify other areas for future assessment.

Framework: Marion and Polk County Health Departments and WVP Health Authority staff provided leadership to the design and implementation of the assessment, using Mobilization for Action through Planning and Partnerships (MAPP)¹ and the Public Health Accreditation Standards Version 1.0² as a framework. A workgroup formed of volunteers from the CAC, both health departments, the mental health system, a state epidemiologist and other community partners provided guidance to the data collection and reporting in preparation for review and analysis by the CAC membership.

Community Input: The community provided input to the process primarily through the members of the Community Advisory Council (CAC). The CAC membership is half consumers receiving Oregon Health Plan (OHP) services and half community representatives, including one representative each from the health departments located in Marion and Polk Counties. Members of the CAC reflect the racial, ethnic, gender and geographic diversity of both Oregon Health Plan recipients and the general populations of the two counties. Members reviewed, analyzed and drew conclusions from the data. Part of the data reviewed included input from the general public through surveys or focus groups. The “populations experiencing barriers in accessing healthcare” data was also presented to the Marion County Health Advisory Board for input.

Contents: The document includes nine sections, providing an assessment of:

- Health system capacity to meet the community’s health care needs for: community-based prevention services, clinical preventive services, urgent-emergent services, inpatient care, ambulatory care, dental care and mental health services;
- Potential barriers to care, such as proximity to a provider accepting Oregon Health Plan (Medicaid) or lack of health insurance; and
- Populations that may be more likely to experience barriers to care in Marion and Polk Counties.

¹ Mobilizing for Action through Planning and Partnerships. <http://www.naccho.org/topics/infrastructure/mapp/> viewed 6/5/2013.

² Public Health Accreditation Board Standards & Measures, Version 1.0, approved May 2011. <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf> viewed 6/5/2013

The Community Advisory Council reviewed and discussed data reports prepared by the Council Assessment Workgroup, on May 9th and June 13th, 2013. Below is a summary of the general themes and conclusions made. For more detail, see the full report.

Common themes from discussions about the Marion-Polk health system's capacity to meet the community's healthcare needs:

- Areas that are geographically remote with lower population density have less providers and less diversity of services. It was felt that providers may be discouraged by the perception/reality that the cost of providing services in these areas is greater than the funding or potential revenue
- Certain services are underdeveloped or nonexistent due to unstable funding, for example
 - Community-based prevention
 - Free clinics
 - Nurse home visiting programs
- There is a need for more providers who are actively accepting Oregon Health Plan and Medicare, Especially for Medicaid Expansion which is set to enroll 25,000 new clients in 2014
- There is a need for prevention, screening and treatment services relating to patients with a history of trauma/violence
- Closure of Easter Seals Therapy Center has created a new gap in coordinated care for children with special needs
- There is a need for information and education campaigns targeting healthcare professionals and the public on several topics, for example:
 - Adverse Childhood Events Study (ACES)
 - Violence/trauma
 - Providing services to persons with special needs
 - HIV Case Management
- There is a need for policies that incentivize volunteerism by licensed physical, dental and mental health care professionals
- A common reason for seeking care at free and reduced care clinics is diabetes
- There are opportunities for use of non-traditional healthcare workers and others to provide services outside the clinic setting
- There is a need for outreach to the homeless and underserved in the settings where they gather, to promote wellness and engage in care
- Public transportation systems are inadequate for persons living in all parts of the WVCH region who need transportation assistance to access care

Next steps: The Community Advisory Council has begun the process of identifying strategies to improve healthcare access in the WVCH region. The strategies will be further defined and prioritized. The Council will work with the WVCH Clinical Advisory Panel to select strategies to propose for implementation

Other comments: The full report lists data identified for future investigation, during the Councils data review. The "2013 Marion-Polk County Health Care System Capacity and Access Assessment" is a living document and will be amended with new or updated information periodically, but at least every five years.

Persons and groups that participated in the assessment process:

- 2013 Community Advisory Council to Willamette Valley Community Health
- Assessment workgroup of the 2013 Community Advisory Council

- Batisse Wilson, Community member
- Katrina Rothenberger, QI Coordinator, WVP Health Authority
- Kristen Anderson, Training & Curriculum Development Director, Oregon Family Support Network
- Marybeth Beall, Health Instigator, Northwest Human Services
- Pam Hutchinson, Public Health Division Director, Marion County Health Department
- Randy Phillips, Public Health Supervisor, Polk County Health Department
- Rusha Grinstead, Prevention Epidemiologist, Oregon Health Authority
- Suellen Nida, RN, Silver Falls School District
- Tonya Johnson, Family and Community Health Faculty, OSU Extension
- Marion County Health Advisory Board
- Sharon Heuer, Director of Community Benefit, Salem Health
- Terri Merritt-Worden, Vice President- Health & Wellness, Chief Clinical Integration Officer, Silverton Health

Co-authors of the report included:

- Marion County Health Department staff
- Willamette Valley Providers (WVP) Health Authority Staff
- Polk County Health Department staff
- Leslie Maggiora, OHSU 3rd year nursing student intern
- Sam Barlow, OSU MPH intern

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Demographics

Introduction: Willamette Valley Community Health, the Coordinated Care Organization serving Marion and Polk Counties comprises a unique population with different demographics than the general population of either county. For example WVCH serves more women than men to account for pregnancy and child-bearing and more children are covered under the Oregon Health Plan. The demographics outlined below are current up until April 2013. However, in 2014 it is expected that the population demographics will shift as Medicaid Expansion is underway.

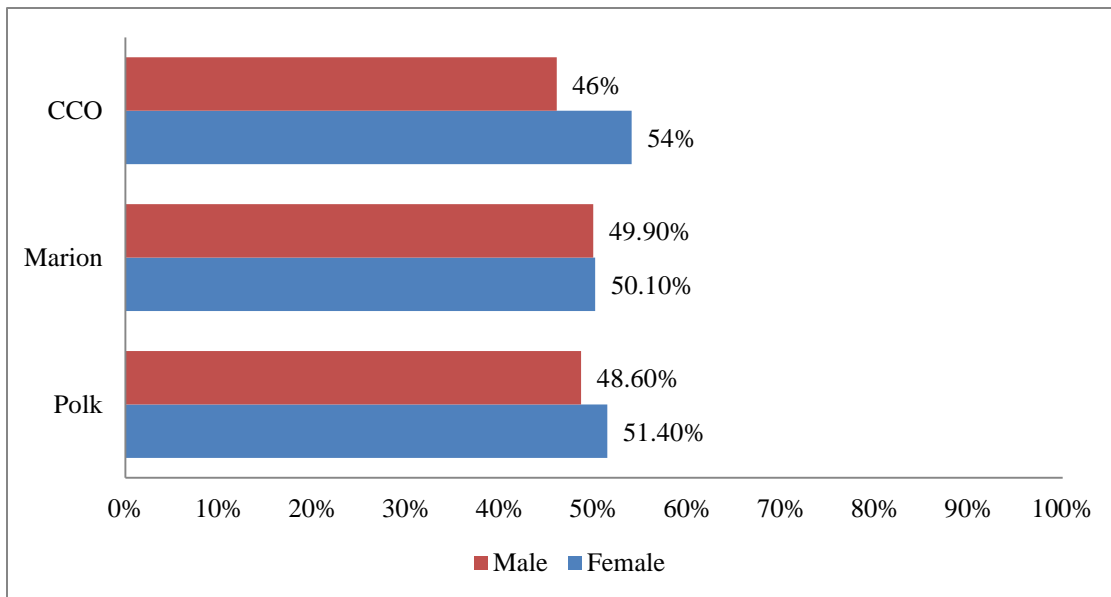
Total Population

Table A: Population distribution for Willamette Valley Community Health. Most Members reside in Marion County with a small proportion in Polk County and other neighboring counties.

Entity	Total Population	Marion	Polk	Other Counties
WVCH	63,811	54,447	8,728	636
Oregon	3,899,353	319,985	76,353	

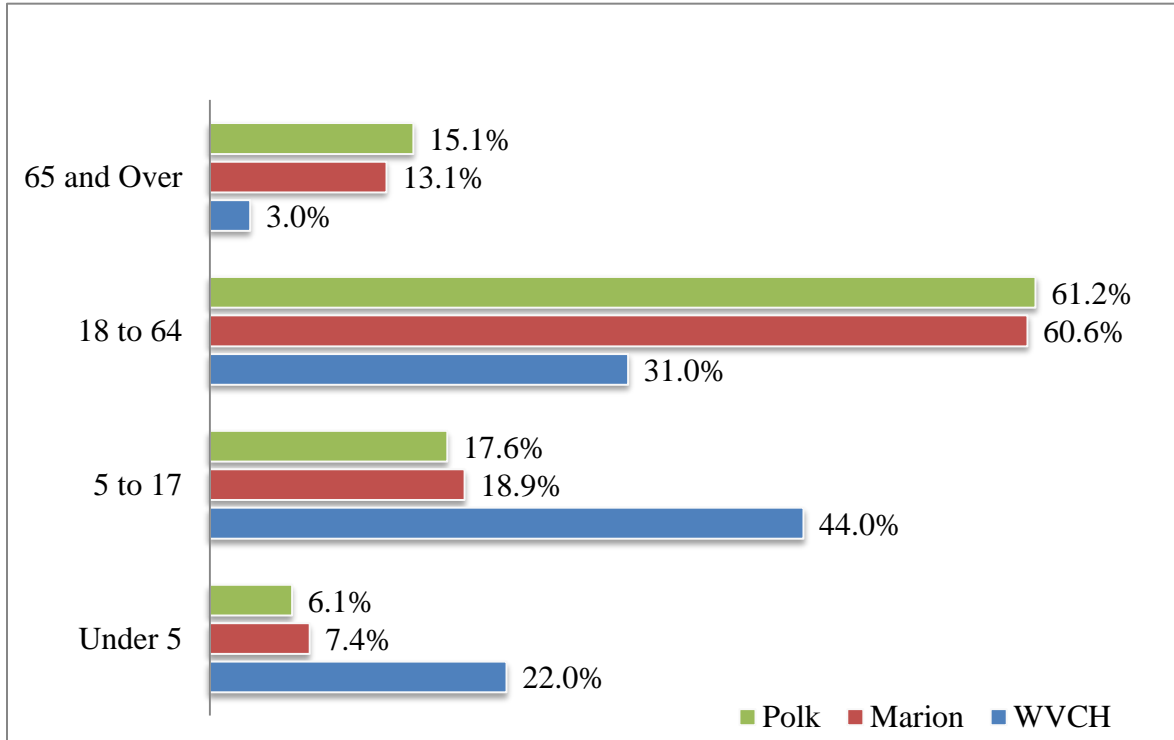
Source: WVCH Member data & U.S Census Bureau for Marion and Polk Counties

Graph B: Sex distribution for Willamette Valley Community Health compared to Marion and Polk Counties.



Source: WVCH Member data & U.S Census Bureau for Marion and Polk Counties

Graph C: Age distribution for Willamette Valley Community Health compared to Marion and Polk Counties. The average age of a WVCH client is 18.9 years, while the median ages in Marion and Polk County are 35.1 and 37.1 respectively. Over 40% of all children in Marion and Polk Counties are insured through WVCH.

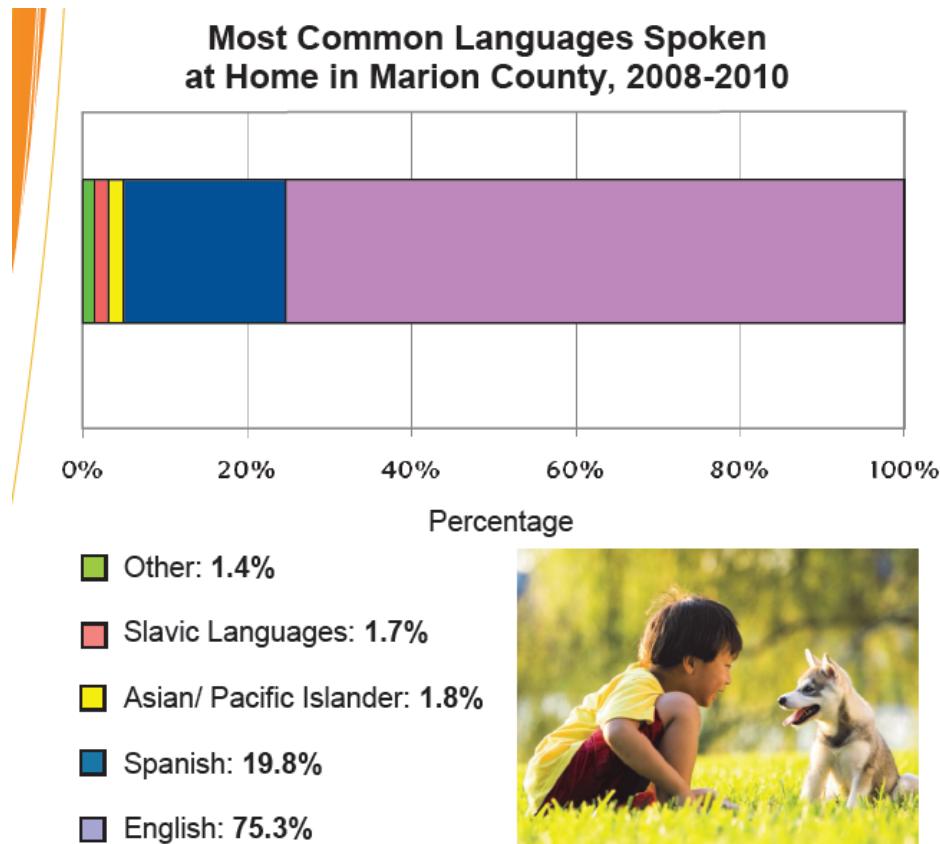


Source: WVCH Member data & U.S Census Bureau for Marion and Polk Counties

Language

Nationally, people who do not speak English are less likely to utilize certain clinical/screening/preventive services, receive quality treatment, or be satisfied with the treatment they receive in the United States.¹ WVCH serves a higher percentage of non-English speaking clients than Marion and Polk Counties as a whole. With CCO incentive measures tied to patient satisfaction, improving care to this population is a key goal for WVCH.

Graph D: Language Data for Marion County

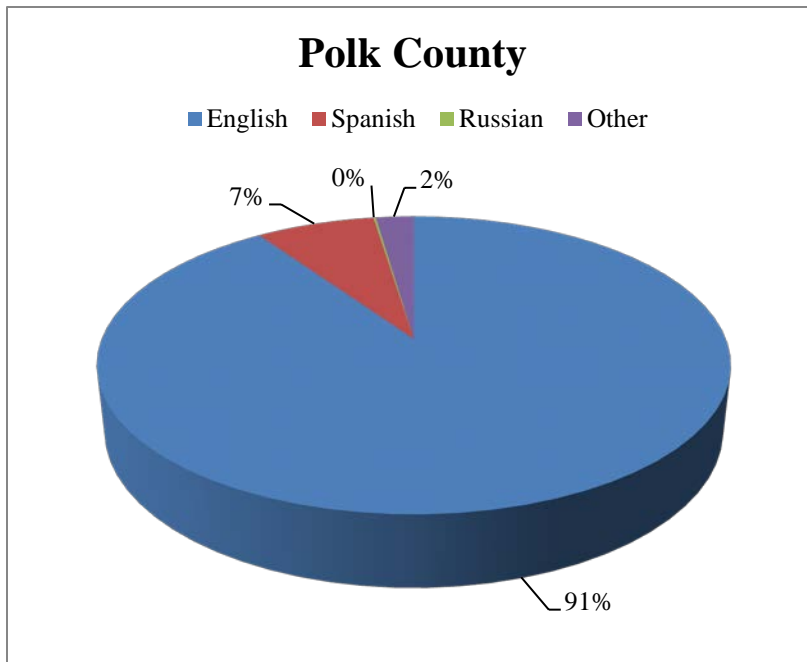


Source: U.S. Census Bureau
2008-2010 American Community Survey



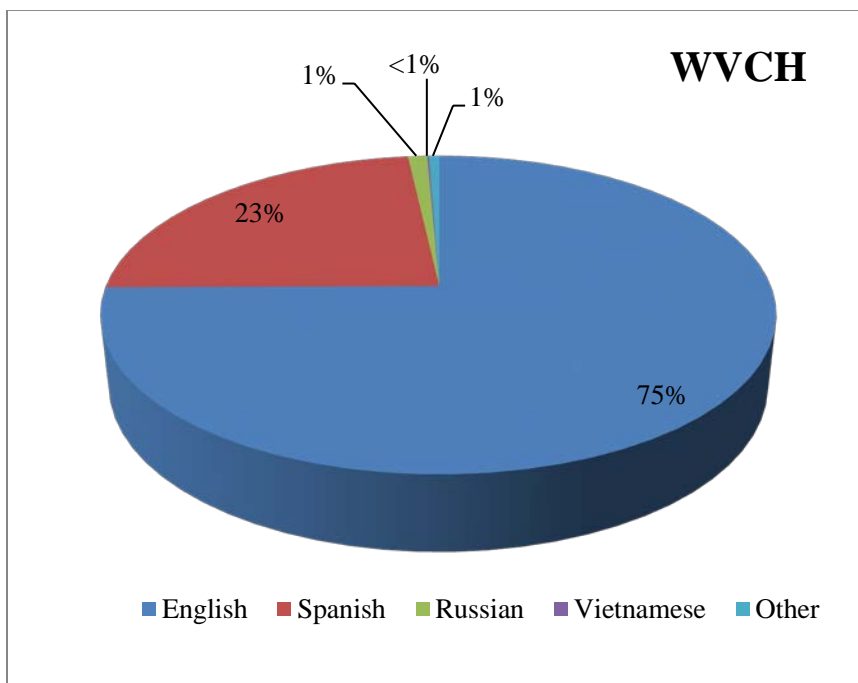
Language Continued

Graph E: Language Data for Polk County



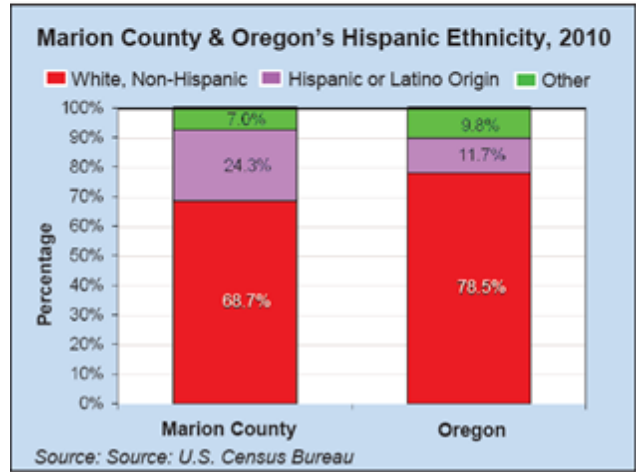
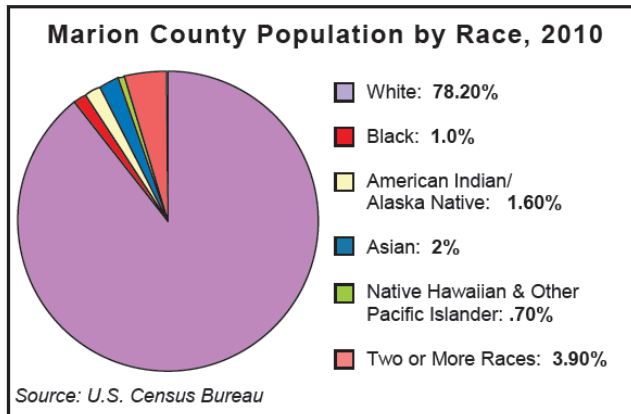
Sources: CDC (2007)

Graph F: Language Data for WVCH (April, 2013)

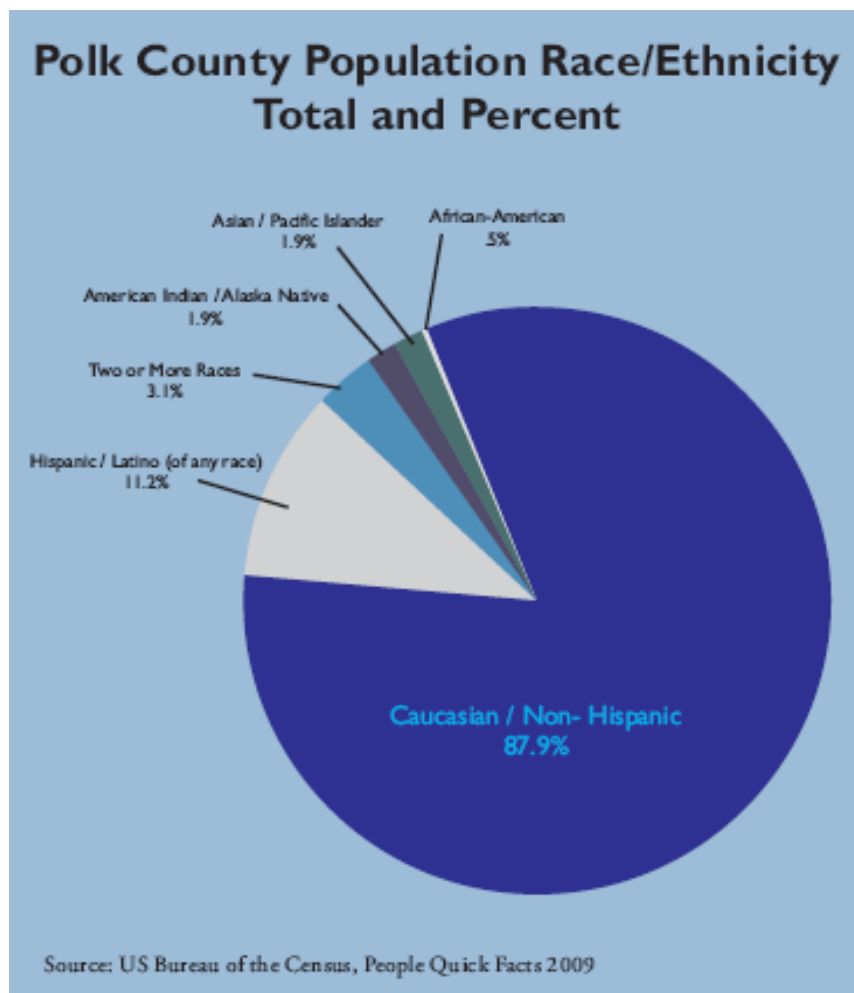


Ethnic Group

Graph G & H: Race & Ethnicity Data for Marion County

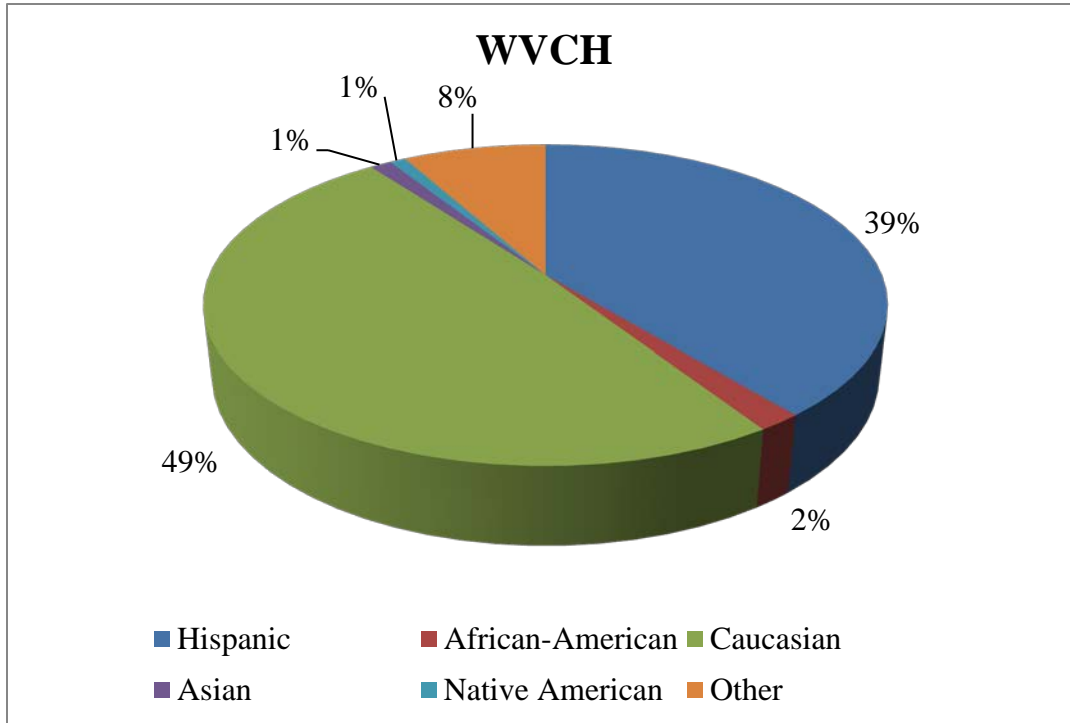


Graph I: Race & Ethnicity Data for Polk County



Ethnic Group Continued

Graph J: Ethnic Groups for Willamette Valley Community Health (April, 2013)



Limitations of Data: Race and Ethnicity data for WVCH is not collected nor analyzed in a similar manner to that of the general population represented by the U.S. Census Bureau. Moving forward in 2014, the demographics of WVCH will change dramatically to reflect Medicaid Expansion.

¹ Fast Facts: Latinos and Health Care”
http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf



Community-based Prevention Services

Introduction: This section provides an overview of the availability of prevention activities in Marion and Polk Counties that are delivered in settings other than the medical provider office. No one organization provides a full spectrum of services. The availability, variety and/or lack of services is dependent upon funding. The services described were discovered through key informant input. There is no state or national data for comparison, but the information provided may be useful when a plan is developed by the Community Advisory Council for prevention of chronic disease or other conditions.

Definitions:

Evidence-based prevention: a set of prevention activities that research has shown to be effective.¹

The Centers for Disease Control describes three levels of prevention

Primary Prevention: Promotes health before the person has disease or is injured.

Secondary Prevention: Detects disease in the early stage before the person has symptoms.

Tertiary Prevention: The person already has symptoms so the goal is to reverse, stop or delay the disease from progressing.

Background: The Marion County Community Health Improvement Partnership (CHIP) and Polk County Healthy Communities are two coalitions convened by the local County Health Departments for the purpose of improving the health of the community through collaboration, prevention and promotion of policies that support healthy behaviors. After a community engagement process each coalition selected one or more health indicators for improvement using evidence-based prevention strategies:

Marion Priority Prevention Indicators	Polk Priority Prevention Indicators
<ul style="list-style-type: none"> • Obesity (and related behaviors such as nutrition & physical activity) • Teen pregnancy • Teen marijuana use (Stayton) 	<ul style="list-style-type: none"> • Obesity

Each county has an action plan to address the selected priority health indicators. For more information:

Marion - <http://www.co.marion.or.us/HLT/chip/chip.htm>

Polk - <http://www.co.polk.or.us/ph>

¹ Substance Abuse and Mental Health Services Administration. "Defining Evidence-based", <http://captus.samhsa.gov/prevention-practice/defining-evidence-based> 6/9/2013

Findings:

Services For the general public:

There are many prevention activities and services being lead or provided by various organizations in both Marion and Polk Counties, including disease-specific support groups

Table1.A showing evidence-based services/programs in Marion and Polk Counties:

Service	Focus	For Whom?	Where?	Cost?
Be Healthy	Prevent Diabetes and Obesity - healthy eating, physical activity, long-term lifestyle changes.	11 Classes Offered per year to anyone over the age of 12	Salem	Free
Living Well & Tomando Control	Stanford's Chronic Disease Self-management program 6- session class to help prevent chronic disease exacerbations. English & Spanish	People/ caregivers living with chronic disease or specifically with diabetes	Silverton, Salem, Woodburn, Stayton, Monmouth, Dallas	Minimal Charge
Diabetes Prevention Program	Prevent diabetes Teaches healthier lifestyles. 16 weekly 1hr. sessions, with monthly maintenance	Anyone 18 and over who are high risk for diabetes	Salem Available in Marion & Polk Counties based on demand	\$100 per participant, scholarship available
Oregon Tobacco Quit Line	Counseling & referral services to assist in tobacco cessation . Assist with Nicotine replacement therapy for those eligible	Anyone –from 4am – 12am daily 1.800.QUIT.NOW 1.800.784.8669 www.quitnow.net/oregon/	All Marion & Polk	Free
WIC	Obesity/diabetes prevention Supplemental nutrition program, emphasis on nutrition education for optimal growth, development and weight maintenance	Low income pregnant and breastfeeding women, and children	Marion & Polk County Health Departments, Salud	Free
Oregon Together Groups	Community lead groups focused on alcohol & drug prevention through evidence-based curricula, etc.	Families in the service area may participate in activities	Salem, Woodburn, Stayton, Silverton, Jefferson	Generally free
Family Wellness Program	Partnership to provide health education and promote physical activity . Based on Living Well	Parents and their children	Marion and Polk Counties	Free

How does the general public become aware of services?

- Marketing – May include marketing to the individual and/or to the provider
- 211 – A simple search on 211 for the five services listed above showed that the system has incomplete information.
- Provider referral - Reports from key informants indicate that individuals are more likely to complete a multi-class series such as Living Well, if they were referred to the class by the primary care provider.

Possible barriers to general public participation in services:

- Lack of transportation - Transportation is addressed in the section on barriers to accessing care. It is known that Marion and Polk Counties have inadequate public transportation, particularly on weekends and in the evening.
- Need for child care – some programs provide childcare on-site
- Cost of the class – many of the services are free or scholarships are available.

Prevention services provided to school-aged youth at or after school:

Programs provided in or after school vary by district and available resources. Marion County works to provide technical support and community mobilization to help communities and schools adopt the strategy that works best for the local situation and resources. The ¡Cúidate! and TOP programs in the table below are grant funded through 2015-2016.

Table 1.B Evidence-based services and programs offered in Marion & Polk Schools		
Service/Program	Target Population	Location
Alcohol & drug & problem gambling prevention curricula	School aged youth. Health Departments support integration of substance abuse & problem gambling prevention curricula into school and after-school programs and may provide technical assistance and some classes	Marion & Polk Counties. Sites vary with demand and resources
¡Cúidate! (take care of yourself)	Teen pregnancy prevention program. Culturally appropriate for use with Latino teens.	Marion County, primarily Salem and Woodburn.
Teen Outreach Program® (TOP)	TOP aims to prevent teen pregnancy and increase academic success by increasing life skills on a number of different topics, including healthy relationships, communication, values clarification, examining influences, goal setting, decision making, adolescent development and sexual health, and community service learning.	Salem and Woodburn
Girls on the Run	Afterschool youth development program for 3 rd -5 th grade girls. Combines running with healthy living education. Shown to Increase in self-esteem, increase physical activity , Increase in social support for physical activity, Decrease in body size dissatisfaction Ends with participation in a walk/run	Salem and Woodburn Participation requires a fee to cover costs of running shoes and race entry. Scholarships are often available.

Team Time	School-wide daily physical activity for students, staff and teachers	Independence
FACES	Afterschool program that promotes healthy eating and physical activity - includes community garden, adult lead physical activity, healthy snacks	Falls City
Oregon Nutrition Education Program	Offers nutrition and obesity prevention classes in the schools	Marion and Polk Counties

Initiatives that support or promote prevention in Marion and Polk Counties:

Occasionally there are collaborative community initiatives targeting a certain health behavior. These may come and go as funding and interest change.

Table 1.C Other prevention initiatives underway in Marion & Polk Counties		
Service/Program	Target Population	Location
DrxugSafe	A Marion County collaborative public-private project to increase community awareness about prescription and heroin abuse in Marion County. Strategic media campaign, info dissemination, community forum	Marion County
Community Wide Prescription Drug Take-Back Events	Collecting unwanted/unused prescription drugs for safe disposal, reducing access and opportunity for abuse of controlled substances . Most police stations offer this service year-round.	Marion and Polk Counties
Committed Enforcement Responsible Vendors (CERV)	Collaborative multi-jurisdictional effort to reduce sales and access of alcohol to minors . Utilizes proven effective strategies including regularly scheduled alcohol compliance check.	Marion County

Policies and other activities that support health promotion and prevention:

Policy can be an effective way to promote health and prevent disease.

- Policies may be “**little p**”, that is at the organization, business or school level, or may be “**big P**” at the city, county or state level
- Policies do not rely on the individual to adopt a certain behavior
- Once a policy is implemented, it doesn’t go away when the grant expires
- Marion and Polk Counties have tobacco prevention staff that promote policy adoption
- Polk County is funded for Healthy Communities work to promote wellness policy.
- Marion-Polk YMCA has Pioneering Healthy Communities coalition to promote policy environmental change to support physical activity and healthier nutrition
- WVCH will establish policy and practice guidelines to support prevention/wellness

Table 1.D showing sampling of policies that have been implemented in Marion and Polk

Policy	Description	Location
Alliance for Healthier Generation	School level policy development grant to improve school wellness policy. Plan development is based on school assessment	N. Marion, Mt Angel, Gervais, Woodburn
Active Healthy Schools	School level policy to build in 1-3 activity breaks during the school day	Sumpter Elementary
School drug, alcohol free policies	District and/or individual school policy addressing drug and alcohol use on campus. Schools also have policy restricting athletic participation for use of alcohol and other drugs	All Marion County K-12 Schools
School tobacco use policies	District and/or individual school policy that addresses the use of tobacco on campus and at campus events. All schools are required to have a policy, but some are more comprehensive than others	All Marion County K-12 Schools
Healthy Corner Stores	Store level policy to increase access healthy foods for people living in food deserts and low-income areas	Salem, Woodburn, N. Marion County
Healthy Vending Policy	Business level policy to make sure vending machines include healthy food options	Various businesses in Marion and Polk
Business Toolkit for Problem Gambling Prevention	Business level policy to limit gambling activities in the workplace. Health department provides education and technical assistance to employers	Marion
Worksite Tobacco and smoke-free policy	Organization policy to offer tobacco cessation support to employees, and prohibit use of tobacco at worksite.	Various worksites in Marion and Polk counties
Healthy Vendor Policies	City level policy that requires food and beverage vendors to include options meeting Federal healthy nutrition guidelines	Woodburn
Smoke free / Tobacco free Outdoor Venues	Community level - smoke free or tobacco free policy in parks or at events	City of Stayton Parks Salem Saturday Market
Server Education	State level policy requires that problem gambling education be included in alcohol server education. Health Department provides support.	Oregon

Limitation of Findings:

- Because many prevention activities are community-driven, the list of services, initiatives and policies is not all-inclusive.
- Funding lapses and other changes may cause the list to outdate quickly.

System Gaps/trends:

- People may have difficulty finding the service or program they need
- Not all services, initiatives or policies are located in every community
- Some services require a physician referral or payment by insurance or the individual
- The availability of the services ebbs and flows based on funding and other resources.
- Nothing much for seniors regarding weight
- More for veterans and families
- Violence prevention
- Programs for early infant care/new moms

Causes of gaps/trends:

- Small populations (Polk & Canyon) vs. demand
- Perception that business isn't there
- Cost of providing services in remote low population areas vs the funding or potential revenue
- Prevention funding comes and goes and is not reliable
- General public is unaware of what is available in terms of prevention opportunities
- Motivation of participants to engage in prevention activities

Strategies to address gaps:

- Policies defining WVCH standards for referral to community-based prevention services may increase referrals, individual participation and individual health
- CCO should provide support to prevention programs, create a funding stream
- Work on integrating trauma-informed into all prevention services
- Improve marketing of programs
- Recruit volunteers to lead prevention programs
- Involve culturally appropriate peer mentor programs
- Offer class times that meet participant need
- Violence prevention activities/training

For future investigation:

- Peer support and other mental health programs
- Opportunities for physical activity
- Once all of the CCO baseline data is available, the Community Health Improvement Plan developed should compare existing services against health indicators for which Willamette Valley Community Health members are not doing well.
- What are the parameters for participation in services – do they create a barrier?
- State-collected Student Wellness and Healthy Teens survey data – note: Salem-Keizer Schools do not participate



Clinical Preventive Services

Background on Services and Incentive Measures: Clinical preventive services are defined as activities and screenings that help lead to early detection and treatment of injury or disease.¹ Emphasizing clinical preventive services is a key element of the Triple Aim adopted by the State of Oregon to improve population health and enhance the patient experience and quality of care at a lower long-term cost. This section will examine various Clinical Preventive Services, including: Coordinated Care Organization (CCO) Incentive Measures, State Performance Measures, and other preventive measures deemed important by local community members.

Each preventive service will include:

- The population counted in the denominator
- The population included in the numerator
- An operational definition of the service
- Rational for tracking the measures
- Services OHP, WVCH and other community partners may offer to improve these measures

Data is compared, when possible, between Oregon Health Plan (OHP), Willamette Valley Community Health (WVCH), and Marion and Polk County. Oregon Health Plan data will be represented in red whereas population data will be represented in blue.

Coordinated Care Organization Incentive Measures

CCO benchmarks were determined by Oregon’s Metrics and Scoring Committee, a nine member committee composed of health care and CCO experts. The benchmarks were created by comparing Oregon’s OHP baseline data from 2011 with national Medicaid data. Depending on Oregon’s current levels and performance, a benchmark was targeted at either the 75th percentile or the 90th percentile of the national level. CCOs are accountable for 17 Incentive Measures; the measures denoted with an * indicate the measures discussed in this section; and those denoted with a ± indicate a State Performance Measure:

- | | |
|--|--|
| Developmental Screening*± | Depression Screening*± |
| Adolescent Well Care Visits± | Early Elective Delivery± |
| Ambulatory Care – Outpatient and ED Utilization± | Electronic Health Record Adoption± |
| Access to Care | Follow Up after Hospitalization for Mental Illness± |
| Satisfaction with Care | Follow Up Care for Children Prescribed ADHD Medication± |
| Timeliness of Prenatal Care± | Mental and Physical Health Assessments for Children in DHS Custody |
| Colorectal Cancer Screening*± | Patient Centered Primary Care (PCPCH) |
| Diabetes Control*± | Enrollment± |
| Controlling Hypertension*± | |
| Alcohol and Drug Misuse (SBIRT)* ± | |

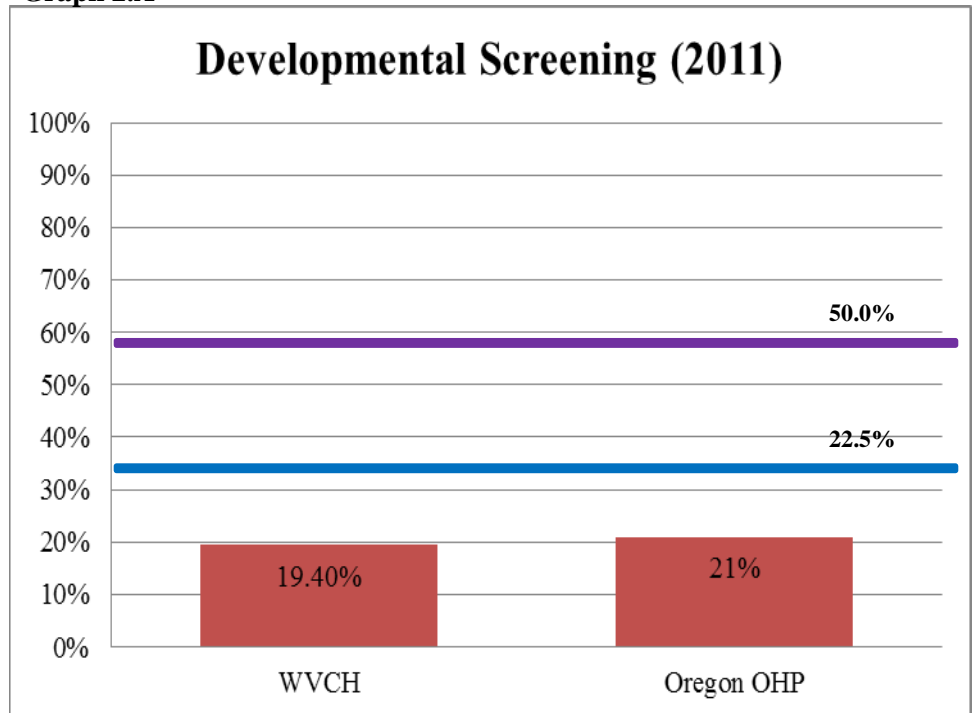


Developmental Screening First 36 Months of Life*

CCO Incentive Measure Specifications:

- **Denominator:** OHP Children who turn 1, 2, or 3 years of age during the measurement period, regardless of if they had a medical/clinical visit in the measurement year.
- **Numerator:** Children who had at least one coded developmental screening (for delays in development, behavior and social skills), by their birthday in the measurement year.**
- **Rationale:** Research has shown most children are not identified as developmentally delayed until after kindergarten, well past the point when interventions are most effective. Studies have shown those identified earlier have better health outcomes and lower medical costs.²
- **Data is collected from administrative billing data**

Graph 2.A



DATA SOURCE

*Oregon Health Authority Statewide Revised Baseline Data

<http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

**Developmental screening in the first 3 years of life

<http://www.oregon.gov/oha/CCODData/Developmental%20Screening%20-%20FINAL.pdf>

Notes

Benchmark: Based on results from 2007 National Survey of Children's Health.

Eligibility Requirement: Eligible Children must be enrolled a minimum of one year prior to birthday during measurement year, with no more than a 45 day gap in coverage.

Key:

- State Benchmark
- Improvement Target

Services WVCH offers to improve developmental screenings: After birth, clients receive a developmental screening in the mail and are asked to fill out the form when they take their baby to the doctor for the child's checkup.³ Clients are also eligible for Well-Child Care Services. This is not an exhaustive list of services, WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing this measure.

Feedback from the Community Advisory Council: More comprehensive evidence-based questionnaires should be utilized in order to assess the health and well being of both the child and the mother, specifically regarding mental and emotional health.

Colorectal Cancer & Screening

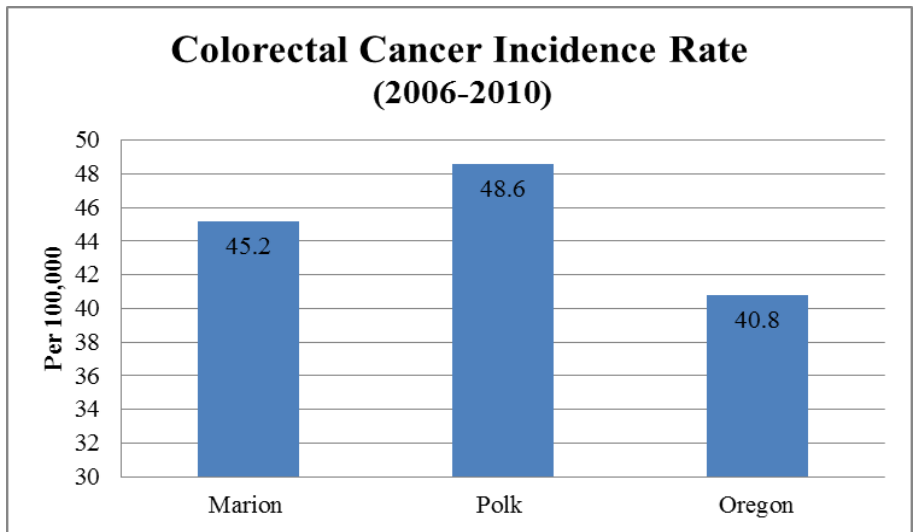
Colorectal Cancer Prevalence & Incidence: Colorectal Cancer is cancer that forms in the rectum (the last several inches of the large intestine closes to the anus) and/or the colon (the longest part of the large intestine).⁴

DATA SOURCE

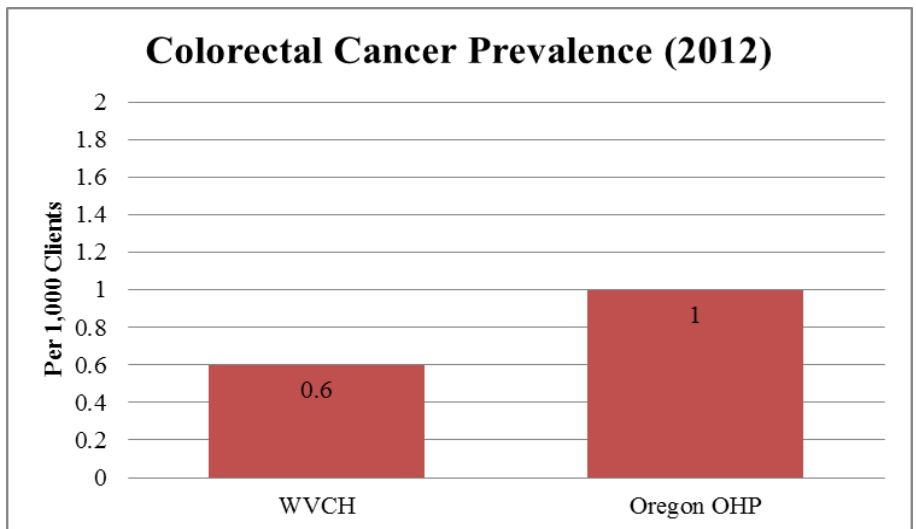
Graph 2.B National Cancer Institute: State Cancer Profiles. Incidence Rate for Oregon all ages (2006-2009).
<http://statecancerprofiles.cancer.gov/incidence-rates/> and
http://www.salemhealth.org/community/home.php?hcn=%2F%3Fhcnembedredirect_%3D1

Graph 2.C WVCH Two-Way Comorbidity Table prepared by OHA (2012). Client is enrolled in the plan on November 15, 2012. Client is counted as having the chronic condition if the client has at least two claims with that diagnosis in any position on the claim in the previous three years.

Graph 2.B



Graph 2.C



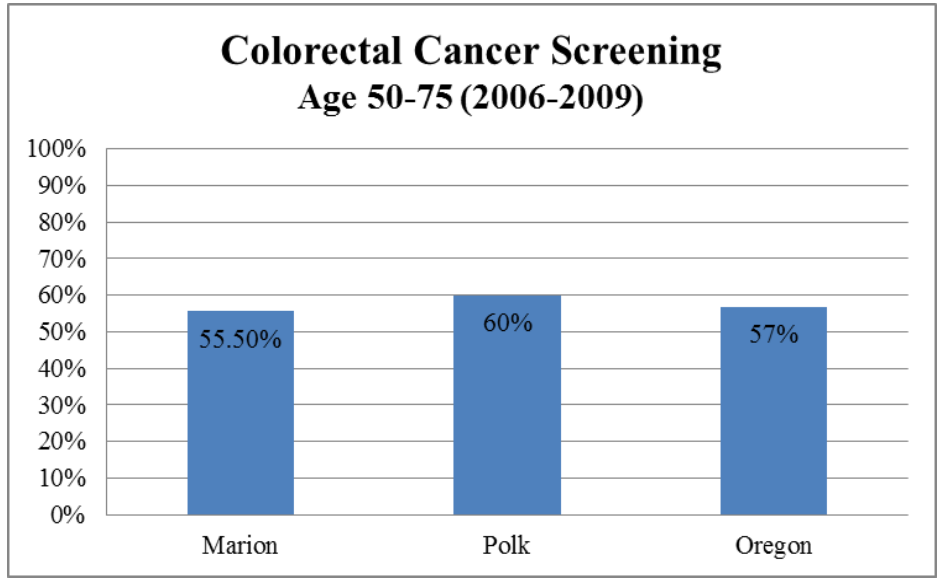
Colorectal Cancer Screening. The United States Preventive Services Task Force gives colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years a grade A recommendation meaning that there is a high certainty that the net benefit is substantial.⁵

Graph 2.D

DATA SOURCE

Graph 2.D Percent who had an FOBT in the past year, colonoscopy or sigmoidoscopy within the past 5 years. Data is age-adjusted between 2006 and 2009.

<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/CDSummaryNewsletter/Documents/2010/ohd5904.pdf>



CCO Incentive Measure Specifications:

- **Denominator:** Adult OHP patients ages 51-75 at the end of current measurement period (CY 2013). The denominator is represented per 1,000 member months.
- **Numerator:** Eligible OHP clients who have had appropriate colorectal cancer screening during the measurement year. Appropriate screening includes:
 - Fecal occult blood test
 - Flexible sigmoidoscopy
 - Colonoscopy
- **Rationale:** Colorectal Cancer is the second leading cause of cancer death in Oregon. Systematic reviews have found that early colorectal cancer screening is cost-effective or even cost-saving.⁶
- **Data is collected from administrative billing data during the first Measurement Year (CY 2013)** but will become a hybrid measure in the second Measurement year. Hybrid measures are collected via claims data as well as chart reviews.

Graph 2.E

DATA SOURCE

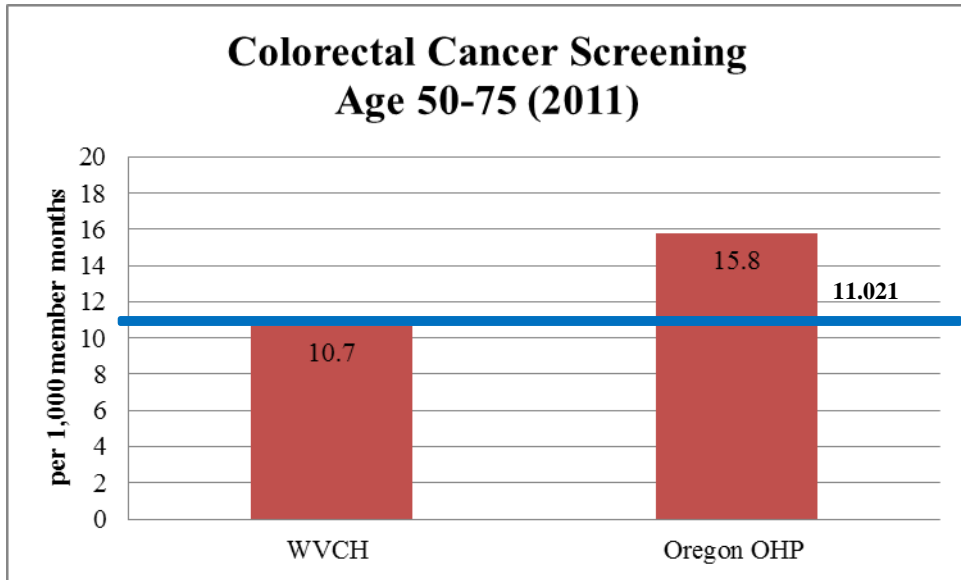
Graph 2.E WVCH Incentive Measure baseline only captures screenings during the measurement year. Moving forward, this measure will include chart reviews in order to allow for a look back period corresponding to the type of screening the Client received.

WVCH baseline data:

<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>

Key:

- Improvement Target (3% increase from the baseline = 11.021 per 1,000 member months)



Services WVCH offers to improve colorectal cancer screenings: Community Providers will distribute updated handouts on colon rectal carcinoma screening on a bi-annual basis.⁷ Clients are covered for one colon cancer screening a year after the age of 50. WVCH conducted a pilot project at three clinical sites for CCO Members to complete home FOBTs which will be measured for effectiveness beginning in 2014. This is not an exhaustive list of services; WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing this measure.

Hypertension & Hypertension Control:

Hypertension Prevalence. Hypertension is also referred to as high blood pressure. Having high blood pressure can cause damage to the heart and arteries and leads to chronic health conditions like stroke, heart disease, congestive heart failure, kidney damage, vision loss, erectile dysfunction, memory loss, angina, peripheral artery disease, and fluid in the lungs.⁸

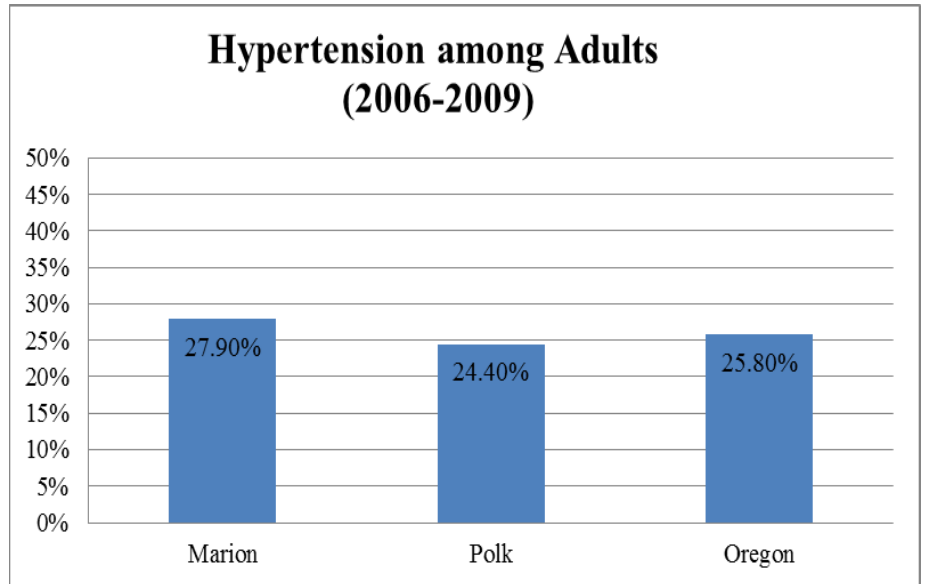
DATA SOURCE

Graph 2.F Age-adjusted prevalence of hypertension for adults between 2006 and 2009 (BRFSS Data retrieved from the Salem Health Data Dashboard)

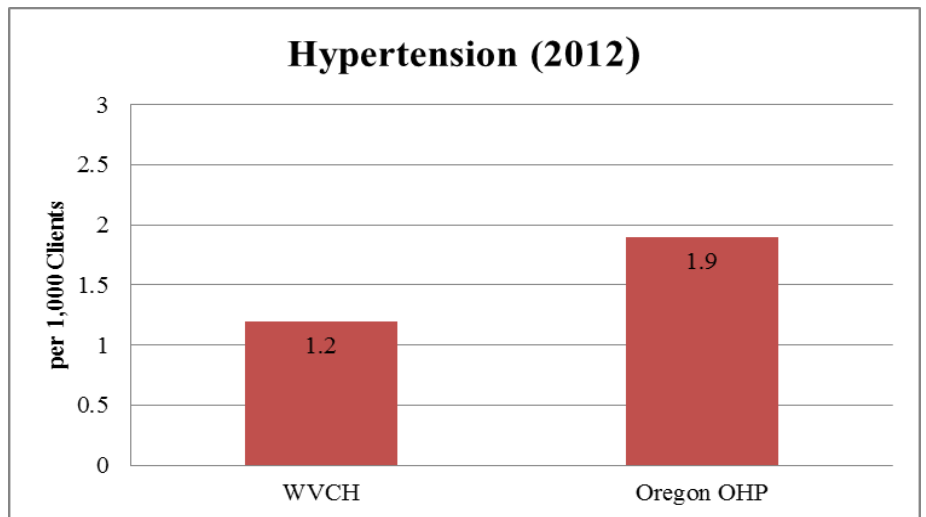
http://www.salemhealth.org/community/home.php?hcn=%2F%3Fhcnembedredirect_%3D1

Graph 2.G WVCH Two-Way Comorbidity Table prepared by OHA (2012). Client is enrolled in the plan on November 15, 2012. Client is counted as having the chronic condition if the client has at least two claims with that diagnosis in any position on the claim in the previous three years.

Graph 2.F



Graph 2.G



CCO Incentive Measure Specifications:

- The Hypertension Incentive Measure was developed with the specifications described below, however after CCO input from around the state, this measure has been scaled back to only include a technology system for accurately tracking blood pressure values.
- **Denominator:** Eligible OHP patients, ages 18-84.
- **Numerator:** OHP Members’ whose blood pressure was adequately controlled.
 - Adequately controlled blood pressure is defined as blood pressure less than 140/90.
- **Rationale:** Lowered blood pressure is associated with a reduced risk of cardiovascular disease and stroke. Those identified early with high blood pressure can be given early medical or lifestyle change interventions.
- **The WVCH Incentive Measure is a technology plan for 2013.**

Services WVCH offers to improve hypertension control: A 6-week course on chronic care management, called “Living Well.” It is free to OHP members and offered in both English and Spanish. Last year, 38% and 42% of participants in Marion and Polk County respectively, who attended “Living Well” classes, had self-reported hypertension.⁹ This is not an exhaustive list. WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing this measure.

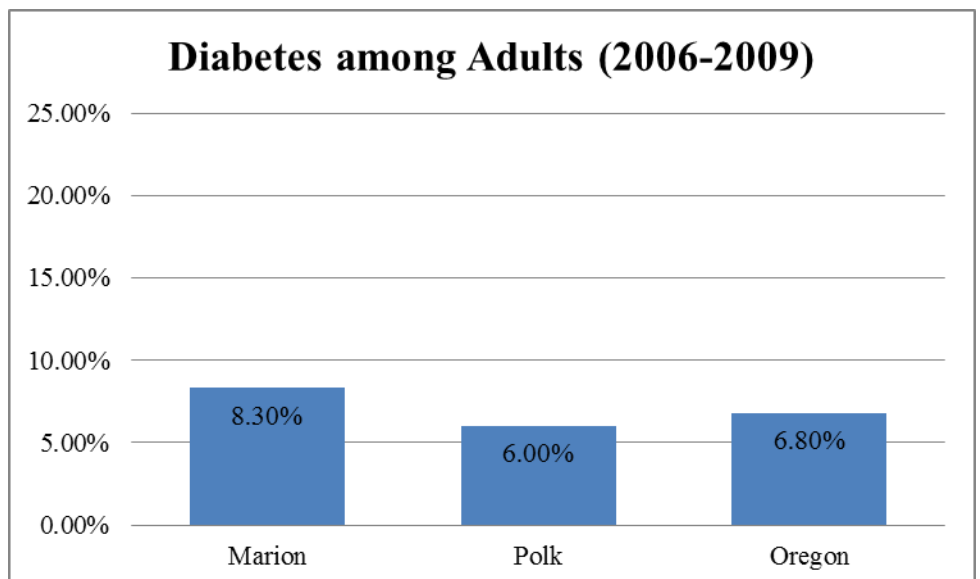
Diabetes Prevalence & Screening

Diabetes Prevalence. There are three common types of diabetes: Type I, Type II, and Gestational Diabetes. Complications of diabetes include: heart disease and stroke, high blood pressure, blindness, kidney disease, nervous system disease (neuropathy), and amputation¹⁰.

Graph 2.H

DATA SOURCE

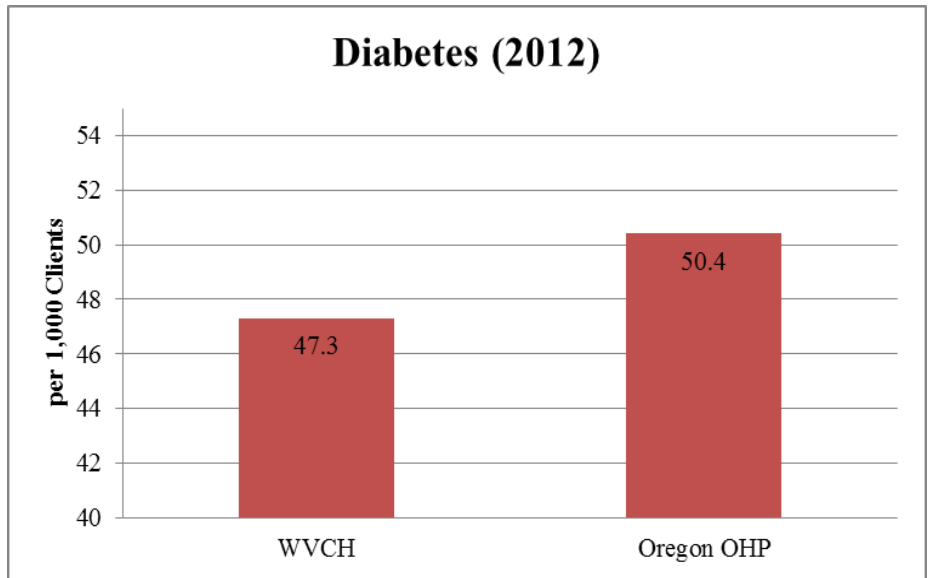
Graph 2.H Age-adjusted prevalence of diabetes for adults between 2006 and 2009 (BRFSS Data retrieved from the Salem Health Data Dashboard)
http://www.salemhealth.org/community/home.php?hcn=%2F%3Fhcembedredirect_%3D1



Graph 2.I

DATA SOURCE

Graph 2.I WVCH Two-Way Comorbidity Table prepared by OHA (2012). Client is enrolled in the plan on November 15, 2012. Client is counted as having the chronic condition if the client has at least two claims with that diagnosis in any position on the claim in the previous three years.



Diabetes-HBA1C Poor Control:

CCO Incentive Measure Specifications:

- The diabetes Incentive Measure was developed with the specifications listed below, however after CCO input from around the state, this measure was scaled back to only include a technology system for accurately tracking Hemoglobin A1C values.
- **Denominator:** Adults 18-75
- **Numerator:** Those in “better than poor control” of their diabetes.
 - Better than poor control is defined as an HBA1C below 9.0%.
- **Rationale:** Regular HBA1C testing and lower HBA1C results are associated with significantly better health outcomes for diabetics, including lower risk of cardiovascular disease, cardiopulmonary, stroke, blindness, amputations, and premature mortality.
 - In CCOs Statewide, 78.5% of OHP patients had at least 1 HBA1C test in the previous measurement year*
- **The WVCH Incentive Measure is a technology plan for 2013;** however, two recommended screening tests for diabetes (cholesterol and Hemoglobin A1C) are state performance measures. The graphs on the following page show the screening rates for these two tests.

DATA SOURCE

Graph 2.J WVCH State Performance

Measure baseline data.

<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>

Key:

■ State Benchmark (86%)

Graph 2.K WVCH State Performance

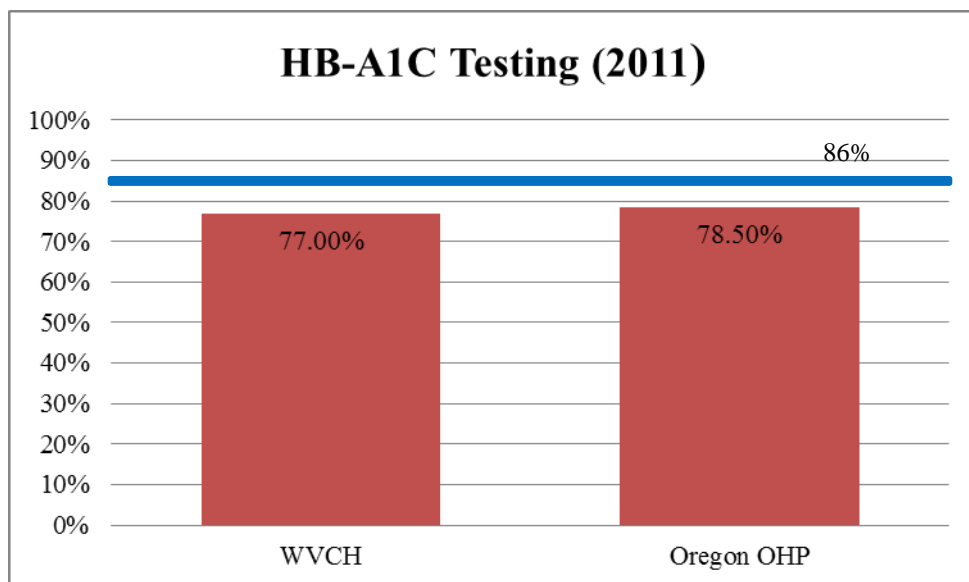
Measure baseline data.

<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>

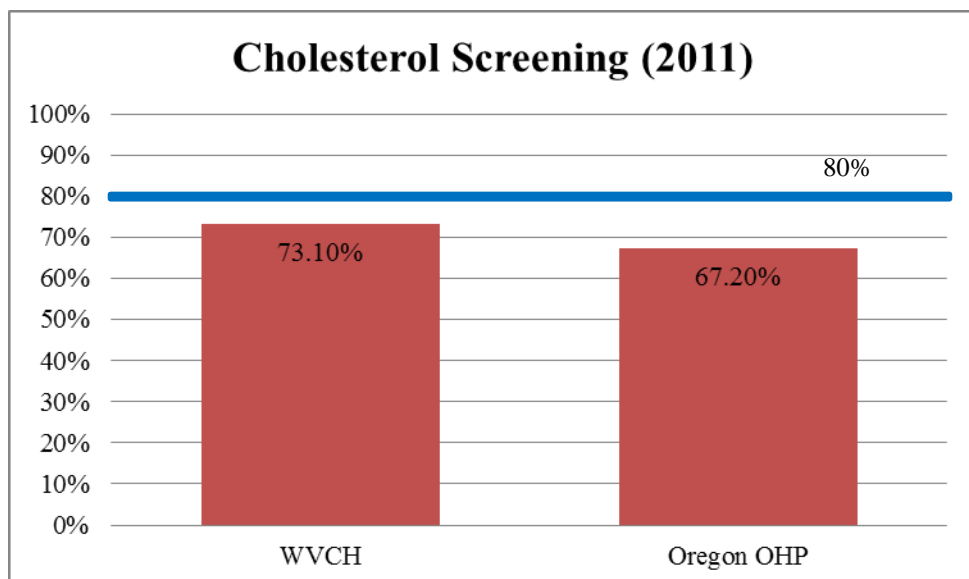
Key:

■ State Benchmark (80%)

Graph 2.J



Graph 2.K



Services WVCH Offers to Improve Diabetes Control: A 6-week “Living Well” course for Chronic Disease, offered free to OHP members. Classes are offered in both English and Spanish. Last year, 41% of Living Well attendees had self-reported diabetes.¹¹ WVCH covers one diabetic counseling session during a patients’ lifespan. Services for chronic condition like tools and support, care and advice, and links with community organizations that can assist in patients’ care, may be available.¹² For more available community-based programs, please refer to the previous section Community-based Prevention Services.

WVCH Recommendations for Diabetes Care: Annual eye exam, annual oral and microalbuminuria screening, annual influenza vaccine, and LDL risk categorization, routine foot exams, tobacco assessment for smokers, and pharmacological interventions for those with cardiovascular risk factors. This is not an exhaustive list. WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing these measures.

Integrated diabetes Performance Improvement Project (PIP): WVCH is working on a statewide PIP to integrate mental health and physical health. One example of this effort is the Diabetes Performance Improvement Project which focuses on controlling diabetes for those with severe mental illness.

Drug and Alcohol Screening: Screening, Brief Intervention and Referral for Treatment (SBIRT):

- **Denominator:** Members 18 and over receiving qualifying services including: office/outpatient visits, home visits, nursing, domiciliary/rest home, preventive medicine, ophthalmology, and optometry visits.
- **Numerator:** Members 18 and over with one or more evidence-based Screenings, Brief Interventions, and/or Referral to Treatment (SBIRT) services for structured alcohol screening/assessment.
- **Rationale:** Similar programs across the nation have seen evidence early intervention saves money in treatment and hospitalization.¹³ Patients receiving comprehensive intervention early may also limit long-term social and economic costs of substance abuse.

Services WVCH offers to improve drug and alcohol screening rates: Chemical dependency assessments, screenings, case work, group and individual therapy sessions, medication, and detox can be covered by WVCH. Members do not need a referral from a doctor or anyone else for chemical dependency services. Case managers are intended to help clients find the right health care providers and services. These services are covered by OHP Standard and OHP Plus. This is not an exhaustive list of services, WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing this measure.

State Performance Measurements for Clinical Preventive Services:

State performance measures are collected and reported by OHA. State benchmarks are provided for state performance measures but no improvement targets are given. The state performance measures come from similar data sources as the CCO incentive measures.

- Medical Assistance for smoking cessation
- Immunization for children under 2
- Cervical cancer screening

Medical Assistance for Smoking Cessation Smoking is the number one preventable cause of death contributing to conditions such as cancer, heart disease, stroke, and lung disease¹⁴. Below are three questions from the Consumer Assessment of Healthcare Providers and Systems survey capturing Oregon Health Plan utilizers’ responses.

Question 1: In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

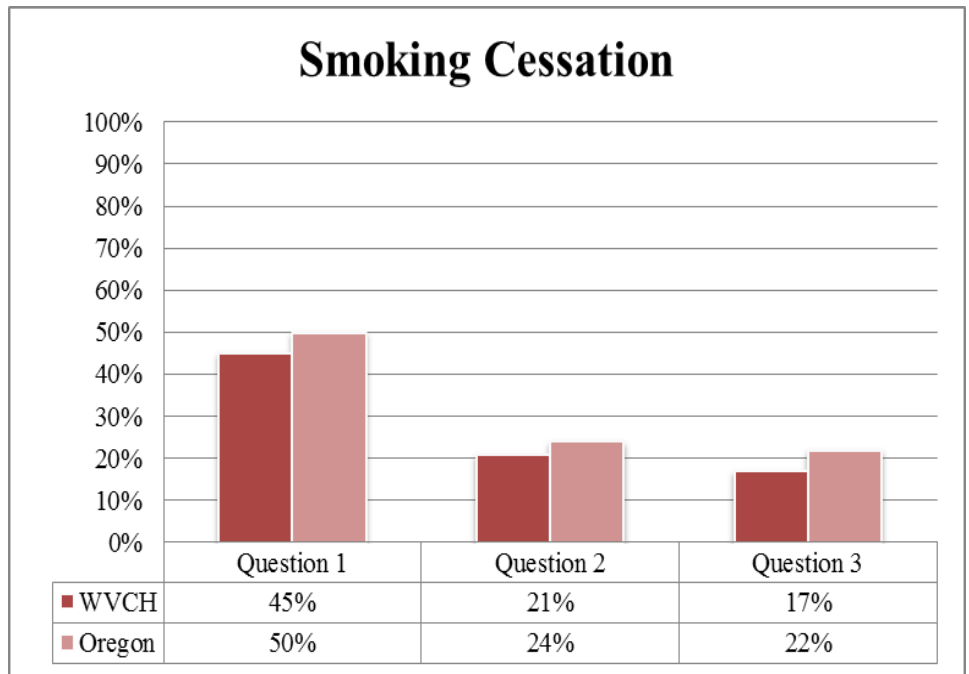
Question 2: In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Question 3: In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

Graph 2.L

DATA SOURCE

Graph 2.L CAHPS Survey (2011) and State Baseline data for WVCH.
<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>



Services WVCH offers to improve smoking cessation:

- “Freedom from Smoking,” a smoking cessation program free to OHP members through Salem Hospital.
- Members are given pre-authorization to smoking cessation medication. Members are encouraged but not required to attend cessation classes.
- Members who have been given numerous requests to quit will be required to attend a smoking cessation program.¹⁵
- A state quit-line is also available in English and Spanish.
- The Mid-Valley Behavioral Care Network offers eight week sessions to help people stop smoking. These classes are held at Northwest Human Services, Polk County and Bridgeway Recovery Services.

Childhood Immunization Status, Children 2 years and Younger

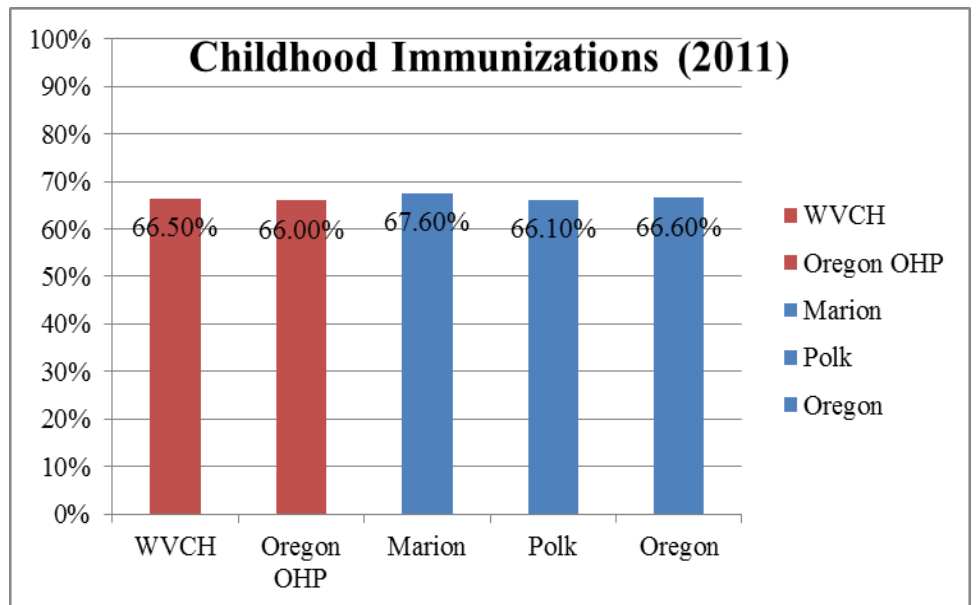
State Performance Specifications:

- **Denominator:** All children who turned two during the measurement period.
- **Numerator:** Those who receive the specified number of recommended vaccines and combination. Those vaccines include:
 - four diphtheria, tetanus and acellular pertussis (DTaP);
 - three polio (IPV);
 - one measles, mumps and rubella (MMR);
 - two H influenza type B (HiB); three hepatitis B (HepB),
 - one chicken pox (VZV);
 - four pneumococcal conjugate (PCV); two hepatitis A (HepA);
 - two or three rotavirus (RV); and
 - two influenza (flu) vaccines.¹⁶
- **Rationale:** Increased vaccination status of the population increases population herd immunity and decreases the likelihood of certain infectious outbreaks.

Graph 2.M

DATA SOURCE

Graph 2.M WVCH State Performance Measure baseline data.
<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>



Services WVCH offers to childhood immunizations: Well-Child Care services covers up to 7 visits the first 2 years of a child’s life.¹⁷ This is not an exhaustive list of services; WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing these measures.

Cervical Cancer Screening:

- **Denominator:** Any eligible OHP woman, aged 24-64
- **Numerator:** Any OHP women 21-64 who had at least one Pap test the previous three years. Screening for women ages 21 to 64 years every three years is recommended by US Preventive Services Task Force.¹⁸
- **Rationale:** Cervical Cancer caught early is treatable. Cervical cancer is one of the rare cancers in which screening can serve as a primary prevention tool, finding abnormal cells before developing into cancer.¹⁹

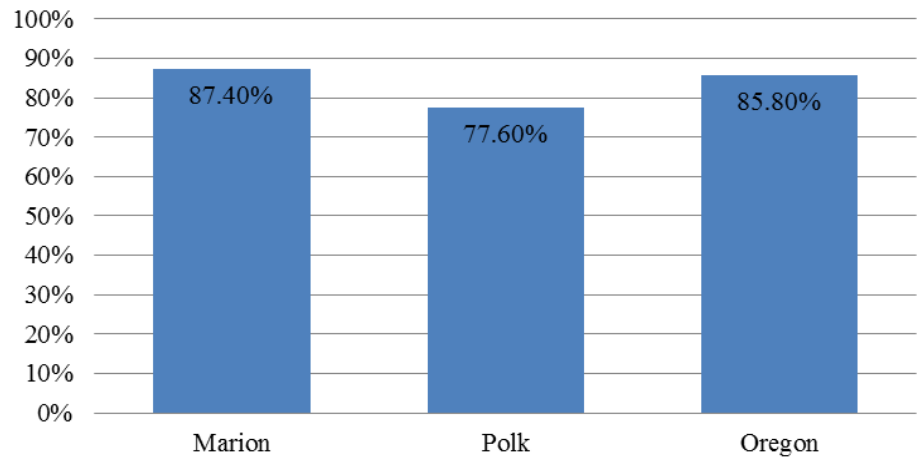
DATA SOURCE

Graph 2.N Age-adjusted prevalence of diabetes for adults between 2006 and 2009 (BRFSS Data retrieved from the Salem Health Data Dashboard)
http://www.salemhealth.org/community/home.php?hcn=%2F%3Fhcnembedredirect_%3D1

Graph 2.O WVCH State Performance Measure baseline data.
<http://www.oregon.gov/oha/Metrics/Documents/cco-willamette-valley.pdf>

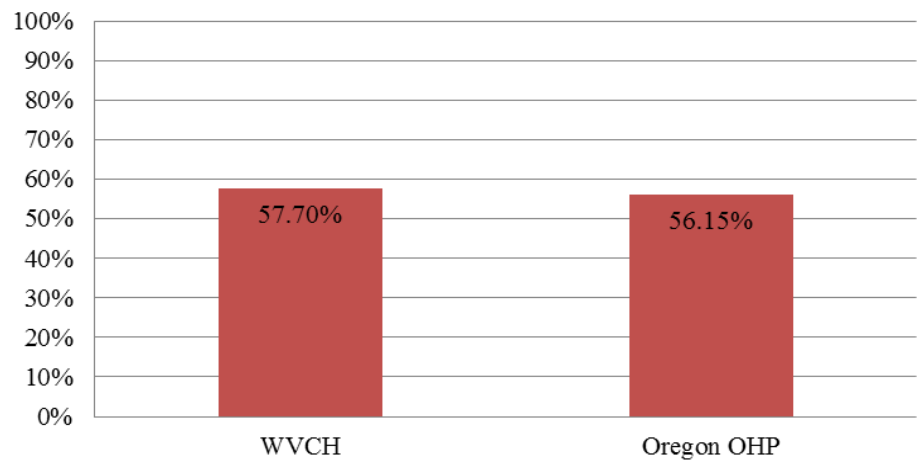
Graph 2.N

Pap Test History (2006-2009)



Graph 2.O

Cervical Cancer Screening (2011)



Services WVCH offers to improve this metric: Pap exams are covered once a year from the onset of sexual activity to the age of 65. This is not an exhaustive list. WVCH is currently in the process of developing a system-wide and comprehensive approach to addressing these measures

Notes and Data Limitations:

- Comparing data between Medicaid claims and self-reported data can be difficult. The sensitivity of each varies in different situations and for different conditions.
- Whether adequate comparisons can be made may be dependent on the condition under review.
 - For instance, self-report and claims data has found strong correlations for diabetes in Oregon’s Medicaid population.²⁰ However reports like mammograms, hypertension, and asthma, especially in at-risk populations, have shown a lower concordance.

System gaps:

- SBIRT is available in all mental health clinics but will not count toward the incentive measurement (only SBIRT screenings that occur in the primary care office will “count”)
- Postpartum depression screening program
- Violence as a component of all drug/alcohol and mental health

Causes of gaps:

- Strategies to address gaps:
- Expand smoking cessation class availability
- Incorporate ACES into depression screening
- Developmental screening such as: Ages & Stages Questionnaire (ASQ), Mental health/emotional health, mother’s mental health status
- Utilize home visiting nurses to do ASQ in homes
- Pre-diabetes strategies
 - A1C for the right individuals (pre-diabetics)
 - Start exercise first, then diet change will be easier. Keep people moving
 - Engage providers
 - Testing – start doing it right away
 - Incentives to pregnant women (Lane County does this)
 - Sponsorships from corporations
- Prenatal Care - Mandatory high school class, brain & human development, what trauma does to you in high school, focus on depression
- Advertising – ACE educational campaign would positively affect most of these measures

For future investigation:

- Integrated diabetes PIP
- Information about non-WVCH provider services
- Look at other incentive measure data as it becomes available
- Adverse Childhood Experiences Study (ACES)

¹“Transformation Element #4: Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)” <https://cco.health.oregon.gov/Documents/transformation/TP-Guidance-Item4-2012-12-18-intro.pdf>

²Glascoe, j. (2007). Can a Broadband Developmental-Behavioral Screening Test Identify Children Likely to Have Autism Spectrum Disorder?
CLIN PEDIATR, 46(9), 801-805

³WVCH Coordinated Care, 2013-2014: Members Handbook

⁴National Cancer Institute (2013). Colon and Rectal Cancer
<http://www.cancer.gov/cancertopics/types/colon-and-rectal>

⁵United States Preventive Services Task Force (2008).
<http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>

⁶Iris Lansdorp-Vogelaar, Amy B. Knudsen, and Hermann Brenner “Cost-effectiveness of Colorectal Cancer Screening” *Epidemiol Rev* (2011) 33(1): 88-100

⁷“MPCHP Colon Rectal Cancer Screening Practice Guidelines, Version #2.

⁸American Heart Association (2012). Why Blood Pressure Matters:
http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Why-Blood-Pressure-Matters_UCM_002051_Article.jsp

⁹“2011 Living Well Data: Marion County:
<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Reports/polka.pdf>

¹⁰American Diabetes Association (2013). Diabetes Statistics <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>

¹¹“2011 Living Well Data: Marion County”
<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Reports/marion.pdf>

¹²WVP Members Handbook 2013-2014

¹³“FACT Sheet: Office of National Drug Policy.”
http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf

¹⁴CDC (2013). Smoking and Tobacco Use.
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

¹⁵MPCHP: Smoking Cessation Version #3

¹⁶“Childhood Immunization Status”
<http://www.ncqa.org/portals/0/Childhood%20Immunization%20Status.pdf>

¹⁷WVCH Member Handbook 2013-2014

¹⁸US Preventative Task Force, “Cervical Cancer Screening Recommendations.”
<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>

¹⁹CDC “Human Papillomavirus” <http://www.cdc.gov/hpv/vaccine.html>

²⁰Ngo, D.L., Marshall, L.M., Howard, R.N., Woodward, J.A., Southwick, K., & Hedberg, K. (2003). Agreement between self-reported information and medical claims data on diagnosed diabetes in Oregon's Medicaid population. *J Public Health Manag Pract*. 2003 Nov-Dec;9(6):542-4.



Ambulatory Care

Introduction: This section describes the health care system that provides non-urgent, non-emergent physical and dental care in Marion and Polk Counties. Also described are other entities or programs that support the ambulatory care system in Marion and Polk Counties.

Having health insurance is not enough to ensure access to care. There must also be an adequate supply of providers to provide preventive and primary care as well as referrals to specialty care when appropriate; and an adequate number of providers who are actively accepting Medicare and OHP.

Background: In 2011, both Marion and Polk Counties engaged their communities in a process to assess the community’s health status, identify health indicators needing improvement and set priorities for which indicators to address through targeted interventions. The health indicators identified through these parallel processes as needing improvement are listed below and provide a partial picture of health needs that can be served through ambulatory care services.

Figure 3.A Health indicators assessed through a county-wide community process
(Indicators are not listed in any order of priority)

<u>Marion County Key Health Indicators, 2011</u>	<u>Polk County Key Health Indicators, 2011</u>
* Adults who are obese	* Adults who are obese
Adults engaging in regular physical activity	* Teens who are obese
Adults with asthma	* Low-income preschool obesity
Age-adjusted death rate due to colorectal cancer	Cancer screening
* Mothers who received Early Prenatal Care	Mothers who received Early Prenatal Care
Pneumonia vaccination rate, ages 65+	Poor mental health days
* Teen fruit & vegetable consumption	Adults who binge drink (males)
* Teen pregnancy rate, females aged 15-17 yrs.	Teen pregnancy rate, females aged 15-17 yrs.
* Teens who engage in regular physical activity	Teens who use marijuana
* Teen who use marijuana	
* denotes indicators prioritized for intervention	

For more information about the local community health improvement efforts:

Marion County: <http://www.co.marion.or.us/HLT/chip/chip.htm>

Polk County: <http://www.co.polk.or.us/ph>

Findings:

Table 3.B Independent Provider Association Members-
Marion-Polk

Type	Total	Primary Care	Pediatrics
Doctor of Osteopathy	30	27	0
Medical Doctor	412	156	25
Physician Assistant	78	37	8
Nurse Practitioner	69	37	5
Total	589	257	38
Accepting WVCH*			
	Yes	Limited	No
Primary Care Providers	161	92	4
Pediatrics	32	5	1
Accepting Medicare*			
	Yes	Limited	No
Primary Care Providers	178	13	7
Members on WVCH		Percent of Total	
Marion County	54,447	85.33%	
Polk County	8,728	13.68%	
Other Counties	636	1.00%	
Uninsured Rate		2010	
Marion	21.80%	This data is from the U.S. Census Bureau, small area health insurance estimates	
Polk	17.10%		
Definitions			
WVCH: Willamette Valley Community Health (Oregon Health Plan in Marion and Polk Counties)			
IPA: This is a count of all of the physicians that are on the IPA in Marion and Polk Counties. This may not include all physicians in M&P Counties			
Source: K. Rothenberger, WVCH, April 2013 * Subject to change as provider panels expand or decrease			

Oregon Health Plan Enrolled Dentists by County

County	Total Count
Marion	113
Polk	9

Data Extraction Date: 4/1/2013
Source: State of Oregon, Oregon Health Analytics Data Informatics Unit, Salem, OR

Marion & Polk Healthcare Providers, 2011 Report

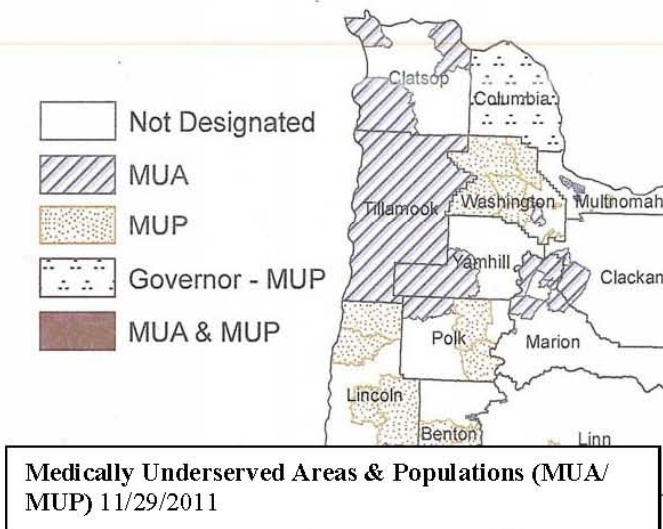
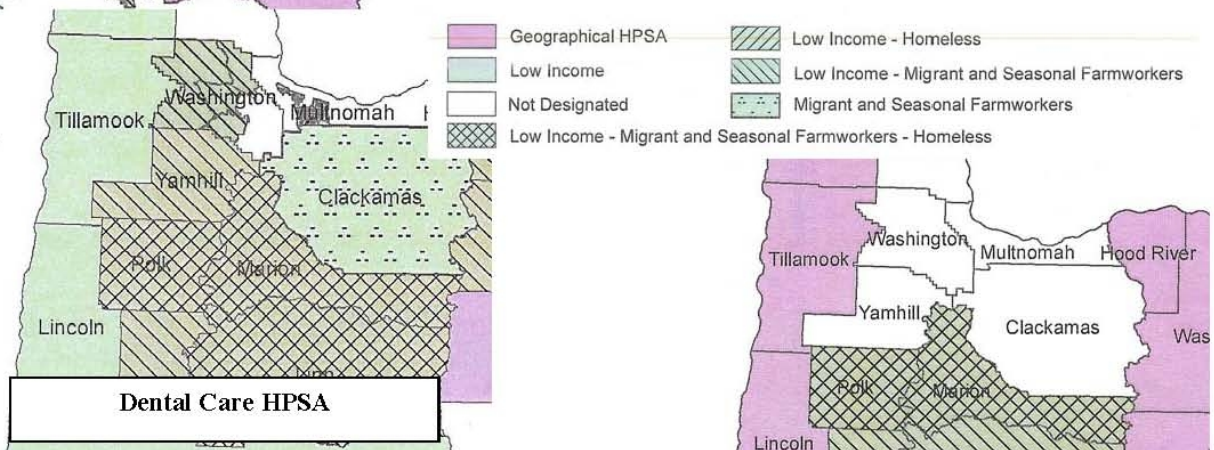
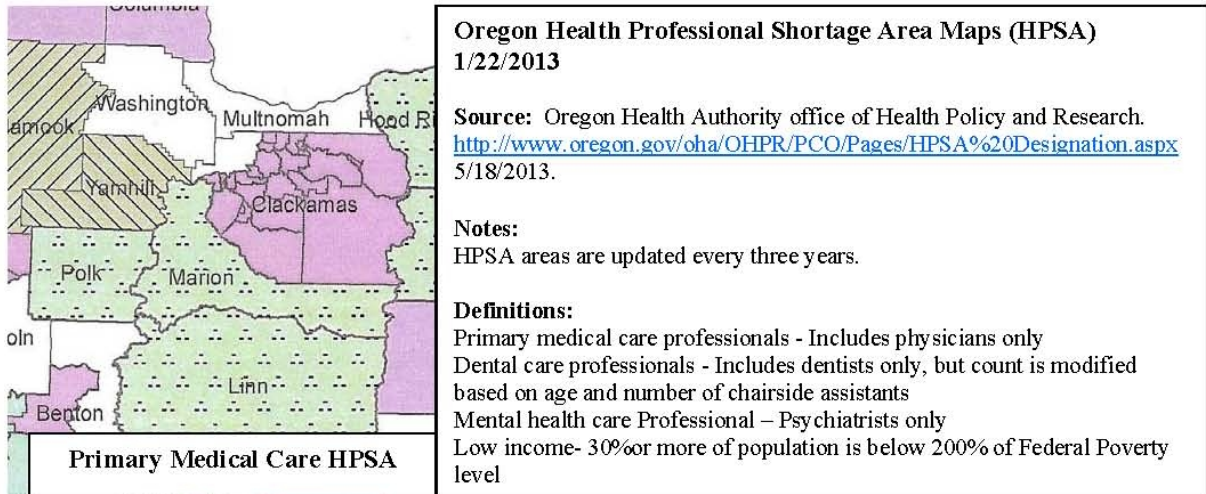
Marion Population: 318,170

Polk Population: 68,785

Table 3.C Health Care Practitioners	Working in Marion County	Working in Polk County	Marion Co. Pop. -to-Practitioner Ratio	Polk Co. Pop.-to-Practitioner Ratio	State Pop-to-Practitioner Ratio	National Benchmark [#]	
Dentistry							
Dentist	224	15	1,420	4,586	1,494	1,516:1	
Dental Hygienist	180	15	1,768	4,586	1,614		
Dietetics							
Dietitians	35	1	9,091	68,785	8,478		
Medicine							
Physicians (all)	706	66	451	1,042	353		
Primary Care Physicians*	284	44	1,120	1,563	930	1,0671:1	
Emergency Physicians	44	6	7,231	11,464	5,820	Data is collected on professional licensing forms. Counts are by self-reported work location and include any frequency of work from temporary to part and full time	
General Surgeons	32	2	9,943	34,393	10,418		
Obstetricians and/or Gynecologists†	30	4	5,149	8,869	3,386		
Psychiatrists	59	2	5,393	34,393	6,437		
All other Specialist	257	8	1,238	8,598	845		
Physician Assistant	63	15	5,050	4,586	4,165		
Nursing							*Includes family medicine, general internal medicine, general practice, geriatrics and adolescent medicine
Registered Nurses	2,654	420	120	164	107		
Nurse Practitioners	99	15	3,214	4,586	1,956		
Certified RN Anesthetists	15	1	21,211	68,785	12,451		
Clinical Nurse Specialist	3	4	106,057	17,196	26,188		
Licensed Practical Nurses	318	50	1,001	1,376	1,147		
Certified Nursing Assistants	1,919	252	166	273	229		
Occupational Therapy						†Female population-to-practitioner ratio	
Occupational Therapists	85	6	3,743	11,464	3,712		
Occupational Therapy Ass't	12	0	26,514	--	19,213		
Pharmacy						# County Health Rankings 2010. Only 10% of counties are better	
Pharmacists	146	19	2,179	3,620	1,716		
Certified Pharmacy Techs	336	33	947	2,084	851		
Physical Therapy							
Physical Therapists	157	12	2,027	5,732	1,593		
Physical Therapist Assistants	50	5	6,363	13,757	6,615		

Source: OHA Office of Health Policy and Research, 2011 Report, ORHealth Professions: Occupational and County Profiles.

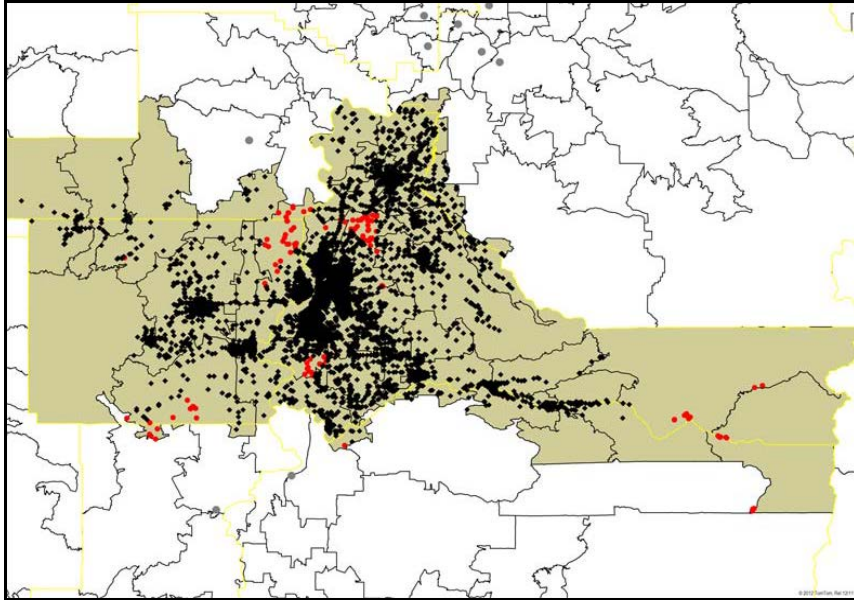
Maps 3.D



Oregon Medically Underserved Areas & Populations (MUA/MUP) 11/29/2011 (primary medical care only)

Source: Oregon Health Authority office of Health Policy and Research. <http://www.oregon.gov/oha/OHPR/PCO/Pages/HPSA%20Designation.aspx> 5/18/2013.

Notes: MUA is an area in which residents have a shortage of personal health services. MUP include groups of persons facing economic, cultural or language based barriers to health care.



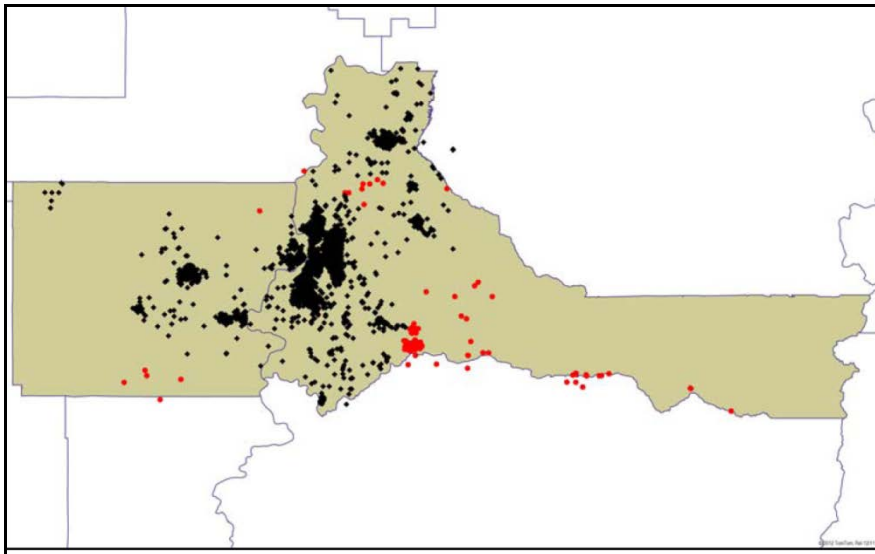
**WVCH
Medical Care Access Map 3.E**

March 9, 2013
Marion & Polk County
63,516 patients
205 providers at 86 locations

- Service Area
- Patient w/ access¹
- Patient w/o access¹

Source: WVP Health Authority Quality Improvement Department

- ¹The Access Standard is defined as having:
- Urban - One (PCP locations) Provider within 5.0 miles
 - Suburban – One provider within 10.0 miles
 - Rural – One provider within 15.0 miles



**WVCH Behavioral Health Care
Access Map 3.F**

6/1/2013 - Marion & Polk County
5,767 members that had a claim for a behavioral health service
April 2012-April 2013

620 providers at 74 locations

- Service Area
- Patient w/ access²
- Patient w/o access²

Source: WVP Health Authority Quality Improvement Department

- ²The Access Standard is defined as having:
- Urban - One Behavioral Health Provider within 5.0 miles
 - Suburban – One Behavioral Health provider within 10.0 miles
 - Rural – One Behavioral Health provider within 15.0 miles

Tribal Health Services

The Grand Ronde Tribe has lands and provides health services in Polk County. No tribe provides health services in Marion County, however there is a clinic operated by the Indian Health Service that is co-located with the Chemawa Indian School in Salem, OR.

Chemawa Indian Health Center is an accredited Indian Health Service facility specializing in the promotion of primary health care for eligible Native American patients. It serves Federally recognized American Indian and Alaska Native people and their descendants living in or visiting the service area. It also provides student school health services for the Chemawa Indian School. Services include primary and well child care, prenatal and post delivery care, birth control, minor surgical and orthopedic care.¹

Grand Ronde Health and Wellness Center Medical Clinic is operated by the Confederated Tribes of Grand Ronde and provides comprehensive out-patient medical care to Tribal Members, other Native Americans, non-native employees of the Confederated Tribes of Grand Ronde, and surrounding community members. Services include physical examinations, well child exams, immunizations, and health assessments, all levels of primary care, referrals, patient education, family planning, and preventative services.² Optometry and pharmacy services are also provided at the Grand Ronde location.

Table 3.G	Active Patients	Patient Visits per year	# Providers	Comments
Chemawa Medical	6,000	32,000	2 physicians 1 nurse practitioner	Clients from many counties
Chemawa Dental	2,642	n/a	1 dentist 1 hygienist	15 operatories
Grand Ronde Medical	n/a	n/a	n/a	n/a
Grand Ronde Dental	4,000	n/a	3 dentists 2 hygienists	6 operatories

¹ Indian Health Service: Portland Area, Western Oregon Service Unit
http://www.ihs.gov/portland/index.cfm?module=dsp_port_hf_western_oregon viewed 6/6/2013

² The Confederated Tribes of Grand Ronde. <http://www.grandronde.org/departments/health-and-wellness/medical/> viewed 6/6/2013.

WVCH-Marion-Polk County Outpatient Mental Health and A&D system

Marion County Mental Health (MH) & Alcohol & Drug (A&D) Outpatient Care.

Starting April 1, 2013 Oregon Health Plan (OHP) mental health services provided to Polk County members require pre-authorization to be served within the Marion County outpatient mental health system. Marion County OHP members can self-refer to contracted panel of providers for both MH and A&D. This system is targeted at persons on Oregon Health Plan, but serves some uninsured. Salem Free Clinics serves a large number of uninsured persons through their mental health service component as described under the free and reduced cost medical care section.

Alcohol & Drug indigent services are available under the State general fund using the Federal Poverty Level guidelines (up to 200% above the Federal Poverty Level).

Table 3.H Staff Type as of 5/2013	Total WVCH	Mental Health		A&D	
		Marion	Polk	Marion	Polk
Out-patient provider agency	14	7	2	3	2
QMHP ***	191	161	30	0	0
QMHA **	101	87	14	0	0
CADC*	65	0	0	54	11
Registered Nurse	9	8	1	0	0
Psychiatrists	11	10	1	0	0
Nurse Practitioners	22	17	4	1	0
Accepting WVCH		Yes	Yes	Yes	Yes
Accepting Medicare		Contact your plan	Contact your plan	Contact your plan	Contact your plan
Accepting Uninsured persons		Contact Health Dept	Yes	Contact any contracted A&D provider	Yes

Marion County data provided by: Christina McCollum, Marion County Community and Provider Services

Polk County data provided by: Noelle Carroll, Polk County Health Department

Definitions:

***QMHP:** Qualified Mental Health Professional: is a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the Local Mental Health Authority. At a minimum a person must have a graduate degree in psychology, social work, in behavioral science field, etc.

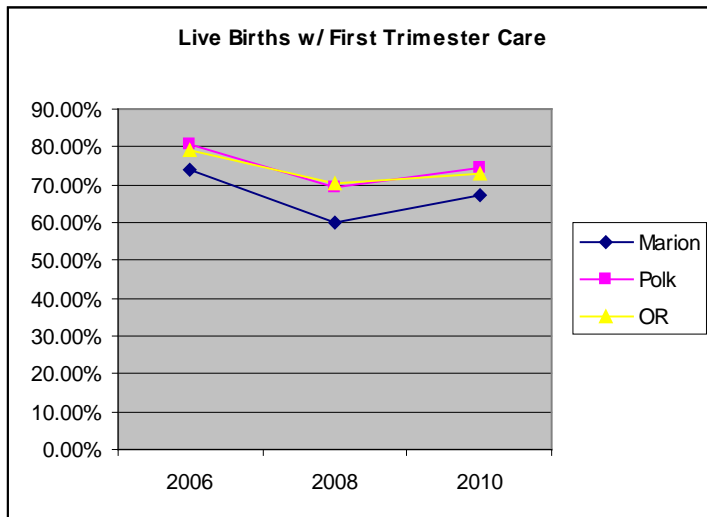
****QMHA:** Qualified Mental Health Associate: person delivering service under the direct supervision of a Qualified Mental Health Professional and meeting the minimum qualifications as documented by the Local Mental Health Authority. At a minimum a person must have a bachelor's degree in behavioral sciences field.

*****CADC:** Certified Alcohol and Drug Counselor-a person who has a certificate by Addiction Counselor Certification Board of Oregon (ACCBO). To receive this certificate, this person must have, at a minimum, 750 hours experience in substance use counseling, 150 hours of education/training, and completion of written examination by the certifying body.

Services that Support the Ambulatory Care System

Prenatal Care Access Initiatives: “A number of peer-reviewed studies reiterate that early and regular prenatal care is an accepted strategy to improve health outcomes of pregnancy for mothers and infants.¹ Two of the most significant benefits of early and ongoing prenatal care are improved birth weight and decreased risk of preterm delivery. The average cost of medical care for a premature or low birth-weight baby for its first year of life is about \$49,000, according to a new report from the March of Dimes Foundation. By contrast, a newborn without complications costs \$4,551 for care in its first year of life. Infants born to mothers who received no prenatal care have an infant mortality rate five times that of mothers who received appropriate prenatal care in the first trimester of pregnancy.” Health Resources and Services Administration, HRSA.gov viewed 5/28/2013 (see site for more information and references)

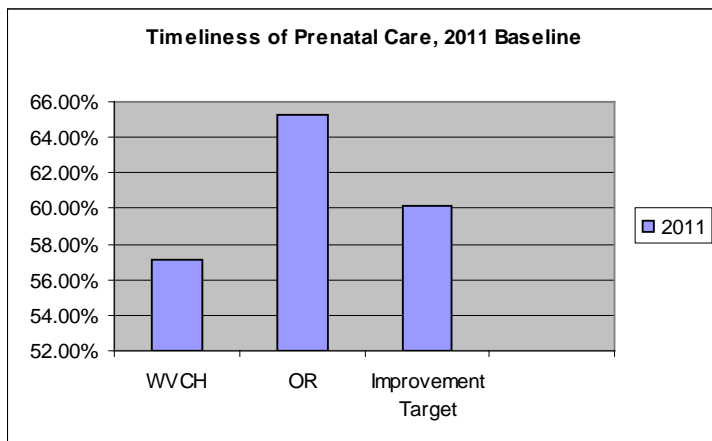
Early prenatal care started within the first three months of pregnancy has been chosen as an incentive measure by the Oregon Health Authority.



Graph 3.I

Source: Oregon Health Authority.

<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/trends.aspx>



Graph 3.J

Source: Oregon Health Authority:

Expanded Baseline Data for CCO Incentive Measures, May 16, 2013.

Tables 3.K & 3.L

Marion-Polk Community Prenatal Project																											
2012 Project Clients by City		Total enrolled women with due date in calendar year, 2012—435																									
<u>Marion County - 391</u>		<table border="1"> <thead> <tr> <th>2012</th> <th>Total #</th> </tr> </thead> <tbody> <tr> <td>Mo 1-3</td> <td>113</td> </tr> <tr> <td>4th mo</td> <td>98</td> </tr> <tr> <td>Mo 5-9</td> <td>99</td> </tr> <tr> <td>Unknown</td> <td>1</td> </tr> </tbody> </table>	2012	Total #	Mo 1-3	113	4th mo	98	Mo 5-9	99	Unknown	1	<table border="1"> <thead> <tr> <th>2012</th> <th>Total #</th> </tr> </thead> <tbody> <tr> <td>< 1 wk</td> <td>83</td> </tr> <tr> <td>1 week</td> <td>92</td> </tr> <tr> <td>2-3 weeks</td> <td>192</td> </tr> <tr> <td>4-5 weeks</td> <td>56</td> </tr> <tr> <td>6-9 weeks</td> <td>4</td> </tr> <tr> <td>Unknown</td> <td>8</td> </tr> </tbody> </table>	2012	Total #	< 1 wk	83	1 week	92	2-3 weeks	192	4-5 weeks	56	6-9 weeks	4	Unknown	8
2012	Total #																										
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Unknown	8																										
Donald - 1																											
Gervais - 1																											
Salem-Keizer - 369																											
Silverton - 2																											
St. Paul - 1																											
Stayton - 2																											
Turner - 1																											
Woodburn - 12																											
<u>Polk County - 42</u>	<u>Linn County</u>	Month of pregnancy when woman entered Project, receiving initial assessment and referral to provider																									
W. Salem - 19	Mill City -2																										
Independence - 16																											
Monmouth - 3																											
Dallas - 4																											
		Weeks lapsed from referral to first appointment with provider																									
		Source: Marion County Health Department, Prenatal Program																									

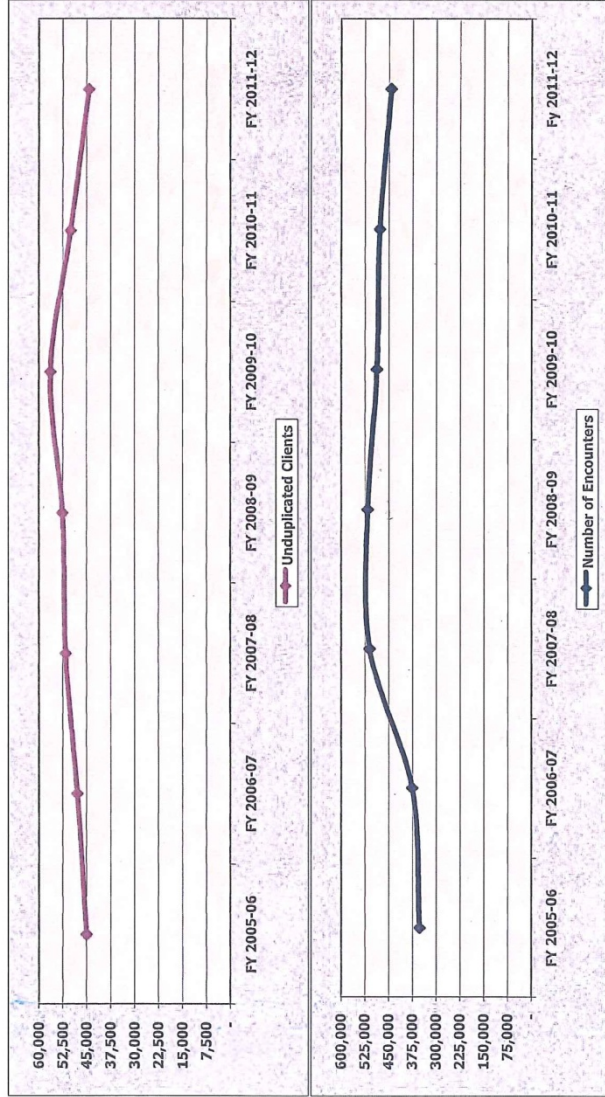
<u>Oregon Mother's Care (OMC) -</u>			
Goal: Connect women with early prenatal care. OMC provides referral to free or reduced cost services for women who are pregnant or may be pregnant, as well as assistance with OHP applications for those who may be eligible.			
Women Served:			
2013 OMC sites: Marion—3 (Salem, Silverton, Stayton)		Polk— no sites	
Women served by year: (includes women served at a Marion County site, regardless of County of residence)			
	OHP Eligible	non-OHP eligible	Total Served
2009	244	551	795
2010	115	556	671
2011	166	482	648
2012	156	404	560
Source: Marion County Health Department Oregon Mother's Care Program			
See also—Oregon Health Authority. http://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/OregonMothersCare/Pages/index.aspx			

Health Department Client Services:

Table 3.M

Program Area	FY 2006-07		FY 2007-08		FY 2008-09		FY 2009-10		FY 2010-11		FY 2011-12	
	Unduplicated Clients	Number of Encounters	Unduplicated Clients	Number of Encounters	Unduplicated Clients	Number of Encounters	Unduplicated Clients	Number of Encounters	Unduplicated Clients	Number of Encounters	Unduplicated Clients	Number of Encounters
Developmental Disabilities	1,795	11,423	1,861	11,621	1,946	17,057	1,980	27,016	2,044	25,640	2,075	25,491
Acute	3,485	16,347	5,675	16,745	6,025	17,797	7,680	17,190	6,813	20,551	6,361	18,903
Alcohol & Drug Treatment (1)	477	48,059	4,387	180,896	3,371	152,408	2,144	96,267	2,114	108,694	2,187	98,926
IDS & Out-of-Panel MH Providers	3,953	60,178	3,914	54,544	4,534	71,547	4,750	77,052	5,422	78,770	5,903	80,542
Behavioral Health - Other	5,633	63,685	4,302	60,911	4,714	81,056	5,889	99,236	5,017	93,454	6,134	83,451
Immunizations	6,529	8,135	11,060	16,058	8,049	11,686	10,323	12,046	6,270	7,317	2,971	4,391
WIC & Breast Pump Station	15,967	112,505	10,772	102,452	12,558	103,164	12,741	100,912	11,397	94,787	9,648	86,388
Public Health - Other	9,225	25,692	9,261	31,065	10,810	38,369	9,901	33,190	9,019	27,172	8,079	23,619
TOTAL CLINIC VISITS		346,024		474,292		493,094		462,909		456,385		424,711
Environmental Health Inspections	N/A	3,875	N/A	2,795	N/A	3,757	N/A	3,066	N/A	3,351	N/A	3,073
EH Food Handler Cards Issued	N/A	17,655	N/A	17,645	N/A	3,173	N/A	5,054	N/A	731	N/A	614
Birth/Death Certificates Issued (2)	N/A	8,049	N/A	15,416	N/A	16,094	N/A	16,294	N/A	17,538	N/A	16,175
TOTAL	47,054	375,603	51,232	510,148	52,007	516,118	55,408	487,323	49,096	478,005	43,358	441,573
OUTBREAKS	789	28	406	22	547	26	947	20	865	12	752	14

(1) The reduction in encounters reported is due to the large number of client encounters provided by Cascadia in FY 2007-08 and FY 2008-09.
 (2) FY 2007-08 count of Death Certificates includes additional copies ordered for life insurance, Social Security, creditors, etc.
 (3) Subcontractor statistics: FY 06-07 count (3,953), FY 07-08 count (9,478), FY 08-09 client count (8,340), FY 09-10 (8,085), FY10-11 (8,917) and FY 11-12 (9,501) are included.



HIV Case Management: HIV Case Management is Federally funded for the purpose of ensuring that persons living with HIV have the supports needed to remain healthy. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Participation in the program is voluntary. The program includes medical case management and supportive services.

The HIV Medical Case Management is provided to clients with the greatest health needs. Services include medication adherence counseling, patient education, risk reduction support, health maintenance interventions, and treatment plan reinforcement. With client consent, the nurse maintains communication with the primary care provider.

Supportive services include referral and access to funding for prescription medication and health insurance; mental health counseling; housing assistance; substance abuse treatment; and medical transportation.

	Marion	Polk
Total Caseload	150	15

Nurse Home Visiting Programs: Nurse home visiting programs provide nursing case management, assessment and social service referrals to pregnant and parenting families. Funders of the specific program define the target population to be served.

Table 3.0 Program	Marion County Average total Caseload FY 2011-2012	Polk County Average Total Caseload FY 2011-2012
Babies First! is Oregon’s public health nurse home visiting program for children at risk for poor health and development outcomes. Public health nurses make home visits to provide health screening, nursing assessment, and nursing case management. The nurse works to improve access to health care and other services and to help the family improve parenting skills and develop age-appropriate expectations for their child.	442	94
CaCoon nurses offer home visits at which they provide families with information and skills to coordinate care for their children (birth through age 20) who have or are diagnosed with a chronic health condition or disability.	193	131
Maternity Case Managers make home visits before and after the baby is born to assess safety, nutrition, and emotional needs, and relationship support; and provide education, counseling and referral. Target population is families on OHP. Costs are partially covered by billing. Also serve some uninsured women.	118	60
MOMs Nurse Visiting Program is funded in Marion County by the Mid Valley Behavioral Health Care Network to provide nurse home visiting before and after the baby is born, to women with a history of substance abuse. Services are provided in coordination with a peer mentor program offered by WVP Health Authority.	87 (# opened 2011-12)	N/A

Limitation of Findings:

- Most of this information is not readily available and had to be specially requested for this report, which may mean there is other data available that is not included in this report.
- Not all Polk County information was available for inclusion in this report.
- Oregon Health Professional Shortage Area maps look only at psychiatrists, physicians and dentists, and health provider counts were based on any amount of time worked, so the total count may represent significantly less full time equivalents. Ie – it may appear that there are more providers than are actually available.

System gaps:

- Polk County has significantly less medical and dental providers per population compared with Oregon and Marion
- Areas of the region are underserved or have populations that are underserved. Some WVCH members live far away from a WVCH provider (as defined by the “Access Standard”
- WVCH members may have more limited services than persons on other insurance – for example, a may be eligible to have a tooth extracted, but not filled.
- Women are not accessing early prenatal care at desired levels
- Small school districts are less likely to have a Registered Nurse or a School Nurse
- There are more people living with HIV in the two counties than are engaged in care
- Neither Marion nor Polk has Nurse Family Partnership services which provide intensive nurse case management services to low-income families having first time births. It is proven to improve prenatal and birth outcomes, child development, school readiness, academic achievement and maternal employment; as well as reductions in child abuse and neglect, early childhood injuries, mental health problems, and crime.
(www.NurseFamilyPartnership.org)
- People are not treated holistically

Causes of gaps:

- Cost of providing services in remote low population areas may be greater than the funding or potential revenue, especially in South Polk and the Canyon
- Not enough providers accepting MVCH
- Reimbursement for OHP may discourage some providers from accepting MVCH members
- It is difficult to recruit and retain staff to work in small communities
- Lag time between application for OHP to appointment for prenatal care for MVCH women
- Uninsured women pregnant women may delay care due to fears about what prenatal care may cost
- Some providers delay admission to care until woman has been approved to receive OHP
- Persons may not participate in HIV Case Management due to perceived stigma, denial, active engagement in drug abuse, and/or they may be unaware of the resource
- Providers may not be aware of the HIV Case Management resource for patients
- Lack of funding for services like Nurse Family Partnership

Strategies to address gaps:

- Increase number of providers accepting OHP
- Have a primary care provider for each person
- Utilize college students such as nursing students to increase capacity
- Incentives to provide rural health care
- Education assistance to those who commit to work in rural/high risk communities
- Itinerant medical staff with focus on rural communities
- Providers that make house calls
- Telemedicine
- Mobile clinics
- Increase bus service
- Oregon Mothers Care to speed up OHP application and approval process
- Incentives to providers to start prenatal care early
- Information campaign to increase awareness of need for early prenatal care and reduce fear of costs
- Providers offer payment plan for prenatal care
- On-line application for OHP
- Information campaign to providers about availability of HIV Case management services
- Peer program to promote HIV Case Management
- Public Health bring partners together to evaluate the benefits and feasibility of bringing the Nurse Family Partnership to the WVCH region
- Survey on whether individuals (public and WVCH members) are able to get alcohol and drug and mental health information and services when needed
- Education campaign – trauma
- Non-traditional settings and persons to screen and deliver services

For future investigation:

- Break out nurse practitioner data by type of practitioner, specifically mental health nurse practitioners
- Dental will become a more active partner in the CCO in 2014. After that time, consideration should be given to exploring dental system capacity and access in more detail.
- Peer workers/programs, including non traditional healthcare worker/programs
- Is there a way to get more accurate data about first trimester care for WVCH members?
- School nurse data for all the schools (some did not report)
- Closer look at provider to population numbers
- Explore the difference in home visiting for Marion and Polk
- Number of Polk County residents being served by Marion County HIV Case Management
- Reimbursement for mental health services – Centers for Medicare & Medicaid Services rules and regulations
- Primary care/ Patient Centered Primary Care Home capacity



Free and Reduced-Cost Healthcare

Introduction: This section provides an overview of services provided by free clinics and federally qualified health clinics in Marion and Polk Counties; information on the expected impact of Medicaid Expansion scheduled for 2014; charity care provided by the three community hospitals located in Salem, Silverton and Stayton; and information about local programs to increase healthcare access for underserved populations.

Free, Federally-Qualified and Community Health Clinics

Free Clinics: Nationwide, free-clinics serve approximately 1.8 million people.¹

- Free clinics offer services and care to poor, uninsured, and limited access patients.
 - Free clinics have traditionally served niches in communities with a large number of people who are uninsured or have a lack of access to affordable care.
- Studies have indicated free clinics respond to gaps left in provider safety nets and Medicaid but do not necessarily respond to direct need.²

Federally qualified health clinics: Federally qualified health clinics (FQHC) must serve an underserved area or population, offer a sliding fee scale, and provide comprehensive services.³ Some of FQHC services are reimbursed through Medicaid and Medicare.

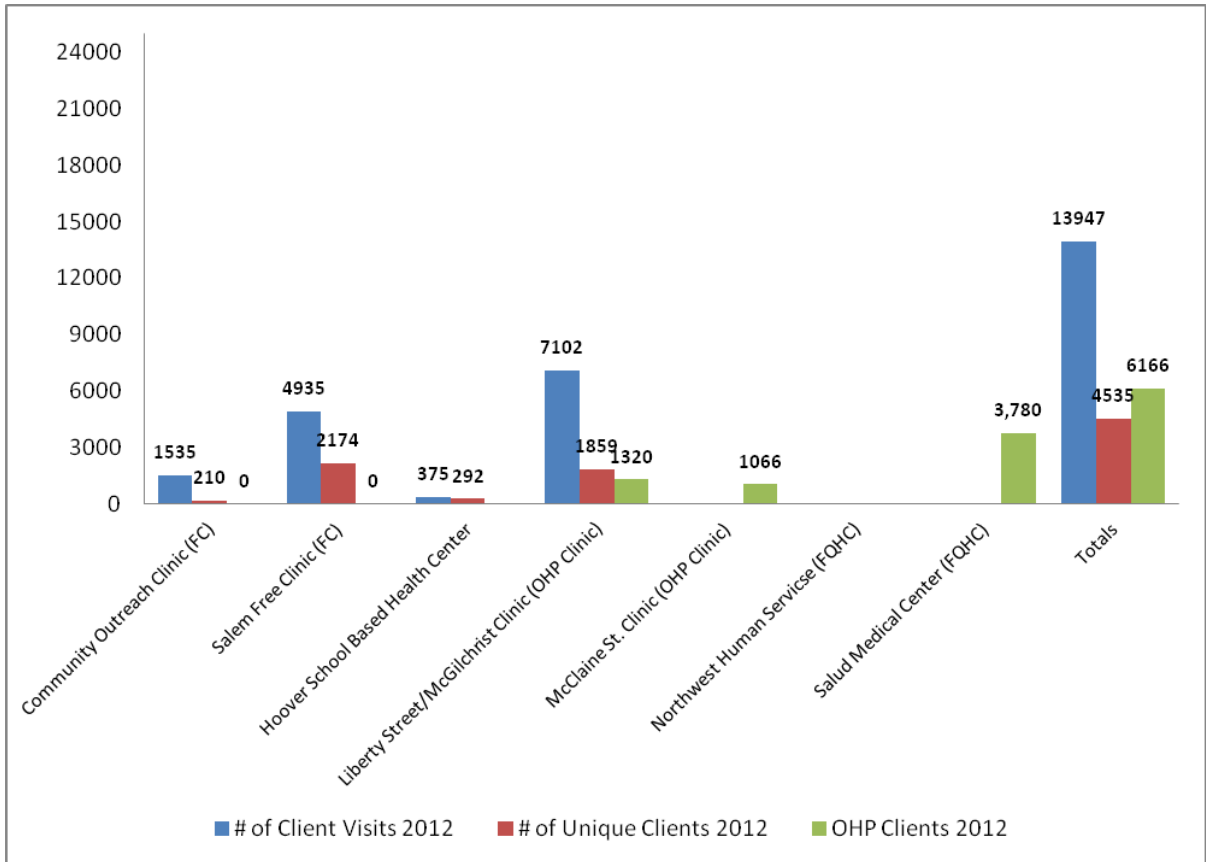
- Nationwide, FQHC's serve over 20 million people nationwide, with the majority (93%) below 200% of the federal poverty line.
 - Over 62% of those served are an ethnic minority, with Hispanics being the most served group.⁴
- In Oregon, there are 31 FQHC⁵, and in the Marion and Polk County areas there are two.

Understanding the clientele, demographics, and role of free clinics is especially important given the expansion of Medicaid services across the county in 2014. Many people currently being served and accessing care through free clinics in Marion and Polk County areas may be eligible for OHP beginning in 2014. Currently, Medicaid-eligible clients will be “phased” in to care, with a percentage becoming eligible each year.

The following clinics are tracked in the following graphs:

- **Free Clinics (FC) in CCO Area:** Salem Free Clinics, Community Outreach Clinic in Silverton (C.O.C)
- **Federally Qualified Health Center (FQHC):** Salud Medical Center in Woodburn, Northwest Human Services (NWHS) in West Salem
- **Large OHP Clientele:** Liberty St Clinic/McGilchrist in Salem, McClaine St Clinic in Silverton
- **School-Based Health Center:** Hoover School-Based Health (HSBH) in Salem

Graph 4.A Free and FQHC Health Clinics in Marion and Polk County



Most Common Issues: Chronic Care issues (especially diabetes and hypertension) and mental health issues (depression, anxiety), are the most common reasons for free clinic visitations.

Table 4.B Free and reduced care	Top 5 Reasons for Client visits
Community Outreach Clinic	Diabetes, Hypertension, Depression, Chronic Pain, Anxiety
Salem Free Clinics (All Sites)	Mental Health, Diabetes, Hypertension, Orthodontics, COPD
Hoover School Based Health Center	Sports Physical, Well Child Checks, Acute Illnesses, Vaccinations
Liberty Street/McGilchrist Clinic	Depression, Establish Care, Diabetes, Back Pain, Anxiety, Hyperlipidemia
McClaine St. Clinic	Hypertension, Diabetes, Well Child Checks, Hyperlipidemia, Chronic Pain
Northwest Human Service (FOHC)	Establish care, diabetes, cough, hypertension, blood pressure check
Yakima Farm Worker Clinics	Routine Exams (mostly well-child), Diabetes, Respiratory Disease, Pregnancy-related, Mental Health and Hypertension.

Role of Free Clinics in the CCO: The role of free clinics in the CCO is difficult to anticipate.

- Free clinics will still fill the inevitable gaps in care: people between services; who fail to sign up for eligible services; people who are underinsured; have poor access; or are unable to obtain healthcare due to non-documentation status.
- Massachusetts, which already greatly expanded their insured population, is in many ways the template for the 2014 Medicaid expansion
 - In a survey of those below 300% of the federal poverty line, 17% said costs still remained a barrier (for things like co-pay, sliding scale fees etc).
 - Over 38% of poorer families stated they could not get needed care and 20% reported difficulty obtaining care from a provider accepting their payment method.⁶
 - Massachusetts has a much lower minority population than Marion and Polk County, which may play a role in what gaps remain in health coverage.

Role of FQHC in CCO: The Affordable Care Act expanded funding and teaching opportunities for FQHCs.⁷

- Currently, 11 billion in new funds are marked for federal and community health clinics as well as increased funding for certain preventive services.⁸
- The funding is intended to increase the number of patients' served by FQHC's by 15-20 million by 2015.⁹
- The CCO can expect to see an increase of patients Medicaid patients at FQHCs.

Medicaid Expansion, 2014

- **Background:** The Affordable Care Act (ACA) brought increased federal funding and expansion of the existing Medicaid program. This expansion will be available to individuals and families below 138% of the federal poverty line (FPL-133%, with a 5% income disregard) in 2014.¹⁰ 2012 FPL income levels for 138% are \$15,856 for a household of one and \$32,499 for a household of four.¹¹
- **In Oregon:** 16.5% of Oregon's population is uninsured. It is estimated 7.9% of the population will be newly eligible for Medicaid. The increased attention and publicity will also spur previously eligible people to apply for OHP. OHA estimates
 - 240,000 people will be newly eligible in 2014
 - 20,000 previously eligible people will apply due to increased outreach/publicity.¹²
 - Marion County will have 21,000 newly eligible people.
 - Polk County, will have 4,000 people who would enroll in OHP by 2016.¹³
- Projected enrollment is expected by 2016, but some OHA Employees have stated that there will be a rapid increase in enrollment beginning early in 2014 because of extensive marketing campaigns beginning in late 2013.

- To what degree those utilizing the free clinics in the area will be incorporated into the expanded CCO in 2014 and beyond is the key question.
- Generally those utilizing free clinics tend to sicker and more likely to have a chronic condition, than those who do not. This may be partly due to clinic priorities for serving certain types of patients.

Charity Care by the Hospital System

- Charity Care is defined the dollar amount of free care provided to patients determined by the hospital to be unable to pay their bills
- There is no national standard or requirement for providing charity care.
 - Currently, nationwide about 2% of gross hospital charges nationwide go towards charity care.¹⁴
 - In Oregon in 2010, charity care cost hospitals \$790,441,399, approximately 5% of gross hospital charges statewide.¹⁵
- The expansion of Medicaid in Oregon and nationwide in 2014 is expected to reduce the number of people eligible for charity care.
- Below are the listed charity care costs for the four CCO area hospitals
- Nationwide, about 2/3 of doctors provide charity care, for an average of 8.8 hours a week.

Table 4.C Charity Care: Hospitals in Marion and Polk County 2010			
HOSPITAL¹⁶	Total Charity Care Cost \$	% of Gross Charges for Hospital¹	% of Total Payers Who are on OHP
Salem Hospital	48,598,607	5%	12.36%
Santiam Hospital	1,061,722	2%	14.69%
West Valley Hospital	1,061,722	6%	15.67%
Silverton Hospital	11,744,072	6%	20.02%
Totals	62,466,123		

¹ **Gross charges.** “Nearly all hospitals have gross charges that are much higher than costs or expected payment (sometimes two to three times higher). Gross charges are the basis upon which hospitals calculate discounts to insurers. Gross charges are like full-fare coach on airplanes: it’s a price that rarely ever applies. They are also the number current used most often to make price comparisons between different hospitals.”

Project Access and MedAssist

Project Access: Project Access is a Medical Foundation of Marion and Polk County service created in 2009. It is a program led by physicians, for the purpose of increasing access to health care services for the poor and uninsured.

- Eligible people are those over 18, with no insurance, below 200% of the federal poverty line.
- In 2012, 29 individuals were newly enrolled in the program. A total of 1,963 people have been enrolled since 2009
- Over 400 providers participate in the Project Access program
- From its inception in April of 2009, to the end of 2012, Project Access has provided healthcare services worth an estimated \$35,872,121.

MedAssist: MedAssist is a Medical Foundation of Marion and Polk County service created in 2001. Its goals are to increase access to prescriptions for the poor and uninsured; and keep those clients out of emergency room.

- Eligible people are those over 18, with no insurance, below 200% of the federal poverty line.
- Forty individuals were enrolled in the program in the past year. A total of 1,082 members are active in the MedAssist Program.
- Over 400 providers participate in the MedAssist Program
- From 2009-2012, MedAssist provided free prescription medication to clients valued at over \$17,539,874.15 million dollars.

Takeaway: The role of these programs after the expansion of Medicaid in 2014 is unclear. It is assumed programs like this will see a reduction in work, but like free clinics, could still serve specific populations and gaps in care that expanded insurance does not solve.

Role of Entities in CCO-Today and Beyond:

- **Parish Nurses-** Maintain independence from CCOs. Parish nurses generally serve as health counselors and teachers. They identify, and help people cope with signs and symptoms of diseases. They do not provide hands on care and do not prescribe or diagnosis illness. Instead they serve as another support means for people to better manage their care and navigate the health care system. There is a weak parish nurse network in Marion and Polk Counties with significant opportunity for growth and development.
- **Non-Traditional health care workers:** NTHWs will play a significant role with assisting with social determinants of health and filling gaps in care that are not easily addressed in a traditional health care setting by physician or other traditionally trained medical provider. In WVCH, there are two NTHWs that are assisting people who are considered *High Emergency Department Utilizers* to find a PCP and assist with getting into specialty care, and behavioral health care.

Limitations of the data:

- It is uncertain how this system of care will change 2014 with the expansion of Medicaid in 2014
- It is unknown precisely how many people will be newly eligible in 2014, or how many of those persons will sign up for the expanded Medicaid
- It is unknown if those utilizing the free clinics will continue to use this type of care or be incorporated into the reimbursable healthcare system
- It is unknown how what funding and utilization of programs like MedAssist and hospital charity care will change in 2014
- Key data pieces are missing:
- Detailed information about the Parish Nurse system, including types of services, number of clients served, most common health issues addressed
- Demographic information on who utilizes the free services, including place of residence, language spoken, immigration status
- Details on clinic capacity and whether there are waiting lists, or delays in service
- While the most common health issues seen are reported, details about duration, severity and future prognosis are unknown

Overall, until guidelines are more clearly laid out for the 2014 Medicaid expansion, it is difficult to predict how the free and reduced cost health services will change in the future. This section is useful for understanding care options in Marion and Polk County, but the future relationship to the local Coordinated Care Organization, Willamette Valley Community Health is less clear.

System gaps:

- Medical clients re not able to find medical care – circled back to WVP – waiting period
- Clinics see clients that have been “FIRED” by their PCP
- 71,000 uninsured – 110% increase in clients
- Four people are turned away for every one appointment
- Free clinics do not provide annual exams, well checks or preventive care
- Usual wait period for a free clinic is 3 weeks and people end up in the ED due to long waits
- Patients may be unaware of possible services available
- Impersonalized care
- Transportation
- Hours of operation
- Free clinics rely on volunteer staff
- Follow-up care is limited or costly

Causes of gaps:

- There are not enough volunteers at the free clinics, including MD
- Not enough providers accepting Medicare
- Medicaid pays only 35%

Strategies to address gaps:

- Increase funding, strengthen resources
- Incentives for employees to volunteer, e.g. extra days off
- Grant money to hire one paid staff
- Tax break for volunteer staff at free clinics
- Involve college and high school students
- Trip link
- Healthcare reform: more people going on Medicaid so less will need the free clinics

For future investigation:

- Demographics and payer information for patients seen
- Waiting list for care
- Map of care locations
- What is the return on investment to the community
- Data from Salud Medical Center, Planned Parenthood, Churches, Immunization Clinics, Mental Health Consumer-run organization

¹Free Clinics in the United States serve millions each year.” <http://www.medscape.com/viewarticle/723562>

² Darnell, J. (2011). What is the role of free clinics in the safety net? Medical Care, 49, 11, 978-984.
<http://www.ncbi.nlm.nih.gov/pubmed/22005605>

³ Darnell, J. (2011). What is the role of free clinics in the safety net?
<http://wmbranchout.files.wordpress.com/2010/02/free-clinics-in-the-united-states-julie-s-darnell-university-of-chicago.pdf>

⁴ Health Resource and Service Administration: Health Center Data <http://bphc.hrsa.gov/healthcenterdatastatistics/index.html>

⁵ Kaiser Foundation: Number of Federally-funded Federally Qualified Health Centers <http://kff.org/other/state-indicator/total-fqhcs/>

⁶“An assessment of the potential impact of health reform on free/charity” clinics <http://www.wafreeclinics.org/admin/mod-cms/viewattachment.php?id=500>

⁷ Kaiser Foundation: Focus on Health Reform-Summary of the Affordable Care Act
<http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf>

⁸ “Impact of Health Reform on FQHCs” <http://www.sucsessehs.com/item/the-impact-of-health-reform-legislation-on-fqhcs.htm>

⁹ Affordable Care Provisions that affect Primary Care

http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jan/PDF_Abrams_how_ACA_will_strengthen_primary_care_exhibits_v2.pdf

¹⁰ Kaiser Family Foundation, “Focus on Health Reform.” (2011). <http://www.kff.org/healthreform/upload/8168.pdf>

¹¹ Coverageforall.org, “2012 Federal Poverty Level.” (2012). http://coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

¹² Oregon Uninsured: Analysis of the 2008 American Community Survey.

http://www.oregon.gov/oha/OHPR/RSCH/docs/uninsured/oregon_uninsured_report_052510.pdf

¹³ Oregon Health Authority, “Oregon Health Plan by Individuals Newly Eligible for Medicaid due to the Affordable Care Act, by County.” <http://www.oregon.gov/oha/docs/NewOHPEnrolleesbyCounty.pdf> (these numbers do not include individuals on OHP standard).

¹⁴ The Advisory Board Council: How much do hospitals spend on charity care? Analysis: Less than 2%.

<http://www.advisory.com/Daily-Briefing/2011/12/19/charity-care>

¹⁵ 2011 Oregon Hospital Financial Report Profile <http://www.oahhs.org/news/newsletters/publications/2010-hospital-profile-report.pdf>

¹⁶ 2011 Oregon Hospital Financial Report Profile <http://www.oahhs.org/news/newsletters/publications/2010-hospital-profile-report.pdf>



Occupational Medicine

Introduction: Occupational medicine clinics provide services related to employees who have been referred by the employer

Findings:

Figure 5.A There are three occupational medicine clinics serving Marion and Polk.

<u>Clinic</u>	<u>Location</u>	<u>Hours</u>
Salem Health Occupational Medicine (same location as convenient care clinic)	Salem, 97301	M-F 8:30-4:30 PM
Salem Occupational Health Clinic	Salem, 97305	M-F 8:00-5:00 PM
Woodburn Business Services (operated by Silverton Health)	Woodburn, 97071	M-F 8:00-7:00 PM Sat 10:00-4:00 PM

Services: The three clinics provide similar services but not every service is provided by each site. Services include but are not limited to:

- Screening and monitoring of OSHA required tests such as hearing
- Drug testing
- Physical examinations
- Worksite ergonomic evaluations
- Injured worker programs – treatment and rehabilitation
- Training
- Worksite wellness programs

Appointments are needed for most services. Bilingual (Spanish) services are available.

Limitation of Findings:

An internet search identified both Salem locations, but the Woodburn clinic was found through word-of-mouth. Only one of the clinics was listed in the Dex June, 2012 yellow pages. It is possible that there are other clinics that were not identified through this search.

System Gaps:

- There is no dedicated occupational medicine clinic in the Stayton/Santiam Canyon or Polk County. Due to small population, this gap may be addressed by primary care.
- The clinics are not all well-advertised and may be underutilized

Causes of gaps:

- Cost of providing services in remote low population areas may be greater than the funding or potential revenue
- Primary care clinics may already provide this care

Strategies to address gaps:

- An urgent care is planned to open in Dallas in 2013. As many urgent care clinics also provide occupational medicine services, this may result in expanded services to Polk County residents.
- It would be helpful for clinics to list occupational medicine services in the phone book.

For future investigation:

- More information about capacity - wait times, number of patients served
- Impact on Workers Compensation claims



Urgent Care

Introduction: Urgent Care clinics provide immediate outpatient medical care for the treatment of acute and chronic illness and injury.¹ The type of immediate care may vary by clinic, but none handle life-threatening medical emergencies. This care does not take the place of a primary care provider, but may be convenient to those who are unable to schedule an appointment with their regular provider in a timely manner. In those situations, the urgent care clinic may be a less expensive option than going to the emergency department for a non-emergent condition or illness. Most urgent care clinics offer extended hours of service and take most insurances. Some offer billing options and discounts if the bill is paid in full at the time of the visit.

Findings:

Table 6.A

Clinic	Hours	Payment	Uninsured	Language
Salem Health Convenient Care (Formally known as Salem Urgent Care)	10am – 8 pm Appointments and drop-in Salem	Most Insurance OHP Charity Care	Charity Care No Sliding Scale No Billing	Spanish Russian Sign Language Language Line
South Salem Immediate Care/Urgent Care	M-F 9am-5pm Sat 9am- 3pm	OHP Open Card Most Insurances Payments	Payments with 50% down Offers discount if Paid In Full at time of visit	Spanish (on-site)
Zoom Care Salem	M-F 9am-7pm Sat 9am-6pm Sun 9am-6pm	Accepts Most Insurances	Accepts Debit & Credit, no Cash or Check. Fee is due at time of visit	English Only
Woodburn Immediate Care Woodburn	M-F 9am-7pm Sat & Holiday 10am – 4pm	Most Insurances OHP	Payments with \$60.00 down Offers discount if Paid In Full at time of visit	Spanish Russian English
Salem Clinic Urgent Care NE Salem 97301 Inland shores – same hours Kiezer (no weekends)	M-F 10am – 7pm Sat 10am – 5pm Sun 10am – 5pm	Most Insurances OHP if Dr. takes it, NO Care-Oregon, some tri-cares (prime-designated PCP)	Billed as office visit. Self-pay \$154.00 deposit, within 10 days. Still see them. Offers 25% discount if paid in full at time of visit	Interpretive Agency
Urgent Care - South Salem	clinic is to open later in 2013	To be determined	To be determined	To be determined
Urgent Care - Dallas	clinic is reportedly to open later in 2013	To be determined	To be determined	To be determined

Sources: Each business was called directly

¹ American Academy of Urgent Care Medicine. <http://aaucm.org/About/UrgentCare/default.aspx>. 6/9/2013.



Limitation of Findings:

- Clinics were unable to provide information available regarding number of visits, types of visits, or number of patients sent to a hospital emergency department for further care.
- The information on hours, payment and walk-in services may change at any time.

System gaps:

- Inability to get an appointment with the regular medical provider may be a reason to visit an urgent care clinic, but some operate by appointment will not take walk-ins when appointments are filled.
- There are no urgent care facilities in Polk County, though one is to open in 2013.
- Finding transportation to urgent care may be difficult (ambulances only deliver to hospitals) especially for Polk County residents. Most buses have limited, if any service on the weekends and after hours when urgent care clinic services are likely to be needed.
- Urgent care clinics do not fully replace the emergency department for non-emergent conditions, as they have limited evening and weekend hours.
- Urgent care clinics are not required to accept all patients regardless of their ability to pay, and may require payment at the time of service, so cost may be an issue that leads some patients to choose the more expensive emergency department.
- Some insurance plans are not accepted.

Causes of gaps:

- Clinics are limited by the financial feasibility of providing services during non-traditional office hours; of keeping space open for walk-ins in lieu of scheduled appointments; and making a payment plan available to low-income patients
- Cost of providing services in remote low population areas may be greater than the funding or potential revenue
- Funding has limited mass transportation in Salem area to weekday and early evening hours. Transportation in other parts of the county may be even more limited.
- Lack of ability to pay may direct certain patients to the emergency department

Strategies to address gaps:

- Opening of the urgent care clinic planned to open in Dallas

For future investigation:

- Number of visits,
- Types of visits,
- Number of patients sent to a hospital emergency department for further care.



Emergency Medical Services

Introduction: This section addresses pre-hospital emergency medical services.

Ambulance Service Area (ASA) means a geographic area, which is served by one ambulance service provider. The ambulance service area may cross county borders. Each county has an ambulance service plan which is designed to optimize non-emergency as well as emergent transport. The plan considers geography, population and other needs and encourages the various ambulance services to work together.

- The emergency medical system in each county begins with the 911 Call Center (also known as PSAP – Public Service Answering Point) which receives the call and then dispatches the appropriate responders within two minutes of receiving the request for emergency medical services.
- Marion County ambulance providers are of three types – hospital operated (Santiam Hospital), Private (Woodburn Ambulance), or fire department operated (Salem, Jefferson, Turner, Lyons, Kaiser, Polk Co. Fire District 1, Marion Co. Fire District 1, Idanha-Detroit and St. Paul)
- Polk County ambulance providers are of two types – Private (Pacific West Ambulance Service, Dallas Ambulance) or fire department operated (Salem, McMinnville, Sheridan, West Valley, Polk Co. fire District #1)
- Response requirements are set by OAR 333-260-0010. Response time expectations for the ambulance services vary by zones and are extended by 2 minutes if Basic Life Support (EMT basic first responder) arrives, and by 5 minutes if Advanced Life Support (Advanced EMT or paramedic) arrives.
- Some exemptions to the required response times may include re-routing due to floods; weather; vehicle break-down; etc.
- Trauma LifeFlight is based in Portland, with landing pads at each hospital
- Estimated costs: Ambulance ride Costs \$400-600. Advanced (trauma, life support) \$5000.00 and up.

Table 7.A

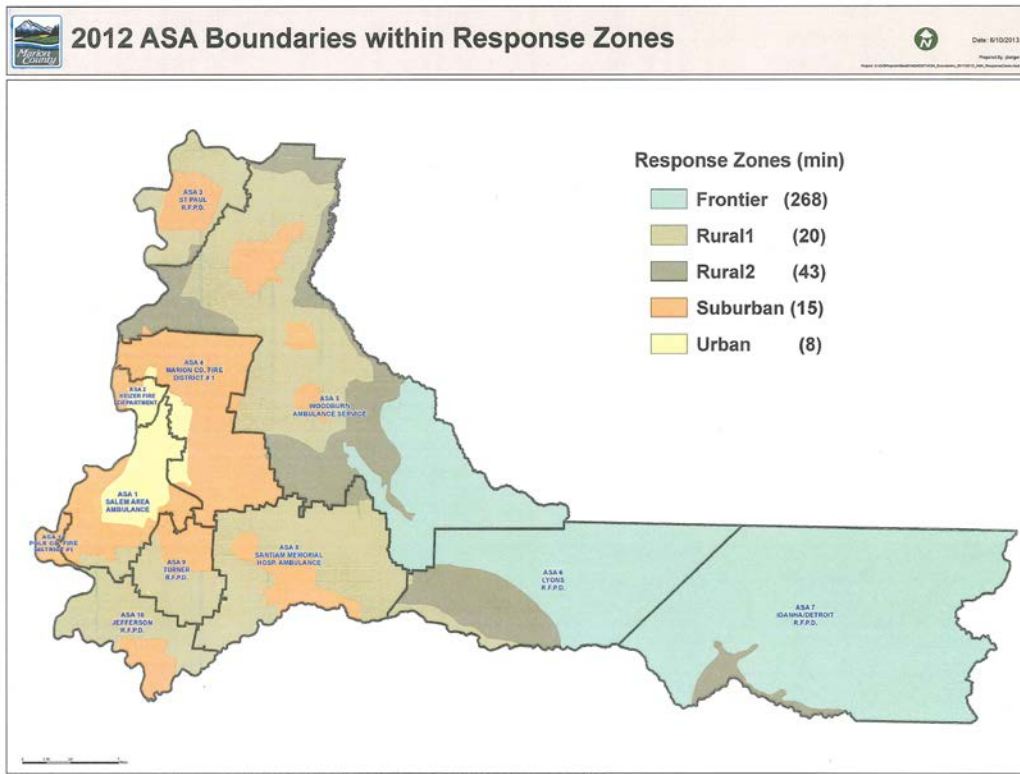
Service Type	Expected Response 90% of calls:	Marion		Polk	
		#	Met response time	#	Met response time
ASA per county		11		7	
Total Emergency Transports, 2012		16337		n/a	
Urban: Pop 50,000 or greater	Arrive at the scene within 8 minutes	7975	98%	n/a	n/a
Suburban: Within 10 mile radius of urban	Arrive at the scene within 15 minutes	7140	97.9%	n/a	n/a
Rural 1 Pop 2,000-9,000	Arrive at the scene within 20 minutes	625	99.7%	n/a	n/a
Rural 2** Pop 2,000-9,000	Arrive at the scene within 43 minutes	591	99.9%	n/a	n/a
Frontier*	Arrive at the scene within 4hrs 28 minutes	6	100%	n/a	n/a

*Frontier includes all areas that do not fall into rural-suburban-urban; and road-less areas, forests

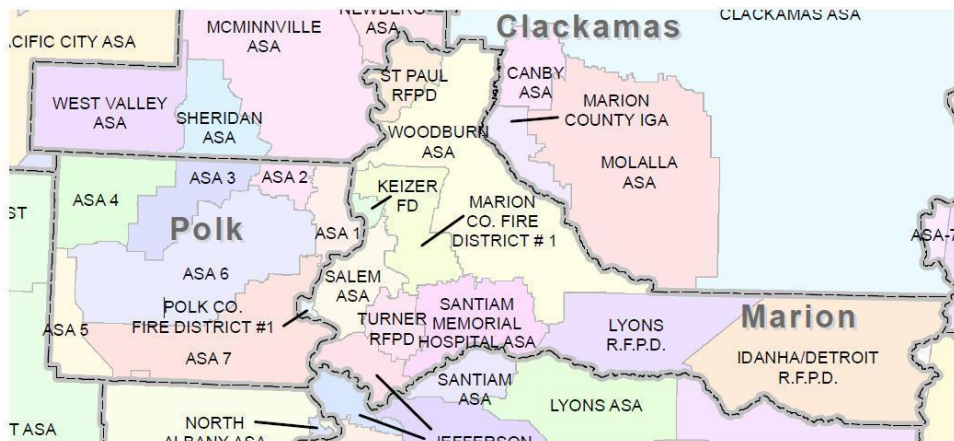
**OHA approved Marion County division of Rural 1 into two categories due to extreme geographic diversity

Data Source: ASA-reported data collected by Marion County Health Dept & Polk County

Map 7.B



Map 7.C



Source: <http://www.jcems.net/docs/OregonASAmmap2008.pdf>

Limitation of Findings:

- Each ambulance service area self-reports the percentage of emergency transports that met the required response timeline.
- Oregon does not collect the ASA data so there is no statewide data for comparison.
- Polk County response data was not available for this report
- State comparison data is not available to assess performance against peers
- Recreational areas may experience increased demand during tourist seasons. Data doesn't distinguish between periods of inclement weather, increased demand due to high tourist.

System gaps:

- Marion County has several different entities managing ambulances vehicles and their first responders which increases complexity, but allows for more surge capacity.
- Idanha-Detroit has no advanced life support. Basic life support or other first responders report to the scene and automatic mutual aid from a neighboring ambulance service area is dispatched to provide advanced life support. In the most remote areas, Life Flight may be called in to provide advanced life support, weather permitting.
- Minimum response in Marion County Rural Area 2 is 43 minutes.
- The ambulance service may be adequate, but a backlog may be encountered when they arrive at the emergency department.

Causes of gaps:

- Cost of providing services in remote low population areas may be greater than the funding or potential revenue
- Recreational areas of the Canyon may experience seasonal increases in demand for services, creating varying need for staffing that may be difficult to meet due to funding and/or lack of volunteers.

Strategies to address gaps:

- Overall at this time the Marion County system is working well in term of getting to patients in a timely manner
- How can we use EMS in rural area for outreach and PCP extension?
- Increase coverage/closer presence during summer and hunting seasons
- Meet partial rural areas need with aid stations?
- Provide supporting training for rural fire districts
- Provide recreational subsidy for the busy times of the year.

For future investigation:

- How many EMS transports are not medically appropriate?
- Include data on how many people being served and wait time
- Use of Police/Ambulance vs civilian or local cab an impact on costs
- Is it possible to get State or other data for comparison?
- Wait time after arrival at emergency department



Oral Healthcare

Introduction: Oral health is critical to overall health.ⁱ This section includes a definition of oral health, its effects on overall health, and the associated cost. Most oral diseases are preventable but delays in treatment can lead to cumulative effects on health. Nationally, tooth decay is the most common chronic condition, affecting 60% of American children—five times more children than asthma.ⁱⁱ This section examines the role of dental health in overall health and any data made available by DCOs or other public data sources.

- DCOs have provided care to Oregon Health Plan (OHP) patients for the past 20 years.
 - Currently, Oregon Health Authority (OHA) pays DCOs directly by per member per month payment for services.
 - By July 1, 2014, DCOs will be integrated into CCOs and the CCO global budget. 96% of OHP clients are estimated to be covered with some form of dental care.ⁱⁱⁱ
 - This is projected to begin by October 1, 2013 for eligible WVCH clients.

Effects of Poor Oral Health: Lower levels of oral health (cavities, tooth loss, chronic mouth pain, gum disease etc.), are associated with lower-incomes, less provider access, and more dental-related Emergency Department (ED) visits.

- Tooth pain can affect school performance and attendance;
- Oral health and behavioral and developmental issues are correlated.
- Untreated tooth decay is persistent and gets worse over time.^{iv}
- Gum disease and poor dental health are associated with negative health outcomes.
 - Gum disease is associated with increased risk for chronic conditions like diabetes, heart attack, and stroke.^v
 - Women with gum disease are more likely to have premature, low-birth weight babies.
- An emphasis on preventive screenings and increased access to oral health providers and routine cleanings can greatly improve oral health in children and adults.

Emergency Department Utilization: Nationally, those without dental insurance or with limited dental access have higher utilization of expensive Emergency Department (ED) treatment. Treatment for non-emergency dental issues in an ED is cost-prohibitive and often avoidable.

- More than 42% of those treated at emergency rooms for oral health issues and released the same day (“treat and released”) are uninsured.^{vi}
- Nationally, 30% of “treat and release” dental ED patients are on Medicaid, the second highest rate for any group (behind uninsured).^{vii}
- Emergency room visits primarily for preventable dental issues rose 16% between 2006 and 2009.^{viii}
 - In Washington State, among the uninsured, dental pain was the most common hospital visit reason.^{ix}

- Use of the ED for dental conditions increases as the ratio of dentist to patients in a geographical area decreases.^x
- Nationally in 2009, 56% of Medicaid enrollee children did not receive any kind of dental care.
- Finding an adequate number of dentists who participate in Medicaid is a consistent national problem.

Utilization in Oregon: When Oregon dropped dental coverage from Medicaid services in 2003, former patients were 3 times less likely to receive necessary care.

- These patients saw a 31% increase in emergency room utilization.
- Along with an increase in emergency use, these patients also saw an increase in personal expenses for dental care and ambulatory care.^{xi}

Four Dental Care Organizations Serve Residents in Marion and Polk Counties:

1. Advantage Dental Services
2. ODS Community Health Dental Plans
3. Willamette Dental Group
4. Capitol Dental Care

These DCOs are organizations contracted to provide dental services to WVCH clients, including cleaning, sealants for children, exams, endodontic services, periodontal services, fluoride, and dentures.

- Services like fillings are not covered;
- Currently, most covered for dental care are on OHP Plus. OHP Plus is available to children under the age of 18, pregnant women, and people with disabilities.^{xii}
- OHP Standard clients only receive immediate or urgent dental care for acute infection, abscesses, or severe tooth pain.^{xiii}
- Currently, only about 20% of Oregon dentist accept OHP members;^{xiv}
- In Marion and Polk Counties, there are 122 OHP enrolled dentist;^{xv}
- This is approximately 1 dentist for every 550 WVCH members.
 - This is considered an optimal ratio.^{xvi} However issues of provider availability, appointment timing, and insurance coverage still limits OHP member access.

Oregon 2012 Smile Survey: This statewide survey gauges the health of the Oregon dental system by looking at the health, access, and overall quality of dental care for school children, aged 6 to 9. The survey examines the percentage of children who need urgent dental care, have any tooth decay, have rampant tooth decay (7 or more cavities), and have received dental sealants.^{xvii}

- The survey showed those with lower incomes, non-English speaking, and Hispanic background generally have worse dental health outcomes than those who have higher incomes, speak only English, and are white.

Capitol Dental Data: Statewide, Capitol Dental has approximately 192,000 OHP members in its network, making it the largest DCO in the state.^{xviii} Surveys conducted by Capitol Dental provide insight into oral health in poor and vulnerable populations in Marion and Polk Counties.

Salem Keizer Dental Solutions: Salem Keizer Dental Health Solutions (SKDHS) provides dental services in Marion and Polk Counties. The school-based approach targets low-income students and schools. Created in 2001, this program uses a “three-pronged” approach to improve oral health in children: dental health education, prevention services, and access to treatment.

SKDHS referred 1,227 students with OHP into offices for care. Of those, 1,074 (87.5%) needed early dental care and 153 (12.4%) needed urgent care.

- Statewide, 3% of children had dental pain or infection which needed urgent care.
- Capitol Dental Care screened and provided fluoride varnish to 317 Women Infant Child (WIC) clients.
 - Of those, 19.2% had untreated decay,
 - 17.4% had treated decay, and
 - 13.6% had early childhood cavities.
- SKDHS provided screenings and fluoride varnish services to all Head Start programs in Marion and Polk counties.
 - Last school year, 1,447 students were screened and varnished.
 - Of those, 76.4% had no obvious problems,
 - 22.1% needed early dental care, and
 - 1.5% needed urgent care.
- 28 children were given \$96,000 in charity care by Medical Teams International (MTI) vans in the Salem-Keizer area.

Data Limitations:

- Data from DCOs is still incomplete
- Measurement and tracking measures are not fully developed. Neither is provider information.
- The effect of OHP expansion in 2014 on dental care is still unclear.
- Data do not answer issues of access and provider availability.

ⁱ“Health People 2020. “Oral health.” <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>

ⁱⁱ“2012 Oregon Smile Survey.”

http://media.oregonlive.com/portland_impact/other/SMILE%20Survey%202012%20Draft%20Results_4-23-13-1.pdf

ⁱⁱⁱOregon Department of Human Services. “DCO-OHP 101”

<http://www.oregon.gov/oha/healthplan/OHP%20Regional%20Meetings%20Agendas%20Schedule%20Handouts/DCO-OHP%20101%20Spring%202011.pdf>

^{iv} *ibid*

^v Mayo Clinic (2012). <http://www.mayoclinic.com/health/dental/DE00001>

^{vi} Seu, K., Hall, K., Moy, E. (2012). “Emergency Department Visits for Dental-Related Conditions, 2009” Agency for Healthcare Research and Quality.

^{vii} *ibid*

^{viii}Pew Center on States. “A Costly Dental Destination: Hospital Care Means States Pay Dearly.”

http://www.pewtrusts.org/our_work_report_detail.aspx?id=85899372468

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- ^{ix} Pew Center on States. “The State of Children’s Dental Health: making Coverage Matter.”
http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State_policy/Childrens_Dental_50_State_Report_2011.pdf
- ^x Seu, K., Hall, K., Moy, E. (2012). “Emergency Department Visits for Dental-Related Conditions, 2009” Agency for Healthcare Research and Quality.
- ^{xi} Wallace, Carlson, Mosen, Snyder, Wright (2011). “The individual and program impacts of eliminating Medicaid dental benefits in the Oregon Health Plan.” *Am J Public Health*. 101(11):2144-50 <http://www.ncbi.nlm.nih.gov/pubmed/21680938>
- ^{xii} WVCH Handbook, 2013
- ^{xiii} Oregon Department of Human Services. “DCO-OHP 101”
<http://www.oregon.gov/oha/healthplan/OHP%20Regional%20Meetings%20Agendas%20Schedule%20Handouts/DCO-OHP%20101%20Spring%202011.pdf>
- ^{xiv} The Lund Report (2013). Legislation failed, Yet dental integration moves forward.
http://www.thelundreport.org/resource/legislation_failed_yet_dental_integration_moves_forward
- ^{xv} (2013) State of Oregon, Oregon Health Analytics Data Informatics Unit, Salem, OR
- ^{xvi} Seu, K., Hall, K., Moy, E. (2012). “Emergency Department Visits for Dental-Related Conditions, 2009” Agency for Healthcare Research and Quality.
- ^{xvii} Oregon Smile Survey.”
http://media.oregonlive.com/portland_impact/other/SMILE%20Survey%202012%20Draft%20Results_4-23-13-1.pdf
- ^{xviii} Hayes, E. (2013). Coordinated Care groups sink teeth into more providers. *Portland Business Journal*
<http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/coordinated-care-groups-sink-teeth.html>

Hospital Based Care

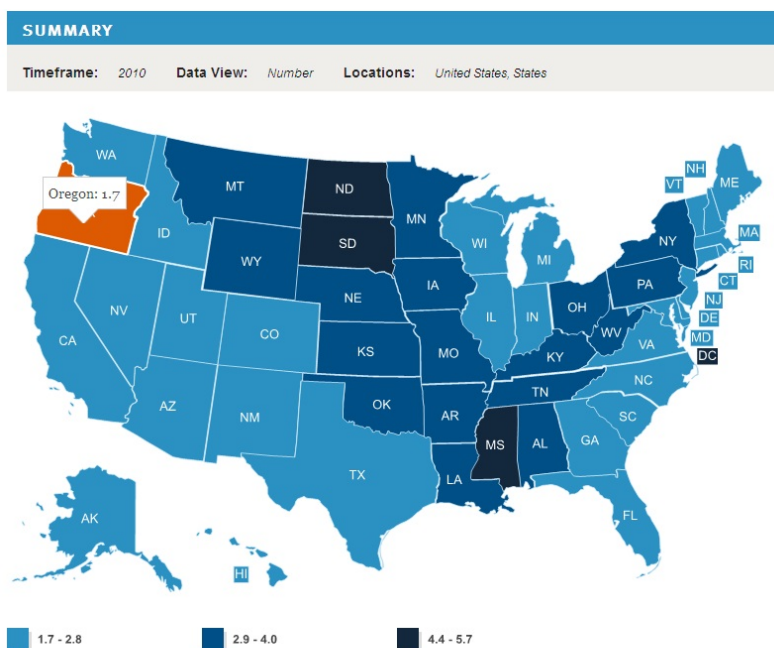
Introduction: There are four independent, not-for-profit community hospitals in Marion and Polk Counties offering inpatient, outpatient and emergency care services. This section reviews hospital bed capacity and describes health needs of the community through a review of hospital utilization.

Each of the hospitals provides services regardless of ability to pay, offering payment plans as well as charity care.

Findings:



Map 9.A showing the location of the four community hospitals serving Marion and Polk Counties



Map 9.B

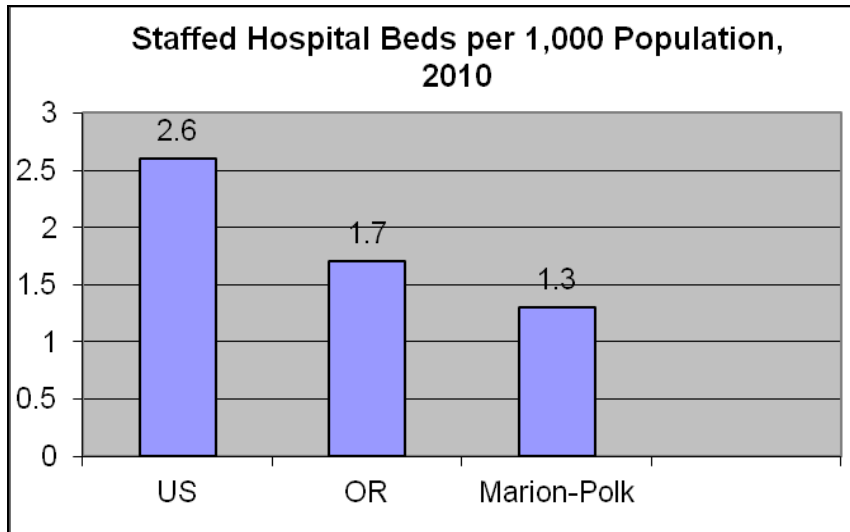
Source: Kaiser Family Foundation, <http://kff.org>

Notes: This map from 2010 compares hospital beds per 1,000 population by state.

3 states have 4.4-5.7 beds / 1,000
 17 states have 2.9-4.9 beds / 1,000
 30 states have 1.7-2.8 beds / 1,000

At 1.7 beds per 1,000 population, Oregon is tied with Washington state for the states with the lowest bed capacity.

Hospital Beds per 1,000 Population



Graph 9.C

Sources: Kaiser Family Foundation.
<http://kff.org/>
 Oregon Health Authority.
<http://www.oregon.gov/oha/OHPR/RSC/H/Pages/databank.aspx>

Notes: This table shows total hospital bed capacity for Marion & Polk Counties, in comparison with Oregon and the United States.

Hospitals may be licensed for more beds than are staffed. In a public health emergency, it's possible that if more staff were available, the hospitals could actually house more patients

Table 9.D Hospital Utilization
Total combined data for the four hospitals serving Marion and Polk Counties

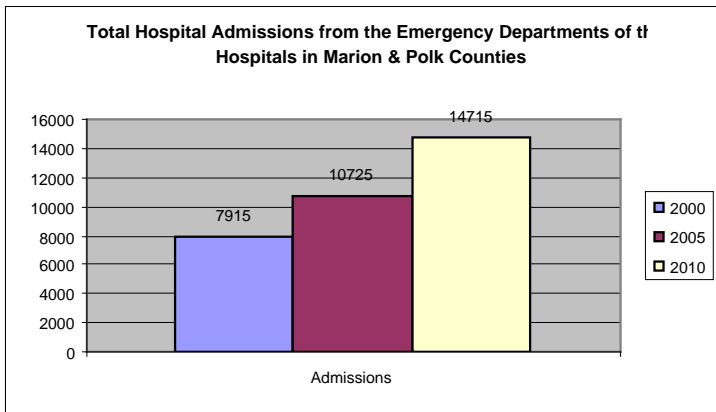
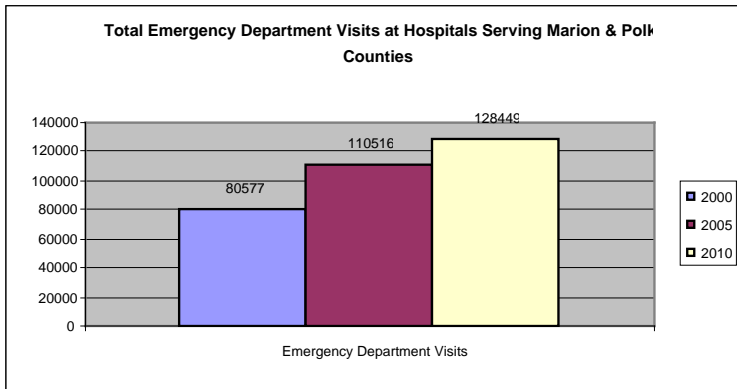
Year	Total Beds Available	Total Beds Licensed	Total Acute Discharges	Total Swing Discharges	Total Acute Patient Days	Total Swing Patient Days	Total Inpatient Surgeries	Total Births	Total Newborn Patient Days	Total Ambulatory Surgery Visits	Total Outpatient Visits
2000	460	576	22,165	119	82,432	574	8,355	4,831	9,562	9,828	401,356
2005	484	558	22,283	18	85,410	128	8,266	5,215	13,633	9,627	617,500
2010	518	558	27,226	15	104,426	82	10,067	5,185	13,976	10,351	742,564
Change between 2000 and 2010 (calculated)			↑22.8%	↓87.4%	↑26.7%	↓85.7%	↑20.5%	↑7.3%	↑26.7%	↑5.3%	↑85.0%

Source: Oregon Health Authority. <http://www.oregon.gov/oha/OHPR/RSC/H/Pages/databank.aspx>

Definition - "Swing Bed" - The Social Security Act permits certain small, rural hospitals to enter into a swing bed agreement, under which the hospital can use its beds, as needed, to provide either acute or Skilled Nursing Facility (like a nursing home) care [Centers for Medicare and Medicaid Services (cms.gov)]. This allows the patient to avoid what might be a stressful move to a temporary stay in a nursing home, and allows the small hospital to use their beds more efficiently. Salem Hospital does not have swing beds, but West Valley Hospital does.

Notes: Hospital Inpatient and Emergency Department Utilization Trends, 2000-2010

- Inpatient activity increased significantly (acute discharges, inpatient surgeries, acute patient days)
- Use of beds as swing beds decreased (swing discharges, swing patient days)
- Length of stay for newborns increased from average of 1.9 days to 2.7 days (calculated)
- Outpatient visits have nearly doubled
- Emergency departments have significantly increased resulting in more admits to the hospitals



Graph 9.E & 9.F

Source:

Oregon Health Authority.

<http://www.oregon.gov/oha/OHPR/RSCH/Pages/databank.aspx>

Notes:

Calculated percent of emergency department visits that were admitted to the hospital:

2000 – 9.8%

2005 – 9.7%

2010 – 11.5%

The increase in admits seen in 2010 may reflect the current economy. That is, people may be delaying care to avoid costs, but end up in the emergency department with a more serious condition than if it were treated early

9.G Top 10 Oregon Hospital Discharge Diagnosis Codes January 2012-December 2012

Discharge Diagnosis	Number of Patients		Average Length of Stay	
	Marion-Polk (% of OR discharges)	Oregon	Marion-Polk	Oregon
1. Normal newborn	3,834* (13.0%)	29,471	1.9 days	1.9 days
2. Vaginal delivery without complications	2,918* (13.4%)	21,719	2 days	2 days
3. Major joint replacement or reattachment of lower extremity without major complications and co-morbidities	1,417* (10.4%)	13,685	2.7 days	2.9 days
4. Psychoses (severe psychological disorders including schizophrenia)	586* (7.2%)	8,169	10 days	8.9 days
5. Cesarean section without complications and co-morbidities, or major complications	781* (11.9%)	6,579	3 days	3 days
6. Neonate with other significant problems	704* (11.4%)	6,173	2.3 days	2.4 days
7. Septicemia or severe sepsis without mechanical ventilation 96+ hours with major complications and co-morbidities	976 (12.1%)	8,069	5.2 days (Marion) 2.5 days (Polk)	5.3 days
8. Esophagitis, gastrointestinal & misc. digestive disorders without major complications	297* (5.4%)	5,541	2.9 days	2.7 days
9. Cesarean section with complications and major co-morbidities	470* (9.9%)	4,744	3.9 days	4.2 days
10. Uterine & related tissues process without complications or co-morbidities	181* (5.3%)	3,397	1.7 days	1.6 days

*There were no discharges in Polk County

Source: OR Assn. of Hospitals & Health Systems. Oregon PricePoint System. <http://www.orpricepoint.org/6/9/2013>

Other Behavioral Health Diagnosis Data January 2012-December 2102

Discharge Diagnosis	Number of Patients		Average Length of Stay	
	Marion-Polk (% of OR discharges)	Oregon	Marion-Polk	Oregon
Depressive Neuroses	97* (6.8%)	1,412	4.5 days	5.1 days
Behavioral & developmental disorders (childhood mental disorders)	0	96	N/A	9.4 days
Alcohol/Drug abuse or dependence without rehabilitation therapy, without major complications and co-morbidities	86* (4.5%)	1,925	3.7 days	3.8 days

*There were no discharges in Polk County

Source: Oregon Assn. of Hospitals and Health Systems. Oregon PricePoint System. <http://www.orpricepoint.org/6/9/2013>

Notes about physical and behavioral health discharge diagnosis data:

- Total Marion and Polk County combined populations equal about 10.2% of Oregon population.¹
- Number of newborn discharges is higher than expected when compared with Oregon, indicating a need for prenatal care and pediatric care in the Marion-Polk service area.
- Marion-Polk appears to do well on average length of stay for most diagnoses.
- The top 10 discharge diagnoses are not ones that would be addressed through prevention.

Table 9.H Top 10 Discharge (primary) Diagnosis for WVCH Members (2012)

Rank	Description
1	Other symptoms involving abdomen and pelvis
2	Alteration of consciousness
3	Symptoms involving respiratory system and other chest symptoms
4	Acute upper respiratory infections of multiple or unspecified sites
5	Nausea and vomiting
6	Other disorders of urethra and urinary tract
7	Suppurative and unspecified otitis media
8	Other open wound of head
9	Other cellulitis and abscess
10	Symptoms involving head and neck

Source: WVP Health Authority 6/2013

Hospital Finance

It is difficult to assess the adequacy of reimbursement for services as each hospital compiles the charges differently. This means that the insurance company may not pay each hospital an equal percent of the amount billed. The table below shows the variation between hospitals and the percent of charges for which they actually receive reimbursement.

Table 9.I Hospital Reimbursement for Patient Charges, January 2012-December 2012

Hospital	Percent of charges billed that were paid by the insurer			Total Uncompensated Care*
	Private Insurance	Medicare	Medicaid	
Salem	81%	37%	45%	8.35%
Santiam	77%	41%	42%	7.83%
Silverton	71%	34%	36%	8.69%
West Valley	82%	58%	38%	11.8%

*Total uncompensated care = total amount of charges billed that is not reimbursed because the patient qualified for free or reduced-cost care (charity care) plus the amount not reimbursed because patient failed to pay the bill (bad debt).

Source: Oregon Assn. of Hospitals and Health Systems. Oregon PricePoint System. <http://www.orpricepoint.org>. 6/9/2013

¹ 2010 US Census. quickfacts.census.gov/qfd/states/41/41047.html 6/10/2013

Limitation of findings:

- Full hospital utilization data is not readily available in Oregon in contrast to most states. Hospital discharge data is treated as proprietary. The data set is available for a fee.
- Currently, data that exhibits each hospital's top 10 emergency department visits is unavailable.
- Emergency department diagnosis or discharge data is not available for Oregon or counties.
- West Valley codes some visits as urgent rather than emergency department.

System gaps:

- Marion-Polk has a low hospital to 1,000 population ratio of 1.3 compared with 1.7 for Oregon and 2.6 for US
- People are getting care in the wrong setting – using ED instead of primary care

Causes of gaps:

- Many services are now being provided as outpatient services.

Strategies to address gaps:

- Bring common services that are referred out of area, back to area

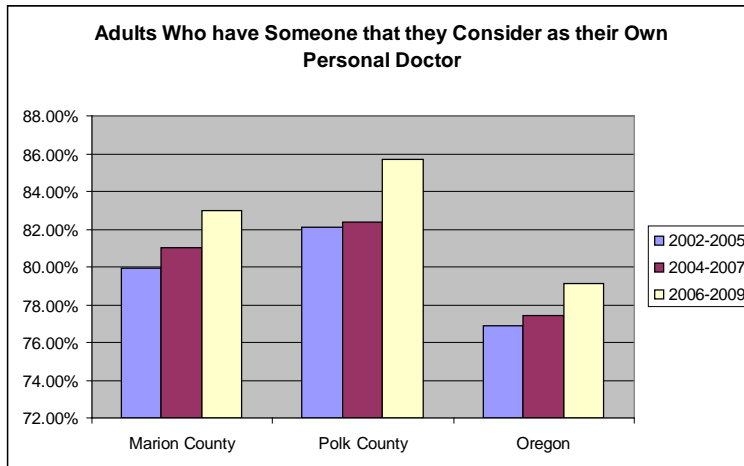
For future investigation:

- Explore hospital in-patient data – average daily census, use of beds vs capacity
- Top 10 discharge diagnoses by race, age and gender
- Get top 10 emergency department diagnoses
- Swing beds - Why the decrease in swing bed utilization? Are discharges happening too soon?
- Newborns – are the days in NICU? Where and why were newborns kept in hospital?
- Emergency Department – why such an increase in visits from 2000-2005 compared with 2005-2010?

Populations Experiencing Barriers to Accessing Healthcare

Introduction: The Health Resources Services Administration, HRSA has identified four core indicators for measuring barriers to accessing health care. Barriers one and two are related to the individual - income level and lack of health insurance. Barrier three is environmental - distance to care. Barrier four is health system related – population to primary physician ratio. This section will focus on issues related to the individual and environment. See the ambulatory care section for more on health care system barriers.

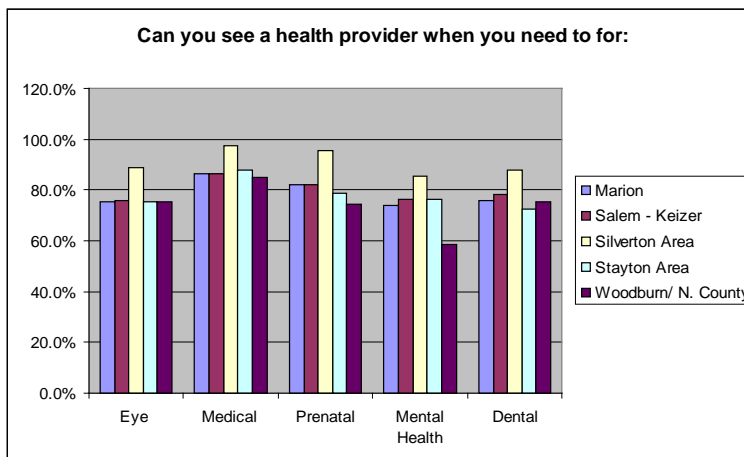
Findings:



Graph 10.A Have a Personal Doctor

Source: Adult Behavioral Risk Factor Surveillance System (BRFSS)
<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>
 Viewed 1/31/2013

Notes: Polk County residents are more likely than Marion to have a “personal doctor”. The counties are significantly different than Oregon: 2002-2005 (Marion); 2004-2007 (Marion, Polk); 2006-2009 (Marion, Polk)



Graph 10.B

Can See a Doctor When Needed

Source: 2011 Marion County Community Survey via paper and on-line in English, Spanish and Russian. 1,965 participants.

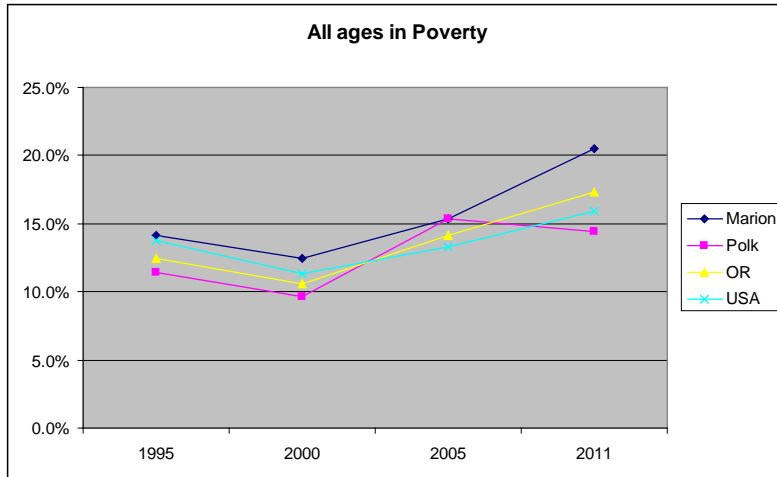
Notes: Persons living in Silverton report better access in every category, which may be tied to higher overall income and having health insurance. Survey did not ask about alcohol & drug services.

Marion County – Community concerns about healthcare access, 2008 & 2011

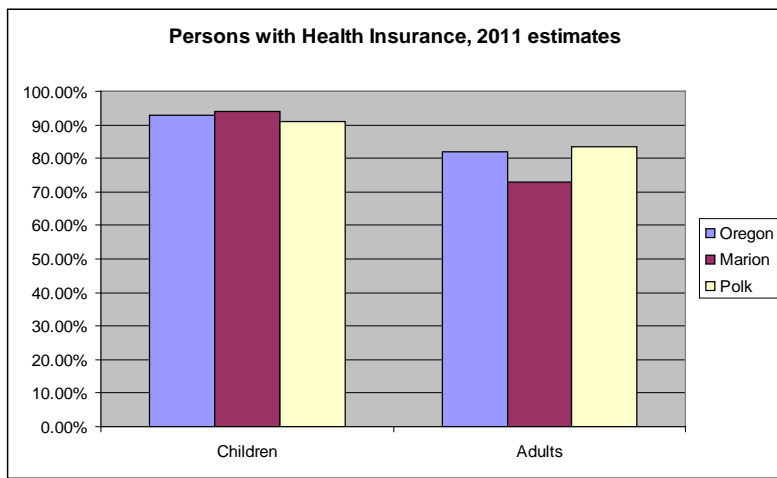
Marion County conducted community health surveys in 2008 and 2011

- 2008 - We asked “What else do you want us to know?” The top five answers reflected concerns about lack of health insurance; cost of care and insurance; lack of providers; lack of providers taking OHP; and access to mental health care.
- 2011 - We asked what do you think are the three biggest health issues in your community? The top five answers were cost of care/insurance; obesity; substance abuse; diabetes; mental health.

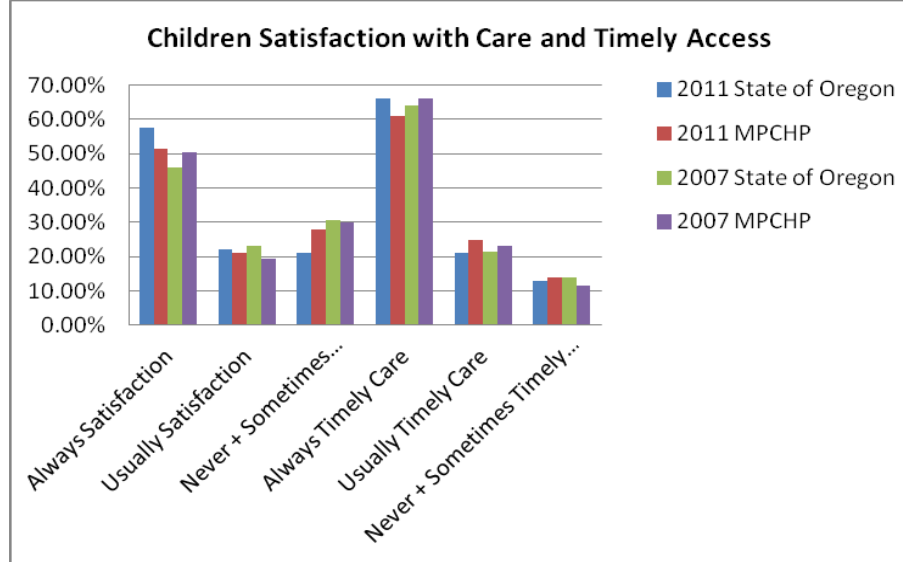
Conclusion: Responses showed increasing concern about health conditions such as obesity, but access issues such as cost of health care and health insurance continue to be a concern for Marion County residents.



Graph 10.C All ages in Poverty
Source: US Census Bureau, Small Area Income & Poverty Estimate (SAIPE) 1999-2012.
Notes: US government sets poverty thresholds that consider family size and income and is adjusted annually for inflation using the Consumer Price Index. HRSA says living at 200% of poverty is a barrier to accessing care. People below 200% Fed. Poverty 2007-2011:
 Marion: 40.2%
 Polk: 31.6%

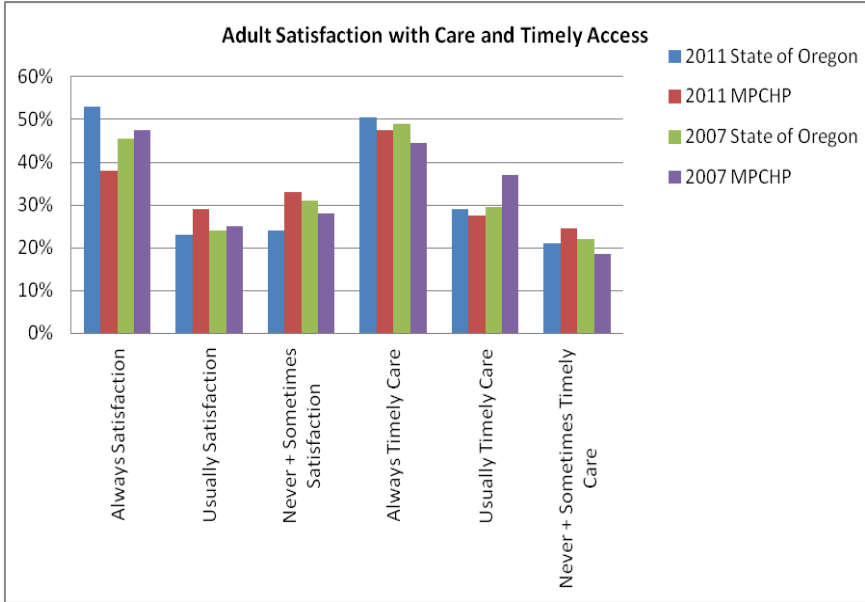


Graph 10.D Persons with Health Insurance
Source: US Census.
http://factfinder2.census.gov/faces/tables/.jsf/pages/productview.xhtml?_afpt=table *Calculated adult rates
Notes: Insured rates for children are similar to Oregon. Marion adults* are less likely to be insured and this is partly related to larger migrant and low income populations compared with Oregon. Healthy People 2020 target is for 100% of people to be insured.



Graph 10.E Child Medicaid Satisfaction
Notes: Among those on Medicaid, children are more likely than adults to receive timely care.
Source: State of Oregon Child Medicaid 4.0 Trending CAHPS Survey
Measure: 2 question composite for both received help/info and care in a timely manner

Note: Oregon Health Authority most recent baseline data (5.16.2013) focuses on timeliness of care. Responses for adults and children are combined and averaged resulting in the following baseline:

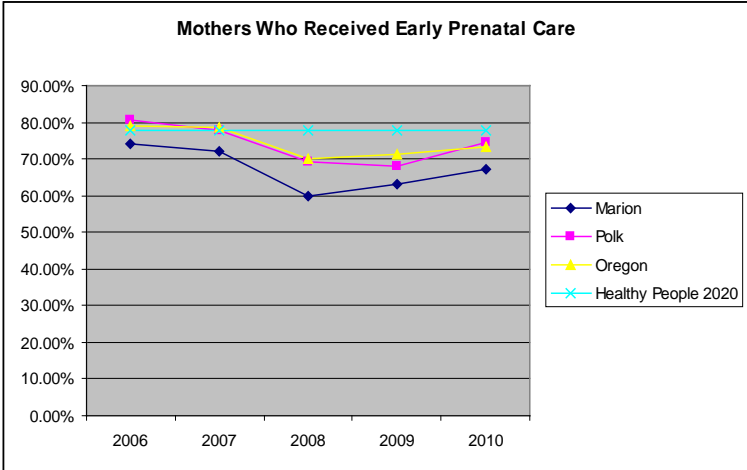


Graph 10.F Adult Medicaid Satisfaction

Notes: In May 2013, Developmental Disability providers described delays of 30+ days in accessing timely, non-emergent appointments for clients.

Source: State of Oregon Adult Medicaid 4.0 Trending CAHPS Survey

Measure: 2 question composite for both received help/info and care in a timely manner



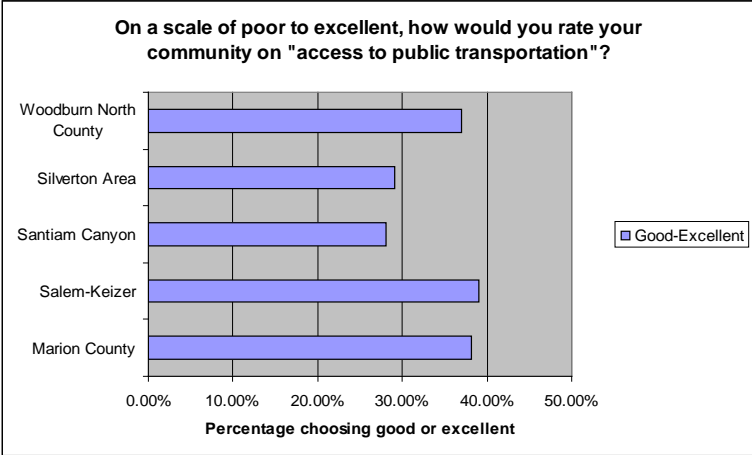
Graph 10.G Early Prenatal Care

Source: Oregon Health Authority 5/17/2013
<http://public.health.oregon.gov/BirthDeathCertifications/VitalStatistics/birth/Pages/trends.aspx>

Notes: Early prenatal care means that care was started in the first three months of pregnancy. Many women who don't access early care are not eligible for OHP.

Marion-Polk Prenatal Project provides care to uninsured women.

Oregon Mothers Care provides referrals and assistance with OHP application so women can get into care as soon as possible.



Graph 10. H Transportation

Data Source: 2011 Marion County Community Survey

Notes: North County service provides transport from home (20 mile radius) to Silverton Health medical appointments M-F.

Local Bus Service:
 Salem – M-F
 Silverton – M-Sat
 Stayton - none
 Woodburn – M-F

Inter-city bus service - CARTS
 TripLink – non-emergent medical transport 24/7 by appointment

Health Literacy (information provided by Cynthia Crosby, RNC, MSN, Health Education Specialist with the Salem Health Education Center <http://www.salemhealth.org/chec/>)

Low health literacy skills may create a barrier to accessing effective care. Health literacy is the ability to read, understand and act on health information. Risk factors for low health literacy include being elderly, low income, unemployed, did not finish high school, member of a minority ethnic group, recent immigrant to the United States who do not speak English, and/or born in the U.S. but English is not their first language. (Weiss. B (2007) *Health Literacy and patient safety: Help patients understand. American Medical Association Foundation and American Medical Association*)

Low health literacy skills may increase health care costs.

- Health care costs are estimated to be four times higher for people with low literacy skills than those with higher literacy skills.
- It is estimated that health literacy problems cost the US health care system between \$106 and \$238 billion dollars annually
- Patients with low literacy skills were observed to have a 50% increased risk of hospitalization compared with patients who had adequate literacy skills.

(National Patient Safety Foundation (2012). Health Literacy: Statistics at-a-glance. Retrieved from www.npsf.org)

How can you tell if someone has low health literacy skills?

Only 65% of American adults have intermediate to proficient health literacy skills. Signs that health literacy may be a problem include: patient registration forms that are incomplete, frequently missed appointments, lack of follow-through, forgot glasses or says “I’ll read this when I get home”, “Can you read this to me?” “I’ll bring it home and discuss it with my children”. (Weiss. B (2007) *Health Literacy and patient safety: Help patients understand. American Medical Association Foundation and American Medical Association*)

Children with special needs:

Due to the closure in early 2013 of the only facility in the mid-Willamette valley area that provided specialized, multi-disciplinary medical services (OT, PT, ST) for children with special health care needs (physical, developmental and neurological), limited access to providers and timely evaluation, availability of referral sources and treatment have made this population at greater risk for unmet health care needs. Added to this are impending cuts in Early Intervention and Early Childhood Services provided by the Educational Service District that will significantly impact the ratio of teacher and clinicians serving children enrolled in special education programs and services in the schools.

Other comments: A 2011 survey of health, education and social service providers identified issues related to health care access as a concern in all four regions in Marion County.

Limitation of Findings: Not all data was available for Polk County. Survey data represents information provided by those willing to take the survey and may not represent all of the people in the community. There may have been recent changes to the healthcare system that are not reflected in the 2011 Marion County survey. Early prenatal care is just one example of care for which there may be barriers to access.

System gaps:

- Marion has need for low cost care due to high rates of poverty and nearly 30% uninsured adults.
- In Marion County, most people can access care when needed, but in 2011 only 58% of those living in Woodburn area felt they could access mental health care.
- 33% of adult Medicaid consumers surveyed felt that they sometimes or never got needed care or information from their provider.
- 25% of adult Medicaid consumers surveyed felt that they sometimes or never got timely care.
- Neither county achieving Healthy People 2020 goal - 77.9% of women start prenatal care in first three months
- Lack of public transportation is a problem in both counties

Causes of gaps:

- Lack of all types of providers, especially mental health, who serve the Medicaid and Medicare population.
- Lack of health insurance.
- Funding does not support adequate public transportation
- Persons that are “undocumented” will not have insurance
- Closure of Easter Seals created new gap in coordinated care for children with special needs
- High proportion of undocumented persons living in Marion County may contribute to the lower rate of women who received early prenatal care
- Geography of the two counties and relative cost of providing services in less populated areas

Strategies to address gaps:

- Increase the capacity of the system to serve this population by adding providers
- Provide specialized provider training about treating children with special health care needs.
- Improve coordination of care amongst medical and educational providers of services to the special needs population
- Develop community based facilities that adequately meet the treatment needs of children and adults with special health needs
- Provide more medical taxi/van services that reach all areas of the counties, including clinic-based vans
- Provide outreach at gathering spots for persons who are homeless and/or living in poverty (churches, soup kitchens, shelters, food box sites, day centers, homeless outreach centers, etc.)
- Ensure that youth (18-26 yrs) and women without children are also the focus of outreach efforts to engage them in the system
- Identify high poverty areas that are not near bus lines and fund/provide transportation in those areas via new bus lines or van/taxi service

For future investigation:

- Obtain more complete information for the Polk County population
- Access to alcohol & drug services
- Children in poverty
- What ages are having trouble finding a primary care provider?
- Map of CARTS routes and schedules
- Zip code comparisons for prenatal care
- Explore the reasons for the poverty rate change between '05-'11

- Graphs that show each city instead of just the county
- Can we get more current data?
- Break data into age groups
- Provide more information about the satisfaction data



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