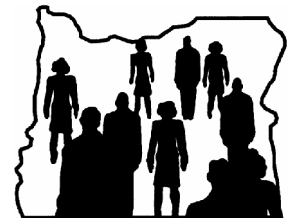




Coalition of Local Health Officials



Association of Oregon Community Mental Health Programs

## **Joint statement to the Oregon Health Fund Board**

*The Coalition of Local Health Officials and the Association of Oregon Community Mental Health Programs*

*January 2008*

The work of the Oregon Health Fund Board presents a tremendous opportunity to improve the health of all Oregonians. On behalf of those we serve, we want to offer support and guidance as the Health Fund Board considers a reformed health care system.

The Coalition of Local Health Officials (CLHO) and the Association of Oregon Community Mental Health Programs (AOCMHP) together represent public health departments and community mental health programs throughout Oregon. These public sector programs serve all Oregonians, with a particular emphasis on disenfranchised populations who experience multiple barriers to care and often are not served by the private sector. Many of those we help are particularly vulnerable – children, individuals with multiple conditions, uninsured and underinsured Oregonians, people with HIV/AIDS, incarcerated populations, and people who may lack the financial, emotional, and psychological resources to access necessary care. A hallmark of all of our efforts to improve health is flexibility and responsiveness to the people and communities we serve. As accountable public entities, we routinely solicit input from patients and other stakeholders and adapt to community needs.

The public sector, including safety net primary care providers, mental health and addictions specialty providers, and public health departments, manifests most, if not all, of the recommended aims of the idealized health care system as defined by the Institute of Medicine (IOM). Public sector entities emphasize person-centered, safe, timely, effective, efficient, and equitable care. This care is ideally delivered by multidisciplinary teams operating with a patient-centered, culturally competent focus, and utilizing evidence-based methods, user-friendly quality improvement approaches, and supported by information and decision support systems. The public sector reflects the importance of the interdependence of these service components, especially when they are provided in an integrated fashion. For example, the integration of behavioral health into primary care settings is key to promoting health, and we have made that part of our delivery system models.

The role of a “primary care home” is an essential component in a reformed system. The IOM’s recommendations are consistent with and support the concept of a primary care home, both in the sense of locating a single point of primary clinical responsibility for patient care and care management, and also in the notion that such a “home” embodies the care principles described above. In many ways, the public sector models those components: the focus on the patient, on relationships, and on the integration of care are basic tenets of our programs.

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The Health Fund Board's emphasis on wellness, prevention, early intervention, and chronic disease management are requisite components of a reformed system and imply strong interdependence with public health systems and public sector providers. While insurance coverage is critical to ensuring health, there is much more that defines whether an individual or community is healthy. Our programs are based on a comprehensive approach to all of the factors that contribute to health. For example, attention to the environment in which people live, as well as providing the support and community-based services they need, are fundamental to our work. Prevention is the basis of much of what we do: many future medical problems and disease could be prevented if adequate coverage for preventive services existed.

Ensuring effective and efficient use of resources is critical in a reformed system. The Board should pay attention to the impact resource allocation has on the public sector and the programs it provides. For example, built into the current system are dollars that support infrastructure and enable the provision of services and coordination to many vulnerable populations. As funding shifts, important and effective programs that serve Oregonians should be preserved in ways that are consistent with and support the positive outcomes expected from the proposed reform package. Further, the equitable distribution of services and clear accountability for health outcomes are critical in a reformed system.

The public sector has much to offer in a reformed health system. Many services currently offered through public health and mental health programs are fundamental components of a comprehensive health care system for all Oregonians. These services include appropriate ancillary care, preventive services, care management, and consultation that support a holistic and collaborative approach to health. We welcome the opportunity to work with the Health Fund Board and to play a key role in ensuring the health of all Oregonians.

## **Specific Recommendations**

- The definition of primary care home should accommodate various care settings and patient characteristics. In particular, this would include persons with severe and persistent mental illness or serious emotional disorders of childhood, for whom behavioral health settings may serve as the primary care home.
- Delivery system design models should encourage and support multidisciplinary care units and the use of clinical, but also preventive, and population-focused evidence-based practices. These clinical care provider units should be comprehensive in the types of care provided and have appropriate and effective links to the public health monitoring and intervention functions provided by the local health authority.
- The delivery system must identify and support the use of care models that provide integration of behavioral health into primary care service settings. Such integrated care approaches may require regulatory and financial support to sustain them, such as appropriate clinical record requirements, reimbursement support, and reduced barriers for access to and provision of care for multiple conditions in the same setting.

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