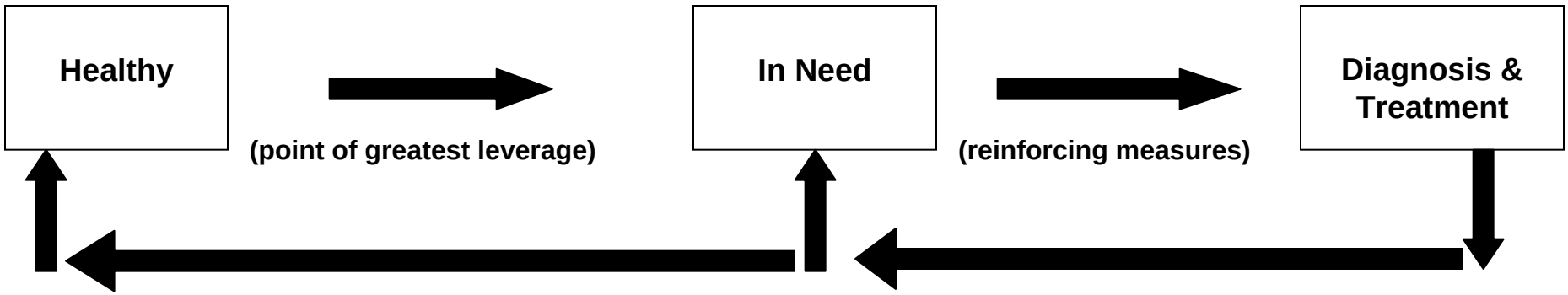
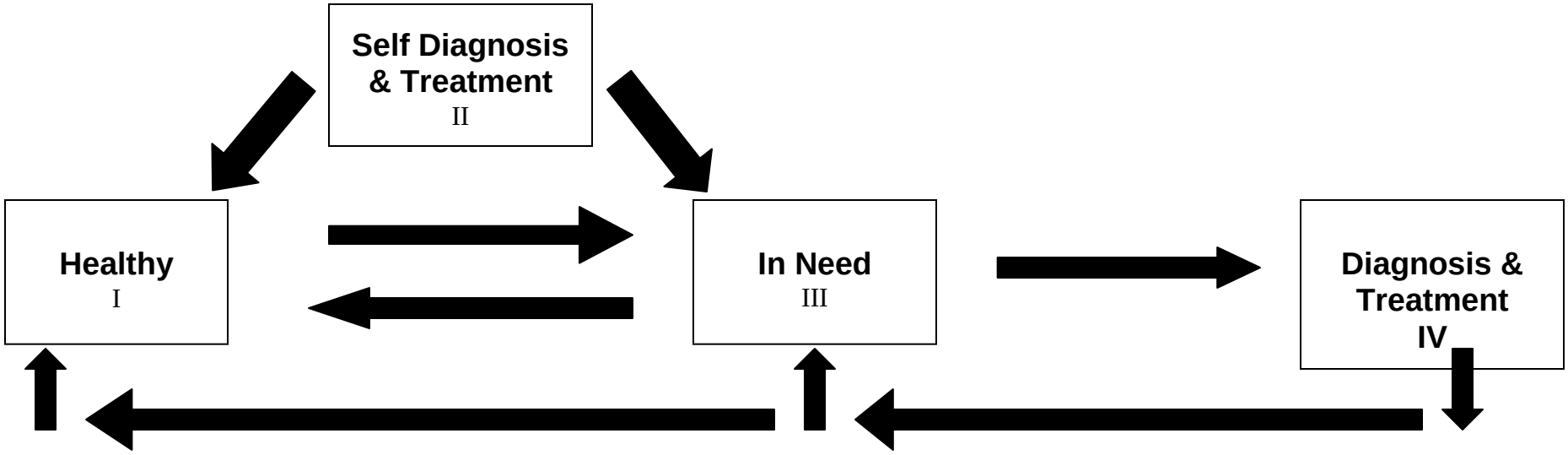
Health Care System Simply Articulated



(Reinforcing loop: treatment often results in additional need, additional treatment, etc.)

Peter Senge January 17, 2004 Special Summit with leaders in Jackson County

Preferred Primary Medical Care & Wellness Status



Follow-Up Patient Advocacy & Management

Assumptions in this diagram on individuals and families:

1. Health conscious home environment
2. Medical care provider "home"

Questions for us to ask:

1. What are the capacity needs of the assets we currently have in this picture.
2. Where are the current gaps.
3. What are the current realities of this
4. What are the services in the boxes
5. What are the services in between the boxes that make the services in the boxes work?

Primary Care *Preferred* Characteristics/Realities

Healthy I	In Need III	IV Diagnosis & Treatment	II Self Diagnosis & Treatment
Health savings account	Time / listening	Provider time & listening	Interdependency attitude
Expanded new & support for public health	Natural path		Canadian vs. US attitude
Health education/promotion & incentives for doing this	Systems navigator		Sense of what is good for group
Lifestyle/choices/consequences	"dial-a-nurse/triage"	Provider time & listening	Self empowerment
"Mom in every household"	Education re: care alternatives	Mental/behavioral health assessment	
Teaching personal care, accountability to choices	Reimbursement to cover this listening time	Referral to RVCOG training for self-management & lifestyle change	
Hawaiian "Tutu's House"	Medical Home, timely, affordable, accessible and continuous	Family caregiver change	
Advance directives setup		Paid caregiver change	
Early intervention for all healthy		Preprinted prescription pads from MDs, checking off what person can do	
Access to places for physical activity		Education of whole family in choices for end stage issues: Birth, Preschool, School K-12	
Visiting nurses / health advocates		Tobacco intervention program-hospital based follow-through	
Education of whole family in			

choices for end stage issues: Birth, Preschool, School K-12			
Consumer confidence in ability to make safe/appropriate choices when ill			
Moving ownership of health back around to ourselves			
Powerless feeling of patient in knowing their own			

People have rights and responsibilities

Current Realities of Community Health

Increasing:	Decreasing:
Commercial premiums	Employer coverage percentage
Aging population	State OHP coverage in its numbers & scope
Health improvement options for aging issues	Federal coverage in its numbers & scope
High tech	Family/internists in various parts of bodies
Needs that do change health status for chronic	Nurses
Chronic illness	Nursing training
Worried well / over utilization	
Poverty-driven, generational nonintervention basic health	
Behavioral: smoking, drugs & drinking, sex	
Continuum treatment to home gap (navigators) over	
Medical malpractice driving utilization	
Medication doses	
Demographics out of balance	
Mental health continuum missing	
Pregnant women drug addicted	
Frail elderly	
Investment in buildings for treatment centers	
People far from base care	
Food before meds	
Drugs before health	
Duplication of service / treatment	

Southern Oregon Community Planning Model

Our Motto: Building a Healthy Community One Home at a Time

Vision Statement

Southern Oregon region offers a sustainable system of wellness and health care such that being and staying healthy in our community is possible using available resources.

Southern Oregon incorporates these key principles:

- **Community Support**
- **Well-being of the community**
- **Goals and measures**
- **Physical health & behavioral health are intertwined**
- **Partnerships and collaborations**
- **Prevention & education are key to reducing costly medical interventions**
- **Empowering people to practice healthy lifestyle choices**
- **Patients in treatment are partners in successful community & individual health outcomes & a healthy system**

A Healthy Southern Oregon

System Priorities

1. **Emphasis on personalized preventive measures to ensure positive health outcomes**
2. **Expanded view of Public Health that encompasses quality-of-life issues**
3. **Comprehensive inclusive health information and education available to all consumers and used in making decisions regarding personal health**
4. **A variety of funding sources across public stakeholders assuring the public community health care**
5. **Sensible and timely diagnostic approaches utilizing appropriate technology and alternative methods**
6. **Electronically connected system with reliable database that links providers, associated services and individuals**
7. **Participatory, accountable and community-driven governance that is communicated to all stakeholders**
8. **Fixed & mobile community-based health care centers providing consumer-friendly and affordable services integrated into a larger health care system**
9. **Continuum of care that bridges post treatment back to healthy home environment**
10. **Sense of personal capacity to live in healthy way, looking at investment in self for future of self and families**
11. **Engagement of consumer groups across socioeconomic lines**
12. **Patient partners in training in life styles changes.**
13. **Patients exercise their rights and responsibilities.**

Current Reality: Consumer / Patient Wish List

	Well / Worried well	Sick
Full coverage (commercial)	Lower costs (premium, deductibles and co-pays) Increase preventive services	Hold on to coverage! Lower bills (on meds, doctors, etc). Continuum of care
Partial (OHP or Medicare)	Access to primary care. Lower costs (premium, deductibles and co-pays) Increase preventive services.	Hold on to coverage! Lower bills (on meds, doctors, etc). Continuum of care
No coverage	Access to primary care Avoid all costs Self-care	Get coverage! Get bills written off Access to care Continuum of care

Current Reality: Provider Wish List

Well / Worried well	Sick
All patients rev > cost Or decrease unprofitable service lines Medical home (have PCP) Organized MOI Prevention services Worried well overuse Tort reform Prompt payment	Hospital & specialty help Lower night call burden Medical home (PCP) good hand-offs Presence of continuum of care Organized MOI All patients rev > cost Or decrease unprofitable service lines New toys

Current Reality: Insurer Wish List

Premiums must cover costs!!

Risk-sharing capitation or Major co-pays and deductibles

Reduce Volume of services

- **Demand management for worried well**
- **Don't over incentify discretionary services**
- **Prior authorize**
- **Disease state management (CHF, asthma, headache, DM, etc**
- **Increase preventive services if cost effective**
- **Avoid/eliminate high risk or high cost patients**

Reduce cost of unit of service

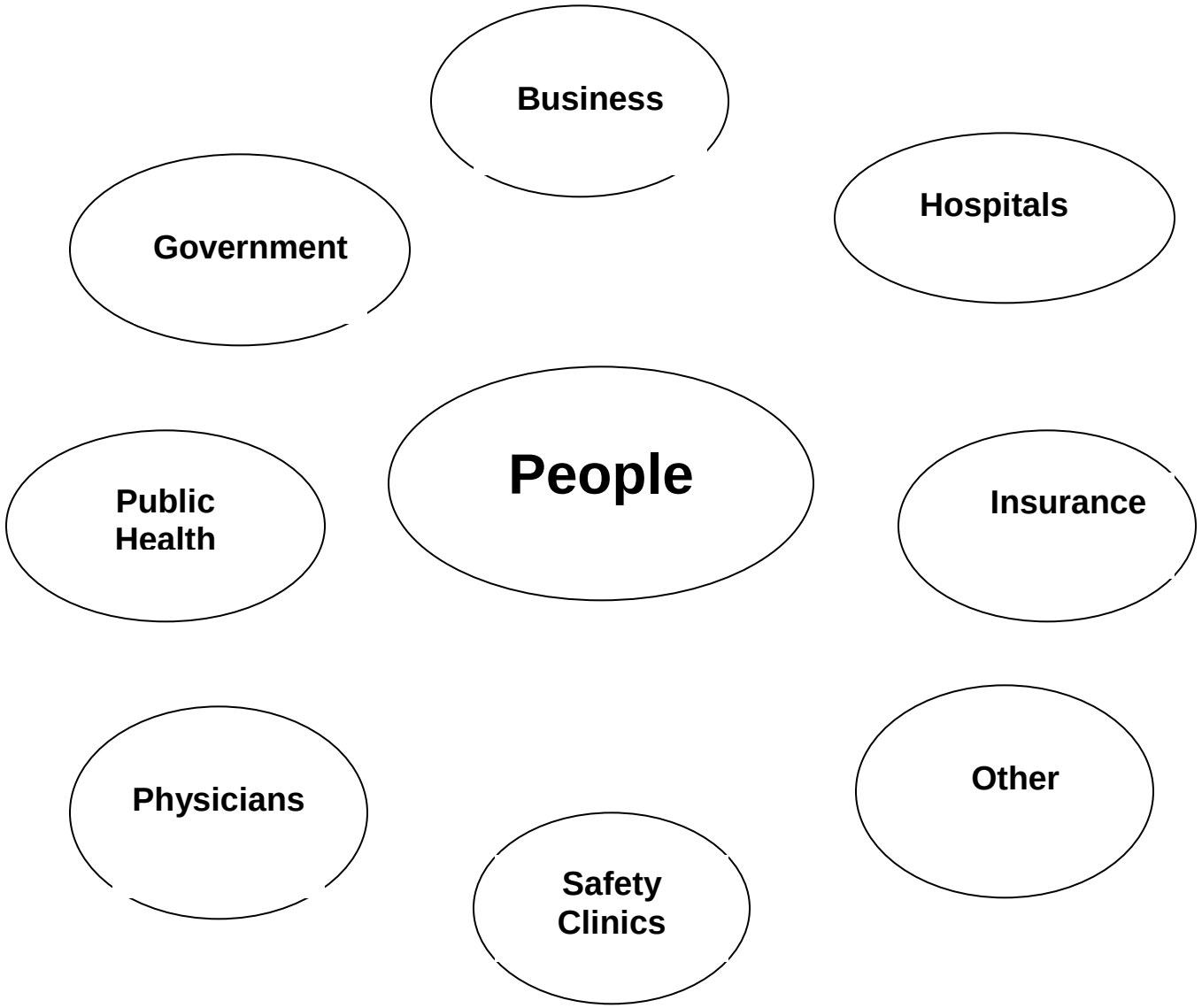
- **Mid levels**
- **PCP's, if they will case manage**
- **Case management, continuum of care**
- **Avoid specialty care**
- **Generic drugs**
- **Contracting (hopefully competitive)**

Avoid raising premiums over market

Lower fraud and abuse

Market share, fund balance, HEDIS measures success

Stakeholders For Creating a Shared Vision and Successful Implementation



Health Care Coalition of Southern Oregon: Vision, Implementation &Outcomes