SEIU TESTIMONY REGARDING COORDINATED CARE ORGANIZATIONS

SEIU Local 49 & SEIU Local 503 represents over 60,000 workers in the public and private sector. Our members have seen their own health care costs increase as well as the pressure that the rises in health care costs have put on the state budget and wages. SEIU 49 & 503 members receive their health insurance through a variety of sources. Some buy small business or individual insurance, but most receive their health benefit through employer sponsored health insurance, and unfortunately many are still uninsured; but regardless of how our members receive their benefits we believe that a more coordinated and efficient health care system has the potential to deliver higher quality and better rates for everyone including the state.

As we look toward coordinating and delivering care more efficiently in the state of Oregon we believe that the Governor and health policy board have worked to put together a frame work for communities to begin that work. We understand that this plan is the beginning of the process that will change the delivery system in Oregon.

Therefore our comments are as follows on the major components of health systems transformation.

GOVERNANCE: Should reflect the community in which the CCO intends to operate, and be inclusive of direct care providers, Medicaid patients, counties, and others who are invested in the success of the CCO's patient population, not just the bottom line.

CERTIFICATION: SEIU believes that the certifications of CCO's should be clearly based on performance. We understand the experience should be taken into account as a factor, but should not out way the ability to meet metrics of change when considering CCO's certification. We support the concept that CCO's should be certified on a regular timeline that's clear and outlined in initial certification.

 $GLOBAL\ BUDGET$: Should take into consideration the need of the population and the workforce needs to sustain quality.

METRICS: We believe strong metrics should be developed for CCO's that are standard across the state and include issues regarding cultural accountability; social determinates of health, quality and workforce retention and recruitment. Our hope is that with the frame work and domains outlined in the report from the Oregon Health Policy Board, we can develop a system of metrics that reflect our values as a state when caring for its most vulnerable population, but also a set of values that will entice other purchasers to use the same metrics allowing for broader accountability.

TRANSPARENCY: The basis for accountability regarding metrics and financial performance must be based in an open and transparent system, so that local accountability can begin in the community or population the CCO is serving.

ACCOUNTABILITY: Accountability is the lynch pin to CCO success. Clear incentives and disincentives must be developed and carried out based on the metrics that CCO's are held to. The Oregon Health Authority has a huge responsibility in working to create a learning collaborative to raise all boats in the care of Oregon's most vulnerable and disseminate best practices. At the same time they

should move swiftly to correct any CCO's behavior that is damaging to, or not meeting standards. Flexibility and accountability must go hand in hand, and the legislature is a key ally of OHA in holding CCO's accountable.

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