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Adventist Medical Center

February 9, 2015

House Health Care Committee

To Whom It May Concern:

As Director of the largest acute inpatient psychiatry program in the state (43 beds) excluding the Oregon State Hospital, I am deeply invested in creating systems that benefit people living with mental illness; especially in developing programs that create and support access to services.

I oppose HB 2421 because the intent of cost-containment will create a system that is difficult to track. It will restrict our most vulnerable population from receiving access to medications that may prevent an acute psychiatric hospitalization. Therefore, this short-term goal will result in long-term increase in expenses for the State of Oregon.

To offer an example: I have spent the past year working with Adventist Medical Center's internal Psychiatry team to standardize the hospital pharmaceutical formulary. This involves collaborating with individual psychiatrists, pharmacy representation, as well as the community.

I have personally met with Clackamas County outpatient clinics to discuss this coordinated effort. We are working to utilize our hospital electronic medical record to route prescriptions electronically to community pharmacies to assure accountability with patients receiving medications. We are implementing this goal while recognizing that community pharmacies have one state formulary to reference.

By offering the pharmaceutical formulary approval process to the state Coordinating Care Organizations (CCO's), we risk adding multiple layers of confusion and prior authorization bureaucracy that will become a barrier to client access.

Presently, Healthshare CCO is unable to fully standardize the three county organizations in their utilization management practices, so I cannot have confidence that standardization will occur with a state formulary change. Not to mention the burden non-standardization will place on the multiple community pharmacies that will have to negotiate the varied practices of each CCO.

The increase in prior-authorization costs, confusion in coordinating discharges with multiple community pharmacies, and - most importantly - the burden this change places on people living with mental illness is simply not worthy of this change in practice.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Custer", with a long horizontal flourish extending to the right.

John M. Custer, LCSW
Director of Behavioral Health
Adventist Medical Center – Portland