

Chair Greenlick and Members of the Committee, thank you for the opportunity to testify in support of SB 648:

My name is Lindsey Hopper. I am the Executive Director of the Central Oregon Health Council, the COHC. The COHC is a nonprofit community governing board that works in partnership with PacificSource Community Solutions as the CCO for Central Oregon. We serve Crook, Deschutes, Jefferson, and northern Klamath counties. We connect communities, the CCO, patients, providers, and resources. Our vision is a healthier Central Oregon.

By way of history, SB 204 created the COHC in 2011 to facilitate collaboration, regional planning, and community governance. This legislation that enables our unique CCO governance structure in Central Oregon will sunset in 2016. That's why SB 648 is necessary. Our Board of Directors, including the director from PacificSource Community Solutions, voted unanimously to pursue this legislation and retain the COHC. That's why we're here today.

We've been able to make progress together in key areas because of the legislation that enabled the COHC.

The COHC Finance Committee and the COHC Board of Directors adopted Alternative Payment Methodology Guidelines and Contracting Principles.

The COHC Provider Engagement Panel has adopted community primary care prescribing standards for narcotics and is working on education and alternative methods of treatment.

We successfully started-up and the community has now sustained three formative initiatives of the COHC: 1) Emergency Department Navigation project with the increased asset of EDIE to support the project; 2) NICU follow-up clinic; and 3) Program for Evaluation of Development and Learning (PEDAL Clinic).

The Health Equity Task Force (HETF) gathered community input on service delivery. As a result, the COHC conducted an assessment and created a region-wide improvement plan to increase the use of health care interpreters.

The COHC and the CCO distributed quality incentive measure dollars in the community to support sustaining quality improvement in the community.

The COHC and the CCO issued a grant to start up our regional health information exchange.

We engage in ongoing joint planning in areas such as CCO service integration, the CCO global budget, and community standards for service contracting.

Several significant aspects of our governance and partnerships make our system unique.

Because the community and our partners trust the COHC as a neutral third-party convener, they're willing to engage in open dialog and share information that might otherwise be held closely. This is not a model that can be forced, but one that has grown over time since 2009.

This information sharing and dialog makes our collective pursuit of the Triple Aim—better health, better care, lower cost—possible and community driven.

We trust each other and hold Board meetings with public comment, questions, and answers.

We distributed Transformation Funds and self-tax dollars for projects in the region where those funds can best serve our communities.

Lastly, for the first time ever, this summer we will distribute shared savings through our community governance model. These funds will help support quality initiatives in the community and fund our collective work to implement our Regional Health Improvement Plan.

We're excited by the opportunity.

I hope you'll support SB 648 and the Central Oregon Health Council. We want to continue this work. Thank you for your consideration and this opportunity to testify.

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