

## Memorandum

To: Chair Jones, Joint Task Force on Hospital Discharges

From: Marty Carty, Director of Government Affairs, Oregon Primary Care Association

Re: Hospital Discharge Challenges

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The Oregon Primary Care Association appreciates this opportunity to submit additional comments for review by the Joint Task Force on Hospital Discharge Challenges. Our organization represents all 34 Federally Qualified Health Centers and look-alikes in the state of Oregon; our members routinely serve the most vulnerable patients in their respective communities. As acknowledged by this task force, the acuity level in patients is putting a strain on the entire healthcare system, complicating patients' transitions of care and discharge planning. That said, while we appreciate the valuable work done by the task force, we feel the primary care perspective has been left out of the conversation.

Our members strongly support many of the initiatives that are being explored: increased funding for adult foster homes, the exploration of treatment for patients who have complex mental and physical health needs, and the bolstering of the “step-down” options for patients who are ready to be discharged from the hospital but not to self-care. As this committee is aware, the conversation around hospital discharges expands beyond patients waiting for long-term care placements.

Hospital discharges, as shown by the data presented by ATI Advisory, often include next steps that take place in the patient’s community, such as follow up care with their primary care team. As the task force is engaging in conversation about discharge challenges, OPCA strongly encourages the members to think critically about the role primary care providers play in the process. Leaving this vital part of the system unaddressed allows gaps in the safety net to remain too wide and Oregon’s most vulnerable populations will continue to fall through.

To minimize the strain on primary care, increase continuity of care, and improve patient outcomes OPCA suggest the task force considers:

1. Explore options to increase and standardize care coordination between hospitals and primary care providers.

*Actionable suggestions:*

*Many of our members say that the discharge process varies depending on the discharging entity; OPCA suggest that a standardized procedure would improve the discharge process. Additionally, our members identified that pre-discharge planning between hospitals and primary care would be beneficial.*

2. Ensure patients understand their discharge plan and, to the extent possible, provide patients with necessary medical supplies and their medications prior to discharge.
3. When considering policy recommendations around funding for the healthcare workforce, ensure that it is comprehensive.

*Actionable suggestions:*

*To ensure better outcomes for patients, we need a better system, and we need the money to bolster workforces at every patient point of contact. OPCA suggests that the task force consider funding more community health workers, RNs, and care navigators at Federally Qualified Health Centers.*

OPCA strongly recommends that the task force consider these methods for strengthening and standardizing discharging practices between inpatient and outpatient care. Improving the relationship between hospital discharge planning teams and Federally Qualified Health Centers should alleviate stress on the entire healthcare system.

As our state works diligently to address rising patient populations with acute needs, we must consider solutions that increase continuity of care. We know that episodic care leads to worse health outcomes for patients and while we cannot control all factors that may lead a patient to not receive follow-up care, we can improve the systems we have set in place.