

Hospital View

The Monthly Report for Oregon's Hospital Community

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CCO intentions declared in Oregon

A recent article in by the Associated Press surveys the lay of the land in Oregon now that the deadline has passed for organizations to declare their intentions to become a Coordinated Care Organization.

The Oregon Legislature has bought into Gov. John Kitzhaber's ideas for redesigning the state's health care system for low-income patients. Now, it's about to become plain how many Oregon doctors, hospitals and other care providers are ready to put his vision into practice. Organizations that want a piece of the redesigned Oregon Health Plan had until April 2 to declare their intentions to the state or miss their chance until next year.

Several organizations across the state have already expressed their interest in becoming a CCO, and official letters to state health officials will reveal which care providers are planning to participate, what areas of the state they want to cover and how quickly they're hoping to get their plans off the ground.

To read the entire article, click [here](#). 




HOSPITALS4HEALTH
Working Together for Quality Patient Care

Front-line care program showing positive results

A front line care program currently being implemented in a number of hospitals around the state is showing positive results, according to a recent survey of health care staff.

The program, "Transforming Care at the Bedside," or TCAB, empowers front-line health care workers to take the lead in implementing changes that result in better care. The survey shows at 10 percent increase in better access to supplies and equipment to better perform their work; a 12 percent improvement in communication among peers; and a 16 percent increase in those who expressed, "my ideas seem to count."

TCAB is a four-pronged approach, that includes safe and reliable care; vitality and teamwork; patient-centered care; and value-added care processing. The survey measured vitality and teamwork, and the results were shared at a TCAB conference hosted by OAHHS in March. To see more results from the survey, click [here](#). 

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Winter/Spring Issue
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Sunriver CEO Meeting

July 11-13, 2012

Sponsorships Available

Champions for Care

AHA Annual Meeting
May 6-9, 2012
Washington DC
Register Today

UPCOMING EVENTS

OAHHS is proud to sponsor:

**"Planning for the Future of Health Care" Regional Forums with Guest, OHA Director Bruce Goldberg, MD
(Open to the public)**

For more information about any of the following CCO Regional Forums, please contact the Oregonians for Healthy Communities Project at info@ccooregon.com.

April 11, 2012
11:30 a.m. to 2:00 p.m.
Hood River Inn, Hood River
[Register](#)

April 13, 2012
11:30 a.m. to 2:00 p.m.
Blue Mountain Conference Center, La Grande
[Register](#)

April 17, 2012
11:30 a.m. to 2:00 p.m.
Double Tree Lloyd Center, Portland
[Register](#)

April 19, 2012
11:30 a.m. to 2:00 p.m.
Lane Community College, Eugene
[Register](#)

April 24, 2012
11:30 a.m. to 2:00 p.m.
Red Lion, Medford
[Register](#)

May 15, 2012
11:30 a.m. to 2:00 p.m.
The Riverhouse, Bend
[Register](#)

The following meetings are for OAHHS members only:

Oregon Rural Healthcare Quality Network
April 13, 2012
12:30 p.m. to 5:00 p.m.
Diane Waldo, diane.waldo@oahhs.org

OAHHS Quality Committee
April 20, 2012
10:00 a.m. to 12:00 p.m.
Diane Waldo, diane.waldo@oahhs.org


Compliance Advisory Committee
April 24, 2012
9:00 a.m. to 1:00 p.m.
Linda Lang, llang@oahhs.org

Recovery Audit Contractor Meeting

Medicaid funds available to recognized primary care homes

Health care clinics across Oregon that are recognized as "primary care homes" can now apply to receive additional Medicaid funding to support the comprehensive, coordinated and patient-centered care they offer patients and communities.

The funds are available to recognized clinics that provide services to Oregon Health Plan patients with certain chronic conditions such as diabetes, asthma, and mental health conditions. This allows clinics to provide services that traditionally have not been offered, allowing them more flexibility to focus on prevention and care coordination.


Learn more by clicking [here](#). 

Association publishes guidelines for disclosure of patient information to law enforcement

OAHHS has updated its guidelines to help hospitals and law enforcement officials understand the patient access and information that a hospital may provide to law enforcement, and under what circumstances.

There are a number of exceptions that permit law enforcement officials to access protected health information. These exceptions bypass the requirement that the individual must consent or be given an opportunity to decide whether his or her protected health information will be disclosed.


The guidelines are intended to be shared with health care providers' local law enforcement, so that both parties understand what can and cannot be shared. However, they do not override any policies already in place between providers and local law enforcement. Nor do the guidelines serve as legal advice.

To download a PDF of the guidelines, click [here](#). 

RAC survey open through April 15

Through April 15, hospitals are encouraged to complete the AHA's latest quarterly survey on the impact of the Centers for Medicare & Medicaid Services' Recovery Audit Contractor (RAC) program.

The American Hospital Association's RACTrac survey collects data from hospitals on a quarterly basis to assess how the RAC program affects hospitals nationwide. AHA developed RACTrac in response to the lack of data and information provided by CMS on the impact of the RAC program on providers.

To see previous results and take the survey, click [here](#). 

Study: Change in insurance status leads to higher ED use

Newly insured adults and newly uninsured adults are both more likely to use the emergency department than those whose health insurance status has not recently changed, according a new study in the Archives of Internal Medicine.

Based on responses to the 2004-2009 National Health Interview Survey, the study found newly insured adults had 32 percent higher ED use than continuously insured adults and that newly uninsured adults had 39 percent higher ED use than continuously uninsured adults.

April 24, 2012

1:00 p.m. to 2:30 p.m.

Linda Lang, llang@oahhs.org

OAHHS Board of Trustees

April 27, 2012

9:00 a.m. to 12:00 p.m.

Kennedy Soileau,

ksoileau@oahhs.org

Hospital Member News

Grande Ronde Hospital received a Global Information Technology Award from Computerworld for its use of information technology to benefit society.

Legacy Mount Hood Medical Center received a \$50,000 pledge from the Mount Hood Medical Center Volunteer Guild to help fund a new Breast Health Center on its campus.

McKenzie-Willamette Medical Center awarded the Springfield Education Foundation Bright Futures Award to Briggs Middle School teacher Irene Leighton for her handwashing program called Healthy Hands. The award includes a \$475 donation.

John Kenagy is the new senior vice president and chief information officer for **Legacy Health System**.

Miroslav P. Bobek, M.D., neurological and spine surgeon with clinical privileges at **Rogue Valley Medical Center**, was named a top spine specialist by Becker's Spine Review Weekly.


Doctors at **Rogue Valley Medical Center**, performed a new hip surgery for the first time in March, called hip arthroscopy.

Pioneer Memorial Hospital in Prineville's Emergency Department has been selected by TeamHealth as the second-place winner of a national contest focusing on patient satisfaction.

PeaceHealth has joined the P4 Medicine Institute to pilot a new genome mapping and molecular diagnosis program.

Salem Hospital's Joint Replacement Center of Excellence earned the Gold Seal of Approval from The Joint

"In theory, newly insured adults should have new access to primary care services for acute and preventive care needs, resulting in decreased need for ED services; however, our results indicate increased use of ED services," the authors state. "One possible explanation is that, during the prior uninsured state, individuals may necessarily defer care, leading to a period of increased 'catch-up' use of health care services. Also, reducing the financial barrier to care by obtaining health insurance without addressing other barriers to primary care may encourage patients to use the ED when there is a lack of access to others sites of care."


To learn more, click [here](#). 

Hospitals invited to apply for national breastfeeding initiative

Hospitals can apply through May 4 to participate in Best Fed Beginnings, a national initiative to improve breastfeeding support in hospitals.

The National Initiative for Children's Healthcare Quality, Centers for Disease Control and Prevention and Baby-Friendly USA will recruit 90 hospitals to participate in the 22-month learning collaborative. Participants will work with national breastfeeding and quality improvement experts to implement 10 steps to successful breastfeeding established by the World Health Organization/UNICEF Baby Friendly Hospital Initiative and endorsed by the American Academy of Pediatrics.

In addition, senior administrators from the hospitals will participate in a concurrent leadership track highlighting their critical role in supporting system-level changes.

For more information and to register for an April 10 informational webcast on the initiative, click [here](#). 


CMS offers dry run of value-based purchasing program

The Centers for Medicare and Medicaid Services has begun a "dry run" of the Hospital Value-based Purchasing Program.

By simulating Fiscal Year 2013, the dry run should provide hospitals with a better understanding of the VBP Program and how performance will be scored. It will also offer hospitals the opportunity to review their data, ask questions and submit comments regarding the program.


CMS will create simulated, hospital-specific performance reports for each eligible hospital to review. The reports will use hospital data from prior years to construct the baseline period and performance period scores.

Some hospitals are not eligible, either because they are not Inpatient Prospective Payment System hospitals, or because they did not meet the minimum case, measure or completed survey minimum requirements that are part of the program. However, non-eligible hospitals will still receive a sample report to assist in their understanding of the VBP Program.

To learn more, click [here](#). 

Commission.

Linda Graham, RN, BSN, Living Well Program Coordinator at **Tuality Healthcare**, won the 2012 Outstanding Practice Award from the Oregon Health Authority during the 7th Annual Living Well Forum in March.

If you have news about your hospital or health system that you would like to see in Hospital View, please submit to Kennedy Soileau at ksoileau@oahhs.org. 

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Contact Andy Van Pelt at 503-479-6018 or avanpelt@oahhs.org

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