



CareOregon

BETTER TOGETHER

CareOregon 2010 Annual Report

“I’m one of those people who has tried to correct the hardships in my childhood by raising my children—giving them everything I didn’t have,” says Member Advisory Council chair Maria Morrow. “So stability has been a big, big thing.” Maria says she has been on CareOregon for more than 10 years, and her children have always had the same pediatrician. “When you are raising children there is nothing scarier than not having medical coverage... knowing they are covered is such a good feeling, because then you don’t worry if someone gets a fever or they seem to be getting sick... If you have to take them to the doctor you can, and that’s really important.”

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GETTING THE RIGHT CARE AT THE RIGHT TIME

Margaret Wright, like 262,000 other adults in Oregon, has diabetes. She eats healthily, exercises religiously and makes taking care of herself a priority. But this wasn’t always the case. Like an estimated 76,000 Oregon adults, there was a time when she was living with undiagnosed diabetes. Once Margaret was diagnosed, she received great training about controlling her diabetes.

“Doctors now are very good; the medical profession is excellent,” Margaret says. “They can pick up these things if you are there. If you aren’t there, they can’t pick them up... Most things would be better if you catch them in the early stage.”



Margaret Wright,
former member

At CareOregon, we believe everyone deserves access to the right care at the right time. Accomplishing this takes our collaboration with an entire community. That’s why in 2007 we joined the Institute for Health Care Improvement (IHI) with 14 other organizations to implement the Triple Aim. The goals:

- Improve the lifelong health of the whole community
- Enhance every patient’s experience of care (including quality, access and reliability)
- Reduce, or at least control, the cost of care so it is affordable for everyone

In 2010, as with the last three years, every strategic goal and all our operational efforts supported one of these three aims. With the state facing major budget constraints, never before has the need for an innovative, collaborative, community-wide effort been greater.

Come share our journey toward better care and better health—because we’re better together.



BETTER CARE



BETTER TEAMWORK

Roberta McClenathan is a survivor. She was diagnosed with cancer at age 55. Now at 75, she's still going strong with the help of her son William and her home health aide and friend Eileen. Roberta works hard at managing her diabetes and other health issues. Her son William says, "I love my mother and want her quality of life to be as good as it can be, but I can't do it alone." Roberta adds, "I'm very much alive and I'm thankful for the help CareOregon has given me."

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WORKING TOGETHER FOR A HEALTHIER COMMUNITY

"It's so much about communication with your doctor... But the doctors, the programs, the hospitals, the health plan providers all have to work together," says William McClenathan, who serves as a caregiver for his mother CareOregon member Roberta McClenathan.

According to William, Roberta is now doing so well with her diabetes that she may be able to come off her insulin soon. "The doctors are thrilled, but it didn't come just from her trying...." says William. "It took an entire group of people working together to bring that around. Which in the long run saves money, and she's healthier."

How do you support Community Health?

At CareOregon, we agree with William. As part of the community, our role is to partner with others to support better health for all. First and foremost is making sure patients can get appointments with providers when they need them. To combat this issue, in 2010 we collaborated with several communities to open four new health clinics.

In Beaverton and Milwaukie, CareOregon Community Health clinics now serve anyone in need of care. We also partnered with the Multnomah County

Health Department (MCHD) to create the Rockwood clinic, designed to serve 8–10,000 low-income patients in one of Portland metro's most underserved neighborhoods. CareOregon purchased and renovated the building, which is staffed by the MCHD.

The Gladstone Center for Children and Families takes inter-agency cooperation further, signaling the wave of the future in which multiple agencies group together to meet families' overall needs. The center, which also includes a relief nursery and Healthy Start program, was converted by Gladstone School District from an old grocery store in 2007. And in 2010, Clackamas County Health Department and CareOregon Community Health joined the team by creating the Gladstone community health clinic.



Member Roberta McClenathan
and her son William

Charles Robertson has a talent for bringing people together. A member of CareOregon's Member Advisory Council, for the past year he also has been an integral part of the team organized to establish a non-profit grocery co-op in his neighborhood. He's all about making connections and community, which is why he spends time with the local boys and girls club. "I've always been inspired to work with kids. I like to teach them that you get out of life what you put into it. That's life."

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CARING FOR THE WHOLE PERSON

Charles Robertson, a strong community advocate, knows health care is a collaborative effort. When he became a CareOregon member, Charles was suffering from infections as a result of severely decayed teeth. He says, "CareOregon gave me my smile." But actually it was a joint effort, with CareOregon supporting the attendant health issues, and dental care offered through a partnering Oregon Health Plan dental care organization. Charles' experience provides a great example of why caring for the whole person and the whole community is critical.

Both state and national health reforms are presenting new collaborative opportunities. In 2010 and 2011, CareOregon joined the Oregon Health Authority, other health plans, the legislature and advocacy groups to

brainstorm about how health care entities can combine to meet needs in a more collaborative fashion. As part of this effort, CareOregon agreed to begin offering mental health services directly to our Medicare patients in 2011.

Long-term care is another part of this equation, and CareOregon participated this year in a pilot project with the Department of Human Services' Seniors & People with Disabilities Division. The pilot involved members in Washington County assigned to the Virginia Garcia Beaverton clinic. Preliminary results are very good. By bringing both medical care and social services into the home, participants had fewer hospitalizations and felt their needs were being met. We anticipate expanding this pilot in the future, providing services to patients with complex health conditions who need long-term care services in a community based setting.

We also expanded our collaborative efforts when Medicare members let us know that long-term relationships with specific providers helped ensure continuity of care. In 2010, CareOregon made the decision to move to a Point of Sale (POS) HMO structure for CareOregon Advantage. Now, CareOregon Advantage members can see any doctor who accepts CareOregon patients, whether or not they are part of our network.



Member Charles Robertson



BETTER HEALTH

Bertha Downing's sons Thayne and Eddie are CareOregon members



BETTER RESULTS

“CareOregon, as far as I’m concerned, is awesome,” says Bertha Downing. One of her sons suffers from autism. Bertha credits the autism therapists and occupational therapists that visit them regularly with the great strides her son is making. “If we didn’t have CareOregon, we wouldn’t get those services... Without that...he still wouldn’t be talking.”

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INVOLVING EVERYONE IN HEALTH CARE TRANSFORMATION

As Bertha’s family knows, therapists, specialists, PCPs, hospitals and health plans must all work together to meet families’ needs. In 2010, CareOregon recognized hospitals’ unique role in the community by organizing an improvement training program called Releasing Time to Care for front-line nurses.

Hospitalization is the largest part of the health payment mix and is at the center of health care cost reform. Many Oregon hospitals already participate in Triple Aim innovations, and in 2010, CareOregon invited Britain’s National Health Service Institute for Innovation and Improvement (NHSI) to meet with Oregon’s hospitals.

Along with other community supporters, such as the Oregon Nurses Association, CareOregon established the Releasing Time to Care learning collaborative. In mid-2010, it began with four hospitals: Providence Portland Medical Center, Oregon Health and Science University (OHSU), Tuality Healthcare, and St. Charles Health System. This program puts change improvement in the hands of front-line nurses. And in its first six months, the participating hospitals had already begun reporting reductions in the number of falls, as well as increased savings and efficiencies in supply inventories.

“Minimizing interruptions to my workflow so that I have more quality opportunity to spend with the patient—

really that’s what it’s all about,” said Kelly Hyde, one of the participating nurses from OHSU. The positive results encouraged the four hospitals to spread Releasing Time to Care to all units in 2011.

CareOregon also helped the community develop capacity in 2010 by providing care management training on depression and diabetes to the Primary Care Clinic teams. Members of the CareOregon network participating in our Primary Care Renewal (Medical Home) project have begun providing the one-on-one support and coaching for these health issues that CareOregon’s own CareSupport teams offer for complex and chronic conditions.

In addition, we continued our Care Support and Systems Innovation (CSSI) program in 2010, funding process improvement projects in hospitals and clinics that improve care not only for our members, but the whole community. One example is Silverton Hospital, one of the more than 75 percent of Oregon hospitals that are adopting the Surgical Safety Checklist developed by the World Health Organization (WHO). At Silverton Hospital, CSSI helped fund their transition to the checklist. This year, seven hospitals are completing improvement projects through CSSI. Three—Silverton, Willamette Falls and Tuality—are working on surgical checklists.

Tommy Dickerson has been a fireman, a police officer, a lineman and an alligator wrestler. He grew up in New Orleans, and lived there until he and his wife Kay lost their home to Hurricane Katrina. They've lived in Portland for five years now. Kay and Tommy both take an active role in their own health care. "I may be handicapped," says Tommy, "but this [his mind] ain't."

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MAKING YOUR VOICE HEARD

In 2010, CareOregon partnered with advocacy groups, such as Community Health Advocates of Oregon (CHAO), to bring community members together with legislators. We recognize that the legislature must make choices as we face a severe recession, and we believe health care recipients should have a say in the decision-making process.

Kay Dickerson, a Hurricane Katrina survivor, attended one of the CHAO/CareOregon meetings to share her views. She and her husband, whose severe health issues made the loss of home and livelihood even more difficult, keep positive attitudes. "We're doing really well, as compared to what we were," says Kay. According to Kay,

CareOregon has played an important role in their transition to the Pacific Northwest. "They've always been good to us. They're good listeners."

Listening to our members is crucial, so in 2010 CareOregon established a Member Advisory Council (MAC) and Member Leadership Program. We started with focus groups to learn how members thought the MAC should be organized. Focus group members not only told us how to organize the Council, 15 became the inaugural Council. They provide advice to CareOregon about how to improve service and communications efforts, and have established an improvement agenda for the year ahead.

The MAC sponsored its first Member Summit in January 2011, inviting members in the metro area to share their views. Going forward, they will have an advocacy role in Salem, listen to other members to identify needs, and participate on staff committees.





BETTER INSIGHTS

Member Dagny Haug



BETTER EXPERIENCE

Dagny Haug's name was chosen in the OHP Standard lottery in May 2010, and she became a CareOregon member. A June visit to her primary care physician about redness in her left eye disclosed a brain tumor. "CareOregon has been a big part of the landscape of my health. They were there doing their job of making sure that all the pieces came together for my care. I'm incredibly grateful for that."

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MAKING SURE EVERY VOICE IS HEARD

To make sure that members throughout the state can share feedback, in 2010 we contracted with a non-partisan group to conduct an annual member survey. In the past, CAHPS surveys were done every two to three years by the state. By increasing frequency, we can be sure of hearing members' perspectives in a timely manner.

Community members can also be heard through a 2010-11 videography project. Oregon Center for Christian Values and CareOregon received a grant from the Northwest Health Foundation. Together, we've scoured the state to talk to insured and uninsured citizens about the importance of access to health care professionals and services when and where they are needed. The project, which can be seen at www.thesestorieshavefaces.org, gives citizens the opportunity to be heard by legislators and other community leaders throughout Oregon.

Finally, we've included many member stories on our new web site—www.careoregon.org—designed to provide a more interactive, user-friendly experience for members, providers and community partners.

Among other innovations, the new web site has a section devoted to Health Care Transformation. It provides readers with greater detail about the innovations and collaborative efforts described in this report, and the opportunity to become more involved in transformation efforts. In April 2011, the site will also include a new provider portal, CareOregon Connect, which will connect providers with critical information about patients and services.

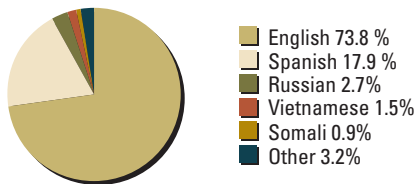
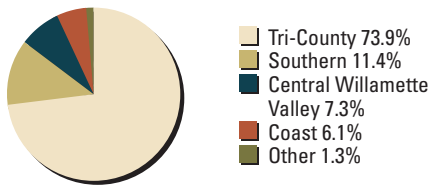
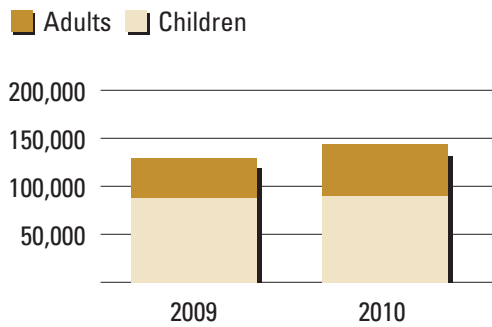
Our goal, as with all CareOregon efforts, is to support members, providers and community members as we collaborate to ensure better care and better health.

Because we really are better together.



“You don’t plan on being a single parent... I actually had \$10,000 saved, which was supposed to carry us through until I went back to work [after the birth of twins],” says member Carisa Bohus. “And I ended up spending it all on health care. I should have applied for the Oregon Health Plan right way. I feel really lucky that my kids qualify for the OHP. We use CareOregon and that’s been fabulous.”

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Carisa Bohus’ children are all members, including Frank, Natalia (pictured right) and Antonio.

For years ended December 31, 2009 and 2010 (\$ in millions)

	2009	2010
Consolidated Revenue	\$ 461.4	\$ 547.7
Total Assets	\$ 208.9	\$ 231.3
Administrative Ratio	8.5%	8.1%
Medical Benefit Ratio*	87.7%	93.3%

Age	2009	2010
Children	85,583	86,932
Adults	42,333	58,083
Total Membership	127,916	145,015
Geography	2009	2010
Tri-County	101,291	107,156
Southern	13,120	16,511
Central Willamette Valley	7,161	10,629
Coast	4,039	8,794
Other	2,305	1,925
Total Membership	127,916	145,015
Primary Language	2009	2010
English	92,001	107,078
Spanish	25,317	25,910
Russian	3,883	4,009
Vietnamese	1,983	2,167
Somali	1,156	1,259
Others (53)	3,576	4,592
Total Membership	127,916	145,015

* Excludes estimated losses on future periods



BETTER SERVICE



CareOregon

315 SW Fifth Avenue
Suite 900
Portland, Oregon 97204

Member Annette Parker
makes cooking nutritious meals
part of her health routine.

Photography by
Eleanor Gorman, CareOregon
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www.careoregon.org