Central City has head start on new law

BY ANNE LAUFE
CONTRIBUTING WRITER

In March, Gov. John Kitzhaber signed into law Senate Bill 1580, which provides for the establishment of coordinated care organizations.

Such organizations will help govern and administer care for those eligible for the Oregon Health Plan, as well as those eligible for Medicare, in their local communities.

The intent is to provide better quality care and improved health at a lower cost through an integrated, patient-centered model. Savings for the state in the first five years of the program are estimated at $3 billion.

One organization in Portland, Central City Concern, is already well along the path of delivering health care in the manner prescribed by the new law. Founded in 1979, Central City Concern connects the homeless and those living in poverty with housing, health care, addiction counseling and income — either through employment or accessing benefits.

For years, the nonprofit has run the Old Town Clinic, currently at 727 W. Burnside, offering primary care to the indigent, and the 12th Avenue Recovery Center, offering out-patient mental health and addiction services. In December 2011, Central City Concern moved the recovery center to a new building, at 33 N.W. Broadway, next door to the Old Town Clinic, physically joining the new facilities with a hallway.

Bringing the behavioral and primary care services together allows multidisciplinary teams of providers, including internists, psychiatrists, nurses, social workers, counselors and addiction specialists, to provide integrated care to their patients. Central City Concern is working with Multnomah County to bring a dental clinic to the new building as well.

Dr. Rachel Solotaroff, medical director of Central City Concern, said her organization first implemented its Patient-Centered Medical Home model six years ago and has worked since then to refine the integrated delivery system. The model brings together teams of medical professionals for optimal care. Central City Concern earned the highest level of recognition (status as a tier 3 clinic) for its model, bringing financial rewards as well as public accolades.

“We’re trying to provide as many services to folks with as few barriers as possible,” said Solotaroff. “Our goal is to reduce hospital and emergency room use and improve the quality of care.”

While the Old Town Clinic does have some mental health providers on staff, enabling them to treat patients with behavioral health problems in the primary care setting, patients with greater mental health symptoms are seen at the new Old Town Recovery Center. Services there range from counseling and prosocial activities (acting to benefit others) to intensive 24-hour-a-day support.

According to Solotaroff, people with mental illness die 25 years younger than their peers in the general population. While some take their own lives, a large number of early deaths are due to chronic medical issues that go unchecked. Because many people suffering from mental health issues don’t feel comfortable seeing medical doctors, having primary care services and teams of providers in close proximity makes it much easier to serve these patients.

Solotaroff said that coordinated care organizations will ensure that physicians and other health care providers will get paid for the value they’re producing, not just for chasing down diseases. To her, this means preventing disease and treating the whole person, rather than focusing on illness and treatment.

All involved agree that offering wrap-around services reduces health care costs.

“If you don’t have the primary care,” said psychiatrist Dr. Phil Shapiro, medical director at the Old Town Recovery Center, “you can still have outstanding medical problems that cause risk and suffering. This way we have the biopsychosocial all wrapped up in one. It’s very clear to me that when we combine our assets, two and two will be more than four. There will be some synergy that isn’t there now.”

Dr. David Cutler, medical director of Multnomah County’s Mental Health and Addiction Services Division, praises the recent efforts of the Recovery Center and Old Town Clinic.

Dr. Cutler said, “What they’re doing there is a national model. They’ve managed to get all these services together and it’s working beautifully. The practitioners are happy; the patients are doing better.”

Coordinated care organizations will allow for consolidation of funding streams and make a team approach to treatment more feasible, he said.

A RELAXING ENVIRONMENT

Subsidized by an $8 million federal stimulus grant, the $20 million Old Town Recovery Center was built by Walsh Construction and designed by Sera Architects to promote healing and recovery.

Therapeutic aspects of the building include a relaxed environment (wider hallways and an open entry area), positive distractions (an interior atrium, large windows, soothing woodwork), and areas that enable social support (the living room on the main floor and the movement room on the second).

The Recovery Center is also up for LEED Gold Certification. Green building features include rainwater collection, energy-efficient lighting, heat recovery ventilation, certified wood, low volatile organic compounds and large windows that bring in natural light.

Dr. Cathy Cheney leads Central City Concern’s integrated medicine strategy.