

January 28, 2019

Oregon State Legislature
Senate Committee on Health Care
900 Court St. NE
Salem Oregon 97301

Re: Senate Bill 141 – Caring Contacts and Access Assessment

Chair Senator Laurie Monnes Anderson, Members of the Senate Committee on Health Care:

My name is Sheila Clough and I am Chief Executive Officer at **Asante Ashland Community Hospital** in Ashland, Oregon. Asante Ashland Community Hospital is a general acute care hospital. **Asante Ashland Community Hospital supports SB 141** which would provide transitional funding to assist hospitals with the costs associated with the development or contracting of a caring contacts program to support patients during this time after release from hospitals. As background, HB 3090 from 2017 and its associated rules require all hospital emergency departments to provide or contract to provide caring contacts to all patients with behavioral health crises and those who are suicidal or have suicidal ideations within 48 hours.

HB 3019 and its associated rules require insurance coverage for case management and care coordination. While hospitals will work to establish contracts with payers that adequately reimburse for this added follow-up, this process will take some time. As such, OAHHS, on behalf of its hospitals, is requesting transitional funding to help hospitals prepare for and adapt to these changes.

Daily, at one of our three hospital facilities in Ashland, Medford and Grants Pass, we see an average of 10 patients suffering from suicidal ideation, attempts or related issues that would require a care coordinator. Coordination is complex, time consuming, and requires individuals with specialized knowledge and skills. Each patient may require hours of service to manage their care.

An additional requirement of HB3019 is for hospitals to attempt to schedule a follow-up appointment within seven days with all patients dealing with a behavioral health crisis. While we recognize that the need is great and applaud this important step in the care process, our facilities face complex staffing and availability issues that hinder our ability to provide the level of care needed. It is challenging on a local and national level to provide timely access. To illustrate this point, CMS makes available national and local rates of follow-up for patients discharged from an inpatient facility:

1. National 7-day follow-up rate: 28.00%
2. National 30-day follow-up rate: 52.3%

Local follow up/contact percentages are similar and lower in some cases. We believe the gaps are related - but not limited - to two significant factors:

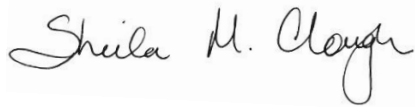
1. **Demand and capacity are mismatched.** Not-for-profit Health Systems deploy behavioral health services as part of their community mission. At Asante Health System we have more

than 4 full time employees providing ambulatory services and over 600 patients on a waiting list for the service. We are currently unable to provide timely access to meet the demand in our community

2. **Social determinants of Health (SDOH).** Patients who present with a Behavioral Health crisis are more likely to have adverse SDOH. Homelessness, lack of insurance, and substance use/abuse disorders are among many reasons why a patient with a behavioral health crisis would be less likely to be able to be reachable or keep an appointment. To assist requires diligent, experienced, dedicated case management services.

Asante Ashland Community Hospital supports this legislative effort to help hospitals provide this critical service, and for the OHA to study the barriers to follow-up contacts required by HB3019 and provide recommendations to the legislature to ensure we continue to meet the needs in our community.

Respectfully,

A handwritten signature in black ink that reads "Sheila M. Clough". The signature is written in a cursive style with a large, looped 'S' at the beginning.

Sheila M. Clough, CEO
Asante Ashland Community Hospital