

Submitter: Jamie Osborn

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure, Appointment or Topic: HB3554

Oregon is facing a growing crisis in primary care access, with provider shortages and administrative burdens making it harder for patients to receive the care they need. At our FQHC in southern Oregon, we lost 30% of our provider workforce during and after the pandemic. I support HB 3554 to take bold action to support longitudinal primary care: the care that we KNOW saves lives and reduces cost. I especially support loan repayment for anyone providing primary care in PCMH settings in primary care shortage areas. This can draw providers into our state and support a vigorous primary care base, from which we can build a healthier Oregon.

As a population health officer, I support anything the state can do to reduce the administrative burden on primary care. While practices are suffering low staffing and difficulty recruiting, regulators expect participation in quality and outcome measures that are expensive, complicated, and difficult to track. This becomes impossible for smaller or independent practices, who can't manage with outdated documentation methods. Providing all primary care practices with the option for loans to support up-front costs to build better systems is imperative. We at La Clinica invested in a primary care model that expands the care team and panel size, relying on fewer providers but giving care to more patients, resulting in better access and astonishingly improved quality outcomes...outcomes that are not reimbursed for in the first 18-24 months of the project. During that time we bore the costs for project management, change management meetings, and recruiting/hiring/training/paying the extra medical assistants, nurses, and behavioral staff. Most clinics can't do this because the start up costs are prohibitive. We have proof that it works. I long for this to become the standard of care in Oregon. It is bold, innovative, and effective. It also is NOT based on a fee for service model and requires up-front investment and intense change management.

Furthermore, having a primary care incentive program and electronic health record and transcription/scribing support can help practices document the care that they are giving...while focusing on the patient instead of spending time doing multiple emails to payors and regulators. The complexity of this broken system hurts patients and primary care providers inordinately and unjustly. If we want to promote equity in this state, we must make systems simpler to navigate. I support the creation of a centralized, standardized, integrated reporting system. We must not not expect small practices to do this complex work alone. We need data that the state can't use to understand what is really happening on the ground, guiding thoughtful effective health policy responses to help all of us live healthier lives.

Thank you for your work to support Oregon's health, and to support wholeness for those of us who do this work every day. We are tired, and we need your support.
Yours in partnership,

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