



November 29, 2016

Jana Fussell
Certificate of Need Coordinator
Oregon Health Authority

VIA EMAIL

Ms. Fussell:

NAMI Oregon submits this written summary of our oral testimony from Nov. 17, 2016, concerning the certificate of need application from NEWCO Oregon Inc. (CN #675).

NAMI Oregon is a grassroots, membership-governed organization that offers free education, support, and advocacy services to individuals living with mental illness and their families and other loved ones. NAMI has 15 chapters across Oregon that annually serve about 8,000 Oregonians. Our members have direct lived experience with mental illness — as individuals living with illness, as family members or friends of individuals living with mental illness, or as both.

NAMI Oregon does not take a position in favor or in opposition to the application to develop a large, freestanding hospital in Wilsonville. Rather, in this circumstance we defer to the state agencies with the expertise to evaluate certificate of need applications to make a sound decision.

However, during our deliberations and evaluation of the application, we identified several factors that should carry considerable weight in the state's decision-making process. We outline these questions and statements below:

- Will the proposed hospital accept all payers, including commercial insurance, Medicaid, and Medicare? All Oregonians should be served by a new hospital. If the proposed hospital is unable to serve Medicaid and Medicare because of the Institutions for Mental Diseases (IMD) exclusion, this will preclude many individuals from receiving care and financially destabilize our current inpatient providers and jeopardize existing capacity.
- Can the applicant demonstrate that it already provides or will provide an appropriate level of community benefit spending for those who do not have insurance coverage or who have minimal or insufficient coverage? This is of significance to our population, which falls through the cracks despite Oregon's aggressive efforts to cover all Oregonians. About 20 percent of the callers to our statewide Helpline report that they do not have insurance coverage.
- What impact will the proposed hospital have on the financial stability of the existing acute care system? Will the hospital truly add capacity, or will it supplant capacity

because other inpatient providers will reduce or eliminate their current services? Our acute care system is financially tenuous under current market and payer conditions. The proposed hospital should not impact the system in such a way that we simply relocate resources from one community to another because current inpatient providers are dissuaded economically from offering psychiatric inpatient services.

- Will the proposed hospital have a financial impact on the rest of Oregon's mental health system? Hospital care is a necessary service, but it represents the most expensive level of care in our mental health system. We already spend an inordinate amount on hospital-level of care. Would additional spending reduce our ability to maintain and expand community services that are less costly and critically necessary to keep people out of acute care? If it does reduce our ability to invest in community care, we will quickly overwhelm any capacity that the proposed hospital adds.

- Does the applicant have a history of quality care? In this instance, the applicant has a broad national footprint of providing hospital care through free-standing psychiatric institutions, including an existing facility in Oregon. What is the applicant's history, and does it demonstrate consistent quality and improved outcomes consistent with the Triple Aim.

- Does the applicant demonstrate strong connections to the community treatment services that patients need once they discharge from the hospital? For example, can they demonstrate that they refer to programs and providers serving a variety of payers, from individual licensed therapists to services such as Assertive Community Treatment Teams? Free-standing hospitals generally carry the reputation of being divorced from the rest of the treatment system. Demanding that the applicant clearly demonstrate that it already has robust community partnerships is warranted.

- Does the applicant have in place formal partnerships with Oregon's network of Patient-Centered Primary Care Homes (PCPCH)? The state of Oregon has invested in building a network of PCPCHs, which are intended to serve as a hub for coordinating health care, including for individuals and families living with mental illness and addictions. Such a demonstration also will indicate whether the applicant can be expected to partner with Community Behavioral Health Homes as Oregon develops those.

- Can the applicant clearly demonstrate a thoughtful and predictable discharge planning process as required by House Bill 2023 from the 2015 legislative session? The discharge process, and the ability to engage families and other support networks, are vital to ensuring that people continue to recuperate after hospitalization.

- Can the applicant demonstrate existing and meaningful links with the many other community resources that are vital to recuperation and long-term recovery? This includes organizations such as NAMI, Northstar, Depression Bipolar Support Alliance, Dual Diagnosis Anonymous of Oregon, and various other entities and programs that serve individuals living with mental illness and their families and other loved ones.

- Is the proposed hospital located within a reasonable distance to the home communities of the people the applicant intends to serve? Already, individuals and families travel long distances to access inpatient care, which precludes families and other support networks from even visiting a loved one. Services should be located within the communities being served so that families or identified lay caregivers can support their loved ones, and so that coordination with other community care providers actually occurs.

Thank you for this opportunity to offer NAMI Oregon's perspective on the proposed hospital in Wilsonville.

Best wishes,

A handwritten signature in black ink, appearing to read 'CB', is positioned above the printed name.

Chris Bouneff
Executive Director