

# Survey gives Oregon Health Plan high marks

■ Critics point out that the state agency that oversees the plan, not an independent agency, conducted the survey

By JOE ROJAS-BURKE

of The Oregonian

Managed care has made it easier for disabled and elderly people to get medical care through the Oregon Health Plan, according to a new state survey.

Officials said the results should allay the worst fears about how people with extraordinary health needs would fare after the state required them to enroll in managed care plans in February 1995.

Because of such fears, the federal government prevented Oregon from applying managed care to the elderly, disabled and children in foster care during the first phase of the Oregon Health Plan in 1994. The reform effort extended coverage by the state and federally funded Medicaid program to more than 100,000 additional low-income residents.

About three-quarters of the 5,500 people surveyed in 1997 and 1998 said they received all the health

care and services they needed from the Oregon Health Plan, while less than half gave a comparable answer in 1995. Still, nearly one in four people said they ran into some barrier that prevented them from getting care they needed.

About 60 percent said access to specialists was very easy or easy, and 16 percent said it was very hard, which was about the same as in 1995, state officials said. The earlier survey was done differently, so exact comparisons aren't possible.

There were some glaring exceptions to the overall positive findings. Access to special equipment, getting equipment repaired, and access to rehabilitation therapy got worse under managed care.

By and large, except for those three areas, there seems to be substantial improvement in access to care and in satisfaction with the quality of care, said Judy Mohr-Peterson of the state Office of Medical Assistance Programs, which runs the Oregon Health Plan.

Clients also reported serious hurdles in getting mental health services, although the problem appears no worse than it did in 1995, according to the new report.

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Ellen Plimney, executive director of the Oregon Health Action Campaign, a nonprofit consumer group

Mohr-Peterson said state officials fully expected access to some services to decline. “It’s part of what managed care does,” she said, on the assumption that some services aren’t really necessary. “The question is, are people being denied inappropriately?”

Michael Goldhammer, a Portland man who experienced the transition to managed care under the Oregon plan, said the services that got worse are the very things that people with disabilities need

most from a health plan.

“When I was dealing with the managed care unit, the doctor was OK, but the actual support services were not very good. For a person with a disability, that’s really the more critical issue than access to a hospital or doctor,” said Goldhammer, 53, who lost the use of his arms and legs as a result of a rare birth defect. He said he had to fight constantly to get equipment he considered necessary, including a replacement wheelchair.

“That support system is really important for people to remain independent,” said Goldhammer, who has since gained primary health coverage through his employer, Portland Community College.

Glennis Gold, an attorney with the Oregon Advocacy Center in Portland, said the state needs to do a better job of keeping disabled clients informed of the special services they are entitled to receive — for instance, a program called exceptional needs care coordination.

“I’ve seen folks who would benefit greatly from it and didn’t know about it,” Gold said.

Other critics questioned the survey’s accuracy and the fact that it was done by the state agency that oversees the health plan, not by an independent agency.

“Given how invested the state is in maintaining the status quo of the Oregon Health Plan, they are walking a fine line, as we all are,” said Ellen Plimney, executive director of the Oregon Health Action Campaign, a nonprofit consumer group. “How much do you want to be open about problems people are having in the system when you are trying to maintain support for that very system?”

Mohr-Peterson said the goal of the survey is to find ways to improve care, not hide problems.

“While I can understand the concern, these surveys are done in a very rigorous way. I think the results are valid,” she said.

The federal Health Care Financing Administration requires Oregon to conduct ongoing surveys of disabled and aged populations and children in foster care. Maintaining an adequate standard of care is a condition of the waiver that allows Oregon to use federal funds to run the health plan.

## Oregon Health Plan, 1997-98

Barriers to receiving necessary or desired health care

Service not covered under health plan **42%**

Physical or mental disability **38%**

Other **36%**

Service denied by MD or health plan **34%**

Wanted to use alternative care provider **15%**

Location **13%**

Language barrier **11%**

Personal barriers **11%**

Sign-language interpreter unavailable **3%**

Note: Some of the 1,343 participants indicated more than one barrier to care  
Source: Oregon Medical Assistance Programs