Oregon Health Policy Commission

Community Forums on Health Policy: Fall 2004

Summary Report

March 2005

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Prepared for:

The Oregon Health Policy Commission

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EXECUTIVE SUMMARY

In September 2004, the Oregon Health Policy Commission conducted a series of meetings in 10 communities across the state, seeking input from Oregonians on their most pressing health policy concerns and possible solutions. Participants at the community meetings raised hundreds of concerns and recommendations. Three key themes emerged.

Challenges Presented by Oregon's Changing Demographics

Participants voiced concern about the costs, quality and other challenges associated with:

- The health care system's ability to support the needs of the state's growing aging populations and people living with chronic conditions;
- Great advances in end of life care and the need for resources for providers, patients, and families to make informed decisions; and,
- Increasing diversity in Oregon's population – culture, language, socio-economic and immigration status – in addition to socio-economic differences and the health care access barriers that result for individuals.

In order to foster better-informed choices by consumers of health care services, participants recommended that Oregon:

- Improve consumer education.
- Increase funding for disease prevention & health promotion.

Challenges to Health Care Financing

At each meeting, there was discussion about the challenges facing the health system if coverage and reimbursement systems are not better aligned with the most effective treatments that exist. Concerns were expressed about:

- The cost of prescription drugs and the lack of coverage for many people to help cover the costs of drugs.
- How reimbursement drives access, impacts cost of care, provides disincentives toward prevention and health education.
- All Oregonians pay for the cost of both coverage or lack of coverage through cost shifting.
- The actual cost of care is very unclear.
- Funding has been reduced to the Oregon Health Plan.
- Funding reductions to public education, especially in the areas of health education, physical education and nutrition.

Participants recommended that Oregon:

- Identify ways to control the cost and pricing of prescription drugs and require insurers to use evidence-based drug reports in creating formularies or preferred drug lists.
- Provide incentives for providers to incorporate prevention and health education into their practice.

- Pass tort reform in order to deal with malpractice insurance rates, attorney fees and high malpractice awards.
- Develop more public and private insurance options along with funding the Oregon Health Plan.
- Improve funding for youth education (general education, physical activity, health education)

Challenges to the Health Care Delivery System

Participants expressed concern regarding:

- Continuing barriers to receiving care, including the lack of affordable insurance.
- Health care workforce shortages, including the cost of professional health education, the limited number of providers who are willing to work in rural communities, and the cost of malpractice insurance.
- System inefficiencies that impact the quality of care, as well as the cost of care, including the rate of medical errors and the lack of health information integration between providers.

Participants recommended that Oregon:

- Improve continuity of care and communication among providers, including the development of electronic health records.
- Provide education about coverage, the cost of care, and how to make informed decisions.
- Find ways to improve access to care in rural communities by developing financial incentives for providers to practice in remote areas of the state.
- Expand scopes of practice for alternative health professionals such as nurse practitioners, nurses, dental hygienists, and alternative providers.
- Increase transparency of cost and information to mirror that of public utilities, including having published information about quality measures and data (including medical errors).
- Create new strategies to recruit and maintain providers in the state, especially in rural Oregon, and to make health professional education more accessible.
- Find ways to decrease the level of administrative burden that currently exists in the system.
- Lobby the media to stop the promotion of unhealthy foods and behaviors.

INTRODUCTION

The Oregon Health Policy Commission was created in 2003 Session of Oregon's Legislative Assembly with the passage of House Bill 3653. The Legislature charged the Commission with developing a plan for the state's health policy and for monitoring its implementation. To build upon Oregon's history of engaging citizens in the dialogue to shape health policy decisions, the Commission conducted a series of community meetings, seeking input from Oregonians on their most pressing concerns and possible solutions.

Under the direction of the Commission, staff from the Office for Oregon Health Policy and Research (OHPR) held 10 meetings across the state during September 2004. The meetings were not meant to provide quantitative data; participants were not surveyed, nor were their responses tallied in any way. Notes were taken during each meeting on large flipcharts, then combined and summarized in this report. This public input partners with quantitative data collected through the 2004 Oregon Health Values Survey.[1] The community meetings and the Oregon Health Values Survey indicate that there is ample interest for further discussions in public forums about the future of Oregon's health policy and possible implementation strategies.

This was a first venture into the community for the Oregon Health Policy Commission – the beginning of a dialogue with Oregonians as the Commission introduced itself and its purpose. The level of commitment and engagement by the participants was energizing and inspiring. Oregonians are ready to tackle the challenges of improving health, controlling cost, increasing quality and ensuring access to health care.

[1] *The Oregon Health Values Survey has been fielded in 1996, 2000 and 2004 by Oregon Health Decisions, a nonprofit organization whose mission is to promote citizen involvement in health policy discussion and decision-making. The 2004 Health Values Survey was fielded at the request of the Oregon Health Policy Commission and the Office for Oregon Health Policy and Research and its summary report can be found at http://www.egov.oregon.gov/das/ohppr.*

OVERVIEW OF THE COMMUNITY MEETINGS

During September 2004, ten community meetings were conducted across the state. More than 225 people participated, representing a wide range of ages and income levels. The meetings were held in Newport, Hillsboro, Portland, Salem, Eugene, Medford, Klamath Falls, Bend, La Grande and Canyon City, near John Day. Turnout varied from 15 participants in Klamath Falls to 40 in La Grande. Unlike other community meeting efforts, which may have target audiences in mind, the Commission was trying to reach a general audience of Oregonians. A number of traditional methods were used to 'get the word out' about the meetings, including local newspapers, local radio stations, and Oregon's network for public meeting notices. In addition, the Governor's office sent notices to its media contacts and posted the notice on the Governor's website. Local chambers of commerce were contacted in each community, and notices were sent via OHPR's statewide mailing list that encompasses a broad range of stakeholders and others with interest in healthcare issues. In each notice, the recipient was asked to help spread the word in their local information network about the upcoming meetings.

The methods used were similar to those of the Oregon Health Services Commission when it conducted meetings for input on the design of Oregon Health Plan (OHP) benefit changes for OHP Standard. Turnout for the Health Policy Commission's public meetings may have been less because the Commission had less name familiarity, due to its recent formation and the focus on broader health issues beyond the Oregon Health Plan. However, some of the sites had local champions who made it a point to actively solicit participants to attend the meeting.

All meetings were held from 6:00 to 8:30 in the evening. At each meeting, a representative of the Commission provided a brief introduction to frame the discussion – a PowerPoint overview that introduced the Commission and outlined the issues that the Commission was asked to address.[2] The presenter provided information on cost of health care, access to care and coverage, challenges to ensuring quality, and major issues impacting the health of Oregonians.
Once the presentation was completed, participants spent about 30 minutes identifying issues of most concern to them in each of those four areas – cost, access, quality, and health status. Notes were taken on large (24 x 30) flip chart sheets adhered to the walls. The notes were left hanging for all participants to review and alter/clarify comments as needed.

After a short break, participants broke into small groups. Their task was introduced in this way – "If you had an opportunity to meet with the governor or your legislator and wanted them to focus on one thing, what would it be and why?" Each group was asked to pick one issue from each of the four areas (cost, access, quality, health status), discuss why they thought that was the most important issue to focus on, and then identify possible strategies or solutions. Although this part of the meeting typically took about 45 minutes,

[2] *Presentation slides are included in Appendix 1.*

it was never enough time. The small groups then reported back to the larger group. Again, notes were taken on the flipcharts as the groups reported. The issue that each small group focused on was flagged and possible solutions were noted. The notes and discussions matched the framing presentation that introduced the meetings. All notes from the flip charts were compiled in aggregate form for this report. Notes from individual sites are contained in Appendix 4.

KEY THEMES

There were hundreds of concerns and recommendations presented at the community meetings. For purposes of summary, these have been condensed into three themes: challenges presented by changes in Oregon's demographics, challenges to the health system's current methods of reimbursing for care and other financing issues, and challenges to the health care delivery system itself.

Oregon's Changing Demographics

Challenges presented by demographic changes in Oregon include:

- growth in the state's aging population, and more people living with chronic conditions (including mental illness);
- great advances in end of life care; and
- increasing diversity in Oregon's population – culture, language and immigration status – in addition to socio-economic differences.

Aging and people with chronic conditions (including mental illness): Oregon currently ranks 25th in terms of percentage of population that is 65 or older (approximately 438,000 Oregonians), and is projected to be ranked 4th by 2025 (expected to exceed 1 million seniors).[3, 4] Participants expressed concern about the population growth and the increasing availability of effective treatments and medications – both of which have the potential to increase overall health care expenditures and utilization.

Increased drug use, especially the rise in methamphetamine use, has put strains on the health care system and its providers. Participants in rural areas have seen the impact of limited mental health and addiction services, and its relationship to incarceration. The cuts in mental health services (in some areas there are no psychiatrists seeing patients) have lead to increased utilization and costs in other public-funded services (e.g., jails), which are ill equipped to handle psychiatric needs, or addiction and treatment.

End of life care: Similar to comments about aging, participants expressed concerns that Oregonians are ill prepared to adequately deal with end-of-life care. There are large health care expenditures at the end of life, sometimes with little chance of health or functional improvement. Participants felt that providers, patients, and families were not prepared or informed about viable options (quality or cost) or how to discuss and evaluate them, perhaps leading to increased costs and poor quality of decision-making.

Diversity in Oregon: Participants discussed diversity in terms of challenges to consumers who cannot access services because of language barriers, cultural differences in care

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[3] State Population Rankings Summary; Source of Data: U.S. Bureau of the Census, Population Division, Population Paper Listing #47, Population Electronic Product #45. Oregon's Population Projections: 1995 TO 2025

[4] *US Census Bureau, State Population Projections; retrieved on 12/2/2004 http://www.census.gov/population/projections/state/stpjage.txt*

expectations and reluctance to seek care because of immigration status. Patients are hesitant to have contact with the formal system fearing that information will be shared with the Immigration and Naturalization Service, even if they are legal immigrants. Participants felt that access and quality of care were both impacted when providers and facilities are inadequately prepared for the diversity of patients and families – economic, ethnic, and/or language differences.

Health Care Financing

At each meeting there was discussion about the challenges facing the health system if coverage and reimbursement systems are not better aligned with the most effective treatments that exist. Participants expressed concern that the current system is focused on procedures and not necessarily on appropriate, effective care that can be provided, including health education.

Prescription Drugs: Participants were concerned about the cost of prescription drugs and the lack of coverage for many people to help cover the cost of drugs. There were discussions about the lack of controls over pricing of drugs, and the great variation that exists in retail pricing – both for those with coverage and those without.

In addition to cost, participants expressed concerns about their inability to be informed consumers about prescription drugs; direct to consumer advertising is impacting consumer demand and expectations, without necessarily educating consumers about appropriateness or efficacy of drug prescribing. Drug cost, coupled with an increase in the number of people taking prescription drugs were concerns expressed by the participants.

Reimbursement: Participants expressed concern about how reimbursement drives access and impacts cost of care. They saw a system that reimburses for high-tech procedures but does not reimburse for disease prevention or health education, or pays for diagnosis but then does not reimburse for treatment or necessary prescription drugs.

Type of Coverage: Participants stated that only those with coverage could be assured access, but even for those with coverage, access was not universal. Some providers are no longer accepting patients with Medicaid (Oregon Health Plan) or Medicare, citing poor reimbursement rates as the reason. In the La Grande area, participants talked about families in which the primary wage earner had been deployed to active military duty. In situations where the employer did not retain the family on employer-sponsored insurance after deployment, the families moved to TRICARE[5]; unfortunately, there were no providers accepting patients with TRICARE coverage in that region of the state, leaving families with coverage but no access.

Cost Shift: Participants stated that all Oregonians pay for the cost of both coverage or lack of coverage. If someone has no insurance the cost of health care rises for those with coverage. While large employers or insurers receive discounts on charges for services,

[5] *TRICARE is the Department of Defense's worldwide health care program for active duty and retired uniformed services members and their families.*

smaller organizations receive smaller discounts or none at all. Individuals who are uninsured but can pay for care, pay the full, non-discounted charges which individuals with coverage are not charged. Participants stated that since there are no regulations on rates that can be charged for health insurance or services, even though there are discounts, the providers and facilities will simply shift those charges elsewhere.

Transparency: Participants felt that it was very unclear what the actual cost of care should be. No one knew why insurers charged what they did for premiums, or why there was such variation in the retail price of drugs from one pharmacy to another. Information about costs, pricing and charges was identified as a missing piece to further understanding overall cost of care.

Cuts to the Oregon Health Plan (OHP): Participants expressed concern about cuts to OHP enrollment, stating that it only increases the number of Oregonians without coverage, thereby exacerbating the level of cost-shifting that will occur, impacting access and overall cost.

Educational Funding: Participants expressed concern about cuts to public education, especially in the areas of health education, physical education and nutrition. Concerns were expressed about increases in the rate of childhood obesity, partly attributed to decreases in the level of physical activity among children and adults, and the introduction in schools of vending machines and 'fast food' vendors.

Health Care Delivery System

Participants raised the following concerns regarding the delivery of health care in the state.

Coverage and Care: Participants expressed concern about continuing barriers to care. These included:

- Lack of affordable insurance options because of increasing out-of-pocket expectations – premiums, co-pays and deductibles.
- Lack of coverage for individuals with pre-existing conditions that would be excluded, even for those willing to accept (and pay for) insurance with those exclusions in place.
- Inadequate number of facilities and providers who are capable and willing to accept patients who are non-English speaking, who have different cultural beliefs about health care, and who may be undocumented immigrants.
- Geographic isolation – participants described lack of timeliness to specialty care, mental health, and dental care due to the remoteness of their locations. Patients were referred to Portland for services, even if Boise was closer, because of coverage restrictions. This not only impacts adequate access, but also increases cost to insurers and individuals.
- For some services, there is a lack of available providers, including mental health and transportation, regardless of community size or proximity to metropolitan areas.

Workforce Challenges: Shortages of nurses, primary care providers, specialists, dentists, dental hygienists, and mental health providers were discussed. The participants mentioned that the cost of professional health education was a barrier to many who might want to enter those professions. Restrictions on the number of people who can be admitted to professional programs did not lead to confidence that the workforce shortages would abate any time soon.

Participants also expressed concerns about the limited number of providers who are willing to work in rural communities and the need for incentives to address that concern. Those providers who do practice in rural communities are either overworked, impacting quality of care, or they choose to limit their practices by not accepting new patients with Medicaid or Medicare, limiting access.

The cost of malpractice insurance is a deterrent for those who want to practice in smaller communities. Providers are expected to be much more of a 'jack of all trades', covering a much broader scope of health issues than providers who are in communities with a larger pool of practitioners. In some instances, military deployment has taken providers from the community, primarily nurses and physicians.

Other System Issues: Participants expressed concerns about system inefficiencies that they felt impacted the quality of care as well as the cost of care, including:

- The rate of medical errors, which they felt was very difficult to find information about (lack of transparency).
- Duplication and redundancy of information gathering, medical tests, examinations and record keeping. Participants felt this was in part due to lack of a uniform, electronic health record. Others suggested that this was due to fear of liability and lawsuits.
- Participants saw a lack of integration and communication among health care providers, leading to inadequate care coordination. This both decreases the potential for high quality in health care, and leads to increased costs.
- The current system is focused on disease and acute care, while the greatest potential to improve overall quality and health status of Oregonians is to have equal focus on prevention, health promotion and primary care.
- Malpractice was discussed from several perspectives, including the rising insurance rates for providers (impacting cost and access) and the unknown rates of medical errors among providers and facilities (impacting quality and cost of care).

SOLUTIONS & STRATEGIES RECOMMENDED BY PARTICIPANTS

Participants recommended a series of changes to the current method for providing health care coverage and services. Many of these recommendations overlap the Oregon Health Policy Commission's four areas of focus: cost, access, quality, and health status. Recommendations from the community meetings can be discussed using the same three themes discussed above -- demographics, health system financing, and health delivery system.

Oregon's Changing Demographics

- Find ways to encourage consumers to take part in disease prevention and health promotion activities by providing incentives (and possibly disincentives).
- Improve funding for mental health and substance treatment programs, tobacco cessation programs, wellness programs, fluoridation, and prevention efforts.
- Increase physical activity – kids and adults, by requiring physical education in schools, creating safe walking/biking routes to and from schools and improving urban planning goals by showcasing models that decrease the need for automobiles.

Health Care Financing

- Identify ways to control the cost and pricing of prescription drugs including drug importation from Canada, increasing the availability of generic alternatives, expanding opportunities for bulk purchasing options, and attempting to negotiate better rates directly with the drug companies. A further remedy would be to require insurers to use evidence-based drug reports in creating formularies or preferred drug lists. Limiting or regulating direct-to-consumer advertising for prescription drugs was seen as a way to impact consumer demand and possibly reduce cost.
- Find ways to provide incentives for providers to incorporate prevention and health education into their practices. Options might include requiring insurers to provide coverage with no deductible for prevention-focused visits.
- Tort reform was seen as critical to dealing with malpractice insurance rates, attorney fees and high malpractice awards. Malpractice insurance rates were described as one of the factors that deterred providers from wanting to practice in rural or underserved areas.
- Oregon should develop a state model of a defined service package that would be available to all Oregonians, or allow local innovation that included local discretion to use state and federal funds uniquely in a community.
- Small businesses should be allowed to form small purchasing pools, and/or be allowed to buy into the Oregon Health Plan or the Public Employees Benefits Board (PEBB) or Oregon should create a 'state health plan' that anyone could buy in to.

- Oregon needs to find adequate funds to operate the Oregon Health Plan, and return to its original focus of finding ways to reduce benefits rather than cutting enrollees from the program. Participants also expressed support for the Family Health Insurance Assistance Program, state and local public health offices, school-based health programs, the Medically Needy program, and health coverage for kids.
- Improve funding for youth education (general education, physical activity, and health education)

Health Care Delivery System

- Improve continuity of care and communication among providers. Suggestions included adding triage/nurse help lines and expanding after-hours care to reduce the use of emergency rooms.
- The state should find ways to provide education about coverage and the cost of care – how best to use coverage, when is the right time to go to the emergency room, the best frequency for primary care visits, managing chronic conditions, how much does insurance really cost, etc.
- Find ways to improve access to care in rural communities, by developing financial incentives for providers to practice and to see more Medicaid and Medicare patients; increase the use of telemedicine, advice lines and after-hours clinics; and perhaps, create pools of shared providers who could be 'out-stationed' in multiple rural areas on a routine, predictable basis.
- Oregon should expand scopes of practice for alternative health professionals such as nurse practitioners, nurses, dental hygienists, and alternative providers.
- Oregon needs to define a vision or a minimum standard of care for Oregon. There is a need for an agreed-upon definition of quality and what should be measured.
- Transparency of cost and other information should mirror that of public utilities, including having published information about quality measures and data, including medical errors. There is a need for published information about providers that include health outcomes of patients, error rates, pricing, and average time spent with patients.
- There was support for development of a shared information system, such as electronic health records, that links to pharmacy information. Participants suggested use of the publicly available electronic medical record used by the VA system.
- It is necessary to address provider workload concerns, as overworked providers were not likely to provide high quality care to patients. New ways to recruit and maintain providers in the state, especially in rural Oregon were supported. There was also a recommendation to try to make health professional education more accessible by increasing the number of slots available each year.
- There were discussions about the need for Oregon to encourage and support team approaches to care, providing incentives for development of model approaches

and then reimbursement for providers who incorporate those models into their practice.

- Find ways to decrease the level of administrative burden that exists. Duplication and repetition of documentation and record-keeping decrease, rather than increase, quality.
- Increase use of evidence-based practices, and support continued research into the evolution of the 'evidence'.
- Oregon should lobby the media to stop the promotion of unhealthy foods and behaviors. This may include regulation of advertising for food and drugs, and require truth in advertising.

CONCLUSIONS

As a first effort by the newly formed Oregon Health Policy Commission, this series of community meetings was encouraging, affirming that the Commission is on the 'right track'. Community members were eager to engage in dialogue about the future of health care in Oregon and committed time and energy in problem solving during each meeting. The results of the Health Values Survey indicate that almost 80% of Oregonians rate affordability as the most important aspect of health care; 85% agree that all Oregonians should be guaranteed basic and routine health care services, with 64% agreeing strongly; 77% agree that Oregon should reduce services to keep more people covered when faced with budget constraints. Neither the survey nor the meetings informed the Commission as to what Oregonians are willing to forgo, especially in times of economic downturn, to gain the changes that they appear to support. When participants made recommendations to the Commission, it was unclear whether they expected the public and/or private sectors to take on those challenges.

Two themes were present throughout the meetings – changes in Oregon's demographics and challenges to the health care delivery system (in terms of reimbursement/payment and service delivery). Because of limited time, the meetings only scratched the surface of many issues; future community dialogues are needed to understand the values that underlie the concerns and recommendations that were expressed. Participants expressed support for changes in reimbursement strategies, for increasing the number of Oregonians with access to health care coverage, for finding ways to control health care costs, and for community education about health, health care and the best way for patients to become informed consumers.

The comments provided rich insights into the values that participants placed on needed services. None of these complex problems can be solved simply or quickly, nor can they be tackled without the support of taxpayers. The community meetings created an opportunity to begin civic dialogues about very complicated issues, and the Commission will continue to identify avenues to seek additional public input as policy decisions move forward.

The meetings were carried out with support from many community representatives around the state. The feedback contained in this summary was used to help the Commission structure its legislative agenda for the 2005 Legislative Session, and will be used to help the Legislature understand public perceptions around health care issues. The Commission will continue to use this information to develop long-term planning goals in the coming year. The Commission has already formed a work group to examine issues related to electronic health records and data connectivity, which participants proposed as an option that could improve continuity of care and decrease administrative redundancy.

Continuing to partner with organizations that fall outside of the 'usual players' is critical to identifying options that will be supported statewide. There is great diversity in Oregon, and strength in that diversity. The Commission is confident that by continuing to work together, Oregonians can forge a plan that controls cost, ensures access, increases quality and improves health statewide.

APPENDICES

Appendix I: Slide Presentations from Community Meetings

Community Forums: Oregonians and Health Care

Oregon Health Policy Commission
The Office for Oregon Health Policy and Research
2004

Agenda

- Welcome
- Oregon and Health Care
- Framing the Questions
- Possible Solutions: Small Groups
- Finding Common Ground
- Closing

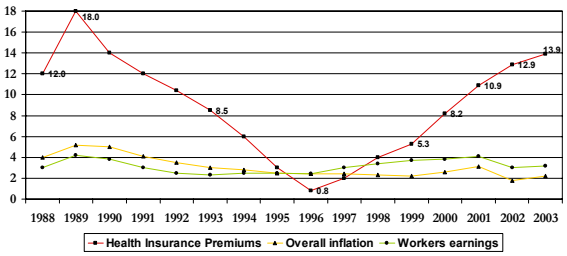
Oregon Health Policy Commission

- Develop and make policy recommendations to the Governor and Legislature that improve the health of all Oregonians
  - Ensure access;
  - Increase quality and improve outcomes
  - Control costs; and
  - Encourage healthy lifestyles

Health Care Costs:

… a picture is worth a thousand words

Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2003



Source: National data from 2003 Kaiser/HRET Survey Summary

Health Care Costs:

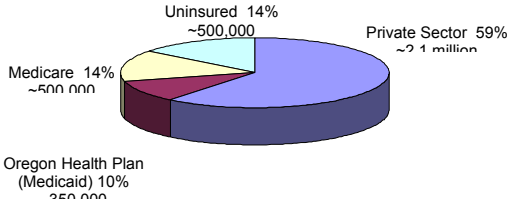
- About 20 million American families reported problems paying medical bills in 2003
- Two-thirds of families with problems paying medical bills have health insurance coverage.

Tough Trade-offs: Medical Bills, Family Finances and Access to Care; Issue Brief No. 85; June 2004: Jessica H. May, Peter J. Cunningham

Who Pays?

Government, employers, individuals ….

Oregon's Population by Source of Coverage (2002)



Source: Office for Oregon Health Policy and Research

Access

A recent study showed that:

- Almost half of those with insurance postpone seeking care because of costs
- More than a third need care but cannot get it

Kaiser Commission on Medicaid and the Uninsured; Access to Care for the Uninsured: An Update, Sept. 2003

Access

- Challenges –
  - Geography
  - Workforce shortages
  - Less populated areas

Quality

"Just because outstanding care is available does not mean that it is always provided or that everyone has access to that care"

Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century. (2001)

Improving Health

One third of deaths in Oregon can be attributed to three behaviors:

- Tobacco use
- Lack of physical activity
- Poor eating habits

Discussion: What are the Issues?

- Control Cost
- Ensure Access
- Increase Quality
- Improve Health

Finding Solutions: Discussion

- From each list, identify the top 1 or 2 issues
- Discuss why that issue is the most important to you, your family, neighbors and community.
- Discuss possible solutions and how we can gain support to solve these problems.

Community Forums

Meeting the needs of Oregonians takes time and thought.

Thank you.

Appendix II: Demographics from Community Meetings

For the meetings that took place outside of the Portland metropolitan area some participants traveled great distances to attend. Based on brief demographics surveys completed by 60% of participants, there were participants from the following counties:

Benton (1)	Grant (13)	Klamath (6)	Marion (9)	Union (20)
Clackamas (8)	Harney (1)	Lane (11)	Multnomah (19)	Wallowa (1)
Deschutes (5)	Jackson (7)	Lincoln (16)	Polk (2)	Washington (11)
Gilliam (1)	Josephine (1)	Malheur (1)	Umatilla (1)	Yamhill (1)

135 completed surveys (indicated in parentheses above)
225 total participants by meeting count

Gender		Male	36%
Female	64%		

Age

< 30	19%
31 – 50	39%
51 – 64	30%
> 65	12%

Income

0 – 12,000	16.3%
12,001 – 17,000	4.4%
17,001 – 23,000	2.2%
23,001 – 30,000	7.4%
30,001 – 35,000	4.4%
35,001 – 40,000	11.1%
> 40,000	54%

Race

White	91.9%
Asian	2.2%
American Indian	1.5%
African American	.07%
Declined to identify	3.7%

Family Composition

One Adult in HH	
W/kids	5.9%
W/o kids	21.5%
Two adults in HH	
W/kids	24.4%
W/o kids	42.2%
More than two adults in HH	
W/kids	3%
W/o kids	3%

Coverage

Uninsured	9.6%
Insured:	
Employer Sponsored	57%
Medicare	10.5%
Family Member	8.9%
Individual Coverage	5.9%
School	4.4%
OHP/Medicaid	1.5%
Other retiree	1.5%

Appendix III: Participant Comments Compiled from All Community Meetings

This Appendix summarizes the participant input from the four discussion sections that mirrored the four original work groups of the Oregon Health Policy Commission – cost, access, quality, and health status. This section is an abridged version of notes taken from the flip chart pages at each meeting.

Controlling Cost

Most pressing issues

- Cost increases (impact access, quality, and other financial decisions such as housing, food, clothing)
    - Profit taking by insurers, facilities
    - System inefficiencies add to cost (administrative overhead, duplications, redundancies)
    - Increases in population sectors and available treatments (aging, people with chronic conditions, end of life care options)
    - High unemployment (loss of access to coverage means higher out-of-pocket costs)
- Cost shift
    - Those with coverage pay for those who cannot get coverage
    - Uninsured individuals who can pay privately pay more for services
    - For those with coverage, there is increased cost sharing (premiums, co-pays, deductibles, etc.)
    - For those without coverage, private rates are higher than discounted rates available to employers and government programs
- Cost of prescription drugs, including impact of lobbyists
    - Increased consumer demand and expectations impacted by (as examples)
        - Direct to consumer advertising for drugs
        - Independent advertising of facilities like open-MRIs
- Transparency (it is unclear what the true costs are for services and coverage)
    - Increased costs for procedures, hospital stays, technology (diagnostic and therapeutic), equipment and capital
- Not enough individual responsibility or accountability
- Inadequate focus on prevention and health education
- Fear of lawsuits and increased malpractice awards leads to practice of 'defensive medicine' – performing tests and procedures that may not be necessary or appropriate
- Lack of pooling options for small employers or individuals

Strategies/solutions (economic stimulus, employment)

- Control pricing/cost of prescription drugs
    - Explore importation of drugs from Canada
    - Increase availability of generic drugs (one small community did not have a pharmacy that carried generic versions of drugs)
    - Expand bulk purchasing options for drugs
    - Require insurers to use evidence-based drug reports in creating formularies or preferred drug lists

    - Limit or regulate direct-to-consumer advertising of prescription drugs
    - Negotiate directly with drug companies for reduced prices
    - Make contraception available over the counter
- Allow small employers to form purchasing pools for insurance
- Tort reform
    - Create caps on malpractice awards
    - Reform attorney fees
    - Institute protections for those who provide charitable care
- Reimburse for prevention and health education
- Increase use of evidence based reports in commercial insurance
- Regulate insurance rates
- Improve continuity of care and communication among providers
    - Triage and nurse help lines
    - Expand after hours options for seeking care, separate from emergency rooms
- Continued support for public funding of
    - Oregon Health Plan
    - Family Health Insurance Assistance Program
    - Public Health
    - School-based health education programs
    - Medically Needy
    - Coverage for kids
- Provide education about coverage – how to use it, when and where to access care
- Make cost of care transparent
- Encourage Oregon to try either a state model of a defined service package available to all Oregonians or to allow local innovation that includes local discretion to use state/federal funds differently

Ensuring Access

Most pressing issues

- There is better access to services in Oregon than in some other states
- Workforce challenges
    - Not enough providers, especially in rural areas (primary care, specialists, dentists, mental health, alcohol and drug)
    - Limited hours or too few providers impact timeliness of care
    - Limited access to prenatal care, dental, mental health, alcohol and drug providers, school based clinics
    - Decreasing number of providers accepting patients with Medicare, Medicaid
- Barriers to access because of language, culture, immigration status
- Cost of coverage (premiums) especially for small employers and individuals
- Lack of coverage can mean delayed or no access to care; lack of particular coverage, i.e. prescription drugs for mental condition, can deter patients from accessing care
- Increased cost of services, especially prescription drugs
- Increases in malpractice rates lead to increased cost of care
- Oregon Health Plan challenges
    - cuts to enrollment

    - bureaucratic complexities
    - cumbersome application process
    - poor reimbursement
- Inadequate coverage/reimbursement for prevention
- Confusion among those with coverage
    - what is covered
    - how to access appropriate care at the right time in the right location

Strategies/solutions

- Adequately fund Oregon Health Plan, school based health centers and safety net clinics
- Improve access to providers in rural communities
    - Provide financial incentives to practice in rural communities and to see more Medicaid/Medicare patients
    - Reserve slots in health professional schools for rural residents who agree to practice in rural communities after graduation
    - Increase availability of telemedicine, advice lines, after-hours clinics
    - Create pools of shared providers (i.e. specialists, surgeons, mental health providers) who can be based in one location but travel to multiple sites on a routine basis
- Allow small businesses to buy into Oregon Health Plan or PEBB
- Allow small businesses to form small purchasing pools
- Create a "state health plan" that anyone could buy into
- Improve provider reimbursement
- Expand scopes of practice for providers such as nurses, nurse practitioners, dental hygienists, alternative practitioners
- Increase transportation for medical appointments
- Tort reform – malpractice rates are limiting the number of providers who are willing to work in less populated or underserved areas
- Improve access to preventive care
- Lower the cost of professional health education
- Increase options of insurance plans – allowing for basic coverage with optional add-ons
- Invest in prevention and health education to create consumers who are aware, informed and accountable
- Improve access to reproductive and prenatal care
- Require businesses with state contracts to provide insurance coverage options to their employees

Increasing Quality

Most pressing issues

- No consensus on
    - definition of quality
    - what is important to measure to determine quality
    - whose definition of quality should be used (patient, provider, etc.)?
    - no objective public rating system on quality
    - accountability measures needed to measure quality
- Care decisions based on patient's coverage or ability to pay
- Not enough time for patients with providers (treatment 'by the clock')
- Inadequate information on cost, charges, medical errors, malpractice awards (or else it is hard to find)
- Limited team integration (team model of care) between traditional and alternative medicine providers or therapies
- Providers are using 'old organizational models' (the ones they learned in medical school) and have difficulty incorporating new communication tools into their practices (such as electronic medical records)
- Inadequate continuity of care and information sharing. The most vulnerable have least continuity of care
- Care decisions made by insurers rather than providers
- Workforce challenges
    - Limited numbers of providers in less populated areas
    - Workload pressures – overworked, sometimes poorly trained staff
    - Availability – hours, proximity
    - Military deployment has taken some providers from the community
    - Rural providers have to cover a broader range of health issues
- 'Procedures' are reimbursed, while prevention or health education are not; quality care is reimbursed at the same rate as non-quality care
- Limited use of evidence-based practices, acknowledging that there is too little information available
    - evidence not readily available to providers
    - use of outdated medications and protocols
    - need for continued research to evaluate the 'evidence'
- Disparities in coverage and care received
- Underfunded public health system
- Decreased tax base in rural areas because of population changes
- System inefficiencies (repetition of tests, assessment, information taking, paperwork)

Strategies/solutions

- Define a vision – a minimum standard of care for Oregon
- Increase transparency – should mirror practices of other industries, i.e. public utilities
    - Publish quality measures to be used
    - Publish quality data, including medical errors
    - Publish information about providers using a peer review model that includes health outcomes, error rates, pricing, time spent with patients
- Develop an information sharing system, including use of an electronic health record, that links to pharmacy information

- Encourage team and cooperative care and provide incentives for innovation and incorporation of these strategies
- Address provider workload concerns
    - Increase number of providers
    - Improve recruitment and retention of providers
    - Increase access to health professional educational programs, i.e. medical, dental and nursing schools
    - Increase vocational education in schools
    - Provide ongoing education for providers
    - Reduce administrative burdens, i.e. duplication, repetition of paper work
- Increase outreach and education
- Encourage consumers to take part in disease prevention and health promotion activities
    - Provide incentives to consumers
    - Develop culturally appropriate services
    - Develop local resource guides
    - Fund local health care advocates to help consumers navigate through the system
- Increase use of evidence-based practices
    - Acknowledging that evidence is evolving, continue to fund research into best practices and outcomes

Improving Health

Most pressing issues

- Decreased physical activity among kids and adults
- Inadequate focus on prevention, including lack of reimbursement for prevention and alternative medicine
- Decreases in funding for
    - Health education (including nutrition and sex education)
    - Physical education in schools
    - Schools, in general
- Poor nutrition in school lunch programs; addition of fast foods and vending machines in public schools
- Level of tobacco use
- Inadequate health education for providers
- Lack of a sense of personal accountability (a sense of 'entitlement' to health care regardless of the lifestyle choices made)
    - Inadequate knowledge base about how to approach issues bound by 'choices' such as smoking, eating, activity, alcohol and drug use
    - No sanctions for unhealthy behaviors; no incentives for healthy behaviors
- Increased poverty
- Increased job stressors, longer work weeks
- Increase in addictive behaviors (such as methamphetamine use)
- Inadequate care coordination leading to increased use of emergency room and increased incarceration

Strategies/solutions:

- Improve funding for
  - Public schools, in general
  - Early childhood education
  - School-based health clinics
  - Mental health and substance treatment programs
  - Tobacco prevention/cessation programs
  - Oregon Health Plan
  - Wellness/health education programs
  - Prevention programs
  - Fluoridation
- Increase education on
  - Health insurance coverage
  - Nutrition and food preparation
  - Health education in schools
  - Personal/individual responsibility in health decisions
- Increase level of physical activity
  - Require physical education in schools
  - Create safe access to and from schools, libraries and other community activities
  - Improve urban planning – provide incentives and showcase models that decrease use of automobiles
  - Establish a 'fast food tax'
- Regulate advertising
  - Require truth in advertising
  - Limit/regulate advertising for fast foods and drugs
- Provide deductible-free preventive care
- Provide incentives for healthy behaviors, disincentives/consequences for unhealthy behaviors
- Lobby the media and media regulators to stop the promotion of unhealthy behaviors and foods
- Oregon Health Plan should implement the US Preventive Services Task Force guidelines

Appendix IV: Participant Comments from Individual Community Meeting Sites

This section summarizes the participant input from each meeting site using the four discussion sections – cost, access, quality, and health status. These pages were transcribed from flip-chart notes written during each individual meeting. Strategies and solutions were discussed only for the issues that are identified in **bold print**.

The meetings were held at:

- Chemeketa Community College, Salem OR: September 9, 2004
- Rogue Valley Manor, Medford: September 14, 2004
- Sacred Heart Hospital, Eugene: September 15, 2004
- Portland Adventist Medical Center, Portland: September 16, 2004
- Merle West Health Center, Klamath Falls: September 21, 2004
- Deschutes Services Center, Bend: September 22, 2004
- Tuality Health Education Center, Hillsboro: September 23, 2004
- Pacific Communities Hospital, Newport: September 27, 2004
- Eastern Oregon University, La Grande: September 28, 2004
- Guernsey Building, Canyon City: September 29, 2004

CHEMEKETA COMMMUNITY COLLEGE, SALEM: SEPTEMBER 9, 2004

Controlling Cost

Most pressing issues

- **cost shifting from uninsured to insured**
- **direct to consumer advertising (it is criminalistic)**
- **disparity between what those who are insured pay (discounted costs) and what uninsured pay (100%)**
- **large profit factor for insurers and medical providers (hospitals and doctors)**
- **increasing prescription drug costs**
- consumers don't know/cannot find out what hospitals actually charge
- increased cost for hospital procedures
- massive shifting of cost from public and corporate responsibilities onto the individual payer (insured and those uninsured)
- Medicare premium increases

Strategies/Solutions

- cost of services should be transparent
- even out payment for insured vs. self-pay
- expand prescription drug purchasing pool
- expand use of evidence-based reviews in commercial sector as with Oregon Health Plan
- fund Oregon Health Plan
- identify ways to control pharmaceutical costs
- regulate insurance rates

Ensuring Access

Most pressing issues

- **high cost of care**
- **lack of providers in rural areas (number or providers and acceptance of new patients)**
- **not educating enough doctors to keep up with increasing population**
- **cost of coverage, especially for small employers**
- **difference in access depending on coverage status**
- increasing number of uninsured kids
- limited access to transportation
- may not be enough doctors per capita
- no subsidization of rural health care (like rural telephone service is subsidized)
- Oregon Health Plan cuts
- over-dependence on market-oriented, for profit system
- unclear policy language about what is covered and what is not
- burden of malpractice insurance rates
- cultural barriers (language, culture, immigration status)

Strategies/Solutions

- allow small businesses to buy into Oregon Health Plan
- allow small businesses to form other purchasing pools
- encourage insurance coverage for families
- define a standard benefit package for Oregonians
- expand PEBB[6] to all individuals and small businesses
- increase rural transportation
- provide training incentives to increase the number of providers
- universal health care/coverage

Increasing Quality

Most pressing issues

- **accountability measures are needed (quantitative) to determine quality of care being provided**
- **care decisions are based on coverage or ability to pay**
- **treatment 'by the clock' - not enough time for providers and patients**
- gag orders by hospitals; difficult to get information on malpractice
- watch dog issues - there should be no 'self policing'

Strategies/Solutions

- increase number of per-capita providers
- measures of quality should be transparent for providers and facilities
- provide incentives for innovation, i.e. using team approach to care
- publish information about providers using a peer review model that includes health outcomes, error rates, pricing, time spent with patients
- streamline required paperwork
- tie pay to performance

Improving Health

Most pressing issues

- **children not getting enough exercise**
- **lack of education on wellness and disease prevention**
- **lack of preventive care**
- **tobacco use**
- **tobacco tax not high enough**
- community infrastructure that supports overuse of motor vehicles/lack of exercise
- education
- information
- junk food too readily available in schools
- physical education
- too much 'fast food'

Strategies/Solutions

[6] *PEBB – Public Employees Benefit Board*

- encourage more disease management programs
- fund Oregon Health Plan
- increase tobacco tax
- institute a fast food tax
- prevent/discourage schools from 'fast food' funding
- provide deductible-free preventive care
- provide incentives for discouraging and preventing use of tobacco
- provide insurance coverage for all children
- require accountability measures, i.e. how does tobacco tax decrease or prevent use of tobacco?
- require physical education in schools

ROGUE VALLEY MANOR, MEDFORD: SEPTEMBER 14, 2004

Controlling Cost

Most pressing issues

- **end of life care - as it relates to individual expectations about care to be provided vs. its value**
- **rising prescription drug costs (are they justified?)**
- competition in health care institutions instead of cooperation/collaboration (leads to duplication and over-capacity)
- cost of care for chronic conditions
- cost of co-insurance is still high for those with insurance
- cost shifted from uninsured to insured
- increasing cost to secure some health personnel (workforce shortages of nurses, pharmacists, some technicians)
- redundant facilities and services
- unpredictable nature of public funding leaves providers unable to budget/plan for consumer base beyond the current month

Strategies/Solutions

- defined service package that is available to all Oregonians
- education is critical (services are not an entitlement, that there is a relationship between services and individual responsibility)
- need to move to model of care that is closer to a 'public utility' (allows cost regulation; provides public investment; lends to coordination and cooperation)

Ensuring Access

Most pressing issues

- **premium cost is high**
- **impact of malpractice**
- increased overall cost of health care
- individual coverage difficult to purchase when there are pre-existing conditions
- language barriers
- limited availability of providers
- limited hours of service
- limited transportation
- make statement that access in Oregon is better than in some other states
- personnel not used cost-effectively
- system too tied to insurance model
- "it's like gambling - the house makes all the money"

Strategies/Solutions

- increase choices in insurance (health and malpractice) to allow someone to choose basic coverage then buy additional options ala carte
- need accountability and transparency
- public hearings about access

Increasing Quality

Most pressing issues

- **information on cost is difficult to find**
- **limited interactions between traditional and alternative providers (lack of team approach to care)**
- **providers are using 'old organizational model' and outdated styles for patient interaction**
- treatment decisions based on patient's ability to pay
- health literacy
- lack of electronic medical record/access to medical information
- level of Medicare reimbursement makes it difficult to keep providers
- limited coverage for alternative providers
- limited time with providers
- no objective rating system or access to quality ratings
- providers are limiting # of new Medicare patients
- reductions in services (Oregon Health Plan) make quality difficult

Strategies/Solutions

- integration and cooperation between traditional and alternative health providers (team/cooperative care)
- need transparent information on cost and increase in consumer awareness
- transparency of health care costs should mirror practices of other industries

Improving Health

Most pressing issues

- **not enough education for providers on health and wellness**
- **not enough education to children on health and wellness**
- **reimbursement lacking for prevention**
- reimbursement lacking for non-conventional treatments
- services are fragmented/lack of integration or information sharing

Strategies/Solutions

- encourage health outcomes measures (what do we get for what we put in, which could confirm/drive discussion on incentives)
- improve funding for education
- need to establish relationship between expectations and individual responsibility
- provide incentives for healthy behaviors (i.e. lower insurance rates)
- provide reimbursement for prevention

Controlling Cost

Most pressing issues

- **administrative costs are high, inefficient**
- **lack of transparency**
- **prescription drug costs and limits on generic drugs**
- affordability (treatment and cost-sharing)
- cost is an access issue
- health care premiums is not the only place where cost is an issue
- increased costs of medical equipment
- lack of continuity of coverage, increased costs
- lack of focus on prevention
- money inefficiently spent
- Oregon Health Plan premiums - no local place to pay

Strategies/Solutions

- allow importation of Canadian drugs
- improve continuity
- external audit on technology, facilities and people (resources) in health care
- transparency of costs for consumer protection
- selective regulation by state
- some managed care options could be used to control costs
- state coverage, either universal or large risk pool, public funded

Ensuring Access

Most pressing issues

- **lack of continuity of care**
- **limited choice of providers**
- **shortage of providers**
- employer-sponsored insurance is primary mode to access coverage
- individuals have to be underwritten, while groups do not; exclusions are not allowed to individuals
- inequality - public employees have access to coverage that is paid for by taxpayers who do not have access to the same coverage
- lack of outreach
- limited time to form relationships with providers
- limits due to language and other barriers
- low Medicare reimbursement rates
- when someone is between jobs, access is limited by affordability and availability

Strategies/Solutions

- broaden scope of practice to include traditional and alternative health providers
- improve provider reimbursement
- match health needs to appropriate level of care
- provide coverage to all Oregonians
- provide incentives to providers to see more patients

- work to improve/increase Medicare rates

Increasing Quality

Most pressing issues

- **inappropriate care given**
- **lack of electronic medical record**
- cost shift - acute care competes with long term care and chronic care
- lack of information; limited use of evidence-based practices
- lack of transparency
- limited time with providers
- too much money focused on benefits for well, working adults
- most vulnerable have least continuity of care
- negative impact of direct-to-consumer marketing of drugs
- prescription drugs not used appropriately, not based on evidence
- you don't get what you pay for

Strategies/Solutions

- increase transparency
- increase information sharing/tracking
- implement electronic medical records
- pay providers for systems and outcomes (provide incentives to improve systems)

Improving Health

Most pressing issues

- **no health education for youth**
- **no physical education in schools**
- influence of the media
- lack of personal responsibility
- high level of hunger in Oregon
- no sanctions for unhealthy behaviors
- not enough research
- providers don't have enough time for education
- sense of entitlement to health care

Strategies/Solutions

- education on health insurance
- fund early childhood education
- fund school based clinics
- fund wellness/health education
- insurance breaks for making healthy choices
- market the message; lobby the media and media regulators to stop promoting unhealthy behaviors and foods
- value wellness as a 'cultural commodity'

PORTLAND ADVENTIST MEDICAL CENTER, PORTLAND: SEPTEMBER 16, 2004

Controlling Cost

Most pressing issues

- **cost drives access**
- **decreased focus on prevention**
- **fear of lawsuits (malpractice)**
- **increased drug costs**
- **increased profits in healthcare**
- administrative efforts are focused on lowering costs, not on improving service delivery
- cost drives how care is delivered
- rising cost of health care /coverage impacts other choices (housing, food, clothing, etc.)
- focus on late stage care (increased cost)
- health care costs are rising at a greater rate than other essentials
- increased fragmentation - services reductions in any one area places greater demand the rest
- inefficiencies in public systems
- lack of transparency
- more people are going into 'medical debt'
- our mentality - "we should get what we want"
- the United States pays more for health care than other countries and gets less

Strategies/Solutions

- expand drug purchasing pool to include small businesses
- facilitate Canadian drug purchasing/importation
- fund prevention
- fund services for 'medically needy'
- increase use of evidence-based medicine
- increase education about coverage and how to use it
- increase coverage for kids (fund governor's initiative)
- public rate review of insurers
- single payer system
- tort reform/malpractice – there is lack of consensus on how to approach reform and whether it is indeed a problem
- universal access

Ensuring Access

Most pressing issues

- **'all' Oregonians don't have access**
- **application process for Oregon Health Plan is cumbersome**
- **cost limits access**
- **limited enrollment in Oregon Health Plan**
- **limited prenatal care**

- bureaucratic confusion
- cost of prescription drugs
- decreased reimbursement for providers
- dental care
- emergency room being used as primary care venue (limits access for true emergency cases)
- increased co-pays/deductibles
- language barriers
- limited access for uninsured
- limited education on how best to use coverage
- limited providers
- limited transportation
- mental health/alcohol and drug
- providers not taking Oregon Health Plan

Strategies/Solutions

- adequately fund Oregon Health Plan
- change malpractice laws
- decrease disease by increasing access (i.e. fluoride)
- improve access to reproductive health/prenatal care
- increase outreach and publicity
- increase transparency of costs; create consumers who are informed, aware and accountable
- invest in prevention
- provide incentives to small employers to buy into Oregon Health Plan, or form purchasing pools
- universal coverage

Increasing Quality

Most pressing issues

- **insurers, rather than providers, are making medical decisions**
- **lack of continuity**
- difficult to measure/identify quality
- increased medical errors
- lack of follow-up, to and from hospital stay
- repetition of tests, information taking (increased cost)
- specialty care - uncoordinated when coordination is most needed

Strategies/Solutions:

- fund health care advocates to help people navigate the system
- implement statewide electronic medical record that includes link to pharmacies (like immunization information)
- remove insurers from medical care decisions

Improving Health

Most pressing issues

- **cuts in physical education in schools**
- **limited access to nutrition**
- **more inactivity, less exercise**
- **obesity**
- affordability of quality food
- decreased nutrition in schools (fast food vendors)
- decreased emphasis on prevention, wellness, health promotion
- disparities in access and coverage
- environmental issues - toxins, exposure to pollutants
- impact of marketing
- job stressors - inability to get adequate income
- lack of self-discipline/focus on pleasure

Strategies/Solutions

- create safe access to and from schools, libraries and other community activities
- decrease use of advertising for fast foods and drugs
- establish 'fast food tax'
- establish state-level food policy council to create standards for school menus and agricultural policy
- decrease access to non-nutritious foods in schools
- increase culturally appropriate mental health services
- increase nutrition education
- increase personal responsibility; provide incentives for healthy choices
- invest in support for physical activity
- link with local organizations to increase collaboration
- re-establish daily physical education in schools
- re-fund tobacco cessation and prevention programs

MERLE WEST MEDICAL CENTER, KLAMATH FALLS: SEPTEMBER 21, 2004

Controlling Cost

Most pressing issues

- economic constraints of state budgets
- increase in number of people with chronic conditions
- increased prescription drug costs
- lack of management for those with chronic conditions
- overuse of provider care because of limited cost-sharing (individual v. buy-in)
- preventive care not always available
- reluctance to use primary care, especially among those who need care
- uninsured use of emergency room as primary care (cost shift; increased cost to health plans)
- unknown what percentage of health care dollars go to admin and overhead (i.e. when providers are on multiple panels, administrative costs increase)

Strategies/Solutions

- add sales tax (with floor and ceiling)
- Canadian drug importation
- explore group/bulk drug purchasing
- negotiate with drug companies on cost
- reinstate Oregon Health Plan co-pays
- 'socialized medicine'

Ensuring Access

Most pressing issues

- **access to providers in rural areas is difficult, especially for kids**
- those with mental illness who lack prescription coverage are even more reluctant to access services
- increasing uninsurance rates
- lack of outreach
- lack of proper diagnosis and relationship to incarceration
- limited access to mental health drugs impacts community as a whole (also related to incarceration)
- limited or no transportation
- patients don't access care until they are 'really ill'
- those with mental illness are afraid to go to the doctor

Strategies/Solutions

- Telemedicine
- tort reform

Increasing Quality

Most pressing issues

- **loss of physicians in Oregon impacts workload of remaining providers, limiting time for patient interactions**
- **quality is impacted by proximity to health facilities (and choice of health facilities to use)**
- loss of providers to the military (volunteering to offset school costs)
- patient-provider relationships vary
- quality is impacted by availability of specialists
- use of outdated meds instead of using evidence-based information on effectiveness
- workforces shortages (i.e. nurses) - high estimates of number of nurses retiring in next ten years

Strategies/Solutions

- acknowledge that workload impacts quality
- give more autonomy to nurses, physician assistants, etc
- increase outreach and use of satellite clinics
- increase access to medical and nursing schools
- increase use of evidence-based practices
- recruitment of providers by local provider community

Improving Health

Most pressing issues

- **lack of incentives for healthy behaviors**
- **limited/no early education on 'good health'**
- **not enough physical education in school**
- **parents lack education about health (assumptions that some things are not avoidable - "my parents have dentures - it's inevitable"; "my parents are obese, it's genetic")**
- **poverty - relationship to poor preventive care and nutrition**
- **less value placed on maintaining good health**
- cuts to school funding
- increase in elderly population
- lack of preventive/early care of kids with mental illness
- limited prevention and treatment for mental health, alcohol and drug
- no one knows how to approach issues bound by choices (smoking, alcohol, eating, etc)
- tobacco use
- unhealthy eating (youth and schools)

Strategies/Solutions

- add incentives for healthy behaviors in schools
- all health care visits, even sick visits, should have education component
- increase health education that is school based

- increase use of nurse practitioners in schools
- involve health community in education in schools

DESCHUTES SERVICES CENTER, BEND: SEPTEMBER 22, 2004

Controlling Cost

Most pressing issues

- **diagnostic and therapeutic technology (demand and expectations)**
- **lack of individual accountability (behaviors and avoidance)**
- **lack of preventive care**
- **liability**
- for-profit nature of health care
- aging population
- lack of access
- lack of defined 'social responsibility'
- lack of planning
- lack of quality care oversights
- prescription costs (demand and expectations)
- system inefficiencies (administrative cost, duplication of services, unnecessary procedures
- use of wrong venue for care (using emergency room for primary care treatment)
- venture capitalists

Strategies/Solutions

- binary approach to system (patient as payer has direct relationship with provider)
- decrease demand (need) by altering expectations, i.e. changing school menus
- find ways to decrease cost of prescription drugs
- use evidence based reports to prescribe drugs; find ways to change behavior and increase prevention
- increase education of patients with chronic conditions
- increase efficiencies of communication
- increase public-private collaborations
- limit malpractice judgments
- make contraception over-the-counter
- educate the public about evidence-based practices
- policy changes related to prevention, i.e. fluoride, healthy lifestyles
- policy that protects providers of charitable care from liability (or create an alternative adjudication process)
- use available resources that are 'public domain' such as the VA's electronic medical record

Ensuring Access

Most pressing issues

- **lack of prevention**

- **payment modality (reimbursement drives coverage)**
- burden of liability insurance
- confidentiality
- cultural barriers (language, culture, immigration status)
- education
- excess population needs
- geographic isolation
- health system complexity
- how to gain access is poorly understood
- need to change individual attitudes toward healthy behaviors
- lack of facilities
- lack of planning
- managed care (limited access for specified plans)
- no coordination of volunteer efforts
- poor distribution of providers
- transportation
- workforce costs

Strategies/Solutions

- assure that every community has access to an Federally Qualified Health Center (or some form of patient access to primary care)
- improve Medicare reimbursement
- improve provider reimbursement
- use mid-level practitioners in schools

Increasing Quality

Most pressing issues

- **patients don't know what to look for or expect in terms of quality**
- **reimbursement pays for procedures rather than prevention or education**
- inadequate information management (electronic medical record, communication tools
- it's harder to pull licenses of providers with poor quality (may vary by discipline/practice)
- lack of adequate information (education needs information)
- lack of agreement on 'what is quality'
- lack of communication
- lack of continuity of care
- medical education affects quality
- no agreement on what to measure; multiple agencies measure quality, but do it differently
- no planning
- patient's definition of quality may differ from provider's definition
- redundancy, repetition and duplication of effort
- workforce shortages, i.e. nurses

Strategies/Solutions

- add incentives for consumers to take part in preventive measures
- define minimum standard of health for Oregon (create a vision)
- encourage single standard of care
- increase transparency
- need for information/information systems
- providers should monitor (police) themselves
- patients need increased time with providers

Improving Health

Most pressing issues

- emergency room used ineffectively as a location for care
- inadequate/unhealthy diets
- increase in addictive behaviors, i.e. methamphetamine problem
- lack of coordination of care
- lack of fluoridation of drinking water
- lack of individual responsibility (poor lifestyle choices)
- lack of parental education
- limited access
- marketing of non-nutritious foods
- no financial incentives for healthy lifestyles
- poor parental examples (parents who ride bikes without helmets, parents who smoke)
- reduced health education, physical education, nutritious foods in schools
- reimbursement constraints
- reliance on prescription drugs
- tobacco use
- unclear level of social responsibility

Strategies/Solutions

- education at time of enrollment in health plan
- mobilize strategically around visions (policy/will power/funding)
- OR needs annual health profile that can drive work of agencies
- re-focus on educating about health in schools
- tobacco tax needs to be reinstated but amount should be strategically identified
- zoning - limit access to tobacco and alcohol around schools and children

TUALITY HEALTH EDUCATION CENTER, HILLSBORO: SEPTEMBER 23, 2004

Controlling Cost

Most pressing issues

- **lack of preventive care**
- **prescription drugs (no rationale for retail pricing)**
- **technology**
- acute care costs
- administrative cost
- cost shift - uninsured vs. insured
- don't know 'true cost of care'
- end of life care
- increase in people with chronic conditions
- increasing cost of insurance
- lack of personal responsibility
- lack of regulation
- medical errors
- over use of emergency room
- patient non-compliance
- perverse incentives (reimburse more for high technology vs. low technology visits; reimburse for primary care done in the emergency room)
- poor coordination of care
- practice of defensive medicine (over use of tests)

Strategies/Solutions

- expand bulk purchasing of prescription drugs
- fund health life learning in schools (includes physical education, dental, fluoridation, etc)
- increase investment in technology in targeted areas like email and electronic medical record (70% of homeless individuals have email address)
- increase use of evidence based practices
- measure cost vs. benefit of treatments
- regulate drug advertising

Ensuring Access

Most pressing issues

- **access to coverage (employer-sponsored insurance, Oregon Health Plan, small businesses)**
- **cost of care**
- **inadequate acute mental health services**
- **patients don't know when to access which level of care (lack of triage/advice nurses, etc.)**
- benefits are not easily accessible in rural areas (geographic options, transportation limitations, timeliness of services)
- delivery model requires patients to physically go to a doctor

- lack of modern communication like email
- lack of outreach/advocacy
- lack of transportation
- language and cultural differences
- regulatory barriers to mid-level practitioners - scope of practice, complicated billing requirements
- limited provider locations and office hours
- losses to safety net

Strategies/Solutions

- create single payer plan/universal coverage (remove burden from employers)
- educate all Oregonians about cost of not providing services
- encourage use of advice lines to facilitate appropriate access
- ensure funding for safety net clinics
- have Oregon create a 'state health plan' that anyone can buy into
- increase number of school-based primary care clinics
- legislation to ensure that those who can and want to pay for insurance have access/aren't excluded
- provide incentives for practitioners to serve in 'underserved' areas

Increasing Quality

Most pressing issues

- **lack of properly trained staff**
- **lack of public information about care provided by institutions and providers**
- **need for more research (evidence is continually evolving)**
- **quality care is reimbursed the same as non-quality care**
- difficult to know true cost of health care
- evidence based information not readily available to providers or consumers
- inefficient work flow
- insurers don't cover alternative therapies (even if less costly and more effective)
- lack of continuity and coordination
- language and cultural differences
- malpractice fears create adversarial nature instead of focus on improvement

Strategies/Solutions

- increase funds for research and development (state, federal, taxes on care, taxes on drugs)
- increase vocational education in schools
- institute electronic medical records
- link payment to evidence of use of best practices; reimburse for quality care; pay for performance
- public access to quality data, i.e. medical errors

Improving Health

Most pressing issues

- **decreases in school funding**
- **inadequate funding for prevention**
- alcohol tax too low
- healthy foods unavailable - increase in fast foods
- increased work pressures and more time spent working
- lack of community centers to promote activities
- lack of incentives for healthy behaviors
- more stress and depression
- not all Oregonians have choices in all aspects of individual responsibility, i.e. those with mental illness
- obesity
- physical barriers (cities are built for cars without enough sidewalks and bike paths)
- prevention not promoted
- tobacco tax too low

Strategies/Solutions

- coordinate public health effort on obesity, replicate tobacco cessation efforts
- fund substance treatment programs
- increase funds for schools
- increase preventive care for kids
- promote prevention
- support federal requirement to label nutritional content of foods
- increase urban planning for healthy lifestyles and showcase the successes

PACIFIC COMMUNITIES HOSPITAL, NEWPORT: SEPTEMBER 27, 2004

Controlling Cost

Most pressing issues

- **cost shifting**
- **direct to consumer advertising**
- **lack of pooling options**
- **lack of prevention**
- **medical malpractice awards**
- **lobbying - insurers and pharmaceutical industry**
- accountability
- administration/bureaucracy (HIPAA[7])
- duplication of resources, i.e. multiple competing sites for high cost testing in a small community
- excessive profits
- increasing costs of health insurance
- lack of transparency in insurance rate setting
- lack of effective care
- lack of patient education
- lack of promotion of state programs
- medical errors
- poor information management

Strategies/Solutions

- allow small businesses to pool
- expand after hours options for urgent/intermediate care to reduce emergency room use
- increase funding for public health
- limit direct-to-consumer advertising
- limit medical malpractice
- pay for prevention (insurers should cover, need for more research)
- push accountability and expenditure reporting
- transparency of insurance companies (rate setting)
- vote (as a tool to elect right people)

Ensuring Access

Most pressing issues

- **decreased number of providers taking Medicare/Medicaid patients**
- **lack of access for low income Oregonians**
- **lack of adequately funded school-based health centers**
- **lack of mental health services**
- **lack of timely care**

[7] *HIPAA – Health Insurance Portability and Accountability Act of 1996*

- impact of pre-existing conditions
- lack of dental care for kids
- lack of transportation
- lack of trauma centers
- limited office hours
- limited translation services

Strategies/Solutions

- add small business/individual pooling options
- additional funds to Oregon Health Plan
- expand outreach/scope of practice, i.e. dental hygienists to nursing homes
- fund school based health centers
- improve mental health options (need more services and more providers)
- improve transportation options
- increase extended hour facilities
- increase funding for Federally Qualified Health Centers
- increase funding for state programs (will increase federal match)
- integrate community safety net clinics, i.e. into school-based health centers
- maintain tax credits for rural providers
- promote use of National Service Corps

Increasing Quality

Most pressing issues

- **socio-economic disparities**
- **lack of evidence-based care**
- **overworked staff**
- **poor coordination of care and information**
- **under-funded public health system**
- lack of continuing education, especially for rural providers
- lack of coordination of care for chronic conditions
- medical errors
- poor information management

Strategies/Solutions

- develop culturally appropriate services
- develop local health care resource guides
- develop protocols/checks and balances
- evidence-based evaluation of health system to improve safety
- improve recruitment and retention of providers
- increase funding for public health
- increase information systems development
- increase more appropriate/risk adjusted funding
- increase senior outreach
- provide education for providers

Improving Health

Most pressing issues

- **fast food culture**
- **increased hours in work week**
- **physical education in schools**
- **substance abuse (including tobacco)**
- cost of nutritious foods
- diabetes
- inconsistent messages
- lack of insurance coverage for prevention
- lack of personal responsibility
- lack of tobacco prevention programs
- marketing of unhealthy products
- mental health needs
- school-based clinics
- vending machines in schools

Strategies/Solutions

- add community gardens
- education on food preparation
- empower patients; provide more information and education
- fund tobacco prevention
- improve childcare options
- improve economic status for substance abuse
- increase employer-sponsored prevention programs
- increase funding for mental health
- mandate physical education in schools
- more patient education
- school athletics available for all
- regulate truth in advertising

EASTERN OREGON UNIVERSITY, LA GRANDE: SEPTEMBER 28, 2004

Controlling Cost

Most pressing issues

- **aging population**
- **cost of prescription drugs**
- **increased cost of premiums**
- **lack of insurance**
- **lack of prevention and education**
- **no limits on malpractice**
- **over use of emergency room**
- administrative costs
- cost of capital and equipment
- cost of medical education
- direct to consumer advertising
- end of life care
- hospital charges
- increased deductibles deter people from seeking care
- no coverage for alternative care
- over use or abuse of coverage
- workforce shortages, i.e. nurses

Strategies/Solutions

- cap malpractice
- death/dying education
- decrease cost of prescription drugs
- educate patients about use of emergency room, prescription drugs, etc.
- implement nurse lines to reduce in-office visits
- increase availability of generic drugs
- increase funding for FHIAP[8]
- limit malpractice cases that go to trial based on whether a long term disability was created or not
- regulate cost of insurance
- reward healthy behaviors
- take percentage of malpractice award to fund services for those without insurance
- tort reform
- universal coverage

Ensuring Access

Most pressing issues

- **lack of access to employer sponsored insurance**
- **lack of primary care providers**

[8] *FHIAP – Family Health Insurance Assistance Program, an option for enrollees of the Oregon Health Plan*

- **lack of local specialists leads to transfers between geographic regions**
- **lack of public or private transportation, especially when patients are sick**
- **restricted access due to coverage or lack of coverage**
- lack of insurance
- lack of personal responsibility
- lack of providers making home visits
- lack of referrals between providers, even to get a better fit for patient's care
- limited providers taking Oregon Health Plan
- malpractice impacting # of providers willing/available to practice in rural areas
- requirement to see provider prior to getting routine tests like diabetes and hypertension
- pharmacies don't always carry generics
- price versus access
- uninsured often need cash 'up front' before they will be seen

Strategies/Solutions

- make pursuit of health professional degrees affordable
- allow small employers to pool
- bring specialists to rural areas instead of transporting patients to metro areas
- community investment
- increase availability of appropriate transportation (for disabled, for medical appointments)
- increase funding for home health to allow them to increase transportation
- increase incentives for providers to practice in rural areas
- mandate insurers to increase availability of providers (instead of limited panels)
- provide incentives to reduce workforces shortages
- reduce/simplify paperwork for both provider and patient
- reserve slots for rural residents in health professional schools
- require state contractors to provide insurance for employees
- fund tri-county provider-sharing. Many patients currently go to Boise

Increasing Quality

Most pressing issues

- **can't see specialist on a timely basis**
- **decrease in tax base (population shrinking in rural areas)**
- **decreased hospital stays (regardless of patient's level of need)**
- **decreased face-to-face provider time for patients**
- **increase in elderly population**
- **increased paperwork for provider and patient**
- **insurers limit tests even when provider feels they are needed for diagnosis**
- **limited choice of providers may make a poor fit between provider and patients**
- **patient-provider ratio increasing**
- **provider capacity is impacting timely follow-up**
- **rural providers have to cover a broader set of medical issues**

- lack of alternative care coverage, even when it has the ability to heal, not just treat
- language and cultural differences impact communication
- patients cannot afford meds, which leads to misuse
- reimbursement drives health care decision (poor financial incentives)
- uninformed consumers

Strategies/Solutions
The groups at this site ran out of time before getting to this section.

Improving Health

Most pressing issues
- **cuts to physical education in schools**
- **decreased nutrition in schools - school vending contracts, poor school lunches**
- **lack of education about nutrition, sex education, sexually transmitted diseases**
- **lack of personal responsibility**
- **lack of preventive care (including education about tobacco and alcohol)**
- **reduced income impacts health status**
- limited access for those with pre-existing conditions
- focus on 'quick fix' rather than promoting healthy lifestyles
- insurers do not cover weight loss treatment, health promotion or birth control (but will cover pregnancy, delivery, terminations)
- lack of incentives for healthy behaviors

Strategies/Solutions
- add lobbyist in Salem for preventive care
- challenge individuals to improve health
- change school menus
- have disincentives/consequences for lack of healthy behaviors
- have medical professionals make medical decisions
- increase financing for school lunches and nutrition in schools
- mandate and fund physical education, health classes and school lunch programs (perhaps as separate line items from rest of school funding)
- no genetically modified foods
- regulate insurers by health professionals embedded in health plans
- require honest food labeling
- tax advertising to fund education (sin tax)
- tax tobacco and alcohol to subsidize healthy school lunches

GUERNSEY BUILDING, CANYON CITY: SEPTEMBER 29, 2004

Controlling Cost

Most pressing issues

- **low Oregon Health Plan reimbursement (leads to decrease in available providers, leads to increased use of emergency room)**
- **need for improvement among insurers, including malpractice and employer-sponsored insurance**
- **overly generous employee coverage**
- **tort reform**
- aging population
- cost of technology
- direct-to-consumer advertising
- drug costs
- increasing consumer demand/expectations
- lack of access/cost shift
- lack of coverage for all
- lousy psychiatric care
- medical malpractice/rising costs of defensive medicine
- poor preventive services
- some people choose to get primary care in the emergency room
- state's economic woes, leads to increased unemployment, leads to increased uninsurance
- over-utilization of costly services, i.e. emergency room

Strategies/Solutions

- allow employer purchasing pools
- allow flexibility to care facilities who are licensed in one way, but can serve other populations, i.e. Intermediate Care Facility licensure is more stringent than Assisted Living Facility or Adult Foster Home, yet Intermediate Care Facilities cannot serve residents at those levels of care
- allow local discretion on use of state funds, i.e. Oregon Health Plan funds
- attorney fee reform
- economic stimulus
- measure benefits of tests/treatment options
- price/cost controls
- tort reform

Ensuring Access

Most pressing issues

- **not enough providers, i.e. there is one psychiatrist in Baker City who used to come to John Day but does not anymore**
- **underinsurance and uninsurance deters patient from going for treatment and increases out of pocket costs**
- consumer demand for 'immediate' care
- cuts cause instability, i.e. mental health
- insurers limit coverage by where they allow patient to go for care (even if Boise is closer, it isn't covered, while treatment in Portland is covered)
- lack of access to wellness/prevention/health education

- lack of disclosure
- limited providers available to Oregon Health Plan enrollees
- medication cost and coverage
- Oregon Health Plan cuts in enrollment
- overworked providers (administrative burdens as well as too many patients)
- re-prioritization of services
- transportation
- unclear definition of access

Strategies/Solutions

- add Federally Qualified Health Center in county (closest is in Prineville; they are close to getting a Rural Health Clinic; may need state support to get Federally Qualified Health Center)
- provide incentives to providers to practice in rural areas
- state should hire psychiatrists and outpost them in rural areas where services are unavailable
- subsidy to encourage health professionals to practice in rural areas, i.e. surgeons

Increasing Quality

Most pressing issues

- **over management by insurers of clinical decisions**
- **overworked providers**
- **unclear definition of quality; no consensus on what benchmarks should be used; benchmarks may be different depending on geographic area or population base**
- consumers not involved enough with health care, i.e. diet/activity
- not enough use of best practices or protocols
- unclear whether quality is defined by individual patient or process outcomes

Strategies/Solutions

- flexibility to use guidelines given available resources
- need for evolving knowledge base to gauge healthcare outcomes
- state needs to define specific quality issues
- use existing data instead of recreating or requiring new data

Improving Health

Most pressing issues

- **cuts in public health/prevention**
- **elimination of tobacco cessation programs**
- **lack of health education in schools**
- **overall cuts in education**
- elimination of physical education/school sports

- increased unemployment
- poor nutrition in schools
- shift in priority to bio-terrorism and strict constraints as to how those dollars are spent
- vending machines in schools

Strategies/Solutions

- fluoridation of drinking water
- increase prevention education for health professionals; realign incentives/reimbursement
- increase funds for preventive care
- Oregon Health Plan should implement US Preventive Services Task Force guidelines
- sounder school nutrition; remove fast foods, vending machines
- teach personal responsibility
- tax tobacco and alcohol to subsidize healthy school lunches