

Oregon's health care system needs reform. Patients and families must be engaged and empowered to value good health and make sound health care decisions. That means having access to accurate information and the right care in the right place at the right time (care that works).

Purchasers, insurers, providers and policymakers must work together to create a sustainable and effective system of care. In order to redirect the health care system to focus on a collective goal of optimal health and value, we must actively influence the behavior of all stakeholders to achieve alignment in providing and purchasing health care.

The health care system's financing structure is misaligned. To achieve the best clinical outcomes and cost containment, focus should be placed on financing evidence-based and coordinated care.

The system must be designed to improve community health. Access to care must not be limited to those with traditional insurance coverage. Additionally, coverage of care should not be limited to traditional insurance models. The adequacy and availability of health care providers is vital to ensuring access to health care.

We believe that any sustainable health care reform proposal must include the following principles:

Commitment and Sustainability

- There must be long-term commitment to any new system that meets our goals of adequate overall financing and long-term sustainability. This commitment recognizes the fact that any reform model may require an initial public investment and result in increased costs at the outset.
- The overriding goal of any reform must be to improve health status of our communities.

Access and Coverage

- The plan must achieve universal access to care and coverage, but should be not limited to traditional insurance models.
- The plan must be designed with a basic benefits package developed through a public process that includes:
 - Portability within the employment-based insurance system, but not tied to a specific employer or payer.
 - Individual cost-sharing based on ability to pay;
 - Regulated insurance with community risk adjustments;
 - An option to allow individuals and employers the ability to buy additional coverage;
 - A focus on preventative and primary care that utilizes the integrated health home concept; and
 - Adequate coverage that is comprehensive and includes dental and behavioral health.
- All individuals must obtain and participate in basic coverage.
- The plan must provide for a workforce that is adequate to meet health care demands.

Financing and Affordability

1. Financing

- Individuals, employers and governments must share in the costs of the system.
- Financing for government-sponsored health care coverage should come from a broad-based funding source.
- The payment system must have integrity: Payments must be adequate to cover costs of care provided.
- Financing should be transparent. Any reliance on cost-shifting should be clearly identifiable, quantifiable, and transparent to purchasers, payers and consumers.
- Health care reform must be equitable among hospitals and not disadvantage those with an unfavorable payer mix.



2. Affordability

- Individuals, providers and insurers must share responsibility for containing costs and ensuring that those costs are predictable over time.
- For so long as government programs fail to pay the cost of care, a stable, growing commercial insurance market is key to an affordable, sustainable delivery system.
- The system must be aligned for all payers, including Medicare and Medicaid, to adequately reimburse providers and eliminate cost-shifting.
- Any plan must include incentives that encourage consumer choices toward personal wellness and accountability.
- Economic and quality incentives must be aligned across all providers, including hospitals and physicians.
- In order to achieve true cost savings (i.e. reduction in premiums), health care reform must include changes to Medicare. Those changes must address payment inequities between states.

Accountability and Quality

- Consumers and providers should have easy access to accurate and unbiased information from providers and insurers about cost, quality and evidence-based standards of care.
- Quality information includes patient experience and evidence-based care.
- Providers and insurers must establish and review quality measures, clinical outcomes and cost containment efforts.
- An accountability process must be designed to ensure long-term commitment to these principles.