



Creating World-Class Quality Health Care: What Oregon is doing and what needs to be done

Nearly 30 people participated in an **agog dinner & discussion** hosted by Dave Johnson on February 9, 2010. Below is a brief synopsis of some of the questions they considered as well as thoughts and opinions that were shared during their dinner table discussions.

How do we afford universal health care coverage? If everyone has coverage, how does it affect the health care delivery system?

Most participants believe universal health care of some sort is critical to providing humane support for the 40 to 50 million people who are currently uninsured in the United States. Socioeconomic status is one determinant of health that affects access to quality health care. OHSU is one of several local providers of health care that also serves as a community safety net for those who cannot afford care.

The need to provide quality care to the uninsured and underinsured as well as how this care should be paid for were two hot topics of discussion around the dinner table. With cost containment as a major worry for many people, there was significant concern about how to finance this care. There was also concern about how a universal health care plan would be managed and controlled. Rationing of care, priorities for preventive care, and personal incentives for behavior change were widely endorsed as critical components in creating a successful universal health care model. The Oregon Health Plan has addressed many of these issues, particularly rationing of care, and some of its components could be shared nationally.

How do we make the most of the workforce we currently have? Is society willing to invest in educating more physicians, nurses, research scientists and other providers?

Participants acknowledged the economic need for health care to be fast and efficient, but also expressed expectations that their physicians provide both acute as well as preventative care, such as health coaching. One discussion group embraced the concept of a **core-team approach** to health care, in which the patient, their physician and a team of specific health care professionals interact to maximize efficiency and provide thorough, well-rounded care for patients, which could help reduce costs and dependence on the physician.

There was considerable discussion about how our current training of health care professionals in the U.S. provides greater financial incentives for attaining high levels of medical expertise, and whether it would be more beneficial to offer incentives that would encourage a wider spectrum of trained health care professionals. For example, offering a debt forgiveness incentive for medical students who pursue general practice rather a specialty degree. The average medical student graduates with approximately \$150,000 in student loan debt; however, the salary of a general practice physician is much less than that of a physician in a specialty field.

Does the culture of the U.S. support personal responsibility and changes that can affect major issues that affect health, the way that tobacco use has declined?

Obesity is a national epidemic. Kids are not eating at home as often; single parents or both parents are working long hours; kids are in daycare/after school care for long hours daily; personal income affects the quality of food that is purchased, and there is easy access to cheap, unhealthy food choices.

Acknowledging that personal behavior plays a major role in healthcare outcomes, participants expressed the need for further defining responsibility:

- Personal – individuals taking an active role in their health care and making healthy choices
- Community – informing the community on health issues, providing resources for assistance (this clearly proven strategy was successful in reducing tobacco use)
- Health care agency – providing access to quality care and personalized health plans
- Schools – promoting health habits and health education in our schools
- Public Policy – increased taxes reduce tobacco use, for example; more parks, bike paths and sidewalks promote physical activity
- Business - financial incentives from employers, insurers, etc.

How can we help educate people and change their habits and values to reflect a healthier lifestyle?

Change public policy. Identify people to serve on school boards, all the way up to the governor's seat, who will advocate for funding health education beginning in elementary school to:

- Promote the image of health
- Increase the number of PE classes and recess time
- Remove unhealthy foods and beverages from school property
- Hire qualified nutritionists to prepare meals
- Provide organized physical activities

The role of Oregon Health & Science University (OHSU)

OHSU has a role in not only educating future physicians, but in continuing high level research, developing policy and health care delivery solutions that improve access to high-quality health care for all, and taking an advocacy role for behavioral changes to support healthy outcomes.

New technologies often are pioneered at OHSU and then move into community. Examples include organ transplants, deep brain surgery, botulinum toxin injections for neurological disorders, etc.

OHSU is important in keeping skills of practicing physicians up to date with various continuing medical education activities, consultations for local physicians by phone or in clinic for difficult patients.

This year, **agog dinners & discussions** focus on the topic of **Building Healthy Communities**. Metropolitan Family Service is committed to supporting healthy children, healthy families, and healthy communities. Many of our programs address building a healthy community.

- **MFS provides 30,000 rides a year** to older, low-income frail adults who need help getting to the doctor and grocery store. We've seen a huge increase recently in the number of requests for medical rides.
- **Parent education** helps 350 parents every year develop positive parenting skills to reduce the risk of child abuse.
- **MFS promotes physical activity and provide healthy snacks** to all students in after school programs in 24 schools. Often, the low-income children we serve are eating breakfast, lunch, snack, *and* dinner at school. Four of our school sites have developed community gardens to help provide nutritious food to local families.
- **MFS intergenerational mentoring** meets two important health goals: it helps children succeed in school – a huge predictor of long-term health – and also improves the health and well-being of our age 55+ volunteers, reducing their social isolation and susceptibility to depression.



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Because together, we can do more.