



## MEDIA ADVISORY

**Press Conference**  
**Tuesday, May 5, 2009**  
**9:45 am, Capitol Press Room**

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**May 4, 2009**

(Salem) –

### **Oregonians Agree: The Time for Health Reform is Now** ***Survey of Oregon Voters Shows Overwhelming Support for Legislative Action***

The Oregon Health Fund Board will release recent Oregon-specific polling on health care and how Oregonians view the health reform package before the Legislature.

The research was conducted by Grove Insight and funded by State Coverage Initiatives (SCI) to support the work of the Oregon Health Fund Board. SCI is a national program of the Robert Wood Johnson Foundation that provides technical assistance to states across the country, including Oregon, to support health reform and health coverage expansion initiatives.

The **Oregon Health Fund Board** is a seven-member board appointed by the Governor and confirmed by the Oregon Senate. The Board was chartered with developing a comprehensive plan to ensure access to health care for Oregonians, contain health care costs, and address issues of quality in health care. The members of the Board have experience, knowledge and expertise in the areas of consumer advocacy, management, finance, labor and health care, and to represent the geographic and ethnic diversity of the state. To learn more, go to <http://healthfundboard.oregon.gov>.

**State Coverage Initiatives (SCI)** provides timely, experience-based information and assistance to state leaders in order to help them move health care reform forward at the state level. SCI offers an integrated array of policy and technical assistance services and products to help state leaders with coverage expansion efforts as well as with broader health care reform. SCI is a national program of the Robert Wood Johnson Foundation administered by AcademyHealth. To learn more about SCI, go to [www.statecoverage.org](http://www.statecoverage.org).



**TO:** Interested Parties

**FROM:** Lisa Grove, Ben Patinkin and Melissa Chernaik  
Grove Insight, Ltd.

**RE:** Oregon Statewide Study Findings

**DATE:** April 28, 2009

*This analysis is based on 500 interviews among registered voters in Oregon. The survey was conducted April 17-21, 2009. The margin of error is plus or minus 4.4 percentage points at the 95% level of confidence. The margin of error for subgroups varies and is higher.*

*Throughout this report, we refer to “older” and “younger” voters. Older voters are defined as those over the age of 50 and younger voters are defined as those ages 49 and younger.*

*This analysis also refers to two focus groups conducted in Portland, Oregon on the evening of April 2, 2009 among influencers, activists and community leaders.*

**Health Care Reform Is an Important Issue for the Legislature to Tackle**

It comes as no surprise that Oregon voters want their legislature to take action on the issue of health care. Nine in 10 (90%) say it is “important” for the state legislature to focus on this issue, with 71% saying it is “very important.”

This view spans the partisan divide, with Democrats (97%) and Independents (96%) nearly unanimous in their desire for reform and over three-quarters (78%) of Republicans in agreement. In addition, there is no difference of opinion between the so-called “haves” and the “have nots” – voters with health insurance (91%) are just as likely as those without (88%) to say that it is an important issue worth addressing in the legislature.

Voters believe today’s poor economy and the rising cost and declining quality of health care are inextricably

linked. Indeed, one of the top concerns driving a desire for health care reform is cost –

something that with rising unemployment and stagnating wages is a constant worry for voters.

A large majority (59%) of Oregonians say they are

personally “very” concerned with the rising cost of health care, a worry that spans the partisan divide and every major demographic group, including those who currently have health insurance (57% very concerned).

<b>Voters Believe Health Care Reform Is Important and Are Concerned About Rising Costs</b>	
<i>How important is it for the Oregon State Legislature to focus on reforming health care – is it very important, somewhat important, not too important or not important at all?</i>	
Very important	71%
Total important	90%
<i>How much of a concern is the rising cost of health care to you personally – are you very concerned about the rising cost of health care, somewhat concerned, not too concerned, not concerned at all or aren't you sure?</i>	
Very concerned	59%
Total concerned	84%

**Every Health Care Reform Proposal Tested Is Enormously Popular With Voters**

Oregon voters are extremely positive about the reform proposals currently on the legislative docket. Every proposal tested garners support

from over three-quarters of the electorate. Given the high support levels for these ideas, there is no downside to addressing them all in a comprehensive manner.

As we found in the focus groups, voters adopt an inclusive approach to increased coverage. For instance, they are strongly in favor of expanding coverage to all Oregon children (85% favor), but would also willingly line up behind an effort to expand coverage to all Oregonians without health care (85% favor).

Voter Perceptions of Proposals to Reform Health Care in Oregon		
	Favor	Oppose
Lower insurance, hospital and doctor administrative costs by standardizing and simplifying insurance paperwork and cutting red tape	89%	7%
Ensure that there is more focus on providing incentives and rewards throughout the health care system that encourage prevention and wellness	86%	9%
Expand health coverage so that all Oregon children have access to quality, affordable health care	85%	12%
Expand health coverage so that every Oregonian has access to quality, affordable health care	85%	13%
Require health insurance companies to report administrative costs and other information to an independent citizen run State Health Authority, which will provide more oversight and accountability so that Oregonians know how their health care dollars are being spent	83%	12%
Establish a central marketplace for insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans, to help find one that best suits their needs. In addition to private insurance plans, consumers would also be able to choose a public health plan option	81%	12%
Create a citizen-led Health Authority that would increase accountability required of insurance companies and hospitals. The Health Authority would have oversight for all health care related functions in state government. It would provide more access to information for consumers, improve quality and standards, and address the rising costs of health care in Oregon	78%	19%
Expand bulk purchasing programs for the state to help consolidate purchasing power for prescription drugs, insurance and services	77%	13%
<b>NOTE: No accompanying funding mechanisms were tested in conjunction with these proposals. Support levels may be lower when paired with possible funding options.</b>		

It should also be noted that all of the proposals tested are overwhelmingly popular with every major subgroup. Those with and without health care, residents of urban, suburban and rural areas alike, even Republicans offer strong majorities in support of every measure tested. Though we should note that none of these proposals were tested in conjunction with the means of paying for them; support could fall considerably once

voters learn how these reforms will be paid for or hear about the trade-offs required to make them work.

### **Health Care and the Economy Are Linked in Voters' Minds**

Clearly the economy is the dominant issue right now and it is linked to health care in voters' minds. Focus groups conducted

just prior to this poll found that politically engaged voters in suburban and outer Portland believe that lowering health care costs will help, not hurt, the economy -- especially small business, "the engine" of the recovery.

In particular, they worry that with greater job loss comes more Oregonians who need coverage. Instead of "not now," they are saying "now more than ever." "Who can afford COBRA when they lose their job?" asked one woman. "I think health care is all about the economy," said another. For this reason, focus group discussants consider using the economy as an excuse not to address health care a "cop out" and "nonsense," to use their words.

In short, focus group participants believe this crisis has created an opportunity for real change in a number of areas, including health care. They hope it is not squandered and the moment lost. In other words, they want to see something good come out of a bad situation.



grove insight

Opinion Research • Communication Strategy

### OREGON STATEWIDE TOPLINE RESULTS – APRIL 22, 2009

Hello. My name is \_\_\_\_\_. I'm calling from \_\_\_\_\_. We are conducting a public opinion survey and I would like to ask you some questions. We are not selling anything, and I will not ask you for a contribution or donation.

May I please speak with \_\_\_\_\_? **[READ NAME FROM LIST. IF PERSON IS NOT THERE, ASK FOR ANOTHER FAMILY MEMBER. THE OTHER PERSON'S NAME MUST ALSO BE ON THE LIST.]**

male ..... 48  
female ..... 52

1. How important is it for the Oregon State Legislature to focus on reforming health care – is it very important, somewhat important, not too important or not important at all? If you aren't sure you can tell me that, too.

Very important .....	71	<b>90</b>
Somewhat important.....	19	
Not too important .....	3	
Not important at all.....	4	<b>7</b>
Not sure .....	3	

2. How much of a concern is the rising cost of health care to you personally – are you very concerned about the rising cost of health care, somewhat concerned, not too concerned, not concerned at all or aren't you sure?

Very concerned.....	59	<b>84</b>
Somewhat concerned.....	25	
Not too concerned .....	9	
Not concerned at all.....	6	<b>15</b>
Not sure .....	2	

I'm going to read you some proposals that have been suggested as ways to reform health care in Oregon. After I read each one, please tell me whether you favor or oppose that proposal. If you are not sure, you can tell me that, too. **[IF "FAVOR" OR "OPPOSE," ASK:]** Is that \_\_\_\_ **[FAVOR/OPPOSE]** strongly or not so strongly? **[ROTATE]**

	Favor strngly	Favor not strngly	Oppose not strngly	Oppose strngly	DK
__3. Ensure that there is more focus on providing incentives and rewards throughout the health care system that encourage prevention and wellness .....	63	23	6	3	6

**ROTATE ONTO NEXT PAGE**

	Favor strngly	Favor not strngly	Oppose not strngly	Oppose strngly	DK
__4. Expand bulk purchasing programs for the state to help consolidate purchasing power for prescription drugs, insurance and services.....	55	22	7	6	10

**SPLIT SAMPLE A**

__5. Lower insurance, hospital and doctor administrative costs by standardizing and simplifying insurance paperwork and cutting red tape.....	70	19	4	3	4
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**SPLIT SAMPLE B**

__6. Require health insurance companies to report administrative costs and other information to an independent citizen run State Health Authority, which will provide more oversight and accountability so that Oregonians know how their health care dollars are being spent .....	62	21	7	5	5
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**SPLIT SAMPLE A**

__7. Establish a central marketplace for insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans, to help find one that best suits their needs.....	51	28	10	6	6
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**SPLIT SAMPLE B**

__8. Establish a central marketplace for insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans, to help find one that best suits their needs. In addition to private insurance plans, consumers would also be able to choose a public health plan option.....	53	28	6	6	6
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**SPLIT SAMPLE A**

__9. Create a citizen-led Health Authority that would increase accountability required of insurance companies and hospitals. The Health Authority would have oversight for all health care related functions in state government. It would provide more access to information for consumers, improve quality and standards, and address the rising costs of health care in Oregon .....	56	22	9	10	3
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**SPLIT SAMPLE B**

__10. Create a citizen-led Health Authority that would increase accountability required of insurance companies and hospitals.....	51	24	10	8	8
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**SPLIT SAMPLE A**

__11. Expand health coverage so that all Oregon children have access to quality, affordable health care .....	72	13	6	6	3
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**SPLIT SAMPLE B**

__12. Expand health coverage so that every Oregonian has access to quality, affordable health care.....	67	18	7	6	2
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What is your age? [CODE ACTUAL AGE. REFUSED= 99] \_\_\_\_\_

18-29.....	11
30-39.....	12
40-49.....	13
50-59.....	20
60-69.....	19
70+.....	25
DK/NA.....	0

Do you currently have health insurance coverage?

Yes [GO TO QXX].....	89
No [SKIP TO QXX].....	10
DK/NA [SKIP TO QXX].....	1

**[ASK ONLY OF CODE 1 IN QXX]**

Is it supplied by... [READ AND ROTATE]

__ Your employer.....	42
__ Yourself.....	17
__ The Oregon Health Plan or Medicaid.....	9
__ Medicare.....	24
Other (VOLUNTEERED) SPECIFY: _____	7

What was the last level of schooling you completed?

high school graduate or less.....	18
some college or vocational school.....	34
college graduate.....	31
post graduate training.....	15
na.....	2

This completes our public opinion survey. Thank you very much for your time and cooperation.



# Oregon

Theodore R. Kulongoski, Governor

## Oregon Health Fund Board

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## **Potential Cost Savings Included in Proposed Health Reform Bills**

### **Oregon Health Fund Board**

Included in the proposed comprehensive health reform bills are recommendations of the Oregon Health Fund Board for strategies that will deliver direct cost savings to Oregonians. The Health Fund Board has calculated estimates for savings that could be realized from implementing the best first steps of reform, listed below. The additional market-driven savings that may also be realized from the transparency of costs as a result of an APAC Data Reporting Program or from a broader adoption of evidence-based guidelines in commercial purchasing has not been estimated, but could be substantial.

#### ***All-Payer All-Claims (APAC) Data Reporting Program***

- The Health Fund Board determined that an all-payer, all-claims data reporting program is an essential part of the infrastructure needed to pursue comprehensive cost containment. Such a program will drive competition in the market by allowing consumers to compare providers based on quality and cost. However, an accurate estimate of the potential direct savings from this program could not be determined.

#### ***Clinical Improvement Assessment Project***

- Policy Implementation: The Health Authority approves, publishes, and disseminates evidence-based guidelines and best practice clinical standards. The Authority requires health plans contracting with the state to utilize guidelines and best practices and to adhere to uniform contracting standards, with processes and procedures for justifying care that does not meet evidence-based guidelines or best practice clinical standards.
- Estimated Potential Savings: Up to \$650 million in 3 years; Up to \$4.2 billion in 10 years
- Main Source<sup>i</sup>: The Commonwealth Fund's Bending the Curve report estimated that a national center of medical effectiveness could save \$18 billion in one year and over \$368 billion over ten years.<sup>ii</sup>

#### ***Patient-Centered Primary Care Homes and Healthy Communities***

##### *Promoting Patient-Centered Primary Care Homes*

- Policy Implementation: Pursue policies that will lead to the Authority implementing patient-centered primary care homes into their contracting and benefit designs, with enhanced services for those with chronic diseases.
- Estimated Potential Savings: Up to \$44 million for 3 years; Up to \$190 million in 10 years
- Main Source: The Illinois Health Connect Program has saved the state's Medicaid program \$20 per-member-per-year by linking enrollees to primary care homes.<sup>iii</sup>

\*Further savings could be realized by expanding patient-centered primary care home initiatives to PEBB, OEBC and other publicly sponsored health programs.

#### *Community-Based Prevention and Investments in Population Health*

- Policy Implementation: The Authority provides grants to communities for evidence-based public health initiatives and invests in tobacco cessation, obesity prevention, and wellness.
- Estimated Potential Savings: Up to \$36 million in 3 years; Up to \$450 million in 10 years (This estimate reflects the realities of the current budget; if \$10 per person per year was invested in public health, it is estimated the state could save \$103 million in 3 years and \$1.3 billion in ten years).<sup>iv</sup>
- Main Source: A report released by The Trust for America's Health estimated Oregon's potential savings from investing \$10 per person per year on cost-effective public health efforts.<sup>v</sup>

#### *Maximize Electronic Health Record Adoption*

- Policy Implementation: The Authority's Health Information Technology Oversight Council establishes policies that will lead to the widespread adoption of interoperable health information technology systems.
- Estimated Potential Savings: Up to \$990 million in 10 years (Note: Investment in the initial three years is likely to be greater than savings during this time)
- Main Source: The Commonwealth Fund's Bending the Curve report estimated that a widespread adoption of interoperable health records would take significant upfront investment, but could save the nation \$88 billion over ten years.<sup>vi</sup>

#### *Healthcare Workforce Initiative*

- The Health Fund Board determined that an appropriately trained robust workforce is needed to support the delivery reforms necessary for delivery system reform that will translate into cost savings. However, an accurate estimate of the potential direct savings from this program could not be determined.

#### *Improved Transparency in Healthcare Reporting*

##### *Limiting Increases in the Administrative Portion of Premiums*

- Policy Implementation: The Authority and the Department of Consumer and Business Services (DCBS) implement policies to hold increases in the administrative portion of insurance premiums to a measure of general inflation.
- Estimated Potential Savings: Up to \$110 million in 3 years; Up to \$1.4 billion in 10 years
- Main Source: These estimates were based on current and projected levels of premium growth from DCBS<sup>vii</sup> and the Kaiser Family Foundation/Health Research and Educational Trust.<sup>viii</sup>

##### *Standardizing Forms and Processes for Health Care Administrative Transactions*

- Policy Implementation: The Authority develops uniform forms and processes for administrative transactions which all licensed health plans are required to use.
  - Estimated Potential Savings: Up to \$42 million in 3 years; Up to \$350 million in 10 years
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- Main Source: These estimates were based on work of the Minnesota Department of Health conducted when the state strengthened its Administrative Simplification Act to require all health insurers to use standard forms and processes for health care administrative transactions.<sup>ix</sup>

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<sup>i</sup> For full methodology for this and all cost estimates included in this document, see Appendix C of: The Oregon Health Fund Board, November 2009, *Aim High: Building a Healthy Oregon*. Available at: [http://www.oregon.gov/OHPPR/HFB/docs/Final\\_Report\\_12\\_2008.pdf](http://www.oregon.gov/OHPPR/HFB/docs/Final_Report_12_2008.pdf)

<sup>ii</sup> Schoen, C., Guterman, S., Shih, A., Lau, J., Kasimow, S., Gauthier, A., & Davis, K. (2007, December). *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*. The Commonwealth Fund. Available:

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=620087](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=620087)

<sup>iii</sup> Press release from the Office of Illinois Governor Rod Blagojevich. (2008, April 28).

Available:

<http://illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=19&RecNum=6784>

<sup>iv</sup> This estimate is based on the assumption that \$10 per person per year is invested in community-based public health efforts. Since it is likely that significantly less funding will be available to support such efforts, the expected cost savings

<sup>v</sup> Trust for America's Health, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, July 2008. Available:

<http://healthyamericans.org/reports/prevention08/Prevention08.pdf>.

<sup>vi</sup> Schoen, C., et al. 2007..

<sup>vii</sup> Oregon Department of Consumer and Business Services. (2008, May). *Health Insurance in Oregon*. Available: [http://www.cbs.state.or.us/external/ins/health\\_report/3458-health\\_report-2008.pdf](http://www.cbs.state.or.us/external/ins/health_report/3458-health_report-2008.pdf)

<sup>viii</sup> Kaiser Family Foundation/Health Research and Educational Trust. *Employer Health Benefits Surveys* (<http://www.kff.org/insurance/ehbs-archives.cfm>), compiled by the Commonwealth Fund in Davis, K. (2008, September 23). *Shifting Health Care Financial Risk to Families Is Not a Sound Strategy: The Changes Needed to Ensure Americans' Health Security*. Invited Testimony, House Committee on Ways and Means, Subcommittee on Health, Hearing on "Health of the Private Health Insurance Market." Washington D.C. Available:

[http://www.commonwealthfund.org/usr\\_doc/Davis\\_shifting\\_financial\\_risk\\_families.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/Davis_shifting_financial_risk_families.pdf?section=4039)

Minnesota Department of Health Staff. (2007, November 13). *Administrative Efficiency Background Information Prepared for the Health Care Transformation Task Force*.