

How to Establish a Relationship with your Legislator

1. Know who your Legislator is and get on their email list:

- Use zip code locator to find your Legislator at www.leg.state.or.us/findlegsltr/
- Go to www.leg.state.or.us and use the tab for "Senate" and "House" to find both of your legislator's (your State Senator and your State Representative) web page for their mailing address and information.
- Sign-up for their e-newsletter. E-newsletters are great for finding out what issues they are focusing on. Also, remember you can call your legislators directly to find out about upcoming events in the district.
- Stay connected by signing up for Committee work schedules

2. Attend one of your legislators' In-District Legislative "Town Hall" or "Coffee Meet"

- Wear your "We Can Do Better" T-shirt to the meeting and show your presence.
- Tell your health care story or why you support health reform.
- Come prepared with a great question.
- Find out where they stand on the work being done by your organization.
- Give them a copy of the **Key System Elements** and the **Archimedes Movement Framework for Reform**.
- Tell them to ask themselves the following question. If this bill were to pass does it:
 - a) Improve the health of the whole population?
 - b) Reduce the per capital cost?
 - c) Improve patient safety and satisfaction?
 - d) Hold players accountable for their/our investments in the system?
 - e) Have a clear way of demonstrating that the system is working?

3. Be prompt on follow-up after meeting your Legislator

- Send a personal note of thanks
- Answer any open questions from your conversation
- Send information that would be helpful to your legislator or their staff

4. Invite your legislator to speak with your local chapter, your organizations board, your church, or your community/civic group

5. Call, write and/or email your position on legislation before a vote is taken. Or call, write and/or email to make sure that the values you want included into legislation are there.

6. Find out all the committees your Legislator has been appointed to serve.

7. Get to know your Legislators' staff. These are the folks who are going to remember you and are also the point people to your legislator.

8. Get another friend involved and pat yourself on the back for making a difference!



Summary: Key System Elements Needed to Achieve the Triple Aim

System objectives (The Triple Aim)

1. Improve health of defined population
2. Reduce per capita cost
3. Improve patient experience

Eliminate fragmented eligibility and payment categories

- Eliminate Medicaid eligibility categories;
- Collapse four main Medicare payment categories (hospital inpatient services; physician/outpatient services; prescription drugs; and long term care through Medicaid) into single revenue stream.

Establish publicly financed floor with a defined benefit

Public sector explicitly assumes responsibility for financing care for those who cannot afford to do so themselves. There is a defined benefit with a global budget.

Delivery of care is organized around families of conditions

Treatment and management protocols are developed around at least the five families of conditions which account for most of the cost and patient encounters in the system: (pregnancy and childbirth; acute fatal conditions (e.g. trauma, acute MI); chronic fatal conditions (e.g. diabetes, CHF, asthma); acute non-fatal conditions (e.g. cystitis, URI); end of life care).

Revenue flows to a risk bearing entity which:

- Assumes clinical and economic risk
- Assumes responsibility for the health of a **defined population**
- Serves as a **single point of contact** (advocate/case manager) for each individual in the defined population.

Payment takes three forms

1. *Initial monthly/annual (risk adjusted) "subscription"* for maintaining primary relationship with each individual.
2. *A bundled (risk/severity adjusted) payment* – for complex conditions – especially those requiring hospitalization.
3. *An annual performance bonus payment* added to the subscription for high quality care (reducing complications, hospitalizations, etc).

Use value-based cost sharing

Co-payments are used to help drive individual behavior and accountability within the context of the agreed upon system objectives, not simply to shift costs.



A Framework for Designing a New Health System

The grassroots work of the Archimedes Movement has produced agreement around a set of parameters which offer us the conceptual structure for a new system. These elements evolved from a set of principles and been revised through a robust process of public engagement:

- We cannot solve the health care crisis by simply giving everyone insurance coverage (i.e. this is not just an insurance problem).
- We are all in this together and have challenged the whole concept of “categorical eligibility.”
- All Americans should be eligible for and have timely access to effective treatment for at least the same set of essential health conditions (“core benefit”)
- The core benefit should be portable and not tied to employment.
- In terms of financing, we believe the first emphasis should be on the public resources already being spent on health care. We are not trying to dictate what people do with their private after-tax dollars, but rather to ensure that public resources are spent in a way that is equitable, efficient and effective in producing health.
- Market competition should be based on cost, quality and outcomes, not the avoidance of risk.
- We must explicitly recognize the reality of fiscal limits and that we cannot purchase everything for everyone.
- We must acknowledge the inevitability of at least a two-tiered system; that people with more disposable income will always be able to purchase more than people with fewer resources. People should be able to purchase additional services that may not be covered in the core benefit. The challenge is to ensure that the core benefit (the “floor”) is adequate to provide for the health of all Americans.
- All medical interventions are not of equal value and effectiveness in producing health, and therefore a prioritization process must be established to decide what will be financed with the public resources.
- Individuals should be more directly involved in their own health care treatment decisions.
- It is important to promote healthy behaviors through strategies that focus on both individual choices (responsibility) and environmental influences.
- Co-payments should be used not simply to shift costs to individuals, but rather to influence individual behavior by placing lower co-payments (or no co-payments) for highly effective procedures backed by good scientific evidence and higher co-payments on lower priority interventions.