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OHA – Task Force on Universal Healthcare Discussion Guide

This discussion guide is the crucial tool in the qualitative research process that guides the facilitators to help ensure the quality and usefulness of the discussion. It is a map that helps us discover insights and ensures that messages and other materials effectively reach participants. It is a guide that helps the focus group discussion stay centered on its goals and not exceed the two-hour time frame.

Focus Group Development Process:

- Lara Media Services (LMS) will lead the logistics planning.
- LMS will recruit and screen participants; LMS will qualify participants based on the previously defined participants' profiles.
- LMS has recruited and trained facilitators to conduct the virtual focus groups for Pacific Islander and Native American conversations. LMS will host all seven conversations and will facilitate the remaining five conversations.
- LMS will also host one conversation for people who use mental health services. This may be virtual or in person.

Focus Group Logistics

- Focus Group Guidelines
- Focus Group Questions
- Focus Group Agenda
- Date & time selection
- Material Translation
- Participant recruitment
- Event hosting
- Data collection
- Distribution of materials

Event Hosting

LMS will host the focus group online through Zoom's video conferencing software. Zoom allows us to communicate and interact with participants in real-time. Participants are required to have access to a computer with a camera and microphone to participate in the discussion. Lara Media will complete the verification of participants' information before the meeting.

Online Zoom video conference call Link - LMS will share the link before the discussion.

Date & Time Selection

The virtual focus groups will take place on the following dates and times.

- Spanish speakers
 - Date: Jan 31, 2021
 - Time: 5:30 to 7:30 pm
- Black/ African Americans
 - Date: Jan 31, 2021
 - Time: 5:30 to 7:30 pm
- Native Americans
 - Date: Feb 1, 2021
 - Time: 5:30 to 7:30 pm
- Pacific Islanders
 - Date: Feb 1, 2021
 - Time: 5:30 to 7:30 pm
- People with Disabilities/ Caregivers
 - Date: Feb 2, 2021
 - Time: 5:30 to 7:30 pm
- Rural Communities
 - Date: Feb 2, 2021
 - Time: 5:30 to 7:30 pm
- People who navigate the behavioral health system*
 - Date: Feb 3, 2021
 - Time: 5:30 to 7:30 pm

*Location: TBD, may not be virtual

Data Collection

LMS will collect video and audio recordings of the roundtable discussions/focus groups, only for gathering information. LMS will use Zoom's software to record the conversations. LMS will use the recording to analyze the responses gathered and track no identifying markers in order to keep answers anonymous. Participants' responses will be confidential and anonymous. LMS stresses the importance of confidentiality and privacy to give participants the confidence to express their honest opinions.

Focus Group Engagement Plan

LMS will use the tools provided by Zoom to keep participants active and interested in the focus group discussion. This activity aims to make participants feel that they are a part of this experience and process.

Focus Group Agenda - Approximately 2 hours

- Welcoming, greetings, and ground rules ~ 5 minutes
- Introduction & introductory reading ~ 5 to 10 minutes
- Focus Group discussion ~ 50 minutes
- Break to stand up, get more water ~ 3 min
- Focus Group discussion ~ 50 minutes
- Closing Remarks ~ 2 minutes

Topics to be Discussed:

- Eligibility
- Enrollment
- Covered Services
- Prescription Drugs
- Cost-Sharing
- Governance
- Plan Administration
- Provider Reimbursement
- Financing

Virtual Round Table discussion (2 hrs)

Part 1. Welcome and Introduction

Slide 1: Welcome screen

Description of Oregon's project (this part is read to participants at the beginning of the exercise):

The current system of healthcare is difficult and costly and still results in poor health outcomes. The system has a great amount of administrative waste and often results in people delaying health care because of cost. Many services such as mental health, vision, dental, and hearing are not covered. Overall, the system is unfair so there is a need to change the system.

In 2019, Oregon legislators created the Joint Task Force on Universal Health Care (Senate Bill 770). The Task Force was charged with designing a publicly financed healthcare system that is equitable, affordable, and available to all residing in Oregon; a system that recognizes health care as a fundamental element of a just society. A single payer system is a mechanism for achieving those purposes. In a single-payer system, everyone has one health plan that is paid for with public dollars.

Your public input is needed to help create a better health care system. Your input will be included in the final report to the legislature.

With the Health Care for All Oregon plan that the Task Force is currently developing, all those residing in Oregon regardless of where they work, would be covered by the plan. It is suggested that the plan benefits would be similar to benefits that state employees currently have, including behavioral health care. The plan would allow any patient to see any licensed provider able to see them. All licensed providers would be required to participate in the system.

Under the current proposal, the plan would pool all current spending on healthcare into a single health care fund. There would be no copays, deductibles or premiums. Instead, there might be new taxes. If there are new taxes, those taxes would not be higher than what most Oregonians currently spend on healthcare. Oregon residents would no longer have to worry about how they are going to pay for medical care or be at risk of bankruptcy due to costly medical services.

Part 2. Roundtable Discussion Questions

Affordability.

In the Health Care for All Oregon plan, Oregon residents would not pay premiums, co-pays, deductibles, or any other form of cost-sharing to access care.

1. Based on your lived experiences, how do you define “affordable healthcare” and why do you define it this way?
2. What would make healthcare today more affordable?

Coverage.

3. What are the most important services that need to be covered by the Health Care for All Oregon plan so that it meets your and your family’s needs?
4. If there are going to be limitations to covered services, what should they be?

Eligibility.

In the Health Care for All Oregon plan, everyone residing in Oregon, regardless of employment, income, immigration status, or tribal membership, would be eligible for the Plan. Any eligible person would be automatically enrolled in the Plan; “opting out” would not be a relevant concept for the Plan. Eligibility would be tracked in a centralized database to which all providers would have access. Eligibility for Oregonians would no longer be connected with employment or employment status.

5. As we have talked about eligibility, what is your feedback, what is missing or what do you want to add?
6. How would you like to see eligibility verified?

Enrollment.

There would be no waiting period or minimum residency duration required to enroll in the Health Care for All Oregon plan. Enrollment would be simple and straightforward. Enrollment for OHP, Medicare or TRICARE would be seamlessly integrated with the Plan.

7. What thoughts or concerns do you have about the enrollment process?

Governance.

The Health Care for All Oregon Plan would be a public entity, governed by a board, with reporting responsibility to the Oregon Legislative Assembly and Governor.

8. In establishing a governing board for the Health Care for All Oregon plan, what recommendations do you have to ensure consumer representation and participation in decision-making?

Financing.

The Health Care for All Oregon plan would pool all current spending by government programs into a single health care fund. Additionally, all current family spending would be replaced with a series of progressive taxes, including an increased income tax and payroll tax, and if needed the addition of a sales tax. Most Oregonians would be paying the same or less than they currently pay for their health care.

9. What kinds of financing would you recommend and why?

SDOH (Social Determinants of Health).

10. To what extent should the government prioritize spending money on things that prevent health problems, like access to housing, healthy foods, or green spaces?

Provider participation.

All providers would be required to participate in the Health Care for All Oregon plan.

11. Is free choice of provider important to you and why?