

Hello,

I recently viewed one of the recorded public meetings regarding the task forces' proposed plan. As a medical provider in this state, I have several concerns that were not addressed by any of the proposed questions. Are you able to address these questions in more detail or discuss them at the next meeting?

Thank you,

Nathan
Clackamas County

1. Co-pays: I'm concerned about the lack of co-pays and deductibles. When patients have no skin in the game, what is incentivizing them to seek care in the appropriate place? We do not need more patients in our ERs and urgent cares who would be better served in a primary care office. Without any copays we're likely to see increased ER utilization for non-urgent, chronic conditions that would be better treated in a primary care office. Likewise for elective procedures such as joint replacements. More patients will want to spend nights in hospitals instead of pursuing ambulatory surgery even though it may not be medically necessary if there is no additional cost. Why not only waive these for low-income patients?
2. Fee-for-service: This sounds like a fee for service structure like Medicare. Unfortunately, these types of systems are prone to fraud and abuse which increases medical costs, necessitates monitoring, and thus more documentation by providers. While having everyone covered is great, how does this plan align provider and patient goals to encourage preventive, cost-effective medicine?
3. Health Savings Accounts: Many Oregon families utilize a Health Savings Account with tax advantaged savings for health care needs. This is only available via a high deductible plan. As there are no deductibles in the new system, is there any provision for HSAs or any incentive at all to encourage judicious use of the medical system?
4. Documentation: While back-office billing and insurance administration needs should be reduced thanks to dealing with one insurer, the time spent by healthcare providers on documentation and coding is unlikely to change and may even increase. How do you see this system making care more efficient? In this system, will there be appropriate use criteria for procedures and studies such as MRI scans? Will providers need to document specific previous treatments to justify the care they are providing in order to have costs covered? Who is going to make these rules?
5. Taxes: Many of Oregon's healthcare providers already pay a 9.9% state income tax. The proposed system calls for an additional 9% income tax for these individuals. How do we plan to retain and recruit new healthcare providers when they will have an 18.9% state tax burden?