

To: Chair Rep. Greenlick, Vice-Chair Hayden and members of the House Committee on Health Care



For the record my name is Dr. Rolf Nesse, a retired family physician.

I am speaking in support of measure 2690, with added information for <http://SustainableEconomiesNW.com>.

For our health care system to be sustainable, we must have meaningful use of all available information, which is very difficult with the doubling of medical information approximately every 8 years. It can be difficult for our current system, of mostly point of service decision making, to make use of all important knowledge.

My work experience as a family physician included the The Dalles, Oregon in private practice for 17 yrs.. Following this I worked for Group Health in Idaho and Washington, which later combined with Kaiser, for 18yrs. The Group Health system had an organized method of drug use education that worked well.

The best example I can give you about “patient education” was that when a new patient would transfer to our clinic from outside the system, the first contact, before the first physician visit, would be from our clinical pharmacist. He or she would spend as much time as it might take to get a full listing of the patient’s drugs and medical indications. Then a recommendation would come to me for the optimization of the medications that were needed. The patients loved this. As it turned out virtually all of them had huge reductions in their out of pocket drug costs, often decreases up to \$200-\$300 a month. I loved it because I did not have access drug costs in real time, and never had the schedule time to research each one, an expert did that for me. In addition before any medications were changed, I had the veto power on which changes were done as some expensive choices are the best for a particular patient. Once the patient was established, our clinical pharmacist often would call me after a new medication was prescribed, letting me know that there was a more affordable choice. So that I could change the prescription immediately. It was good for everyone in the system, except the providers of overpriced medications.

The critical part to this effective system was the direct connection, before the medication was actually handed to the patient, between the patient, the doctor, and the pharmacist. If this communication occurs after the fact, the actions already taken often will stand, just due to the inertia in an unorganized system.

Please be sure in the implementation of this Bill, to address the issue of creating proactive systems of patient care, and not a retrospective requirements. If patients learn the cost choices after the fact, disconnected from their pharmacists, and their providers, this will be less than ideal. Best care is proactive, and that is what everyone wants.

Thank you for bringing this very important subject up for discussion. Oregonians must know what cost choices they and their medical providers are making, as shared decisions. These choices are part of a healthy sustainable Oregon

Rolf Nesse MD