



## WRITING OP/EDS BY THE FRAMING FORMULA

*Here's an example of a guest editorial about health care reform in New Hampshire using key elements of the narrative found to be critical to reframing messages on this issue.*

- 1. set up a level-one values frame that defines responsible management for health care reform as a stepped plan of incremental changes that add up to a broader blueprint; relatedly, define crisis as a crossroads where humans will make critical decisions about the future health of the state.*
- 2. define the problem that reform must solve in terms of situations in which people are likely to find themselves rather than groups likely to be uninsured*
- 3. make the role for government and business, especially small business, explicit, to allay fears about the efficacy of government and the impact on business*
- 4. use messengers with credibility and authority, like emergency room doctors, and unlikely allies like small business owners*
- 5. emphasize health care as a system that connects citizens and is most effective (and cost effective) when everyone participates*
- 6. call upon New Hampshire's practicality to get in front of the problem before it balloons into a worse crisis*

## REFORMING HEALTH CARE ONE STEP AT A TIME

***By Dr. Fixit Soon,  
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Not long ago, I took a break from my daily routine in one of the city's busiest urgent care centers to respond to a survey about health care. The results, published recently by the American College of Emergency Physicians, reflect the views of more than 1,300 of my colleagues who serve on the front lines of the nation's health care system, serving rich patients and poor ones, young and old, and those of every ethnic and racial background. Our diagnosis was not encouraging: the system is blocked. It is not functioning the way it was intended to. The blockages in the system mean that millions delay needed care, live sicker with more serious medical conditions, and are more likely to die younger – all because they lack access to the most basic health insurance. This ends up costing us all

more than it would to bring all people in the state into the health coverage system in some way.

Today, about one-third of our patients come to us with no insurance, a rate that has been increasing steadily over the last two years. These patients are people who have landed in places where the current health care system does not reach. The fact is that if you are taking your first job, get divorced, get downsized, work for a small business, or take a part-time job or early retirement, there is a very good chance you will end up in a situation where health care is unavailable to you and it is too costly to buy on your own. It shouldn't be this way.

The truth is that, by getting everyone into the system from the beginning – and keeping them there despite life changes in their situations – we make sure people get preventive care when they need it, not merely expensive emergency care when it's too late. Quality health insurance that includes check-ups, immunizations, well baby care, pre-natal care and other preventive care, pays for itself in the long run by preventing problems before they happen or become serious. This is cost-effective, medically sound and the right thing to do.

It's not happening in the health care system we've got. Today, in New Hampshire, close to one in ten citizens find themselves shut out of the system. The way I see it, it's as if we allowed blood to flow to the head and the heart, but didn't worry about cutting off circulation in the legs and arms. The system only works when it works for the whole body, getting everyone in to share the benefits and the costs. This is how you ensure the broadest public health, minimize the costs of risk across the broadest population, and use health care as a preventive tool to keep health treatment costs down for everyone.

There are, admittedly, other places where the system breaks down: drug costs for seniors, quality of care. But pitting one problem against another will only result in political incapacitation. It's time to fess up to the fact that we're at a crossroads when it comes to assuring quality, affordable health care for millions of our fellow citizens, but it's not too late to get ahead of the problem by fixing the system where it's broken. Instead of letting the problem incapacitate us, we need to put together a sound plan for addressing it – bit by bit, if we have to, but at least with a rational plan for getting at the source of the blockages.

I propose we take a medical approach to the problem: chart the obstructions, refer to the research on what approaches have been proven to work, and set out a course of action for our patient. Let's start with some of the places the system is broken: small businesses and part-time jobs, for example, and work our way through the problems until we've made health improvements that touch most people in the state. Right now, there are proposals to (policies here). These are good first steps toward health care reform.

New Hampshire has a long history of practical problem-solving. Let's create a system of care that is as smart as the medicine that informs it.