

New York State Departments of Health (DOH) and Insurance (DOI)

Public Hearing

On

Increasing Access to Health Insurance Coverage and Moving Toward Universal Healthcare  
Coverage: Defining the Goals and Identifying the Steps

November 26, 2007

Testimony

of

Wade S. Norwood, Director of Community Engagement

Finger Lakes Health Systems Agency

**Good afternoon.**

**My name is Wade Norwood and I am the Director of Community Engagement for the Finger Lakes Health Systems Agency – the FLHSA – and it is my great honor to be here with you this afternoon. I would like to begin my remarks by thanking you, the Departments of Health and Insurance, and this sitting state Administration for the deep concern you hold for New York's health care system and for your support of the state and local activities that support and improve the health of New York's children and their families.**

**As you know, the Finger Lakes Health Systems Agency was once part of a thriving network of State-funded community health planning agencies that supported government policymakers and providers by examining cost, quality, access and capacity. In the mid-1990s, as competition prevailed in health care, this philosophical change ended state funding for regional health planning, As a result, the FLHSA is the only remaining fully-functioning, independent, community-based and community oriented health planning entity in**

**New York State. It serves the Finger Lakes region, a nine-county area in upstate New York, and has a lengthy history of accomplishments dating back to the 1930s.**

**Four attributes allow FLHSA to play a unique and critical role in helping the community health system to manage change.**

- **Our independent ‘honest broker’ status. Most stakeholders accept that FLHSA represents the community’s interests without a separate agenda.**
- **Our vast warehouse of data. One of the agency’s central functions is gathering and reporting data on health, health care, and health care providers in the nine counties it serves.**
- **We are a staff of health-system experts. The FLHSA’s professional analysts represent more than 150 years experience at interpreting health data and working with stakeholders to craft solutions.**
- **We are an informed convener for health-system discussions. The agency’s honest broker status, deep knowledge and ongoing relationships with all stakeholders – including patient groups – allow FLHSA to serve as a “community table” where health-system issues are debated and problems are solved.**

**As the region’s independent health planning entity, it is our mission to promote cost effective, affordable, accessible, quality health care for the entire community. We accomplish this by collecting, analyzing and interpreting data, identifying problems and assessing service needs, convening stakeholders, advocating for and facilitating implementation of solutions, and evaluating and communicating results.**

Because building a system of care that promotes the well-being of, and meets the needs of, all New Yorkers – particularly, those with serious acute and/or chronic medical conditions – requires a different kind of health planning – and a vision that sees more than just health data and medical system capacity – we have been at carried out our activities in the context of health planning for the 21<sup>st</sup> century.

Changing populations, advancing technologies, and the accelerating cost of care all require regional communities to address the demand side of the health equation, as well as supply. The FLHSA has responded to this requirement by expanding its role from capacity management to community engagement. We are helping to craft and implement solutions that will improve community health and reduce the demand for care – while we continue to manage the capacity of the system as efficiently as possible.

It is in the light of this work that I would like to address several questions of interest to your respective Departments: What steps should be taken to improve quality and deliver cost-effective care? How do we make sure that everyone who is eligible for public health insurance programs is enrolled in them? And How do we make coverage affordable for those at lower income levels?

I will address these questions by briefing you on two FLHSA activities: the Rochester/Finger Lakes Partnership on the Uninsured and the *Reweaving the Safety Net* Project.

The Partnership was formed in 2000 with the goal to ensure that all residents of the region are continuously covered by an affordable health insurance plan and able to access appropriate health care services when needed. It represents a broad-based community

forum through which information, issues and community efforts to address the needs of the medically uninsured can be developed and strengthened. In the year 2000, the Partnership commissioned a survey by Harris Interactive to gain better insight into who are those without health insurance coverage and how lack of insurance impacts access to medical care. Although several years have passed since the release of this survey, it remains the most current, comprehensive understanding of uninsurance and underinsurance in the Finger Lakes region.

Through the work of the Partnership, the FLHSA has a particular concern for two distinct groups in our community: those over 55 who were either nearing retirement or have already retired and our community's small business owners.

For commercially insured retirees, the yearly double digit premium increases of local insurers remain a growing burden. These increases have pushed many individuals towards health insurance plans with higher deductibles: these plans may be more affordable, but this affordability comes at a price. A report by the Commonwealth Fund found that adults enrolled in high deductible plans have significantly GREATER difficulty accessing care, have more trouble paying medical bills and have higher medical debt.<sup>1</sup>

In sum, the market-driven approach to offering affordable coverage is creating a group of individuals who are profoundly underinsured and less able to access the healthcare system at a point in their life when primary and secondary care are crucial to the prevention and treatment of chronic and debilitating illness.

---

<sup>1</sup> The Commonwealth Fund, "How High is Too High? Implications of High-Deductible Health Plans" [http://www.cmwf.org/Publications/publications\\_show.htm?doc\\_id=274007](http://www.cmwf.org/Publications/publications_show.htm?doc_id=274007)

Small business owners also have clearly expressed both frustration and regret with regard to health insurance in New York State. They explained how they have not been able to provide coverage to their families or their employees, not because they didn't want to, but because they couldn't afford to. Often, the provision of health insurance coverage was difference between running a prosperous business and closing their business doors.

As FLHSA has monitored local health insurance coverage trends in the Finger Lakes region, we have also monitored the literature and approaches throughout the US to increase health insurance coverage. We agree that a national approach to achieve universal coverage is likely to be a while in coming, if ever. Thus, we feel that states, and New York State among them, should take the initiative to develop their own universal coverage strategies. Having seen what has been achieved in New York with Child Health Plus and Family Health Plus suggest that incremental approaches can indeed contribute to decreasing the number of New Yorkers who are without health insurance. An incremental approach that builds on coverage already in place is the most realistic way to expand coverage, and may be the most feasible politically as well.

The FLHSA's experience in its *Reweaving the Safety Net* Project has shown that while having health insurance can reduce one barrier to care, insurance alone is not sufficient to ensure that one receives effective health care. As part of its Safety Net effort, the FLHSA designed several community pilot projects that created viable, responsive community based organization-clinical partnerships to connect children and their families to primary care. The experience of these pilots clearly showed the extent to which the availability of insurance coverage and facilitated enrollment, in and of themselves,

is not enough to expand insurance. Of the low-income youth engaged through these pilots, more than one-third of Child Health Plus eligible enrollees were not enrolled in a health care plan and lacked the ability to self-report a “continuous care relationship” with a primary care physician, one in ten participants reported needing vision care and fewer than one in five had seen a dentist in the last six months.

In all, our Safety Net work’s findings were very similar to those of the Children’s Defense Fund in its 2003 look at the state of uninsurance in New York State: in addition to the fact that we are missing many SCHIP-eligibles, enrollment is complex and time-consuming and documentation remains too high a barrier for needy families to surmount.

The *Safety Net* work also confirmed that health care for the medically underserved is not optimized without improvements in health literacy and health self-management: community members must understand how their disease condition, how the health care system works and what is the most efficient and effective setting in which to receive care. Without the incorporation of these additional supports as part of a strategy to meeting the needs of the uninsured, expanding coverage will not ensure that patients receive the important preventive services, medications, and physician guidance needed to control chronic conditions.

While the particulars go beyond FLHSA’s current work, we are encouraged by proposals such as those of the United Hospital Fund and others that call for building on the current employment based health coverage. We feel that there is merit in studying the various

models offered by the United Hospital Fund in its recent report, *A Blueprint for Universal Coverage in New York*.<sup>2</sup> In particular, consistent with concerns I have expressed are ways to simplify re-enrollment for publicly-subsidized coverage like Family Health Plus, and eliminate the documentation hurdles that tend to cause individuals to fall off coverage when they must be recertified for eligibility.

I would be pleased to entertain any questions you may have and thank you again for your interest and concern.

---

<sup>2</sup> United Hospital Fund: *A Blueprint for Universal Coverage in New York*, December 2006.