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## North Country health reform

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Lake Placid hosted the Winter Olympics, twice. Ticonderoga saw a great battle involving the French and the Indians. And Warrensburg?

That's where the first river drive took place, floating logs to mills to harvest the bark. Hemlock bark, it turns out, is perfect for tanning animal hides.

For these small Adirondack towns and a couple dozen others, the Next Big Thing may be the coming of health reform, a test for making our health care more effective and more affordable.

The back story is this:

Everyone knows health care needs fixing. Medical economists, health planners, practicing professionals, and patients agree that the current system fails to provide effective basic services (primary care). The result is too much high-end "rescue" care that costs more than we can afford and that does not fully meet patient needs.

Choices have to be made, and Gov. David Paterson has made one. Inside a budget bill filled with freezes and cuts, he is proposing new money to create what's known as a medical home pilot in the North Country. It's essential that this money stay in the budget during negotiations with leaders of the state Legislature.

The idea is simple: Increase payment to the region's primary care doctors in exchange for their meeting enhanced standards of care. The goal is to achieve a health care trifecta — preventive services, whenever possible; early detection and treatment when illness strikes; and coordinated care for people coping with chronic conditions.

The test is whether this kind of investment pays off.

Do clinical outcomes improve? Can costs be avoided by reducing emergency room visits and avoiding hospitalizations? In fact, these benefits have already been demonstrated by the Geisinger Health System in Pennsylvania. Geisinger, which provides medical care and insurance services for 2.5 million people, reported in the journal *Health Affairs* this past fall that its medical home program reduced costly hospital admissions by 20 percent, saving seven percent of total medical costs. Moreover, their approach improved care coordination, and by implication, care itself.

The catch is that Geisinger administers an integrated system. The challenge for the Adirondack medical home pilot, and for health care providers throughout the nation, is to repeat these results when reimbursement and the range of clinical services are not controlled by a single entity.

In many ways, the Adirondack proposal is reform with a difference. For one, the plan was not hatched by policy theoreticians or government planners in the health care equivalent of three men in a room. It originated with physicians and hospitals in isolated communities struggling to stay afloat. The strategy was born with doctors talking with insurers and bringing the opportunity to Albany, not the other way around.

For another, this exercise in social activism came about across a stretch of mountain territory where neighboring providers hardly know one another. (In a crisis, even strangers talk.) The advantage is that,

in a rural area where people are widely dispersed, it is possible to make a change — in reimbursement, for example — and measure the impact. Traffic does not crisscross in ways that confound the experiment.

This is also territory where government investment will benefit from plenty of private leverage. While the governor is proposing \$4.5 million in Medicaid enhancements over the next two years, most Adirondackers are insured by commercial carriers who are actively participating in the design of the pilot. Finding health care strategies that work benefits them, too.

Finally, there is the matter of scale. The Adirondack proposal is manageable, but big enough to be significant. The pilot anticipates the participation of 150,000 patients and 100 physicians together with their physician assistants, nurse practitioners and nurses. To these will be added a cadre of health educators, care managers and outreach workers.

Will it work?

The reform will be evaluated under the direction of the new state Department of Health. We will find out.

But there is another question, one with an unambiguous answer: How can New Yorkers afford not to try?

It's about time for health reform with the bark off.

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