Chautauqua County Health Network

Written Testimony of
Chautauqua County Health Network, Inc.

New York State Joint Legislative Public Hearing on
2015-16 Executive Health Budget
Monday, February 2nd, 2015
10:00 AM

Chairs:
Senator Kemp Hannon
Assemblyman Richard Gottfried

Submitted by:
Ann Morse Abdella, Executive Director

The Chautauqua County Health Network (CCHN) is a New York State Department of Health (NYSDOH) funded Rural Health Network (RHN) comprised of more than 150 local health care providers and community based organizations. Established in 1995, CCHN's mission is to strengthen the local health and wellness delivery system by: facilitating partnerships to address community needs, conducting planning for the efficient delivery of care and services, developing appropriate new health resources, promoting access to quality health care related services, and strengthening the financial viability of health care providers. CCHN works with its partners to shape the future of health and health care in the county.

CCHN is one of thirty-two RHNs across the state that provide essential support services to link our rural counties to regional and statewide initiatives. We are charged by the NYSDOH with ensuring access to essential services to preserve the stability and viability of rural communities. We are viewed as important resources in our communities to facilitate health care reform activities that are consistent with the Prevention Agenda, DSRIP, and SIM. Chautauqua County providers and agencies have come to depend on CCHN to monitor federal, state, and local initiatives and to help to inform, strategize, and understand the intent and potential impacts of impending changes. Our presence ensures that that local providers get to participate as equal partners in health reform initiatives across the state and nation.

The proposed 2015-16 Executive Budget includes two actions that I believe could be quite harmful to rural health. First, it shows that both the Rural Health Network Development and the Rural Health Care Access Development Programs have been removed as separate line items and bundled under health workforce development programs. The range of services and programmatic impact of these rural health programs is far outside the limited scope of workforce development, so the blending of programs does not seem a logical fit. Second, this new workforce program line has been cut collectively 15% which would presumably result in across the board cuts or contract cancellations for rural health. The Rural Health Network and Health Care Access programs provide precious resources to rural communities around the state. From my vantage point, this proposed bundling puts theses unique rural programs in jeopardy of being marginalized in the shadow of tangentially related education and training programs. I ask that you **please restore them to their own line items in the Budget at level funding with $6.4 million for the Rural Health Network Development and $9.8 million for the Rural Health Care Access Program.**

CCHN's current activities include system and policy change initiatives focused on the built environment, food security, access to health care and insurance, population health management including data analytics and care coordination, consumer engagement, self-management program expansion and coordination, technology adoption, and clinical transformation. Only a small part of our work relates to work force development.

CCHN and its partners are becoming increasingly outcome driven, and have adopted a collective impact framework to address service delivery issues in the county. Funding through the RHN Development program enables CCHN to provide backbone support to partners as they develop consensus around common agendas, shared measurements, and mutually reinforcing activities. RHN funding is unique in that it supports the community building process-

convening, planning, policy review, grant writing, education, continuous communication, feedback on progress, and advocacy for consumers' needs.

The fundamental goals CCHN has pursued for years relate to access to care, quality, and health promotion/disease management, and we have had some significant successes. For example, CCHN facilitated a community driven planning and resource development process with regional foundations, State and Federal governments that resulted in the establishment of The Chautauqua Center, a new Federally Qualified Health Center, in Dunkirk. It was the first "paper start" clinic in the nation in over 30 years and now leverages almost $2 million in federal dollars annually, adding significant capacity to serve the newly insured and remaining uninsured with comprehensive primary care.

CCHN has been working for several years to clinically integrate our hospitals, physicians, and most recently skilled nursing facilities, to achieve better patient outcomes, satisfaction, and reduce costs. This type of system re-design is fundamental to MRT and DSRIP. In 1997, CCHN incubated the Chautauqua Integrated Delivery System, an independent practice association that still operates today. It was one of the first physician-hospital organizations of its kind in New York State and it has enabled health care delivery to remain local, generating an average of $12 million in annual medical spending that is invested back into the county. More recently, CCHN and the IDS created the Chautauqua Region Associated Medical Partners, and Accountable Care Organization (ACO), which was one of the first four rural Medicare Shared Savings Program ACO's awarded a contract from CMS in 2012. Support related services have successfully engaged practices in state initiatives that have yielded an above average adoption of health information technology, contributing to over 50 of our primary care providers being designated as Meaningful Users of their electronic medical records and 12 practice sites are designated as Patient Centered Medical Homes. CCHN also facilitates a physician committee that vets and aligns quality measures, approves care guidelines and monitors network performance. As a result of participating in these types of clinical integration activities, our providers are already familiar with the system changes and value based payment strategies proposed by SIM and DSRIP.

When considering health promotion/disease management, our efforts range from working on prevention policy and environmental initiatives with municipalities to system redesign and consumer engagement on the clinical side. For example, we have been working to increase demand for and access to healthy food and opportunities for physical activity to reduce the risk of obesity. Recently, CCHN facilitated the process in which Chautauqua County was selected as one of eight Communities of Opportunity through a USDA/American Farmland Trust initiative called Growing Food Connections. The technical assistance contract will inform planning and policy activities in the county to increase food access to underserved residents through improving and expanding local farm connections. By way of clinical examples, we have led the establishment of chronic disease registries for population health management and are assisting with redesigning work flows and referral systems among 60+ primary care providers. This effort to facilitate patient access to community-based self-management programs will be highlighted next week by the New York Academy of Medicine Prevention Agenda Learning Collaborative.

These are just a sampling of the important work CCHN has been able to accomplish using the Rural Health Network Development funds. I urge you to unbundle the Rural Health Network Development Program and the Rural Health Care Access Development Program and restore level funding to ensure our work and success can continue.

Thank you for your consideration and the opportunity to share my thoughts with you.

Ann Morse Abdella

For more information, please contact:
Ann Morse Abdella, Executive Director
Chautauqua County Health Network
200 Harrison St., Suite 200
Jamestown, NY 14701
abdella@cchn.net
(716) 338-0010