

A Way From The Market Place

Changing the Equation:

A Community Strategic Policy and Planning Project.

February 1998

EXECUTIVE SUMMARY

A Way From The Market Place is the culmination of a year-long project conducted by the Commission on the Public's Health System. The Commission is a city-wide, community-based health advocacy organization that was founded in 1991 to fight the privatization of the public hospitals and work to strengthen the public health system. The Commission is concerned about the gaps created by the current market-driven system and the push to mandatory Medicaid managed care because of the potential impact on underinsured and uninsured residents and the Safety Net Providers that provide health care services for this population. Nearly 50% of New York City's population are either Medicaid beneficiaries (1.6 million people) or uninsured (1.8 million people).

Changing the Equation: A Community Strategic Policy and Planning Project was developed by the Strategic Planning Committee of the Commission. The project is focused on the development of strong community-based policy options based on interviews with 82 Key Stakeholders in the health system, in a total of 43 sessions. Interviews were held with: community organizations; safety net providers; other health and social services providers; insurers; unions; government representatives; and other influential opinion makers, at the local, state and national levels (see Appendix A for list). A draft of the report and policy recommendations was circulated to all interviewees and discussed at a Forum on January 16, 1998.

The recommendations constitute a common ground agenda for safety net providers and the people they serve. The key community-based policy options seek to:

- ➔ stabilize safety net providers, including public health services, and infrastructures at risk in an expanding marketplace health care environment with an emphasis on managed care;
- ➔ identify and support safety net providers in new models of care and service delivery that are consistent with a mission not only to serve without discrimination based on ability to pay or other barriers for underserved and vulnerable populations, but also to maintain public accountability;

- ➔ strengthen evaluations of the impact of changes in access, quality, and cost-control on population-based health indicators;
- ➔ develop mechanisms for stakeholders to identify and explore common ground for the development of changes and alternatives to ensure the continued viability of the health care safety net. These mechanisms would incorporate in public policy arenas, the on-going capacity for inclusion of community-based expertise and consumer concerns from underserved communities; and
- ➔ explore proposals and policy options for expanding health insurance coverage for the uninsured and underinsured.

Part I of the report is an introduction which describes the community situation in New York City and then details the provider situation. The health of the population, in particular, is described with the myriad of community health problems in many low-income and communities of color in the city. Ways of evaluating the ability of Safety Net Providers to survive in the new health marketplace are also described.

Part II of the report is an overview of the interviews and summarizes major questions and concerns raised by the discussions. Appendix A contains a list of the interviews held. One section summarizes interviewees definition of the Safety Net and concludes with a preferred way of defining these providers. The next section describes responses to the questions: What is Happening and What are Organizations Doing About Safety Net Providers and the Uninsured? The third section summarizes responses to the questions: What will Happen? And Vision for the Future.

Part III of the report is a summary of the Forum held to bring Key Stakeholders together to develop consensus on a series of recommendations. Appendix B contains the statements at the Forum of under- and uninsured New Yorkers. The presentations by Commission members are summarized (including a summary of Health in the Bronx -- Appendix C), as is the keynote address by Dr. Jo Ivey Boufford. The concerns expressed and recommendations made at the Forum are summarized under the two major categories of the recommendations: Expansion of Coverage and Shoring Up the Base. Discussion

helped to frame important changes in the proposed recommendations, as well as to add new recommendations for action.

Part IV of the report contains the recommendations for *A Way From the Market Place*. The recommendations were drawn from the interviews, the Forum held on January 16, 1998, the written comments received after the Forum, and from the work of the Commission on the Public's Health System. The recommendations are presented in two sections: **Expansion of Coverage** and **Shoring Up the Base**.

Summary of Recommendations

EXPANSION OF COVERAGE

1. **National Coverage:** work towards a comprehensive national insurance and access plan, including state efforts such as New York Health.
2. **National Coverage:** support efforts to maintain Medicare program consistent with national coverage goals.
3. **State Coverage for Children:** endorse the plan proposed by coalition under leadership of Children's Defense Fund-NY, for more nearly universal coverage, comprehensive benefits, maximization of Medicaid benefits, simplified administration, and strong outreach to address the barriers to enrollment.
4. **State Coverage:** develop recommendations on expanded coverage to include in the 1999 re-authorization of the New York Health Care Reform Act. Continue funding for categorical programs. Develop special pool to maintain current direct pay rates.
5. **Other Dollars for Coverage:** (a) increase focus on tax reforms that include long-term financing for health insurance; (b) support New Yorkers For Accessible Health Coverage principles on for-profit conversions to expand and enhance access and coverage.
6. **State Coverage for Immigrants:** support recommendations of the New York Immigration Coalition to maintain coverage for all qualified immigrants regardless of date of entry, and use of PRUCOL for Medicaid eligibility, and litigate as need.

SHORING UP THE BASE

1. **Organizing the Uninsured:** develop ways to include the uninsured in strategic planning and support the organizing efforts of the uninsured. Provide funding for education and facilitation of access to insurance coverage and services.
2. **Giving Communities More Tools:** reinstitute a health planning agency (a) to collect and disseminate data; (b) to utilize the Certificate of Need program to match services with needs; and (c) to involve local communities in planning.
3. **Preserving the Safety Net – Health and Hospitals Corporation:** give HHC more control over its own system by (a) ensuring adequate city funding; (b) supporting the City Council recommendation to mandate Medicaid managed care contracts with HHC facilities; (c) support the City Council proposals to the state legislature for governance and financing reforms; and (d) oppose the Mayor’s continuing proposals to privatize the public hospital system, as indicated in his State of the City Address on January 14, 1998, including the pursuit of privatization of Coney Island and Elmhurst Hospitals.
4. **Preserving the Safety Net -- the Conversion Demonstration:** ensure appropriate implementation of the Community Health Care Conversion Demonstration Project (CHCCDP), in particular by (a) continuing joint planning by HHC, the community, and Safety Net Providers; and (b) setting up effective oversight by all parties concerned to guarantee use of all of the \$250 million per year CHCCDP funding for intended purposes: provide services to everyone; expand primary care services that do not compete with other community-based providers; retrain workers for positions in the health care field; and hospitals contract with community-based providers.
5. **Preserving the Safety Net -- Community Based Providers:** support efforts of the State Wide Coalition to Preserve Access to Community-Based Providers to secure direct funding for community-based Safety Net Providers. Develop community support for an ongoing coalition effort which would strengthen the potency of these very important providers.
6. **Preserving the Safety Net - - Categorical Programs and Enabling Services:** continued funding is needed for categorical programs and enabling services to ensure the

availability of services for the most vulnerable populations.

7. Preserving the Safety Net -- Contracting and Payment Requirements: support requirements that the Medicaid managed care Partnership Plan (a) have contracts with Safety Net Providers and (b) pay adequate rates/premiums to these providers that supports their broader mission. Monitor the state's action on the Medicaid monthly premiums and join with the HMO's and PHSP's in supporting appropriate rate increases.

8. Preserving the Safety Net -- School-Based Health Clinics: ensure timely state implementation of the Partnership Plan's contracting mandate with school-based health clinics.

9. Preserving the Safety Net -- Prenatal Care Programs: support a requirement that the Partnership Plan also mandate contracts with Prenatal Care Assistant Programs (PCAP), including their comprehensive package of services.

10. Preserving the Safety Net -- Primary Care Capacity and Medical Training: ensure adequate primary care capacity standards, supply of primary care providers and improve balance and distribution with specialists; include special attention to medical schools, and training programs and participation of underrepresented minorities.

11. Preserving the Safety Net -- Public Health: organize public discussion of the proposed merger/consolidation of the Department of Health (DOH) and the Department of Mental Health, Mental Health, and Alcoholism Services (DMH) including: (a) the impact on direct services, who will be providing them and who will be paying for these services; (b) the impact on community health improvement and health education activities; and (c) the impact on the epidemiologic and surveillance activities of the DOH.

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