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Health Care Innovation in Rural New York

In this era of health care reform, many of us aspire to harvest the opportunities not only to expand coverage, but also to transform how care is delivered. We know that there are ways to produce better outcomes for patients and lower the escalating cost of care. For many health leaders, the concept of a "patient-centered medical home" holds the promise of achieving that goal.

A *New York Times* article last week highlighted some of the critical elements that have led to positive outcomes for patients at the Geisinger health system in Pennsylvania. At the same time, health care payers see the benefit of supporting the model, recognizing that investments in electronic medical records and additional nursing staff can help contain costs in the long run.

This model isn't unique to Pennsylvania; it's being tested and implemented right here in New York State.

I traveled upstate to our Adirondacks region last week with members of my Board of Directors to learn more about the unique challenges that rural health care providers face. Even in remote towns like Granville and Warrensburg, the concept of patient-centered medical homes is taking hold as a vehicle that can improve the lives of people suffering from chronic conditions like diabetes, asthma, or depression.

During our visit upstate, we met with one of the pioneers of implementing the model across a network of health centers, Dr. John Ruge of the Hudson Headwaters Health Network. He is the architect of the Adirondack Regional Medical Home Pilot, one of the nation's first multi-system, region-wide medical home demonstrations.

The "home" comprises Hudson Headwaters' 12 health centers, as well as five hospitals and seven commercial insurers, along with Medicaid--all of them working together to ensure coordinated, high-quality patient care.

The complexity of building this multi-system partnership is subject for another conversation. My focus today is on the myriad benefits that that come from this effort:

- Health care providers, including primary care physicians, nurses, diabetes educators, and community health workers, are all focused on preventing illness and helping patients manage chronic conditions like diabetes and asthma.

- Physicians are moving toward electronic prescribing of medications to improve convenience for patients and reduce the risk of medication errors.
- Providers are using electronic medical records to track patient data and measure their own performance in achieving specific targets for high-quality care, such as reducing unnecessary hospital readmissions.
- Care coordination "pods" in Plattsburgh, Saranac, and Lake George provide physicians with a network of case managers, dietitians, and other non-physician staff.
- The project receives an additional per Network member per month to establish and operate care teams to ensure that patients have access to the full range of primary care, specialty care, and community-based services. That payment totals approximately 8.4 million annually, on top of the usual reimbursement. Where will this money come from? It represents savings that will happen relatively quickly -- when expensive chronic illnesses like diabetes are kept under control by patients and their physicians.

It's exciting to see innovative and common-sense approaches to health care taking hold in our State -- and our nation. The kinds of collaborative, forward-thinking projects we saw in upstate New York are beacons for the rest of the State and for communities across the country.

Some people fear that cost containment is impossible. This is not the case. And, a defeatist attitude is alarming because of one simple fact: if those who dedicate their lives delivering care and making our health system work better do not get costs under control so that government and employers can afford our health insurance premiums, consumers will be forced to pay more and more for expensive care when we are sick.