



NH Healthcare Op Ed

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Health Care: Are you *really* satisfied?

If you truly are satisfied with your health care, I would venture to say you won't be for long. You may be satisfied with your health insurance, but with the rising cost of care, you likely have not been pleased with increased cost sharing, rise in premiums, deductibles and/or co pays (premiums in NH have risen 95% since 2000).

You may be satisfied with your primary care provider, but with a threatening primary care physician shortage, over time having easy access to a primary care provider may only be a luxury (residency spots in family medicine has declined over 50% in the last 10 year). You may be satisfied that your employer helps cover a portion of your insurance costs, but with a national and state trend to reduce or eliminate this benefit and with a weakened economy, your employer based health insurance coverage may not be there for you in the future (in NH, 75% of employers are small businesses, with employer coverage declining recently to only 51%).

You may be satisfied with your public insurance plan (Medicare, Medicaid, Veterans) or your private insurance plan, but with relentless medical inflation, the status quo of your plan's benefit package may be financially unsustainable (in NH family premiums cost nearly \$15,000, about the annual earnings at a full-time, minimum-wage job).

A national survey of businesses just released by the Kaiser Family Foundation and the Health Research & Educational Trust found that since 1999, health insurance premiums for families rose 131%, far more than the general rate of inflation, which increased 28% over the same period.

The annual survey of more than 2,000 companies found that 40% of small-business employees enrolled in individual health plans pay annual deductibles of \$1,000 or more. That's almost twice the number who paid that much in 2007.

And as insurance costs increase, workers are also picking up a larger share. The average employee with family coverage paid 26% of the premium, the study found, but 41% of companies said they are "very likely" or "somewhat likely" to increase the amount employees pay for coverage in the next year. (Reported in USA Today, 9/17/09).

In short, certain change is required.

The question becomes, which change? From my point of view, from within the system, Health Care Reform is about *health systems* reform, not just *health insurance* reform. It is about reimbursement for care that delivers healthy outcomes, not just for performing tests or procedures.

It is about building a health care system and a physician workforce that will be there for you, your children, and your grandchildren.

It is about moving away from our wasteful patchwork system and building a comprehensive coordinated system that financially and clinically integrates all your care including your primary and specialty medical care, oral health, behavioral health, and hospital care.

It is about coverage and access to care that is available and affordable for everyone.

No one in this country or in this state believes change will be easy. And to be sure, any true reform is complicated. There is no one solution. However, we deserve a balanced, honest and civil exchange about the reform. And while our Congressional Delegation may have different perspectives on how to make the necessary changes, they all agree on one thing: Community Health Centers (CHCs) work – and must be supported and encouraged to grow.

CHCs are non-profit practices across the nation serving nearly 20 million patients. In New Hampshire, they serve as a health home for over 107,000 patients, offering quality, comprehensive, and integrated care to everyone in their community -- regardless of ability to pay.

The research is striking and the data are clear that the CHCs provide their patients with healthy outcomes while saving the overall health care system on average over 30%. Their cost savings are due to patient and family involvement in their own care; everyone focusing on coordinating primary/preventive medical, oral, and behavioral health care; managing chronic illness; and -- with patient education and disease management -- reducing emergency and hospital care.

Our current system is fragmented and on an unsustainable trajectory. Let's work together to examine and repair what is broken while we continue to invest in what works. Community Health Centers are receiving national recognition for the quality of their services and patient health outcomes; let's support them in New Hampshire and across the country.

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Biography: Tess Stack Kuenning has served as the executive director of Bi-State Primary Care Association since 1995. Bi-State Primary Care Association is a nonpartisan, nonprofit, organization that works with federal, state, and regional health policy organizations and policymakers, foundations, and payers to develop strategies, policies, and programs that promote and sustain community-based, primary health care services. With offices in Concord, New Hampshire, and Montpelier, Vermont, the organization provides advocacy, technical assistance, education and training, networking opportunities, and resource and information services for its 33 member organizations.

Prior to joining Bi-State, Ms. Kuenning worked for the U.S. Department of Health and Human Services in Boston, MA, at the U.S. Public Health Service. Ms. Kuenning was the Principal Public Health Advisor throughout New England for public health program, planning and development, technical assistance, grants monitoring, program evaluation and management for federally funded programs. This included State Cooperative Agreements, Regional and State Primary Care Associations, Migrant and Community Health Centers, Health Care for the Homeless, and HIV early intervention programs. Ms. Kuenning also worked as a nurse consultant for the Health Care Finance Administration where she served as a specialist in the review, analysis, and evaluation of state agency performance and effectiveness, including in-depth federal reviews of providers and suppliers participating in the delivery of health care under Medicare and Medicaid.

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