

Good afternoon, Mr. Francis.

My name is Wade Norwood and I am the Director of Community Engagement for the Finger Lakes Health Systems Agency – the FLHSA – and it is my great honor to be here with you this afternoon. I would like to begin my remarks by thanking you, the Division of the Budget and this sitting state Administration for the deep concern you hold for New York's health care system and for your support of the state and local activities that support and improve the health of New York's children and their families.

The Finger Lakes Health Systems Agency was once part of a thriving network of State-funded community health planning agencies that supported government policymakers and providers by examining cost, quality, access and capacity. In the mid-1990s, as competition prevailed in health care, this philosophical change ended state funding for regional health planning. As a result, the FLHSA is the only remaining, fully-functioning, independent, community-based and community oriented health planning entity in New York State. It serves the Finger Lakes region, a nine-county area in upstate New York, and has a lengthy history of accomplishments dating back to the 1930s.

As the region's independent health planning entity, it is our mission to promote cost effective, affordable, accessible, quality health care for the entire community. We accomplish this by collecting, analyzing and interpreting data, identifying problems and assessing service needs, convening stakeholders, advocating for and facilitating implementation of solutions, and evaluating and communicating results.

Four attributes allow FLHSA to play a unique and critical role in helping the community health system to manage change.

- Our independent ‘honest broker’ status. Most stakeholders accept that FLHSA represents the community’s interests without a separate agenda.
- Our vast warehouse of data. One of the agency’s central functions is gathering and reporting data on health, health care, and health care providers in the nine counties it serves.
- We are a staff of health-system experts. The FLHSA’s professional analysts represent more than 150 years experience at interpreting health data and working with stakeholders to craft solutions.
- We are an informed convener for health-system discussions. The agency’s honest broker status, deep knowledge and ongoing relationships with all stakeholders – including patient groups – allow FLHSA to serve as a “community table” where health-system issues are debated and problems are solved.

I am here today asking that, as the administration prepares its budget for the state Department of Health, that you include a an appropriation to support the services and expenses of the Finger Lakes Health Systems Agency. This appropriation should not be made, simply as a funding line for an important regional asset; but rather as an integral strategic element of New York’s commitment to

both the growing need for health services and the extenuating need for fiscal prudence. Despite the State's current fiscal difficulties, the Governor's budget should reflect in concrete terms the critical role that regional community-based health planning plays in making real the Governor's vision of "Putting Patients First:" of fundamentally reforming our health care system to make it affordable for – and responsive to – the citizens of New York. We understand that pursuing this direction requires the Division of the Budget to make hard choices among competing needs.

By the same token, we understand that building a system of care that promotes the well-being and meets the needs of all New Yorkers – particularly, those with serious acute and/or chronic medical conditions – requires a different kind of health planning: a vision that sees more than just data and system capacity. Changing populations, advancing technologies, and the accelerating cost of care all require regional communities to address the demand side of the health equation, as well as supply. The FLHSA has responded to this requirement by expanding its role from capacity management to community engagement. We are helping to craft and implement solutions that will improve community health and reduce the demand for care – while we continue to manage the capacity of the system as efficiently as possible.

The Right-sizing Commission's finding nothing to cut in the Finger Lakes region's health care system was not coincidence, but instead attributable to the region's long history of community health planning. As the Division of Budget seeks to present a fiscal plan that carries forward the reform of New York's health care system, the FLHSA's new community health planning model provides an

essential tool in insuring that “every decision, every initiative and every investment ... [is] designed to suit the needs of patients first.”

As the Berger Commission, itself, concluded, the Commission’s work should “be considered a beginning, rather than an end, of a broader reform effort. We [meaning, the State of New York] need to build on this effort to address an ongoing need for structured decision-making regarding health care resource allocations. The speed of change in health care, driven by changing technology, populations and finance, makes it essential that the work of reforming the system and the regulatory framework be continuous. New York State should implement an ongoing process to sustain the efforts initiated by this Commission.”

Mr. Director, we respectfully continue to present ourselves as an important element of such a process.

I would be pleased to entertain any questions you may have and thank you again for your interest and concern.