REGIONAL HEALTH PLANNING

In the new health care environment, cooperation rather than competition is a healthier route. There is a need for joint community planning to ensure that all elements of the *Affordable Care Act* and Medicaid Redesign can be implemented. Piecemeal efforts will not move us forward as a state. If done correctly, regional health planning can incentivize the appropriate use of available health care resources and result in increased levels of community engagement and buy-in and improved health outcomes. Results like these can only be achieved if there are meaningful opportunities for community involvement. In the past few years, decisions about the distribution and redistribution of healthcare resources and services have been made without this critical input. This was not always the case.

New York State has a history of regional health planning that began in the 1960's, earlier than efforts on the national level or in other states. The regional bodies at that time were comprised of health care providers. When federal law was passed and funding became available, eight regional health planning agencies were set up around the state, with the required consumer majority on the board of each agency. The quality of the agencies and their work varied greatly. Federal funding ended, but the state continued funding the planning efforts for a period of years. When all public funding ended, there was one remaining agency that continued to exist, the Finger Lakes Health Systems Agency. Through private funding, the agency has continued to successfully perform some of the same functions as in the past.

The Finger Lakes Health Systems Agency appears to have an impressive record of expanding the populations involved in the agency's planning efforts. In particular, to address health care disparities a Task Force on Latino Health and a Task Force on Black Health were set up. The agency is involved in coordinating many planning efforts.

The Finger Lakes Health Systems Agency, with 30 years of experience, can serve as the important model for health planning in other regions across the state. There could be local adjustments based on regional differences – but the basic concepts and principles should be incorporated:

1. Consumer majority on board and committees
2. Focus on elimination of health care disparities
3. Coordination of task forces
4. Community health need assessment and planning documents developed based on the assessments
5. These assessments must be used in institutional planning and in state review of CON proposals

We urge the state to draw from the Finger Lakes model going forward.

Lastly, there has been some focus on revamping the state's Certificate of Need (CON) process through administrative streamlining. We understand the need for some streamlining to ease administrative burdens on health providers and institutions.

However, this streamlining should not compromise efforts to meaningfully engage stakeholders in the health planning process. Health care institutions should still be required to take into account the impact of acquisitions and other facility changes on health disparities and the overall health of the community. In addition, the state should provide additional opportunities for public input, including making the CON website more user-friendly and linguistically accessible to promote greater community participation. We urge the state to not lose sight of the fact that the CON process is only one component of a broader regional health planning process.

Prepared by
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