Senate Finance Committee Roundtable
10/30/07

- I'm Matt Fishman, Vice President for Community Health at Partners HealthCare. Partners is a non-profit health care system founded by Massachusetts General and Brigham and Women's hospitals in Boston. The system includes community and specialty hospitals, community health centers, a physician network, and home health and long-term care services.

- I will talk briefly about Partners' community commitments and then make some comments about the discussion draft. There are three main elements in our community commitments.

    - First, our belief is that all patients should receive medically necessary care whether or not they have insurance coverage. In FY06, this included hospital care for 57,000 uninsured patients. While entirely free to virtually all of these patients, the actual cost of this care was $101 million. These numbers are substantially above the 21,000 patients at a cost of $59 million served five years ago. Our FY06 hospital bad debt cost was another $24.8 million.

    - Second, ongoing partnerships with and investments in community health centers to provide cost-effective preventive and primary health care in urban neighborhoods. We operate seven community health centers and have partnerships with an additional 14, overall providing care to more than 200,000 patients.

    - A third element is community needs assessments resulting in innovative partnerships to address tough health problems, including substance abuse and violence; racial disparities in cancer mortality, infant mortality, diabetes and other diseases; and the need for economic opportunity for low income families. Our economic opportunity efforts include school partnerships and initiatives focused on connecting community residents with career-oriented jobs in our hospitals and on advancement for people already working within our system.

- While this is all work in progress, we have been engaged in it for more than ten years, and we have begun to see promising results. As noted, much of this work is based on community needs assessments like those recommended in the discussion draft.

- Requiring charity care at an amount equal to 5% of operating expenses or revenues is one way to measure hospital commitment. But it's important to acknowledge that circumstances vary significantly among the states and among hospitals. A one-size fits all numerical standard may not be the best measure of success. It is not a substitute for real engagement between hospitals and communities.

- We believe that hospitals need transparent policies as outlined in the discussion draft, for providing free care. We believe these policies should be designed by collaborating with knowledgeable consumer advocates and policy experts, so that policies work for consumers. Our policies today for free care and self pay patients are substantially better because of at least three major collaborations over the last fifteen years with Community Catalyst and their Boston colleagues at Health Care For All and Health Law Advocates. In addition, the Access Project's work on medical debt, and Professor Nancy Kane's work on community benefits, have been important catalysts for our thinking.

- The most fundamental community benefit of all is accessible care, and hospitals have an essential role as an unimpeded safety net for charity care when it is needed. We believe that hospitals have another important role as catalysts and partners for change to improve the health of underserved populations through specific interventions and through work on health care reform, universal coverage, and other public policy issues.

- In our experience, collaborating with communities to understand and assess health problems, and developing programs together to address them, has worked well for everyone involved. For us, engaging with communities has been part of a *strategy* to improve the health of patients, to go beyond *charity* where we only provide money for care. We are in these partnerships for the long haul. This is about making a sustained effort to improve health – together. Examples of the results we see so far include: increased use of drug treatment, and reduced drug related arrests, overdoses, and deaths in Boston's Charlestown neighborhood; substantial improvements in the health of diabetic patients and HIV positive patients in the city's Dorchester neighborhood; and reduced emergency department use and reduced hospital admissions for uninsured patients when we engage them in primary care in health centers throughout our service area.

- And, at the public policy level, we worked with other providers, consumer advocates, business insurers, religious leaders, and government leaders to design and implement statewide health care reform legislation which has already provided coverage to 200,000 previously uninsured people and focused attention on the need for new collaborative efforts to control health care costs.

All of this progress reflects our values, our organizational interests, and our response to clear expectations established by the state's consumer advocates, health department, and attorney general that hospitals will make sustained commitments to communities. We

recognize and respect the role of government in establishing standards for these commitments.