

A Long Island Briefing

What Every Long Islander Should Know About Health Care

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Four-year old Corey was feverish, congested, having trouble breathing. He barely slept last night. In the morning, his worried mother took him to the emergency room.

Charlene is an asthmatic. There are many medications that could control her condition, but they're just too expensive. She depends instead on her rescue inhaler. But she caught a bad chest cold, and her inhaler wasn't helping her. In the middle of the night, unable to breathe, she rushed to the ER.

Cases like these are everyday occurrences in hospital emergency rooms around Long Island. They shouldn't be.

They represent conditions that could have been treated in a doctor's office or clinic, or chronic conditions that could have been controlled. Long Island hospitals recorded 22,054 of these Ambulatory Care Sensitive cases (ACS) in 2005, an increase of 25% since 1997.

Large numbers of ACS cases mean needless suffering for patients and economic pain for us all. Overuse of costly emergency room visits and hospital admissions adds enormously to healthcare costs. The costs fall on us in the form of higher taxes and higher insurance costs for employers and plan participants.

The causes are largely economic. Those who are poorer and those without medical insurance are more likely to use emergency rooms for ACS conditions. So are people on Medicaid, who (because of Medicaid's low reimbursement rates) usually cannot find private physicians willing to accept them as patients.

Even those with insurance at work are facing rising out-of-pocket costs that lead them to put off seeking medical treatment or taking medicine.

We don't need better medicine. We need a healthier healthcare system, that delivers care to those who need it—before their conditions become critical and expensive.

Mobile medical programs have helped. The Children's Health Fund, started in 1987 by singer Paul Simon and physician Irwin Redlener, toured homeless shelters in New York City, then expanded nationwide. A CHF program in Stanford, California, saved over \$4 in future health care costs for every \$1 it spent. Here on Long Island, a program operated by the North Shore-LIJ Health System, in partnership with United Way, provides primary care to underserved residents of Hempstead. Services have also been provided to migrant farm workers on the East End.

We need systemic measures as well. In its final report issued in December, the New York State Commission on Health Care Facilities in the 21st Century called for investment in primary care in order to reverse long term trends affecting health care costs, access, and quality, especially for underserved populations. The new governor has committed to redirecting resources toward cost-effective primary and preventive care.

These are vital steps. But it seems clear that as long as people cannot afford basic healthcare, the problem will remain. Health coverage for everyone is usually thought of as the "right" thing. It appears to be the sensible thing as well.

The *Long Island Index* has been produced annually since 2004. It measures indicators affecting the economy, environment, education and quality-of-life issue on Long Island to establish a sense of direction on the major aspects of Long Island life. The complete findings of *Index* 2007 is available on the website, www.longislandindex.org.

The *Long Island Index* is a program of the Rauch Foundation, based in Garden City.

Nancy Rauch Douzinas is president of the Rauch Foundation, and convener of the Long Island Index.. The Index provides data about the Long Island region, in order to promote informed public debate and sound policy making. For more information visit www.longislandindex.org.

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