

Reaching for  
excellence

Community Vision and Voices  
for Western New York Health Care



# 1 FRIDAY 4 FUTURES

What do we want the future  
of health care in  
Western New York to look like?



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# Why Are We Here Today?

We are together today to share our perspectives on what is important to us for the future of health care in Western New York.

# What Issues Will We Discuss?

The focus of our discussion is *One Friday: Four Futures*, a series of four different but realistic health care futures for Western New York. The stories examine such issues as how to balance the need for prevention with demand for treatment, challenges in providing quality care to the poor and underserved, health care costs, and the role of health information technology.

# What Happens Next?

Over the next several months, these conversations will be held with communities across Western New York, from block clubs to board rooms.

Feedback from the community will form a series of community-driven health care goals that lead to key indicators of health care system performance for regular monitoring and public reporting.

Ultimately, these goals and performance measurements will help guide health policymakers, health care systems and providers, community planning efforts, news media and the general public in understanding the region's health care vision, and what needs to happen to realize that vision.

# About Reaching for Excellence:

*One Friday: Four Futures* is part of a broader regional effort to engage Western New Yorkers in exploring possibilities and setting goals for a stronger, improved health care system for the eight-county region. Through these conversations, as well other community-based efforts, *Reaching for Excellence: Community Vision and Voices for Western New York Health Care* will help to amplify the voice of the user in setting a long-term health care vision for the region. The effort will culminate with a set of community-driven health care goals which can be tracked to measure regional progress.

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# 1 FRIDAY 4 FUTURES

What will the future of health care in Western New York look like? In the following four stories, an interwoven cast of patients and health care providers — Barry Glover, Miranda Trimble, Don Castle, Laura Castle Clark, Felicia Johnson, Tony Tomasello and Anita Wallace — interact with each other on a single day in 2018 — Friday June 22, to be exact.

**The date is the same in each story but each Friday has been reached along a different path, with distinctly different outcomes for all involved.**

Stories written by Gary Earl Ross

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# Heaven Help Us All



As the recession of 2013 echoed the recessions of 2008 and 2010, Congress was unable in 2010, 2012, and 2016 to enact any kind of health care reform:

- By 2016 even service companies were abandoning North America for Asia.
- Many Americans took low-paying jobs overseas.
- The burden of supporting American health care grew heavier on those who remained behind.
- The price of insurance increased so much that fewer companies chose to provide health benefits.
- More workers joined the ranks of the uninsured.



It was nearly ten p.m.  
Barry Glover lay on his back on a  
gurney in a large general treatment  
room in the ER.

To his right sprawled another man, and Barry could hear the pneumatic hiss of the stomach pump. On Barry's left two doctors worked on another man, who'd been wheeled in with the shout, "Gunshot wound!" just before the drug overdose on the right. Across from him a doctor kept saying, "Stay with me, Miranda!" to a large woman who'd had a heart attack. Barry was glad he couldn't see any of their faces. It was enough to listen to doctors exchange words he did not understand, to hear tears and coughing and tired voices and the sounds of machinery, to know that here, amid all this confusion and noise and stink, because he had been laid off and could no longer afford insurance, control of his

diabetes had got away from him. Now he would lose his leg.

He closed his eyes against all that was happening around him and tried to shut down his mind, which had been racing since the ambulance had brought him in. Try to sleep, he told himself.

And sleep he did, despite the alternating pain and numbness. When, finally, someone called his name, the sound had to reach deep beneath the surface to pull him awake. Blinking, he was unsure how long he'd been out but he lifted his head and saw a weary woman looking down at him.

"Mr. Glover," she said. "I'm Dr. Wallace and this is Nurse Tomasello." She gestured to the dark haired

man who stood behind her. “We’ll be examining you.” She lifted the sheet and winced at his leg, which, he knew, must look even more unsightly to someone unaccustomed to dragging it around.

“I couldn’t always get insulin — or needles,” he said, as if apologizing.

“And there aren’t many places left where you can learn to use them.” Dr. Wallace sighed. “Nurse Tomasello will take you to another part of the hospital,” she said. “I’ll join you there shortly.”

Tomasello got behind the head of the gurney and began to push, skillfully angling past the other gurneys and chairs that littered the corridor. Barry looked from side to side, at people waiting to be seen, standing or leaning or sitting, some holding crying or sniffling children, others pressing gauze to open wounds. At the far end, some of the gurneys had bodies completely covered with sheets.

Barry was silent until the nurse pushed him into an elevator and the door closed behind them. “Are they going to stay out there all night?”

“No,” Tomasello said. “Somebody will move them to the morgue when things slow down. We’re short-staffed tonight.”

“Is it always like this?”

“Not always. Fridays are bad.”

Tomasello shook his head. “More and more folks don’t have a family doctor, so they come here and we have to stabilize them, even if they never pay the bill. A lot of people

drive in or get helicoptered in because the rural hospitals are so poorly equipped.”

“I bet the guy who runs this hospital has a doctor,” Barry said. “And I bet he can afford whatever he needs, probably at another hospital.”

“Maybe even in another city,” Tomasello said. “Most people have doctors. It’s just that the number of those who don’t seems to be growing.”

For a moment neither spoke. Then Barry laughed.

“What’s so funny?”

“I’m going to lose my leg,” Barry said, “because I got laid off and couldn’t get what I need.” He laughed again, bitterly this time.

“If it means anything, at least you’ll be alive,” Tomasello said. “A man I saw this morning? Hopeless. Stage four colon cancer. His daughter’s expecting, and all he wants is to last long enough to see his first grandchild.”

Then the bell sounded, the elevator jerked to a halt, and the doors slid open on a corridor with lights already dim.



# Don't You Worry About a Thing



In 2012 Congress finally passed a sweeping health care reform bill but stopped short of making it universal coverage:

- All Americans had the chance to get insurance with a variety of providers.
- Diagnostic testing increased.
- Health care became a part of the economy, producing two of every five jobs.
- Despite hospital mergers and sharing of resources, the blizzard of complicated regulations and forms left many people confused.



Last night Miranda felt as if a truck had driven onto her chest and parked. The pain was unbearable, and her husband punched 911.

Soon someone was next to her, clamping a plastic mask to her face. Then she was vaguely aware of being wheeled and jostled, of sirens and beeping machinery, of a strange voice: “You’re having a heart attack, Mrs. Trimble. Stay with me now.” She could remember little else.

Now, today, she woke tired and incredibly sore. She knew Ben was in the room with her, had been there for some time because his voice was floating in her head. She blinked, and he smiled down at her, letting out a long breath.

Later, a cardiothoracic surgeon named Tomasello stood at Miranda’s bedside in the Stroke and Cardio Center, writing on a clipboard. He already had most of her medical history but asked detailed questions to fill in the gaps. When she answered yes to smoking, he said, “You just quit.” Then he described

the biosynthetic-cellular stent he had inserted last night, as well as the exercise therapy and dietary changes she would begin.

“This is going to cost me a fortune, isn’t it?” she said. “Isn’t there something simpler, a new medicine or something, maybe a membership to Weight Watchers.”

“You’re going to get plenty of medicine,” the doctor said.

“Insurance will cover it, but you’re on your own for Weight Watchers. Don’t worry. It’s not too late to get your life back.”

No one in the room knew that in five months, without supportive counseling, Miranda would abandon her exercise efforts and fall back into her old eating patterns, that in six she would discover an unfinished pack of cigarettes in the back of the kitchen junk drawer and begin smoking again.

No one knew Miranda's second heart attack was just fourteen months away and would require a quadruple bypass, but everyone understood that however much any life-saving procedure cost, it would be done.

Across town, in an independent imaging center, Felicia Johnson lay still inside a narrow tube. Repeated doctor visits, prescription painkillers, physical therapy, two chiropractors, yoga, special supports for her car and favorite chair at home — and still the pain in her lower back brought tears to her eyes. This, her second MRI, had been ordered by her new doctor, Anita Wallace, a pain specialist who wanted fresh film before attempting cortisone shots in her spine. "Ah, that stuff doesn't work," a neighbor had told her. "I got it in my shoulder and it still hurts like the dickens." But Dr. Wallace had assured her that with the almost limitless medical choices available today, they would find a way to make her back pain disappear.

Thirty-five miles away, Laura Castle Clark sat in a crowded rural doctor's office waiting for the doctor to breeze through, as usual, but hoping this time he would take an extra moment to reassure her that the recent spotting was nothing to worry about. Laura hated coming to this office — too long a wait, too many patients, too little time to ask questions, too many tests. But Rogers was a good doctor who had managed many high risk pregnancies and

delivered healthy babies. Laura prayed he would spare her another miscarriage.

Her cell phone chimed, and she slid the display into talk position.

"Honey?" It was her mother. "I called the house but got no answer."

"I'm at the doctor's office, Mom, just waiting to be seen."

"Oh."

Laura heard the hesitation in her mother's voice. "What is it?"

"Dad and I were on our way out to see you — we have some things for the nursery — and we were almost at your house when we had a little accident."

Laura sat up straighter. "An accident? Are you all right?"

"We're fine, but Dad had a little tightness in his chest. The state police insisted we go to the nearest hospital. By the time we got there, ER doctors had uploaded our medical records from MediStat. They examined us both and X-rayed us and compared Dad's EKG to his last reading. We're okay, but the car had to be towed." Her mother sighed.

"Here we are trying to surprise you and now we need a ride."

"Sit tight, Mom," Laura said. "I'll be there in ten minutes."

"But, honey, your appointment..."

"I can wait in line tomorrow just as easily as today," Laura said, relieved her parents were all right. "Ten minutes."



# With a Little Help From My Friends



The recession of 2009 made cutting health care costs a priority for the 2010 Congress:

- The ER was now reserved for the most serious emergencies.
- Entrepreneurial medical associations, as well as religious and community-based groups, set up 24-hour clinics where physician's assistants and nurse practitioners handled most fevers, stitches, and broken bones.
- Simpler diagnostic practices there meant a decline in more comprehensive medical testing elsewhere.
- Companies that still offered insurance began to rely upon prevention, giving incentives for healthy lifestyles.



“Perfect,” Tony Tomasello said, depositing the spent insulin syringe in a pink biomedical waste container. “Do it just like that every day and you’ll be fine.”

“Thanks, doc. You know, I was ticked off my boss made me come here.” Barry Glover was a middle-aged man beginning to soften in the middle. “Then I got stuck with the bill.” Newly diagnosed with Type 2 diabetes, he had come into the East Side Clinic and used his debit card to learn how to inject himself and manage his disease. “But I’m glad I did. They ought to put you in charge of this place.”

“I’m a physician’s assistant,” Tony said. “I prefer patient care to paper work. Now, we covered these information pamphlets, and you know a healthy diet and regular exercise are just as important as your daily injection. If you think the needle will take care of everything, it’s easy to slack off.”

“My wife won’t let me,” Glover said. “After my first appointment with you, she got books on the right kinds

of food, and she’s going to sign us both up for a gym. This clinic of yours is a lifesaver.”

“It’s a good place to work,” Tony said. “Two doctors, three physician’s assistants, three nurses, a social worker — we do a lot for this side of town, which doesn’t have a lot of doctors.”

“So who is in charge? I’ll put in a good word for you.”

“The director’s name is Dr. Wallace.” Then Tony fingered the manila envelope that held Glover’s medical records, diet and exercise instructions, and enough diabetes information to choke a herd of elephants. “These are your new marching orders,” he said, handing the envelope to Glover.

“That’s a lot to read, doc.”

“I know,” Tony said. “But this is your last appointment and not following these instructions could

cost you a lot more than you want to pay, physically and financially.” He bit his lip. “Look, I bet your church has a parish nurse who could help.”

“Yeah, doc,” Glover said. “But she won’t be as good as you.”

Tony’s last patient of the afternoon was Felicia Johnson, a suburban mother with chronic lower back pain. She had come to their clinic some weeks earlier, already having reached her annual insurance limits for treatment of such a condition. She’d had physical therapy for the approved number of sessions and prescription painkillers for the approved number of doses. Nothing had relieved her pain, but at this point any further treatment attempts would have to come from her own pocket. Though the clinic accepted payment from several health insurance providers, the bookkeepers were always happy to have clients who tried to ride plastic ponies named Visa and MasterCard off into the sunset. Banks paid on time and never questioned expenditures.

After referring Johnson for an MRI with the imaging service used by the clinic, which already had a three-month backlog, Tony shed his lab coat, closed his locker, and went to knock on Dr. Wallace’s office door. He stepped inside when she said, “Come in,” and stopped several feet from her desk.

“What is it, Tony?”

“It’s about my mother, Dr. Wallace,” he said tentatively. “Her

dementia is getting worse. She’s on Medicaid’s waiting list but she’ll hit critical need before a nursing home bed opens up around here. I tried to go through the church clinic near our house but the wait is too long. Right now, Medicaid’s paying for adult day care and a visiting nurse, but I do everything for her in the evening and through the night. When she goes in, I’ve got to sell her house and turn everything over to Medicaid — and since I’m living there too...” He spread his hands in a gesture of surrender.

“How can I help?”

“I was hoping maybe you could write a referral that expedited things through mental health channels instead of elder care.”

“I’d be happy to try,” Dr. Wallace said. “But getting her into the mental health stream won’t be easy in this climate. I’ll need to examine her first, though, so bring her in tomorrow.”

“Tomorrow’s Saturday,” he said. “One of our big walk-in days.”

“We’ll make room,” Dr. Wallace said. “She’s your mother, Tony. That makes her family.” And she smiled.

Tony said softly, “Thank you.” Then, for an instant, his throat caught, and as he turned to go he glanced once more at his boss, who had already returned her attention to the stack of papers on her desk.



# You Get What You Need



In 2010, Congress passed the Universal Access to Health Care bill:

- In WNY, health facilities and providers merged to form more efficient delivery systems.
- Now medicine focused on prevention and education, with classes on nutrition, exercise, smoking, and substance abuse.
- Most people took part, though sign-up rates were lower for the mentally ill, the poor, and those mistrustful of government “systems.” Therefore, many families remained vulnerable.



Positioned on his back, wearing a crisp paper gown, Don Castle kept his eyes on the flat panel monitor beside his gurney.

He asked himself once again why he couldn't have waited a year or two for this procedure. "Even if your father hadn't died of colon cancer," Dr. Tony Tomasello had said during his first office visit, "this could save your life. The more colon screening I do, the less surgery I have to do."

Castle had read the magazine articles, had been happy to get a break on his insurance premium for being part of his employer's physical fitness program. And he had tried to eat a balanced diet—but the pizza in Buffalo was just so good.

"This is so much less invasive than the old way," the doctor said, moving the imaging wand over Castle's abdomen. "By the way, how's your daughter?"

"Still pregnant," Castle said.

"She's got diabetes and already had one miscarriage. But this time she's getting really good prenatal care and she monitors her blood sugar seven or eight times a day. She has an appointment for a Caesarean next week."

"Where's it being done?"

"At the hospital right across the street from here. Laura and Mike live down in Holland," Castle explained.

"But she used the internet to find the best doctors for high risk pregnancies, and they're here in Buffalo. Thirty plus miles is a long haul when you have her problems, so they decided to schedule her delivery."

"See these small pockets right here?" the doctor said.

"Diverticulosis."

Castle swallowed. "Is it serious?"  
"It's a normal part of aging. Just stick to a balanced diet with fruits and vegetables and drink lots of fluids."

"Getting old is no fun," Castle said.

Dr. Tomasello laughed. "You sound like my mother, or how she did before her mild dementia set in." He sighed. "She was okay at home with us until she fell. Now she has to go into a nursing home. At her age, with her confusion, nobody will approve a hip replacement or rehabilitation."

Castle said, "They straightened out Medicare and Medicaid, according to my wife."

"She's right. More preventive screening, more flu vaccines, stable funding agreements between federal and state governments." Dr. Tomasello shifted the wand again. "Almost done...So what is it your wife does, Mr. Castle?"

"She's the financial officer at Autumn Valley Nursing Home."

"Really? That's on our list of homes to visit."

"A nice place," Castle said. "They take good care of their residents."

"Glad to hear it." Dr. Tomasello patted his arm. "You'll be happy to know you're clean and healthy, not a polyp in sight. You can wait another four years before your next procedure. Because of your father, I recommend a screening for any siblings you might have."

"My brother didn't sign up for this coverage," Castle said. "He's one of those guys who never trust

the government. Now, thanks to his wife's lung cancer, he may lose his house."

"The system's not perfect," the doctor said, "but it beats losing everything." He was quiet a moment, then said, "Hey, my nurse and I have a little bet about your lunch plans..."

"I treat myself to steak once a month," Castle said. "Today's the day."

Twenty minutes later, as Castle was leaving the doctor's office, his cell phone buzzed on his hip.

"Don," his wife said when he answered, "Laura's water broke. She's on her way to the hospital out there."

"Call her doctor here," Castle said. "Maybe he can get online for a virtual surgery link. Then go outside and wait. I'm on my way."

As he closed his phone, the steak he had dreamt of for a week began to recede from his mind's eye.



The four stories are summarized below to provide a comparative snapshot of the scenarios' potential outcomes, positive and negative, in the areas of health care access, quality and cost. Those who would do well and those who would fare poorly are also identified for each scenario.



## Heaven Help Us All

## Don't You Worry About a Thing

	Heaven Help Us All	Don't You Worry About a Thing
Access	<p>Increasingly limited access</p> <p>Primarily through emergency care</p> <p>Low-cost acute care clinics</p>	<p>Many options but most are of only satisfactory quality</p> <p>Coverage increases because of electronic medical records and ample resources</p>
Quality	<p>Stretched resources wear thin and quality falls as a result</p> <p>Fewer and fewer quality options</p>	<p>Broad range of quality amongst providers &amp; plans</p> <p>Excesses and loopholes engulf the system</p>
Affordability	<p>System still bifurcating as "Haves" go elsewhere for the best care</p> <p>For "Have Nots" everything is getting more expensive</p>	<p>Statewide mandates make primary care affordable</p> <p>Emergence of two-tiered system for specialized care</p>
Winners, Those who...	<p>Can pay for the best care</p> <p>Can go elsewhere for the best care</p> <p>Want to simply maintain already healthy lifestyles</p>	<p>Want to pay for the best private care</p> <p>Are savvy consumers</p> <p>Are individuals with only basic care needs</p>
Losers, Those who need...	<p>Insurance</p> <p>Highly specialized care</p> <p>Treatment for chronic conditions</p> <p>Mental health care</p>	<p>Preventive care</p> <p>Mental health care</p> <p>Help "working the system"</p>



**With A Little Help  
From My Friends**

**You Get What You Need**

<p>Limited access to GPs</p> <p>Most care facilitated by community clinics, churches and extenders</p>	<p>Comprehensive system of treatment options in both preventive and acute care</p> <p>Education creates more knowledgeable consumers</p>	<p><b>Access</b></p>
<p>Simpler outcomes improve due to compulsory screens</p> <p>Special needs (e.g. mental, chronic care) are challenging</p>	<p>Education and efficiency improve quality throughout system</p> <p>Good outcomes from prevention</p>	<p><b>Quality</b></p>
<p>Compulsory nature of the system means access is assured</p> <p>Skilled care is beyond the reach of most</p>	<p>Medicare/Medicaid funding for preventive care plans and education make care and wellness regimes affordable to all</p>	<p><b>Affordability</b></p>
<p>Only need basic care</p> <p>Want emergency care</p> <p>Want closer ties to their community</p>	<p>Need low-cost care</p> <p>Want to take control of their health, fear doctors visits</p> <p>Need care for chronic illness</p> <p>Seek alternative treatment</p>	<p><b>Winners, Those who...</b></p>
<p>Immediate specialized care</p> <p>Ongoing care for chronic conditions</p> <p>Prevention and education more than acute care</p>	<p>Complex procedures</p> <p>Access to high-end care and therapies</p>	<p><b>Losers, Those who need...</b></p>

# ACKNOWLEDGEMENTS

## Scenario Planning Group

The following community and health care leaders from Western New York convened for several workshops over the course of summer 2007 to help develop the four health care scenarios presented here. They provided critical insight on how challenges and opportunities facing the region's health care system today will affect Western New York's health care future.

Ann Abdella	Chautauqua County Health Network
LaVonne Ansari	Community Health Center of Buffalo
Patricia Berggren	Niagara Falls Memorial Medical Center
Anthony Billitier	Erie County Department of Public Health
Mary Lee Campbell-Wisley	Univera Healthcare
Carol Cassell	Independent Health Association
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Michael Young	Erie County Medical Center

## Reaching for Excellence Project Team

The following organizations have worked together to envision, administer and coordinate the Reaching for Excellence initiative, and to engage the Western New York community in all of its components.

### Project Sponsors

Community Health Foundation of Western & Central New York  
The John R. Oishei Foundation

### Project Partners

P<sup>2</sup> Collaborative of Western New York  
University at Buffalo Regional Institute  
Just Buffalo Literary Center  
E-3 Communications

## Global Business Network

San Francisco, CA

With input from the Scenario Planning Group and through facilitation of multiple workshops over summer 2007, GBN developed a framework for the four health care scenarios presented here. GBN is a nationally regarded leader in scenario thinking that has helped businesses and communities address issues ranging from health care to land use to emerging markets.

## Stay Engaged:

- Join other One Friday: Four Futures conversations
- Attend the Speaker Series on health care lessons from other regions
- Participate in Reaching for Excellence's online Community Forum to share your thoughts on health care
- Share your own health care story with the Western New York Health Care Campaign's health storybank (form available at workshop or online)
- Join the Reaching for Excellence mailing list (complete enclosed form or join online)

**Visit [rx4excellence.org](http://rx4excellence.org) for more information**

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