



Ecu-Health Care

***An Ecumenically Sponsored
Medical Program in
North Adams, Massachusetts***

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The Access Project is a national initiative of The Robert Wood Johnson Foundation, in partnership with Brandeis University's Heller Graduate School and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve health care and promote universal coverage, with a focus on people who are without insurance.

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Origins of Ecu-Health Care

As pastor of the First United Methodist Church in North Adams, David Mangun was well acquainted with the hardships faced by the working poor in North Berkshire County. A number of his parishioners, although employed, had incomes that placed them close to the poverty level. For these people, a significant source of anxiety was their inability to obtain health care. Their incomes, while low, were too high to qualify them for Medicaid, also known as MassHealth. Yet most had employers that did not offer subsidized group health insurance as a benefit. Although they had the option of purchasing non-group health insurance, it was prohibitively expensive, averaging \$9,000 a year for an employee and one dependent. Adding to the stress of going without health care were the affronts that they encountered when they did attempt to obtain care. As Rev. Mangun recalled:

One of my parishioners, who was seeking a prescription from her doctor, was told that she would have to make an appointment. When she said that she would not be able to afford the \$45 office visit for a month, the receptionist responded, "I guess you will have to wait until you have the money." This is an honest, hard working woman, with serious and immediate health needs.

When Rev. Mangun heard about this encounter, he called his parishioner's physician. The physician was very apologetic, arranged to see the patient right away and did not charge her for the office visit. While Rev. Mangun was gratified by the physician's response, the episode prompted him to ponder the larger problem of the lack of access to care faced by those without health insurance.

Rev. Mangun's parishioner's difficulties in obtaining health care, like that of many residents of North Adams, can be traced to a decline in the city's economy. From 1926 to the mid-1970s, approximately 15% of North Adams' labor force worked for Sprague Electric, a manufacturer of capacitors and other electronic parts. For much of that fifty-year period, Sprague enjoyed solid earnings, and paid its employees union scale wages and benefits that included health insurance. In 1976, however, the company was purchased by General Cable Company and most of the production that had been carried out in the North Adams plant was moved elsewhere.

Sprague's employees, and the generation that followed them, faced the choice of relocating or remaining in North Adams with limited employment prospects. Although a number of people left the area and the population dropped 20% between 1975 and 1995, many chose to stay. Some found minimum wage jobs in the burgeoning retail industry in North Berkshire County, at Kmart or Wal-Mart. Others obtained employment at one of North Berkshire County's three largest employers – Williams College, North Adams Regional Hospital, and the Massachusetts College of Liberal Arts. As nonprofit and public institutions, however, these organizations paid considerably less for non-professional jobs than manufacturing firms.

The shrinking economy of North Berkshire County, and its shift from a manufacturing to a services base, took a toll on its residents' standard of living. In 1990, per capita income in North Adams was \$14,857, 13% lower than the state average. A quarter of the population had incomes that placed them within 200% of the poverty level. In 1992, at the height of the recession of the early 1990s, the unemployment rate in the North Adams area reached 12.4%, more than 25% higher than the statewide unemployment rate of 9.1%. The economic decline bred social

**Subsidized
Health Care
in Nicaragua**

problems. North Adams' teen pregnancy rate was one of the highest in the country, and the area had high rates of low birth-weight babies and substance abuse.

In February of 1993, David Mangun and his son traveled to Nicaragua with other members of the United Methodist Church (UMC) of New England. They visited Iglesia de Cristo, a church of an indigenous denomination whose work in the community was supported by the UMC. For Rev. Mangun, the purpose of the trip was to learn, in a country where two thirds of the population lived below the poverty line, how people dealt with large-scale deprivation. Rev. Mangun later wrote:

At a time when we in the Northeast are more hard pressed economically than any other time in the last sixty years, I went to Nicaragua intent on discovering ways in which Nicaraguans do ministry in the midst of rapidly diminishing resources and growing mountains of human need. People are starving in Nicaragua. People lack medical care. Our hearts were broken as we listened to the litany of their great need.

One step taken by Iglesia de Cristo to meet the needs of its community was to arrange for its minister, Dr. Saul Cruz, who was also a physician, to provide care for a discounted fee. Cruz saw patients in a room of the church four days a week and traveled twice a week to outlying areas. Funds raised by UMC subsidized payments from patients, who paid about a third of the cost of their care.

**A Proposal for
Private,
Locally
Funded Health
Care**

The commitment of Iglesia de Cristo, Saul Cruz and others in Nicaragua to helping members of their community made a deep impression on Rev. Mangun. He became convinced, he later said, that "when we take an idea and explore it, if it has merit things can happen that make a difference for people." When he returned to North Adams, he wrote a proposal for an "Ecumenically Sponsored Medical Program," which came to be called "Ecu-Health Care." The proposal outlined a program in which physicians would provide care at a substantial discount on Saturday mornings in the basement of Rev. Mangun's church and other churches. To demonstrate to patients that they were not objects of charity and to give them a sense of "ownership" of the care they received, all patients would pay at least a nominal fee, ranging from \$2 to \$25. As suggested by the program's title, support would come from churches in a variety of faith-based traditions that would cover the difference between the cost of the care and what patients could afford to pay.

Rev. Mangun sent his proposal to President Clinton, who at the time was preparing legislation for universal health care. He also gave it to local institutions – to the CEO of North Adams Regional Hospital, to the North Berkshire Clergy Association, and to a reporter at the Transcript, a local newspaper. The reporter wrote an article on the proposal that prompted a call from an internist in Adams, Dr. Doug Karrel.

Dr. Karrel was one of the most highly respected physicians in the North Berkshire area. He had practiced for 20 years, led a group practice and was affiliated with North Adams Regional Hospital. A devout Christian, he was excited by the idea of offering physicians an organized way of providing health care to members of their community who could not afford such care. As he put it, the program was "mission work in your own community. It fills a personal need to be your brother's

Ecu-Health Care's Goals

keeper and help them out when they have a problem. It's an easy way for physicians to do it, giving their time and expertise."

Dr. Karrel and Rev. Mangun met at a diner in March of 1993, where Dr. Karrel offered to help Rev. Mangun launch Ecu-Health Care. He also proposed a number of modifications to increase the appeal of the program to physicians and to broaden its scope while limiting its cost -- modifications to which Rev. Mangun agreed. Dr. Karrel suggested that physicians see patients in their own offices rather than at a church, as physicians would find it more convenient to work out of their offices. He recommended that the program ask physicians to sign agreements similar to HMO contracts, in which they would agree to be available to their patients and to have coverage when they could not be available. By linking Ecu-Health Care members to a full service system in which they could receive treatment 24 hours a day, the program's members would receive the same level of care as insured patients.

In designing Ecu-Health Care, Rev. Mangun and Dr. Karrel had several objectives in mind. One goal was to increase the number of people with access to health care. Although Rev. Mangun and Dr. Karrel assumed that most people who could not obtain care had incomes that exceeded the income limits of government health insurance programs such as MassHealth, they nevertheless envisioned Ecu-Health Care as a health plan of last resort. Indeed, they recognized that MassHealth offered far more comprehensive coverage than Ecu-Health Care. Thus, the first goal of Ecu-Health Care included referring to government programs any applicants that might be eligible. Recalled Rev. Mangun, "Our by-laws called for enrolling people in assistance programs if they qualified. [However], not many of our clients fit the [MassHealth] profile at that point." A second goal was to destigmatize non-employer-based health insurance -- to demonstrate to the public and to Ecu-Health Care members that the care they were receiving was not charity or public assistance. As Dr. Karrel commented:

One of the reasons we put a price on [office visits] is to honor a person's pride and integrity. They're not getting free care. Even though the \$2 per visit is a nominal fee, they feel that they are a paying customer like everyone else and that there is some value to what they are getting.

Rev. Mangun and Dr. Karrel did not expect to solve the problem of lack of access to care in the Northern Berkshire area. They viewed the Ecu-Health Care program as an interim solution -- as a way for the Northern Berkshire community to meet the needs of some of its members until national health insurance was instituted. They decided to ask the primary care physicians in the area to each take on 20 Ecu-Health Care patients -- a small percentage of the doctors' average panel of 1000 and of the 5,000 people estimated to lack health insurance in North Adams -- because they assumed that the program would win the support of the physicians only by initially operating on a small scale. As Dr. Karrel put it:

If you said in selling the program to the physicians, "we have 5,000 uninsured, we are hoping to sign them all up," it might be a little intimidating; physicians might think that half of their patients would be Ecu-Health Care patients. Picking 20 as a number seemed a good way to start.

Lining Up Support

Following their initial meeting in March of 1993, Rev. Mangun and Dr. Karrel assembled a planning committee that met monthly. By January of 1994, Ecu-Health Care had filed for incorporation as a nonprofit and had acquired a 12-person board of directors. The board's members included a pediatrician, three members of the clergy, the director of the North Adams Public Welfare Office, a medical social worker, a lawyer, and the executive director of the Visiting Nurse Association of Northern Berkshire. The lawyer, Tim Carlson, drafted by-laws for the organization, and the director of the Public Welfare Office, Chris Meehan, helped the board to determine an income-based fee schedule.

One challenge with which Ecu-Health Care's board wrestled was that the design of the program did not provide a way to cover the cost of prescription medicines, laboratory tests and x-rays, which, while often central to diagnosis and treatment, were in many cases more expensive than office visits. Ecu-Health Care ultimately resorted to applying for coverage through pharmaceutical companies' patient assistance plans. To obtain coverage of lab tests, the board decided to restrict Ecu-Health Care membership to people that had incomes within 200% of the poverty level. This limit was twice as high as the income ceiling for Medicaid, known as MassHealth, but was the same as the limit that the Commonwealth of Massachusetts had established for its uncompensated care pool. The pool was a government-funded program, to which hospitals contributed which partially reimbursed hospitals for charity care that included lab tests and x-rays. By obtaining the financial documentation necessary to qualify its members for the uncompensated care pool, Ecu-Health Care could obtain these tests for its members for free and could reduce the hospital's costs of administering the tests by 40%.

Ecu-Health Care's board sought funding from a variety of sources. As board president, Rev. Mangun solicited and received contributions from the American Baptist Churches of Massachusetts, the Northern Berkshire Health and Human Services Coalition, the Williamstown United Church of Christ and several local foundations. With the assistance of Mick Huppert, who had served on Ecu-Health Care's planning committee and who headed the Office of Community Programs at the University of Massachusetts Medical Center, the board submitted a proposal for a planning grant to The Robert Wood Johnson Foundation. The proposal was not funded, but producing it gave the board an opportunity to put into writing its plans for the shape and direction of Ecu-Health Care, and thereby helped it to make its case for support to other institutions.

Writing the grant proposal also forced the board to confront questions about the design of the program. One issue that arose pertained to the program's capacity. While acknowledging that physicians in the area would hesitate to take on more than 20 or 30 pro bono patients, Mick Huppert warned that a program that accessed care for just 500 people, or less than 10% of the uninsured population in North Berkshire County, would be difficult to justify to The Robert Wood Johnson Foundation and other funders. Huppert wrote in a memo in February of 1994: "If we show that there are 6,000 to 8,000 uninsured individuals in the region and Ecu-Health Care plans to care for 500, this will seem too little for the need." Huppert suggested that Ecu-Health Care set a goal of 750 members for the first year and establish a higher objective of 1,500 members for subsequent years. However, since the program's capacity was limited chiefly by the number of physicians in North Berkshire County, the board decided to retain its original enrollment goal of 500

while collaborating with the western Massachusetts Area Health Education Consortium (AHEC) on a physician recruitment initiative.

While Rev. Mangun and other board members raised money to cover the administrative costs of the program, Dr. Karrel recruited all of the physicians in the Northern Berkshire area -- 23 internists and 40 subspecialists -- to provide the necessary volunteer labor. His efforts included presenting the proposal to the medical staff of the North Adams Regional hospital, conducting individual meetings with subspecialists, addressing the Executive Committee of the Hospital, and sending follow-up letters to each of the physicians.

Dr. Karrel used several strategies in recruiting physicians. He met first with the internists and took advantage of his own high standing in the North Adams medical community to persuade them to join. Said Ronald "Skip" Durning, MD, president of the medical staff at North Adams Regional Hospital, "Doug Karrel is such a positive presence in our medical world. He got other physicians on board just through the strength of his moral fiber." Recognizing that physicians felt overburdened by administrative tasks, Dr. Karrel stressed that there would be minimal paperwork. He also appealed to their self-interest. He pointed out that by providing uninsured people with a regular source of care, the physicians would lower the cost of treating patients who would otherwise end up in the emergency room at North Adams Regional Hospital.

All of the internists agreed to join. Some reasoned that their caseloads would not change significantly -- that a number of their uninsured patients would be re-categorized as Ecu-Health Care members. Recalled Tom Kaegi, MD, an internist who is on the staff of the Williamstown Medical Associates: "At one meeting where Ecu-Health Care was presented, someone said from a financial standpoint these patients weren't really paying us before, and now there is some organization to it." Other physicians, including Dr. Kaegi, saw participation in Ecu-Health Care as a way to fulfill their mission as providers -- to give care to others, regardless of ability to pay. Said Dr. Kaegi: "It sounded like a good idea to me and it seemed like a natural responsibility. I never would have considered not joining." Skip Durning likewise observed:

There is a certain service orientation among physicians that's easily lost in modern medicine behind paperwork and regulation...It's been lost in the discussion of economics and health reform and HMOs that if we were all treated fairly and everybody made a living wage, then we could just take care of people. Ecu-Health Care is allowing physicians to do what we wanted to do anyway...It's contributing to a fabric within the community that we take care of our own.

According to Dr. Durning, the physicians' reluctance to accept a large number of Ecu-Health Care patients was not due to their unwillingness to provide pro bono care but rather to the fact that almost all of them had full panels and lacked the time to take on any more patients. In Dr. Durning's words:

Most of us feel that we are plenty busy, and the number of physicians taking new patients is quite limited. It's not that the docs weren't willing to give away free care, it's just that they didn't want to be working any harder than they were already working.

In recruiting the subspecialists, Dr. Karrel relied heavily on peer pressure. As he later recalled, he told the subspecialists: "The program works best if everyone is involved. We've got all the internists involved, the ob-gyns are involved, and we want you to be involved." Most subspecialists agreed to participate. However, a few expressed concern that they would be overwhelmed with nonpaying patients. Dr. Karrel allayed these fears by explaining that as in an HMO, Ecu-Health Care patients would be seen by subspecialists only on referral by their primary care physician. In addition, he assured them that they could set their own fee schedule. Ultimately, all of the subspecialists in Northern Berkshire agreed to participate in the program, and they reduced their fees from 50 to 90 percent.

We didn't dictate to the subspecialists what they should charge. We said "Here's what the internists are charging -- \$2 to \$25 a visit. We know you will charge more. You come back to us with what you feel is a reasonable fee schedule." In every case, we adopted what they came up with. Orthopedists, ophthalmologists, pathologists, radiologists, all became a part of it.

The support that enabled Ecu-Health Care to open its doors for business came from the Office of Community Programs at the University of Massachusetts Medical Center in March of 1994. The Medical Center had received a grant from Medicaid to create or fund programs in central and western Massachusetts aimed at improving access to health care for Medicaid eligible populations. Because Ecu-Health Care's mission included referring to government programs any of its applicants who qualified, the director of the Community Programs Office, Mick Huppert, awarded Ecu-Health Care a grant of \$25,000 to assist in providing outreach for Medicaid. The grant came through in 1995 and allowed Ecu-Health Care's board to hire an administrator to manage the program.

For the first few months, Ecu-Health Care was located in downtown North Adams in a building that housed community service organizations. It later moved to an office in the North Adams Regional Hospital that was offered at no rent. While some members of the board feared that operating out of the hospital would rob Ecu-Health Care of its independence, the location proved advantageous in a number of respects. It enabled Ecu-Health Care's program administrator to walk Ecu-Health Care applicants immediately to the departments of the hospital where they needed care. The location strengthened Ecu-Health Care's relationship with the hospital and may have helped persuade the hospital to provide financial support for the program. It also raised physicians' awareness of Ecu-Health Care and thereby increased its visibility among the Northern Berkshire population, as most of Ecu-Health Care's applicants learned about the program from a physician.

At the recommendation of the executive director of the Visiting Nurse Association, the board selected a psychiatric social worker, Charles (Chip) Joffe-Halpern, who had worked for the VNA, for the position of program administrator. While Joffe-Halpern had little experience in management or fundraising, Ecu-Health Care's board saw in him other attributes that proved to be more important. Joffe-Halpern had lived in Williamstown for 15 years and knew the medical community and the civic leaders of the Northern Berkshire area -- owners of local businesses, the CEO of North Adams Regional Hospital, several physicians -- on a first name basis. His background as a social worker had given him a familiarity with the healthcare system as well as an ability to establish a rapport with people from a variety of backgrounds.

Within six months after Ecu-Health Care opened, Joffe-Halpern had launched an aggressive mass marketing campaign. Observing that people need to be exposed to the same information from three to seven times before they act on it, he rented space on billboards, advertised in a local newspaper that had a circulation of 12,000, purchased inserts in val-paks, and sent flyers home with students in the public schools twice a year. Stating that his strategy was to “market, market, market,” Joffe-Halpern gave numerous presentations to the Rotary and Lions Clubs and to other local groups, and was an active participant in meetings of the North Berkshire Community Coalition, a coalition of health care and human service providers that had provided some of the seed money for Ecu-Health Care. More recently he has begun speaking to employees of small businesses that cannot afford to offer subsidized health insurance as a benefit.

Joffe-Halpern also worked hard at building relationships with the press. In the three and a half years that Ecu-Health Care has been in operation, the program has been mentioned in forty articles in local and state newspapers and has received television coverage on several occasions – often at Joffe-Halpern’s initiative. An editor of a local newspaper commented, “When I first met Chip, I thought “this guy keeps pushing, he keeps calling me.” Since then, I’ve learned to like him a lot and to admire what he has done. It takes persistence.”

Responding to journalists’ preference for stories that bring to life larger social issues, Joffe-Halpern kept a log of selected Ecu-Health Care applicants and gave their stories (with the names omitted) to the press. One article that the Berkshire Eagle of Pittsfield published a few months after the opening of Ecu-Health Care included profiles that Joffe-Halpern provided of five patients, each of whom had life threatening diseases, who previously could not obtain care because they lacked health insurance.

In his early dealings with the press, Joffe-Halpern sought to come across as non-ideological, describing the difficulties of Ecu-Health Care applicants without taking a position on the health care system. His neutrality, he thought, allowed reporters to make their own judgments and gave them the opportunity to make the injustice in the stories their own cause.

When I talk to the press, I understate. When I gave them a story about a woman with kidney stones who was afraid to go to the hospital because of the bills, I said it in a matter of fact voice. They said “this is horrible!” and it came out in the story because I didn’t own the outrage.

In screening applicants, Joffe-Halpern was patient, thorough and empathetic. He devoted 45 minutes, on average, to interviewing each person, obtaining from them information about their medical needs and their financial circumstances. Since Ecu-Health Care only accepted patients who were not eligible for public programs, he identified, for each applicant, all government programs for which they qualified. In a number of cases, Joffe-Halpern discovered not only that applicants qualified for the uncompensated care pool at the North Adams Regional Hospital, but also that they had unpaid bills from the hospital that could be charged to the pool. He thus managed to save money for both the patient and the hospital. In other instances, he learned that the applicants’ children were eligible for the Children’s Medical Security Program, which covered outpatient care for children through the age of twelve, or for Project Heroa, which provided low-income women with free mammograms and

pelvic exams. For applicants who qualified for these and other government programs, Joffe-Halpern explained the mechanics of the programs and helped the applicants fill out the forms necessary for enrollment.

Joffe-Halpern took to heart Ecu-Health Care's mission of combating the shame that many applicants felt about their lack of employer-based health insurance. Indeed, he came to believe that the stigma associated with lacking private health insurance constitutes one of the principal barriers to health care and that it explained, in part, why the number of people seeking to join Ecu-Health Care never exceeded 10% of the uninsured population in North Berkshire County. To emphasize that Ecu-Health Care was a health plan through which people paid for their care and not a free clinic, and to minimize the differences that Ecu-Health Care patients felt between themselves and members of private health plans, all members were given a membership card similar to an HMO card. The Board of Directors and Joffe-Halpern insisted that the hospital and group practices refer to them as members rather than clients. In all of his advertisements for Ecu-Health Care, he sought to show that obtaining health insurance, like buying a car or a house, was a significant accomplishment. One advertisement insists "You deserve health coverage." Another refers to Ecu-Health Care, MassHealth, and the Children's Medical Security Plan as "opportunities." Commented Joffe-Halpern:

I try to market this program with pride, as if I were marketing condos for Mt. Snow or Killington. A car dealer says proudly "I sold a car to the mayor." Yet no one says "I got some guy on the street Medicaid." What I try to say is "I got this guy health insurance. I feel great!"

As Dr. Karrel and Rev. Mangun had hoped, physicians found that Ecu-Health Care patients added little to their workload, although a number of physicians accepted as many as 35 Ecu-Health Care members. Both Tom Kaegi and Skip Durning commented that while Ecu-Health Care might have succeeded in encouraging patients to see physicians for primary care rather than relying on the emergency room, the increased demand for office visits was not large enough to become a burden for them or their colleagues. According to Brian Donnelly, the administrator of the Williamstown Medical Associates, although the fees paid by Ecu-Health Care members did not cover the cost of an office visit, the administrative costs were much lower than those of other health plans. "If we see a patient from Harvard Pilgrim, it takes four staff members to process his file. But Ecu-Health Care is relatively simple. We deliver the care, we get \$2.00." In addition, Ecu-Health Care saved the Williamstown Medical Associates and other providers the cost and anguish of billing patients who could not pay.

It's much better for us to know on the first day that this is an Ecu-Health Care patient, they pay \$2.00, we adjust off the balance and its over. As opposed to generating a statement, have it show up in a billing queue, and it goes off to the patient account rep. These people already get gastritis when they have to make phone calls to collect bills from their neighbors whom they've grown up with.... The economics are that we get something instead of nothing, and we don't spend money to get nothing.

For the first few months after Ecu-Health Care opened its doors, Joffe-Halpern focused his efforts on publicizing Ecu-Health Care and screening applicants. In

**Balancing
Promotion of
Government
Programs with
Advocacy for
Reform**

October of 1995, however, he began to take on a more complex role, acting both as a promoter of government programs and as an advocate for reform. He heard about a Harvard School of Public Health study which found that only 7% of families that were eligible for the Children's Medical Security Program (CMSP) in Massachusetts were aware of the program and of their eligibility. Joffe-Halpern decided that he could better fulfill the mission of Ecu-Health Care by investing more of his efforts in publicizing government health insurance programs and, where available, other privately subsidized programs. Since MassHealth was limited to people at or below the poverty level, Joffe-Halpern launched a "Children's Initiative" to promote CMSP, which was aimed at the same market as Ecu-Health Care -- families whose incomes were within 200% of the poverty level. CMSP charged no fee for families of four earning up to \$31,000 a year and \$15 a month per child for families of any income level, with a maximum fee of \$45 a month. His "Children's Initiative" also marketed a private program, Caring for Children Foundation, which was administered by Blue Cross/Blue Shield and which covered those aged 13 to 19. In an article in a local paper, The Transcript, Joffe-Halpern praised the CMSP program and suggested that its expansive eligibility criteria went a long way towards addressing the lack of universal health care.

Here we have parents living with anxiety, sometimes even putting off health care for their children. There's no reason for it. People are saying we need a universal health care system. Well, part of it is here.

To increase the likelihood that those he referred to CMSP would be enrolled, Joffe-Halpern made a concerted effort to establish collaborative relationships with CMSP administrators. He worked closely with Susan Kozak, the Western Massachusetts Director of CMSP, to resolve problems that arose with applications to the program. After each occasion of joint troubleshooting, he made a point of calling Kozak to thank her for her help. When The Springfield Union, a newspaper circulated throughout western Massachusetts, confused Joffe-Halpern with Kozak in an article about CMSP and gave Kozak's title to Joffe-Halpern, it became a joke between them and helped them to recognize their common goals. Said Joffe-Halpern:

That article was the first inkling that we were partners. I was helping her get people in, and she was helping me make sure that the application process went smoothly.

At the same time that he promoted government insurance programs such as the Children's Medical Security Plan, however, Joffe-Halpern also began acting as a consumer advocate. While he continued to maintain a neutral tone when describing the circumstances of Ecu-Health Care applicants to reporters, he began calling attention to the provisional nature of government programs and emphasizing the large gaps in the health care system. An article published in February of 1996 by the Berkshire Eagle cited Joffe-Halpern in observing that the state had closed the Children's Medical Security Plan for nine months without notice in 1994 and warning that it could easily be shut down again.¹ Later that month, when the Governor of Massachusetts came close to closing the Children's Medical Security Program, Joffe-Halpern attacked the decision in a letter to the editor of the Boston Globe:

¹ An administrator from the Division of Medical Assistance called Joffe-Halpern at his home shortly after the article appeared, objecting that the comment was inaccurate and purely speculative.

Statewide there are more than 160,000 children who have no insurance... Statistics don't reveal what these families really experience. Many live in constant debt to medical providers, many delay getting needed medical care for their children, and all live in constant fear of possible medical emergencies. The good news for these children is that we have been able to refer them to the Children's Medical Security Plan, a state-funded free health care program for families whose income makes them ineligible for Medicaid....The bad news is that Governor Weld plans to shut the program down, which would leave more than 100,000 children unprotected. The Democrats have countered with a proposal that would expand state-funded coverage for uninsured children. This is the direction we must move toward. In a civilized society, anything less is intolerable.

After the Globe printed Joffe-Halpern's letter, the Springfield Union interviewed him and published a story on Ecu-Health Care and its Children's Initiative. This taught him, he later observed, that local newspapers follow the lead set by state and regional newspapers, and he used the Springfield Union's article, in turn, to prod the Berkshire Eagle to write a front page article promoting CMSP that also mentioned Ecu-Health Care. As a result of this publicity, CMSP's phones were "ringing off the hook" and inquiries to Caring for Children Foundation increased, for a short time, from 100 a week to 100 a day. Jeff Ritter, the Commissioner of the Department of Medical Security, which at that time administered the Children's Medical Security Plan, called Joffe-Halpern and asked to come out to North Adams to meet him. Commenting that his letter to the editor of the Globe "turned out, in 22 years of social work, to be the most effective thing I've ever done," Joffe-Halpern concluded that assuming the role of an advocate brought him visibility and in so doing, advanced the cause of Ecu-Health Care. Since then, he has taken positions on legislation regarding health care for the uninsured about every six months in letters to the editor in local and regional newspapers and has worked aggressively to keep Ecu-Health Care's name in the press. In 1996, Ecu-Health Care was mentioned in 10 articles in state and local papers; in 1997, its name appeared in 19 articles.

While part of Joffe-Halpern's credibility with the press came from his role as an administrator of a local organization and his direct contact with people lacking health insurance, his relationship with reporters was also strengthened by support from a statewide consumer advocacy organization, Health Care for All (HCFA). HCFA gave presentations on pending legislation and on current public health research to a group of health care providers convened each month by Area Health Education Consortium. The information that Joffe-Halpern received from Health Care For All's monthly briefings, as well as from his frequent telephone conversations with HCFA staff, deepened his knowledge of health care policy. With HCFA's help, he was able to supplement the anecdotes he gave to the press with statistics and thereby came to be seen by the press as an authority on local health access issues. HCFA organizers informed Joffe-Halpern, for example, of the study on the low percentage of families eligible for CMSP that knew of the program – a study that he cited a number of times to reporters. As important, HCFA staff members' commitment to the cause of health access served to motivate Joffe-Halpern and to reinforce his own dedication and enthusiasm, and demonstrated to him that he was part of a much larger movement.

Health Care for All also helped bring Joffe-Halpern into state and national policymaking arenas. At HCFA's suggestion, Joffe-Halpern was asked to give

testimony to the Massachusetts state legislature on two occasions. HCFA suggested that Ecu-Health Care keep Rep. Dan Bosley, North Berkshire County's state representative informed of its work. Ecu-Health Care maintained a connection with Bosley through Al Bashevkin, coordinator of the North Berkshire Health and Human Services Coalition, who served on Ecu-Health Care's board. Bashevkin convened monthly meetings of health care providers that both Bosley and Joffe-Halpern attended. The connection with Bosley proved to be a great boon for Ecu-Health Care, which, partly as a result of Bosley's efforts, received a four-year grant of \$200,000 from the Uncompensated Care Pool to conduct outreach. HCFA also helped to bring Ecu-Health Care national publicity. In November of 1998, at HCFA's recommendation, the Wall Street Journal interviewed Joffe-Halpern for an article on the limited access of low-income elderly and the uninsured non-elderly to prescription medicine.

The jump in applications to CMSP that followed Joffe-Halpern's letter to the editor of the Boston Globe and subsequent articles about the Children's Initiative in 1996 prompted him to propose to the Ecu-Health Care board that the program allocate more of its resources to publicizing government programs, particularly since Ecu-Health Care faced the very real constraint of a limited number of physicians in the North Berkshire County area. "I told the board, if we want to cut into the uninsured, instead of asking doctors to give even more of themselves, let's start marketing government programs and not wait for the state to do it." The board agreed, reasoning that enrolling people in CMSP and other public programs would free up slots in Ecu-Health Care and that promoting government programs helped Ecu-Health Care fulfill its mission of obtaining care for the uninsured. The board thus recognized that in conducting outreach for CMSP and other government programs, Joffe-Halpern solved a problem in the design of Ecu-Health Care articulated by Mick Huppert in 1994 -- its limited capacity as a pro bono program. While a handful of physicians had moved to North Berkshire County since Ecu-Health Care was formed, the addition was not enough to add significantly to the number of uninsured persons that Ecu-Health Care could enroll.

Ecu-Health Care's board accepted Joffe-Halpern's advocacy efforts as advancing the organization's mission. Indeed, Rev. David Mangun commented approvingly that in speaking out, Joffe-Halpern had expanded his role from marketing a single program to the much more important function of attempting to improve the healthcare system as a whole. Nevertheless, the board discussed at length the risks involved. Some feared that his comments would jeopardize the funds that the program had received from the University of Massachusetts Medical Center -- funds that had originally come from Medicaid. Others were concerned that Ecu-Health Care not violate the legal requirement that, as a 501(C)(3), it limit its lobbying to 5% of its budget. Ultimately the board decided to ask Joffe-Halpern to stress, in his remarks to the press, that he spoke as an individual and not as a representative of Ecu-Health Care, and to avoid criticizing public officials by name (as he had in his letter to the Editor of the Boston Globe) and focus on the issue -- on getting the word out about the plight of the uninsured and describing the options that were available.

In October of 1996, CMSP was enlarged to cover children through the age of 18, and during the summer of 1997, MassHealth expanded from covering people with incomes up to 100% of the poverty level to including those with incomes up to 133% of the poverty level. At that point, Joffe-Halpern embarked on an enthusiastic promotion of MassHealth. As he had with CMSP, he described

MassHealth as a desirable option in a healthcare system with less than universal coverage. In a 1998 letter to the editor of the Berkshire Eagle, Joffe-Halpern wrote:

This past year Massachusetts implemented the largest expansion of MassHealth since Medicaid became law in 1965. Now more low and medium-income families are eligible for MassHealth than ever before...We should encourage eligible families to apply for and accept MassHealth with the same dignity that individuals over 65 accept Medicare. For an increasing number of uninsured residents of Massachusetts, given the inadequacies of the employer-based system, it is the only way they will be able to keep health coverage.

Referring to his efforts at promoting MassHealth, he later commented:

When expansion hit, I became DMA's cheerleader. If we wanted to reach our mission, which is to help uninsured people access health care, then what I needed to do was say MassHealth is great. I said let's be a team to the DMA administrators.

Joffe-Halpern found that his enthusiastic endorsement of MassHealth, like his earlier (and ongoing) promotion of CMSP, strengthened his relationships with administrators at the Division of Medical Assistance. Shortly after MassHealth loosened its eligibility requirements, Joffe-Halpern asked a local radio station for time on a talk show to discuss the expansion. He requested that an official from DMA be invited to join him. The radio station arranged for Mark Reynolds, the Deputy Director of DMA, to participate. Although Reynolds connected to the station by telephone, he and Joffe-Halpern nevertheless had a chance to become acquainted. A few months after the talk show, the DMA invited Joffe-Halpern to serve on the MassHealth Advisory Committee, which develops outreach strategies for MassHealth and CMSP.

The same persistence and enthusiasm that won Joffe-Halpern the respect of reporters also enabled him to gain the trust of the DMA bureaucracy. One member of the MassHealth Advisory Committee, Sharon Torgerson, the Director of External Affairs at the DMA, observed that Joffe-Halpern used his connection with her to build relationships with numerous other administrators in the agency. Joffe-Halpern, she recalled, would telephone her and ask for the name of someone who could help him process an application quickly. Within a few months, she observed with some amazement, "Chip had developed relationships with people in all facets of the agency." Joffe-Halpern's relationship with DMA became even stronger in the fall of 1998. As part of MassHealth's effort to market the program, he was asked to help arrange and to speak at a press conference in North Adams with Bruce Bullen, the Commissioner of DMA about the expansion of MassHealth. This gave him the opportunity to get to know the Commissioner and further solidified his relationship with Sharon Torgerson and other agency officials. Said Torgerson:

I felt so lucky that I could call Chip and ask for his help in putting together an event. We got three newspaper stories and television coverage out of it. He has been a key partner in our outreach.

These relationships with DMA and CMSP have paid off for Ecu-Health Care. Joffe-Halpern now has an arrangement in which he faxes applications to DMA and

CMSP and obtains immediate approval. When MassHealth decided to provide grants to local organizations to conduct outreach to Medicaid eligible populations, it awarded one of its grants, for \$5,000, to Ecu-Health Care. Joffe-Halpern used part of the funds, in collaboration with several other MassHealth grantees, to pay for a full-page advertisement in three local newspapers in western Massachusetts. His resourcefulness impressed Torgerson, who has framed the ad and hung it on her office wall. Noting that enrollment in MassHealth in North Adams increased 30% between 1997 and 1998, Torgerson said, "With a small budget, Chip really hustles and it shows." For his part, acknowledging the results that collaboration brought, Joffe-Halpern said "As much as possible, I tried not to get too enamored with my own self-righteous indignation [about the health care system]. The better we work together, the better the guy in the street will be served."

Joffe-Halpern's effectiveness in advertising MassHealth also demonstrated to the DMA the value of relying on local organizations to conduct outreach. Observed Sharon Torgerson, "Some of the things that our grantees have done – local targeted marketing – we could never have done. Chip knows the leaders in the community. He can talk up the program on an individual basis, which we could never do."

Since MassHealth raised its income limits, Joffe-Halpern has become more aggressive in his efforts to eliminate the stigma attached to the program and to dispel the perception that it is a form of public assistance. In four articles published in local newspapers in the second half of 1997, he was quoted stating that MassHealth is not welfare; more recently, he has drawn parallels between MassHealth and Medicare. To support his assertion that MassHealth is a program for middle-income people, Joffe-Halpern persuaded a financial counselor at the North Adams Regional Hospital who recently enrolled in MassHealth to be interviewed and photographed for an article in the Berkshire Eagle.

Outcomes

In the four years that Ecu-Health Care has been in operation, it has enrolled 1024 members and referred another 2,200 people to other programs. Ecu-Health Care enrolled 250 people in the first three months of opening and 500 people within a year, or 98% of those who applied, and it maintained that level of membership through 1997. In 1998, many of Ecu-Health Care's members were shifted to MassHealth, and its membership dropped to 400. About 40% of its members are terminated each year for failing to renew their membership. Many of these, Joffe-Halpern suspects, acquire MassHealth on their own initiative; others obtain private insurance.

Ecu-Health Care referred 869 children to the Children's Medical Security Plan between 1995 and 1998 and 866 children and 863 adults to MassHealth since the expansion of MassHealth in mid-1997. It has obtained free prescriptions for 172 of its members and referred 230 women to Project Heroa. Ecu-Health Care has saved the North Adams Regional Hospital about \$120,000 a year in uncompensated care charges. The cost of administering Ecu-Health Care has averaged about \$54,000 a year.

Lessons

Much of Ecu-Health Care's appeal – to the doctors that gave their time and expertise, to individual as well as institutional donors, and to the press – was that it was a private initiative -- an example of private citizens helping members of their

community. Yet implicit in the mission of the program were functions that enabled Ecu-Health Care to obtain support from public agencies. Moreover, public agencies were able to provide support at the level necessary for Ecu-Health Care to become a going concern – a level much higher than private institutions were able to offer. The \$25,000 grant that permitted Ecu-Health Care to hire an administrator and enroll members came from Medicaid. Most of its support in its second year of operation -- \$40,000 -- was given by the North Adams Regional Hospital partially in return for Ecu-Health Care's help in supplying the documentation necessary for the hospital to obtain reimbursement from a state program, the Uncompensated Care Pool. In its third operating year, fiscal year 1997/1998, 71 percent of Ecu-Health Care's revenues came from the Division of Medical Assistance, the Department of Public Health and the Uncompensated Care Pool, and in the current fiscal year 88 percent of its revenues came from state agencies.

Ecu-Health Care's accomplishments in accessing care for the uninsured, educating state agencies about the value of conducting outreach through local organizations, and combating the stigma associated with public health insurance for those under 65 are notable. However, the program continues to face a number of challenges. One potential danger that it may encounter, like many nonprofits, is a shift in emphasis from its mission to a different set of goals that are mandated by its sources of funding. Joffe-Halpern astutely saw that conducting outreach for CMSP and MassHealth enabled Ecu-Health Care to fulfill its mission on a larger basis than originally anticipated without adding to physicians' financial sacrifice. While advertising CMSP and MassHealth programs brings Ecu-Health Care financial support that enables it to publicize its own program more widely, such advertising also runs the risk of weakening the identity of Ecu-Health Care as a health plan for those who do not qualify for government programs.

A second important challenge for Ecu-Health Care is to deepen its understanding of its original target market. This includes determining how many of the uninsured in North Berkshire County are not eligible for MassHealth and finding ways to reach a larger percentage of that population. It also involves developing strategies to increase the retention rate of those it does succeed in enrolling as members who are not able to gain health insurance through other means.