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## Health-care reform on the horizon

By Elizabeth Swain, Community Health Care Association of New York State

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In a recent address to the Greater New York Hospital Association, Gov. David Paterson spoke about the critical importance of primary care in our health-care system.

"We need more primary and preventive care," Paterson said before the state's largest hospital association. "We need a system that offers every New Yorker access to high-quality health care at a price they can afford." Earlier, Paterson noted that "the reform agenda remains unfinished and that (he) will work with all stakeholders to continue pushing hard for necessary, fundamental change."

While hospitals certainly support primary care, they rely less on this than inpatient care for their incomes, making Paterson's noticeable enthusiasm for primary care especially notable. Bolstering our primary-care sector usually means increasing the reimbursement rates from public insurance programs for primary care. And this money has got to come from somewhere.

But these remarks, aimed at addressing the three critical issues facing our health system — the need to lower costs, improve health outcomes and eliminate disparities — provide hope for patients across the state that health-care reform is truly on the way.

This year's budget took a solid first step in that direction — allocating \$240 million toward primary-care reimbursement reform, incentivizing doctors to go into primary care and providing payment for visits to diabetes and asthma educators.

These steps represented a significant commitment to primary and preventive care, even during challenging economic times. And Paterson's comments signal that this year's budget represents not a solution but a stepping stone toward true health-care reform.

If we hope for true reform — reform that will continue to reduce costs and make New Yorkers healthier — the reform begun in this year's budget should mark only the beginning of a long-term reshaping of our health system that puts primary care front and center.

To make this happen, what do we need?

~ Continued phase-in of new payment rates: The Center for Health Workforce Studies recently reported that three regions — the North Country, Western New York and Central New York — experienced alarming losses of primary-care doctors between 2002 and 2006. The reforms in this year's budget will help alleviate the crisis. But without continued reforms to create fair and equitable reimbursement rates for primary-care physicians — physicians who have seen their incomes stay practically stagnant for decades — we will never have the robust primary-care system we need.

~ Full funding for the Doctors Across New York program: While we address fair and equitable rates, recruiting new doctors — both to enter the primary-care field and to serve New York state's underserved communities — presents a major challenge, making absolutely vital the full funding of the Doctors Across New York program, as originally phased in and to be expanded in future years. The 2008-2009 budget funded the first year of the program but included no increases in subsequent years, dramatically diminishing its scope, impact and significance.

While there are many calls for state funding, study after study shows that making primary care a centerpiece of reform will result in huge dividends for all of us — namely, lower costs, better health outcomes and elimination of health disparities.

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