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OPINION

Time to harness NY health reform

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Under the new federal health reform law, 1.8 million New Yorkers are projected to gain health insurance as early as 2014, and they will expect good, affordable health care. But if we don't transform our broken health care systems, we could all face higher costs and less access.

When Massachusetts expanded health insurance to cover 97% of its residents, demand for primary care skyrocketed, and doctors couldn't keep up. Patients now wait months for appointments, half of all primary care physicians have closed their practices to new patients, and emergency room use has reached an all-time high. Meanwhile, costs continue to soar for families, businesses and the state.

New York's primary care system is already in crisis. More than 5 million New Yorkers live in communities without ready access to primary care. The New York Medicaid program has historically paid primary care doctors 40% less than the U.S. average, and private insurance rates are not much better. Many primary care practice sites are outdated, and more than 40% of health centers in low-income communities are financially unstable.

While a quarter of New Yorkers suffer from a chronic illness, such as diabetes, heart disease or asthma, these illnesses account for at least \$100 billion—well over half of our annual \$160 billion health care tab. (New York ranks fourth-highest in the nation in per-capita health spending.)

That's mostly because patients are forced to rely on emergency rooms and inpatient care for conditions that could easily be prevented or managed through primary care, if it were available. Fully 30% of

New York's ER visits are for nonemergencies, and New York ranks second-worst in the nation in avoidable hospital use and cost.

A recent report by New York's Primary Care Coalition reveals that New York's families, businesses and government could save at least \$10 billion per year by reducing hospitalizations to the national average level and cutting down on nonemergency ER usage. But those savings are possible only if New York invests in good-quality primary care. The state has taken some significant steps, but it must do more to counter years of underinvestment.

Thankfully, the health reform law not only increases coverage; it also provides incentives to states that make smart choices to improve quality and reduce costs. These include higher payments for primary care physicians, loan forgiveness for medical students who practice primary care, major investments in community health centers, and opportunities to test innovative health care models that reward quality and outcomes over the quantity of tests and procedures.

Health reform is our last, best opportunity to overcome years of neglect in primary care and prepare us for the surge of newly insured patients just around the corner. We must take full advantage of this opportunity. The alternative—our current system—is barely sustainable now. Under the weight of 1.8 million new users, it could collapse.

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