



## KEEP THE COMMITMENT TO PRIMARY CARE

**Primary and preventive care are the least expensive, most effective means of cutting healthcare costs, improving healthcare outcomes and reducing racial, ethnic and economic health disparities.**

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**PRIMARY CARE Saves Taxpayers Millions.** New York spends \$120 billion on healthcare—and \$45 billion in Medicaid. Seventy-five percent of all healthcare expenditures are for chronic disease. Medicaid costs for New York community health center patients were 24 percent less per case overall; 36 percent lower for diabetics; and 20 percent lower for asthmatics. Populations served by health centers show lower rates of costly health conditions and significantly lower rates of preventable hospitalizations compared to those who do not. (5.8 fewer preventable hospitalizations per 1000 persons). US adults who can identify a personal primary care physician incurred 33% lower costs in healthcare.

- **New York spends more—but near the bottom on primary care.** New York spends \$45 billion on Medicaid yet ranks fifth from the bottom in Medicaid spending on primary care. Primary care physicians fees in New York rank fifth lowest in the country. (Kaiser State Health Facts)
- **More costly emergency room visits—for non-emergency care.** Fewer than 20 percent of emergency room visits involve a true medical emergency. New York, which ranks 39th nationally in avoidable hospital use and cost, spends \$1.1 billion in avoidable ER visits. The average cost of an emergency room visit nationwide in 2003 was \$560 (it is likely much higher in New York in 2008). An average visit to a primary care physician or health center costs less than \$100. (Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, January 2006)
- **More, longer hospital stays.** Lack of primary care means illnesses that could be prevented or treated in a physician's office or health center can instead require costly, lengthy hospitalizations. Nationally, New York ranks #40 in hospital admissions (133 admissions per 1,000 population) and #47 in days spent in the hospital (960 days per 1,000 population). (Kaiser State Health Facts)
- **Treatable, chronic diseases account for the bulk of healthcare costs.** 75 percent of all healthcare expenditures are for chronic disease. New York would save untold hundreds of millions if these conditions were treated in primary care settings instead of ERs (AAFP News Now, American Academy of Family Physicians, May 25, 2007)

**PRIMARY CARE keeps people healthier.** There is a direct relationship between primary care physician supply and health outcomes; specifically a decline in mortality from cancer, stroke, and heart disease, and infant mortality rates. Access to primary care is associated with higher birthweight, lower blood pressure, better blood sugar management, and more up-to-date mammographies. Rural counties with higher numbers of primary care physicians have lower overall mortality rates, including for heart disease and cancer.

**Millions of New Yorkers lack primary care—minority and low income communities suffer disproportionately.** More than five million New Yorkers in 93% of the State’s counties live in zip codes demonstrating urgent need for primary care. More than 300 zip codes located across the state in rural, urban, and mixed communities show indications of extreme need for primary care.

- Minority patients have fewer primary care options and the care they receive is poorer in quality than White patients. When poverty is present, those disparities in quality and access only grow.
- Low income communities with a high proportion of primary care physicians had a post-neonatal mortality rate 17 percent below average; those with fewer primary care physicians had rates seven percent above average.
- Racial and ethnic disparities are significantly reduced for families who can identify a primary care provider who facilitates access to a range of health providers.

**NEW YORK MUST KEEP THE COMMITMENT TO PRIMARY CARE**