



**CHCANYS** | *Defining New Directions*  
Community Health Care Association of New York State



## New York City 2009–2010 HEALTH AGENDA



**F**ederally Qualified Health Centers (FQHCs) provide high quality, comprehensive primary health care that includes family medicine, pediatrics, obstetrics and gynecology, dental, laboratory, mental health and substance abuse services. Health centers provide a nationally recognized model of care for people with chronic diseases such as asthma, diabetes, and cardiovascular disease, and have proven results in reducing disparities in health and health care which exist because of the racial, ethnic or socio-economic status of the population.

In New York City, 33 health centers provide care to more than 700,000 New Yorkers at approximately 200 sites. Located in designated underserved neighborhoods in each of the five boroughs, and assisting underserved populations, homeless people and migrant workers, these centers target those who are the hardest to reach. Most health center patients in the state have incomes below poverty. Sixty six percent of the patients are racial or ethnic minorities and 41.5 percent are covered by Medicaid while 28.3 percent are uninsured. Health centers are, by mission and by law, community-based and patient focused.

Founded in 1971, the Community Health Care Association of New York State (CHCANYS) has represented the community health centers of New York for nearly 40 years. CHCANYS works to increase access for those who would otherwise go without care through advocacy and education and also creates major new programs and initiatives that showcase community health centers as centers of excellence. Our key policy priorities are:

- Access to high quality primary care and prevention programs for all New Yorkers;
- Health insurance coverage for all New Yorkers;
- Investment in community-based primary care infrastructure including development of a strong primary care workforce, support for health information technology for primary care providers and capital funds for primary care in underserved communities.

[www.chcanys.org](http://www.chcanys.org)

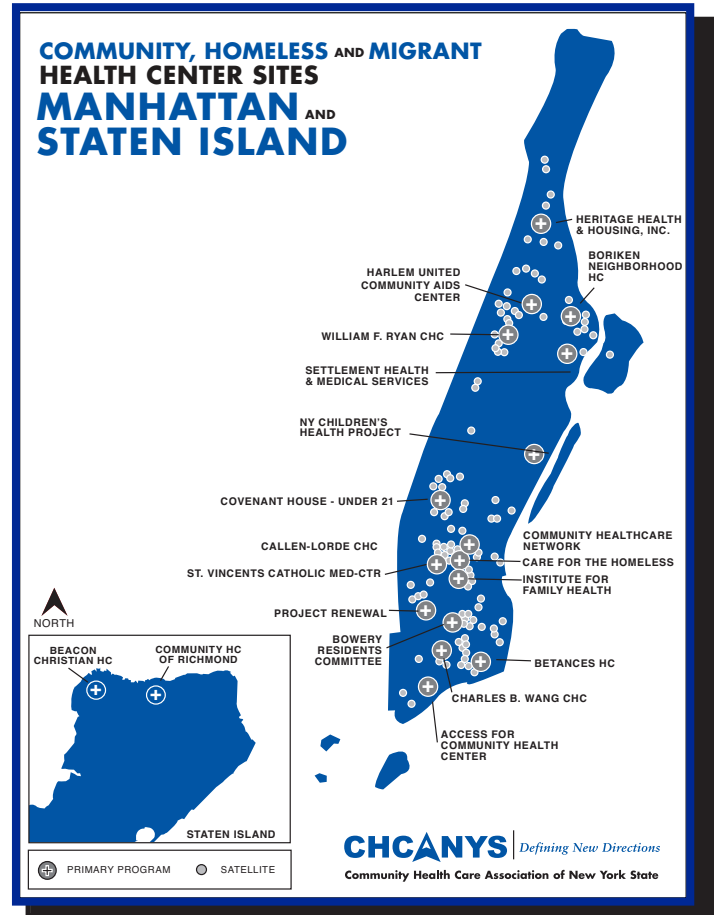
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# Health Care Access

When President Barack Obama signed the \$787 billion American Recovery and Reinvestment Act of 2009 (ARRA) in mid-February, he sent a strong message on the importance of strengthening the nation's community health centers as part of the road to economic revitalization by including funding specifically for federally qualified health centers throughout the country.

While the stimulus package is a crucial step forward for improving access to cost-effective primary care, it is essential for both the State and the City of New York to use these to support health centers. The federal stimulus funds coming to New York City's community health centers is just part of the funding we need to dramatically expand access to primary care for the hundreds of thousands in the city who still do not have a primary care provider and have no medical home to call their own.

New York City's network of community health centers works hand in hand with our health care partners—other primary care providers and hospitals—to increase access to primary care and in turn decrease healthcare disparities, improve outcomes and save precious tax dollars.



The current economic situation has caused a distinct increase in the numbers of uninsured walking through health center doors. The shovel-ready projects currently being paid for by stimulus funds provide essential investments in building a health care home. It will take a continued investment in New York City's Primary Care Initiative and the fulfilling the City's health information technology funding commitment to make that health care home a functioning health center.

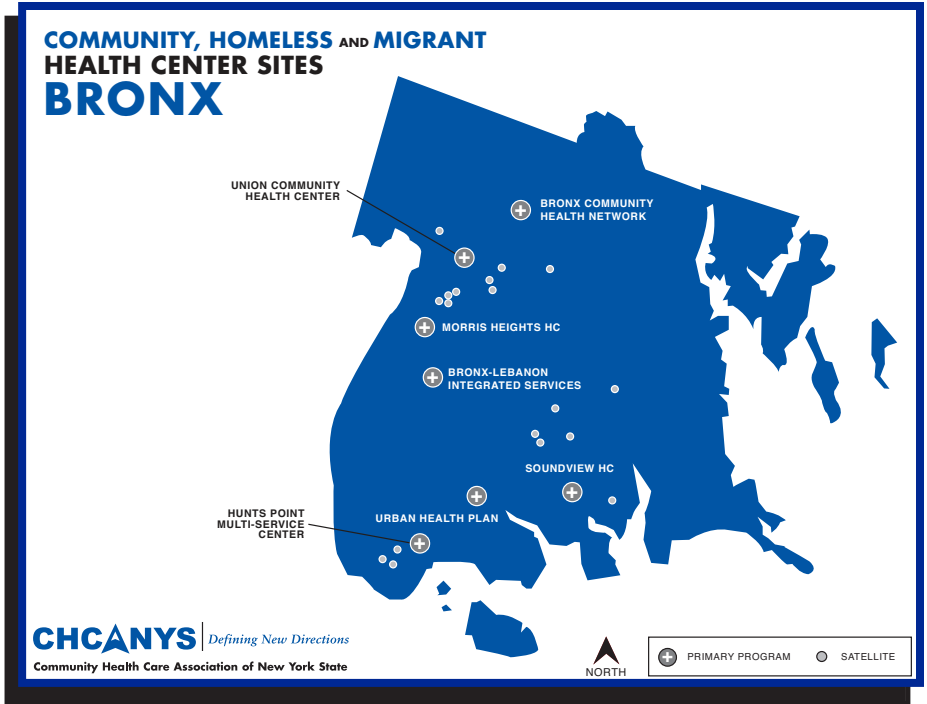


The combined commitment of the federal and city governments to supporting community health will help some of the city's poorest communities. These projects will also create jobs in the construction and the information technology sectors—two sectors key to the economic stability of our city and country. Additionally, the health centers themselves will generate new employment opportunities for their local communities. More health center sites

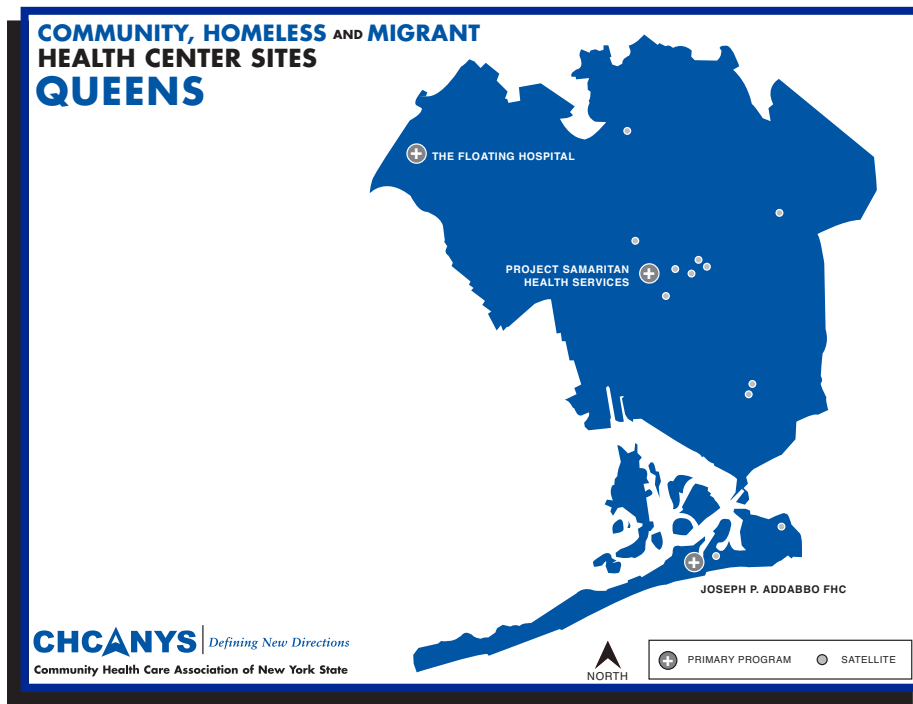
will mean more providers and administrative staff will be needed to coordinate care just as electronic health records will mean new information technology jobs will be created.

Together, the City and CHCANYS have formed a strong partnership fighting childhood obesity. CHCANYS' Childhood Obesity Prevention Program has been recognized by the U.S. Surgeon General and has taken major steps in combating a disease that dealt with early will mean a healthier and more productive life when that child steps into adulthood.

If we are serious about increasing access to primary care, it is essential that CHCANYS and the City work hand in hand to increase Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) designations in order to bring more federal healthcare dollars into New York City.



Community and homeless health centers are a strong and effective network in New York City's complex health-care safety net. It is essential that New York City partner with CHCANYS to reinforce their strength and increase access to high quality primary care in every New York City community.



# 1) Complete Capital Funding for Health Information Technology Initiative

The Primary Care Health Information Consortium (PCHIC) was formed in September 2005 by the Community Health Care Association of New York State (CHCANYS), the Primary Care Development Corporation (PCDC), and the New York City Department of Health and Mental Hygiene (NYC-DOHMH). The project's mission is "to support the leadership role of NYC community-based primary care providers in their efforts to use health information technology to improve health outcomes, eliminate health disparities, and increase access to health data among traditionally underserved populations." PCHIC's current membership consists of 25 stakeholder organizations, including many of NYC's most highly regarded community health centers serving some of our City's neediest communities. PCHIC organizations operate more than 150 primary care sites in virtually every corner of NYC.

Through the adoption of Health Information Technology (Health IT), primary care providers will be better able to address existing health disparities and improve the quality, safety, and efficiency of health care delivery. This will result in better clinical outcomes, reduced medical errors, and decreased costs associated with unnecessary and duplicative services as well as preventable inpatient hospitalizations. In addition, an effective and highly functioning Health IT system strengthens connections to public health entities and facilitates population-wide reporting and interoperability and data exchange across provider organizations. However, without capital financing, proper planning, staffing, training, workflow management, and ongoing support, Health IT implementation can be costly and ultimately unsustainable.

This is the third and final year to complete PCHIC's capital funding for Health IT. The City Council's allocations in Year I and II were significantly augmented by the bulk bargaining power of DOHMH, which enabled participating health centers to purchase hardware that had approximately 20% higher net value. These purchases supported the implementation of electronic health records at 30 community health centers throughout the city and included servers, storage devices, cabling and other infrastructure. All of these centers report an enthusiastic response from clinicians, patients and staff. The City Council's Health Information Technology Initiative has been cited as a pivotal factor in the successful implementation of electronic health record for these critical safety net providers.

## CHCANYS Recommends:

- Complete PCHIC's third and final capital allocation for Health Information Technology Initiative by allocating \$2.23 million in the FY 09-10 capital budget. Building on the tremendous success and critical experience gained during the previous years, the City Council's HIT Initiative is poised to produce even greater results and outcomes.
- Broaden the list of items that qualify as acceptable expenses to include peripheral equipment such as tablet PCs, scanners, software licenses and double tray printers that are equipped to handle water marked prescription paper.

## MEMBERS OF PCHIC

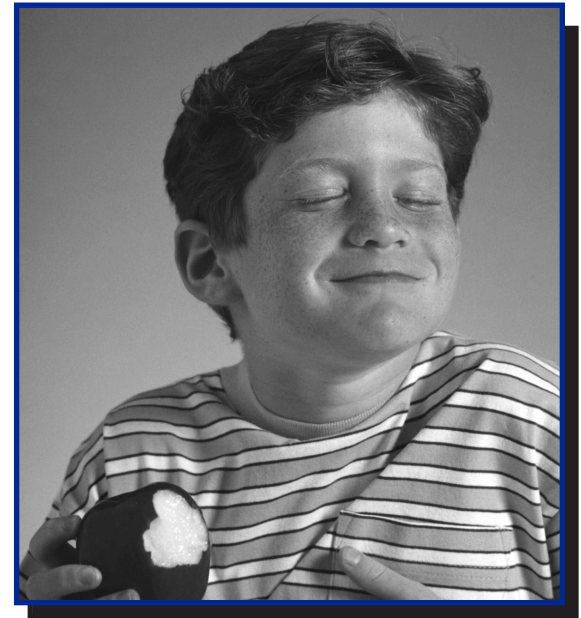
Access Community Health Center  
(formerly AHRC)  
Bedford/ Stuyvesant Family Health Center  
Betances Health Center  
BMS Family Health Center  
Boriken Neighborhood Health Center  
Brooklyn Plaza Medical Center  
Callen-Lorde Community Health Center  
Care for the Homeless  
Charles B. Wang Community Health Center  
Community Health Center of Richmond  
Community Healthcare Network  
Dr. Martin Luther King, Jr Health Center  
Heritage Health Care  
Institute For Family Health  
Joseph P. Addabbo Family Health Ctr.  
Morris Heights Health Center  
ODA Primary Care Health Center  
Planned Parenthood of New York City  
Project Samaritan Health Services  
Public Health Solutions  
Settlement Health & Medical Services  
Sunset Park Family Health Center  
The Floating Hospital  
Urban Health Plan  
William F. Ryan Community Health Center  
(including Ryan/Chelsea-Clinton & Ryan NENA)

## 2) Completely Fund CHCANYS' Childhood Obesity Prevention Program

Obesity prevalence has doubled in the United States during the past ten years. In New York, more than half of adults are overweight or obese, and nearly half of all New York City elementary school children are not at a healthy weight. In fact, 1 in 5 New York City kindergarteners is obese.

The NYC Council made a significant investment in CHCANYS' Childhood Obesity Prevention Program. The investment has had tremendous success and has received national recognition and the prestigious Surgeon General Champion Award in 2008. The outstanding commitment made by participating health centers has increased the number of children reached in the Program's first year from 1700 to over 20,000 children in its second year. Other successes include:

- All of our participating providers have been versed on the importance of taking the children's body mass index (BMI) and have committed to collecting it.
- While a similar study in New York City showed that only 28% of the children in their focus population had their BMI calculated (Voelker)\*, **92.5% of the children in our project have had their BMI taken** at least once in the last 12 months, in accordance with CDC recommendations.



A testament to the success of the Council's three year investment in New York City health center's health information technology; most of the participating health centers have electronic health records. This important tool has been instrumental to participating health centers' ability to track the 20,000 children in the initiative.

Building on its successes in the first year, CHCANYS included two school-based sites this year. This addition to the initiative allows the messages to be reinforced in the schools.

### CHCANYS Recommends:

- Restore funding of CHCANYS' Childhood Obesity Prevention Program to the FY 08 amount of \$625,000. During FY 09, CHCANYS program was reduced to \$525,000. The program has been tremendously successful and full funding would mean that the program could expand the number of participating health centers and the patients they serve.

### COMMUNITY HEALTH CENTERS THAT HAVE PARTICIPATED IN THE CHCANYS' CHILDHOOD OBESITY PREVENTION PROGRAM

William F. Ryan Community Health Network  
Sunset Park Family Health Center  
Charles B. Wang Community Health Center  
Montefiore Family Health Center  
Montefiore Comprehensive  
Family Care Center  
Joseph P. Addabbo Family Health Center  
Boriken Neighborhood Health Center  
Betances Health Center  
Morris Heights Health Center  
*Teaching and Content Expert:*  
*Urban Health Plan*

\*Voelker, Rebecca, Improved Use of BMI Needed to Screen Children for Overweight, Journal of the American Medical Association (JAMA), (2007), 297;(24):2684-2685.



### 3) Continue Investing In NYC's Primary Care Initiative

In FY 08, New York City set aside \$27 million dollars over a five year period to create a bold and wise initiative to expand primary care clinics in 11 of the City's highest needs health care areas. Of the Initiative's budgeted \$27 million, approximately \$17 million was set aside for capital construction and the remaining \$10 million was set aside for operational/expense costs. Although the first year has been successful with the development of a well received community needs assessment that outlined priority issues in each of the 11 neighborhoods, the Initiative's second year of implementation has been endangered by proposals to eliminate operational/expense funds. In Mayor Bloomberg's Preliminary Budget, the Mayor proposes to eliminate \$2.7 million in FY 10 and an additional \$1.7 million in FY 11, 12, and 13. This is virtually all of the Primary Care Initiative's operational funding and would seriously cripple the Initiative.

In initially announcing this project, Speaker Christine Quinn said, "The way we deliver health care in New York and across the country is upside down: too much money gets spent on expensive hospital care once people get sick and not nearly enough gets spent on keeping us healthy. Investing in primary care will help the city save taxpayers' dollars by avoiding unnecessary emergency room visits. It will also help more New Yorkers access the quality, affordable health care they deserve."

CHCANYS reminds the City that now more than ever, it needs to reinforce its commitment to improving access to primary and preventive health care in the City's most underserved areas. By accepting public health insurance, offering affordable services to the uninsured, providing culturally competent care, and operating at hours that are convenient for patients, community health centers consistently score the highest marks for primary and preventive health care. They have proven essential to preventing deadly and costly diseases in communities most at risk. In fact, uninsured people living close to a community health center are less likely to postpone or delay seeking needed care, and less likely to have visited an emergency room compared to other uninsured persons.



The rate at which middle class and working people throughout our City are losing their jobs and health insurance means the strain on our community health centers will be greater than ever. Now is the time that the NYC Primary Care Initiative can be most effective in assisting many communities in New York City that lack access to community-based, preventive health care and respond to the sudden growth in need.

#### CHCANYS Recommends:

- Reinstate full funding of the Primary Care Initiative to \$27 million over five years, including operational/expense funding totaling \$10 million.
- Release the overdue Primary Care Initiative FY 09 RFP and make it reflect the findings that were revealed by the Primary Care Initiative's Needs Assessment conducted in FY 08.

## 4) Increase HPSA and MUA/P Designations so that NYC Can Qualify For More Federal Funding Opportunities.

**H**ealth Professional Shortage Areas (HPSA) are designated by the federal government as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by the federal government as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

CHCANYS was heartened by Speaker Quinn’s State of the City Address, in which she showed vision and resourcefulness by proposing new resources to increase HPSA and MUA/P designations so that New York City can attain more federal resources such as Medicare Physician Bonus Payments and Federally-Qualified Health Center (FQHC) funding.

In Speaker Quinn’s words “We can also start aggressively pursuing Federal programs that could bring more money to New York, funding that’s right there for the taking. Access to affordable health care is a big problem in many neighborhoods. But there are Federal programs that place doctors in underserved communities. Working with Health Committee Chair Joel Rivera and the Department of Health, we’ll apply for those Federal programs. We could bring in tens of millions of dollars and dozens of new doctors. It’ll help us expand health coverage, at a time when insurance costs and unemployment are on the rise. All this is at virtually no cost to the City.”



### CHCANYS Recommends:

- Support Speaker Quinn, the City Council and the Department of Health and Mental Hygiene to implement a HPSA and MUA/P Designation Initiative. The City should proactively assist organizations, communities and neighborhoods in achieving these federal designations so that federal resources to New York City are optimized.
- Design a HPSA and MUA/P Designation Initiative that helps underserved communities determine service areas, provides statistical information/analysis, and prepares applications for federal shortage area designation. In the case of MUA/P designation, analysis must include computation of the Index of Medical Underservice with the following four components:
  1. The percentage of the population below poverty
  2. The percentage of the population that is elderly
  3. The infant mortality rate
  4. The availability of primary care physicians.

# Summary of CHCANYS' Recommendations for FY 2009-2010

## 1) Complete capital funding for Health Information Technology Initiative

- Complete PCHIC's third and final capital allocation for Health Information Technology Initiative by allocating \$2.23 million in the FY 09-10 capital budget. Building on the tremendous success and critical experience gained during the previous years, the City Council's HIT Initiative is poised to produce even greater results and outcomes.
- Broaden the list of items that qualify as acceptable expenses to include peripheral equipment such as tablet PCs, scanners, software licenses and double tray printers that are equipped to handle water marked prescription paper.



## 2) Augment CHCANYS' Childhood Obesity Prevention and Management Consortium Program

- Restore funding of CHCANYS' Childhood Obesity Prevention Program to the FY 08 amount of \$625,000. During FY 09, CHCANYS' program was reduced to \$525,000. The program has been tremendously successful and full funding would mean that the program could expand the number of participating health centers and the patients they serve.

## 3) Continue Investing in NYC's Primary Care Initiative

- Reinstate full funding of the Primary Care Initiative to \$27 million over five years, including operational/expense funding totaling \$10 million.
- Release the overdue Primary Care Initiative FY 09 RFP and make it reflect the findings that were revealed by the 08 Primary Care Initiative's Needs Assessment conducted in FY 08.

## 4) Increase HPSA and MUA/P designations so that NYC can qualify for more federal funding opportunities.

- Support Speaker Quinn and the City Council to implement a HPSA and MUA/P Designation Initiative. The City should proactively assist communities and neighborhoods in achieving these federal designations so that federal resources coming into New York City are optimized.
- Design a HPSA and MUA/P Designation Initiative that helps underserved communities determine service areas, provides statistical information/analysis, and prepares applications for federal shortage area designation. In the case of MUA/P designation, analysis must include computation of the Index of Medical Underservice with the following four components:
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