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BACKGROUND

All aspects of the U.S. health care system are being directed toward the goal of achieving the "Triple Aim" of better health, better care, and lower costs. These aims will only be achieved through collectively and fundamentally transforming the way the health care system is organized and delivers and pays for care. Governor Andrew Cuomo's Medicaid Redesign Team (MRT) has been leading this charge in New York and has made significant strides in moving the State's health care system toward these aims.[1] The driving force behind the MRT's efforts is a growing Medicaid program that spends double the national average per recipient but, as its lackluster quality scores illustrate, does not derive equivalent value out of the system for which it pays.[2] A primary strategy of the MRT has been promoting more organized, integrated systems of care with a strong primary care foundation. The Medicaid Section 1115 waiver presents a significant opportunity to accelerate progress toward creating those systems of care.

Depending on the populations that they will serve and the communities in which they uevelop, the systems of care will take many forms. However, there is now broad consensus that to achieve the Triple Aim, primary care must be at the center of any system of care. That will require a pro care shift in New York's health care system, which 2 52historically been focused on large institutional care settings and 2 52areerinvested in less costly primary and pr9(as1 T5.00so on the46704sstei9o a

these systems of care and achi

KEY

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sharing, and develop common
financial, regulatory, and legal

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- **Increase funding for the primary care safety net system:** A substantial number of patients will not qualify for Medicaid and cannot participate in the Health Benefit Exchange. These patients will lack the coordinate

SUPPORT NEW FINANCIAL ACCOUNTABILITY MODELS

State should continue its efforts in partnership with NYeC to standardize and lower the

IFH for optimizing their patien

improved health outcomes. For example, pharm