

## **Primary Care Development Corporation Testimony at the New York State Department of Health Hearing on the Medicaid Redesign Team Waiver**

**Bronx Community College, Bronx, NY, June 18, 2012**

I am Dan Lowenstein, Director of Public Affairs for the Primary Care Development Corporation, whose mission is to expand access to high quality primary care throughout New York State.

Today, New York ranks highest in the nation in avoidable hospital use and cost, and sixth in the nation in total health care spending. A chief reason is insufficient investment in primary care. With **2.4 million New York State residents lacking access to primary care**, we need **more than 1,100 new primary care providers** and **\$1 billion in capital** to help develop the primary care capacity critical to a more integrated, community based health care system. This does not take into consideration an aging primary care infrastructure and workforce - about one quarter of all primary care physicians are now at retirement age. Nor does it include other critical parts of a more integrated, community-based health care system, such as workforce and infrastructure for community-based "health homes."

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

We applaud the Governor and health department for developing an MRT Waiver framework that recognizes the importance of primary care to achieve this vision. This will require significant funds to build and sustain patient-centered, community-based primary and preventive care, as well as behavioral health and support services capable of managing and coordinating care in communities of need. PCDC and the Community Health Care Association of New York State (CHCANYS) have partnered to develop several recommendations within this framework, which we have submitted for consideration. These include:

1. Develop a permanent source of capital and wherever possible, leverage private sector investment. Primary care is an undercapitalized sector, and needs strong public-private investment to grow and thrive.
2. Strengthen, preserve and improve primary care capacity when hospitals close or restructure. How that care is provided and by whom should be part of a community health planning process that involves the hospital, community-based providers and other stakeholders.
3. Offer resources and technical assistance to help struggling providers become medical homes, and give significant incentives to encourage providers to adopt and sustain the medical home model. It

is not enough just having a piece of paper saying “I’m a medical home.” We have to ensure providers are practicing this model of care on an ongoing basis.

4. Provide resources and technical assistance to help community based providers fully participate in new care models like health homes and accountable care organizations. (e.g., legal issues, risk-sharing payment models, severity adjustments, provider attribution, HIT and HIE, data and performance measurement, patient risk stratification, and many more issues).
5. Promote coordination of primary care with mental health services, hospital emergency departments, and supportive housing developments.
6. Ensure sufficient indigent care funding to uninsured residents, providing a medical home and necessary community-based supports.
7. Invest heavily in Doctors Across New York and the Primary Care Service Corps for physicians and non-physician clinicians; provide training for health care workers who will be vital to the integrated systems of care, including care coordinators, case managers, and community health workers; provide strong incentives for those who practice in a medical home model in underserved and rural communities; conduct demonstrations that will enhance scope of practice.
8. Accelerate the availability and integration of health data from the Medicaid data warehouse, all-payer claims database and other sources (including CHCANYS’ Center for Primary Care Informatics) so that providers, planners and the public have the resources to make smarter decisions.

The website [www.nyprimarycare.org](http://www.nyprimarycare.org) has more information about our recommendations. Thank you, and we look forward to working with you in the development of a successful MRT Waiver.

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The **Primary Care Development Corporation (PCDC; [www.pcdc.org](http://www.pcdc.org))** is a nonprofit organization dedicated to transforming and expanding primary care in underserved communities to improve health outcomes, reduce healthcare costs and disparities. Our programs enhance access to primary care through affordable financing to build and modernize facilities; coaching and training to strengthen care delivery; and support of policies that increase access to quality primary care, improve the health of communities, and lower health system costs. Since 1993, PCDC has partnered with more than 500 primary care organizations to adopt a patient-centered model of care that maximizes patient access, meaningful use of health IT, care coordination and patient experience, and emergency planning. Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury, PCDC has financed over 95 primary care projects valued at \$390 million, creating primary care access for more than 810,000 patients. This investment has improved 785,000 square feet of space and created more than 4,000 jobs in low-income communities.