

Testimony from the Community Health Care Association of NYS

Committee on Hospitals Oversight Hearing: Changes in the Delivery of Health Care Services – Moving towards a Community-Based Outpatient Model.

Council Chambers, City Hall, New York, NY

October 3, 2018 at 2:00 pm

The Community Health Care Association of New York State (CHCANYS) is pleased to submit this written testimony to the City Council’s Committee on Hospitals Oversight hearing regarding *Changes in the Delivery of Health Care Services – Moving towards a Community-Based Outpatient Model*.

CHCANYS is New York State’s Primary Care Association for federally qualified health centers (FQHCs), also known as community health centers or simply, health centers. CHCANYS operates as an advocate and voice for community health centers across New York State, with over 430 sites serving 1.2 million patients annually in New York City alone. FQHCs are non-profit, community run centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In New York City, 89% of FQHC patients live at or below 200% of the federal poverty line, 95,000 are aged 65 and above, 385,000 are under age 18, 163,000 live in public housing, 70,000 are homeless, and 382,000 are best served in a language other than English. In short, FQHCs are New York City’s primary care safety net providers - keeping people well in the community and out of higher cost institutional based settings.

Preventable and Avoidable ED Use is a Burden on the NYC Hospital System

The number of hospital emergency department (ED) visits across New York State have increased over time, while the number of ED facilities have declined. Across the State, Medicaid and Medicare account for approximately 53% of annual ED visits.ⁱ Meanwhile, research has shown that many visits to hospital emergency departments are non-urgent or preventable and could have been treated or avoided through timely primary care.ⁱⁱ One study found that over the course of 2013, a majority (72%) of New York State ED visits could have been treated or prevented through access to high quality primary care.ⁱⁱⁱ These avoidable visits reduce hospitals’ capacity to serve individuals presenting in the ED with more serious conditions while resulting in higher costs for consumers, payers, and providers of health care. In 2013, NYC residents visited the ED at a higher rate than the rest of the State.^{iv}

According to the 2014 Health Resources & Services Administration Data Warehouse, there are 66 primary care health professional shortage areas in NYC, affecting 24.1% of the total population. In one study conducted by the State University of New York at Albany, projections showed that the number of general/family medicine practitioners across New York State is

expected to decline from 2020 through 2030, while physician demand in New York City is expected to grow at the highest rate in the State. In 2030, it is projected that New York City will experience the greatest gap between physician supply and demand in the State, approaching over 12% for adult primary care physicians.^v

Individuals most likely to have an avoidable ED visit include those on Medicaid, the uninsured, racial and ethnic minorities, and individuals seeking care during nights or weekends.^{vi} It is possible that individuals seeking care for non-urgent conditions experience barriers when attempting to access primary care, such as; inability to pay for care, lack of transportation, need for language assistance, and long work hours that require one to seek care on weekends or at night.

FQHCs Provide Comprehensive Access to Timely, High Quality Health Care

Health centers in New York City increase access to effective primary care, especially among populations that are most likely to present at the ED with a non-urgent or avoidable condition. FQHCs serve all individuals regardless of ability to pay for services or insurance status and allow for payment for services to be determined based on ability to pay and a sliding fee scale. FQHCs provide enabling services to enhance access to care, such as transportation to and from visits, language assistance, comprehensive case management, and extended hours. Many sites employ certified application counselors and navigators to enroll eligible individuals in health insurance programs or refer them to additional support services in the community. In fact, research shows that FQHC availability lowers ED utilization among populations most likely to appear in an ED with a non-urgent condition, including low-income individuals, Medicaid beneficiaries, and the uninsured.^{vii}

Nearly every New York City-based FQHC is recognized as a patient-centered medical home, providing mental health, oral health, and health promotion/disease prevention services through comprehensive primary care. This model of patient-centered care is associated with improved health outcomes and reduced costs and may reduce the number of unnecessary ED visits in NYC hospitals. In one study comparing care received by FQHC and non-FQHC patients, patients who received care at a health center were more likely to receive breast cancer screening, dietary advice, and have fewer hospitalizations.^{viii}

FQHCs are a less costly alternative to emergency department visits for non-urgent conditions.^{ix} According to the National Association for Community Health Centers, in 2012 the average cost of one FQHC medical visit was less than one-sixth the average cost of one ED visit, with health centers saving the US health care system over \$24 billion annually.^x It is also possible for FQHCs to collaborate with hospital systems to implement strategies to reduce unnecessary ED utilization.^{xi}

FQHCs are leaders in providing high quality, patient-centered, cost-effective health care in New York City and across the State. CHCANYS recommends continued investment in NYC's FQHC and primary care infrastructure. Additionally, given the expansive role FQHCs take in reducing the

burden of unnecessary hospitalizations and ED visits, we recommend that FQHCs are meaningfully included in any formal or informal conversations going forward regarding NYC hospital redesign. Expanding capacity of FQHCs builds on the significant community-based infrastructure that already exists in every borough across NYC. Investment in these providers will build on the successful model of quality, patient-centered care at community health centers.

ⁱ Goins S, Conroy MB. Statistical Brief #8. New York State All Payer Emergency Room Visits, 2013. New York State Department of Health Office of Quality and Patient Safety Division of Information and Statistics. March 2015. <https://www.health.ny.gov/statistics/sparcs/sb/docs/sb8.pdf>

ⁱⁱ McWilliams A, et al. Cost analysis of the use of EDs for primary care services in Charlotte, North Carolina. *N C Med J.* 2011;72(4):265-71.

ⁱⁱⁱ Goins S, Conroy MB. Statistical Brief #8. New York State All Payer Emergency Room Visits, 2013.

^{iv} *Ibid.*

^v The Center for Health Workforce Studies. New York Physician Supply and Demand through 2030. Executive Summary. School of Public Health, University at Albany. March 2009. Available: <https://www.albany.edu/news/images/PhysicianShortagereport.pdf>

^{vi} National Association of Community Health Centers. The Role of Health Centers In Lowering Preventable Emergency Department Use. Fact Sheet. July 2015. Available: http://www.nachc.org/wp-content/uploads/2015/06/ED_FS_20151.pdf

^{vii} Laiteerapong N, et al. Health care utilization and receipt of preventive care for patients seen at FQHCs compared to other sites of primary care. *Health Serv Res.* 2014;49(5):1498-1518.

^{viii} *Ibid.*

^{ix} United States Government Accountability Office. Hospital emergency departments: Health center strategies that may help reduce their use. April 11, 2011. Available: <http://www.gao.gov/assets/100/97416.pdf>

^x NACHC, The Role of Health Centers In Lowering Preventable Emergency Department Use.

^{xi} GAO, Hospital emergency departments: Health center strategies that may help reduce their use.