



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

## New York City 2010-2011 HEALTH AGENDA

### CHCANYS

Established in 1971, the Community Health Care Association of New York State (CHCANYS) is the voice for community, migrant and homeless health centers as leading providers of patient-centered primary care in New York State. Recognized as a strong and effective primary care association by national peers and the federal government, CHCANYS is the “go to” organization in New York State for guidance and analysis on community health policy. The success and strength of our collaborations has made CHCANYS a pivotal partner for policy makers and community based organizations striving for a stronger primary and prevention-based system.

As a not-for-profit statewide association, CHCANYS works to:

- **increase access to health care** for uninsured and underinsured people through a program of health policy leadership, regulatory reform, and grassroots advocacy;
- **support community health centers with tools and information necessary** to maintain and improve existing programs, strengthen core services and build new programs;
- **enhance workforce development and best practice service delivery** through clinical initiatives, workshops and conferences; and,
- **implement health information technology** in health centers across the state, with a focus on the adoption of electronic health records and the development of reporting tools for clinical decision making and benchmarking.

### FEDERALLY QUALIFIED HEALTH CENTERS

Located throughout the five boroughs of New York City, federally qualified community health centers provide care to over 700,000 patients at approximately 200 sites. These sites serve medically underserved communities and provide high quality, cost-effective primary care regardless of a person’s ability to pay. Community health centers are not-for-profit, patient-centered health care homes that provide health care services which include:

- medical care
- dental care
- laboratory
- pharmacy services
- case management
- transportation for health services
- preventive services (mammography, well-child, etc.)
- x-ray
- immunizations
- family plannings
- translation services
- specialty referrals

As high quality, patient-centered health care homes for underserved communities, community health centers are effective at reducing health disparities and improving outcomes for persons with chronic illnesses through a proven model of care management. Independent studies show that the Medicaid cost for a typical health center patient is 30 percent less than the average amount spent on patients treated by other primary health care providers—even though health centers care for a population more likely to face significant health challenges.

Health centers are, by design and by law, community-based and patient-focused. The federal law which established FQHCs requires that the majority of its Board of Directors be comprised of patients of that center, ensuring patient and community involvement in service delivery. Community health center fees are based on income and family size, and services are provided regardless of insurance status or ability to pay.

## **OPPORTUNITY TO PARTNER WITH COMMUNITY HEALTH CENTERS TO IMPROVE HEALTH CARE ACCESS, PROVIDE BETTER QUALITY OF CARE AND LOWER COSTS**

This year's Health Care Reform legislation provides the City an opportunity to partner with CHCANYS and community health centers to further the work we've begun in creating a healthier New York City. Working together, there is a very real opportunity to build a coordinated primary care delivery system that will provide cost-effective, accessible, quality care to medically underserved communities throughout the City.

The primary care services offered by community health centers reduce costs and improve health outcomes for New Yorkers by preventing unnecessary emergency room visits and readmissions and improving management of chronic conditions. Community health centers are leaders in preventing and managing chronic illness through the provision of services include prevention, early disease identification and intervention, care management and coordination, and patient engagement. This brings better health outcomes for patients and helps to eliminate disparities across socioeconomic groups.



New York City must invest in its community-based primary health centers if it is to leverage the significant opportunities associated with health care reform and ensure high quality at a reasonable cost for City residents.

The Community Health Care Association of New York State recommends two priorities for consideration in the NYC budget:

### **FY 2011 BUDGET:**

- Restore funding of CHCANYS' Childhood Obesity Prevention Program for community health centers to its original amount of \$625,000. Although the program has been tremendously successful, it has been reduced to \$436,706. Full funding would mean that the program could expand the number of participating health centers from 8 to 12 and increase the total number of patients they serve.

### **FUTURE BUDGET YEARS:**

- Fund the Health Information Technology Support Program for community health centers.

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

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## New York City 2010-2011 HEALTH AGENDA

### RESTORE CHILDHOOD OBESITY PROGRAM TO ITS ORIGINAL ALLOCATION OF \$625,000

In New York City, 1 in 5 kindergarten children is obese.<sup>1</sup>

In response to a growing health threat, CHCANYS developed a New York City Childhood Obesity Prevention and Management Consortium in 2007-2008 with crucial program support from the New York City Council. The goal of the Consortium is to address the high rates of obesity in federally qualified health centers (FQHCs). These centers provide high quality primary care to underserved areas of New York City.

In 2008-2009, CHCANYS invited community health centers with school-based health center sites to participate. Building on past successes, the program, now in its third year, has spread into other health centers, school-based health centers, and satellite sites of network organizations. This addition to the initiative allows the messages and the practices to be standardized among health centers citywide.



#### SUCCESSES

Within the last two project years, Consortium activities have resulted in significant successes, including the following:

- Establishing obesity prevention as a priority in pediatric care at health centers;
- Reaching approximately 24,000 children, 12 times more than the original goal of 2,000 children;
- Establishing the collection of BMI as a regular practice for well-child visits at participating school-based sites; and,
- Continued use of evidence-based technical support and tools needed for the sites to design, implement, and sustain a comprehensive care model for childhood obesity prevention and management.

#### FY 2011 BUDGET REQUEST:

- Restore funding of CHCANYS' Childhood Obesity Prevention Program for community health centers to its original amount of \$625,000. This tremendously successful program was reduced to \$436,706; full funding would mean that the program could expand the number of participating health centers from 8 to 12 and increase the number of patients served.

<sup>1</sup> New York City Department of Health and Mental Hygiene. [www.nyc.gov/html/doh/html/scab/scab-obesity.shtml](http://www.nyc.gov/html/doh/html/scab/scab-obesity.shtml)

## New York City 2010-2011 HEALTH AGENDA

### FUND HEALTH INFORMATION TECHNOLOGY SUPPORT PROGRAM

Nearly 100% of the federally qualified health centers in NYC have “gone live” in their implementation of electronic health records (EHRs) during the last four years. This is an astonishing success rate considering the fact that only 9% of the nation’s hospitals use electronic health records, according to a federally-financed study by the Robert Wood Johnson Foundation. This success was made possible for many through the generous support of the City Council and the \$6.3 million they granted to support the purchase of hardware infrastructure required to host EHR software in 26 health centers serving nearly 600,000 patients annually.



EHRs are recognized by the health care industry, government and private funders as essential to the delivery of safe, efficient, high quality care. Indeed, the Obama administration has placed a high priority on adoption and use of EHRs as a mechanism for achieving cost savings and improved health outcomes in health care.

Our next task is to help our health centers achieve “meaningful use” of their EHRs through training, technical assistance and advocacy. The federal government is developing a formal definition of “meaningful use;” providers who meet it will be eligible for significant financial incentives beginning in 2011. The definition will include the ability to exchange electronic health information, referrals, and clinical summaries, with appropriate patient consent, to enable coordination of care, improve safety and quality, and reduce costs.

Through work with two of our member health centers in Brooklyn, CHCANYS has developed expertise on the challenges health centers face in connecting their EHRs to a Regional Health Information Organization (RHIO) to enable the exchange of health information among providers. There are 33 federally qualified health centers in New York City, serving nearly 700,000 patients per year; our goal is to apply the knowledge and lessons we have learned to support the remaining New York City health centers in achieving health information exchange.

#### **FUTURE BUDGET YEARS:**

Fund the Health Information Technology Support Program for community health centers, including expense funding of \$150,000 for staffing to work with EHR vendors, the four New York City RHIOs, and over 30 health centers. This one time expense funding will help health centers achieve “meaningful use,” leveraging significant federal support.

In addition, \$400,000 in capital funding is requested to finance hardware infrastructure at four member centers that have not yet begun to implement an EHR.

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