



NYSHealth's Investments in Primary Care Capacity and Access

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Contents

| | |
|-----------------|----|
| Background | 1 |
| Summary | 2 |
| Accomplishments | 3 |
| The Future | 6 |
| Conclusion | 10 |
| Appendix | 11 |

Background



The primary care system in New York State—and in the rest of the nation—faces multiple barriers to providing optimal care to patients. New York’s primary care system comprises community health centers, outpatient hospital clinics, and both small and large physician practices. Workforce shortages present one problem for this sector—more than 2.4 million New Yorkers reside in primary care health professional shortage areas.¹ Another major barrier is that many of the State’s community health centers, a critical part of the primary care system, are in serious financial distress as they try to provide primary care services to approximately 1.5 million mostly low-income New Yorkers. Finally, many primary care providers lack the funding or other resources needed to increase their capacity to serve existing patients better or properly prepare for the influx of new patients expected beginning in January 2014 as a result of the Affordable Care Act (ACA).

With 1.2 million more New Yorkers expected to gain health care coverage through the ACA,² primary care providers will need to increase their capacity to care for more patients. As new models of health care delivery and payment take shape, providers will also need to better track and analyze their patients’ needs and use of services (both inside and outside of the primary care office) and identify better ways to engage and manage the care of the most complex, high-need patients.

In 2013, the New York State Health Foundation (NYSHealth) launched a new priority funding area related to advancing primary care and health care delivery reform in the State. In this area, the Foundation seeks to expand primary care capacity and access, encourage new approaches to primary care delivery for high-need populations, and advance payment reform.

Even prior to developing this targeted, focused program area to advance primary care, the Foundation had supported dozens of grants to enhance primary care access and capacity. Many of those projects were funded through the Foundation’s responsive grantmaking program, called the Special Projects Fund, and focused on efforts to bridge service delivery gaps through mergers and acquisitions; integrate oral health, mental health, and other services into existing primary care services; or plan for changes in business operations that allowed community health centers to have a more sustainable future.

This report describes the Foundation’s efforts between 2007 and 2012 to expand primary care access and capacity to serve more of New York State’s most vulnerable patients.

1 Kaiser Family Foundation, “Primary Care Health Professional Shortage Areas (HPSAs),” <http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/>, accessed October 2013. <http://www.statehealthfacts.org/profileind.jsp?sub=156&rgn=34&cat=8>.

2 Boozang, P.; Dutton, M.; Lam, A.; Bachrach, D. “Implementing Federal Health Care Reform: A Roadmap for New York State,” <http://nyshealthfoundation.org/resources-and-reports/resource/implementing-federal-health-care-reform-a-roadmap-for-new-york-state>, accessed October 2013.

Summary

NYSHealth's Investments to Build Primary Care Capacity and Access

Between 2007 and 2012, NYSHealth awarded 30 grants totaling \$5.7 million directly to community health centers, nonprofits, and academic institutions to increase primary care access and capacity (see Table 1 on page 11). These awards ranged from just less than \$100,000 to just more than \$1 million. These grants helped to preserve primary care access for approximately 161,000 patients and to make primary care accessible for 62,000 new patients.

In addition to providing support to organizations providing primary care directly to New Yorkers, NYSHealth also made two grants to the Community Health Care Association of New York State (CHCANYS). A 2010 grant of nearly \$400,000 supported technical assistance to help 12 community health centers develop proposals for federal grants through the New Access Point program, funded by the Health Resources and Services Administration.³ Ultimately, 11 of the 12 centers receiving this assistance were awarded New Access Point grants totaling more than \$25 million—a 64-fold return on the Foundation's investment—to expand services at community health centers in medically underserved areas.⁴

These grants helped to preserve primary care access for approximately 161,000 patients and to make primary care accessible for 62,000 new patients.

A second grant made to CHCANYS in 2011 resulted in a 2013 report, *A Plan for Expanding Community Health Centers in New York*.⁵ Using a rich array of quantitative and qualitative data, the plan helps decision-makers in New York to target their investments and policy decisions to preserve and expand primary care capacity. Building on a firm analytic base, the plan also includes actionable strategies for increasing capacity: developing high-performing community-based primary care; recruiting and retaining a stable, well-qualified workforce; ensuring access to affordable capital; and engaging in community-level planning for feasible, sustainable primary care expansions.

³ Learn more at: <http://nyshealthfoundation.org/resources-and-reports/resource/ensuring-new-yorks-fair-share-securing-federal-dollars-to-support-growth>.

⁴ A *Health Affairs* article by NYSHealth staff members explained the strategy behind this initiative. See Sandman, D. and Cozine, M. (2012). New York State Health Foundation Grant Helps Health Centers Win Federal Expansion Funds. *Health Affairs*, 31(11), 2583-2587. <http://nyshealthfoundation.org/news-events/news/leveraging-federal-dollars-to-expand-primary-care-in-new-york-state>.

⁵ Community Health Care Association of New York State, "A Plan for Expanding Community Health Centers in New York," <http://nyshealthfoundation.org/resources-and-reports/resource/a-plan-for-expanding-sustainable-community-health-centers-in-new-york>, accessed October 2013.

Accomplishments

What NYSHealth's Investments to Build Primary Care Access and Capacity Have Accomplished to Date

Historically, NYSHealth grantees focused on primary care were working to preserve or expand their patients' access to care and to strengthen their capacity as providers. Below are some examples of the types of projects NYSHealth grantees have undertaken to achieve these goals. (A full list of all primary care capacity and access projects awarded between 2007 and 2012 is included in Table 1 of the Appendix.)

PHYSICAL EXPANSION/EXPANSION TO NEW SITES

Thriving, financially stable community health centers often recognize opportunities to increase primary care access by expanding the imprint of their current space or transferring operations to a new, larger site. Several NYSHealth grants have supported these types of activities, minimizing the financial burdens health centers experience during the initial period of expansion.

The Floating Hospital

Expanding Primary Care Access in Long Island City

The Floating Hospital was the only federally qualified health center (FQHC) in Long Island City, Queens, and was the main primary care access point for residents (the three nearest hospitals in the borough are all located outside the Long Island City area). A 2008 NYSHealth grant helped this grantee add 6,000 square feet of clinic space and provide primary care, mental health services, and dental care to 1,495 new patients, predominantly immigrants, public housing residents, and low-income Long Island City residents.

Syracuse Community Health Center, Inc. (SCHC)

Syracuse Community Health Center, Inc. Expansion Initiative

A 2012 grant from NYSHealth is helping to fund construction of SCHC's new, expanded headquarters, along with recruitment of clinical staff members. In addition, SCHC will acquire private physician practices interested in operating under SCHC's umbrella. These activities will allow SCHC to serve patients in a more responsive and engaging way. The SCHC expansion will also grow the base of small practice providers in Central New York that accept Medicaid and expand the scope of services available to approximately 10,000 patients.

A 2012 NYSHealth grant is helping to fund construction of the Syracuse Community Health Center's new headquarters and expand the scope of services available to approximately 10,000 patients.

Accomplishments *(continued)*

PRESERVING/BRIDGING GAPS THROUGH SITE ACQUISITIONS OR MERGERS

In some cases, merging or acquiring various clinic operations under the auspices of a single entity to meet the needs of the new and changing environment is the best way to expand access and preserve primary care services. NYSHealth funding has helped ease acquisition and merger processes in an effort to preserve services that would have been eliminated if a provider closed and another entity could not step in to share or assume its operations.

Institute for Family Health

Access to Primary Care for the Underserved in the Mid-Hudson Valley

A health care provider that was experiencing mounting financial losses and on the brink of insolvency approached the New York City-based Institute for Family Health (IFH) about assuming six of its family practice centers. A 2007 grant from NYSHealth allowed IFH to finalize the financing program and complete the acquisition process; implement electronic health records; recruit physicians and nurses for the six new centers; and cover salaries for existing staff members working on these activities. The successful acquisition not only preserved primary care (including dental health and mental health care services) for 43,000 low-income people living in medically underserved communities; it also established a replicable mechanism for the acquisition of failing practices.

Joseph P. Addabbo Family Health Center

Preserving and Enhancing Primary Care Access in Central Queens

When a primary outpatient center was about to close and declared bankruptcy, support from NYSHealth, the Primary Care Development Corporation, the New York State Department of Health, and other funders helped the Joseph P. Addabbo Family Health Center acquire the closing center and incorporate it into its FQHC network. NYSHealth's 2009 support of this collaborative as a funder and convener enabled the center to continue operations under new ownership, expand its services, and become self-sustaining. It also preserved access to primary care services for approximately 4,000 medically underserved and uninsured people living in Southeast Queens.

INTEGRATING ORAL HEALTH, MENTAL HEALTH, AND OTHER SERVICES INTO PRIMARY CARE

NYSHealth has funded efforts to serve primary care patients in a more comprehensive way by supporting the integration of complementary health services, including care for mental health, oral health, and substance use.

Neighborhood Health Center (formerly Northwest Buffalo Community Health Care Center)

Integrating Mental Health Services into a Primary Care Setting

A 2008 NYSHealth grant to the Neighborhood Health Center (NHC) helped create a new department with a licensed clinical social worker and a community health worker, providing on-site mental health counseling and faster referrals to community mental health counseling and psychiatric care. Better integration of mental health services increased access to behavioral health care, reducing the wait time for referral appointments to just days, rather than six to twelve weeks. In a 16-month period, the new social worker worked with 375 new patients.

Accomplishments *(continued)*

New York University College of Dentistry (NYUCD)

Improving Oral Health for School Children in Columbia County, New York

In Columbia County, no private dentists accepted Medicaid, despite 750 children relying on it and being at high risk for oral disease because of poverty, lack of water fluoridation, cultural and environmental issues, diet, and limited oral hygiene education. The local hospital also was planning to discontinue its dental services for children. With a 2009 NYSHealth grant, NYUCD was able to preserve dental services using school-based health centers. Over two years, 568 children were served and NYUCD provided 1,829 sealants, 738 fillings, 164 extractions, 129 radiographs, and 38 stainless steel crowns.

East Hill Family Medical, Inc.

Expanding Primary Care Through the Integration of Services

A 2012 NYSHealth grant is helping East Hill Family Medical expand its diabetes and substance use services to approximately 800 new patients while increasing those patients' access to general primary care. By bringing these services to a location that already offers primary care, dental, and mental health services, East Hill expects to improve patients' access to comprehensive care. This comprehensive approach is particularly important in a county where nearly two-thirds of adults are overweight or obese and hospitalization rates related to diabetes complications are higher than the statewide average.

BUSINESS DEVELOPMENT PLANNING

NYSHealth has supported community health centers in business planning to maximize productivity and mitigate the risks associated with expanding capacity.

Oak Orchard Community Health Center

Preserving and Expanding Primary Care Capacity in Wyoming County, New York

At a time when Wyoming County was seeing numerous community health care providers close and dentists in the area stop serving publicly insured patients, the Wyoming County Community Health System also decided to focus on hospital-based services and close all of its primary care sites, including a pediatric clinic. A 2012 NYSHealth grant is enabling Oak Orchard to create a plan to take over the pediatric center and expand adult and dental care in Wyoming County. If the acquisition is successful, the preserved pediatric site will serve 2,500 patients within the first year of operation, a 25% increase from current pediatric patients.

Rochester Primary Care Network, Inc. (aka Regional Primary Care Network)

Utica Community Health Center (UCHC) Business Plan Development Project

With a 2012 NYSHealth grant, UCHC undertook an expansion plan to better meet the needs of its 11,000 patients, 76% of whom have incomes below 200% of the federal poverty level and 30% of whom are refugees. The plan helps the organization strategize on how best to serve 6,600 new patients. Funding supports a business plan to increase the site's productivity and efficiencies and to develop effective strategies for maximizing staffing, patient mix, billing, service mix, and reimbursement streams.



The Future

In 2013, NYSHealth launched its primary care strategic funding priority area to leverage the unique opportunities offered by the ACA and statewide efforts to improve primary care. These federal and statewide efforts offer a unique moment in time to help address spiraling health care costs; develop new models of care that improve quality and promote health; and expand primary care capacity and access.

NYSHealth is pursuing a three-part strategy to advance primary care and delivery system reform:

(1) Expanding primary care capacity and access

NYSHealth's grantmaking in this area builds on the earlier work described in this report. This work is especially important in response to the implementation of federal health reform, which will require expanded primary care capacity both to care for the influx of newly insured people and ensure a strong safety net for those who remain uninsured.

To help New York's primary care centers meet this growing demand, NYSHealth issued an initial Request for Proposals (RFP) to promote and manage growth at community health centers in four medically underserved regions of the State (Long Island, Western New York, Central New York, and the Finger Lakes) in 2011.⁶ The 10 grants awarded through this RFP, totaling approximately \$1 million, are described in this report and its appendix.

In early 2013, NYSHealth awarded six additional grants through a second RFP to support this same type of work in five other underserved regions of the State: the Southern Tier, North Country-Adirondacks, Capital District, Hudson Valley, and Central Leatherstocking-Catskills.⁷ These projects, receiving a total of \$600,000 in NYSHealth funding, are helping community health centers expand existing sites, establish new sites, and/or increase the range of services provided.



⁶ Learn more at: <http://nyshealthfoundation.org/news-events/news/new-grants-awarded-to-expand-community-health-center-capacity-patients-acce>.

⁷ Learn more at: <http://nyshealthfoundation.org/news-events/news/new-grants-awarded-to-help-community-health-centers-meet-primary-care-needs>.

The Future *(continued)*

2013 Grants to Help Community Health Centers Meet Primary Care Needs in Five Underserved Regions of New York State

Whitney M. Young, Jr. Health Services

Behavioral Health/Primary Care Integration Project

This grant will enable Whitney M. Young, Jr. Health Services to use social workers, group therapy, and self-management care plans both to improve clinical outcomes and to reduce the inappropriate use of primary care providers for managing chronic health conditions. The organization also is bringing primary care services on-site at two of its addiction programs. This grant is, in part, providing funding to hire and support a new primary care provider for the approximately 1,000 addiction patients seen annually.

Refuah Health Center

Supporting a Healthy Community: Expanding Services in Sullivan County

Refuah Health Center is building a community health center to function as a central hub to provide health care and social services to more than 4,500 patients. Refuah purchased its town's former high school, a 36,000-square-foot building, and will renovate the site and lease other floors of the building for related medical (e.g., laboratory, pharmacy, home health, physical therapy, vision) and other services to meet the needs of community residents.

Hudson River HealthCare, Inc. (HRHCare)

Preserving Poughkeepsie Access to Care

NYSHealth's grant will help support HRHCare's acquisition of a hospital clinic that currently has long wait times, limited primary care, limited prenatal and episodic care services, and no full-time doctors serving the clinic on a continuous basis. The project will expand capacity, staffing, and services at HRHCare's site to enable better care coordination for all patients and reduce the number of unnecessary visits to the hospital emergency room. Through these efforts, HRHCare will preserve access to care for 3,500 existing patients, expand access to up to 5,000 new patients by the third year of the project, and maintain a critical safety net for Poughkeepsie's uninsured residents.

Open Door Family Medical Center, Inc.

Expanding Oral and Behavioral Health in the Hudson Valley

Open Door is planning to establish permanent dental locations in Mt. Kisco and in Brewster, New York, which will add capacity to serve 3,200 dental patients. The dental practices will also serve as dental residency training sites—providing professional opportunities for new dentists to treat poor and uninsured patients and increase the likelihood that these new dentists will want to continue to serve vulnerable populations. In addition, Open Door plans to integrate primary care and behavioral health services, which will significantly improve care delivery.

Hudson Headwaters Health Network (HHHN)

Expanding Capacity in Two Adirondack Communities

HHHN is undertaking two projects through this grant. In the northernmost region of the State, HHHN is securing a bigger location for a replacement health center that will double the capacity of the area's main community health center to up to 8,500 patients. In the Glens Falls region, HHHN will partner with an existing OB/GYN practice in the area to expand critical women's health services to 3,000 new patients.

(continued)

The Future *(continued)*

2013 Grants to Help Community Health Centers Meet Primary Care Needs in Five Underserved Regions of New York State *(continued)*

*Greater Hudson Valley Family Health Center, Inc.
Exploring Expansion into the Southern Tier*

This NYSHealth grant will support a planning effort to explore opportunities for a possible health center site in a six-county region that stretches from the Western Catskills to the Eastern Southern Tier. Greater Hudson Valley Family Health Center plans to enlist stakeholders, collaborate on a community needs assessment, and assess the need for primary care, geriatric, dental, behavioral, and transportation services in the region.

(2) Encouraging new approaches to primary care delivery for high-need populations

The Foundation is supporting health care delivery organizations in New York that are prepared and willing to be early adopters of primary care delivery reform to demonstrate new approaches and then to share experiences and learning with other providers who will follow their lead. NYSHealth wants to influence as many health care delivery organizations as possible to make structural changes in primary care that are necessary to improve health outcomes and lower the use of expensive health care services delivered by hospitals, emergency rooms, and specialists.

NYSHealth's prior investments to ensure high-quality care for patients with diabetes, support the Chronic Illness Demonstration Program, and improve care transitions and reduce hospital readmissions have helped lay the foundation for this second part of the Foundation's primary care strategy.

Primary care delivery models that emphasize care coordination, care management, and patient engagement (such as patient-centered medical homes and accountable care organizations) offer promise for improving the quality of patient care and outcomes. The Foundation plans to support analysis and replication of promising and evidence-based practices, with a special emphasis on vulnerable populations and those with chronic health conditions.

A 2012 NYSHealth grant to the Adirondack Health Institute is an example of how the Foundation expects to work in this area.⁸ The institute is the central administrator of New York State's only multipayer regional medical home demonstration pilot, and has begun aggregating financial and health care data from payers and providers. NYSHealth's funding will help strengthen Adirondack Health Institute's ability to analyze the data and demonstrate the health and financial outcomes of

⁸ Learn more at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/adirondack-health-institute-inc-june-2012>.

The Future *(continued)*

investments to date to improve care processes and coordinate care. The project will also help the institute secure a sustainable financing stream for negotiating payment contracts with providers.

The project's first round of data analysis will focus on patients with one or more chronic conditions, with particular emphasis on patients with diabetes, mental illness, heart disease, and chronic obstructive pulmonary disease. The analysis will shed light on which interventions are working well and which may be falling short, and create actionable recommendations for needed improvements. Further analysis of claims data will help identify which participating sites require more support to execute the best care practices for high-need patients.

(3) Advancing payment reform

The Foundation's third strategy to advance primary care and health care delivery focuses on efforts to transform the broken fee-for-service approach to health care payment. Ultimately, NYSHealth aims for its efforts in this area to result in a statewide or regional proposal for mandatory alternative payment arrangements by the end of 2017.

NYSHealth anticipates supporting an array of projects in this area, from producing documents about health care costs and expenditures in New York that demonstrate the need for payment reform, to developing models and simulations of different payment reform scenarios.

To lay the groundwork for sweeping payment reform, the Foundation will also support projects to plan for, develop, and test new payment mechanisms on a smaller scale. A 2012 grant to the Institute for Family Health (IFH)⁹, for example, is focused on improving the relationship and data-sharing between providers and payers. Through this project, IFH will work with select health plans that will share cost and utilization data on IFH patients; integrate the plans' data with IFH's electronic health record information; and analyze the data to identify high-risk, high-cost patients and inefficient utilization patterns. This analysis will inform next steps for IFH to improve its practice patterns, particularly with high-cost patients, and work with payers to develop new payment arrangements that better align financial incentives with high-value care.

⁹ Learn more at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/institute-for-family-health-april-2012>.

Conclusion

NYSHealth has long recognized the value of investing in New York State's primary care system. The Foundation's earlier investments to expand primary care capacity and access have helped to inform and shape activities in a new priority area focused on advancing primary care. Although the focus of this new area is relatively broad (including efforts to improve health care delivery and advance payment reform), primary care capacity and access remains a core strategy. With more than 1 million New Yorkers expected to gain health care coverage as the ACA is implemented, additional primary care resources will be required to meet the needs of those who are newly insured and to provide a robust safety net for those who remain uninsured.



Appendix

**Table 1: NYSHealth Primary Care Capacity and Access Grants
2007–2012**

| Organization Name | Project Title | Year Grant Awarded |
|---|---|--------------------|
| Health Ministry of the Southern Tier | Expanded Medical and Dental Services for Uninsured | 2007 |
| His Branches | Conversion to Community Health Center Status | 2007 |
| Institute for Family Health | Access to Primary Care for the Underserved in the Mid-Hudson Valley | 2007 |
| Actors Fund of America | Expanding Services for Artists at a Free Health Care Clinic | 2008 |
| The Floating Hospital | Expanding Primary Care Access in Long Island City | 2008 |
| Neighborhood Health Center (formerly Northwest Buffalo Community Health Care Center) | Integrating Mental Health Services into a Primary Care Setting | 2008 |
| Smith House Health Care Center | Creating Primary Care Access in Dannemora | 2009 |
| Brownsville Community Development Corporation | Preserving and Expanding Primary Care Access in Brooklyn | 2009 |
| Community Health Center of Buffalo | Increasing Access to Primary Care in Niagara Falls | 2009 |
| Hudson River HealthCare | Yonkers Health Access Project | 2009 |
| Joseph P. Addabbo Family Health Center | Preserving and Enhancing Primary Care Access in Central Queens | 2009 |
| New York University - College of Dentistry | Columbia County Oral Health Intervention Program | 2009 |
| Northern Oswego County Health Services | Consolidating the Oswego Primary Care Safety Net | 2009 |
| Sunset Park Health Council (Lutheran Family Health Centers) | Dental Clinic Preservation and Expansion | 2009 |
| William F. Ryan Community Health Center | Thelma C. Davidson Adair Community Health Center Acquisition | 2009 |
| The Floating Hospital | Expanding Primary Care Access for Public Housing Residents | 2010 |

Appendix *(continued)*

| Table 1: NYSHealth Primary Care Capacity and Access Grants 2007–2012 <i>(continued)</i> | | |
|---|--|--------------------|
| Organization Name | Project Title | Year Grant Awarded |
| Hudson River HealthCare | Preserving Community Based Primary Care & Residency Training in Yonkers | 2010 |
| Joseph P. Addabbo Family Health Center | Expanding Primary Care Capacity in Queens | 2010 |
| His Branches | Conversion to Community Health Center Status Phase 2 | 2011 |
| Anthony L. Jordan Health Center | Combining the Jordan and Westside Health Centers to Preserve Primary Care Access | 2012 |
| East Hill Family Medical | Expanding Primary Care Through the Integration of Services | 2012 |
| Family Health Network of Central New York, Inc. | Clean Teeth = Better Health: Rural Dental Expansion | 2012 |
| Finger Lakes Community Health | Aligning Priorities with Expanded Capacity | 2012 |
| Hudson River HealthCare | Preserving Primary Care Capacity in Coram | 2012 |
| North Country Children's Clinic | North Country Adult Care | 2012 |
| Neighborhood Health Center (formerly Northwest Buffalo Community Health Care Center, Inc.) | Growing Management Infrastructure in an Expanding FQHC | 2012 |
| Oak Orchard Community Health Center | Preserving and Expanding Primary Care Capacity in Wyoming County, New York | 2012 |
| Regional Primary Care Network | Utica Community Health Center Business Plan Development Project | 2012 |
| Southern Tier Community Health Center Network | Primary Care Expansion in Allegany and Cattaraugus Counties | 2012 |
| Syracuse Community Health Center | Syracuse Community Health Center Expansion Initiative | 2012 |

Appendix *(continued)*

| Organization Name | Project Title | Year Grant Awarded |
|---|---|--------------------|
| Community Health Care Association of New York State (CHCANYS) | Ensuring New York’s Fair Share: Providing Technical Assistance to FQHC New Access Point Applicants | 2010 |
| Community Health Care Association of New York State (CHCANYS) | Developing a Statewide Growth & Sustainability Plan for New York’s Federally Qualified Health Centers | 2011 |



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