

Improving Primary Care Access for the Most Vulnerable New Yorkers

February 2018





Background

GRANTEE	COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE (CHCANYS)
GRANT PERIOD	2010 – 2017
GRANT AMOUNTS	2010: \$398,562 2011: \$201,258 2014: \$382,756 2015: \$350,000

From the Foundation's beginning, NYSHealth has been committed to preserving and expanding access to primary care for New Yorkers. One of the first grants NYSHealth made was to the Community Health Care Association of New York State (CHCANYS) [in 2007](#) to connect more immigrants to community health centers. CHCANYS works to ensure that all New Yorkers have access to high-quality health care services, regardless of their ability to pay—helping to define new, innovative directions in primary care delivery at nearly 70 federally qualified health centers (FQHCs) in New York State that provide primary care to more than 2 million patients each year.

Since the Affordable Care Act (ACA) passed in 2010, nearly 1 million New Yorkers have gained health care coverage—requiring expanded primary care capacity across the State both to care for the newly insured and to ensure a strong safety net for those who remain uninsured. Even before the ACA became law, however, New York State was struggling with a chronic shortage of primary care clinicians to care for its most vulnerable populations.

NYSHealth has long recognized the difficulties of providing quality health care in areas that are medically underserved and whose residents may be low income and lack insurance coverage. To that end, NYSHealth has made significant investments over the years, including multiple grants to CHCANYS, to help meet the demand for high-quality primary care, control costs, and provide opportunities for primary care providers to practice innovative care delivery models for high-need populations.



Grant Activities and Outcomes

In 2010, when the ACA became reality, NYSHealth awarded CHCANYS [a grant](#) to provide technical assistance (TA) to a group of its members interested in applying for New Access Point (NAP) funding. The Health Resources and Services Administration's NAP financing opportunity is designed to improve the health of underserved and vulnerable populations by providing operational support for new primary health care service delivery sites. With NYSHealth grant funds, CHCANYS was able to provide immediate TA to select FQHCs applying for the NAP funding opportunity. Eleven of the 15 FQHCs that received this TA from CHCANYS secured a total of \$35.8 million in federal funding over five years—a 90-fold return on NYSHealth's investment. CHCANYS also collaborated with various external stakeholders with different areas of expertise, which furthered the project's success. CHCANYS:

- Contracted with the University of Albany School of Public Health's Center for Health Workforce Studies to develop individualized data sets that demonstrated need within the proposed service areas;
- Contracted with Capital Link to complete an economic impact analysis, as well as market and workforce assessments, for each FQHC applicant; and
- Provided intense, individualized reviews of FQHC applicants' health care plans and contracted with McGladrey, a nationally recognized accounting and financial consulting firm, to review the business plans.

Following up on the success of this investment, NYSHealth sought to help FQHCs secure a new round of funding when the federal government released another opportunity for up to 250 NAP awards totaling \$150 million in 2014. NYSHealth awarded CHCANYS another [grant](#) to provide targeted, intensive TA to member sites in four medically underserved regions of New York State to develop their applications for this round of NAP grants. In addition, new federal funds were made available to New York State as part of a recently approved \$8 billion Medicaid waiver for reinvestment in the State's health care system. The majority of waiver funds were allocated in support of a five-year delivery system reform incentive payment (DSRIP) program with the goal to reduce avoidable hospitalizations for Medicaid patients through a collaboration of providers, including FQHCs. Under this grant, CHCANYS also offered its support to FQHCs throughout the DSRIP application process, ensuring that FQHCs had the information and tools needed to fully function as strong network partners and support their own expansion and performance goals. In 2015, New York State received 23 NAP awards totaling nearly \$15 million to serve an estimated 115,000 new patients. All organizations that received TA from CHCANYS were ultimately awarded NAP funding or received an FQHC



Grant Activities and Outcomes (continued)

designation that would allow them more access to future funding.

Because FQHCs were a cornerstone of health reform, it was critical that New York State develop a rational, data-driven plan for building FQHCs' capacity and expanding their reach. By 2011, more than half of states had a state growth plan, but New York did not. A state growth plan can identify and make recommendations on key points of need and opportunity for building capacity; direct state attention and investments; and propose concrete strategies and effective models to increase primary care access. NYSHealth [funded](#) CHCANYS to produce a statewide plan for achieving greater primary care access for New Yorkers. The resulting report, "[A Plan for Expanding Sustainable Community Health Centers in New York](#)," was published in April 2013 and garnered significant media attention. This first-ever plan identified 16 New York City neighborhoods and 22 counties across the State with both the greatest need and the strongest prospects for supporting new health care sites. The report outlined concrete strategies for increasing both internal and physical capacity for FQHCs, such as:

- Identifying ways for existing health centers to increase productivity and fill vacancies among clinical provider staff, specifically through expanding the physical capacity of FQHCs and growing internal capacity using workforce recruitment and retention strategies; and
- Expanding established provider recruitment and retention programs to fill existing vacancies, which could produce 720,000 more visits per year for more than 155,000 patients.

In 2015, New York City announced the Caring Neighborhoods initiative, a \$20 million commitment to build primary care capacity in underserved neighborhoods across the City. The high-need neighborhoods targeted as part of the initiative were selected, in part, as a result of this report.

To help turn the report's recommendations into action, NYSHealth followed up with a 2015 [grant](#) to CHCANYS to support FQHCs in their workforce recruitment and retention efforts. CHCANYS had identified helping FQHCs reach their full capacity as an important goal—especially in anticipation of the patient influx expected as a result of health reform. Partnering once more with Center for Health Workforce Studies, CHCANYS conducted a workforce study of FQHCs to better understand current recruitment and retention issues and identify challenges to participating in workforce support programs. The resulting [report](#) outlined the relevant workforce programs available; the barriers faced by FQHCs in accessing workforce programs; and recommendations to improve operation and uptake of these programs by FQHCs.



Grant Activities and Outcomes (continued)

The report identified State and federal scholarship and loan repayment programs to encourage primary care providers to practice in low-income and federally designated Health Professional Shortage Areas in exchange for medical school loan forgiveness. It found that usage of these scholarship and loan repayment programs in New York State has been low, with only 278 providers and clinicians participating at the start of this grant in 2015. To bolster recruitment and retention at their sites, FQHCs can encourage and help existing and potential clinical staff to apply for these loan repayment programs. But many FQHCs were either unaware of or lacked the full resources to take advantage of these programs and their funding opportunities. Some misunderstood the eligibility requirements and did not apply because they did not think they would qualify.

Based on these findings, CHCANYS provided TA to 63% of FQHCs in the State to help them take advantage of recruitment and retention programs (exceeding its goal of 50% of all FQHCs). In addition, CHCANYS increased FQHC participation in scholarship and loan repayment programs by 68% (exceeding its goal of 10%). As a result, an additional 207 providers and clinicians applied for programs and were awarded loan forgiveness. CHCANYS estimates that these additional participants will help serve approximately 200,000 underserved patients. In 2018, CHCANYS will assess participation of FQHC clinicians in federal and State loan forgiveness programs.

Looking Ahead

NYSHealth's investments in community health centers across New York State, which serve its most vulnerable populations, have helped to ensure that FQHCs are positioned to implement effective models to increase access to primary care; able to build up and maintain a cadre of qualified health professionals; and take advantage of timely federal funding. New York State should be proud of its accomplishments to keep its residents healthy, but it is facing State health funding cuts. The coverage gains seen as the result of the ACA remain under threat as the federal government works to undermine the law. Consequently, the need for community health centers to have a strong foundation from which to provide high-quality, efficient health care services is more important than ever.



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