

Transform New York Communities and Achieve Health Equity By Investing In Primary Care

A.7230-B (Gottfried)/S.6534-C (Rivera)

Primary care saves lives, leads to improved individual and community health, and is unequivocally central to health equity— yet we continue to undervalue and underfund it, and the effects are felt most acutely by marginalized communities. It is time to value the care – and its providers – that has the potential to build a more equitable society for everyone.

Primary care is at the center of vibrant, thriving communities, helping keep families healthy and connected to important resources, children ready to learn, and adults able to pursue education and participate in the workforce. Primary care is the best way to deliver whole-person care that includes prevention, early diagnosis and treatment, integrated behavioral health screening and treatment, and coordination with other levels of care. Primary care has not only been shown to reduce overall health care costs but is the only part of the health system that has been proven to lengthen lives and reduce inequities at the population level. Experts have concluded, unequivocally, that “[w]ithout access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels.”ⁱ

But primary care has been underfunded for years. Nationally, primary care has a central, proven role in improving population health and accounts for approximately 35 percent of all health care visits each year – yet only about 5 to 7 percent of all health care expenditures are for primary care. The lack of adequate investment in primary care providers and infrastructure has left New York’s primary care infrastructure unequipped to protect the health of our communities – and left New Yorkers vulnerable to threats like COVID-19.

The COVID-19 pandemic underscored and exacerbated existing health care disparities. People living in historically disinvested and rural communities, people of color, and low-income people had less access to primary care even before the pandemic and experienced both more COVID infections and greater COVID-related mortality and morbidity. Now we are experiencing a secondary public health crisis, a result of deferred and forgone care during the pandemic, as people are coming back to primary care with more severe preventable disease, including more advanced cancers and a drop in childhood vaccinations that could impact children and communities for decades to come. New York State needs to take urgent steps to address the many intersecting public health crises, both those that are a result of COVID-19 and those that predated it, that face the state today.

A7230-B (Gottfried)/S6534-C (Rivera) would convene a collaborative of expert stakeholders to:

- Define primary care for the purposes of measuring spending
- Oversee the collection of spending data from all payers across New York State
- Publish a report on current primary care spending
- Provide recommendations to gradually increase the proportion of health care spending that goes to primary care across all payers in the state

The Impact of Increasing Investment in Primary Care (A7230-B/S6534-C)

Increased Access to Primary Care Would Improve Health Equity

- Access to primary care is a key social determinant of health.ⁱⁱ Primary care services, particularly those delivered in community-basedⁱⁱⁱ settings, have been proven^{iv} to reduce socioeconomic health disparities, but barriers to access, including insufficient coverage or funding, can result in poor utilization of primary care and poor health outcomes.^v
- Increased investment in primary care has the potential to improve health equity in a variety of ways, including making care more accessible, increasing the number of providers, and supporting those providers to provide integrated services most needed in underserved communities.^{vi}

Increased Access to Primary Care Improves Health Outcomes

- Regular access to primary care is associated^{vii} with positive health outcomes, especially when addressing common chronic conditions such as diabetes, asthma, and heart disease. An increase^{viii} of just one primary care physician per 10,000 people can generate 5.5% fewer hospital visits, 11% fewer emergency department visits, and 7% fewer surgeries.

Investment in Primary Care Would Help Address the Shortage of Primary Care Providers

- There is a growing shortage of primary care providers in many communities across the country,^{ix} including in New York.^x Increased payment to primary care providers for their services can incentivize more clinicians to specialize in primary care and reduce the chance of burnout that results in exits from the workforce.^{xi}
- An increase in primary care spending could allow providers to bring in more staff and technology to help with administrative tasks so they can spend more facetime with patients and focus on providing the care they were trained for, decreasing burnout and improving patient care.^{xii}

Increased Access to Primary Care Would Enhance COVID-19 Resiliency Efforts

- Many of the same neighborhoods that have suffered from underinvestment in primary care are low-income neighborhoods of color that lack overall resources and have been impacted by systemic racism, such as redlining and other harmful policies. These neighborhoods have suffered high rates of COVID-19 infections^{xiii} and deaths and experience higher rates of chronic disease.^{xiv}
- The confluence of disease burden, limited access to care, and low socioeconomic status continues to widen health inequities that will further grow without increased investment in primary care.

Increased Access to Primary Care Would Lower Overall Health Care Costs

- Primary care helps prevent, identify, and treat diseases before they become more serious and more difficult to treat – which is more costly to both the patient and the health care system – and difficult to treat. Increasing access to timely, culturally competent, preventive services through primary care is critical to helping New Yorkers attain their highest possible level of health and protecting them from the high costs of advanced disease and emergency care.^{xv}

Increased Access to Primary Care Would Decrease Rates of Avoidable Hospitalizations

- By investing in primary care, we can increase care transition and coordination efforts to reduce preventable hospitalization and readmission rates. Many experts have proposed^{xvi} expanding the role of primary care to allow providers to integrate care across different sectors of the health system, ultimately increasing the system’s capacity to provide comprehensive and coordinated care and lowering rates of avoidable hospital admissions.

Increased Access to Primary Care Could Reduce Uncompensated Hospital Care

- Investment in community-based primary care, including Federally Qualified Health Centers, will expand and strengthen their ability to provide primary care to under- and un-insured populations, mitigating the need for those who cannot afford it to seek care at a hospital. Literature shows health center use to be associated with a lower rate of potentially avoidable acute care utilization^{xvii} across patient populations and payer types.^{xviii} Some studies have shown that, particularly among uninsured populations, more primary care clinics in closer proximity to each other increase access and reduce reliance on emergency departments and acute care.^{xix,xx,xxi}

Across the Country, Public Health Officials Agree It’s Time to Invest in Primary Care

To date, **at least ten states^{xxii} have taken steps to understand and increase investment in primary care** through legislation or regulations. Indeed, one of the core conclusions of the landmark 2021 report on primary care from the National Academies of Sciences, Engineering, and Medicine is that States should implement primary care payment reform by, among other things, “increasing the overall portion of health care spending in their state going to primary care.”^{xxiii}

**It is time for New York State to step up and prioritize primary care.
Enact A.7230-B (Gottfried)/S.6534-C (Rivera).**

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