NEW YORK STATE
Primary Care Scorecard

Primary Care Development Corporation

KEY TAKEAWAYS

Primary care is a cornerstone of vibrant, thriving communities and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce. Primary care also saves lives, improves individual and community health, and regular access to primary care is consistently associated with positive health outcomes. Access to primary care has not only been shown to reduce overall health care costs[1] but is the only part of the health system that has been proven to lengthen lives and reduce inequities at the population level. All New Yorkers deserve access to equitable, affordable, high-quality primary care in their communities. Yet primary care in New York is undervalued and underfunded, leaving many individuals and communities without adequate care.

To support policy, programmatic and budgetary decision-making, this Scorecard reports on the current state of primary care in New York State and serves as a baseline for future measurement.

The data reported are from the most recent year of available data, and are organized into **four domains: Workforce, Access, Performance, and Health Outcomes**.

There is **an insufficient supply of primary care providers across New York**, with rural communities facing an even greater shortage than urban areas.

Across the state, **access to primary care varies greatly**, both by geography and population.

In New York State, there are **considerable racial and ethnic disparities in health outcomes**.

Publicly available data are urgently needed to calculate primary care expenditures in New York.

[1] Friedberg, M. W., Hussey, P. S., & Schneider, E. C. (2010). Primary care: a critical review of the evidence on quality and costs of health care. Health Affairs, 29(5), 766-772.

The State of Primary Care in New York

Primary Care Development Corporation

All New Yorkers deserve access to equitable, affordable, high-quality primary care in their communities. Primary care saves lives, leads to better individual and community health, is central to health equity, and reduces overall health care costs. Yet primary care in New York is undervalued and underfunded, leaving many individuals and communities without adequate care.

Tracking the status of primary care access and outcomes in New York is necessary to identify gaps within the health care system and assess the impact of any policy or programmatic changes related to primary care access and quality. To support policy, programmatic and budgetary decision-making, this Scorecard reports on the current state of primary care in New York State and serves as a baseline for future measurement. The data reported are organized into four domains: Workforce, Access, Performance, and Health Outcomes.

Metrics for this Scorecard have been compiled from various sources, including publicly available and proprietary data sets. Data points reflect the most recent year of available data. A detailed methodology, including data sources, definitions, and corresponding years of data, can be found in the *Technical Appendix,* and all data, disaggregated where possible, can be found in the *Supplementary Data Tables*.

EXPENDITURES

Nationally, primary care accounts for approximately 35% of all health care visits each year – yet only about 5 to 7 percent of all health care expenditures are for primary care. New York does not have a publicly available data source for calculating overall primary care expenditures, therefore the percentage of the total cost of care spent on primary care is not known. Estimates exist however, with a wide range of values and without a uniform definition, highlighting the urgent need to address these data gaps to fully understand the state of primary care in New York (see Supplementary Data Table 5.1).

WORKFORCE
metrics focused on the primary care workforce and pipeline

ACCESS
metrics that capture the ability to access primary care

PERFORMANCE
metrics that assess the performance of the primary care system with regard to access to preventive and chronic care services

HEALTH OUTCOMES
metrics related to primary care services that measure the health status of the population

Data for this section are from 2023.

Primary Care Providers per 100,000 Residents

There are **111.7 primary care providers (PCPs)*** per 100,000 residents in New York. This varies significantly across counties where rural counties have, on average, fewer PCPs per 100,000 residents than urban counties.

Urban 113.8
Rural 86.1

| 0 | 75 | 150 |

Rate per 100,000 residents
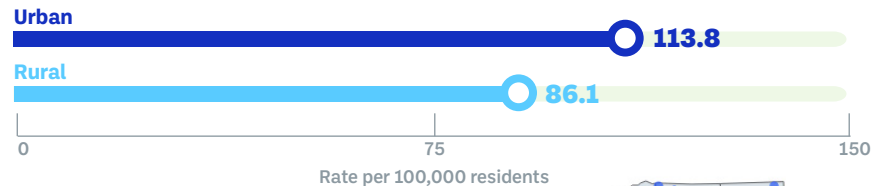
Location of Primary Care Providers, 2023

Provider Count
- 1
- 100
- 200
- 300
- 385

New York City
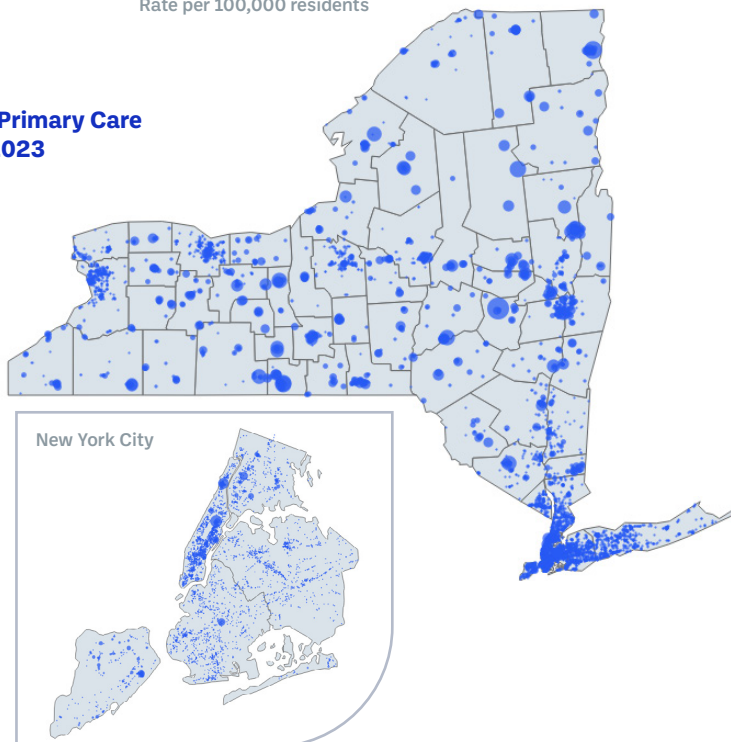
Primary Care Provider Types per 100,000 Residents

In New York State there are:

▶ **77.1** Physicians (MDs/DOs)

▶ **28.2** Nurse Practitioners

▶ **6.4** Physician Assistants

practicing primary care per 100,000 residents.

Primary Care Providers by Profession Type

Nearly **70% of primary care providers are physicians** (MDs/DOs); 25% are nurse practioners and 6% are physician assistants.

Percent Distribution of Primary Care Provider Types

- Physician (MDs/DOs) — 69%
- Nurse Practitioners (NP) — 25%
- Physician Assistants (PA) — 6%
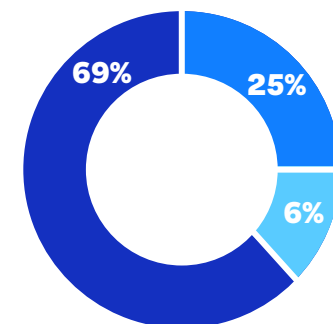
* Primary care provider supply defined as MDs, DOs, NPs, PAs who work in an outpatient facility with a specialty of: Family Medicine, General Medicine, Internal Medicine, Pediatrics, or Geriatrics.
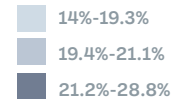
Pediatricians per 100,000 Residents (ages 0-17 years)

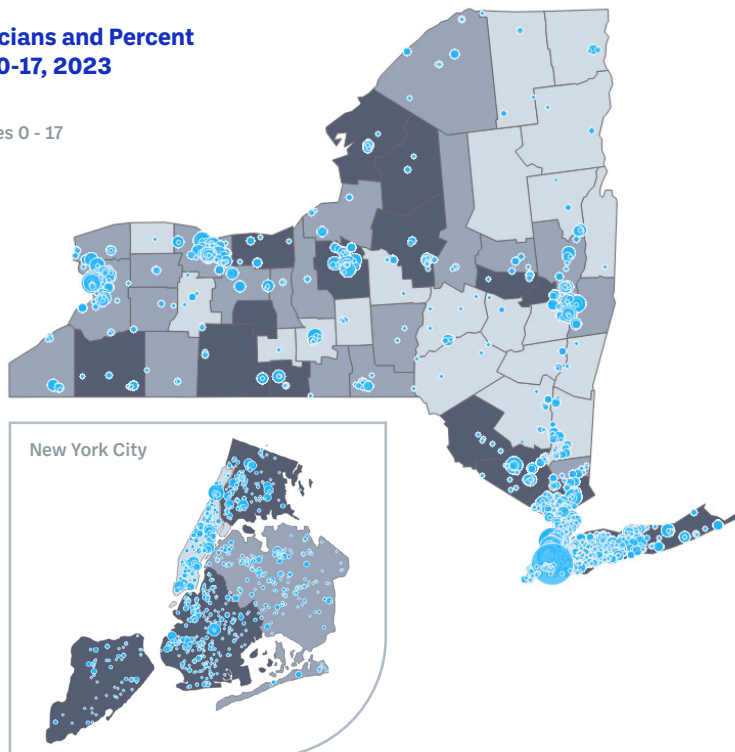Rural counties in New York State have **less than half** the supply of pediatricians in urban counties.

Urban — 131

Rural — 64

0   75   150

Rate per 100,000 residents ages 0-17
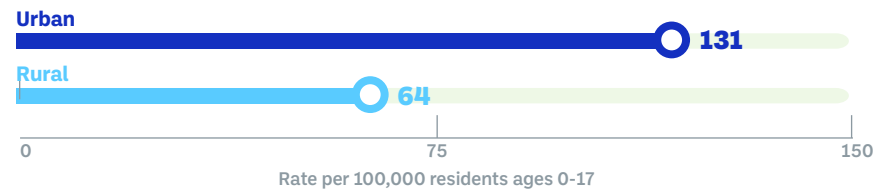
Location of Pediatricians and Percent of Population Ages 0-17, 2023

Percent of Population Ages 0 - 17

- 14%-19.3%
- 19.4%-21.1%
- 21.2%-28.8%

Number of Pediatricians

- 1
- 20
- 40
- 60
- 80
- 109

New York City

Geriatricians per 100,000 Residents (ages 65 and above)

The **distribution of geriatricians** across New York State **may not be adequate** to serve the aging population. In rural areas, there is a higher proportion of adults over 65, however most geriatricians are concentrated in urban areas, many of which have a lower concentration of older adults.

Location of Geriatricians and Percent of Population Ages 65 and above, 2023

Percent of Population Ages 65 and above

- 13%-17.4%
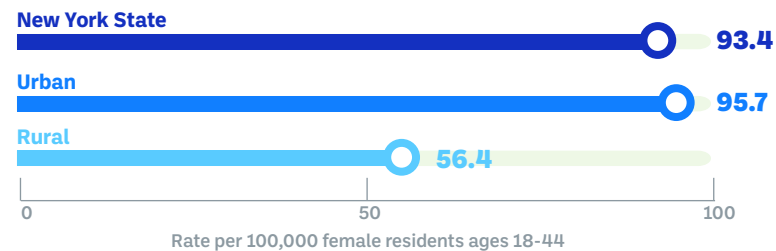- 17.5%-19.2%
- 19.3%-31.3%
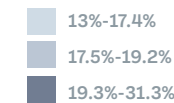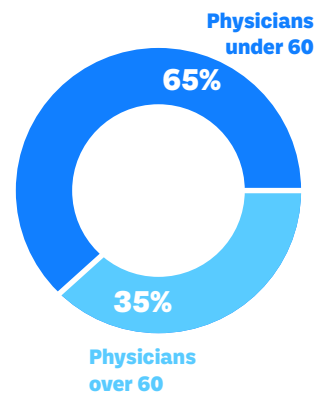
Number of Geriatricians

- 1
- 5
- 10
- 14

New York City
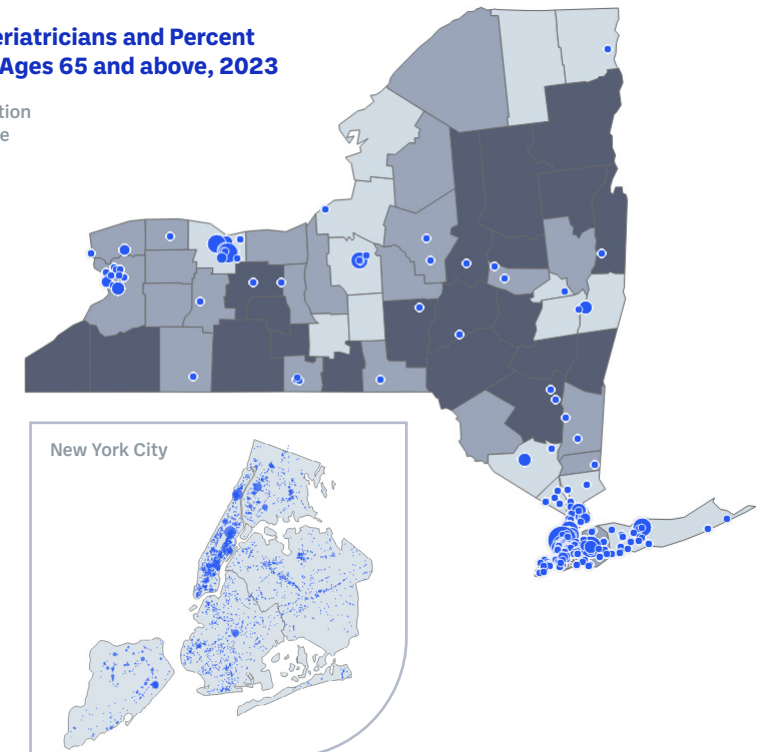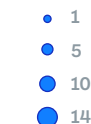
OB/GYN Providers per 100,000 Residents (females ages 18-44)

In 2023, in urban counties the **OB-GYN Provider rate** per 100,000 female residents (ages 18-44) was **almost 2X the rate** in rural counties.
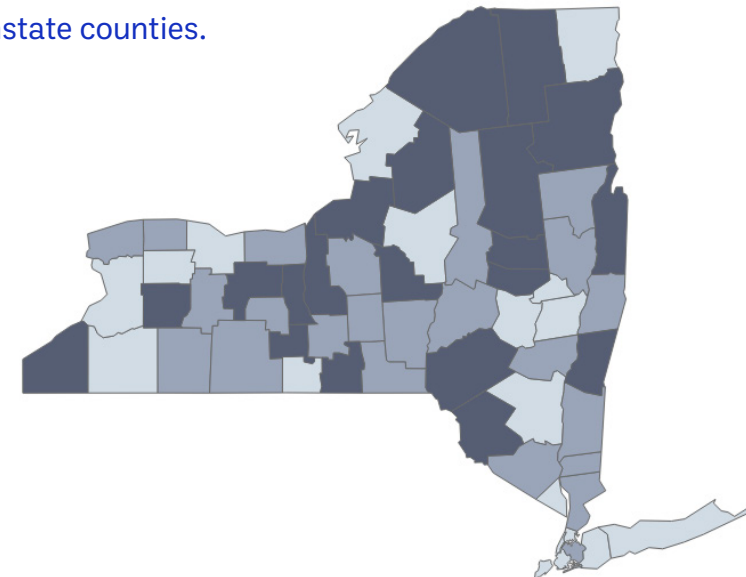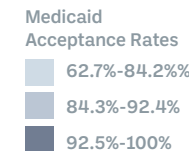
New York State ⟶ **93.4**

Urban ⟶ **95.7**

Rural ⟶ **56.4**

0   50   100

Rate per 100,000 female residents ages 18-44

Primary Care Providers Accepting Medicaid

The percentage of providers accepting Medicaid in upstate counties is slightly higher than in downstate counties.
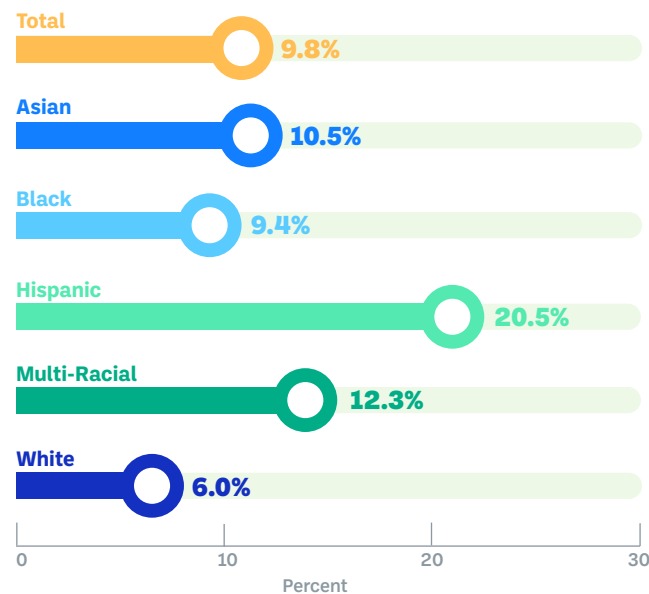

Medicaid
Acceptance Rates

62.7%-84.2%%

84.3%-92.4%

92.5%-100%

Primary Care Physicians over the Age of 60

In New York State, **35% of Physicians (MDs/DOs)** are **over the age of 60**.

Physicians under 60

65%

35%

Physicians over 60

▶ Avoided Care Due to Cost

In 2022, **20.5%** **of Hispanic/Latino residents** reported **avoiding care due to cost** in the past year, three times that of white residents.

Total — **9.8%**
Asian — **10.5%**
Black — **9.4%**
Hispanic — **20.5%**
Multi-Racial — **12.3%**
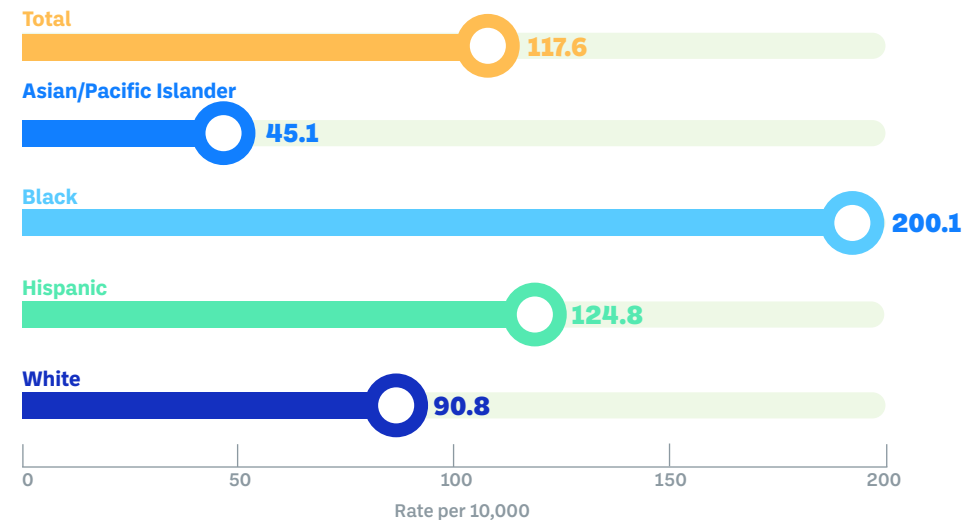White — **6.0%**

0   10   20   30
Percent

▶ Usual Source of Care

15% of New York residents reported **not having a usual source of care** or regular health care provider in 2021.

▶ Potentially Preventable Hospitalization Rate

From 2018-2020, the potentially preventable hospitalization rate among **Black residents was 2X higher** than white residents.

Total — **117.6**
Asian/Pacific Islander — **45.1**
Black — **200.1**
Hispanic — **124.8**
White — **90.8**

0   50   100   150   200
Rate per 10,000

▶ Pediatric Preventable Hospitalization Rate

In 2020, among those **ages 6 to 17**, the preventable hospitalization rate was **97.7** per 100,000.
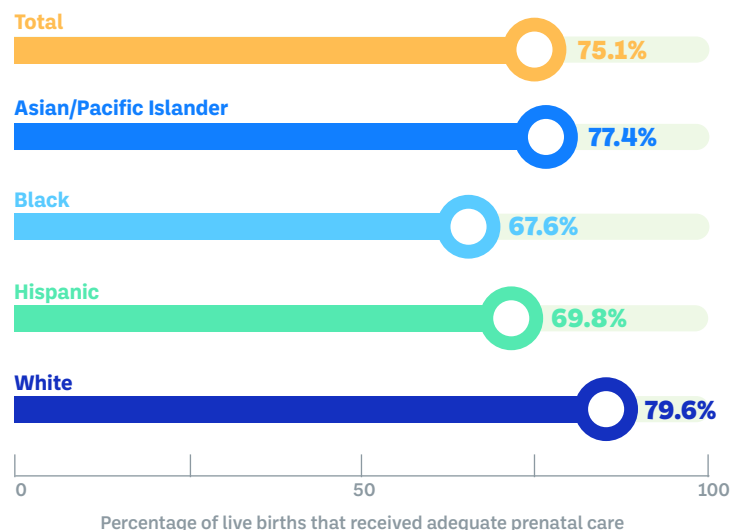
▶ Preventable Emergency Department Visits

In 2021, preventable emergency department visit rates for **adults (ages 18-64) with employer-sponsored insurance** was **134 per 1,000** and **136.6 per 1,000** among **Medicare beneficiaries** (ages 65 and older).

Adequate Prenatal Care

From 2018-2020, **one-fourth** of pregnant women* **did not receive** adequate prenatal care; Black and Hispanic/Latino women had the lowest rates of receiving adequate prenatal care.

Total
75.1%

Asian/Pacific Islander
77.4%

Black
67.6%

Hispanic
69.8%

White
79.6%

0   50   100

Percentage of live births that received adequate prenatal care

Hypertension Control

In 2021, **21.7% of** adults with **hypertension** reported **not taking medicine** for high blood pressure control.

Early Childhood Vaccinations

In 2022, only **three fifths** of children aged 2 **had received their early vaccines** (61%).

Percentage of Vaccine Coverage Among Children ages 24-35 Months

39.3-62.7
62.8-69.8
69.9-85.1
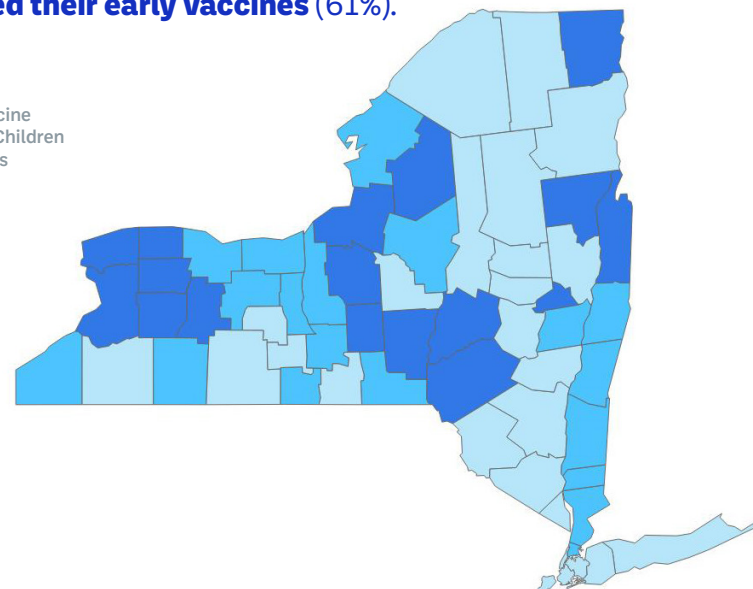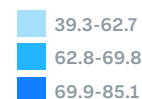
Core Preventive Services

More than half of adult residents age 65 and over **are not up to date on core preventive services**, such as cancer screenings and vaccinations
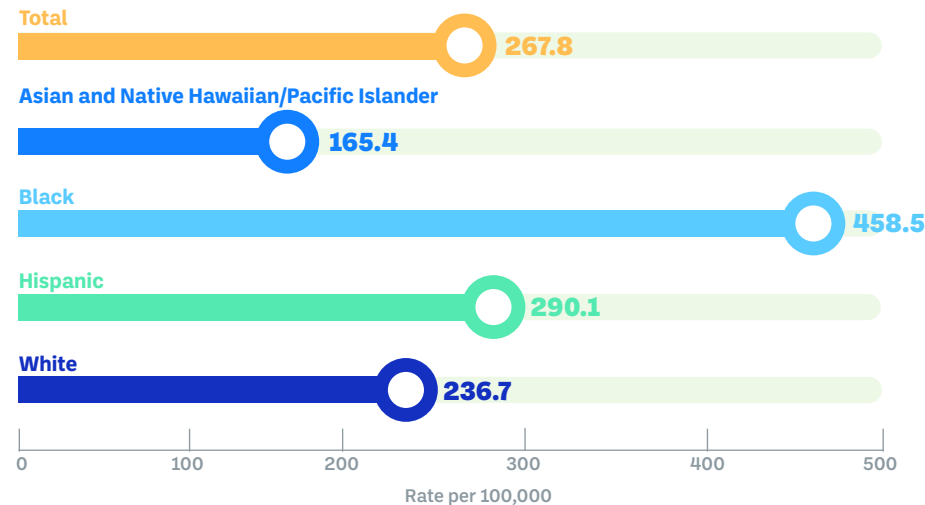
Men
54.1%

Women
60.5%

0   50   100

Percentage of Adults (ages 65 and above)
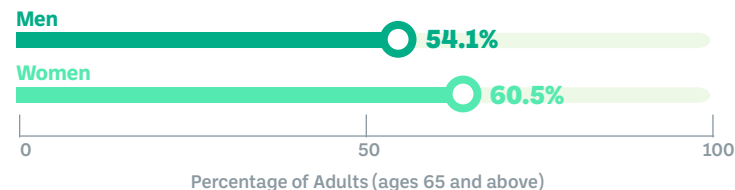
Note that people other than those who identify as 'women' may also become pregnant and seek prenatal care services.
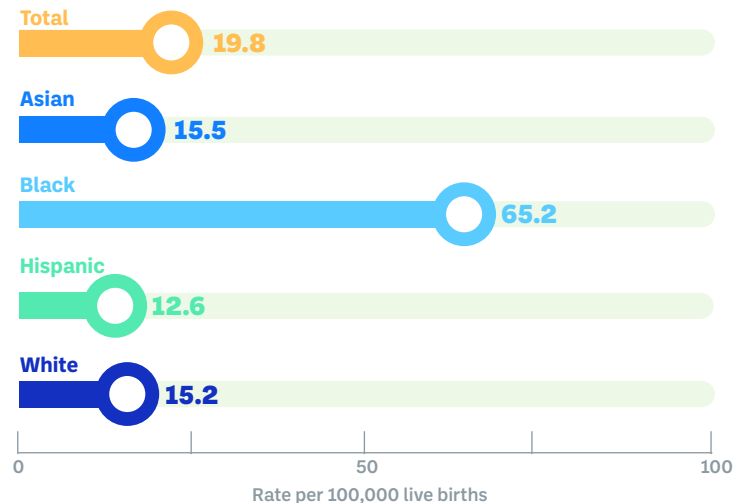
HEALTH OUTCOMES

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Low birthweight

From 2018-2020, the percentage of low weight births (under 5 pounds, 8 ounces) **for babies born to Black mothers** was **2X higher** than for white mothers.

Category	Value
Total	8.1%
Asian/Pacific Islander	8.7%
Black	13.1%
Hispanic	8.5%
White	6.2%

Percentage of live births (0 – 10 – 20)

Avoidable Premature Mortality

Between 2020 and 2021, the **avoidable premature mortality among Black residents** was **nearly 2x higher** than among white residents.

Category	Rate per 100,000
Total	267.8
Asian and Native Hawaiian/Pacific Islander	165.4
Black	458.5
Hispanic	290.1
White	236.7

Rate per 100,000 (0 – 100 – 200 – 300 – 400 – 500)

Maternal Mortality

Between 2017 - 2021, the maternal mortality rate among **Black mothers** was **4X higher** than white mothers.

Category	Rate per 100,000 live births
Total	19.8
Asian	15.5
Black	65.2
Hispanic	12.6
White	15.2

Rate per 100,000 live births (0 – 50 – 100)

Uncontrolled Diabetes

Among Medicaid managed care beneficiaries with a diabetes diagnosis, **1 in 3 had uncontrolled diabetes** in 2022.

DATA SOURCES:

Detailed information on the data sources and methodology can be found in the Technical Appendix; all data, disaggregated where possible, can be found in the Supplementary Data Tables.

ADDITIONAL INFORMATION

For questions or comments please contact Anna Popinchalk (apopinchalk@pcdc.org) or Angela Allard (aallard@pcdc.org).

ACKNOWLEDGEMENTS:

Primary Care Development Corporation