Primary Care Access and Opportunities in New York State

Mary M. Ford, MSc
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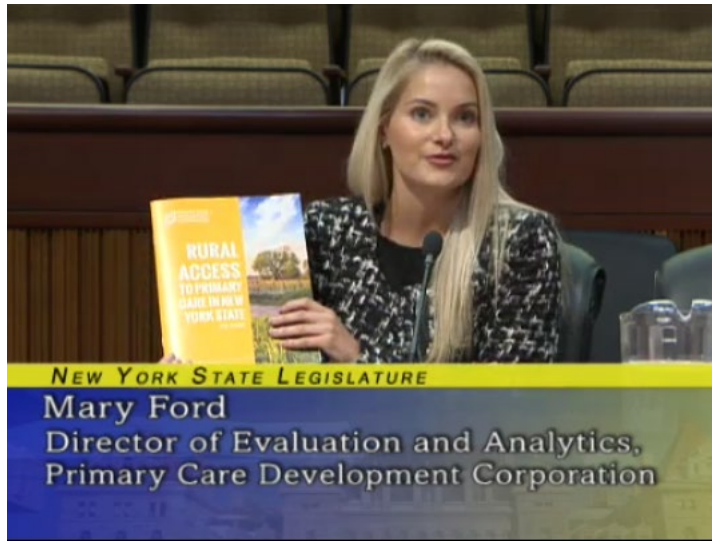
March 25th, 2020

Today's Presenters



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Director of Evaluation and Analytics
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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

Our Impact

3,500
Organizations
strengthened

15,600
Jobs
created or preserved

4M
Medical visits
added through expansion

1.2B
Dollars leveraged
in low-income communities

TRANSFORM

We partner with health care providers to build capacity and improve services and outcomes

INVEST

We provide capital to integrate services, modernize facilities, or expand operations

ADVOCATE

We advance policy initiatives to bring resources, attention, and innovation to primary care

Today in Context

What's life like where you are viewing?

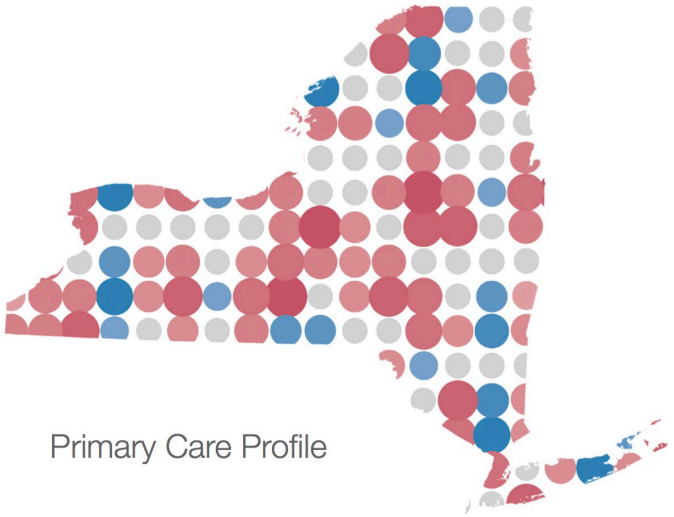
1. I'm in a clinic setting
2. I'm in a nonclinical office setting
3. I'm at home and otherwise normal
4. I'm at home, and helping care for children and others
5. Other

Today in Context

- Unique moment within our health care landscape
- Must do more, do it differently
- Now more than ever:
  - Need for a robust, well-functioning health system
  - We cannot ignore the key access points of health care

Image via Gov. Andrew Cuomo, governor.ny.gov

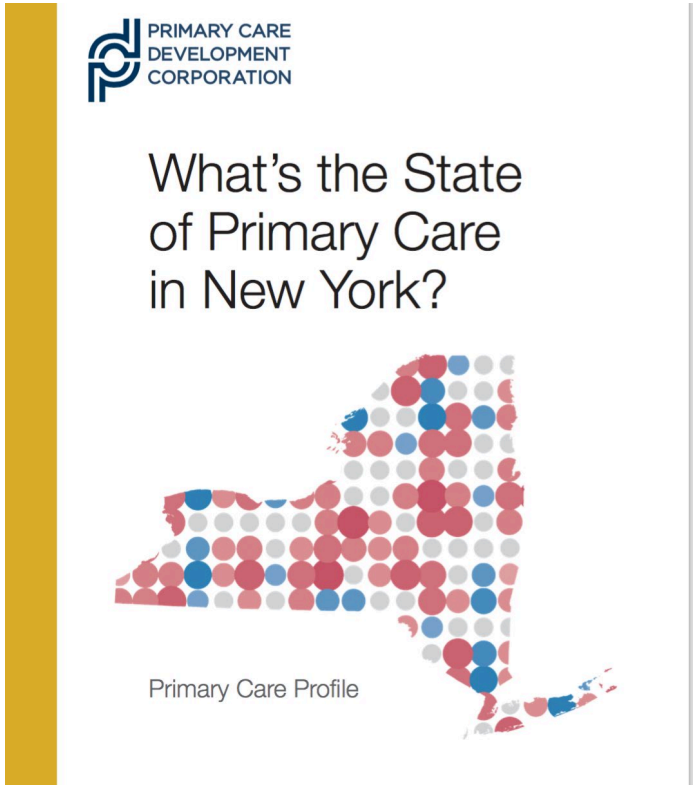
Today's Discussion



- Review PCDC's primary care access research and analytics approach
- In-dept discussion of key interest areas
  - Rural health
  - Behavioral health

Why We Care About Access

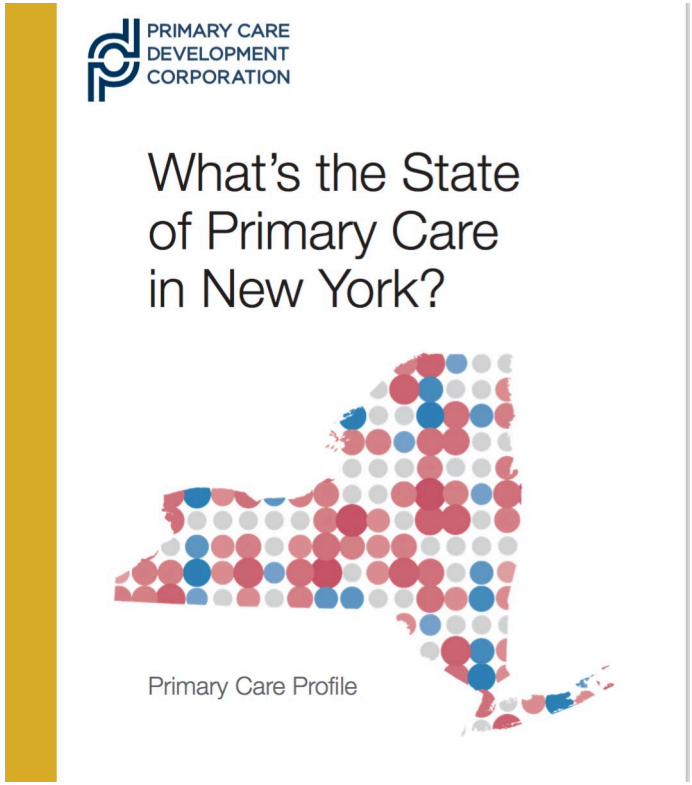
- Primary care is the foundation of the healthcare system,
- In New York State (NYS), increasing access to primary care is critical to create healthy communities and reducing health care costs.
- Inequalities in primary care access and delivery are driven by economics and social determinants of health.



Dimensions of Primary Care Access

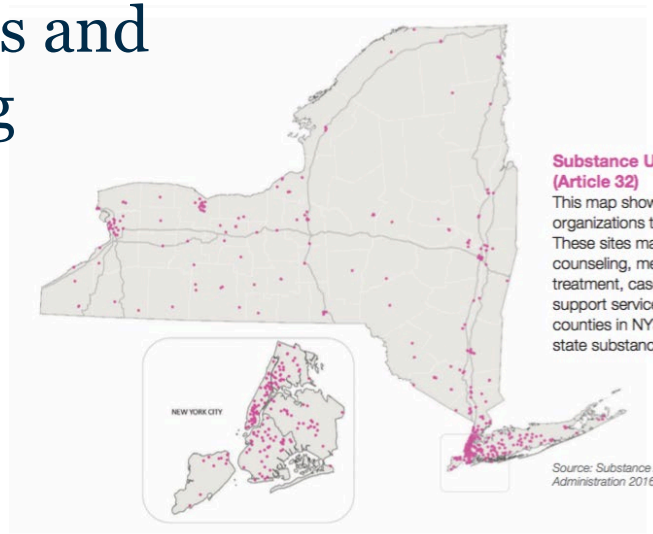
PCDC has identified four measurable elements of PC access:

- Providers per 10,000 persons
- Uninsured rates
- Public insurance coverage
  - Medicaid coverage
  - Medicare coverage
- Patient-Centered Medical Home recognition status



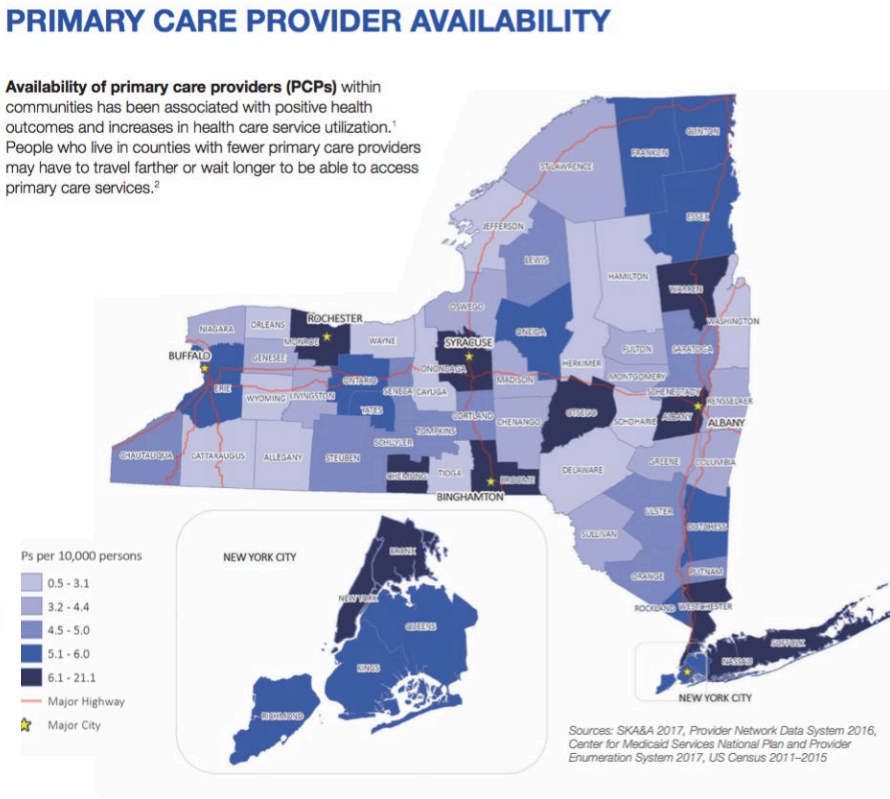
Measuring Access for New Yorkers

- Access varies significantly across New Yorkers, by county.
  - Multiple counties have <10 PCPs
- Location of primary care facilities are clustered in cities and towns, and along major highways.



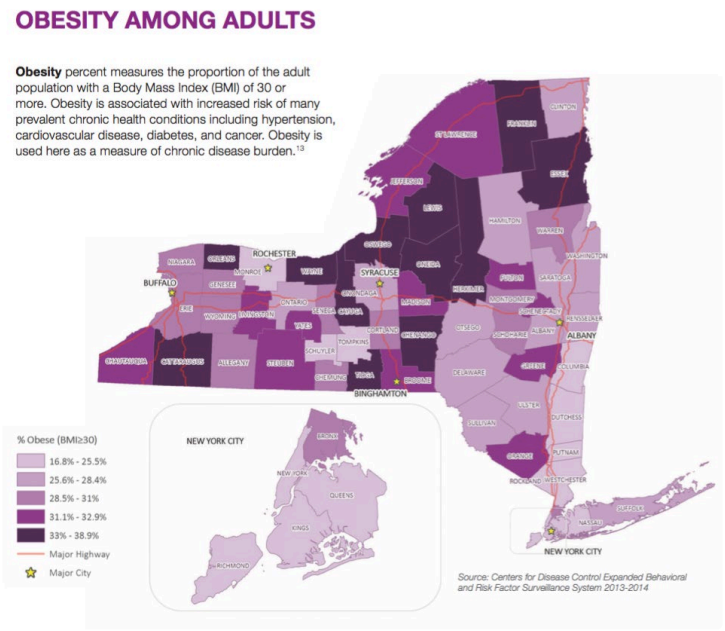
Substance Use Treatment Programs (Article 32)
This map shows state-licensed, outpatient organizations that treat addiction to drugs or alcohol. These sites may provide individual and group counseling, medical treatment, intensive outpatient treatment, case or care management, recovery support services, and peer supports. Several counties in NYS do not have an outpatient licensed state substance-use treatment program.

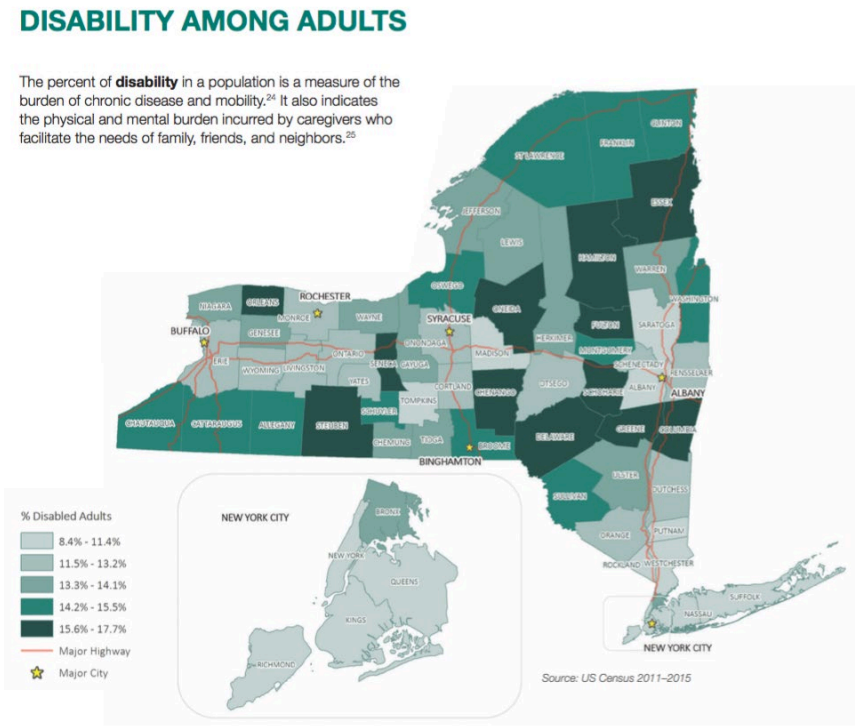
Source: Substance Abuse and Mental Health Services Administration 2016

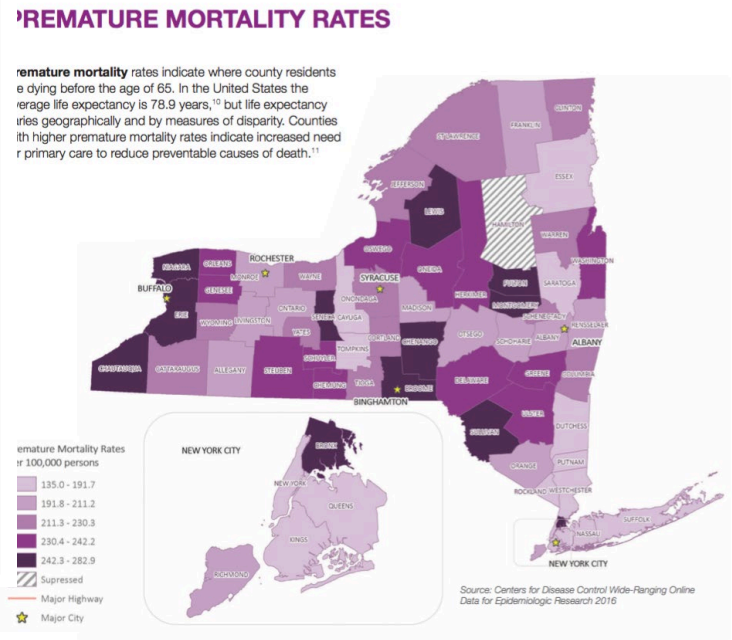


What About Primary Care Need?

- Socioeconomic position
- Health status of populations



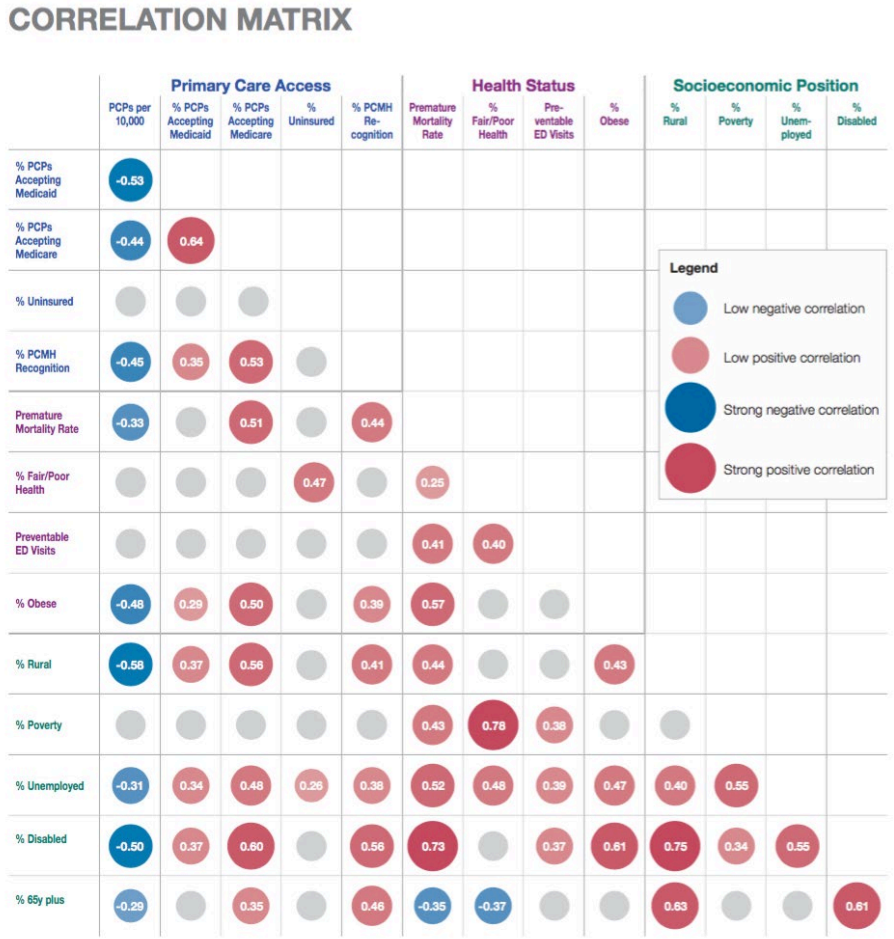




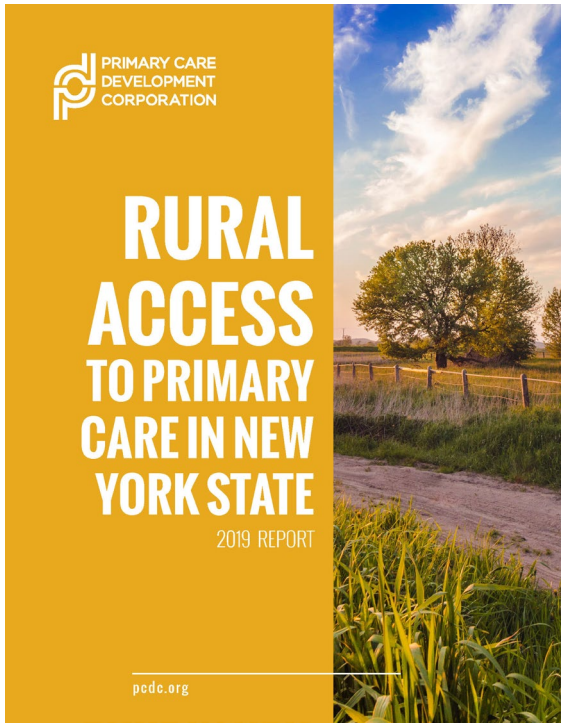
Results and Next Steps

- PCDC identified associations between Primary Care Access and health and SEP indicators

- Increases in provider availability were associated with decreased:
  - Premature mortality rates
  - Percentage of obese adults
  - Percentage of disabled persons
  - Rural area…



Rural Access To Primary Care in New York State

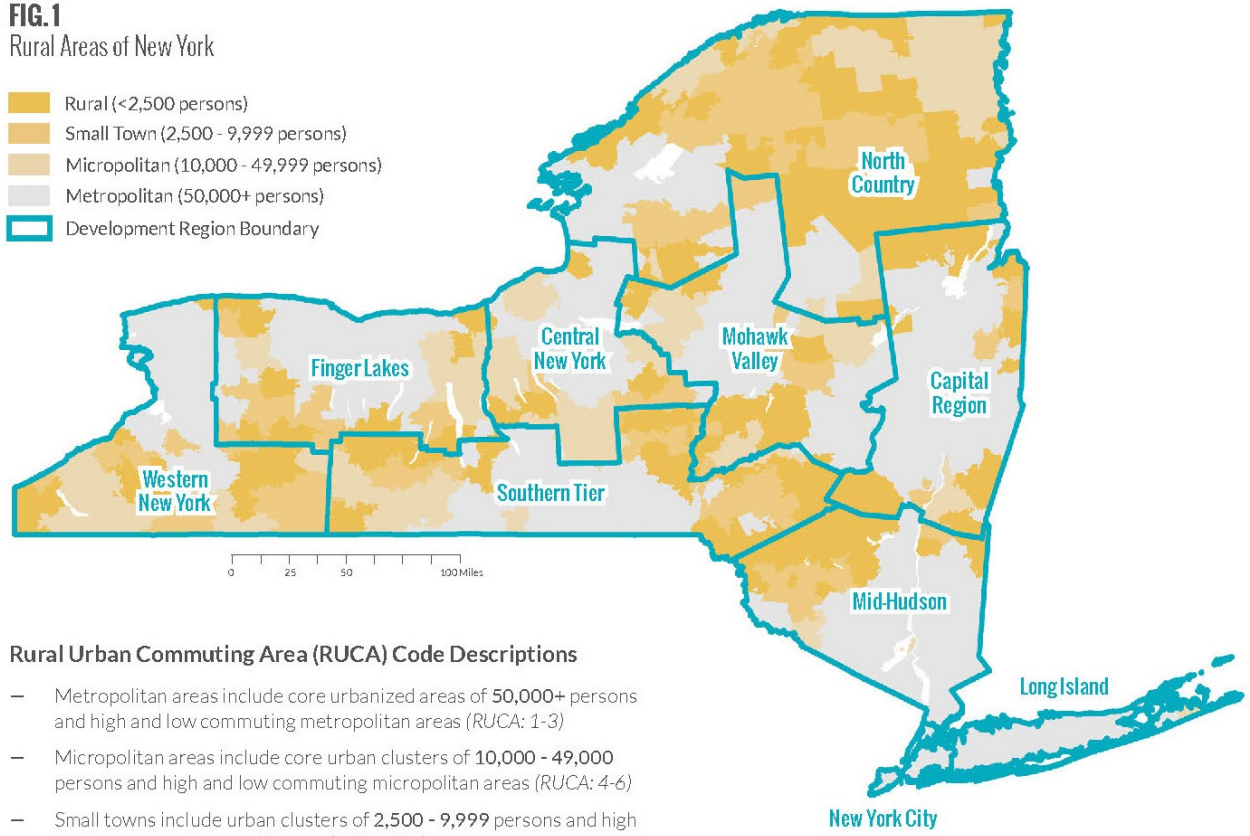


- Access to care is one of the most frequently cited and urgent problems faced by rural populations.
- Inequalities in primary care access are driven by economics, including insurance coverage, reimbursement, and social determinants of health.

> *If you're in a rural practice, you really have to see everybody. You can't tell someone to go down the road. There's nothing down the road."*
>
> - Dr. John Rugge
> Hudson Headwaters Health Network

Defining Rural New York

FIG. 1
Rural Areas of New York

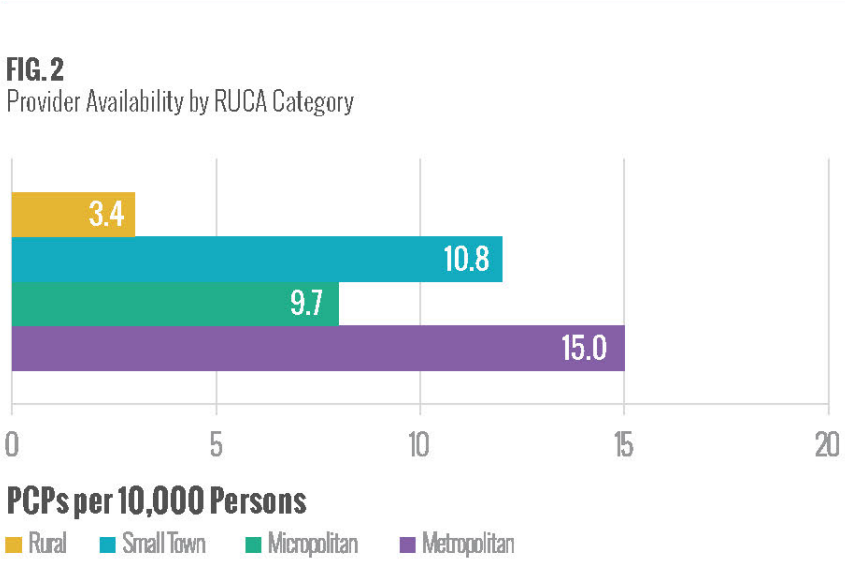


Rural Urban Commuting Area (RUCA) Code Descriptions

- Metropolitan areas include core urbanized areas of **50,000+** persons and high and low commuting metropolitan areas *(RUCA: 1-3)*
- Micropolitan areas include core urban clusters of **10,000 - 49,000** persons and high and low commuting micropolitan areas *(RUCA: 4-6)*
- Small towns include urban clusters of **2,500 - 9,999** persons and high and low commuting small towns *(RUCA: 7-9)*
- Rural areas include clusters of **<2,500** persons *(RUCA: 10)*

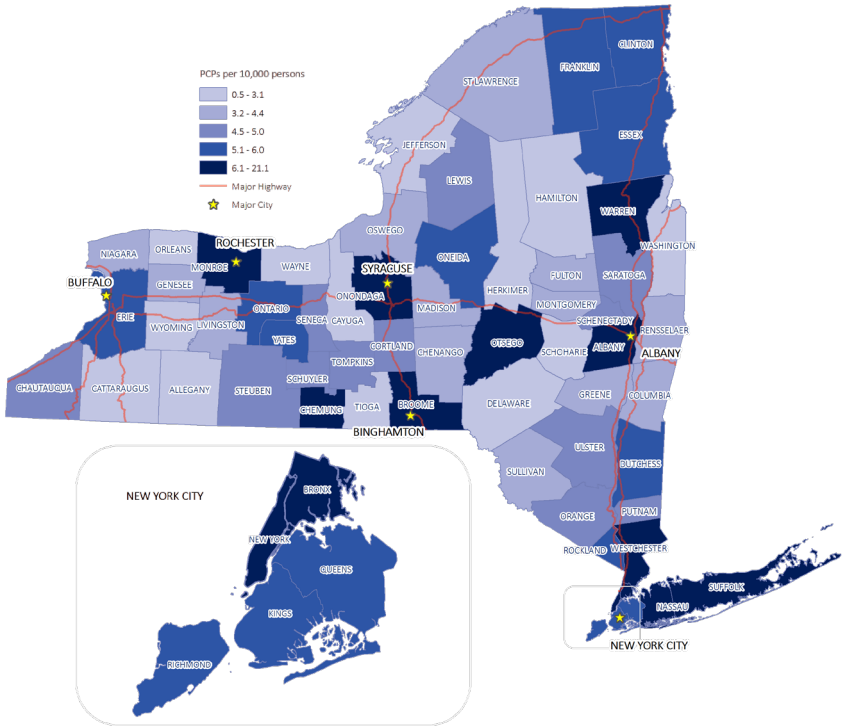
Access to Primary Care Providers

- Metropolitan areas have over three times more PCPs than in rural areas.

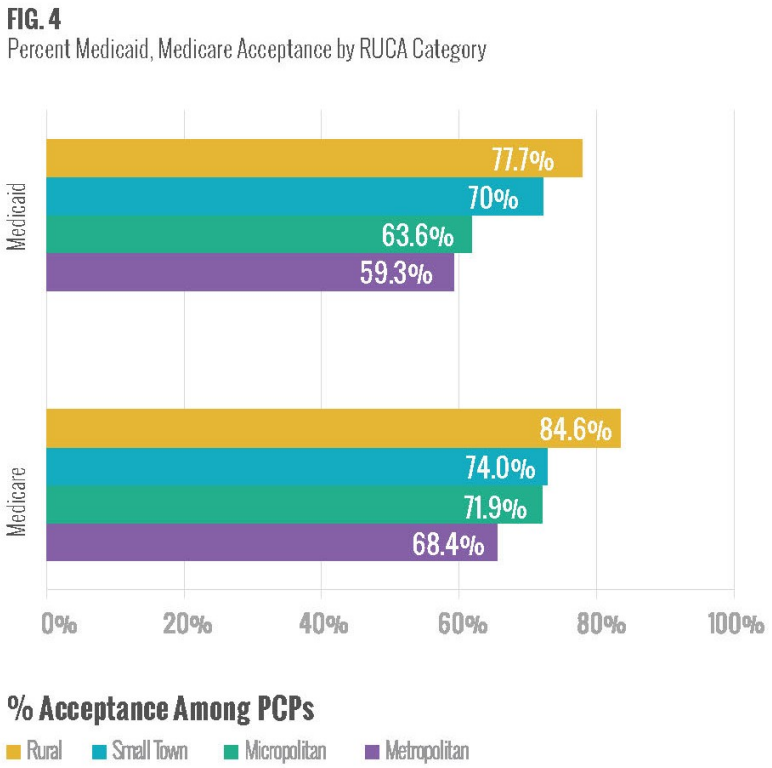


Availability of primary care providers (PCPs) within communities has been associated with positive health outcomes and increases in health care service utilization.[11,20] People who live in areas with fewer primary care providers may have to travel farther or wait longer to be able to access primary care services.[21]

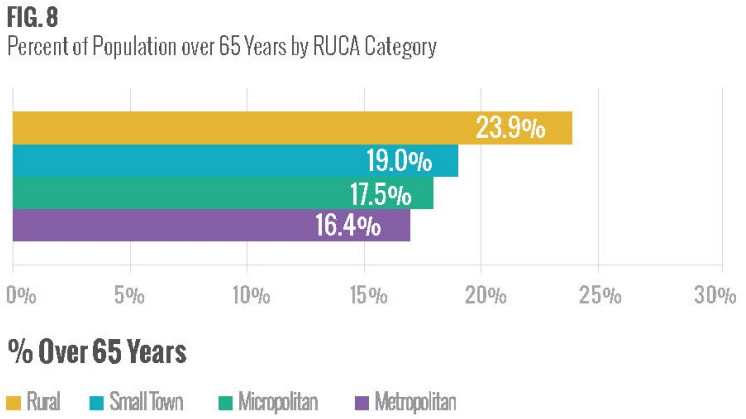
Rural areas of NYS had the fewest PCPs per 10,000 persons



Providers Accepting Public Insurance



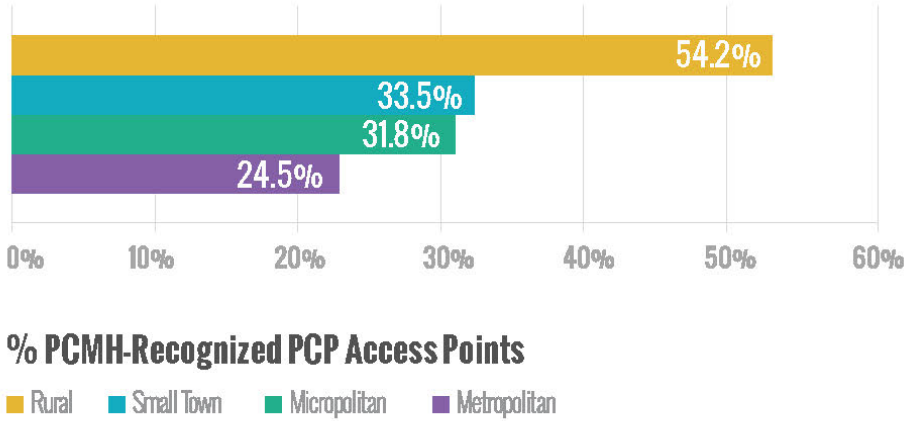
- More PCPs in rural areas accept Medicaid and Medicare.
- Higher proportions of the population are over 65 years of age in rural areas.



The Patient-Centered Medical Home

- Rural and small town areas have the highest percentages of PCMH-recognized access points.

FIG. 5
Percent PCMH-Recognized Access Points by RUCA Category



The Patient-Centered Medical Home (PCMH) is a care model aimed at transforming the delivery of primary care through a commitment to quality improvement and a patient-centered care approach.[27] In New York State's Medicaid program, PCMH-enabled primary care practices receive additional reimbursement.

Rural and small town areas had the highest percentage of PCMH-recognized access points

Provider Interviews – Workforce Shortages

> *Rural providers know it not only takes a willingness, but an understanding of rural New York's heritage of providing amazing support. It really is community health"*
>
> - Dr. John Rugge
> Hudson Headwaters Health Network

- Specific characteristics of NYS rural communities make them more sensitive to primary care workforce shortages.
- PCPs in rural communities have a greater workload, work longer hours, see more patients, and provide care for patient populations with higher percentages of Medicaid recipients.
- Provider recruitment and retention strategies are critical to improve access.

Provider Interviews – Financial Sustainability

> *It is disappointing to have to add more billing staff instead of clinical staff, but otherwise, we fall even further behind in collecting payment for services we've already provided."*
>
> – Robert Ross
> St. Joseph's Addiction Treatment & Recovery Centers

- Medicaid and Medicare cover a disproportionate percentage of rural patients.
- Rural hospital closures result from aging, poor, and shrinking populations.
- Primary care practices face specific challenges that are compounded in rural areas.
  - Primary care practitioners' reimbursement rates are inadequate.
  - Fewer commercial insurance options are available in rural areas.

Provider Interviews – Special Populations

> *One of the challenges to opioid epidemics in rural communities is that when you call an ambulance, you might be waiting 20 to 30 minutes before anybody arrives."*
>
> - Robert Ross
> St. Joseph's Addiction Treatment & Recovery Centers

- 1.2 million New Yorkers did not receive needed treatment for substance use, and about half as many are estimated to abuse pain relievers (including opioids).
- Rural areas have higher rates of opioid prescribing, due in part to older populations who suffer from chronic pain.

> *Reducing stigma leads to earlier treatment, and ideally, earlier recovery."*
>
> - Robert Ross
> St. Joseph's Addiction Treatment & Recovery Centers

Policy Recommendations to Improve Access

Redefine Geographic Designations for Reimbursement

Currently there are only two geographic designations for setting Medicaid base rate reimbursement in New York State: Upstate and Downstate.[12] This is an overly simplistic system which does not account for multiple factors that may additionally impact reimbursement. Creating reimbursement policies would encourage provider access and public health, including region-specific payment adjustments and sustained support for programs that increase access in these areas.

Recommendation:
Add a third tier *(based on rural area)* for Medicaid base rate reimbursement in New York.

Policy Recommendations to Improve Access

Preserve Coverage Gains from the Affordable Care Act

The Affordable Care Act (ACA) expanded Medicaid for childless adults with an annual income up to 138% of the federal poverty line (FPL). Many beneficiaries of this expansion were residents of rural areas where there were few private insurers in the market or options that were previously unaffordable. Federal attempts to limit or repeal the ACA put coverage for rural New Yorkers at risk if the federal match for the Medicaid expansion population or subsidies for those under 400% of FPL were to cease

Recommendation:
Preserve coverage gains and subsidies in the ACA.

Expand Rural Workforce Incentives

Attracting new primary care health workers to rural counties should be a priority of the Department of Health in New York and the Health Resources Services Administration (HRSA) at the national level, among others. Programs that allow for loan forgiveness, scholarships, or financial aid for the commitment of time in a rural community have shown to be valuable in recruiting new providers.

Recommendation:
Extend and strengthen tuition reimbursement and loan forgiveness programs to draw PCPs to work in rural NYS.

Medical school residency programs are often focused on acute care settings in major urban areas. Working with academic medical centers to increase community health and rural exposure in both medical school and residency training would allow students and doctors to better understand the needs of the rural community and work in more diverse care settings.

Recommendation:
Promote medical school residency in rural areas; encourage medical schools to partner with rural providers.

Policy Recommendations to Improve Access

Eliminate Barriers to Care

Telemedicine has become a key method for overcoming transportation and mobility barriers for rural residents. Advances in telemedicine have led to improved access and quality of care for many rural residents. Travel time can be reduced substantially, which is of particular importance for patients with chronic conditions that require frequent encounters with their providers. Through telemedicine, rural providers and residents alike can connect with specialists who would otherwise be out of reach.[15-18]

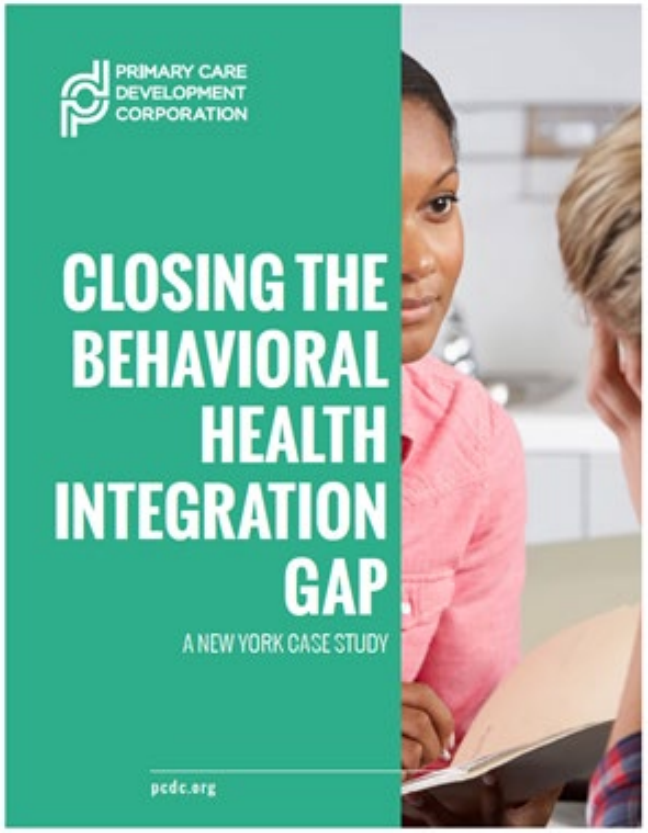
Recommendation:
Encourage policies and reimbursement to expand the use of telemedicine in New York State. Evidence indicates that integration of behavioral health practitioners in rural primary care offices can reduce the need for and utilization of costly services like emergency visits and labs.[19]

Transportation is often a limiting factor when seeking medical care, especially in areas of the state that experience harsh winter weather and for people without access to private transportation, particularly older adults.

Recommendation:
Expand home visit models for those with limited mobility including the use of visiting primary care providers.

Recommendation:
Expand funding for programs that provide transportation to medical appointments for those without vehicles.

Access Application: Integrating Primary Care and Behavioral Health

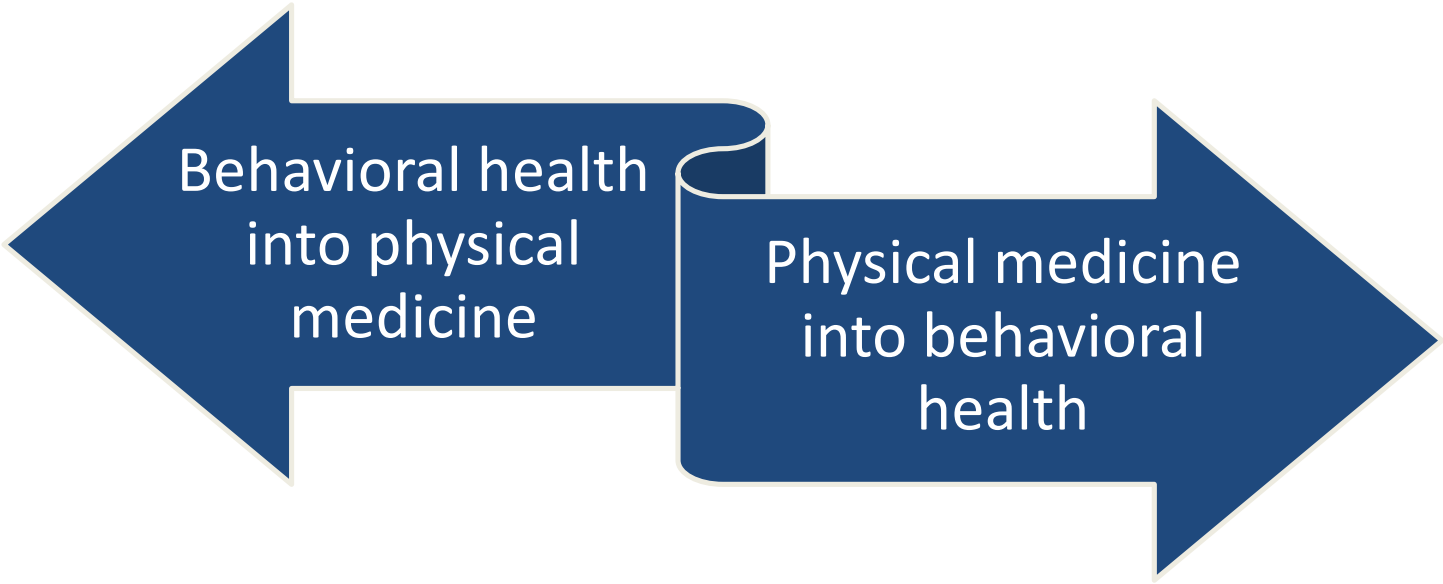


- Individuals with co-occurring physical and mental health conditions face worse health outcomes and have worse mortality rates

- Those who have a chronic disease are twice as likely to be diagnosed with a mental illness, which then contributes to worse chronic disease outcomes

> *When you're trying to "fix" a whole person, but you're only addressing part of their reality, it's doomed, particularly for people with complex problems in their lives. A whole bunch of singular solutions almost adds to the burden rather than helping to address it."*
>
> - ICL LEADERSHIP

Bi-Directional Opportunities in an Integrated System of Care



Does direction make a difference? CCBHC? FQHC? Small Practice?

A Case-based Example

The goal is to create a place where two organizations can bring to the same physical location the things that they do really well, and present it in a way that's seamless for clients of either one of the agencies."

- ICL STAFF

Stakeholder Engagement

In New York, a health center participating in PCMH, receiving a SAMHSA PBHCI grant, seeing Medicaid-insured patients contracted with several different managed care organizations, as part of DSRIP PPS, and engaged in Health Homes, may be required to track and report unique metrics at different frequencies via distinct systems for each program in which they participate."

- PCDC STAFF

Recommendations to Decrease Barriers

- Simplify state-regulated health care facility requirements
- Establish integrated systems to share patient information
- Ensure bi-directional workforce education
- Promote a collaborative team-based approach to care
- Expand financing and reimbursement options for integrated care

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How can we impact access through integrated care *now*?

- Mobile clinics
- Transportation
- Telehealth
- Same day, brief and combined visits
- Creative clinic co-locations
- Home-based care
- Reminders
- Revisit clinic grids regularly

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Integrated Care Amidst COVID-19

- Isolation
- Violence and abuse at home
- Risk for suicide
- Exacerbation of
  - Pain
  - Substance use
  - Medication non-adherence
- Poorer access to traditional in-person services

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Can Integrated BH Providers Address these?

How about remotely via telehealth?

Sample Clinical Opportunities

- *I can't sleep*
- *My blood sugar is out of control*
- *My back is killing me*
- *I'm drinking too much*

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AMERICAN ACADEMY OF SLEEP MEDICINE | PROVIDER FACT SHEET

Brief Behavioral Treatment for Insomnia (BBTI)

Quick Facts:

Insomnia is a condition characterized by difficulty falling asleep, difficulty in maintaining sleep, or waking up too early despite adequate opportunity to sleep. Insomnia often results in some type of daytime impairment such as symptoms of fatigue, mood disturbance, daytime sleepiness, reduced energy, difficulty with attention or concentration, as well as impairment in social, family or occupational performance.

Chronic insomnia is defined as the presence of symptoms for more than three months. It is a highly prevalent condition, seen in about 10 percent of the population.

Once insomnia starts, a negative and maladaptive response develops that associates the bed with wakefulness. Frustration and worry become connected with the bed and bedtime, and this conditioned cortical arousal perpetuates wakefulness. There are two modalities for treatment of chronic insomnia - psychological and pharmacological treatments.

Cognitive Behavioral Therapy for Insomnia (CBT-I) is a type of psychological treatment that utilizes stimulus control, sleep

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An Integrative Approach to Addressing Diabetes

A free, seven-part virtual learning series

Join Primary Care Development Corporation (PCDC) and the SAMHSA Center of Excellence for Integrated Health Solutions for this seven-part virtual learning series.

With over 100 million Americans living with diabetes, more providers than ever before recognize chronic disease screening and management as a best practice of integrated primary and behavioral health care. In this virtual learning series, national experts will guide you through seven multifaceted sessions — each addressing a different aspect of team-based care to improve diabetes screening and management. Topics will range from behavioral treatment to reimbursement to operational decision making.

Register for the series and join sessions that interest you. Round out your practice and earn a certificate in recognition of your commitment.

Sessions and dates are as follows:

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Chronic pain affects more Americans than diabetes, heart disease, and cancer combined, but medical and behavioral health providers lack comprehensive training in how to best treat individuals with chronic pain. This results in clinicians being unaware of when and where to refer a patient with chronic pain and underutilizing integrated care teams.

Pain is a whole-person experience that can be effectively managed through both medical and behavioral treatments. Integrating behavioral health approaches into primary care settings is imperative to improving patient outcomes, reducing opioid dependency, and removing pain-related stigma.

Following are simple steps to guide and better address the needs of patients with chronic pain by focusing on primary care services that are accessible, team-based, and routine.

1 LEGITIMIZE THEIR PAIN

First acknowledge that the patient's pain is not only real but also just as they describe it. Emphasize the difference in treating chronic versus acute pain, with evidence suggesting that a combination of biological, psychological, and social therapies works best.

Listen to their pain story and allow them to share details and related emotions — it may be the first time that a care provider has done so. Reassure the patient that they are not alone and are supported on this journey. This is a critical initial step to establishing trust and rapport and laying a foundation for effective communication.

2 FOCUS ON FUNCTION

What does it mean to this person to have pain? If pain were not "in control," what might their life look like? Determine the patient's areas of concern to create the clinical pathway and guide next steps.

Explain pain as a complex, multidimensional entity that is physical, emotional, social, and environmental. Help patients reframe their pain perception from an intensity scale to a dynamic force that can be affected by actions and processing. This is an opportunity to change the relationship with pain by using tools to take control of the pain experience.

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Addressing Substance Use: PCDC Offers Hands-On Training 10/15

September 4, 2019
Categories: Capacity Building, PCDC News | **Tags:** SBIRT, Substance Use, Training

On October 15, the Primary Care Development Corporation (PCDC) will offer an experiential, small group training on Screening, Brief Intervention, and Referral to Treatment (SBIRT) — a course in PCDC's National Training Institute. Staff from health centers and clinics will gather to learn about SBIRT, its impact on patient health, and how to implement its principles in the workplace.

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2 FOCUS ON FUNCTION

What does it mean to this person to have pain? If pain were not "in control," what might their life look like? Determine the patient's areas of concern to create the clinical pathway and guide next steps.

Explain pain as a complex, multidimensional entity that is physical, emotional, social, and environmental. Help patients reframe their pain perception from an intensity scale to a dynamic force that can be affected by actions and processing. This is an opportunity to change the relationship with pain by using tools to take control of the pain experience.

AMERICAN ACADEMY OF SLEEP MEDICINE | PROVIDER FACT SHEET

Brief Behavioral Treatment for Insomnia (BBTI)

Quick Facts:

Insomnia is a condition characterized by difficulty falling asleep, difficulty in maintaining sleep, or waking up too early despite adequate opportunity to sleep. Insomnia often results in some type of daytime impairment such as symptoms of fatigue, mood disturbance, daytime sleepiness, reduced energy, difficulty with attention or concentration, as well as impairment in social, family or occupational performance.

Chronic insomnia is defined as the presence of symptoms for more than three months. It is a highly prevalent condition, seen in about 10 percent of the population.

Once insomnia starts, a negative and maladaptive response develops that associates the bed with wakefulness. Frustration and worry become connected with the bed and bedtime, and this conditioned cortical arousal perpetuates wakefulness. There are two modalities for treatment of chronic insomnia - psychological and pharmacological treatments.

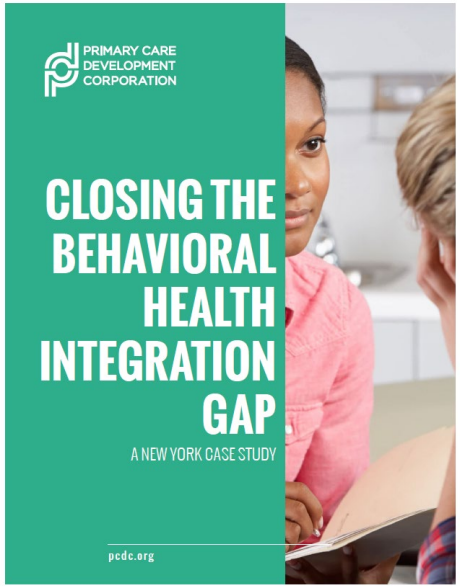
Cognitive Behavioral Therapy for Insomnia (CBT-I) is a type of psychological treatment that utilizes stimulus control, sleep

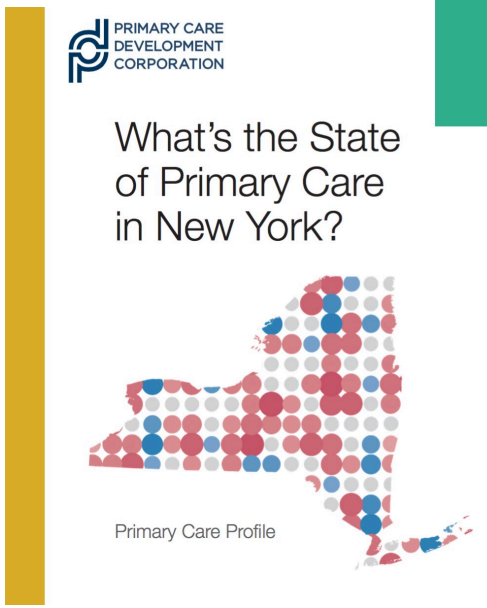
At the end of the day, do what's right for the patient

What's Next

Continue examination of access

- Explore additional elements of access
- Identify thought partners
- Use findings to target opportunities to improve access





Questions?

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