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Will NYS get healthcare reform right this year?

As the New York State Legislature moves toward decision on a landmark proposal for healthcare reform as part of the 2008-2009 budget, some within the health care sector have called for delay and further study.

To the contrary, there is not a minute to waste in realigning our healthcare system so that primary and preventive care services stop getting short-shrift among these worthy causes.

For years, primary and preventive care has been at the bottom of the pecking order during budget season. Medicaid rates for such care have been frozen since 1993 and the results are plain for all to see: hospitals taking enormous losses on such care, health centers in ever more fragile financial condition, physicians fleeing from New York's rural and underserved communities and patients with nowhere to turn.

Even more serious results are also plain to see: Without access to primary and preventive care, the growing use of avoidable ER and inpatient care drives soaring health care costs, health outcomes worsen and appalling disparities among race and class continue to grow. Despite paying the nation's highest health care expenditures, New York State ranks 39th in "avoidable use and costs" according to the [Commonwealth Fund Scorecard on US Health System Performance](#). Clearly, we are getting what we pay for. This is unacceptable and must change.

For the first time in recent history, the Executive has placed a serious proposal for reform on the budget table. Specifically the budget proposes to:

- *Reinvest in primary care by substantially increasing the rates paid by Medicaid to hospitals, health centers and private practitioners for primary and preventive care and pay providers commensurate with the intensity of the services they provide to each patient.

- * Staunch the flight of physicians from New York's underserved urban and rural communities by creating the "[Doctors Across New York](#)" program which will offer loan repayment to primary and specialty care physicians willing to practice in underserved areas. This program will fund up to 100 awards each year with a maximum of \$150,000 in repayment over 5 years, provide support for starting new practices in these areas and foster residency training in community-based sites, including private practices.

For years, and through innumerable commissions, task forces, studies and "transition" schemes, primary and preventive care has received lip service from policy makers, while the consequences have grown. More study and delay are the last things we need if we are to forestall permanent damage to this sector and to our ultimate objective: better, more accessible, appropriate and effective health care at a lower cost. There's not a minute to spare.