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Save high treatment costs by financing illness prevention

Kalam Muttalib and Loretta C. Scott
Guest essayists

(August 7, 2006) — The Anthony L. Jordan Health Center and Westside Health Services are celebrating National Health Center Week, Aug. 6-12. This offers a good opportunity to consider how New York can fundamentally transform its health care system. A truly reformed system would reduce taxpayer and individual costs, improve health outcomes, reduce health disparities, and keep emergency rooms available to patients who truly need them.

It is widely reported that New York state's Medicaid spending by far outpaces any other states' with a staggering \$45 billion — nearly half of the state budget — going toward Medicaid payments. New York spent \$1.1 billion on unnecessary emergency room visits in 2004, with one study showing that four out of five trips to emergency rooms are for conditions that could or should have been treated in a primary care setting more effectively and at a lower expense.

This imbalance stems from an inefficient, unbalanced health care system, not the low-income families covered by the program.

If meaningful change is to occur, the state must invest in primary and preventive care — the delivery method used here in Rochester at the Anthony L. Jordan Health Center and Westside Health Services and at more than 50 other community health centers statewide.

Primary care is the front end of the health care system. It is a "health care home" where the family doctor knows the patient and his or her family, sees the patient time after time, and is responsible for the overall coordination of the patient's care.

Evidence shows that investing in a robust primary care system, provided largely by health centers, reduces costs, improves health outcomes, and reduces the appalling disparities in health care based on race, ethnicity and income.

From a Medicaid cost standpoint alone, primary and preventive care offers a clear solution. A New York state study found that the costs for Medicaid beneficiaries whose health care homes were community health centers were 22 percent less than those who did not have a regular source of health care and that health center patients had 41 percent lower inpatient costs overall. Potential savings from asthma and diabetic patients receiving regular primary care were even more staggering: diabetics had 62 percent lower inpatient costs; asthmatics had 44 percent lower inpatient costs.

As New York considers restructuring the hospital and long-term care sectors through the initiation of the Commission on Health Care Facilities in the 21st Century, it is clear that it must consider investing in primary and preventive care and the community health centers that deliver these services.

National Health Center week may only last seven days. But recognizing their importance and properly investing resources in those centers will improve the fiscal and medical health of states and their citizens for decades to come.

Muttalib is board chairman, Westside Health Services; Scott is chairwoman, Anthony L. Jordan Health Center.

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