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Make primary, preventative care a priority

By ELIZABETH SWAIN and RONDA KOTELCHUCK

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Almost everyone agrees that New York's health care system is far too costly; promotes fragmented and episodic care; clogs emergency rooms; and produces poor health outcomes, especially for low-income and minority populations. However, New York has before it an unprecedented opportunity to fundamentally transform that system so that it reduces taxpayer and individual costs, improves health outcomes, reduces health disparities, and keeps emergency rooms available to patients who truly need them.

A historic confluence of factors that make this opportunity possible is before us. First, the Commission on Health Care Facilities in the 21st Century has been charged with restructuring the hospital and long-term care sectors. Second, billions of dollars have been marshaled to fund a system-wide transformation. Third, in the coming months, a new administration will have to address New York's out-of-control health care costs.

New York's Medicaid spending by far outpaces any other state's, 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 is due to an inefficient and unbalanced health care system, not the low-income families who are covered by the program.

If meaningful change is to occur, the state must invest in primary and preventive care. 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.

A growing body of evidence shows that a robust primary care system reduces costs, improves health outcomes, and reduces the appalling disparities in health care that are based on race, ethnicity and income. From a Medicaid cost standpoint alone, primary and preventive care offers a clear solution.

A 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 are even more staggering: diabetics had 62 percent lower inpatient costs and asthmatics had 44 percent lower inpatient costs. Locally, those statistics are proven over and over again at Whitney M. Young Jr. Health Services in Albany and Hometown Health Centers in Schenectady.

Evidence that primary and preventive care improves health outcomes is irrefutable. Numerous studies have shown that primary care results in earlier detection of a range of cancers, including melanoma, breast, colon and cervical cancer and a study of 18 industrialized nations found that the greater a country's focus on primary care, the lower its mortality rates from asthma, emphysema, pneumonia, cardiovascular disease and heart disease. In Britain, every 15 percent to 20 percent increase in the supply of primary care physicians has been shown to decrease hospitalization rates by 14 percent for acute illness and 15 percent for chronic illness. New Yorkers deserve no less.

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