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NEW YORK

New York City Hopes to Ease Strain on Its Emergency Rooms

'NYC Care' expected to serve roughly 300,000 people who are ineligible for insurance



NYC Care would provide easier access to specialists and primary-care physicians. PHOTO: GABRIELA BHASKAR FOR THE WALL STREET JOURNAL

By Melanie Grayce West

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The country's largest public-hospital system is about to tackle one of health care's biggest challenges: getting patients out of emergency rooms and into the offices of primary-care doctors.

What has been touted by New York City Mayor Bill de Blasio as "literally universal" health care guaranteed to all New Yorkers is more technically an expanded primary-care system for the most needy.

Called NYC Care, it is planned to have the typical perks familiar to people who have insurance: a membership card, 24/7 on-call service, easier access to specialists and ready appointments with the same primary-care physician.

Mitchell Katz, the chief executive and president of the city's \$8 billion NYC Health + Hospitals system, calls NYC Care "a population health drive."

"We are going to make New York City healthier by focusing on primary care," he said.

The program—which isn't insurance—will cost about \$100 million a year and begin Aug. 1 in the Bronx, with other boroughs to follow. It is expected to serve roughly 300,000 people who are ineligible for insurance, including undocumented and poor people.

New Yorkers, regardless of ability to pay, have long been universally able to receive emergency and preventive care at one of the 11 hospitals and numerous clinics that are part of the city's sprawling hospital system.

But how patients receive that care, how long they wait for it and whether that care is continuous is questionable. Rolling out a program that people want to use and changing negative perceptions about the quality of care through the city's safety-net system are significant challenges, say experts.

Another hurdle is whether the new program can live up to the idea of universal health care, said Bill Hammond, a health-care analyst at the Empire Center, a conservative-leaning New York think tank. New Yorkers already had universal access, he said; the problem is how it is used. Health officials are rightly "trying to fix the delivery system," said Mr. Hammond; meanwhile, the mayor, "made it sound like they're fixing the coverage system."



NYC Care is expected to serve roughly 300,000 people, beginning in the Bronx. PHOTO: GABRIELA BHASKAR FOR THE WALL STREET JOURNAL

Weaning people from use of the emergency department remains a substantial issue.

It is extraordinarily difficult to change patient patterns of behavior, said Michael Sparer, chair of the Department of Health Policy and Management at the Mailman School of Public Health at

Columbia University. “It’s kind of a cliché, but it is true: the hard thing is to make what you might consider the right choice, the easy choice” for patients, he said.

There isn’t strong evidence to know what will happen with emergency-department use among undocumented immigrants, according to Kelly Doran, an emergency physician and assistant professor at NYU Langone Health.

In a study published in 2013 by Dr. Doran and colleagues, patients with minor medical issues who entered the emergency department were given the option to go to an on-site primary clinic at Bellevue Hospital, a public hospital. Those that went to the clinic used primary care in the future, researchers found, but there weren’t decreases in their future emergency department use. Still, said Dr. Doran, “It’s undeniably good to give people access to primary care.”

The genesis of NYC Care began more than a decade ago in San Francisco when Dr. Katz launched a program there called Healthy San Francisco. Later, he launched a similar program in Los Angeles called Healthy Way LA.

Launching NYC Care wasn’t possible right away when Dr. Katz arrived in early 2018. NYC Health + Hospitals wasn’t organizationally or fiscally stable enough, said Herminia Palacio, deputy mayor for Health and Human Services, and there wasn’t ambulatory clinical staff, facilities or infrastructure. A mentality of retrenchment—there is no money in the system so you can’t do primary care—had pervaded the culture, said Dr. Katz.

Still, said Dr. Katz, governments don’t like to admit that they aren’t doing things.

“I think if you’d asked the old H+H, ‘Do you do primary care?’ They’d say, ‘Sure, we do primary care,’” Dr. Katz said. “Could you get an appointment? No.”

The worst thing, said Dr. Katz, is to announce the program and have no patient slots. “It would be bad care and it would be a disaster for how we rolled out the program.”

Bronx residents will have access to NYC Care services at seven facilities in the Bronx, including a soon-to-open “one stop” location in the Tremont neighborhood, which will provide family care, including behavioral health services, eye exams, dental services, cancer screenings and a pharmacy.

In addition to a doctor on call, offices will have weekend and extended hours to cater to patients who work two jobs or overnight shifts. Pharmacy services will be available 24-hours in the Bronx, too.

In the first six months of NYC Care in the Bronx, officials estimate there will be 10,000 patients. The Health + Hospitals system sees some 1.1 million people annually.



The Pharmacy at Lincoln Hospital. NYC Care patients will have access to the pharmacy within the hospital. PHOTO: GABRIELA BHASKAR FOR THE WALL STREET JOURNAL

Prices for care remain on a sliding-scale system. For a household of four with an income of less than \$26,000 services like clinic visits, an MRI or behavioral-health visit would be free, while prescriptions would be \$2.

Health officials hope that patients will transition much of their care from the emergency department to primary care. Roughly 29% of users of the city's emergency department are uninsured.

At Lincoln Hospital in the Bronx, an emergency room visit could cost \$400, with the hospital reimbursed maybe \$80 of that cost, according to Milton Nuñez, Lincoln's chief executive.

When NYC Care is up and running, said Mr. Nuñez, "That's \$320 in expense I no longer have to incur, which can be reinvested back into primary care."

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