
An NJAFP White Paper

Perspectives on Making Health Care More Accessible

A Personal Medical Home For All New Jerseyans

The NJAFP strongly believes that as New Jersey prepares to address the next round of providing health care coverage for all persons, it is important to recognize that everyone needs a usual source of care - a medical home - as well as health insurance. The effects of insurance and having a usual source of care are additive. The medical home -- in which patients receive fully integrated, whole-person care within the context of a sustained and supportive patient-physician relationship -- is one of the tenets of the Future of Family Medicine report for the American Academy of Family Physicians (www.futurefamilymed.org). It is the focal point through which all individuals -- regardless of age, sex, race or socioeconomic status can receive a basket of acute, chronic and preventive medical care services. A medical home is defined as care which is family-centered, accessible, comprehensive, continuous, coordinated, compassionate, community-based, culturally competent, and is provided in an environment of trust and mutual responsibility.

- **MEDICAL HOME EQUALS ACCESS TO QUALITY HEALTH CARE:** Efforts to increase access typically focus on providing health insurance or securing a place that will care for the uninsured. Strong evidence suggests that having a usual source of care – or a medical home – produces better health outcomes, reduces disparities, and reduces costs. For adults and children, a combination of health insurance and a medical home has additive effects for quality, and insurance changes that disrupt continuity relationships can lead to higher costs and poorer quality for up to a year.
- **PROPOSAL FOR STATE PROGRAMS:** The State can incorporate the benefit of the “medical home” concept by requiring beneficiaries of all state programs to identify a family physician or other primary care physician as their “medical home.” The state should not limit this effort to its health care programs. At a minimum, the state can help identify medical homes for those enrolled in the SHBP, Medicaid, FamilyCare, Senior Gold, PAAD, public assistance programs, and across departments where similar programs are offered. The state can also require hospitals to help patients identify a medical home at the time of discharge and at the time of an emergency room visit.
- **COMMUNITY HEALTH CENTERS:** Community Health Centers (CHC) and Federal Qualified Health Centers (FQHC) depend upon family physicians to meet the needs of millions of medically underserved people. These health care safety net programs look to family physicians to provide medical homes to medically underserved people. In 2003, primary care physicians - more than half of who were family physicians - composed 95 percent of the physician staffing at FQHCs. With the increased support for these centers, policymakers need to consider how changes in the production of family physicians would affect these programs, including barriers to entering the specialty: high administrative costs and low reimbursements for primary care practices. The NJAFP does support the expansion of hours at community health centers with the strong recommendation that CHCs and FQHCs adopt the tenets of the Future of Family Medicine Report (www.futurefamilymed.org) and the new model of family medicine, which is applicable to all specialties and has the following characteristics: a patient-centered team approach; elimination of barriers to access; advanced information systems, including an electronic health record; redesigned, more functional offices; a focus on quality and outcomes; and enhanced practice finance.

Expansion of FamilyCare, Medicaid Reforms and Charity Care for Physicians

The NJAFP recognizes that the most critical issues currently facing the primary care safety net are the rising number of people who are uninsured and the preservation of Medicaid and FamilyCare.

- **FAMILY CARE EXPANSION:** The NJAFP worked closely with Senator Vitale to reinstate enrollment of families in FamilyCare and would strongly support opening the program up to non-eligible families through a buy-in system. The NJAFP would also suggest that all enrollees in the FamilyCare program be required to identify a medical home as part of their participation in the program.
- **INCREASE MEDICAID PROVIDER PARTICIPATION:** The NJAFP currently participates on the Physician Advisory Group to work on reforms to Medicaid, including improving access through increased provider participation, elimination of administrative hassle factors, and appropriate reimbursement. The program already has significant access problems for patients who require specialist care. Many primary care physicians have also decided to discontinue participation in the program or limit participation to existing patients only. Continuing to pay participating physicians at current rates will continue to drive access problems with all specialties. A better balance of physician reimbursement for care is urgently needed. As with FamilyCare, the NJAFP would also suggest that all Medicaid clients be required to identify a medical home as part of their participation in the program.
- **CHARITY CARE DISTRIBUTION FOR PHYSICIANS:** While access to acute care is guaranteed to all patients presenting at a New Jersey hospital or health center, this care is often delayed by the uninsured patient whose care becomes more complex and costly. The trend is to direct care to more appropriate clinic or physician office settings. The NJAFP encourages its members to continue the voluntary delivery of medical care without charges or at reduced charges to the financially disadvantaged. However, with increasing charity care in private physician offices, the NJAFP strongly supports reimbursement through the Charity Care Subsidy to private primary care physicians for caring for the uninsured in their practices – at a cost significantly lower than the care received in hospitals or emergency rooms.

Elimination of Barriers to Insurance

- **COVERAGE OF CHILDREN:** The NJAFP strongly supports the changes proposed to allow parents to cover adult children up to age 30 under their health insurance policies.
- **INCREASE AVAILABILITY OF CATASTROPHIC INSURANCE:** The NJAFP recommends looking at regulatory barriers to catastrophic insurance in New Jersey for the individual market and small businesses.
- **ADDRESS ISSUES OF CHURNING:** Many of the uninsured are simply in-between jobs without coverage, did not elect COBRA due to high cost, or are simply in the employer's waiting period for health care coverage. The NJAFP suggests allowing these individuals to buy-in to FamilyCare or have catastrophic health insurance available to individuals or employers for coverage during these times.

Coordination of Health Care Policy for Uninsured in State Government

Multiple state agencies oversee different components of New Jersey's health care infrastructure: Human Services, Health and Senior Services, Banking and Insurance, and Corrections to name a few. No one commissioner has ultimate responsibility either for coordinating health care policy for the uninsured or for proposing comprehensive solutions to the problem. There exists the potential for better coordination and execution of health care policy, specifically with the uninsured, through the Governor's office with the establishment of a Health Agency Oversight Board to coordinate policy and create short-term and long-term business plan for health care coverage.

Encourage Family Physicians to Maintain Practice Areas

Family physicians may not be leaving New Jersey just yet; but many continue to adjust the scope of primary care, including OB/GYN, which many no longer offer as a result of increased professional liability insurance premiums. This limitation of services will impact access and cannot be overlooked as a component of Access for All. Family physicians did not receive relief from the Subsidy Fund established for physicians since they were not in the targeted specialties. Family physicians did however receive the highest percentage increase for professional liability insurance, but were overlooked since the dollar premium alone did not impress policymakers. The NJAFP strongly believes that a full scope of primary care services offered by family physicians will be necessary as we move forward for universal access to quality health care.