

SQUISH Fights For Primary Care Support

BY VLADIC RAVICH

The State Department of Health invited Queens medical institutions to put in an application for grants of up to \$5 million to help ease the acute shortage of medical services in the borough, but advocates say it is not enough.

"This \$30 million [total] allows our medical facilities to take a tepid step forward, but it can only be used for limited capital improvements, and does not address the need for more staff amidst a current shortage of nurses," said Borough President Helen Marshall. "You can build a bigger emergency room, but where is the additional medical staff?"

SQUISH, a consortium of community-based organization from Southeast Queens, urged the State to consider further grants and a greater consideration for the unequal distribution of health care in the borough.

"The concern is that it will be distributed equally throughout the borough, even though the need is so much more acute in Southeast Queens," said Nisha Agarwal, the director of the health justice program at the New York Lawyers for the Public Interest.

The Queens Healthcare Profile issued by the State focuses on reducing emergency room congestion and adding additional beds to Queens hospitals, but it also admits the problems in the borough are not equally acute.

While only 16 percent of Queens residents live in a federally designated Primary Care Health Professional Shortage Area, compared with 39 percent for the City at large, the recent hospital closures have affected those very areas.

Southeast Queens has only 48 primary care doctors per 100,000 people, whereas the Flushing/Clearview area has 132 per 100,000. This means that people have to wait longer for appointments and doctors have less time to spend with patients.

Many health advocates make the argument that this ratio is largely to blame for the high rates of inappropriate emergency room visits, which are a massive

financial drain on the borough's hospitals.

"The ER is a one-stop shop," said Kevin Forrestal, the chairman of the health committee for the Queens Civic Congress and an administrator in a New York City hospital's emergency department.

Instead of taking two days off from work and traveling from primary physician to specialist, many residents - includes those who do have insurance - will still go to the ER because that is how they have learned to receive health care. The ER also cannot turn anyone away if they are unable to pay.

"I remember in the 60s, the mailing of the bill often cost more than the money collected - and that was when stamps were cheap," said Forrestal, "If your mother and father went to the ER when someone was sick, you're going to do the same thing yourself unless you learn otherwise."

Aside from the high expense to the hospital, the patient will receive worse health care if he or she only sees a doctor for acute ailments. "Episodic care is bad medicine," said Forrestal, "People should have a health care provider that they see regularly who is looking at the whole person and doing all that is needed: annual physicals, certain tests, screening for cancer."

The lack of primary care providers is a nationwide problem that is already being addressed by the State in raising their insurance reimbursements, but Forestall says that is a long process.

For now, organization like SQUISH are hoping the State finds additional funding in addition to the current \$30 million grant and uses that money to fund community outreach that can advocate the importance of primary and preventive care.

Agarwal argues that this strategy will reduce the strain on ERs and create a more effective local medical system. She also advocated for extended or non-working hours, saying the current nine to five structure "just doesn't make sense."

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Press of Southeast
Queens, September
17, 2009

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