

New Jersey Primary Care Association Expansion Principles

The New Jersey Primary Care Association (NJPCA) supports the idea of 100% access and 0% disparity. We strongly feel that the ultimate goal of any primary care system should be to increase access to quality comprehensive care for all citizens. We also strongly support the expansion of the “safety net”, which has traditionally served all patients, even those with no ability to pay.

Health Centers in New Jersey now find themselves in a position of trying to balance their need to continue their mission of service versus ways of staying competitive in today’s marketplace. Clearly, with the new health care reform focus, and the various protections included in the bill for health centers, this is a tremendous opportunity to expand services and capacity in the State of New Jersey. It is important that certain principles on development of new access points be reaffirmed.

The principles that the NJPCA board discussed and agreed on are as follows:

- In areas of expansion, where an existing center is in a contiguous area, the current center should first be given the opportunity to expand services. If current center cannot expand services or open new sites, then it is acceptable to locate and support new entities that might be interested in developing FQHCs services.
- Current centers should be given priority for any new and/or expanded funding from either the state or the federal government. It is extremely important that the base funding level for existing centers be sustained and increased. The motto in New Jersey is “**BOOST THE BASE!**”
- Areas selected for new starts or expansions should conform to either the NJPCA’s marketplace analysis, or the SSP. In addition, the state currently has a Medically Underserved Index as well as a comprehensive, rational,

service area report. Any expansions should clearly be tied into one of these four documents and be in accordance with those areas identified as high need areas. Close attention must also be given to those service areas that have already been defined and served by existing health centers. With respect to the state's existing lookalike health centers, expansion priorities should be aligned and/or adjusted, as appropriate, consistent with other expansion principles, to enhance these health center's opportunities to achieve federal 330 status.

- When new organizations begin the process of developing FQHC services, they must be required to develop formal partnerships with existing FQHCs through a formal LOA. Coordinated systems of care are more desirable than stand alone FQHCs. This helps to avoid duplication of costs and overlapping services. Such collaboration also forces economies of scale and helps to lower unit costs. Currently funded health centers are encouraged to sit and discuss a rationale approach for determining who might submit a funding application for a new service area or expansion. If needed, the PCA will be included in these discussions.
- In all cases of new start or lookalike applications, each applicant should be required to demonstrate that there will be an increase in access. In other words there must be evidence of documented unmet need.
- In reviewing applications for either new starts or lookalike applicants, it is important that the reviewer use current and accurate data in determining if there is a need for a new entity. In addition, it is strongly suggested that all applicants have an on site review and be subject to peer review standards as currently written in regulation.