

Catholic Health

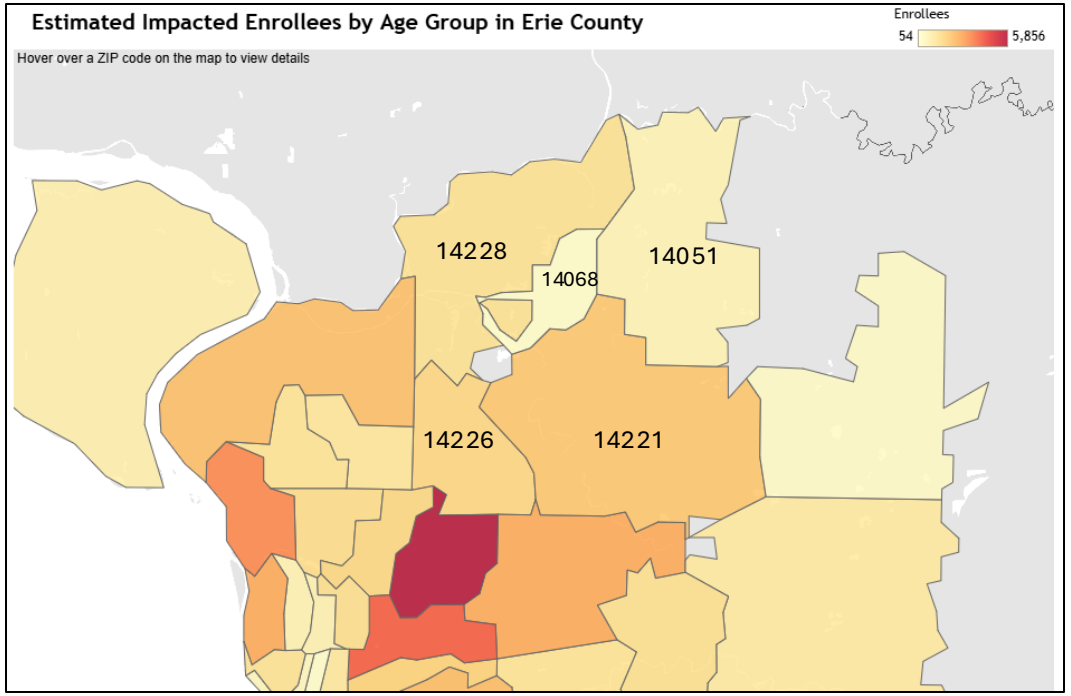
Town of Amherst – IDA Public Hearing
480 Evans Street
Town of Amherst

Current Healthcare Environment

- Local shortage of physicians – especially those that accept any uninsured and underinsured patients
- Rising uncompensated care
  - **Essential Plan: Financial and Operational Impact**
    - Elimination of Essential Plan coverage for 200–250% FPL began July 1, 2026.
      - **$9.4 Million** Catholic Health's projected 2027 annual contribution margin reduction
      - **53% increase in self-pay ED visits.** From January 2025 to June 2026 was around 566 per month. Post July 1 2026, at around 868 per month
      - **131% increase in self-pay admissions** through the ED. Averaged 13.2 per month from January 2025 to June 2026 and after July 1, 2026, averaged an estimated 30.5 per month
  - **H.R. 1: Medicaid Eligibility and Coverage Risk**
    - Additional eligibility requirements and more frequent renewals will likely increase coverage churn
      - New requirements for Medicaid expansion adults (100% FPL to 138% FPL), with certain statutory exemptions
      - More frequent renewals – Movement toward six-month eligibility redeterminations increases the importance of timely patient engagement
      - **88,000** – Estimated Expansion adults in Erie and Niagara counties potentially subject to requirements
      - **17,000** – Estimated coverage losses for individuals in Erie and Niagara counties

HANYS
Estimated Impact of H.R.1 Work Requirements

6,227 Total Patients



14221

Value	Enrollees
Total*	2,173
18 - 25 Years	489
26 - 34 Years	487
55 - 64 Years	459
35 - 44 Years	397
45 - 54 Years	341

14226

Value	Enrollees
Total*	1,752
18 - 25 Years	422
26 - 34 Years	417
35 - 44 Years	349
55 - 64 Years	293
45 - 54 Years	271

14228

Value	Enrollees
Total*	1,396
18 - 25 Years	395
26 - 34 Years	302
35 - 44 Years	271
45 - 54 Years	221
55 - 64 Years	207

14051

Value	Enrollees
Total*	646
26 - 34 Years	173
18 - 25 Years	142
45 - 54 Years	112
35 - 44 Years	112
55 - 64 Years	107

14068

Value	Enrollees
Total*	260
18 - 25 Years	79
26 - 34 Years	70
35 - 44 Years	56
55 - 64 Years	55

Current Amherst Community Needs

Areas of Amherst show significant Healthcare Needs

- 56% of adults 65+ who are not up to date on core preventative services in 14068 (2021)*
- 21.2% of adults did not visit doctor in past 12 months 14228 (2025)**
- 11.4% of adults who have a Medicaid policy 14228 (2025)**
- 18.8% household income below poverty level 14228 (2023)**
- 23.5% of households with 1+ person with disabilities 14221 (2023)**

Preventative Screening in Amherst also Lags Behind NYS Average

- 2024 Breast Cancer Screen Rate women 50-74 in 14228 34.7% compared to 79.4% NYS Average***
- 2024 Cervical Cancer Screen Rate women 21-74 in 14068 51.2% compared to 84% NYS Average***
- 2024 Colorectal Cancer Screen Rate adults 45-75 in 14068 43.3% compared to 74.4% NYS Average***

**NY Health*
***Esri-MRI-Simmons (2026) ARCGIS Business Analyst, U.S Census Data (2020)*
****HealtheWNY*

Chronic Disease Management

Chronic diseases are the leading cause of illness, workplace disability leave, and death in the United States*

- **90% of total healthcare expenditures are tied to chronic illnesses***
  - Roughly 5% of employer plan members drive 50% of total costs due to severe chronic complications
- Men with chronic conditions lose an average of 6.78 hours per week in workplace productivity*
- Chronic conditions cost the U.S. economy roughly $4.5 trillion annually in combined healthcare spending and lost productivity

Example

High Blood Pressure - 30% of Amherst residents have high BP**

- Team-based management of high BP would save Medicare up to $900 million over 5 years
- Proper care could reduce heart attacks by 4.9%, strokes by 3.8%, and could generate $7,794 average savings in health care costs per person over 20 years
- It is cost-effective for private insurers too, saving about $254 per insured customer annually

*CDC: Fast Facts: Health and Economic Costs of Chronic Conditions | Chronic Disease | CDC
**HealtheLink

Catholic Health's Objectives

- Aggressively recruit primary and specialty care physicians
- Provide chronic disease management and preventive screenings
- Focus on wellness
- Transition care from hospitals to outpatient centers
  - Investment in outpatient infrastructure
  - Multi-specialty locations
  - Consolidation of services for patients' convenience and access
- Catholic Health accepts patients regardless of insurance status
  - Recent Medicaid eligibility changes will create a new uninsured population.
  - Recent Affordable Care Act changes materially reducing coverage for the working poor and others.

Physician shortages and how Catholic Health addresses these needs

Sg2 WORKFORCE SUPPLY AND DEMAND MARKET SNAPSHOT

sg2 health care intelligence

HANYS
Erie County NY - Avg All Physicians

Report Created: 3/22/2024 10:21:33 AM

Primary Specialty (Core/Forecasted)***	Workforce Supply*	Physician Demand (2023)**	Physician Demand - Population Based (2028)**	Physician Demand - Sg2 Forecast (2028)**	Supply Minus Demand (2023)	Supply Minus Demand - Population Based (2028)	Supply Minus Demand - Sg2 Forecast (2028)
Allergy and Immunology	20	17	17	19	3	3	2
Cardiology	80	97	101	100	-17	-21	-20
Cardiothoracic Surgery	24	9	9	9	15	15	15
Colorectal Surgery	16	5	5	6	10	10	10
Dermatology	32	74	75	77	-42	-43	-46
Endocrinology	24	28	29	45	-4	-4	-20
Family Medicine	369	532	538	573	-164	-170	-204
Gastroenterology	43	73	74	82	-30	-31	-39
General Surgery	97	61	62	81	37	36	17
Geriatrics	30	14	14	16	15	15	13
Hematology/Oncology	43	57	59	59	-14	-16	-16
Internal Medicine	392	280	284	316	112	108	76
Nephrology	31	31	32	38	0	-1	-7
Neurology	74	62	63	64	13	11	10
Neurosurgery	34	14	14	14	20	20	20
Ophthalmology	64	101	106	107	-37	-41	-43
Orthopedic Surgery	101	85	86	86	17	15	15
Otolaryngology	28	39	39	39	-11	-11	-11
Physical Medicine and Rehabilitation	44	28	28	30	16	15	14
Pulmonology	22	37	37	39	-15	-15	-18
Rheumatology	20	23	24	27	-3	-4	-7
Urology	32	51	53	54	-19	-21	-22
Vascular Surgery	20	13	14	13	7	6	6

Projected 2028 shortages in vital service lines such as family medicine, cardiology, hematology, oncology and endocrinology

- Primary Care Physicians often act as guide and point of contact for patient preventative services to decrease chronic disease progression in population
- 480 Evans provides an opportunity to address this shortage as it had the potential to support 40 physicians over time

Key Projected Physician Shortages Include:
- Family Medicine: 204 needed
- Cardiology: 20 needed
- Endocrinology: 20 needed

Source: Vizient Sg2

CH Hypertension and Diabetes Initiative

Phase 1: Standardization and Infrastructure Development
Catholic Health will establish systemwide clinical workflows, care pathways, patient education materials, quality metrics, and reporting processes for hypertension management. Clinical equipment will be standardized across sites, and electronic health record tools and population health reporting capabilities will be enhanced to support consistent identification of care gaps, proactive outreach, and performance monitoring.

Phase 2: Expansion to Diabetes Management
Building upon the hypertension model, Catholic Health will implement standardized diabetes management protocols across all primary care locations. This phase will include deployment of point-of-care testing capabilities, standardized screening and monitoring workflows, expanded patient education resources, and provider and staff training to ensure consistent care delivery across the network.

Phase 3: Population Health Integration and Sustainability
Catholic Health will integrate population health strategies into routine primary care operations, including proactive patient outreach, chronic disease monitoring, care gap closure, and referral to community resources that address social determinants of health. The organization will also expand remote patient monitoring capabilities and develop sustainable quality improvement processes to support ongoing performance management.

The project will directly impact approximately 25,000 patients living with hypertension or diabetes across Catholic Health's primary care network, including more than 4,200 patients with uncontrolled hypertension and more than 1,100 patients with uncontrolled or untested HbA1c levels.

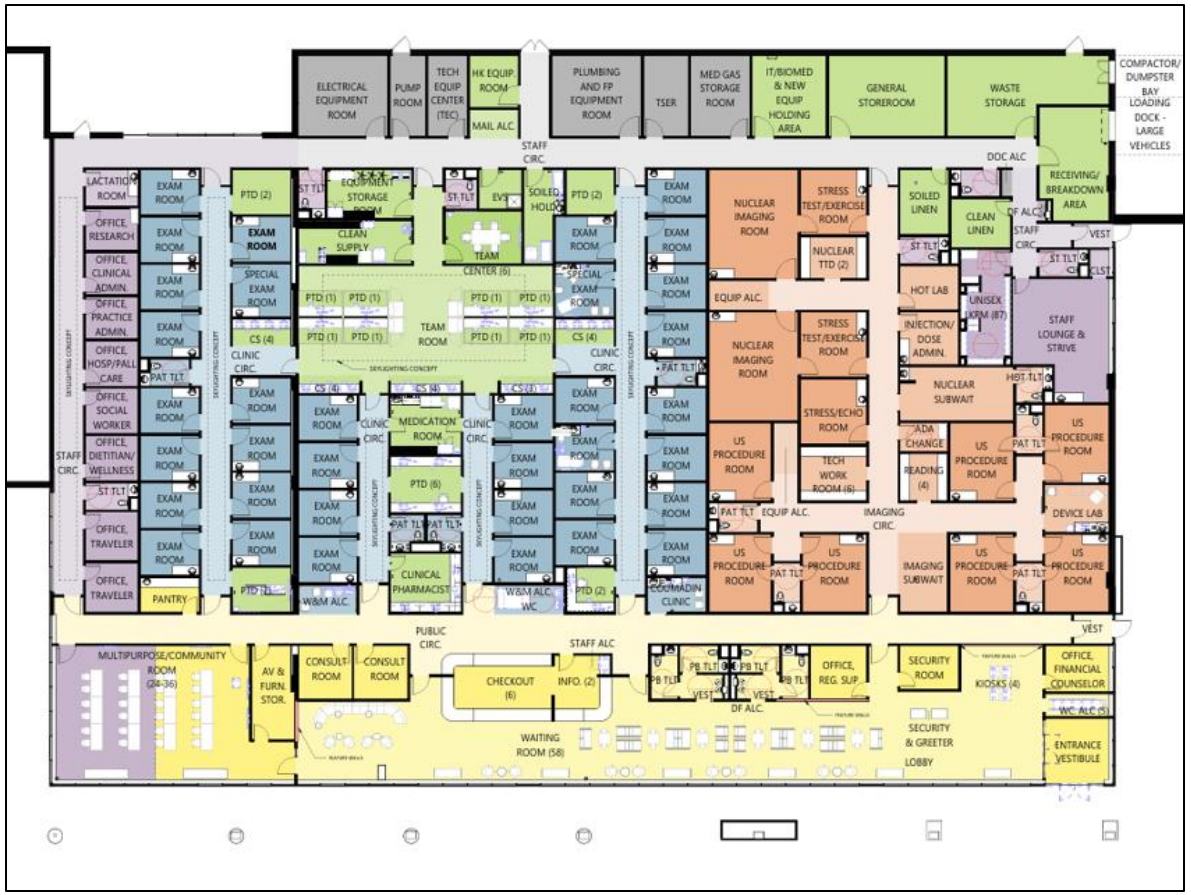
Overview of Catholic Health North

- Redevelop vacant property (portions of property available since 2019) into a 32,624 sq ft. healthcare facility at 480 Evans including :
  - 36 Total Exam Rooms
  - Primary Care Services
  - Vascular Care Services
  - Cardiac Services
  - Lab Services
  - Rotating Specialists
  - Preventive Screening Services
  - Serving the Underserved
  - Continue to support the Town of Amherst by paying existing real estate taxes

Redevelopment of Vacant Property







Economic Impact on Community

- **Physician Capacity and Growth**
  - The project supports over 40 physicians and advanced practitioners.
  - Nearly 60,000 estimated patient visits per year.

- **Economic Output per Physician**
  - Each physician generates $2.3 million in economic output and supports over 11 jobs annually.

- **Tax Revenue and Local Benefits**
  - Each physician working in a community generates over $121,000 in tax revenue for the community via jobs, vendor purchases and employee wages.
  - Lower cost access point and ED avoidance helps taxpayers, employers and uninsured with lower cost alternative to hospital.

- **Community and Economic Development**
  - This project advances healthcare infrastructure and drives economic growth through job creation and local spending.
- **Repurposing of 480 Evans Facility**
  - Vacant building into community asset, leading to healthier and more economically productive population.

AMA 2018 Report: Economic Impact of Physicians in the US

Catholic Health

The right way to care.

Thank you

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