

Minutes of Meeting
Health Services Council
Project Review Committee-II

DATE: 20 March 2008

TIME: 2:30 PM

LOCATION: Health Policy Forum
Department of Health

ATTENDANCE:

Committee-II: Present: Victoria Almeida, Esq., (Vice Chair), Raymond C. Coia, Esq., Gary J. Gaube, Wallace Gernt, Sen. Catherine E. Graziano RN, PhD, Robert Hamel, RN, Denise Panichas, Robert J. Quigley, DC, (Chair), Rev. David Shire (Secretary)

Not Present: Rosemary Booth Gallogly, Maria Gil

Staff: Valentina Adamova, Loreen Angell, Michael Dexter, Robert Marshall, PhD., Joseph Miller, Esq.

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 2:33 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Minutes of Project Review Committee-II meetings of 8 November 2007 and 14 February 2008 were accepted as submitted. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of eight in favor and none opposed (8-0) that the availability of minutes for this meeting be extended beyond the time frame as provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Coia, Gaube, Gernt, Graziano, Hamel, Quigley, Shire.

2. General Order of Business

The next item on the agenda was the application of Independence Health Care Services, LLC for initial licensure to establish a Home Nursing Care Provider Agency at One Richmond Square in Providence.

Mr. Goulet, legal counsel to the applicant, summarized the application and the responses to the Committee's questions. He said that the applicant met with key community-based agencies, including

community health centers in the proposed service area. He noted that this application represents a commitment of personal funds to do good and addresses a health care need in the community. The applicant does not expect to make money in the first two years of operation and the outreach worker and Director of Nursing will not be paid up to 2009. In response to a question, the applicant stated that operations would commence in 3 to 6 months, following approval.

Mr. Gernt asked the applicant to address the basis of the need for these services. The applicant described the experience of Mr. Harrison's family as Cambodian refugees and their efforts to establish a similar service in Ohio. The applicant researched the need for services and discussed the situation with other agencies serving the Cambodian and Southeast Asian populations in Rhode Island, finding that many agencies did not employ bi-lingual staff. Also, they found that many people in this group are hesitant to seek health care services or other kinds of assistance. There are about 29,000 members of the Southeast Asian community in Rhode Island, with about 93% in the urban areas such as Providence, Cranston and Woonsocket. The applicant projects penetrating 5% of the market.

Mr. Gernt suggested that the applicant also contact the Providence Community Action Program (PROCAP) in addition to the other agencies. The applicant agreed.

The Vice Chair referred to her previous remarks about the integrity

and credentials of the applicants and their family. She acknowledged the need for services to a “reluctant” population and suggested that the applicant reach out to community churches and other agencies serving in these areas.

A motion was made, seconded and passed by a vote eight in favor and none opposed (8-0) to recommend that the application be approved subject to the conditions of approval. Those members voting in favor were: Almeida, Coia, Gaube, Gernt, Graziano, Hamel, Quigley, Shire.

The next item on the agenda was the application of Clinica Esperanza/Hope Clinic for initial licensure to establish an Organized Ambulatory Care Facility at 60 Valley Street in Providence to provide free health care services. Staff summarized the application.

Ms. Cyndie Wilmot, a member of the Board of Directors for Clinica Esperanza/Hope Clinic, described the proposal for providing primary care and other services to residents of Olneyville. Dr. Mansovah, a volunteer at community clinics for the past five years, described the need for free care and the interest of both primary care and specialist physicians in volunteering. He noted that the Rhode Island Free Clinic is currently closed to new admissions and that the access problem is worsening.

The Chair noted that the Health Services Council requires applicants to provide charity care. The Chair offered to provide the applicant with a list of facilities with charity care requirements. Members asked how the applicant would promote physician participation and how the applicant would respond to the threat of being “overrun” if the need for free care is so great—especially with a limited schedule of clinic sessions. The applicant stated that they are working with community agencies to set priorities and triage patients to the most appropriate service. For example, if approved, the applicant will refer insured patients to other agencies.

Members asked the applicant to “walk through” the clinic’s operational model. The applicant described the clinic’s emphasis on providing a medical home for uninsured adults with chronic conditions. They would refer children, insured or emergency patients to health centers, hospital emergency rooms, or other agencies, as necessary. Clinicians will schedule follow-ups for patients at the next appropriate clinic session. The applicant also described efforts to translate admissions forms into other languages, conduct needs assessment surveys among community churches and apply for grants and other sources of funding to expand future services. The applicant already received a \$45,000 grant from the City of Providence (to hire a clinical coordinator) and expects to receive a \$100,000 grant from the RI Legislature.

Ms. Panichas suggested that the applicant direct the funding toward

refining and completing the business model for the free clinic. She described some recent and proposed developments in public funding for health care and efforts to consolidate non-profit agencies and the impact these may have on the proposed program. Other members acknowledged the various changes in the environment, and suggested that it was the responsibility of the applicant to manage the project and work with the community and other parties to have a successful result. Staff outlined the criteria used for considering applications for initial licensure as character, competence, standing in the community and financial viability.

Rev. Shire asked whether mental health services were a component of the proposal. The applicant responded that the need was huge, but that they did not have the capacity to address mental health needs at this time. The Chair noted that Bradley Hospital agreed to a condition of approval concerning certain mental health services for children. Members inquired regarding clinic access to specialty and sub-specialty services, noting that several such providers have charity care requirements. The applicant responded that the clinic has an agreement with Rhode Island Medical Imaging to provide imaging services for patients when the proposal is approved and implemented.

The Vice Chair suggested that the staff provide the applicant with follow-up questions regarding the project plan and model. Staff also noted that the comment period was still open. With regards to

accreditation, the applicant noted that this doesn't apply to volunteer organizations.

There being no further business, the meeting was adjourned at 3:33 PM

Respectfully submitted,

Robert Marshall, PhD