

# **PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE**

## **Meeting Minutes, June 15, 2005**

*Members in Attendance:* Stanley Block, MD; Jeffrey Borkan, MD, PhD; Robert Crausman, MD, MMS; Sarah Fessler, MD; David Gifford, MD, MPH; Arnold Goldberg, MD; William Hollinshead, MD, MPH; Victor Lerish, MD; Sharon Marable, MD, MPH; Richard Wagner, MD. *Guests:* Kerrie Jones Clark; Amy McIntyre; Robert Tractenberg. *HEALTH Staff:* Deborah Fuller, DMD; John Hachem; Deborah Pearlman, PhD. *PCPAC Staff:* Carla Lundquist, Mary Anne Miller, RN, MPH.

*Unable to Attend:* Munawar Azam, MD; Mark Braun, MD; Herbert Brennan, DO; L. Anthony Cirillo, MD; Herbert Constantine, MD; Charles Eaton, MD; Michael Fine, MD; Ellen Gurney, MD; Ray Maxim, MD; Omar Meer, MD; John Murphy, MD; Donya Powers, MD; Mark Schwager, MD; John Young.

- ***Data analysis of RI women enrolled in Medicaid under Title XV demonstrates that expanding the health care safety net for the uninsured and increasing support to institutions and providers who care for the uninsured holds the most promise for narrowing health gaps between the insured and uninsured.***
- ***Concerns regarding the advent of MinuteClinic in RI centered on quality and continuity of care. Dr. Gifford has asked the medical community to submit questions/concerns regarding MinuteClinic in writing.***

Dr. Lerish opened the meeting at 7:40 AM. Minutes of the April 20, 2005 meeting were approved as written.

**Breast/Cervical Cancer:** Deborah Pearlman, PhD, presented "Constructing a Safety Net for Uninsured Women with Breast or Cervical Cancer: The Rhode Island Experience". This analysis of women enrolled in Medicaid on the basis of self-reported income (income documentation not required) following diagnosis of breast or cervical cancer via the Women's Cancer Screening Program (WCSP) is the first study nationally of the impact of Title XV, the expansion of WCSP to fund treatment. Medicaid enrollment/claims data for women enrolled from 2001-2004 under the program was analyzed and geocoded to evaluate demographics of enrollees, the services provided, and the cost (see attached handout for analysis results). PCPAC members commented that use of Medicaid paid claims data vs. submitted claims data may skew the analysis results, and expressed concern about low rates of utilization of mental health (MH) services by this population. Dr. Wagner will work with Dr. Pearlman to explore access to MH care for these women, as they are likely to have co-existing depression; MH and pharmacy claims data will be reviewed.

**MinuteClinic:** Dr. Lerish voiced concern that MinuteClinic, Inc. has submitted an application for Initial Licensure Review to operate six Organized Ambulatory Care Facilities within CVS stores in RI. MinuteClinics are staffed by a Nurse Practitioner or Physician Assistant and serve a very specific menu of complaints for walk-in patients. In-chair examinations are conducted using proprietary decision tree software, lab tests are conducted on-site by the NP/PA, and medications are prescribed as appropriate. Patients are referred to their PCP or to the Emergency Room for conditions not on the MinuteClinic menu or if they present multiple times for the same condition. MinuteClinic states that a physician is on-call during hours of operation, and that encounter notes are faxed to the patient's PCP. Some locations have agreements with insurers for reimbursement; others operate strictly as fee for service. Dr. Block has read MinuteClinic's clinical guidelines and found them "cautious and well thought out". The guidelines firmly state that they do not provide comprehensive care, and patients need to see their PCP for preventive and ongoing care.

Per Dr. Crausman, RI already has some NP-only practices, and having a NP/PA working in a MinuteClinic would not be different from an NP/PA in an urgent care office. NP scope of practice permits this type of clinic, and MinuteClinic sets a higher standard of care than many urgent care practices. The clinics must have a licensed MD in a "collaborative" relationship with the NPs, but the requirements of the relationship including MD/NP ratio and the proximity of the on-call MD are not defined. The MD is on-call during MinuteClinic hours of operation only, not after-hours. MinuteClinics must be licensed as ambulatory care facilities through the regulatory process because they are owned by a corporation seeking to operate at multiple sites. The regulations do not address quality/coordination of care/medical home issues. Public interest is high for this model of instant access to healthcare, and there is no legislative opposition.

Member concerns about MinuteClinic centered on quality and continuity of care. Specific comments included:

- These clinics are not set up for follow-up or continuity of care. Limited examinations may not identify co-morbid conditions warranting referral. (Dr. Lerish)
- The MinuteClinic model is in exact opposition to the medical home concept, providing fragmented, disconnected care with no prevention. MinuteClinics are economically designed to skim sick visits, creating another impact on primary care practice income. The six communities targeted are among the wealthiest in the state, indicating little interest from MinuteClinic in serving the state's low-income and uninsured populations. (Dr. Borkan)

- Patients may believe all their health issues have been addressed by the MinuteClinics and may not go to a PCP for other possible problems and preventive care. (Dr. Block)

Dr. Hollinshead noted that HEALTH would face programmatic issues relating to lead screenings and immunizations if MinuteClinics are going to be providers of these services, and Dr Wagner pointed out that the current proposals to shift vaccine distribution responsibility from HEALTH to MHRH will complicate matters if MinuteClinics propose to administer vaccines. Also, impact of the Medicare Modernization Act and the enrollment of dual-eligibles should be addressed.

Dr. Gifford noted that several members of PCPAC are involved in the open access scheduling collaborative, but most PC practices are unable to provide timely appointments for sick patients and/or do not have extended hours to provide access to care. There is tremendous resistance/barriers to open scheduling/extended hours, and MinuteClinic may provide an opportunity for PCPs to collaborate to improve after-hours access to care, depending on the MinuteClinic hours of operation. Dr. Gifford remarked "This issue cuts to the bottom line of what primary care is and the structure of the health care system. The aspects that need to be addressed are how will MinuteClinic be received by the health care community in RI, how will we work with them and take this opportunity to build a better system together. If the physician community wants to delay MinuteClinic coming to the state to create planning time for a joint effort that may be possible, but they would need to approach the major insurers and CVS corporate leadership, addressing the standard of care issue. Currently, the perception is that no one from the RI MD community is interested in a dialog with MinuteClinic."

Dr. Lerish noted that the advent of MinuteClinic to RI is being discussed in many arenas and several groups are working on position statements. PCPAC members need to work with their professional organizations/academies to formulate opinions and submissions to HEALTH. Ms. Clark remarked that RIHCA would be inviting MinuteClinic to discuss the impact on community health centers, and Dr. Marable requested that HEALTH be included in that conversation. Dr. Borkan commented that this is an opportunity to look at the availability of health care as a whole, including all urgent care centers, and perhaps engage in some introspection on how care is provided and the availability of same day appointments.

If PCPAC is suggesting that standards of care is the major issue surrounding MinuteClinic, then HEALTH needs specific guidance from the committee. Dr. Gifford has asked the medical community to submit questions/concerns regarding MinuteClinic in writing. Responses to the Initiation of Licensure Review are due in writing to the Office of Health Systems Development, HEALTH, by July 24, 2005.

***NEXT PCPAC MEETING WEDNESDAY, September 21, 2005***