

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, September 21, 2005

Members in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Stanley Block, MD; Mark Braun, MD; Robert Crausman, MD, MMS; Sarah Fessler, MD; Arnold Goldberg, MD; William Hollinshead, MD, MPH; Victor Lerish, MD; Richard Wagner, MD. *Guests:* Sandra Boehlert, MD; Celia Gomes McGillivray, RN, MPH, CHES; Chris Tanguay. *HEALTH Staff:* Helen Drew; Rebecca Stokes. *PCPAC Staff:* Carla Lundquist, Mary Anne Miller, RN, MPH.

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

- *The primary care community is asked to pay attention to blast fax advisories and updates from HEALTH, as the status of flu vaccine can change rapidly, and to post the vaccination guidelines in patient areas.*
- *It is essential to have direct patient care workers immunized to keep hospitals and medical practices open, but vaccine uptake by health care workers has been very poor in the past.*

Dr. Borkan opened the meeting at 7:40 AM. Minutes of the June 15, 2005 meeting were approved as written.

Influenza Vaccine: Helen Drew, Office of the Director, HEALTH, addressed current flu vaccine availability and distribution guidelines. Vaccine supply for the season is projected to be adequate, but HEALTH is proceeding with caution and will follow CDC guidelines temporarily restricting flu vaccine to priority populations. Restrictions are tentatively slated to be lifted on October 24th depending on availability of vaccine in RI. The primary care community is asked to pay attention to blast fax advisories and updates from HEALTH, as the status of flu vaccine can change rapidly, and to post the vaccination guidelines in patient areas. HEALTH wants to avoid requiring high-risk patients to get authorization for flu vaccine from their physician. Approximately 300 public flu clinics are planned by the Ocean State Adult Immunization Coalition (OSAIC), which will be posted on the HEALTH web site and promoted in the news media. As vaccine is received in the state, unadvertised clinics will be conducted in senior residential areas and assisted living facilities, to immunize high-risk populations. Hospitals are reporting vaccine status weekly and have agreed to share vaccine. It is essential to have direct patient care workers immunized to keep hospitals and medical practices open, but vaccine uptake by health care workers was very poor in the past. It is a struggle to overcome the hesitancy to take the vaccine, especially as healthy adults have been asked to defer to priority populations in past shortages. Dr. Hollinshead reported on the Family Health (FH) purchase and distribution of pediatric flu vaccine, supported by CDC funding. FH has received about 20% of the doses needed for full coverage and expects the rest by the end of October.

Discussion Highlights: Many adult primary care practices do not offer in-practice flu vaccination due to the cost/reimbursement structure. Flu vaccine ordering for next season will start in Feb/March 2006, but some providers are wary of ordering through the OSAIC purchasing cooperative, since last year's order was not delivered.

Members discussed ways the hospitals could improve flu immunization rates among staff and the complexities of tracking vaccinations, both among hospital personnel and the general public. A vaccination database for the entire RI population has been discussed in the past, but this only would be practical in an environment of statewide electronic medical records. Dr. Crausman suggested that the issue of tracking flu vaccination might be an opportunity to begin pulling together the disconnected state primary care infrastructure. HEALTH is aware that some specialists provide primary care for their patients, some patients only go to specialists, and some patients consider multiple physicians as their "medical home".

Recommendations on flu vaccine were made to HEALTH in three topic areas: (1) Public Education and Provider Awareness of Priority Groups; (2) Provision of Vaccine; and Future Vaccine Purchase and Distribution (see attached advisory letter).

PCPAC 2005 – 2006: At Dr. Borkan's request, members proposed the following topics for upcoming meetings: PCPAC ties to professional organizations, expanding membership, the role of PCPs in disaster planning/emergency preparedness, identifying and communicating effectively with primary care practices/physicians, recognition and treatment of depression, increasing access to primary care, redirecting patients from emergency rooms to primary care, and the impact of new urgent care models. The suggestion was made to select and distribute meeting topics several months in advance to encourage participation and to invite targeted guests. Ms. Drew reminded PCPAC of Dr. Gifford's public health priorities (childhood obesity, reducing health disparities, quality of care in nursing homes, and emergency preparedness), and noted that he would like to have input from the committee as these issues intersect PCPAC topics.

Members expressed considerable interest in Medicare Part D, and suggested inviting John Young to discuss it within the next two months. Both providers and the public should be reminded that Part D is a voluntary program, except for persons dually eligible for Medicare and Medicaid. Government agency employees are not permitted to advise Medicare participants on their specific choice of PDP, so many patients will turn to their PCPs with questions.

NEXT PCPAC MEETING WEDNESDAY, October 19, 2005



Rhode Island Primary Care Provider Advisory Committee

*"Advising the Director of Health and the Office of Primary Care on
programmatics and policy issues that support primary care in Rhode Island."*

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Ray Maxim, MD
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Omar Meer, MD
Internal Medicine

John B. Murphy, MD
Rhode Island Hospital

Donya Powers, MD
Partners in Family Healthcare

Mark Schwager, MD
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Richard Wagner, MD
RI MHRH

John Young
RI DHS

October 11, 2005

David Gifford, MD, MPH
Director
RI Department of Health
3 Capitol Hill
Providence, RI 02908

Dear Dr. Gifford,

At the September 21, 2005 meeting of the Primary Care Provider Advisory Committee, members discussed the upcoming Influenza season and flu vaccine administration. The Committee is pleased to provide the following recommendations to HEALTH in support of its efforts to ensure effective and orderly vaccine distribution.

Public Education and Provider Awareness of Priority Groups - *To promote public understanding of the present limited access to flu vaccine, the criteria for receiving the vaccine at this time, and the projected date for open general uptake:*

- Promote the priority population criteria via the media, scaling the campaign to appropriately target priority populations without creating alarm.
- Continue to send current vaccine availability and guideline revision information to providers.
- Draft a HEALTH statement to physicians regarding guideline compliance that can be shown or distributed to patients.
- Create a pediatric-specific version of the guidelines for posting in offices.
- Provide multilingual consent forms.

Provision of Vaccine - *To promote public awareness of opportunities to receive flu vaccine and encourage vaccine uptake:*

- Support and promote public flu clinics that will accept all insurances and will provide vaccine free of charge to uninsured individuals unable to pay the out-of-pocket cost.
- Utilize the primary care/public health infrastructure to ensure high-risk patients with chronic illnesses are vaccinated, since these patients will generally have a primary care provider.
- Encourage physicians administering vaccine in-office to triage and request non-high-risk patients to call back after general availability date.
- Encourage hospitals to promote their plans for vaccination of direct patient care personnel.

Future Vaccine Purchase and Distribution - *To improve the way adult flu vaccine is supplied to the state and how vaccination is tracked:*

- Short-term: Work to promote the physicians vaccine purchasing cooperative and address issues which arose from last year's vaccine shortage
- Short to Long-term: Work to establish a statewide adult vaccine bulk purchase and distribution system, similar to the pediatric vaccine system. Address concerns regarding requirement of payment at time of ordering.
- Long-term: Create a statewide patient database, similar to KIDSNET, which could be used to track vaccinations.

I trust that this advisory information will be useful for policy and assurance initiatives within your department. The Committee and I look forward to working with you in a productive manner that will improve the health of the people of this State.

Jeffrey Borkan, MD, PhD
PCPAC Chair