

# **PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE**

## **Meeting Minutes, October 19, 2005**

*Members in Attendance:* Jeffrey Borkan, MD, PhD, PCPAC Chair; Sandra Boehlert, MD; Sarah Fessler, MD; Michael Fine, MD; David Gifford, MD, MPH; Ellen Gurney, MD; Victor Lerish, MD; Sharon Marable, MD, MPH; Mark Schwager, MD; Richard Wagner, MD. *Guests:* Ellen Mauro, RN, MPH; Amy McIntyre; Chris Tanguay; Robert Trachtenberg. *HEALTH:* Deborah Fuller, DMD; Bill Waters, PhD. *PCPAC Staff:* Carla Lundquist, Mary Anne Miller, RN, MPH; Rebecca Stokes.

*Unable to Attend:* Munawar Azam, MD; Stanley Block, MD; Herbert Brennan, DO; Mark Braun, MD; L. Anthony Cirillo, MD; Charles Eaton, MD; Arnold Goldberg, MD; Ray Maxim, MD; Omar Meer, MD; John Murphy, MD; Donya Powers, MD; John Young.

- ***Behavioral change is key to prevention and the long-term success of the wellness initiatives. Physicians must have access to resources/networks for implementing behavioral changes.***
- ***Balance in use of the health care system can be achieved only through responsible coordination of care, but there must be adequate reimbursement to primary care providers for this essential activity.***

Dr. Borkan opened the meeting at 7:30 AM. Minutes of the September 21, 2005 meeting were approved as written.

**Health Literacy/Primary Care Week:** Ms. McIntyre, a Brown Medical student and National Health Service Corps Scholar, briefly described the American Medical Student Association's National Primary Care Week focus on health literacy, and the local efforts of medical students to raise health literacy in immigrant populations. Low health literacy is a significant issue for health outcomes and correlates strongly with racial/ethnic health disparities. The Office of Primary Care acknowledged and thanked all PCPAC members for their generous contributions of time and expertise throughout the year.

**New Meeting Framework:** To move the committee into a more active advisory role, strictly informational presentations to PCPAC will be limited, and persons requesting time on PCPAC agendas must complete a form stating the purpose/goals of their topic and the action expected from PCPAC. Questions posed to the committee will be included on the meeting agenda.

**State Initiatives for Health Care Reform:** Dr. Gifford summarized the initiatives introduced by Governor Carcieri to improve health care in Rhode Island. The five initiatives include wellness promotion/risk behavior reduction (targeting obesity, exercise, nutrition, seatbelt use, and smoking), health information technology, creating a more balanced healthcare delivery system, affordable small business insurance, and using the state purchasing power to control costs, improve performance and drive change. Dr. Gifford noted that a significant amount of the rapid rise in health care costs is due to increased prevalence of preventable diseases at younger ages, rather than an increase in per capita costs to treat a disease. Members present agreed with the need to shift the balance in health care from an illness to a prevention focus. Behavioral change, the key to prevention and long-term success of wellness initiatives, will be dependant upon encouraging physicians to devote more patient encounter time towards prevention/reduction of risk behaviors. Physicians must have access to resources for implementing behavioral changes, including referral options. For many behavioral change issues, an interdisciplinary team may be most successful, although this approach is not supported by the current infrastructure.

Rebalancing the health care delivery system to develop a primary care infrastructure will require a change in philosophy and a willingness to design the system that is needed, not just to build on the existing pieces. Balance in use of the health care system can be achieved only through responsible coordination of care, but there must be adequate reimbursement to primary care providers for this essential activity. Community health centers in Rhode Island serving the uninsured and underinsured are supported by federal dollars, but are under-funded to provide both the multidisciplinary team function and to care for socially stressed populations. The problem of maintaining hospital services while creating ambulatory services/primary care access within available resources must be addressed. There is interest in changing the Certificate of Need (CON) process to make it an effective vehicle to use in rebalancing the health care delivery system. The CON process could be a useful lever to reach out to business and influence how insurers pay for care, to prevent over-proliferation of certain services (such as MRIs) and to increase access to care. The ultimate goal of restructuring the state's health care system is to assure that every Rhode Islander has access to a personal physician/primary care health team that can provide coordinated, comprehensive, timely, and culturally competent care across the lifespan. Tort reform must be part of the restructuring - without it, physicians are reluctant to treat at-risk patients and health care access for the underserved suffers.

PCPAC members made specific recommendations for expansion of the wellness goals and strategies, creation of a statewide working group to develop primary care infrastructure, and promotion of the initiatives to the public and the health care provider community (PCPAC Advisory dated October 31, 2005, attached).

**Primary Care Academies:** PCPAC members representing the primary care academies should be authorized to speak for the organization in terms of making recommendations to the Director of Health. Meeting minutes should be forwarded to the academies, and PCPAC should be used as a conduit for two-way communication between the academies and HEALTH.

**Influenza:** Bill Waters is coordinating HEALTH's response to influenza at all levels. Dr. Gifford would like further input on the operational aspects of a state mass purchase of adult vaccine including the structure of a state bulk purchase, whether acquisition of vaccine via the state purchase should be mandatory and include all vaccine providers, and what interim strategies should be pursued.

***NEXT PCPAC MEETING WEDNESDAY, NOVEMBER 16, 2005***