PRIMARY CARE PROVIDER ADVISORY COMMITTEE

Meeting Minutes, May 17, 2006

Members in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Gregg Allen, DO; Gowri Anandarajah, MD; Stanley Block, MD; Mark Braun, MD; Robert Crausman, MD, MMS; Fadya ElRayess, MD; Michael Fine, MD; Arnold Goldberg, MD; Ellen Gurney, MD; William Hollinshead, MD, MPH; Sharon Marable, MD, MPH; Raymond Maxim, MD; Richard Wagner, MD. *Guests*: Celia Gomes-McGillivray, RN, MPH, CHES; Yvette Mendez; Robert Trachtenberg, MS. *HEALTH*: Deborah Fuller, DMD, MS; Ana Novais, MS. *PCPAC Staff*: Carla Lundquist; Mary Anne Miller, RN, MPH, CHES.

Unable to Attend: Andrea Arena, MD; Munawar Azam, MD; Solmaz Behtash, MD; Sandra Boehlert, MD; L. Anthony Cirillo, MD; Charles Eaton, MD; Sarah Fessler, MD; Paul George, MD; Luke Hansen, MD; Victor Lerish, MD; Omar Meer, MD; John Murphy, MD; Donya Powers, MD; Renee Rulin, MD, MPH; Mark Schwager, MD; Patrick Sweeney, MD, PhD, MPH.

Dr. Borkan opened the meeting at 7:36 AM. Minutes of the March 15, 2006 meeting were approved as written (motion by Dr. Block, second by Dr. Braun, all in favor). Dr. Borkan asked members to review the advisory letter from March PCPAC during the meeting. Signatures of all PCPAC members willing will be added to the final letter. Ms. Miller introduced Ana Novais, Associate Director of the recently formed Division of Community Health & Equity at the Department of Health. Ms. Novais previously was Chief of the Office of Minority Health. The Pediatric Immunization Update was postponed to the June meeting due to presenter illness.

Dr. Fine and Dr. Block addressed the committee on Health Disparities, Access to Care, and Primary Care. Health status in Rhode Island and nationally varies significantly by race and culture. Income inequality is the major contributing factor to health disparities, and is more intensive in RI than in the US as a whole. The huge racial/ethnic differences in income are mirrored by disparities in unemployment, education, and home ownership. These economic inequalities are key factors in differences in health care coverage and access to care, which contribute heavily to health status disparities. Most egregious are documented racial/ethnic disparities in medical service delivery.

Ms. Novais noted that even when other factors have been controlled for, racial/ethnic health status disparities are still prevalent in RI, and referred PCPAC members to the Office of Minority Health fact sheets detailing specific inequalities (www.health.ri.gov/chic/minority/resources.php). Hospital discharge data is currently in analysis to review treatment equality of hospital-based services in RI.

Dr. Fine observed that among predictors of population health, the proportion of primary care physicians to the population ranks below smoking and environmental exposures, income inequality, and the historical effects of racism on individuals. Primary Care cannot by itself compensate for the contributing factors to health disparities listed above, but can begin to address disparities together with approaches to reduce income inequality and assure equal treatment.

<u>Community Health Centers (CHCs)</u>: Dr. Block provided a brief history of CHCs in the US and a summary of RI CHCs; 12 agencies/29 sites which serve ~100,000 individuals with emphasis on primary/preventive care. The majority of RI CHCs receive partial funding from the federal Bureau of Primary Health Care, but nonetheless are facing major challenges: 1) more uninsured, multicultural, and complex patients, 2) workforce turnover, 3) pressure to deliver same day service/expand services, 4) counterproductive regulatory issues, 5) low Medicaid/RIte Care reimbursement, and 6) more un-reimbursable time for prior authorizations. As the proportion of uninsured patients increases (from 25% to 37% over the past four years), CHCs become less attractive to insured patients who must wait while PCPs negotiate tertiary care, medications, and behavioral health issues for the uninsured.

<u>Private Primary Care/Access Alliance</u>: Private practices also are experiencing challenges: 1) Small practices have difficulty handling same day acute care, 2) lack of pricing flexibility to subsidize care of the poor, 3) highly regulated environment, 4) malpractice costs, and 5) deeply discounted reimbursement for Medicaid and dual-eligible patients. To promote access to health care among his patients, Dr. Fine developed the Access Alliance to provide affordable primary care (not insurance) to uninsured patients. The RI Academy of Family Physicians has adopted the Access Alliance program and wants to expand it to 10-20 practices statewide with the goal of providing primary care to ~10,000 uninsured individuals and families. Patients pay an enrollment fee, modest office visit fees, and are billed monthly for participation in the Alliance, alleviating the fear of health care costs and allowing patients to maintain their medical homes.

Both CHCs and private primary care practices are struggling with providing culturally competent care without funding to an increasingly diverse population, and poor access to subspecialty care uninsured/underinsured patients.

<u>Discussion highlights: Solutions for Primary Care Access to Reduce Disparities</u>

- CHCs cannot be expected to bear the entire burden of caring for the uninsured in RI, and private practice cannot afford to provide care to a substantive Medicaid population at current reimbursement rates. Offer transfer to Access Alliance practices to some uninsured patients, to keep the uninsured 25% or less of CHC populations.

- Dr. Fine related the efforts of CHCs in the Midwest that created their own specialty network to assure access for their patients, with the help of federal funding. He remarked that the way to effect change to the health care system is through positive encouragement, not regulations.
- Advocate for expansion of the J-1 Visa Waiver program to nurses and dentists, to help counteract the upcoming scarcities in these professions.
- Issues of customer service for physicians exist with all major insurers, not just for Medicare Part D; formularies are getting tighter and more prior authorizations are being required, impacting physician/staff time. Establish customer service requirements for insurers' prior authorization processes; physician calls should be answered by a live person within one minute.
- Health insurance premiums for staff are a huge burden for health care providers as in other industries, and without change in the health care system large cost increases will continue to be seen. Allow CHCs to join the federal health insurance program to participate in larger pool health coverage purchasing.
- Pursue federal/state/municipal/business/non-profit funds to create a health care funding "pool" for uninsured patients.
- Require & enforce mandates for new or expanded health facilities to provide a certain number or percent of facility and/or consultative services in various specialties to uninsured patients. Ms. Novais noted that hearings were recently held on charity care regulations for hospitals, and review of all licensed health care professions and institutions will be forthcoming. Questions regarding impact on disparities and access for uninsured and low-income populations will be added to the Certificate of Need process.

Dr. Fine asserted that PCPAC should advocate for parity between Rite Care and commercial insurance reimbursement rates. Inequalities in compensation for care provided will directly impact the capacity of providers to care for Medicaid populations, thereby contributing to health disparities. The state will continue to lose dedicated primary care physicians because they cannot afford to practice in RI. Dr. Goldberg remarked on the need to educate and involve patients in the advocacy effort, as decision-makers are more open to hearing from patient constituents than physicians.

Health status and treatment disparity data for Rhode Island must be studied and presented to replicate national studies and emphasize that these issues are local, too.

Ms. Miller noted the complexity of the proposals, which involve federal, state, regulatory, Medicaid, and disparity issues that must be addressed separately, and suggested that PCPAC create a subcommittee to address the issue. Dr. Borkan took the suggestion under consideration.

NEXT PCPAC MEETING WEDNESDAY, JUNE 21, 2006