PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, November 15, 2006

Members in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Gregory Allen, DO; Munawar Azam, MD; Utpala Bandy, MD, MPH; Stanley Block, MD; Mark Braun, MD; L. Anthony Cirillo, MD; Robert Crausman, MD, MMS; Sarah Fessler, MD; Arnold Goldberg, MD; Ellen Gurney, MD; William Hollinshead, MD, MPH; Raymond Maxim, MD; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD. *Associates/Guests*: Susanne Campbell, RNC; Hava Tabenkin, MD, MS. *PCPAC Staff*: Carla Lundquist.

Unable to Attend: Gowri Anandarajah, MD; Andrea Arena, MD; Solmaz Behtash, MD; Charles Eaton, MD; Fadya ElRayess, MD, MPH; Michael Fine, MD; Paul George, MD; David Gifford, MD, MPH; Victor Lerish, MD; Sharon Marable, MD, MPH; Donya Powers, MD; Renee Rulin, MD, MPH; Mark Schwager, MD.

Dr. Borkan called the meeting to order at 7:35 AM. Dr. Wagner requested that the advisory letter language regarding making all HEALTH forms eligible for electronic submission be added to the minutes of the October 18, 2006 meeting, which were approved as amended (motion by Dr. Block, second by Dr. Wagner, all in favor). Advisory letters from the October meeting, on flu vaccine and HEALTH forms, have gone to Dr. Gifford; a third letter on HPV vaccine is drafted. Dr. Hollinshead informed the group that the entire order of pediatric flu vaccine has now been received in the state and practices are being notified. Dr. Hollinshead also reported that Family Health now has a contract price of $96/dose with the Vaccines for Children program, and has made arrangements to purchase HPV vaccine for adolescents < 19 years in RI. Insurers will purchase vaccine via upfront payments to HEALTH, so will not be reimbursing the cost of the vaccine to providers. Dr. Block mentioned that Neighborhood Health Plan is wrestling financially with how to provide HPV vaccine for 19 – 26 year olds (as recommended by CDC). This vaccine affords hope of decreased incidence of cervical cancer and significant savings on cancer treatment costs, but an initial investment must be made to cover the at-risk population. It is unfair to expect NHP to be able to make that investment without additional funding from the state or another source. Dr. Sweeney responded to some questions about HPV vaccine that members brought up at the last meeting. Lori Boardman, MD, provided several articles with complicated mathematical models on the cost-effectiveness of the vaccine (available electronically), but there is no definitive analysis available due to the unanswered questions regarding the length of effectiveness of the vaccine and if it should be given to males. Dr. Sweeney recently attended a District 1 ACOG meeting, and reported the stance on HPV vaccine as cautious and reserved; there are only four years of data available, so questions linger as to long-term safety. Per PCPAC interest in a public policy discussion on HPV vaccine, Dr. Hollinshead noted that a small group at Women & Infants Hospital is working on a shared public education effort/dialog within the next 6-12 months, and invited PCPAC members to join that initiative. The committee directed that the issues of long-term safety and funding/provision of HPV vaccine to 19-26 year olds, especially those in Medicaid or aging out of RIte Care, be added to the final advisory.

Dr. Cirillo, Chief, Center for Emergency Preparedness and Response (CEPR), provided a presentation on **Pandemic Flu Preparedness in RI**. Pandemic flu planning helps to prepare the state for all emergency situations, but the readiness of primary care practices will be critical to managing a pandemic flu event. Over the past year, HEALTH has worked with other state agencies and the hospitals to define Healthcare Service Regions covering all communities, and to create a system of pandemic flu care including acute care hospitals and Alternate Care Sites (ACS), which will act as safety valves to prevent overloading of hospitals. The hospitals will serve as planning and coordination agents for their regions on behalf of HEALTH. In a pandemic event, waves of widespread illness will sharply increase the demand on both hospitals and primary care practices. Community containment to slow the spread of disease will depend on early closure of schools, a major impact on society. A key concern about school closure is whether children will be put in close-quarters childcare, increasing infection risk. The surge capacity a primary care practice can absorb will depend on the loss of personnel due to illness, or the need to care for sick family members or children out of school. To maximize capacity and prevent loss of resources from the system as practices close due to staffing issues, available staff members will be coordinated to supplement other offices and/or staff ACS. It is not the intention to take over any practice, merely to provide support staff to enable practices to stay open, or to utilize available providers elsewhere when practices close. A relationship has been established with the Volunteer Center of RI to coordinate staffing of any ACS opened during a pandemic, most of which will be located in closed schools. Available staff will become temporary employees of the hospital and will be directed to the ACS or to support an open practice. This will allow providers and staff to have income during the period the primary care practice is closed, or while elective procedures at hospitals are postponed. Staffing of an ACS will be challenging as the personnel will change from day to day, and must rely on those available, including people unable to fulfill regular duties, providers who do not traditionally provide acute care, school nurse teachers, and possibly other school personnel who can be trained as health care educators. Non-healthcare providers may be trained to do basic tasks that will relieve the burden on traditional providers. Retired healthcare providers and medical students may be called upon to take an active role.

PCPAC members asked how to address fears of infection that may keep office staff at home, and how ACSs will counteract these concerns when recruiting personnel who would not normally be at risk to come in and care for the ill.

Dr. Cirillo reminded the group that it is still flu, which happens every year, and mortality is still low. Members commented that the public is not getting any messages of reassurance, only alarming warnings. If patients ask questions about pandemic flu and physicians don't have answers, it increases the fear; PCPs need to know the plans and procedures.

Shortages & economic disruptions are to be expected in a pandemic; CEPR has created priority lists for medications & equipment but these present bioethical challenges, especially if only partial shipments are received; CEPR is seeking advice from the Ocean State Ethics Network. The CEPR has been discussing the issue of access to regular medications with insurers, in order to allow people to have supplies on hand beyond the limit of 30 days worth imposed by insurance companies. There are presently 500+ ventilators in the state; CEPR has budgeted for 2000 portable units and has recently reached an agreement on storage space for them. Dr. Gurney asked if CEPR is looking at stockpiling pediatric oral rehydration fluids for children under age one; Dr. Cirillo replied that they do not have funding for any such stockpiling.

There was great interest from the committee in stockpiles of Tamiflu: how much will the state have, how/where will it be available, and whether use of antivirals might encourage health care staff to continue working. Dr. Cirillo reported that enough Tamiflu cannot be produced or procured for prophylactic use, and currently the state has no stockpile, as the doses due in 2006 have not yet been received. The near term availability of Tamiflu cannot be predicted; even if accessible, the total the state would be able to procure from federal sources and direct buy would be about 300K doses, not even enough to treat those ill in a pandemic. The federal stockpile doses (140K) will be eligible for use beyond expiration, but the state-purchased antiviral will not. Pharmaceutical companies do not stockpile Tamiflu. Safety and health will depend on personal protective behaviors such as diligent hand washing and infection control, not use of antivirals.

CEPR is developing a binder of rules, regulations, and statutes that will need to be waived during a pandemic crisis, and is compiling a series of emergency executive orders to be signed by Governor or Director of Health as appropriate. There will be flexibility in licensure and credentialing in order to assure availability of patient care. CEPR is working with the DMAT Team and RI Response to handle credentialing for emergencies. Sharing of personnel across state lines must be arranged between states by official request under the Emergency Medical Management Assistance Compact (EMMAC). Personnel traveling officially to assist another state will have their liability covered by their home state.

PCPAC members asked if HEALTH is going to establish an email database for communicating with physicians. Dr. Cirillo noted that all physicians had the opportunity to renew their licenses online this year. A bridge page is being added to the license renewal form offering opportunities to learn about and enroll in the Medical Reserve Corps and RI Response. HEALTH will be able to send emails to all licensed health care professionals to recruit participants [providers who used paper license renewal will get the information by mail]. Concern was expressed that errors in online licensure would cause participation to plummet, and it was suggested that instituting a minimal rebate check for online renewal; which also will allow state to track whether the address is correct, might be useful. An additional route for electronic information dissemination may be the updates sent out by the primary care academies.

In addition to sentinel physician surveillance for pandemic activity, HEALTH now has the Real-Time Outbreak Data Surveillance System (RODSS) providing data extraction from Lifespan hospitals (other hospitals to go online soon), which monitors and sends alerts at thresholds of certain types of ER visits, and measures other community health indicators. Physicians seeing any imported avian type flu would be expected to report it to HEALTH immediately.

Dr. Borkan expressed concern about the rate of progress over the past year and the dependence on hospitals and volunteers with little state role. Dr. Cirillo respectfully disagreed, noting that hospitals were selected to take advantage of their long-standing partnerships with service delivery organizations, and with CEPR assistance have been meeting and planning with their communities. If needed, the hospitals could implement ACS now, although the staffing would be very challenging. The funding for stockpiling has been very slow, and no states have received their antivirals, but CEPR is partnering with key stakeholders, especially insurers, to emphasize and assure their crucial role in reimbursing for work done at ACSs. CEPR is using online licensure and other means to encourage, educate, recruit, and train people to respond to a pandemic, and is interested in knowing how to communicate better with PCPs.

PCPAC members recommended immediately preparing and distributing informational packets to primary care practices about regional plans, giving specific instructions for the physicians and their staff members, for review and "to be opened in time of a pandemic". It is essential to inform primary care practices now on how a flu pandemic will be declared and handled, what steps will be taken by whom, what primary care providers will be expected to do in a pandemic, how emergency communications will be managed, and who/where practices will need to call to report staffing needs and availability. Before worrying about educating the public, HEALTH must have a plan in place for educating/training providers & staff so they can inform their patients and answer questions. In particular, CEPR needs to address the realities of antiviral stockpiles, availability, and recommended usage before a pandemic emergency occurs.

NEXT PCPAC MEETING: WEDNESDAY, DECEMBER 20, 2006