

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, April 25, 2007

Members in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Thomas Bledsoe, MD; Stanley Block, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Sarah Fessler, MD; Michael Fine, MD; David Gifford, MD, MPH; Arnold Goldberg, MD; William Hollinshead, MD, MPH; Raymond Maxim, MD; Albert Puerini, Jr., MD; Richard Wagner, MD. *Associates/Guests:* Courtney Colton. *HEALTH:* Annemarie Beardsworth; Becky Bessette, Mark Francesconi; Patricia Raymond. *PCPAC Staff:* Carla Lundquist; Mary Anne Miller, RN, MPH.

Unable to Attend: Gregory Allen, DO; Gowri Anandarajah, MD; Munawar Azam, MD; Francis Basile, Jr., MD; Mark Braun, MD; Matthew Burke, MD; Robert Crausman, MD; Anthony Cirillo, MD; Ellen Gurney, MD; Victor Lerish, MD; Mark Schwager, MD; Patrick Sweeney, MD, PhD, MPH.

Dr. Borkan opened the meeting at 7:37am. Dr. Wagner requested that the minutes of the March 21, 2007 meeting be amended to reflect the recommendation to the Primary Care Leadership Council (PCLC) that Behavioral Health be included in primary care. The minutes were approved as amended. Dr. Borkan noted that letters went out to the primary care academies/societies requesting direct, closer participation on PCPAC with official representation of the organizations. Alternate representatives may be named to ensure an organizational presence at each PCPAC meeting.

Dr. Puerini reported that the PCLC met following the March PCPAC meeting, and PCLC members were in an agreement with PCPAC that PCLC would be recognized as the advocacy agent for primary care in RI. The group is continuing to push legislation and had a very productive meeting with the Governor on April 24th. Dr. Gifford agreed that the meeting was very positive and engaged the Governor, and several follow-up meetings were set as a result. The PCLC identified problems and potential solutions and framed their approach around the Governors Health Care Agenda. The meeting demonstrated the value of the council, as it was clear that competing practices were speaking with one voice. There was a good discussion of payors' attentiveness to primary care, the efforts of Blue Cross to achieve regional parity in reimbursement, and the need to move United in that direction.

Adult Flu Immunization - Dr. Gifford gave a brief summary of the issues and legislation that led to the new HEALTH program to procure and provide adult flu vaccine statewide, based on the established model of pediatric vaccine procurement and distribution. Starting with the 2007-2008 flu season, the Immunize for Life Program will provide flu vaccine for adults 19+ who reside in RI and have some type of insurance or who work for/are insured by a RI company. RI insurers, and Medicare/Medicaid, have agreed to partner on this effort, as well as the CDC who is looking at RI as a model for other states. If successful, the legislature may consider expanding the program to other adult vaccines. Insurers will prepay the state for the cost of flu vaccine. The state was granted a waiver to have Medicare pay 2/3 of the projected vaccine cost for its enrollees up front, but billing of administration fees will be important in the state reconciliation with CMS. Reimbursement requests will be used to prove the amount due to the state. The state negotiated reduced flu vaccine prices ranging from \$10.00-\$12.25 per dose, and has ordered 250K doses of vaccine. Providers may bill insurers for administration costs only; providers will not be reimbursed for the cost of vaccine purchased elsewhere. Therefore, any practices that have pre-ordered flu vaccine for the 2007-2008 season should cancel their orders. In addition, if a provider gets vaccine from the state and is reimbursed for it (by self-pay patients), the state will pursue payment for those doses. CMS will report any requests for reimbursement for vaccine to RI, so the state can pursue those monies. A wastage policy is in development. It is hoped that by mid-October practices would have a better idea of the quantities of flu vaccine they will need, and could adjust their early estimates. After that, a wastage allowance of 5% would be applied; providers would be required to pay the state for any unused doses above that amount. HEALTH will work with practices to redistribute vaccine; if doses can be reallocated, they will not be charged as wastage.

The vaccine order will probably come to the state in pieces and go out to providers in a similar fashion from mid-October to late November. This will allow the state to accumulate enough vaccine to distribute meaningful quantities to practices cost-effectively. Letters are going out to all practices listing the information needed for online enrollment in the program, including a rough patient profile and the total number of doses needed. The state is also seeking information on chronically ill patients, to provide backup data for tiering in the event of a vaccine shortage. Notices to not order vaccine/cancel pre-bookings went out via fax blast in both December and January, and have been posted on the HEALTH website. Multiple communications via a variety of media are planned to inform and enroll primary care providers in the Immunize for Life Program. Improving communications with PCPs is an underlying goal of the program.

In committee discussion, Dr. Bledsoe asked if the state is recognizing that the preferred method to get a flu shot is via a primary care provider, and noted there is a difference between the number of his patients who will get a flu shot, and the number who will get it via his office. Dr. Gifford responded that in accordance with the medical home model, many PCPs want to be the main source of flu vaccine for their patients but up-front costs for vaccine purchase limited participation. The new program addresses provider investment and issues of equity in pricing and distribution. Other discussion:

Vaccine administration reimbursement mechanisms & rates - Some insurers have bundled the administration charge with the vaccine charge in the past, assessing administration at a penny. HEALTH has discussed this with insurers, who

have agreed to reverse the practice. Flu vaccine administration rates for major insurers are posted on the HEALTH website. There is often a lag time between policy agreement and implementation; it is recommended that the payment mechanism be tested to assure correct reimbursement by recruiting several practices to act as early testers of the process. Dr. Fine made a motion to advise the state to advocate for insurers to match the Medicare vaccine administration reimbursement, to prevent rates being set unreasonably low. Dr. Puerini seconded; all members present voted in favor.

Data gathering & reporting - Practices will be asked to track the doses they use; how many to Medicare patients, other insured patients, and self-pay patients, for wastage calculations. PCPAC members suggested that HEALTH develop a standardized tracking form for practices to use. Although practices will not be required to report their breakdown of billing for administration costs to the state, Dr. Fine pointed out that this data may be valuable for planning purposes, and it may be worthwhile to work with insurers including NHP to extract this information. Dr. Eaton suggested that online enrollment forms offer an opportunity for providers to describe innovative strategies for immunization.

Vaccine timing - It is most important to let providers know as early as possible what they will be getting and when. It could be problematic for practices that schedule flu clinics for their patients if they cannot be assured vaccine will be available on time and at sufficient quantity. Dr. Gifford commented that no one can predict if there will be a national shortage impacting vaccine delivery. The Immunize for Life Program is considering setting a statewide start date for flu shots, so the state would not be at a disadvantage to national mass immunizers. This is an opportunity to use state health policy to forward both primary care and public health, as the mass immunizers create a rush to immunize earlier than the optimal flu shot time, which is ~ November 1-15. The public needs to be educated to change the demand for flu shots before mid-October. The CDC is encouraging extending the flu vaccine season later in the winter. Dr. Fine made a motion to advise the state to set a dual start date for adult flu vaccinations, earlier for PCPs and later for mass immunizers. If mass immunizers get vaccine before PCPs, patients will get flu shots from them, reducing the quantity of vaccine the PCPs will use. This would encourage people to see their PCP for a flu shot, and use the mass immunizers for catch-up. Dr. Eaton offered a friendly amendment to the motion, to a less specific motion advising the state to set a vaccine schedule that supports the medical home model. Dr. Hollinshead noted that he is not a voting member of PCPAC, but he supports Dr. Eaton's proposal, especially for the first year. Revisions to the schedule can be made in subsequent flu seasons. PCPAC members agreed that most important is to put patients first and vaccinate all who want it, especially high-risk patients, at the right time. Dr. Fine accepted amendment of the motion, but pointed out that if a double start date is not used, all mass immunizers will have clinics the same day that PCPs can start giving vaccinations. All members present voted in favor of the amended motion.

Dr. Gifford noted that each step of the program rollout will generate more questions, and this issue will be brought back to PCPAC as it unfolds. HEALTH is concerned that providers still don't know about this program and urged all present to spread the word, particularly regarding not ordering vaccine. Dr. Puerini offered to give a summary of the new program at an upcoming RIPCC meeting. Dr. Fine noted that the RIAFP wrote, sponsored, and shepherded the bill that authorized the state purchase and distribution of adult flu vaccine.

Clinical and Translational Sciences Award (CTSA) Community Engagement Research Program (CERP) –

Dr. Eaton provided the background of the CERP, part of a National Institute of Health effort to train new investigators in clinical research and bring technologies into practice. Brown University, URI, and HEALTH received a planning grant to develop a CTSA application. The objective is to develop a statewide research network of clinical providers, which also will facilitate communication and collaboration between existing research networks in RI. At present, overall evaluation data is insufficient, and the network would perform quality improvement research and recruit subjects for innovative clinical effectiveness trials. Dr. Eaton reviewed potential benefits and downsides for providers participating in such a network, and asked for PCPAC input. Dr. Fine noted that from a business model perspective, practices would need to receive the cost of participation plus 30-40% to make the investment of time worthwhile. Primary care practices are usually asked to participate in research for free or for a tiny incentive, and this is not sustainable. Another concern is IRB review; which IRB will rule on these research activities, and how will the research be presented to patients, who often find IRB requirements onerous. Dr. Bledsoe noted that there is much good research work being done in RI that is not widely known, and it is hard to keep track of the many individual research sites. This program could function as a clearinghouse to match projects/researchers, providers, and patients. Dr. Wagner declared that putting research in place is good, but it is more important to prioritize health improvement in accordance with the Healthy People 2010 goals and objectives. Dr. Fine remarked that NIH research tends to be biased toward the life span, not toward measures of function and quality of life. Research efforts need to integrate social determinants of health into their equations and recommendations. Dr. Borkan noted that this new direction from NIH is encouraging and the network could serve to resolve barriers to project development and implementation.

NEXT PCPAC MEETING: MAY 16, 2007