

## **PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE**

### **Meeting Minutes, May 16, 2007**

*Members in Attendance:* Gregory Allen, DO; Thomas Bledsoe, MD; Stanley Block, MD; Mark Braun, MD; Denise Coppa, PhD, RNP; Robert Crausman, MD; Sarah Fessler, MD; Arnold Goldberg, MD; William Hollinshead, MD, MPH; Victor Lerish, MD; Raymond Maxim, MD; Richard Wagner, MD. *Associates/Guests:* Steven DeToy; Celia Gomes-McGillivray, RN, MPH, CHES. *HEALTH:* Valentina Adamova; Michael Dexter; Stephanie Kissam; Donald Williams. *PCPAC Staff:* Carla Lundquist; Mary Anne Miller, RN, MPH.

*Unable to Attend:* Jeffrey Borkan, MD, PhD, PCPAC Chair; Gowri Anandarajah, MD; Munawar Azam, MD; Francis Basile, Jr., MD; Matthew Burke, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Michael Fine, MD; David Gifford, MD, MPH; Ellen Gurney, MD; Albert Puerini, Jr., MD; Mark Schwager, MD; Patrick Sweeney, MD, PhD, MPH.

Guest Chair Dr. Goldberg opened the meeting at 7:34 AM. Minutes of the April 18, 2007 were reviewed. Dr. Wagner moved to approve the minutes as written, seconded by Dr. Maxim. All members present voted in favor [Allen, Bledsoe, Block, Braun, Coppa, Fessler, Goldberg, Lerish, Maxim, Wagner]. The PCPAC advisory letter from the April meeting was reviewed. Dr. Wagner requested the letter reflect that funding for new immunization efforts should not be taken from funds budgeted for other primary care and prevention efforts.

**State Family Health Plan** - Dr. Hollinshead explained that the Division of Family Health is required annually to seek and respond to input from the public and health professionals for the State Family Health Plan, which must be submitted to the federal Maternal and Child Health Bureau in July. A two-page survey listing eight priorities for maternal and child health was provided to PCPAC and is available on the Division web page [<http://www.health.ri.gov/family>], together with summaries of the 2007 and 2006 plans and notice of the public hearing scheduled for Monday, June 26<sup>th</sup>. PCPAC members were asked to participate in the survey and provide their thoughts, suggestions, and main concerns for the eight family health priorities. Family Health personnel will be presenting the survey at a variety of professional and consumer group meetings statewide.

**The CON Process** - Donald Williams, Associate Director for Health Services Regulation, and Michael Dexter, Chief of the Office of Health Systems Development (HSD), provided an overview of the Certificate of Need (CON) Program. The CON process evaluates the affordability and need for particular facilities, services, or capital expenditures, and is designed to prevent unnecessary duplication of expensive medical services and equipment. Many CON applications are for tertiary services. The two-step process consists of a Letter of Intent (LOI, filed at least 45 days prior to application), and the CON application. CON applications are accepted twice each year on January/June 10th, with 50-day review cycles commencing February/July 10th. Once accepted for review, comments on CON applications may be directed to Mr. Dexter, or directly to Dr. Gifford. The review schedules and meeting notices are posted on the Council web page [<http://www.health.ri.gov/hsr/healthsystems>]. The applications come before the Health Services Council with opportunities for public input. The Council is split into two subcommittees for application review, but comments or recommendations are presented to the full council. Comments may be submitted in writing or in person before the Council, preferably both. Although RI does not have a "State Health Plan" as noted in the CON process, there are a number of documents signed by the Director of Health in existence that may be referenced to strengthen comments or conditions requested. A state mental health plan is available from MHRH. It is sufficient to reference other documents when providing focused input and specific suggestions; the CON office does not have staff available for data analysis. Joint ventures or collaborations must be in effect before the CON application is submitted; additional applicants cannot be added after submission; the application must be withdrawn and re-submitted. Joint ventures may reduce the incidence of redundant services, and assist struggling community hospitals, but it is very difficult to persuade potential applicants to do so. The Council denies very few CON applications, if there are significant objections the applicants tend to withdraw. There is a concern nationally that the process may stifle innovation; unusual projects may never apply. The Council may add conditions for approval at any point in the CON review process and the Director of Health may add conditions up to the time of approval. It is preferable that conditions be proposed earlier in the process, to allow a public dialog with the applicant on how best to make the conditions work. HEALTH's authority to enforce conditions set on CONs is based on the sanctions of the licensing law, with a few exceptions. Mr. Williams stated that HEALTH's position is that compliance with CON conditions is required by law for continued licensing, although the law is not as explicit as it could be.

**Using CON Conditions to Support Primary Care** - The Director of Health has statutory authority to attach conditions to CONs granted, and Dr. Gifford is taking this opportunity to effect the Governor's health policy agenda. Using CON as a lever, the State is seeking to balance the needs for tertiary services and capital expenditures with the needs of the populations to be served for primary care and prevention services by setting conditions that bolster primary care. Once conditions are set and a CON is approved, the office of Health Systems Development will rely on other Health divisions, particularly the Division of Community Health and Equity (DCHE) for monitoring accomplishment of conditions outside the normal CON area and notifying the Health Services Council if requirements are not being met. The Council will work to connect the conditions to the appropriate Health divisions during the negotiation process. As an example, Mr. Dexter

discussed the December 2006 CON letter of approval sent to South County Hospital for their application to provide Diagnostic Cardiac Catheterization. The letter included two conditions added by Dr. Gifford directly related to primary care infrastructure and preventive services: 1) development and implementation of a formal plan for a comprehensive cardiovascular health program focused on prevention and primary care, and 2) development of a formal plan to demonstrate how to assist at least 10 PCPs to implement and adopt Electronic Medical Records in their practices.

The CON application includes questions requiring assessment of primary care need in the applicant's service area and how the proposal will contribute to improvement in primary care service delivery, but there is no formal statement notifying applicants that they will be required to support primary care. Each application must be considered individually. The CON staff is getting the word out to the applicant community that Health is seeking better support of primary care from CON grantees. CON applicants have been struggling with the new questions, but conditions set to enhance primary care have been reasonably well received by applicants thus far. CON applicants may be willing to agree to conditions when seeking approval, even if they don't quite understand what they are agreeing to.

The Health Services Council is requesting that PCPAC and the primary care community review applications and consider how the services requested relate to primary care, and how the applicant can bolster primary care. The question of charity care provided is standard on the application; the HSC is looking for more innovative initiatives, such as requiring the applicant to enter into an agreement with a local community health center to increase access to services for their patients. There is no standard percentage of funds/services that applicants must contribute to primary care. The HSC is requesting input from PCPAC because the primary care community has more knowledge of the service area needs, which will assist in the Council's decision making.

Comments should identify/address specific needs; what can be enhanced to help the primary care delivery system. The comment should be tied as strongly as possible to the application sought-what primary care issues relate to the proposed services. Many applications are for services for health conditions that might have prevented or dealt with earlier in a primary care setting. Prevention initiatives could reduce the long-term need for intensive/inpatient/specialty services, and applicant organizations should be encouraged to collaborate with primary care providers and Health to support prevention of conditions requiring those services. Proposals for prevention should be backed up by scientific evidence. General comments can be submitted for multiple similar applications. Referencing federally designated Health Professional Shortage Areas (HPSAs) in RI may be useful in framing comments and assessing need. Dr. Wagner observed that this use of the CON process is a unique opportunity for the state to move forward in balancing the health care system, but it is important to remember that there are exemptions to the CON process. These exemptions [such as for MHRH] may detract from efforts to integrate services between entities and avoid redundancies or gaps in participation. Dr. Hollinshead noted that if other applicants might be required to provide EMR for some PCPs in their service area, the same system should be encouraged for all sites, to ensure connectivity.

***NEXT PCPAC MEETING: MAY 16, 2007***