

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, May 21, 2008

Members & Alternates in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Gregory Allen, DO; Thomas Bledsoe, MD; Stanley Block, MD; Mark Braun, MD; Matthew Burke, MD; Michael Fine, MD; David Gifford, MD, MPH; Elizabeth Lange, MD; Anne Neuville, RNP; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD. *Associates/Guests:* Diane Brady, RN; Jeannine Jehi; Cecile Martin, RN; Sue Natini. *HEALTH:* Becky Bessette, MS, RD; Carrie Bridges, MPH; Carol Browning, RN; Robert Crausman, MD, MMS; Helen Drew; Peter Simon, MD, MPH. *PCPAC Staff:* Carla Lundquist.

Members & Alternates Unable to Attend: Munawar Azam, MD; Francis Basile, Jr., MD; David Bourassa, MD; Denise Coppa, PhD, RNP; N.S. Damle, MD; Steven DeToy; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Sarah Fessler, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Christopher Jones, MD; Cynthia Holzer, MD; Kohar Jones, MD; Victor Lerish, MD; Raymond Maxim, MD; Albert Puerini, Jr., MD; Kristin Souza.

Dr. Borkan called the meeting to order at 7:38 AM. Minutes of the March 19, 2008 meeting were approved as written (motion by Dr. Block, second by Dr. Braun, all in favor). A second draft of the advisory letter regarding the hospital systems merger will be circulated for PCPAC member review shortly.

Procedures and Precautions for Referral of Suspected Tuberculosis (TB) Patients - Dr. Crausman provided an overview of TB in RI and the recent high profile cases. RI sees about 50 active cases per year and many more suspect cases, most of which first present in the primary care setting. Primary care providers must be aware that TB is a possibility, and act appropriately. Safety procedures must be followed when referring suspected TB patients for diagnosis and treatment to prevent spread of disease in health care and/or public settings. He related recent incidents where suspected TB patients sent to common waiting, care, and radiology areas without masks or notification, potentially exposing people to disease and requiring extensive contact investigation by HEALTH's nurse epidemiologists. HEALTH would like PCPAC to distribute the message to its constituencies on proper procedures for transition of suspected TB patients, especially use of surgical masks and providing notification to the referral site.

Ms. Browning and Ms. Brady outlined the TB program at HEALTH and the surveillance and reporting requirements. It is essential that all suspected cases be reported for disease tracking and to sustain funding for this program. Suspect cases should be reported to HEALTH within four days, sooner if possible even if not all information is available. HEALTH provides contact tracing and investigation for active TB cases and follows up with patients and/or providers to complete all required reporting information. This summer electronic report submission will be available, using direct entry to HEALTH and electronic transition to a secure database via the HEALTH intranet. Latent TB Infection (LBTI) currently is reportable for children ages 5 and under, and all cases will be reportable in a few months per regulations in processing.

HEALTH has a long-standing partnership with the Miriam Hospital RISE Clinic, the only specialty clinic in the state for treatment of active TB. Ms. Martin described the RISE Clinic's services, including consultation to providers, interface with HEALTH for TB reporting and follow up, diagnostic testing, medications, Directly Observed Therapy (DOT), and a PPD clinic for HEALTH. All RISE Clinic work is by provider referral only, and the medical staff is available for phone consultation. The Clinic is funded by HEALTH to care for uninsured patients.

Dr. Borkan emphasized that PCPAC is bi-directional in nature, and HEALTH wants to get the information out to the organizations/constituencies represented on the Committee. PCPAC members offered the following suggestions:

Messages for the primary care community

- Most active TB cases first present in the primary care setting
- Know the RISE Clinic phone number and the TB reporting web site
- All PCPs should have surgical masks available at practice sites
- Suspected active TB patients must be isolated quickly, or masked if in common areas and when referred to another department or site, particularly in hospital settings
- The referral site should be made aware that a suspected TB patient is being sent who should be masked
- The RISE TB Clinic is available for phone consultation for diagnosis/triage of suspected patients, and referral of patients for workup, case management, and treatment.
- The RISE Clinic sees and treats uninsured patients including free TB medication, and is willing to see/treat LBTI patients, but may have long wait times for x-rays for uninsured LBTI patients

Methods to convey the information

- Add a Frequently Asked Questions page to the HEALTH TB web site
- Assure the HEALTH TB web site is prominent on Google search results
- Provide laminated card with TB facts, RISE Clinic number, and reporting website for quick reference
- Provide a pdf file of bulleted key points for electronic distribution by PCPAC members to their clinical staffs, colleagues, and constituency listservs

- Provide a compact digital file with bullet points for referral, and make the RISE Clinic available as an electronic indicator on the referral system within Electronic Health Records
- Educate residents via grand rounds every other year, as TB is more likely to be seen in hospital clinics
- Add a TB reminder in the licensure process for the next renewal period

It was noted that the RISE Clinic is not full time, and there may be lag time in connecting with RISE Clinic physician due to phone tag/limited hours. A message can be left on the Nurse Line outside clinic hours, but more attention should be paid to facilitating communications. It would be preferable to have someone to take after-hours calls.

Dr. Borkan asked if the name could be changed to the TB Clinic instead of the RISE Clinic (referring to the former RI School of Electronics building). Dr. Crausman responded that the name is not a HEALTH decision. The RISE Clinic is located in a residential community and Miriam Hospital very sensitive to concerns of the neighborhood.

Proposed HIV/AIDS Legislation – Ms. Drew described the proposed HIV legislation, designed to reduce transmission of HIV/AIDS, align goals with the CDC standards to maintain funding eligibility, and to consolidate HIV/AIDS laws in one statute. The physician community has been very supportive of this effort to broaden the base of HIV screening across populations as part of the normalization of HIV testing as part of preventive care during pregnancy. HEALTH is sensitive to the tension regarding HIV testing and concerns about confidentiality, discrimination, and moving too quickly. The perinatal HIV bill passed last year is still not fully implemented due to regulatory issues. The prenatal screening rates have not yet risen to the goal of 99%, and HEALTH wants to get the message out that the testing needs to be done. Dr. Lange noted that messages have been sent to pediatric listservs to assure providers and mothers that the testing is conducted in accordance with the law designed to protect infants, and is not because of any suspicion of change in the mother’s status.

Dr. Borkan pointed out that dropping the additional written consent form for HIV testing is a major step that will reduce barriers to testing. Dr. Gifford clarified that you need to obtain consent for all medical care, but HEALTH wants to move away from requiring written consent. The legislation removes the written consent but does require the provider to deliver information on HIV; that can be verbal. Opposition to the proposed legislation is coming from the ACLU and HIV advocates concerned about testing without consent/unknown to patients, and memories of repercussions against people with HIV in the late ‘80s-early ‘90s. Ms. Drew explained that the legislation requires that the patient be given information about the test. The bill states that HIV may be incorporated into routine prenatal testing, but mother will have right to opt-out of testing. If the mother is not tested, the infant will be immediately after birth.

Dr. Bledsoe mentioned an online survey that presents scenarios of the current and proposed states of consent requirements for HIV testing, and highlights concerns about testing without consent. Results of the survey should be available soon and could be useful for promoting the legislation next year. Dr. Gifford noted that HEALTH has not given up on this year, nor have the sponsors, and asked if PCPAC could support the proposed legislation. Dr. Block remarked that providing a test slip to a patient, who then elects to get the test done, is implied consent that should suffice for the consent requirement. The HIV bill makes medical and public health sense, and PCPAC should support it. Dr. Allen pointed out that currently the commercial test form indicates that consent is on file, and he has had labs call to have the written consent faxed to them. He agreed with supporting legislation, which will simplify the process. Dr. Bledsoe stated that PCPAC should strongly support the legislation, as it is important to make HIV testing part of routine preventive care.

Dr. Borkan polled PCPAC members regarding the HIV bill. All members present were in agreement to support the bill, although Dr. Sweeney also expressed that it did not go far enough. Dr. Gifford noted that there were 4-6 weeks left in session, and a PCPAC letter might help get the legislation on the docket to be heard. The bill is currently in the Senate Health and Human Services Committee; it has been heard once, held for consideration, and is not currently planned to be posted again.

Dr. Borkan apologized to Dr. Simon for not getting to the Title V item on the agenda; it will be first on June 18th agenda. He reminded PCPAC members to send their alternate representative if they will not be able to attend.



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