

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, June 18, 2008

Members & Alternates in Attendance: Jeffrey Borkan, MD, PhD, PCPAC Chair; Gregory Allen, DO; Munawar Azam, MD; Thomas Bledsoe, MD; David Bourassa, MD; Mark Braun, MD; Matthew Burke, MD; Denise Coppa, PhD, RNP; Sarah Fessler, MD; Ellen Gurney, MD; Elizabeth Lange, MD; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD. *Associates/Guests:* Robert Burke, MD, MPH; Susanne Campbell, RN; Mary Jean Francis; Joseph Samartano, Jr., DDS. *HEALTH:* Valentina Adamova; Carrie Bridges, MPH; Deborah Garneau; Deb Golding; William Hollinshead, MD, MPH; Carla Lundquist; Bharat Maraj; Michael Rodrigues; Peter Simon, MD, MPH.

Members & Alternates Unable to Attend: Francis Basile, Jr., MD; Stanley Block, MD; N.S. Damle, MD; Steven DeToy; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Michael Fine, MD; David Gifford, MD, MPH; Arnold Goldberg, MD; Christopher Jones, MD; Cynthia Holzer, MD; Kohar Jones, MD; Victor Lerish, MD; Raymond Maxim, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Kristin Souza.

Open Meeting/Old Business

Dr. Borkan called the meeting to order at 7:37 AM. Minutes of the May meeting were approved as written (motion by Dr. Wagner, second by Dr. Azam, all in favor). A draft letter to legislators supporting the HIV legislation was provided for member review; there were no comments. The final advisory letter regarding the proposed hospital systems merger is ready for signature. There was discussion about who should or wants to sign. Some members did not want to sign due to objections to the merger, others because of their employer/affiliation. Dr. Wagner recommended listing the names for those assenting, dissenting, and abstaining. Dr. Borkan suggested that for this letter, since it is inline with opinions expressed by RIMS and other organizations, the names of those supporting the letter will be listed with the signature of the Committee Chair. Dr. Bledsoe noted that a minority opinion mechanism should be established for PCPAC.

Dr. Borkan thanked all PCPAC members for their input on the hospital merger advisory, and noted that Dr. Arthur Klein requested further discussion with PCPAC on primary care and the importance of the merger. Dr. Borkan added that the merger has received very little opposition with the exception of primary care and its constituents. Dr. Bledsoe suggested that Dr. Klein wants to come back to PCPAC because Lifespan genuinely believes that the merger is good for the state and healthcare as a whole, and he wants to explain his reasoning to PCPAC since the Committee is gaining leverage in the state. If Lifespan and Care New England want additional PCPAC meeting time, they will need to submit an agenda request with clear question for Committee input.

Community Input for State Family Health Plan Update

Dr. Hollinshead reviewed the Title V funding requirement for an annual update of the Family Health Plan for the state. Each year many stakeholder groups are surveyed to assess the emerging, challenging, and important issues to address in maternal and child health care. The priorities for the previous year are listed in the response form for reference; new priorities may be suggested as well. Comments may be provided in writing or via Survey Monkey (www.surveymonkey.com); there are links on the HEALTH web site. HEALTH has had significant input thus far, especially concerning the Medicaid/RIte care budget and Medicaid reform, and mental and developmental screening for illness as well as autism. Dr. Wagner commented on Section 8 of the Family Health Plan summary, requesting that the risk behaviors (substance abuse, alcohol abuse, nicotine use, suicide ideations/attempts/completions) be listed separately because resources to address the behaviors are unique.

Adolescent Healthcare Transition Program

Dr. Robert Burke summarized the transition issues that many adolescent patients face, especially adolescent patients that suffer from chronic health conditions, when transitioning from adolescent care to adult care. Pediatric primary care and specialty practices that care for adolescents terminate at adulthood, and there are no processes to help families find adult care or communications between providers in place to assure transfer of the patients to adult care. This can lead to interruptions of care for months to years after termination from pediatrics. Surveys indicate there are adult primary care providers in RI willing to accept transitioning patients at all levels of chronic conditions.

Deborah Garneau explained that the Office of Special Health Care Needs (OSHCN) has developed materials for patient and family discussion to prepare for transition, but to facilitate the transition and the continuum of care adult providers need to be identified/located prior to termination. OSHCN has been working with pediatric practices to provide comprehensive medical home services (Pediatric Practice Enhancement Project). Later this summer HEALTH will be sending out letters seeking adult PCPs willing to work toward a similar model. Despite their current efforts and connections, OSHCN is having trouble getting transition materials out to the practitioners. Ms. Garneau for Committee input on getting this out to the primary care community. Dr. Gurney suggested that HEALTH send the materials out in the same way they send out the birth defects packet. Dr. Lange noted that a list of adult providers interested in taking transition patients would be very useful for pediatricians. Dr. Bourassa emphasized that communications between the

pediatric and adult providers is key. Ms. Garneau noted that sending an entire medical record from one practice to another is not useful. To streamline the process, OSHCN developed a portable medical summary that lists surgeries and other important information. However, the time necessary to create the summary is not reimbursed for practices; might it be possible to get reimbursement authorized for this work? Dr. Coppa commented that as Electronic Medical Records are more widely adopted this type of summary could be set up to be generated by a standard query.

Dr. Hollinshead commended the work OSHCN, and Deb Golding in particular, has done in developing the materials to prepare patients and families for transitions, which include resources to empower special needs children and adolescents to take charge of their own health.

Certificate of Need Applications

Two CON Applications were received for the June 2008 cycle:

Rhode Island Hospital – To Establish Adult and Pediatric Bone Marrow Transplantation Program. RI Hospital previously applied in January 2007 for 8 adult beds and 2 pediatric beds – this application was denied by the Health Services Council in April 2008. RI Hospital has appealed that decision and also submitted another application for 2 adult beds and 2 pediatric beds. Dr. Braun commented that the program is a diversion of resources to unnecessary/duplicative services. Dr. Wagner pointed out that if RI Hospital wanted to collaborate and consolidate resources with Roger Williams Medical Center, PCPAC would support this collaboration. Dr. Bledsoe reminded the committee that its role is not to comment directly on CON but rather to interpret it in the context of primary care. Members present voted on supporting the CON application: None were in favor; Drs. Bledsoe, Bourassa, and Sweeney abstained; all others voted against. CON Applications, some of which are very lengthy, are available on the HEALTH website. Members agreed that selected CON questions and answers relevant to primary care should be reviewed in order to assess the primary care impact of the project and potential for conditions to support primary care.

St. Joseph Health Services – Campus Modernization & Consolidation of Inpatient Services. St. Joseph Health Services requested expedited review of their proposal to consolidate and relocate mental health services to the Our Lady of Fatima Hospital. Rehabilitation services also will be consolidated, which will impact Roger Williams Medical Center. Dr. Fessler asked whether or not having MH services co-located with other services would affect services in any way. The general consensus was that the co-location of psychiatric services with other services would not be detrimental to either component. Access to imaging and other technologies would actually increase, but Dr. Wagner pointed out that may lead to higher utilization at a greater cost without necessarily improving outcomes. A representative from St. Joseph Health Services explained that the intent is to relocate emergency and acute care services to Fatima Hospital and retain the Center for Human Services and the clinics at St. Joseph Hospital. Currently there are 36 psychiatric beds at Fatima and 40 at St. Joseph; 35 of the 40 will be moved to Fatima. This will create economies of scale, and the same imaging services are available at Fatima as St. Joseph. PCPAC members did not feel it was necessary to write a letter regarding this application.

Announcements/Other Business

Dr. Borkan noted the efforts made over the past year to make the Committee representational of the Primary Care Academies and Societies, to engage in bi-directional communications, and to formalize procedures. He thanked PCPAC members, and hoped all will continue working with the Committee next year. On behalf of the Department of Health, Carrie Bridges thanked Dr. Borkan for his outstanding leadership, energy, and service as Chair of PCPAC for the past three years. Dr. Bledsoe will begin his term as Chair in September. The meeting was adjourned at 8:46 AM.



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