PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, December 17, 2008

Members & Alternates in Attendance: Thomas Bledsoe, MD, PCPAC Chair; Gregory Allen, DO; David Ashley, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; David Bourassa, MD; Mark Braun, MD; Steven DeToy; David Gifford, MD, MPH; Elizabeth Lange, MD; Lauren Meisel, MD; Anne Neuville, RNP; Richard Wagner, MD. *Associates/Guests*: Mary Evans; Michael Ryan. *HEALTH*: Carrie Bridges, MPH; Ana Novais, MA.

Member/Alternates Unable to Attend: Munawar Azam, MD; Francis Basile, Jr., MD; Matthew Burke, MD; Denise Coppa, PhD, RNP; N.S. Damle, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Michael Fine, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Christopher Jones, MD; Cynthia Holzer, MD; Meg Lekander, MD; Raymond Maxim, MD; Albert Puerini, Jr., MD; Kristin Sousa; Patrick Sweeney, MD, PhD, MPH.

PCPAC Chair Dr. Bledsoe called the meeting to order at 7:40 AM. Minutes of the November 19, 2008 meeting were approved as written.

Certificate of Need (CON) – Dr. Gifford briefly reviewed the CON application process, noting that applications are accepted twice a year, on January 10th and June 10th. Prospective applicants must submit a Letter of Intent 45 days before the due date. The CON review timeline is approximately six months; HEALTH receives an average of 10 applications per year. Dr. Gifford noted that questions related to primary care were added to the CON application when it was last revised, but applicants have not necessarily thoroughly described the impact/relationship of their proposals on primary care – many enter "N/A". The Director of Health has the authority to impose conditions for approval on CONs and Dr. Gifford wants to use this tool to enhance primary care, even if it imposes more costs on the applicant. In comparison to other states, RI leads the region in addressing the development of services, health disparities, and community benefits. Some states are re-instituting CON processes in response to disproportionate services seen in its absence. Dr. Gifford remarked that input from PCPAC provides HEALTH greater leverage in setting conditions and requiring responses from applicants regarding project relationship to primary care.

For each CON cycle, PCPAC is asked to review applicant responses to questions related to primary care, charity care, and impact on communities served. Dr. Bledsoe and Ms. Bridges led the group in reviewing the CON application form to identify the questions of interest to the Committee. Question 13 asks about the project relationship to state health plans; Dr. Gifford and Ms. Novais noted that RI does not have an overall state health plan but does have Healthy People 2010 objectives and has state plans for all major categorically defined programs. The Health Care Planning and Accountability Advisory Council (HCPAAC) was convened in the last year and identified priorities that grew out of the Community Hospital Task Force, but was not funded and HEALTH has neither the financial or human resources to conduct a statewide planning process. The priorities identified were consistent with those adopted by PCPAC at the September 2008 meeting. Dr. Bledsoe stated that PCPAC should have an integrated compilation of the priorities from the State Strategic Partnership session, the HP2010 primary care objectives, and the HCPAAC priorities on which to base its recommendations. PCPAC also should have access to any relevant categorical state plans. Question 40 asks applicants to address impact on communities to be served and on neighborhoods close to the facility, and Questions 41A-D discuss the relationship of the proposal to communications with primary care providers, preventive services, and unmet primary care needs. PCPAC member comments on the CON application:

- Include the HCPAAC priorities as part of the CON application and require the applicant to explain how the project will support those priorities.
- Reword Question 41B to ask how preventive services delivered in a primary care setting could "prevent overuse of" the facility or service, instead of "reduce the need for" the need for the facility or service.
- Expand Question 41 to ask the applicant to describe their plan for investments parallel to the proposed project to expand supportive primary care in the surrounding communities.
- Survey neighboring states to determine their priorities so applicants can be asked how they meet regional goals and objectives for primary care and prevention, and to forestall applicants from setting up services just over state lines where the CON environment is easier to manage.
- Require hospitals, which have little incentive to reduce ER use, to address how they would shift unnecessary ER use to community and private practices.

Identified excerpts of CON applications (Questions 1-4, 13, 40, and 41A-D) will be reviewed by the full PCPAC membership, although volunteers will be sought to take the lead on each application for the Committee. Specific members may be asked to review certain applications in their areas of expertise.

Dr. Gifford requested PCPAC support for the CON process, as attempts may be made to discontinue it in the upcoming legislative session. Mr. DeToy noted that RIMS supports the CON process, but also would like to see a state health plan

and is working to raise funds for that. Ms. Neuville remarked that it would be helpful for the state to proactively issue information on gaps in the health care system and justification of the need for oversight.

Primary Care Loan Repayment - Dr. Borkan provided an overview of multiple loan repayment programs operating in Massachusetts. He noted that the major reason cited by medical school graduates for not selecting a primary care specialty is debt; the lower payment for primary care physicians makes it extremely difficult to repay educational loans. Several RI stakeholders, including the Department of Family Medicine at MHRI, the RI AHEC Network, the RI Health Center Association, and the Office of Primary Care & Rural Health will be meeting this month to discuss approaches to re-instituting a State Loan Repayment Program in RI. The RI Health Professional Loan Repayment Program (RI HPLRP), which operated from fall 1994 to spring 2008, currently does not have any state or federal funding.

Eligibility for federal National Health Service Corps programs is based on Health Professional Shortage Area (HPSA) scores. RI does not have any areas eligible for a primary care NHSC Scholar placement, but does have sufficient scores in some areas for Federal Loan Repayment Program awards. NHSC Scholars and Loan Repayors are limited to safety net facilities located in designated HPSAs. A new methodology for HPSA designation and scoring was proposed early in 2008, but has been withdrawn for rework due to the volume of comments. The Office of Primary Care & Rural Health did a limited analysis of the impact the proposed rule would have on RI; these comments will be distributed to PCPAC.

Dr. Gifford remarked that existing loan repayment programs are insufficient to offset the incentives for health professionals to sub-specialize. Federal and state programs should drive to expand primary care loan repayment regardless of whether the practice site is located in a HPSA. PCPAC members agreed, and made additional suggestions for consideration in designing a primary care loan repayment program:

- Provide incentives for students attending schools in nearby states to return to RI to practice. [RIMS submitted legislation for that purpose in the 2008 session but it did not pass.]
- Consider requiring CON applicants to fund state loan repayment for primary care as a condition of approval.
- Consider awarding loan repayment to primary care residents as well as primary care providers in practice. Dr. Meisel pointed out that it would be very helpful to be able to pay off debt during residency versus letting the interest compound, making it even more difficult to remain in RI.
- Provide larger up-front loan repayment awards, but require longer service obligations within the state
- Include Nurse Practitioners and Certified Nurse-Midwives
- Consider long-term retention incentives such as reduced tuition at state colleges and universities for children of primary care providers

RI State Strategic Partnership Session – This agenda item was deferred due to lack of time.

Other Business/Announcements –

- Dr. Lange raised the issue of changes to RIte Care medication benefits; they are moving toward generic and short-acting drugs for ADHD when long-acting medications are more effective. RIAAP is sending letters to DHS on this matter because other infrastructure, such as school nurse teachers, are not in place. PCPAC will invite Gary Alexander to discuss this issue. It was noted that CMS may not approve a generics-only rule.
- Next PCPAC Meeting: Wednesday, January 28, 2009, 7:30 – 8:45 AM, Health Policy Forum (Lower Level), Department of Health, Three Capitol Hill.

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