

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, January 28, 2009

Members & Alternates in Attendance: Thomas Bledsoe, MD, PCPAC Chair; David Ashley, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Steven DeToy; Charles Eaton, MD, MS; Patricia Flanagan, MD; David Gifford, MD, MPH; Elizabeth Lange, MD. *HEALTH:* Carrie Bridges, MPH; Robert Crausman, MD, MMHS; Carla Lundquist; Jessica Magnoli; Catherine Morin, Ana Novais, MA; Virginia Paine, RN, MPH; Mia Patriarca O'Flaherty, MA; Patricia Raymond, RN, MPH; Peter Simon, MD, MPH.

Member/Alternates Unable to Attend: Gregory Allen, DO; Munawar Azam, MD; Francis Basile, Jr., MD; David Bourassa, MD; Mark Braun, MD; Matthew Burke, MD; Denise Coppa, PhD, RNP; N.S. Damle, MD; 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; Lauren Meisel, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Kristin Sousa; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD.

PCPAC Chair Dr. Bledsoe called the meeting to order at 7:35 AM, and asked the Committee members present to review the minutes of the December 17, 2008 meeting. There were no comments and the minutes were approved as written (motion by Dr. Block, second by Dr. Borkan, all in favor).

Certificate of Need – Members reviewed the draft advisory letter on the CON application, and agreed that the recommendation to ‘Require hospitals to address how they would shift unnecessary ER use to community health centers and private primary care practices’ needed to be rewritten as it does not address redirection of resources to accompany the shift in patients, or take into account the legal requirement to provide treatment to patients that present at the hospital. Dr. Borkan noted that this suggestion is part of the overall CON strategy to balance high-tech, high-revenue investments with “low-level” primary care investments. Dr. Block suggested collaborative efforts between hospitals, community health centers, and private practices to provide off-site ambulatory weekend care would greatly reduce unnecessary ER use; Dr. Simon noted that model has been used by Denver Children’s Hospital for over 10 years. Dr. Flanagan pointed out the suggestion met resistance from hospitals and the primary care community in the past, but may be better accepted in the current environment. The recommendation will be rewritten to reflect the need for hospitals to partner with primary care to reduce ER over-use. Any additional comments on the advisory may be sent via email.

State Loan Repayment Update – Dr. Borkan reported that subsequent to December PCPAC meeting, the RI Foundation announced the Fund for a Healthy Rhode Island, which will include a loan forgiveness program for doctors and other primary care professionals. Dr. Borkan and others discussed the program with Owen Heleen at an AHEC-coordinated meeting; the RI Foundation is seeking additional sponsors to bolster the \$200K per year that is projected for the first 3 years. They may consider providing matching funds so the state could apply for a federal loan repayment grant, but the program is still being developed and no details are available. PCPAC members would be interested in providing input on the program. Dr. Flanagan is on the RI Foundation Board and will contact their leadership about coming to PCPAC.

Adult Immunization Program – Ms. Paine, the Immunization Program Manager, gave a presentation on the Year 2 successes of the Adult Immunization Program purchase and distribution of adult flu vaccine, and the plans for program evaluation. The Adult Immunization Program would like to expand to include centralized purchase and distribution of pneumococcal polysaccharide vaccine starting in the 2009-2010 season, per the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) 2009 Adult Immunization Schedule approved in October 2008. Pneumococcal polysaccharide vaccine continues to be recommended for all adults 65 years and older, and new recommendations were added for the use of the vaccine in adults under age 65 who have specified medical conditions (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm> for the complete CDC ACIP recommendation). Including pneumococcal polysaccharide vaccine purchase and distribution in the Adult Immunization Program is expected to increase the number of providers offering the vaccine to their patients within the target population, increase the rate of immunization within the target population, and reduce morbidity and mortality due to pneumococcal infection. Additionally, centralized purchase and distribution will reduce vaccine costs and waste. PCPAC members present voted to strongly recommend the expansion of the Adult Immunization Program to include the purchase and distribution of pneumococcal polysaccharide vaccine per the CDC ACIP recommendations (motion by Dr. Block, second by Dr. Lange, all in favor). The Committee requested that HEALTH continue to apprise PCPAC of other vaccines that may come under consideration for the Adult Immunization Program.

RI State Strategic Partnership Session – Ms. Lundquist provided a brief update on the priorities and action items identified at the September meeting, and asked for Committee input on moving forward. The priorities for improving the primary care infrastructure in RI included workforce development, recruitment, & retention, sustainable payment for primary care, and facilitating, measuring & rewarding quality innovations. Key to the payment issues will be bringing insurers to the table; Dr. Lange reported that the RIAAP has implemented a Pediatric Council in RI that meets quarterly with insurer representatives to build relationships and present information on specific issues of importance (low-hanging fruit). They have seen some successes, but are still forging the connections. Ms. Novais pointed out that HEALTH has ongoing meetings with the insurers’ Medical Directors, although it is understood they are not the decision makers on

fiscal issues. She noted that will be important to connect these parallel conversations. Dr. Eaton remarked that the federal stimulus package will present opportunities for HIT that could create real change in the health care system, but the conversations about change for primary care must include providers, specialists, hospitals, purchasers, consumers, and state agencies as well as the insurers. Dr. Borkan stated that nationally CMS reimbursement rates for primary care are set by a specialist-dominated committee; primary care does not want to be a charity case dependent on loan forgiveness. Recognition needs to be given to the medical importance of primary care. Dr. Bledsoe observed that his experience chairing the CSI-RI steering committee, a stakeholder group including insurers, purchasers, and providers, demonstrated that purchasers understood the problems of primary care in RI. It was very powerful for the insurers to hear about the need for change in primary care payment from the purchasers, not just the providers. Dr. Bledsoe mentioned that he recently received a request from Dr. Gus Manocchia, Chief Medical Officer for BCBSRI, to present the ideas they are planning for primary care to PCPAC. There is potential for inviting the leadership of other insurers in the future and using PCPAC as a forum for change; the Committee will evaluate possibilities after hearing from Dr. Manocchia.

Global Medicaid Waiver – Gary Alexander, Director of DHS, is scheduled to attend the February 25th PCPAC meeting. PCPAC members discussed the Global Waiver and other Medicaid issues they would like him to address, including the need for specific information on the implementation of the Global Waiver, its impact on primary care, the issues surrounding the recent generics-only medication policy, and if the Global Waiver can be used as an opportunity to reformulate the payment system for primary care. Dr. Gifford noted that HEALTH has the same questions about the waiver as everyone else, and will send the CMS Terms & Conditions and other Global Waiver documents out to PCPAC members for their review. He recommended sending questions to Mr. Alexander prior to the meeting, and requesting written responses. There is considerable apprehension that RIte Care, a proven program, will be in jeopardy under this waiver. Dr. Gifford explained that the legislature let the waiver go forward without a vote, but asked that the contract not be signed until a bill is passed to provide legislative oversight of the Global Waiver implementation. Links to the House and Senate bills will be sent to PCPAC members. It is not known how the existence of the Global Waiver will affect RI's access to Medicaid and SCHIP funding in the federal stimulus package. The medical community has been anxious to participate in this planning from the beginning, but has not been granted access to the process. Dr. Gifford noted that Global Waiver concept to pay for less expensive services that allow avoidance of costly services later on (particularly Nursing Homes) is not a bad idea, but the problems emerge in the details of implementation, which have been in short supply. PCPAC members will be asked to provide their questions about the Global Waiver and other Medicaid issues via email, so they can be consolidated and sent to Mr. Alexander.

Other Business/Announcements –

- Hospital Mergers: Dr. Gifford noted it is likely HEALTH may receive three hospital merger applications in the next six months (St. Joseph Health Services/Roger Williams Medical Center, Lifespan/Care New England, and South County Hospital/Westerly Hospital). HEALTH will need PCPAC input to assess the impact on primary care and use these opportunities to reform the RI health care system.
- PCPAC members were urged to remind their constituencies to respond to the Health Information Technology/Electronic Medical Records survey (a link to the survey is on HEALTH's home page). The survey results will be used in efforts to develop incentives from insurers for EMR adoption.
- Next PCPAC Meeting: Wednesday, February 25, 2009, 7:30 – 8:45 AM, Health Policy Forum (Lower Level), Department of Health, Three Capitol Hill.



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