

## **PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE**

### ***Meeting Minutes, April 22, 2009***

*Members & Alternates in Attendance:* Thomas Bledsoe, MD, PCPAC Chair; Gregory Allen, DO; David Ashley, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Patricia Flanagan, MD; David Gifford, MD, MPH; Richard Wagner, MD. *Guests:* Barbara Robinson, MPH, RD; Linda Shalon, MD, MS. *HEALTH:* Angela Ankoma; Carrie Bridges, MPH; Helen Drew; Eliza Lawson, MPH; Carla Lundquist; Jessica Magnoli; Catherine Morin; Mia Patriarca O'Flaherty, MA; Jan Shedd, EdM; Peter Simon, MD, MPH.

*Member/Alternates Unable to Attend:* Munawar Azam, MD; Francis Basile, Jr., MD; David Bourassa, MD; Mark Braun, MD; Matthew Burke, MD; 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; Elizabeth Lange, MD; Meg Lekander, MD; Raymond Maxim, MD; Lauren Meisel, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Patrick Sweeney, MD, PhD, MPH.

**Open Meeting/Old Business** – PCPAC Chair Dr. Bledsoe called the meeting to order at 7:43 AM. Minutes of the March 25, 2009 meeting were approved as written (motion by Dr. Block, second by Dr. Borkan, all in favor).

Dr. Bledsoe opened a discussion of the importance of primary care involvement in health policy, noting that PCPAC includes representation from various primary care organizations and those connections should be used to build a network for two-way communications between HEALTH and the primary care community. In order to impact health policy to strengthen primary care, it is essential that the primary care perspective be heard. Dr. Gifford observed that the recent OHIC solicitation for public comment on “System Affordability Priorities and Standards for Health Insurers in RI” did not garner any responses from primary care providers, although the rules in question could have significant impact on health insurers’ funding for primary care. Dr. Gifford noted that physician testimony on proposed legislation or regulations can have significant impact, but availability for public hearings on short notice is problematic. However, letters from individual physicians or organization can be just as valuable. HEALTH can send notices to PCPAC members regarding advocacy opportunities; primary care organizations should try to coordinate and identify representation at hearings.

Dr. Flanagan asked if the Medicaid Global Waiver Task Force includes primary care representation, particularly pediatricians. HEALTH will find out who has been named to the Task Force. Dr. Gifford recommended that primary care organizations partner with non-clinical organizations that are deeply involved in the process, to advocate for primary care inclusion and messages.

**Addressing Pediatric Obesity & Overweight in Primary Care** - Eliza Lawson, Program Manager of the Initiative for a Healthy Weight (IHW), described the prevalence of obesity in toddlers and children in RI, and the efforts to integrate childhood obesity prevention across HEALTH programs. The IHW is focusing on policy and environmental changes to promote Healthy Eating and Active Living across a variety of settings, including health care. The goal is to have obesity prevention become a routine part of preventive childhood health care, but there are many barriers including increasing demands on provider time, lack of reimbursement, and scarcity of services to which patients and parents can be referred for help. Dr. Linda Shalon and Barbara Robinson are heading a two-year IHW-funded project at Hasbro to study preventive approaches. The main objectives are to improve obesity prevention in the pediatric healthcare setting, and to develop connections between the pediatric PCP office and existing evidence-based nutrition and physical activity resources in the community. In year 1, they will conduct formative research to determine the needs of pediatric PCPs, and to assess barriers and challenges, for improving counseling for obesity prevention in the office setting. This will include expanding on a previously developed physician training curriculum, along with office tools and materials, to best meet the needs of PCPs for counseling obesity prevention in the office setting. They will meet with providers of existing clinical and community resources with nutrition & physical activity programs and link these programs to the PCP office, and will begin meeting with major RI health plans to discuss reimbursement for obesity prevention counseling. In year 2, they plan to implement the educational intervention in a pilot office practice and evaluate the impact on PCP assessment, counseling, and referral for pediatric obesity, and patient outcomes.

Dr. Borkan asked if there would be resources to put nutritionists into primary care offices. Dr. Shalon replied that the emphasis of the project is on educational interventions and materials/tools. Ms. Robinson noted that BCBSRI is offering a rate increase for nutritionist reimbursement and has a pilot initiative with RIPCPC to bring nutritionists into pediatric offices (10 pediatricians, no family practice physicians). Ms. Robinson explained that well-child visits are being targeted as an obesity prevention opportunity due to the frequency of the visits and because eating and physical activity habits are set in early childhood. This project is focusing on early primary prevention of dysfunctional eating and activity patterns for all families, although the importance of treatment and the need for additional treatment resources is recognized. Dr. Wagner suggested exploring possible collaborations with Bradley and Butler Hospitals to address the issues of iatrogenic obesity associated with psychotropic medications, and the anorexic properties of ADHD medications/stimulants. Both hospitals are looking at prevention of metabolic syndrome. A prevention model could be expanded into mental health centers as well.

Dr. Simon asked if parent training was going to be incorporated in the project, since the necessary eating and activity changes must happen in the home. Dr. Block noted that parents might become hostile if a child is identified as overweight or obese; it is risky to blame parents, especially in neighborhoods with no safe place for kids to exercise. Dr. Sharon pointed out that the prevention counseling would be for all families, not just for those identified as needing treatment, which is likely to have better acceptance. Dr. Ashley and Dr. Borkan strongly advocated including Family Medicine physicians in the project, as having both the parents and children as patients would be advantageous in this effort, even though more children are seen by pediatricians. Ms. Bridges suggested educational interventions at group meetings of pregnant women and new mothers, such as the Centering program at Thundermist, to promote discussion and validation of healthy nutrition and lifestyles.

Specific recommendations on office tools, educational materials, and interventions:

- Move away from numerical metaphors (e.g. “Know Your Numbers”); they are not as effective as other types of metaphors. One example (for adults) shows the number of steps needed to burn off popular drinks
- Practices with Electronic Medical Records (EMR) have BMI calculation, graphing, and tracking functions
- Pocket cards are not much used any more
- Primary care practices need assistance with self-management support for patients seeking to make nutritional/lifestyle changes, and help working with patients to define goals and find resources.
- Infrastructure support/funding/reimbursement for in-office nutritionists is key; it is very difficult to get support for primary prevention. Often help is available only for obese patients with complications.

PCPAC members agreed that addressing childhood obesity is a principle responsibility of primary care providers, but they are limited in what they can do and are fighting societal barriers. Successful public health initiatives and the strategies used to achieve them were discussed; media campaigns and legislative efforts are key to changing the environment. PCPs may not be able to make changes in isolation, but they can be powerful in moving other campaigns forward. Broader policy initiatives could assist in moving IHW and HEAL forward include safe outdoor environments, promotion of walking to school, removing fruit juice from the WIC program, and Physical Education, especially teaching healthy activities early on. Dr. Gifford mentioned that HEALTH is supporting legislation this year to require posting of calorie counts on menus for all chain restaurants with 15 or more units. This has been shown to reduce calorie consumption by an average of 25 calories per visit, and would begin to change the environment. There has not been any primary care support (via testimony or letters) thus far, but there are still opportunities for input and primary care community endorsement of this measure will be key in counteracting opposition from restaurant chains.

**2010 Maternal & Child Health Block Grant Community Input Survey** – Dr. Simon and Ms. Patriarca O’Flaherty provided background on the Title V Block Grant (\$1.7M annually) and the required community input process to develop the annual Maternal & Child Health Plan and RI priorities for the health of mothers, children, and Children with Special Health Care Needs (CSHCN). PCPAC has participated in this process in the past, and members are requested to take the online survey to provide the primary care perspective. The survey can be accessed at [http://www.surveymonkey.com/s.aspx?sm=gXtjhLKusxmjgouAitpkrA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=gXtjhLKusxmjgouAitpkrA_3d_3d) and will be available for response until May 29, 2009. The link will be sent to all PCPAC members electronically. Dr. Bledsoe asked PCPAC members to respond to the online survey, and also to look at the focus areas now and comment on the most important.

- Dr. Borkan noted that all the focus areas and strategies listed are important and therefore difficult to rank; it may be more useful to look for connections and patterns.
- Dr. Wagner commented that previous year plans included the problems of postnatal and prenatal depression, and the increasing difficulty of accessing effective mental health treatment, which are not included this year.
- Dr. Borkan felt the most important priority is for patients to have a medical home in which to address the many focus areas. Dr. Bledsoe remarked that the “gold standard” comprehensive medical home would be the focal point for incorporation of all the priorities, in which all the necessary services would be available.
- Dr. Block pointed out that promoting healthy lifestyles and healthy weights is most important; the medical home cannot ensure patient health unless healthy behaviors are adopted.

Dr. Bledsoe reminded PCPAC members that we will be trying harder to start meetings on time; please be punctual. The next PCPAC meeting will be held on Wednesday, May 20, 2009, 7:30 – 8:45 AM.



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