PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, June 17, 2009

Members & Alternates in Attendance: Thomas Bledsoe, MD, PCPAC Chair; Gregory Allen, DO; David Ashley, MD; David Bourassa, MD; Matthew Burke, MD; Michael Felder, DO, MA; David Gifford, MD, MPH; Arnold Goldberg, MD; Christopher Koller; Al Kurose, MD; Elizabeth Lange, MD; Donna Policastro, NP (representing RI NP Council); Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD. *Guests:* Paul Block, PhD; Neal Galinko, MD, MS; Gus Manocchia, MD; Mike Ryan. *HEALTH*: Carrie Bridges, MPH; Laura DeBoer; Helen Drew; Dona Goldman, RN, MPH; Carla Lundquist; Bharat Maraj; Ana Novais, MA; Virginia Paine, RN, MPH.

Member/Alternates Unable to Attend: Munawar Azam, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Mark Braun, MD; N.S. Damle, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Patricia Flanagan, 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; Newell Warde, PhD.

Open Meeting/Old Business - 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 May 20, 2009 meeting. There were no comments and the minutes were approved as written (motion by Dr. Wagner, second by Dr. Lange, all in favor).

H1N1 Influenza Vaccination Planning for Fall 2009

Dr. Gifford, Director of Health, and Ms. Paine, Immunization Program Operations Manager, provided an update on H1N1 influenza in RI and vaccination planning. Novel H1N1 influenza is prevalent in RI, but continuing to be mild. HEALTH is seeing clusters, mostly in schools, but there has been no increase of ILI at 16 sentinel sites or in ERs. Hospitalization rates are slightly higher than seasonal flu, especially in young adults, but asthma, COPD, CVD, diabetes, immunosuppression, and/or pregnancy are related to 90% of hospitalizations. The CDC has recommended moving away from N95 masks and to use surgical masks, and probably will also revise the recommendation of how long an affected individual should stay out of school. New recommendations are to stay out of school for 7 days from onset of symptoms or 24 hrs after all symptoms are gone. There is tension between school nurses and superintendents and HEALTH is explaining recommendations to school nurses via conference calls. Regular communications with PCPs has been an issue, particularly for night and weekend announcements, so the on-call person is not inundated. The constructive criticism and feedback provided thus far has been very helpful.

H1N1 vaccine will be produced once seasonal flu vaccine production is complete; delivery is estimated for November. Seasonal flu vaccine will be released early to get a head start on immunizations and reduce confusion. Flumist can be given as early as August, and will be available for adults and children. The H1N1 vaccine will require an initial shot and a booster 4 weeks later, in addition to the seasonal flu vaccine (3 shots total). Dual vaccinations are recommended. Patient resistance to multiple shots is expected, but the demand will reflect the severity of the disease and perception of vaccine shortages.

The federal government will purchase H1N1 vaccine (in 10-dose vials), syringes, and needles, and deliver to states for distribution. The quantity of H1N1 vaccine that will be available is unknown; CDC will set priority populations, likely first responders, healthcare workers, pregnant women, and children. HEALTH is holding two planning meetings per week discussing how to distribute, to whom to distribute to, and how to prevent waste. HEALTH is looking at a blended distribution approach using Center for Emergency Preparedness & Response (CEPR) Points of Distribution (PODs) and the existing Adult Immunization Program. Primary care practices will be queried to determine the level of interest in H1N1 vaccine administration, and whether mass immunizers, clinics, pharmacies, and/or schools should be utilized. Dr. Bledsoe noted that PCPAC would have additional discussions regarding H1N1 vaccine and urgent communications to PCPs on nights and weekends in the coming months. Dr. Gifford commented that blast faxes to offices currently is the best communication option, as email lists for physicians and practices are incomplete. Dr. Wagner noted that Community Mental Health Centers have offered in the past to be sites for vaccination, especially because they care for underserved populations.

Advising OHIC and Health Insurers on Investments in Primary Care

Chris Koller, Health Insurance Commissioner, provided background on the charge to OHIC to increase system affordability, access, and quality, and OHIC's work with insurers and other stakeholders to develop consensus around priorities for the health plans to address. In spring 2009, OHIC passed the Affordability Priorities and Standards for health plans, which included four priorities focusing on primary care (PC):

- Each health plan must increase the proportion of its spending on PC by 1% each year over the next 5 years.
- Promote adoption of Electronic Health Records/Electronic Medical Records (EHR/EMR) in PC practices;
- Extend demonstration projects such as the Chronic Care Model and the Patient-Centered Medical Home model
- Move the structure of payment away from the procedure-based fee-for-service model.

The priorities and standards do not have the force of law, but will eventually have force of regulations (and public pressure). These apply only to commercial payments including the self-insured, not the Medicaid and Medicare. OHIC and the health plans have defined expectations for increased PC spending based on 2008 will, with 2010 as the first performance year, measured in 2011. The health insurers must put forth their plans in September on how to meet the targets. These funds are viewed as investments in primary care infrastructure, not simply to augment the fee schedule. Measurement of a strengthened primary care system will include reductions in hospitalizations and ER visits for Ambulatory Care Sensitive Conditions (ACSC), and increase in the population-to-primary care provider ratio. For this purpose, PCPs will be defined as IM, FP, and PED physicians, and nurse practitioners. HEALTH is working on ACSC measurements and provider ratios for baselines.

Mr. Koller would like to use PCPAC as a forum for broad discussion on how the health plans will reach PC spending targets, advising both OHIC and the health insurers. Dr. Manocchia, BCBSRI, and Dr. Galinko, UHC, agreed that there is a need for provider feedback on these plans to help make the most useful and appropriate investments. Mr. Koller noted that one of the most important questions to be addressed would be the degree of uniformity between the health insurers that will be necessary. Tufts Health Plan also will be subject to the Affordability Priorities & Standards, but their commercial presence in RI is presently very small.

Dr. Wagner commented that not using the federal guidelines defining PC and excluding Dental, OBG, and Behavioral Health will lead to a cost shift. Based on the morbidity of chronic populations at CMHCs, he foresees an integrated approach having the most impact, as demonstrated by the Veterans Administration system. Mr. Koller concurred with the concerns about cost shift between the payment sectors, and for the uninsured. PCPAC members asked about strategies that might be included in the plans, including paying for structural improvement, after-hours urgent care additional staff, nurse care managers, process improvements, PCMH certification, outcome measures, ER visit rates, mechanisms to develop more PC doctors in RI, recruitment assistance, and loan repayment programs. OHIC will work with the health insurers to develop initial plans for PCPAC review and comment later this summer. PCPAC members advocated that the process be as collaborative as possible.

Other Business/Announcements

- Dr. Gifford noted that very few comments have been received on the proposed hospital merger between St. Joseph Health Services of Rhode Island and Roger Williams Hospital, and encouraged the primary care community to express any concerns they might have. It is not necessary to take a pro or con position on the merger; it is helpful for HEALTH to be aware of potential issues regarding the merger and opportunities to set conditions for approval. Single voices do not have sufficient impact, it usually takes 15+ letters or other communications for HEALTH to base a decision on.
- One or more PCPAC meetings will be scheduled during the summer to continue discussion regarding the health insurers' plans for additional investments in primary care. Notices will be sent once the date(s) are set.

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