

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, March 17, 2010

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; Denise Coppa, PHD, RNP; Michael Felder, DO, MA; David Gifford, MD, MPH; Christopher Koller; Kathryn Koncsol, MD; Al Kurose, MD; Elizabeth Lange, MD; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD; Newell Warde, PhD. *Guests:* Rosa Baier; Robert Carnevale, MD; Mary Evans; Stefan Gravenstein, MD, MPH; Deborah Correia Morales; Brian Wolf, MD. *HEALTH:* Carrie Bridges, MPH; Kelly Kyanko; Tricia Leddy; Carla Lundquist; Ana Novais, MA; Mia Patriarca O'Flaherty, MA; Molly Rossknecht; Peter Simon, MD, MPH; Melinda Thomas; Suzanne Tobin.

Members/Alternates Unable to Attend: Munawar Azam, MD; Matthew Burke, MD; Joanna D'Afflitti, MD; N.S. Damle, MD; Steve DeToy; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Patricia Flanagan, MD; Joseph Frank, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Cynthia Holzer, MD; Meg Lekander, MD; Raymond Maxim, MD; Lauren Meisel, MD; Tom Murphy, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD.

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 February 24, 2010 meeting. There were no comments and the minutes were approved as written (motion by Dr. Kurose, second by Dr. Felder, all in favor).

Dr. Gifford noted that three pieces of legislation impacting primary care in RI are scheduled for hearing by the Senate Committee on Health and Human Services today at approximately 4:00 PM (Rise of the Senate) in State House Room 212. Testimony from primary care physicians can have great impact on the legislation process and may be given in person at the hearing, or afterward by letter, phone, or email to the committee members and/or your own legislators. PCPs are urged to voice their support or concerns about these bills:

1. S 2582 (H 7544) Patient Centered Medical Home Act of 2010: This act would require that the health insurance commissioner develop and implement standards of certification for patient-centered medical home facilities.
2. S 2579 (H 7599) Individual Under Health Plan Must Designate Primary Care MD - This act would require an insured to designate his/her PCP. Insurers would be required to put the PCP name/practice on the individual's insurance card.
3. S 2630 (H 7699) No Copay for Office Visit to a Primary Care Physician - This act would prevent health insurers from charging a co-pay for preventative healthcare visits to a patient's primary care physician. Note: This would not reduce the total amount the primary care physician receives for a preventive office visit.

Relationship of Hospitals to Primary Care – Dr. Gifford and Ms. Leddy presented the comments on PCP/ hospital relationships generated at the February PCPAC meeting organized into 10 themes, and led a voting exercise to prioritize the themes. The thematic areas (nine plus “Other”) identified were: 1) Lack of large organized Primary Care Practice makes it difficult to influence hospitals; 2) Hospital Physician payment incentives not aligned to support quality & efficiency of care; 3) Hospital ED and Inpatient admission and discharge communication with PCPs must improve - Discharge communication is abysmal; 4) Streamline direct admissions; 5) Care is not integrated among providers; 6) Hospital Governance/Culture not always supportive of primary care; 7) Current efforts to address this issue appear uncoordinated and PCPs aren't informed; 8) Improve HIT; 9) Need for patient-centered care; and 10) Other issues, including Specialty Clinics, Charity Care, and disparities.

The following themes were voted as the top priorities:

- Priority 1: Improve hospital Emergency Department, admissions, and discharge communications with PCPs.
- Priority 2: Improve HIT usage and access to support patient care transitions.
- Priority 3: Hospital and PCP payment incentives are not aligned to support quality and efficiency of care.
- Priority 4: Integration of care among providers

The top priority was discussed in greater depth to identify what is currently working well in RI and focus areas for improvement. All comments will be summarized and presented at the next meeting. PCPAC members may send additional comments to Carla.Lundquist@health.ri.gov. The following expectations of PCPs when a patient goes to the ED were noted:

1. If the PCP sends the patient to the ED, the PCP has a responsibility to notify the ED that the patient is coming, provide background information, and be available for feedback/discussion.
2. PCPs should be expected to answer phone calls on weekends and nights if the ED calls back.
3. If covering for a PCP not in the same practice/group, the covering PCP should provide the patient's PCP with the information from the night/weekend ED calls. PCP practices/coverage need to ensure that ED communications are forwarded to the appropriate provider.
4. The PCP should have ready access to a history and medication list that can be readily transmitted to the ED physician with list of patient information, current medical problems, and medications. Ideally, the PCP would provide each patient with a printed (not handwritten) one-page summary.

Other Business/Announcements - Next Meeting Wednesday, April 28th, 7:30 – 8:45 AM, Conference Room C, DOA



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