

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, June 16, 2010

Members & Alternates in Attendance: Thomas Bledsoe, MD, PCPAC Chair; Gregory Allen, DO; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Mark Braun, MD; Michael Felder, DO, MA; David Gifford, MD, MPH; Kathryn Koncsol, MD; Al Kurose, MD; Elizabeth Lange, MD. *Guests:* Rosa Baier, MPH; Robert Carnevale, MD; Mary Evans; Neal Galinko, MD; Kathleen Hittner, MD; Kelly Kyanko; Perri Leviss; Peg Malone; Gus Mannoia, MD. *HEALTH:* Valentina Adamova; Carrie Bridges, MPH; Helen Drew; Tricia Leddy; Shane Lloyd; Carla Lundquist; Mia Patriarca O'Flaherty, MA; Peter Simon, MD, MPH; Jenna Stroly; Melinda Thomas; Suzanne Tobin; Amy Zimmerman.

Members/Alternates Unable to Attend: David Ashley, MD; Munawar Azam, MD; David Bourassa, MD; Stephanie Chow, MD; Denise Coppa, PHD, RNP; 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; Christopher Koller; Raymond Maxim, MD; Lauren Meisel, MD; Tom Murphy, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD; Newell Warde, PhD.

Open Meeting/Old Business - PCPAC Chair Dr. Bledsoe called the meeting to order at 7:42 AM and asked the members present to review the minutes of the May 19, 2010 meeting. There were no comments and the minutes were approved as written (motion Dr. Block, second Dr. Braun, all in favor).

Relationship of Hospitals to Primary Care – A draft recommendation letter to Dr. Gifford regarding communications between hospitals and primary care practices was distributed for review. The draft recommendations fall into three areas; hospital physician communication responsibilities for inpatients, hospital physician communication responsibilities for emergency department patients, and primary care provider communication responsibilities. (The hospital physician responsibilities are more performance expectations.) PCPAC discussion highlights and additions to the recommendations:

Hospital physician communication responsibilities for inpatients:

- Discharge summary should include synopsis of reason for admission/hospitalization in patient-friendly language – patient education prior to discharge is key.
- Communication with PCP (or coverage) should occur within one day, not one business day.
- Hospitals should have qualified staff coverage with access to the necessary medical information on the follow-up phone number given to discharged patients, as the physician that saw the patient may not be available.
- Information to the patient and the PCP should include key test results and tests pending.
- All information given needs to be concise and useful.

Hospital physician communication responsibilities for emergency department patients:

- Discharge summary should include diagnostic impression/information re: condition in patient-friendly language.
- Provide contact number for patient to call with questions, especially regarding medications prescribed in the ED.
- Include follow-up needs, key test results, tests pending, and medication lists in patient & PCP summaries.
- Contact with the PCP should be made within one day (24 hours) of ED discharge.
- Summary to PCP should be concise, clinically relevant, and include the reason the patient presented at the ED.

Primary care provider communication responsibilities:

- Information provided by the PCP for patients referred to the ED should include relevant history, reason for referral, and pertinent labs/tests.
- Follow-up calls to all patients seen at the ED may not be practicable or warranted (not all patients have phones), but contacting the patient post-ED visit can be an important patient education opportunity. Post-ED follow-up is a requirement of the Patient Centered Medical Home model. If the patient does not contact the PCP as instructed, the PCP should contact the patient as appropriate to determine follow-up needs.
- PCPs should be responsive to ED physician calls and requests for information or consults.
- PCPs should document patient telephone encounters in their EMR

Other Business/Announcements –

- Certificate of Need Applications submitted for the June 2010 Cycle – HEALTH is seeking PCPAC input on the two CON applications received for the current review cycle. The 50-day comment period will open on July 10th; the applications will be posted on the HEALTH web site at <http://www.health.ri.gov/hsr/healthsystems/con-app.php>
 - Landmark Medical Center - To provide Positron Emission Tomography (PET) Scanning/CT services at least one day per week through a contract with a mobile PET/CT provider.
 - Rhode Island Hospital –To combine The Miriam Hospital’s and Rhode Island Hospital’s open heart surgery programs on the campus of Rhode Island Hospital and add one operating room.

Dr. Gifford asked PCPAC to consider three questions when reviewing the applications: 1) where should funds be invested in the health care system – is this proposal more or less important than other investments? 2) How do we balance the need for surgery with the need for preventive services and the emphasis on primary care for prevention? 3) How can the hospital/primary care communications issues PCPAC has discussed be addressed here?

- PCPAC Chair for September 2010 through June 2012 – Dr. Bledsoe has completed his two-year term as Chair – Many Thanks to Dr. Bledsoe for a job well done! Dr. Elizabeth Lange will chair the committee for the next two years.
- Next Meeting - Wednesday, September 15th, 7:30 – 8:45 AM, in Conference Room B at the Department of Administration.



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