

PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE

Meeting Minutes, September 15, 2010

Members & Alternates in Attendance: Elizabeth Lange, MD, PCPAC Chair; Gregory Allen, DO; Thomas Bledsoe, MD; Stanley Block, MD; Mark Braun, MD; Denise Coppa, PHD, RNP; Michael Felder, DO, MA; Kathryn Koncek, MD; Al Kurose, MD; Richard Wagner, MD. *Guests:* Rosa Baier, MPH; Robert Carnevale, MD; Anton Dodek, MD; Neal Galinko, MD; Stefan Gravenstein, MD, MPH; Kathleen Hittner, MD; Perri Leviss; Gus Mannoia, MD. *HEALTH:* Carrie Bridges, MPH; Tricia Leddy; Shane Lloyd; Carla Lundquist; Kathy Marceau; Virginia Paine, RN, MPH; Mia Patriarca O'Flaherty, MA; Melinda Thomas; Suzanne Tobin.

Members/Alternates Unable to Attend: David Ashley, MD; Munawar Azam, MD; Jeffrey Borkan, MD, PhD; David Bourassa, MD; Stephanie Chow, MD; Joanna D'Afflitti, MD; N.S. Damle, MD; Steve DeToy; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Patricia Flanagan, MD; David Gifford, MD, MPH; Joseph Frank, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Cynthia Holzer, MD; Christopher Koller; Raymond Maxim, MD; Lauren Meisel, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Patrick Sweeney, MD, PhD, MPH; Newell Warde, PhD.

Open Meeting/Old Business - PCPAC Chair Dr. Lange called the meeting to order at 7:38 AM. She thanked Dr. Bledsoe for his tremendous mentorship and leadership in moving primary care forward as PCPAC Chair for the past two years, and hopes to continue that work. Dr. Lange asked the members present to review the minutes of the June 16, 2010 meeting. Dr. Hittner requested correction of a statement regarding consolidation of cardiac surgery between RI Hospital and the Miriam Hospital. The minutes were approved as corrected (motion Dr. Block, second Dr. Braun, all in favor).

Gardasil Vaccine for Boys/Young Men - Gardasil HPV vaccine is approved and recommended for young women ages 9 – 26. In February ACIP provisionally approved Gardasil for males in the same age group. The vaccine is available for males as well as females in RI through the Department of Health Immunization Program, but some insurers, including United Healthcare (UHC), will not cover the administration fee for males. The ACIP recommendation for males is provisional, and it is a national policy for UHC to provide coverage only for mandated vaccines. This public health issue in limiting the spread of HPV has been impacting pediatric offices and has potential to impact FM and IM practices as well. Dr. Lange asked for PCPAC input; Dr. Braun suggested this be framed as an issue of differential care between carriers. Dr. Dodek noted that ACIP would meet again within a year to either make a formal recommendation or withdraw the provisional recommendation. Dr. Bledsoe noted that practices have faced a similar situation of non-coverage for people outside the recommended age ranges for the herpes zoster vaccine. Ms. Leddy noted that Dr. Gifford has reviewed this issue, and the Immunization Program provides Gardasil for boys/young men as well as girls/young women based on ACIP. She suggested that the primary care academies work with their national organizations to push ACIP to make a definitive recommendation, and that PCPAC could send a letter to Dr. Gifford requesting him to address the problem that administration of a vaccine in the Immunization Program is not covered for some populations. Dr. Block noted that Merck Pharmaceuticals has a program to cover the cost of Gardasil for indigent men and women over age 19. Dr. Coppa recommended that any advisory letter on vaccines should address the entire life cycle, not just pediatrics. Dr. Galinko noted that providers can ask patients for the administration fee up front for male patients, and agreed that working at a national level would be the best approach.

Relationship of Hospitals to Primary Care – A summary of the work on this issue over several months was sent to PCPAC members for review as a draft cover letter and recommendations to Dr. Gifford. The members present provided final comments for incorporation:

- Delete references to “regulatory authority”
- Spell out acronyms
- Use more inclusive language for primary care providers to reflect NPs, PAs, and CNMs.
- Roll Urgent Care Center providers into the recommendations for emergency department providers
- Add recommendation to require and evaluate a communications plan from each hospital

Dr. Block expressed concern about patient privacy protection with regard to PCPs providing lists of the patient's specialist physicians to hospitals, emergency departments, freestanding emergency rooms, or urgent care centers (ED/ER/UCC). This is particularly an issue regarding specialists for certain conditions (HIV/AIDS, substance abuse, psychiatric). Ms. Leddy will look into this and get clarification for emergency situations.

Members expressed concerns about the likelihood of hospital compliance with the recommendations, considering the current state of communications. Dr. Manocchia noted that BCBSRI will be incorporating these types of requirements as part of their quality improvement efforts as they move forward into contract negotiations with the hospitals.

QPRI Draft Community Physician Best Practices - Quality Partners of Rhode Island has a Medicare contract to look at transition across settings of care for fee-for-service patients. As part of the Safe Transitions Project, they have looked at evidence-based practices for timely conveyance of patient information. Dr. Gravenstein and Ms. Baier provided a brief context for the project. They have developed hospital best practices and are working with health plans to see how they could be incorporated into hospital contracts. On the physician side, they have been developing a set of best practices for community physicians, incorporating some of the PCPAC discussions over the last several months. The matrix of best practices provided as a handout is a draft for PCPAC review; a more detailed discussion will follow at the October 20th meeting. QPRI would like to get input from as many PCPAC members and other physician groups as possible, and has set up a Survey Monkey link for feedback. The one-page summary, the draft best practices matrix, and the survey link will be sent out via email following this meeting.

Influenza Immunization Update - Ms. Paine, Immunization Program Operations Manager, explained that the Department of Health transitioned to a consolidated vaccine program this year. Both pediatric and adult providers enrolled in a single program now, which has streamlined enrollment and will facilitate updates. Flu vaccine notes:

- This year, providers have to go back into the system about a month after enrollment/pre-booking to place vaccine orders.
- Flu vaccine is coming in the state in small amounts right now; HEALTH asked providers not to schedule flu clinics in September. The “BabyFlu” vaccine has gone out to pediatricians.
- HEALTH did not impose any start dates this year. Dr. Block expressed appreciation for being allowed to give out vaccine as soon as the health center had it in hand, reducing missed opportunities.
- There were some provider complaints that Walgreens was providing flu vaccine in August. Walgreens does not receive flu vaccine from the state vaccine supply program; they are not required to enroll and they purchase vaccine separately. CVS buys some of their own doses and gets some from the state.
- Providers are urged to make sure your patients know if you will be giving flu vaccine, especially if you will be having clinics.

Ms. Marceau explained that HEALTH is rolling out school-based flu clinics again this year, based on the effectiveness of last year’s H1N1 clinics in schools. Most public and private schools will have clinics, excepting only some smaller private schools. Private school clinics will begin in early October, and public schools later in October; lists of schools and dates are posted on the HEALTH web site. Healthy children will receive FluMist at the clinics, unless otherwise indicated.

Ms. Paine noted the program is having payment snags with Medicare this year, as Medicare did not pre-pay into the program; HEALTH is working to resolve this. Providers are advised to continue billing the administration fee to Medicare as they have done the past two years, keep track of their Medicare patients who get flu vaccine, and provide the information to HEALTH. A memo will be going out via email to all providers today with instructions, forms, and eligibility algorithms. HEALTH has real-time email addressing – providers can update their email online at any time. Dr. Lange requested that HEALTH add a statement in the email to physicians that all flu vaccine for children is thimerosal-free this year.

The meeting adjourned at 8:55 AM.

Other Business/Announcements –

- Next Meeting - Wednesday, October 20th, 7:30 – 8:45 AM, in Conference Room B at the Department of Administration.



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