

## ***PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE***

### **Meeting Minutes, January 19, 2011**

*Members & Alternates in Attendance:* Elizabeth Lange, MD, PCPAC Chair; Gregory Allen, DO; David Ashley, MD; Thomas Bledsoe, MD; David Bourassa, MD; Stanley Block, MD; Jeffrey Borkan, MD, PhD; Steven DeToy; David Gifford, MD, MPH; Kathryn Koncsol Banner, MD; Patrick Sweeney, MD, PhD, MPH; Richard Wagner, MD. *Guests:* Robert Carnevale, MD; Anton Dodek, MD; Daren Girard, MD; Stefan Gravenstein, MD; Kathleen Hittner, MD; Gus Manocchia; Daniel Savitt, MD; Hannah Watson. *HEALTH:* Carrie Bridges, MPH; Mia Patriarca O'Flaherty, MA.

*Members & Alternates Unable to Attend:* Gregory Allen, DO; Munawar Azam, MD; Mark Braun, MD; Matthew Burke, MD; Stephanie Chow, MD; Joanna D'Afflitti, MD; N.S. Damle, MD; Charles Eaton, MD, MS; Fadya El Rayess, MD, MPH; Michael Felder, DO, MA; Patricia Flanagan, MD; Arnold Goldberg, MD; Ellen Gurney, MD; Cynthia Holzer, MD; Christopher Koller; Al Kurose, MD; Raymond Maxim, MD; Lauren Meisel, MD; Anne Neuville, RNP; Albert Puerini, Jr., MD; Newell Warde, PhD.

**Open Meeting/Old Business** - PCPAC Chair Dr. Lange called the meeting to order at 7:37 and asked the Committee members present to review the minutes of the December 15, 2010 meeting. There were no comments and the minutes were approved as written (motion by Dr. Block, second by Dr. Bledsoe, all in favor).

**Communication between Primary Care Providers and Emergency Departments** – Most hospitals have a tracking system to support communication between providers, hospitals, EMS, and Urgent Care Centers. But there is discontinuity at times, and every hospital has a different communication system. When patients are referred to specialists, most often patient information is not communicated back to PCP. The discharge process is also time consuming and often requires faxes to multiple doctors. It would be ideal if there were software that allowed easy access to patient information and facilitated communication with PCPs and specialists.

Adding additional challenges to tracking, patients often do not identify a PCP or they may indicate a specialist as their PCP. It would be helpful for patients to carry a current medical card with data available. Patient follow-up is also variable and patient education about their responsibilities in contacting their PCP is important and needed. Hospitals play a role in supporting follow-up by contacting PCP, especially when care is urgent. For patients without a PCP, hospitals need to set up an appointment with a PCP or specialist. PCPs, on the other hand, could improve communication by contacting hospital prior to admission and planning follow-up post discharge. Some PCP groups are more responsive to ER contact than others.

Miriam Hospital is working to input information into electronic medical record in real time. The goal is to enable PCPs to access patient records and result of the Emergency Room encounter by the following day. Miriam uses one platform to deliver records from Emergency Rooms, Urgent

Care Clinics, and Primary Care Providers. Patient discharge information includes diagnosis, medication needs, and follow-up appointment is transmitted directly to PCP.

Current Care's proposed electronic system may address a number of issues identified today.

Dr Lange offered a summary of the discussion: PCPs could do a better job of calling Emergency Departments in advance of patient arrival and increasing their availability to ER for communications about patients. PCPs could also provide better information to on-call physicians about patients using ERs. Hospitals could improve their efforts to identify or secure PCP and to communicate with PCP about their patients.

PCPAC will take up the question of endorsement of Community Physician Best Practices at the next meeting to allow time for review by PCPAC members.

#### **Other Business/Announcements**

- Next Meeting Wednesday, February 16, 2011, 7:30 – 8:45 AM, Conf. Room C, Dept. of Administration



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