

Primary Care Physician Advisory Committee
Meeting Minutes
September 18, 2013

Members Present: Kathryn Koncsol-Banner, MD, Co-Chair; David Bourassa, MD, Co-Chair; Elizabeth Lange, MD; Jeffrey Borkan, MD; Denise Coppa, PhD, RNP; Peter Simon, MD, MPH; Michael Felder, DO, MA; Stanley Block, MD; Richard Wagner, MD; Steven Kempner, MD; Diane Siedlecki, MD by teleconference. Guests: George Bottomley; Paco Trilla; Megan Hall; HEALTH Staff: Tricia Washburn; Mark Francesconi; Cristina Carter.

Members and Alternates Unable to Attend: Gregory Allen, Jr., DO; David Ashley, MD; Munawar Azam, MD; Thomas Bledsoe, MD; Mark Braun, MD; Nitin Damle, MD; Sara Fessler, MD; Patricia Flanagan, MD; Cynthia Holzer, MD, CMD; Christopher Koller; Ana Novais, MA; Albert Puerini Jr., MD; Newell Warde, PhD; Michael Fine, MD, Director of HEALTH; Steven DeToy; Anne Neuville, RNP; Patrick Sweeny, MD, PhD, MPH.

Open Meeting/Old Business: PCPAC Chair, Dr. Banner, called the meeting to order at 7:30 AM. A thank you was given to Dr. Lange for her time as the co-chair, and the new co-chair, Dr. Bourassa, was introduced. Minutes were accepted for June 19, 2013.

First Agenda: PCPAC Charter and membership

Suggestions:

- ACA has specific language in regards to behavioral health. There are 5 federally recognized primary care academies, so the suggestion was made to reinstate psychiatry and behavioral health to be more aligned with the federal government.
- A working definition of what is primary care
- More contact needed with OHHS in regards to Medicaid so PCPAC can be more advisory to them
- Have a presentation by a HEALTH lawyer to review the open minute laws and procedures

Questions:

1. What should representatives on PCPAC bring back to their organizations?

Members felt that they represent the members of their organization, but there was some discussion on how to disseminate the information presented at meetings. One suggestion was possibly making the minutes available shortly after the meeting as a consistent way to communicate the messages back to their constituents.

2. What is the protocol regarding advisory letters?

A suggestion was made that advisory letters be given to leadership organizations. A reminder was made that PCPAC members have the right to not sign the letter and write a minority letter if they wish. The point was made that although a PCPAC member may

represent their organization, they may not feel it is in their own authority to sign those letters until their organization reviews them. The point was made that although advisory letters are helpful to Dr. Fine, they are also very helpful to the membership.

3. Does the membership itself represent the primary care environment now in this state?

Suggestions were made for involvement of physician assistants, residents, representatives from medical homes, nurse practitioners, ob/gyn, small group practices, and behavioral health be present. The point was brought up that behavioral health and substance abuse are under BHDDH. The APA says that community psychiatry is a part of the APA but not the total part. The fact that there are departments within the executive office represented indicates that they are included. A member from the executive office was discussed, but the fact that the emails go to a much greater list than PCPAC members, including the executive office, does give them a chance to add to the conversation through stakeholder status.

To make the group more viable, a discussion occurred on the capping amount of meetings missed or meetings in a row missed. A follow up would be done with the organization that meets the decided upon criteria.

Second agenda: Rhode Island Department of Health- Tricia Washburn and Mark Francesconi

- PCPAC guests, Tricia Washburn, Chief, Office of Immunization, and Mark Francesconi, Immunization Program Vaccine manager, shared information concerning the state-supplied influenza vaccine.
- A listing for flu vaccines for this year by age was provided with their updated CPT codes. Afluria was mentioned as a back-up if the state goes through its Fluarix supply. Orders were placed starting in September through OSMOSSIS (Ocean State Management of State Supplied Immunization System).
- New protocols were put in place to reduce waste including pre-booking, which started in June, the ability to order up to 30% of the pre booking at live orders, and replenishment based on what has been administered (not more than once every 5 days).
- If a practice anticipates needing more vaccine, Mark Francesconi at HEALTH should be contacted to make approval of changes to orders as needed.
- A reminder that when shipments are received, a physical entry of confirmation of receipt of vaccines must be made in OSMOSSIS or you will not be able to place the next vaccine order.
- HEALTH has also assigned a specific representative to each practice so if there are questions or issues the practice can contact their representative at HEALTH directly.
- Health Connections has the most recent information regarding vaccines, and a reminder was given to read this publication. A suggestion was made to make this publication more user friendly by adding headers on the front page for easier navigation.

Questions:

1. Is there ability to access the egg-free vaccine for those with a true egg anaphylaxis?

No. Through the state system there is not, as it is not included in the CDC contract, but privately there is a vaccine used for those with an egg allergy from ages 18-50.

2. Will schools be administering the vaccine?

Yes. The school clinics will begin on September 26 and continue until the end of November. The information will be placed in KIDSNET within 48 hours if providers want to check on patients.

3. What happens to those individuals who are uninsured?

The flu vaccine is available to all individuals, whether they are insured or not.

Third Agenda: Update from Megan Hall at *HealthSourceRI*:

Updates were presented:

- The website has been updated with numerous available tools including a calculator that will figure out your tax credit, as well as documents with the sticker prices for all health insurance plans including the range of costs and services, as well as specific plan designs with deductibles and co-pays.
- Starting in October, individuals will be able to use the website and put their income in to price all plans. There will also be representatives by phone available Monday-Saturday, 8am-9pm and Sunday noon-6 to answer questions. For those not speaking English, a call can be made to 1-855-840-4774 and the representative will connect the individual with someone that speaks their language.
- Representatives will be in the communities and health centers to answer questions regarding tax credits, enrollment, and plan choices. Contact centers can direct individuals to the site closest and most accessible to them. The contact center in Providence will have walk-in service toward the middle of October.
- If doctors have questions that come up frequently, they can email Megan at info@healthsourceri.

Question:

1. What do you need in terms of status to be referred to HealthSourceRI?

In order to qualify for the tax credits, an individual needs to provide documentation that shows that they are legally in this country.

Meeting adjourned at 8:45 AM

Notes Accepted on 10/16/13 at 7:50 AM.