

**Primary Care Physician Advisory Committee**  
**Meeting Minutes**  
November 20, 2013

*Members Present:* David Bourassa, MD, Co-Chair; Elizabeth Lange, MD; Jeffrey Borkan, MD; Mark Braun, MD; Denise Coppa, PhD, RNP; Michael Felder, DO, MA; Stanley Block, MD; Steven DeToy; Michael Fine, MD, Director of HEALTH; Steven Kempner, MD; Diane Siedlecki, MD; Newell Warde, PhD. *Guests:* George Bottomley; Rosa Baier; Jennifer Thiesen; Mary Evans; Deidre Gifford; Jill D'Errico.

*Members and Alternates Unable to Attend:* Gregory Allen, Jr., DO; David Ashley, MD; Munawar Azam, MD; Kathryn Koncsol-Banner, MD, Co-Chair; Thomas Bledsoe, MD; Nitin Damle, MD; Sara Fessler, MD; Patricia Flanagan, MD; Cynthia Holzer, MD, CMD; Ana Novais, MA; Albert Puerini Jr., MD; Richard Wagner, MD; Anne Neuville, RNP; Patrick Sweeny, MD, PhD, MPH.

**Open Meeting/Old Business:** PCPAC Co-Chair, Dr. Bourassa, called the meeting to order at 7:30 AM.

**First Agenda: Michael Fine, MD, Director of HEALTH**

**Information from Health:**

- HEALTH is trying to make Rhode Island the healthiest state in the nation-we moved up three spots to #10 from last year. Dr. Fine feels that we might make a drop this year, as prescription drug deaths continue to be a problem. **Dr. Fine has asked that when the report comes in that we look at this as a collective area of opportunity and discuss the report with the committee.**
- HEALTH has chosen to focus on our three weakest indicators. The indicators that we think we can make progress on are preventive hospitalizations, binge drinking, and sedentary lifestyle.
- Dr. Fine will be meeting with college presidents about binge drinking and the "I'm shmacked" issue. All colleges were written to and encouraged to use SBIRT. This evidence based intervention is an electronic opportunity for intervention and treatment that doesn't change alcohol availability. Dr. Fine has suggested that it could be a requirement upon entering college.
- Health is active in the Getting to Zero campaign, and RI had less than 80 new cases of HIV last year. The goal is to decrease by 20 a year until zero new cases of HIV. We need to get everyone screened, linked, and maintained in treatment. HEALTH will be looking at funding for PCPs to do QI/QA with opt-out testing.
- Coastal spoke about their policy concerning overnight calls and reserving time slots for what would otherwise be people going to the ER. Their program has saved almost 130 hospital admission since July of 2012.
- Dr. Fine also shared some details of his trip to Israel and some statistics on life expectancy, smoking, and insurance. Dr. Braun had also been there and added that they are almost as unequal society as ours, but do more with land use and public transportation. They also have a comprehensive, integrated, and coordinated health care records which allows state to track health issues.

- United Healthcare took its Medicare advantage business and moved it to a limited network which has caused a cut off in physicians and physician practices. HEALTH is talking regularly with United to make sure relationships within the state are respected. Some doctors met with the leadership at United but did not get any clear sense of their business plan.

#### **Suggestions:**

- Health has engaged with the first lady of the United States and the governor for a memo that will go out to each mayor in the state. HEALTH is trying to create conditions for community engagement as the goal is to have Rhode Island be the first state in the nation to have every city register with the “Let’s Move” campaign. **Dr. Fine would like suggestions from the PCPAC on how to get the primary care community engaged with their own municipal authorities.**
- There is a real challenge to preventative hospitalizations, as there is no evidence-based intervention on a population level. HEALTH met with Landmark with the suggestion that either at the time of presentation and admission into the ER or at discharge, the hospital should have contact with the PCP. A reminder that guidelines that PCP’s suggest should be mindful and protective of “sleep” but not dangerous to patients. **Dr. Fine will be looking for a strong set of suggestions on how to construct the policy on preventable hospitalizations regarding calling the PCP. He has asked Coastal to provide their guidelines to PCPAC to endorse/change these.**
- HEALTH will be monitoring United from a commercial standpoint, and already fined them ½ million this year. **Dr. Fine would like PCPAC to come up with a list of ideas or strong suggestions in dealing with the insurance companies as we move forward, in regards to material modification. HEALTH may have some authority to change policies or it may require legislative work.**

#### **Questions:**

**1. Is this an all or nothing concept? Will I be called every time an individual goes to the ER?**

A call should be made when they need to be admitted. The suggestion was made that a call to a PCP when they are not admitted but would need follow up would be advisable.

**2. Is there adequate treatment available for adolescents to access in this state (regarding binge drinking)?**

Dr. Fine to check on answer

**3. Is it possible to regulate the destruction of the relationship between providers and patients?**

Regulatory issues are technical with the bulk of it at the office of health insurance commissioner. HEALTH looks at whether the plans are adequate.

**4. Do patients have ability to change plans if their doctor was cut out?**

It is open enrollment now, but that seems to be more of a coincidence than anything.

## **5. What is material modification?**

Health has the responsibility to make sure each health plan has an adequate network through the Office of Managed Care. There is no set of criteria, so Health has been trying to create some of these.

## **Second Agenda: Healthcentric Advisors- Michael Felder, DO, MA and Rosa Baier**

- Healthcentric Advisors does work around improving the safety of patient care transitions and identifying ways to improve this.
- A discussion occurred on the 8 patient best practices handout. Suggestions were made to change the wording of BP5 regarding patient medication. Many patients may fill prescriptions and never take them or may not even know the medications they are on or what they do. Some practices have required patients to bring the medications in themselves, which will help to improve the safety of those individuals. A suggestion was made that EMR capture all medications, no matter the payment method, as this would help all providers.
- BP3 was discussed in explaining a medical condition. This could be changed by the wording being changed to “describe or list” instead of “explain” as some patients may not understand their own conditions enough to explain them.
- As far as patients identifying their own PCP, many patients don’t know the specific name. We can add “the place where you get your primary care” to help this issue.
- The best practices for a community physician office and the hospitals were presented. **Healthcentric would like PCPAC to make some suggestions on hospital readmissions and policies to accelerate HEALTH’s work on this.**

### **Questions:**

#### **1. Why does BP6 suggest having a back-up person?**

It is for a family or friend to hear what providers are saying and help reinforce it to the patient later.

#### **2. Is there a way that we can table some of this discussion until we have had a better chance to look through all the documentation?**

Yes, an email will be sent to provide feedback. Rosa will send a copy of the handouts and a survey monkey to Jill and she will forward to committee for feedback.

#### **3. Is the warm hand-off upon being discharged from a hospital instead/or in addition to an electronic record? What will be in line with Health department and be considered meaningful use?**

It is both at Coastal, but further discussion to take place on this issue.

**Meeting adjourned at 8:45 AM**

**Notes Accepted on 11/20/13 at 8:43 AM.**

**Next Meeting: December 18 at 7:30 AM in 401.**