Primary Care Physician Advisory Committee
Meeting Minutes
February 19, 2014

Members Present: David Bourassa, MD, Co-Chair; Kathryn Koncsol-Banner, MD, Co-Chair; Thomas Bledsoe, MD; Mark Braun, MD; Steven DeToy; Michael Felder, DO, MA; Steven Kempner, MD; Diane Siedlecki, MD; Jennifer Thiesen; Richard Wagner, MD RNP (by phone); Guests: Deidre Gifford; Jill D'Errico.

Members and Alternates Unable to Attend: Gregory Allen, Jr., DO; David Ashley, MD; Munawar Azam, MD; Stanley Block, MD; Jeffrey Borkan, MD; Denise Coppa, PhD, RNP; Michael Fine, MD, Director of HEALTH; Nitin Damle, MD; Sara Fessler, MD; Patricia Flanagan, MD; Cynthia Holzer, MD, CMD; Elizabeth Lange, MD; Albert Puerini Jr., MD; Anne Neuville, RNP; John Solomon, DO; Patrick Sweeny, MD, PhD, MPH; Newell Warde, PhD.

Open Meeting/Old Business: PCPAC Co-Chair, Dr. Bourassa, called the meeting to order at 7:30 AM. Notes were discussed and accepted at 7:36.

First Agenda: Steven Kempner, MD

An overview of Coastal's ED Communications Plan:

- Dr. Kempner gave an overview of Coastal's policies that were implemented to provide greater care to Rhode Islanders and prevent re-hospitalizations.
- Coastal extended their hours at night and added Saturday and Sunday service for their patients. The doctors during this time have a medical code they enter when they see their patients if they felt that patient would have sought medical care elsewhere, either at an ER or urgent care, and they found that 40% of the patients they see at these times would have utilized those services had they not been open. They also have 24 hour answering services, including doctors directly answering the calls on some nights and weekend hours.
- Coastal is also working with hospitals, mainly Rhode Island and Miriam because that is where 85% of their patients go. A list of Coastal doctors is provided to ER's on a weekly basis to provide better communication between the PCP and ER. Coastal patients also have a tag on their keychain identifying them as being a Coastal patient.
- Coastal keeps an 11 AM slot open every day for patients who call at night, and may have otherwise gone to the ER or for hospital discharge patients.
- Coastal also uses nurse managers, and some are based in the hospitals. This approach, along with the employment of pharmacists, helps to reach all aspects of a patients care.
- Dr. Kempner said he would be more than happy to help any practice that would like to set up a similar plan.

Suggestions from PCPAC members:

- Maybe the PCPAC should revisit the Pharmacist Collaborative Practice Act because it was set up restrictively in the statute.

Questions:

1. What if more than one patient needs the 11 AM time slot?

It has not happened yet, but the Coastal doctors have agreed that they will fit in anyone who needs it.

2. What if the ER doctor thinks the patient should be admitted, but you don't?

Coastal regularly meets with ER doctors, and the more open communication is, the less this is a problem. If the ER doctor feels they should be admitted, then they will not release them.

<u>Second Agenda: Michael Fine, MD, Director of HEALTH</u>

Information from Health:

- HEALTH has received the information on America's Health Rankings. We are currently 19, but our focus is not on the ranking themselves, but on the issues where Rhode Island is weak or where we don't do as well as other states.
- The first area of focus is sedentary lifestyle. Health engaged with the first lady of the United States and the governor for a memo that was mailed to each mayor in the state. HEALTH is trying to create conditions for community engagement. Dr. Fine would like suggestions from the PCPAC on how to get the primary care community engaged with their own municipalities and how to design usable materials, as HEALTH would like to take a whole-state approach, including work-site wellness. It was suggested that one approach was to have PCP's write out prescriptions for exercise that will have gym discounts attached.
- The second area is the drug overdose deaths. The issue is after people are moving off prescription drug addiction, they are moving to heroin. Most people who have died have a PCP, and this will increase under the ACA. The issue is what should and can be the level of PCP involvement in this issue. HEALTH does have some money for a statewide campaign, and will be holding Grand Rounds on how to best illicit a substance abuse history and making sure there are clear links to referral.
- The third issue is preventative hospitalizations, which is difficult as there is no evidence-based intervention on a population level. Many groups are specifically working with home health agencies, and since HEALTH is a regulatory body, this is something we can look further into. Dr. Fine will be looking for a strong set of suggestions on how to construct the policy on preventable hospitalizations regarding calling the PCP or any new regulations.

Suggestions from PCPAC members:

- We need to work on how to get rid of prescription drugs that people are not using.
- It would be good to have more specific demographic information on drug use so doctor's could focus their attention where needed.
- Sharing a provider directory list with hospitals may help with the preventable hospitalizations.

Meeting adjourned at 8:45 AM

Next Meeting: March 19 at 7:30 AM in 401.