

**Primary Care Physician Advisory Committee**  
**Meeting Minutes**  
May 21, 2014

*Members Present:* David Bourassa, MD, Co-Chair; Kathryn Koncsol-Banner, MD, Co-Chair (call-in); David Ashley, MD; Steven DeToy; Michael Felder, DO, MA (call-in); Michael Fine, MD, Director of HEALTH (call-in); Elizabeth Lange, MD; Diane Siedlecki, MD; Jennifer Thiesen; Richard Wagner, MD; Guests: Jerry Fingerut, MD; Jim Carney, PA; Andrew Saal, MD; Margaret Gradie; James McDonald, MD; Gus Mundocchia; Jill D'Errico.

*Members and Alternates Unable to Attend:* Gregory Allen, Jr., DO; Munawar Azam, MD; Jeffrey Borkan, MD; Stanley Block, MD; Thomas Bledsoe, MD; Mark Braun, MD; Denise Coppa, PhD, RNP; Nitin Damle, MD; Sara Fessler, MD; Patricia Flanagan, MD; Deidre Gifford; Cynthia Holzer, MD, CMD; Steven Kempner, 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 7:35 AM. Notes were discussed and accepted at 7:38.

**First Agenda: David Bourassa, MD**

**Future PCPAC topics:**

- Dr. Bourassa discussed the topics on the table for PCPAC this year including C. diff- environmental controls and antibiotic stewardship, sedentary lifestyle, increasing the use of SBIRT, PCP practices and interactions with school nurses, and regulatory services with hospitals and nursing homes.

**The committee felt that other topics to be addressed included:**

- Childhood obesity/sedentary lifestyle
- Promoting the PCMH- educating patients and providers
- Choosing wisely (educating doctors on medicinal waste)
- Advanced directives for end of life care
- Payment reform and referral patterns
- Integrated child-adolescent referrals- access to hospital beds, pre-authorization
- Primary care workforce- what is our capacity and what do we need. Dr. McDonald conveyed that HEALTH will be working on gathering more accurate information through licensing
- Expensive and high frequency procedures, specifically pap spears and endoscopy
- Oversight of urgent care (and Minute Clinics)

**Questions:**

**1. Do we have information of where C. diff has been originating?**

Long term care facilities and hospitals

## **Second Agenda: James McDonald, MD**

### ***Rules and Regulations for Pain Management, Controlled Substance Prescribing and the Registration of Distributors of Controlled Substances in Rhode Island***

#### **Some information presented was:**

- If an individual had a pain agreement and was on a controlled substance but violated that agreement, law enforcement would be notified. This was removed.
- There was some concern about the documentation requirement but Dr. McDonald explained that it was based on the literature
- American Board of Pain Medicine wrote and asked to be used as a referral source
- Medical Society introduced legislation to states that when you renew your medical license and CSR, you will need to register as a PMP user
- The difference between legend drugs and controlled substances was discussed
- Corresponding liability with pharmacists was discussed, and any complaints can be given to the pharmacy board at HEALTH

#### **Suggestions from PCPAC members:**

- Not allowing medical assistants to call in prescriptions may lead to the delay in smooth transitions and operability in doctors office which disrupts practice and costs the practice money
- Some concern was expressed about the language used for written treatment plans in the pediatric community and ADHD prescribing
- There is too much clinical mixed in with regulatory care
- It may prevent some doctors from prescribing Opioids which may lead to individuals looking elsewhere for “medication”

#### **Questions:**

##### **1. Why was the term “special intention” in 3.9.1 used? It leaves a lot of room for interpretation?**

HEALTH had to address the issue children/adolescents and the dosages being prescribed to them. Awareness needed to be made to this issue.

##### **2. What is the status of electronic prescribing?**

HEALTH has moved the process to the extent that it can. HEALTH is waiting for the DEA to look at the system which will require username, password, and a physical token.

**Announcement-** An update on the Minute Clinic was given. There was some frustration about the opportunities for the primary care community to express their concerns and be heard. Perhaps by increasing education about the PCMH, we can encourage patients to increase utilization of the PCMH to receive comprehensive services.

**Meeting adjourned at 8:43 AM**

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