State-Wide Primary Care Access Authority

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4:00 PM, Room 1C of the LOB
Meeting Summary

Present : Margaret Flinter, Tom Swan, Sandra Carbonari, Lynn Price, Evelyn Barnum, and Joann Eaccarino.

Also Present Were: Randy Bovbjerg, Barbara Ormond, Terrence Tulloch-Reid representing Comptroller Nancy Wyman, Bill Gerrish representing Commissioner Robert Galvin and Lina Lorenzi representing Fernando Betancourt.
Absent: Commissioner Michael Starkowski, Daren Anderson, Robert McLean, Teresa Younger, and Franklin Sykes.

The meeting minutes of the May 14th Primary Care Access Authority Meeting were approved.

Tom Swan offered a brief update of the HealthFirst Connecticut Authority and the work of that Authority towards the final report.

Margaret Flinter introduced Mary Beth Bonadise who gave a presentation on preventable hospitalizations in Connecticut.

Mary Beth Bonadise offered a list of prevention quality indicators (PQI's) and pediatric quality indicators. These are indicators that represent hospital admission rates for fourteen adult ambulatory care sensitive conditions and five area level pediatric conditions that are considered to be preventable. Therefore, the conditions are considered to be treatable in an outpatient level. In 2006 there was over one billion dollars in charges for PQI hospitalizations. This represents about 48,000 discharges, or 12% of all hospitalizations. She informed the Authority that with high-quality, community based primary care, hospitalization for certain illnesses often can be avoided. Connecticut had fewer preventable quality indicators than the average in the United States. Seniors account for nearly three in five preventable hospitalizations. Two in Five PQI patients under 65 years of age were minority patients. Minority populations drove all of the growth of PQI conditions between 2000 and 2006. Both the Black and Hispanic populations are at greater risk for preventable hospitalizations and both groups had higher per capita rates for every PQI conditions when compared to non-Hispanic white age groups. Medicaid had the largest increase in PQI charges between 2000 and 2006. New Haven and Windham Counties had the highest adult PQI hospitalization rates in 2006. Each preventable hospitalization can be mapped by county as a screening tool that allows flagging of potential health care quality problem areas.

Preventable hospitalization studies can also be used to provide a check on primary care access or outpatient services and to identify community disparities.

Lynn Price asked if the data book was available online.

Marybeth Bonadies explained that it was, and the ARC quality tools are also available online at http:/www.ct.gov/ohca.

Lynn Price asked what the percentage increase in the Medicare population could be to account for a rise in rates.

Marybeth Bonadies replied that she did not know what accounted for the rise.

Lynn Price asked if the county data was based on where the patient lived.

Marybeth Bonadies responded that it was based on the patient's zip code.

Sandra Carboneri asked about the definition of low birth weight as an indicator for adults.

Marybeth Bonadies responded that the reason that indicator was used for adults was because it dealt with the mother of the child.

Tom Swan asked if it was possible to cross-check primary care accessibility in different regions or counties.

Marybeth Bonadies responded that it was possible to look at each county for each PQI indicator.

Tom Swan asked if there was more detail with regard to the number of cases of people who had a certain health issue lacked insurance.

Marybeth Bonadies responded that the uninsured PQI's were studied and there were over 1000 of them in 2006. Conditions that accounted for two thirds of the uninsured hospitalizations were adult asthma bacterial pneumonia, congestive heart failure

Sandra Carboneri added that there are some hospitals where a child must be admitted through the emergency room.

Randy Bovbjerg asked if preventable hospitalizations per 1000 people had been mapped.

Marybeth Bonadies answered that ARC identified PQI conditions and used risk adjustment in the data. It is possible to review the data by payer, but not in the format that Randy Bovbjerg had requested because the data tools were not available at the time to do so.

Sandra Carbonari asked if there were differentiations made for health issues that required hospitalization for a very young child that may not be necessary in a slightly older patient.

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Marybeth Bonadies responded that that information was not that specific.

Barbara Ormond asked if there was a response from payers regarding how the data may be used.

Marybeth Bonadies responded that there have been responses from some hospitals and Medicaid.

Barbara Ormond asked if any programs have been created as a result of the study.

Marybeth Bonadies responded that some grant programs had been created as a result.

Margaret Flinter discussed the RFP and the possibility of using funding to perform an inventory of primary care in Connecticut. The funding is now in at the Department of Public Health and hopefully will become available to the Authority for the purposes of an inventory. There needs to be discussion of specific benefits that should be included in a universal primary care system.

Lynn Price asked whether there has been discussion of pharmaceutical coverage. Many adult conditions are driven by lack of access to appropriate medications.

Margaret Flinter suggested that the data that Marybeth Bonadies shows that asthma and diabetes are driving up the cost to our healthcare system dramatically. The drugs that help prevent those conditions must be made accessible.

Sandra Carbonari agreed that it was difficult to get drugs through Medicaid that would decrease the number of unnecessary hospitalizations in Connecticut.

Lynn Price suggested looking at a successful system and replicating that system in Connecticut.

Sandra Carbonari suggested that immunizations should be covered in such a system.

Joann Eaccarino asked why insurance companies do not cover weight watchers or smoking cessation that deal with the root causes of health problems.

Lynn Price suggested putting a comprehensive package together to allow for discussion of where funding should go.

Evelyn Barnum noted a diminishing dollar amount in the Department of Public Health budget for loan repayment for providers. Because that money is reduced, the federal match is also reduced. The state loan repayment used to be able to give a provider up to four years of subsidy for paying off their loans.

Tom Swan asked for a brief summary of the loan repayment program from Bill Gerrish at the next Authority meeting.

Bill Gerrish replied that he would be happy to offer such a presentation.

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Lynn Price asked that reimbursement rates for a provider for primary care services be increased and for equity in the payment of physicians and advanced practice registered nurses who perform the same work.

Evelyn Barnum asked for a system more like healthcare system in Massachusetts where the state makes good use of dental schools and federally qualified health centers by providing foreign trained dentists with a limited license in the state if they continue to provide care.

Margaret Flinter asked for the current capacity of residency trainings in certain areas.

Sandra Carboneri responded to Margaret Flinter that data in the area she referenced was not available.

Margaret Flinter asked Evelyn Barnum to describe the possibility of federally qualified health center (FQHC) residencies for physicians in Connecticut.

Evelyn Barnum suggested that there was no such FQHC because the Bureau of Primary Healthcare who seems to favor the Massachusetts healthcare plan.

Lynn Price suggested that the hospital based programs are administered by hospitals but the residency training takes place in the health centers. That is a successful model and worth replicating.

Lynn Price informed the committee that the current legislation requires a collaborative agreement for APRN licensure.

Evelyn Barnum spoke about Dr. Gould's urban service track program which identifies students before they even apply to work in the healthcare system and supports them through their education.

Sandra Carbonari added that once they are back in the community they must be given enough reimbursement so that they can succeed.

Joann Eaccarino brought up the issues of the lack of sufficient number of educators.

Margaret Flinter discussed the safety net system. There is no statewide plan for choosing the site of the next school based health center. It would be useful to discuss whether the Authority should recommend a plan for how school based health centers could be determined.

Evelyn Barnum expressed concern with the current process by which FQHC centers are chosen. Criteria should be developed that make it possible to perform an assessment of where a FQHC should be constructed.

The question was posed as to whether or not CASBHC had made suggestions about where the next SBHC's should be developed. While no specific designations were made, there is an ad hoc report that lists criteria for new SBHC's including priority school districts, lack of accessible care, economic factors, etc. Legislative designation is not a problem. In fact CASBHC is grateful to those legislators who have recognized the need for SBHC's in their communities and have advocated for their

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establishment. There is no history of suggestions of FQHC experts relative to the SBHC development and expansions.

Barbara Ormond asked what the mechanism for Medicaid reimbursement through the school based centers and does that reimbursement run smoothly.

Joann Eaccarino explained that during the first contracts, insurance companies were mandated to contract with the school based health center.

Evelyn Barnum discussed utilization of the emergency room and suggested that there needed to be a way to avoid unnecessary use.

Sandra Carbonari asked the Authority to keep the medical home model in mind while a plan is being designed.

Margaret Flinter expressed her feeling that a safety net provider system must exit and must not be overburdened. The presentation from Mitch Katz on the San Francisco system made it clear that low income residents are most concerned that their health problems will ruin their economic livelihood and this is an issue that any sustainable system that will need to address.

Randy Bovberg suggested that covering the high-end catastrophic services should be fairly inexpensive. The difficulty is finding a dividing line that separates the services that each plan includes.

Barbara Ormond suggested that another question is the connection of the healthcare systems.

Sandra Carbonari discussed the work that hospitals do that may not have been done in previous years. An increasing number of services drastically increases the cost of operation.

Margaret Flinter announced the next meeting date, Tuesday, August 12 at 7:30 AM.

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