State-Wide Primary Care Access Authority

Co-Chairs
Margaret Flinter
Tom Swan

Meeting Summary

Tuesday, August 12, 2008

Those present were: Margaret Flinter, Tom Swan, Commissioner Robert Galvin, Lynn Price, Robert McLean, Evelyn Barnum, Sandra Carbonari, and Joann Eaccarino.

Also Present were: David Krause representing Comptroller Nancy Wyman, Lina Lorenzi representing Fernando Betancourt, Robert Trestman, Joe Mendyka and Brian Benson.

Absent were: Commissioner Michael P. Starkowski, Frank Sykes, Dr. Daren Anderson, and Teresa Younger.

Margaret Flinter restated the charge of the Authority.

Joann Eaccarino asked for one change in the meeting summary regarding the committee that plans where school based health centers will be located.

The meeting summary was approved as amended.

Tom Swan offered the Authority an update on the progress of the HealthFirst Authority and the Cost, Cost Containment and Finanace, and the Quality, Access and Safety Workgroups. The Cost, Cost Containment and Finance Workgroup received a presentation from the Connecticut Hospital Assocation regarding hospital financing and uncompensated care. A representative from the association of health insurance plans (AHIP) offered a proposal for reform at that meeting as well. At the upcoming meeting there will be discussion of medical malpractice. A series of public hearings will be held in the second half of September.

Margaret Flinter introduced Robert Trestman and Brian Benson for the purpose of a presentation.

Robert Trestman prefaced his statements with a reminder that the challenge to the Primary Care Access Authority is to determine the current capacity of primary care in Connecticut, what the capacity for expanded ability to accept a greater array of patients is, what services are being delivered, and what services could be delivered. Robert Trestman offered a proposal of the amount of research that could be performed by the University of Connecticut Center for Public Health and Health Policy in a short amount of time with a modest budget.

Brian Benson discussed the concept paper that the Center for Public Health and Health Policy had prepared for the Authority. To accomplish the task that has been described, the Center for Public Health

and Health Policy would use national data to develop nation norms on the productivity and mix of patients seen by primary care providers. One data source would be the national ambulatory medical care survey. The databases that would be accessible are national norms on productivity as well as information about existing primary care physicians in Connecticut. The task would then be to apply the national norms on productivity and patient mix to the Connecticut population of primary care providers. Through this exercise we would be able to estimate the capacity of the primary care provider community in the State of Connecticut for certain providers. The next step would be to search databases to retrieve demographic data. This would allow the Center for Public Health and Health Policy to project what primary care workforce would need to be to meet a rise in demand for primary care services based on demographic trends. After that information is compiled, the information could be broken into smaller geographical regions.

Robert McLean asked about the 3000 physicians mentioned in the ambulatory survey and asked if that was a state or national number.

Brian Benson responded that that was a national number.

Robert McLean asked how many of those were in Connecticut.

Brian Benson responded that he was unsure but that information is in the survey.

Evelyn Barnum asked about the definition of "office based physician," and if Federally Qualified Health Centers (FQHC's) are listed in the date.

Brian Benson replied that the definition would include Federally Qualified Health Centers (FQHC's) as well as free standing clinics, neighborhood and mental health centers, non-federal government clinics, family planning clinics, HMO clinics, faculty practice plans and private solo or group practices.

Robert Trestman felt that the gold standard would be a sit-down interview with each physician in Connecticut but that is not achievable by the end of the calendar year. The challenge is to look at available data sets to offer the best possible estimators.

Sandra Carbonari asked how accurately the surveys separate out who is performing primary care and who is performing sub-sub specialty care, where they are located, and some of the specific information that may exist.

Robert Trestman replied that the survey that is being proposed would not offer some of the specific information that Sandra had mentioned. Specialty versus not specialty care could be derived from DPH data.

Robert McLean asked if the results of the survey would provide the data that the Authority needed. Additionally, did Massachusetts go through a similar process and if they did, why did they underestimate their primary care needs.

Robert Trestman replied that Massachusetts did not do the level of primary care that Robert McLean had asked about. As a result they did not concern themselves as much with capacity.

Commissioner Galvin suggested that one problem with Connecticut's primary care data is that there is not a good system of recording it in the State. Whenever a system is created that allows easier access to primary care, there will be an increase in the demand for it that may not be easy to predict beforehand.

Robert McLean asked if the American Medical Association (AMA) master file had good data on all physicians even if they are not members of the AMA.

Robert Trestman responded that it did not. The challenge is to retrieve all available data that may provide guidance of the approximate number of individuals involved in different types of care and what their productivity is, generally.

Tom Swan discussed the issue of accuracy and the issues that will arise if the data has a large margin of error.

Margaret Flinter agreed that the specificity of the AMA reports may be lacking but the reports are credible. Margaret Flinter asked that significant organizations help as much as possible with providing data to the Primary Care Access Authority. One question that must be asked is what percentage of Medicaid patients are seen by primary care doctors. We should take a look at national trends but we should also try to utilize readily available state information.

Lynn Price noted her frustration with the issue described by Commissioner Galvin regarding licensure data. Electronic licensure will make it much easier to collect data about the advanced practice registered nurses in the state.

Margaret Flinter discussed the "Pipeline of Physicians Coming out of Primary Care Training Programs in Connecticut," which is a file that contains information from the national residency program web sites.

Robert McLean informed the authority that the percentage of people moving into the primary care program is very small.

Margaret Flinter asked for more detailed information about the percentage of physicians moving to sub-specialty care as opposed to primary care.

Sandra Carbonari agreed that in pediatrics, most sub specialists do not perform primary care.

Lynn Price added that many APRN's perform primary care in non-traditional settings, for example, in cardiology or other specialties. We need to have an understanding of what information we need about primary care before we can create a final report.

Commissioner Galvin agreed that most graduates of the UConn health center move to subspecialty work. One problem is that many health professionals do not move to general primary care. This is because subspecialty care often comes with a higher salary and fewer hours "on call."

Robert McLean informed the Authority that this week's "New England Journal," contains an article that deals with funding and residencies. One chart shows median incomes of different sub-specialties. It shows why healthcare specialists are not moving to primary care.

Sandra Carbonari discussed the debt of medical students which is, on average, $150,000. UConn does not track where their residents go, but historically, about half go to primary care. Yale finds that 30% to 40% of their graduates move to primary care. Those numbers do not include the number of graduates that practice in Connecticut.

Lynn Price informed the Authority that there are approximately 150 to 200 APRN's graduating each year. A small percentage of those leave the state, but no one is closely tracking that data.

Lynn Price expressed her feeling that it is important to ask for information from Advance Practice Registered Nurses as to why many who practice in that field are leaving it. The answer is not always salary related. One reason that APRN's are not entering primary care practice is due to the barriers to being able to fully function for a patient.

Robert McLean commented that what drives residency funding is Medicare. Historically, nurse practitioners are not included in that is that they did not participate in residency training in hospitals.

Margaret Flinter offered Commissioner Galvin and Joe Mendyka an opportunity to comment on the types of data that will be collected.

Commissioner Galvin replied that because there is a hiring freeze, and it will be necessary to hire people to perform a study, it will be some time before a study will be done. Physician qualifications, types of practice, hours spent in practice, hours spent consulting to organizations or doing charity work are topics that will probably be studied.

Margaret Flinter discussed "The Larger Vision," document and felt that it may be useful is constructing a system that offers a system of universal access to primary care.

Margaret Flinter announced the date of the next HealthFirst Authority Meeting: September 11th, 2008 at 7:30 AM. The Primary Care Access Authority will probably meet the following week, September 17th at 7:30 AM.