State-Wide Primary Care Access Authority

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Meeting Summary

Wednesday, July 28,2010

7:30 AM in Room 1A

Margaret Flinter called the meeting to order and asked for a motion to approved meeting summaries for November 25, 2009, January 27, 2010, February 17, 2010 and May 26, 2010.

Margaret asked if there were any corrections to the meeting summaries and pointed out that on February 17, 2009 the group adopted and approved the interim report with the recommendations.

Lynn Price offered the motion and Margaret Flinter seconded.

Margaret Flinter introduced Ron Preston, former Secretary of Health and Human Services for the State of MA from 2003-2005. He is the designer of the Commonwealth Health Care Plan for the State of MA. Mr. Preston currently works at the TRIP Center with the Primary Care Coalition that the ProHealth Group started.

Margaret asked Ron to discuss the “all payor advanced primary care practice” and “data from all payors as opposed to some payors”

Margaret gave an update on the electronic re-licensure process at the Department of Public Health. She announced that Jennifer Filippone will be making a presentation at the September meeting. The system started last July and to date 17.38% of the 90,000 licensed Physicians, APRN’s, RN’s and Dentists have utilized the new system.

Margaret stressed the importance of the “survey data” and added that it’s intent is to determine who is practicing in primary care. DPH is expected to roll out the survey for nursing and dentist by the end of this month.

Lynn Price asked if there was a decision made as to the use of the data.

Margaret informed the group that she discussed the matter with Senator Donald Williams and had asked if legislation would be needed to direct the DPH to produce an annual report.

Ron Preston talked about the multi-pair advanced primary care demonstration which was announced in early June in which a number of states (8-11) working to set-up multi-pair pilot (arrangements to support patient centered medical home in their states usually supported some sort of enhanced funding to which insurers and generally the Medicaid programs have agreed to.

In New England, Maine, New Hampshire, Vermont and Rhode Island all had up and running pilots. They all went through a selection process: set the site, negotiated with insurers and Medicaid programs. MA has been working relentlessly on doing it’s own in the last year and they will be ready early 2011.

Approximately one year ago, during the SustiNet debate the leadership of ------- in Vermont Dr. Craig Jones, sent out a letter to the various states in New England suggesting that the process would work better if Medicare was involved since it’s a significant chunk of the payments. Five New England Governors except Connecticut sent letters to HHS Secretary Sebelius promoting the idea.

On September 16, 2009, Secretary Sebelius announced a new waiver demonstration project (the Multi-payor Advanced Primary Care Practice Demonstration) in response to the New England request. As a result, Connecticut decided to submit an application and it is due by August 17, 2010.

Tom Woodroff State Comptrollers Office had been working with ProHealth Connecticut and the insurers in the state on “system delivery reform”. They had worked up a “pay-for-performance” arrangement in which there would be a fee structure. This is not a per-member per month arrangement which most states are doing but since we have so little time we have decided to use the structure that is in place.

Ron Preston discussed the Clinton Administration two health care reform strategies, the Health Securities Act, and the option for Governors to established demonstration projects under Medicaid. The second strategy transformed the demonstration authority under Medicaid and allowed the States to negotiate with the Federal Government. Medicare remained on the outside and has never been involved in this process.

The significant of this new authority is that it is more than anything that has ever come out of Medicare. It requires states to apply and Medicaid and the insurers to be involved. This is the first time that Medicare has ever been so inclusive and they have indicated that their participation should be/

will be similar to that of other insurers. Medicare requires that the States continuously improve their programs, the demonstrations be scaleble, there be endorsements, and connectivity between primary care practices.

Margaret Flinter discussed the Connecticut Health Care Reform Cabinet and then asked members to pose questions.

Dr. Carbonari asked who the participants are that is working on the application.

Ron Preston stated that Tom Woodroff and his staff, Millinmann Inc., ProHealth Connecticut, Aetna, Cigna and other insurers, Medicaid, UConn Health Center. He added that others will become involved at a later date and that ProHealth was selected because of the time constraint for the application. They are a coherent organization and had an infrastructure in place.

Dr. Carbonari asked if this is about adult Medicare population and if the focus is on adult family centered medical home or pediatrics. She pointed out that they are different.

Ron Preston stated that at the end of the process it will include all population and that Medicare is just one of the payors.

Margaret Flinter asked if the scalability and the expansion will happen within the demonstration project and Ron Preston stated that is can happen within the demonstration project.

Lynn Price discussed the deadline for the application. She asked when the results would be made public and what the mechanism or format would be to bring everyone to the table.

Ron Preston informed the group that it should be known by late fall. He added that CMS is looking to the states/Governors. He added that the Governor can designate a different lead or agency but it appears that Governor Rell will endorse this project.

Evelyn Barnum discussed the FQHC's Patient Centered Medical Home Pilot and asked whether it will develop itself and then converge.

Ron Preston responded that currently only a letter from the President saying there will be FQHC's Patient Centered Medical Home Pilot but there are no details. He discussed the "Multi-payor Advanced Primary Care Practice Demonstration Project" and pointed out that cost is the main driving factor.

Dr. Carbonari asked if the demonstration project is going to be based on particular quality measure and what the criteria for development are.

Ron Preston stated that states will have to demonstrate that they are an advanced primary care practice. He further discussed the application process and offered to forward the document containing the requirements to the State-Wide Primary Care Access Authority.

Ron Preston discussed “all-payor data reporting”. Maine, New Hampshire, Vermont and Massachusetts have agreed to require all health insurers to submit claims data to their central data warehouses. He suggested that Connecticut should implement a similar policy. Margaret Flinter asked if these states needed legislation implement their policies. Ron pointed out that it is mostly voluntary.

Lynn Price asked if he was aware of any models using transitional nursing. Ron Preston requested a definition. Margaret Flinter defined it as transition management at the point of discharge using nurses for transitional imaging. Lynn Price clarified by stating it’s where the provider follows the patient but doesn’t necessarily work for the entity. Ron replied that generally speaking, nurses are pretty central to it. Dr. Carbonari pointed out the similarity in definition to Medical Home and care coordinator. Lynn offered to send Margaret some articles by Mary Naylor regarding care coordinators in more depth than the traditional sense.

Evelyn Barnum gave a presentation on UDS data. She pointed out the various data collected, its limitations, how the data collected might be used, and asked the group for guidance as to what kind of reports they would like to see generated.

Margaret Flinter discussed looking at direct measures of changes in capacity and utilization; this type of data ties back to the mission of the group, which is to inventory access and ensure that people all over the State of Connecticut have access to primary care. Margaret asked if it was possible to show trends in provider encounters in terms of concentration on a map. Evelyn Barnum indicated that it couldn’t be done due to proprietary information issues. Margaret noted that information that would be most important for the PCAA is clinical FTEs broken out by group (Pediatrics, Family Practice, Internists, Nurse Practitioners, PAs, Nurse/Midwives) with numbers of patients or encounters trending over time. Starting in 2007 or 2008, this would be a good measure of one element of access.

Margaret Flinter asked Evelyn Barnum for permission to post her presentation to the website.