State-Wide Primary Care Access Authority

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Meeting Summary

May 18, 2011 8:00 AM, Room 1C

Members Present: Margaret Flinter, Dr. Todd Staub, Evelyn Barnum, Joann Eaccarino, Dr. Sandra Carbonari, Tom Swan, Daren Anderson, Commissioner Jewel Mullen

Margaret Flinter convened the meeting and welcomed Dr. Mullen to her first meeting of the Authority.

Commissioner Mullen gave an overview of priorities and issues. She specifically addressed the issues of data, and used the analogy of the carrot and stick in terms of strategy to get data. The Commissioner specifically addressed the issue of on-line licensure renewal and survey data in this regard.

Commissioner Mullen also discussed the ACA in terms of prevention and chronic disease, and training for public health personnel as well as training health care providers for individual health. She reviewed the loan repayment and J1 Visa programs as other strategies for recruitment and retention. She noted that she would also be seeking feedback on scope of practice issues in the state.

Evelyn Barnum noted that there really is no longer a state loan repayment program, but that had been a valuable strategy for recruitment and retention, in addition to the NHSC program.

Margaret Flinter asked the Commissioner to consider having the DPH provide support to organizations seeking to write or renew HPSA (health professional shortage area) designations. This is a technical and time-consuming process and it was very helpful when DPH provided this service.

Joann Eaccarino noted that behavioral health providers are now eligible for NHSC scholar and LRP awards, and that has really helped school based health centers to recruit and retain providers. She added that she appreciated the Commissioner's understanding that we need to think about patients outside of what happens in the health care office, and that is where school-based health centers have

an edge. You get to see children where they spend most of their time, so we are able to see how they are interacting and functioning. Margaret directed the Commissioner and members to a summary of the status of school based health centers (and their growth) in the state.

Dr. Sandra Carbonari raised the issue of electronic re-licensure, noted there are many glitches with the payment mechanism, and asked for attention to this. Margaret reiterated that the entire Authority is very concerned with seeing the survey fully implemented, with meaningful reports back to the Legislature and public on the data.

Daren Anderson spoke to the issue of scope of practice. He stated that one of the precepts of the patient-centered medical home is a well-prepared team approach, with each person working at the top of their license. He noted that nurses, who we really need to be devoting time to complex care management and coordination activities, spend an inordinate amount of time engaged in activities that in other states can be done by medical assistants, such as administering routine vaccines. A medical assistant being able to administer vaccinations under the guidance of a nurse and a clinician would do a lot to help us to make progress on our PCMH goals.

Dr. Todd Staub emphasized Dr. Anderson's point and added that this is something that could really unlock some resources across the state. Dr Staub said that he had helped start the Primary Care Coalition and many good things are happening in the state, but many bad things are happening as well. He pointed to a very high cost structure, with fragmentation and disorganization. Most of the primary care is delivered in the small practice setting. The small practices are struggling to get electronic health records. The hospitals are beginning to dominate the healthcare system. Against this backdrop, we see many of the primary care providers that are coming out getting absorbed into the hospital system as hospitalists. If you look at the net benefit, this is just further fragmenting care. It is hard to recruit a primary care doctor because hospitalists are making significantly more money. He stated that in the last ten years he has seen more fragmentation and less coordination. He stated that at ProHealth, there is a plan over the next three to four years to lower healthcare costs for their patient population by ten percent.

Commissioner Mullen stated that "your concerns are my concerns, and I've lived them as a medical director at a community health center. I know what it was like to recruit and to have attending physicians leave to become hospitalists." She added that the phenomenon of hospitals buying up practices is not new. She emphasized that she needs everyone's input into the issues of access and quality in primary care, a coordinated voice, and everyone's participation to make progress.

Dr. Sandra Carbonari agreed with Commissioner Mullen. She stated that electronic heath records are not a panacea, but we need to do much more with care coordination and communication on our patients' behalf. She asked to address the DPH Title IV Medical Home for children with special health care needs. There is a wealth of knowledge and information in that group that has been overlooked. There are five regions for medical homes in Connecticut. They have had varying levels of success. That might be one place to look at to see various ways of care coordination.

Commissioner Mullen responded that because the medical home model was originally configured around children and youth with special health care needs, it is easier to configure that work around a set of conditions. Some of the models are centered around a disease, and reducing cost, rather than the whole patient. In the effort to make the case for continuing to fund public health efforts in the context of health reform, our outcomes are becoming medicalized. People are looking to the health care system to see if the programs are working to reduce readmission rates and have better outcomes. This is good but public health is about more than that. As we look at practices determining their care model, we also need to advocate for understanding the work of a community health worker and the care coordination model needed to be valued. She stated that we need to look at who needs to be licensed or recognized as part of the profession and then say that when you are evaluating the system it is really everyone who is part of the consumer engagement.

Dr. Todd Staub offered that the Primary Care Coalition is an ally. At first we thought it might be doctors only, but we soon realized that are more primary care providers, such as NPs and P.As, and that primary care is beyond just the primary care providers. The medical home initiative is a place where we may be able to create a learning collaborative for the state and the small practices to bring together resources beyond the State Medical Society. This team approach could be looked at from a state-wide basis. Public Health and primary care have a natural alliance. We need to bring them together because we have many common interests.

Tom Swan commented that the proposed changes to the SEBAC deal for state employees and some of the emphasis on value-based health and strategies could present an opportunity. He recommended meeting with the Comptroller and with some of the leadership of the cost-containment committee and overseer of the SEBAC agreement as soon as possible as they go to implement some of these reforms. Every provider in the state wants to be able to see patients who are on the state plan. This could provide an opening for some of the changes that we are looking for.

Margaret Flinter summarized some of the discussion, saying that evidence based cannot just be about medical matters, it also needs to be about the policy. We have evidence that e-licensure renewal in other states provides accurate workforce data; we have evidence from states that allow medical assistants to administer routine immunizations that this is done without adverse impact, we have evidence from the Institute of Medicine about removing scope of practice restrictions from APRN practice, we have evidence that prevention lowers cost downstream. We need to be committed to evidence based policy, and look to DPH for their support of this. In addition, we would like to see the advancement of the patient-centered medical home concept because it is a marker for a set of standards and processes. She concluded by urging the Commissioner to move Connecticut forward to join the all-claims database so we can identify health/illness trends early and takes action to influence them.

Dr. Daren Anderson emphasized that the patient-centered medical home represents the standard of the advanced primary care medical home. Practices making the transformation struggle greatly. The importance of coaching and support to help during the transition is tremendous. Most practices do not have the internal expertise in process improvement that is required to make a real transformation in primary care. A state-wide system to provide hands-on coaching support for practices to make the change is a key element if we want to see certified patient-centered medical homes.

Dr. Sandra Carbonari stated that she always says in her practice that everyone gets the same care, not care by reimbursement type or insurance.

Commissioner Mullen concluded her remarks by asking for everyone's continued conversations and input about both our goals and our barriers.

Following the Commissioner's departure, Margaret asked for a motion to approve the Minutes of the prior meeting. The Minutes were approved by unanimous consent.

Joann Eaccarino presented a summary of growth in school based health centers over the past several years. The SBHCs have been working very hard to decrease the number of emergency room visits, particularly for asthma and to document to the legislature that the cost for treating asthma in the SBHC is far less than in the emergency room. She stated that she believes that expanding school based health centers in the state would be beneficial, especially in areas where access to care is limited. However, more funding is needed to accomplish that. The capacity is limited but we are all doing out best to serve as many children as possible through primary prevention that will help our children achieve optimum wellness.

Margaret Flinter addressed the coming end of the SPCAA. She identified the Primary Care Coalition as a group that will continue the work of advancing access and quality of primary care for all residents of Connecticut. Evelyn Barnum noted that she is setting on a statewide health facilities and services planning advisory body that also has a primary care subcommittee, and suggested we make sure we link to that group. Dr. Todd Staub said that the Primary Care Coalition has an opportunity to become a driving force for primary care in the state and to be a resource that DPH can go to take the larger view. The Coalition also creates significant opportunity for cross collaboration.

Margaret Flinter reminded the Authority members that the SPCAA will hold its last meeting in July and adjourned the meeting at 9 am.

Submitted by:

Margaret Flinter

Co-Chair