

State-Wide Primary Care Access Authority

Co-Chairs
Margaret Flinter
Tom Swan



MEETING SUMMARY

Wednesday, October 24, 2007

1:00 PM in Room 1A of the LOB

The following members were present: Comptroller Nancy Wyman, Commissioner J. Robert Galvin, Commissioner Michael P. Starkowski, Dr. Daren Anderson, Evelyn Barnum, JoAnn Eaccarino, Margaret Flinter, Dr. Robert McClean, Lynn Pryce, Tom Swan, and Dr. Robert Zavoski.

Also present were: Meg Hooper, Teresa Younger and Fernando Betancourt.

President Pro Tempore Donald Williams expressed thanks to members for accepting the task set forth for them and he welcomed everyone. Senator Williams stated that the State-Wide Primary Care Access Authority is vital for Connecticut and for the nation as well. He said there are tremendous challenges in terms of the 47 million uninsured across the country. Approximately 350,000 Connecticut residents are also uninsured and it is vitally important that everyone has access to preventive and primary care that they need to stay healthy.

Senator Williams stated that if we were to pursue universal health care access by building on the existing system and figure out a way to pay for it next week, one year, two years, five years, or ten years from now, it would be unsustainable. He stated that we need fundamental reform in our health care system, and that universal access to primary care that provide the fundamental corner stone for prevention and for continued health for our population here in the state of Connecticut is the way we start. He stated that the building blocks are there in place in terms of the clinics and the primary care physicians.

Senator Williams reminded everyone that there are Federal regulations and other obstacles that must be figured out, but we should not give up on taking a fundamental step that we can take that can make it a model for the entire nation on one hand, and on the other hand, open the doors of access to prevention and care, for children, adults and families all across the state.

Senator Marty Looney stated there is probably no challenge facing the state of Connecticut today greater than that of dealing with health care and access to primary

care. He stated that we have seen a direct connection between early treatment, early detection and favorable outcomes in so many health care conditions that depend on access to quality primary care at early stages.

Senator Looney stated that the health care crisis that have grown in our state and our nation throughout the years is due to the impact of access to health care that has so much to do with employment decisions and so much to do with competition among employers. He stated that many employees now, in many cases are more worried about losing health care coverage than they are perhaps about the job itself. He said employment decision are more driven by health care concerns and about the great fear of exposure to bankruptcy and ruin caused by an extended illness that was not properly covered through health care.

Representative Christopher Donovan greeted members of the Authority and stated that their challenge is to develop a plan that is affordable and can cost less. He stated that one of the challenges before the Authority is to figure out a way that primary care can be had in our state and that there are kids all across the state that are going to develop serious health problems unless they receive primary care.

Representative Donovan stated that Pitney Bowes has implemented a model in which they are pushing primary care at the workplace and instituting a healthy lifestyle at the workplace. He stated that they lowered the co-pay for prescription drugs for employees with chronic illness in order to keep chronic illness under control and save money.

Tom Swan stated that Commissioner Galvin had pointed out at the HealthFirst Connecticut Authority meeting that, “if everybody was insured within the state of Connecticut there would still be large pockets of Connecticut that would be underserved as a result of not having access to primary care”. He stated that workforce issues and how it’s relating to health care and the delivery of health care and the fight over how we finance and structure universal health care is only a part of the equation.

Margaret Flinter thanked members of the Authority and reminded them that this is a four year commitment. She stated that the World Health Organization’s (WHO) definition of primary care is “essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community by means acceptable to them and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self reliant and self determination”.

Margaret Flinter stated that the first level of contact of individuals, family and the community with the health care system bring health care as close as possible to where people live and work. She also reminded them that Connecticut has done much for health care and that we are building on a strong foundation in Connecticut.

Margaret Flinter reminded the State-Wide Primary Care Access Authority that Dr. Davis from Boston once said “the community is weary of a policy which spend \$2 a day for

curing a patient in the hospital, and leaves untouched the home conditions with which reasonable certainty will compel the patient and his family to return for the same expensive process and therefore cured services divorced from preventative services are unproductive and wasteful – that care needs to be accessible to all people and we need to find ways to care for the middle class which neither qualifies for charitable care nor can afford regular fees. The provision of medical care is not the exclusive burden or responsibility of the medical profession but requires many groups and many occupations to come together”.

Commissioner Starkowski stated that the Department of Social Services (DSS) provides full health care for approximately 320,000 people between the Husky A and the Husky B programs and that if we add the other partial health care services it is approximately 509,000. He stated that DSS is the largest single entity in the state of Connecticut to provide health care.

Commissioner Starkowski reported that the Governor announced yesterday, that DSS release a prospectus to actually move into health care for adults that aren't parents of children in the Husky A program and for childless adults and single adults that just don't have access to health care in the state of Connecticut. He reported that DSS has approximately 37 health care initiatives to get off the ground this year, with an increase of approximately \$350 million in the departments budget. He added that \$125 million of that is going towards paying rate increases for providers, which should hopefully bring providers back into the fold to provide services to our clients.

Tom Swan stated that the work of the Authority is supposed to be grounded in the Institute of Medicine (IOM) principles for universal health care reform. The Institute did a study several years ago and talked about the importance of coverage being universal and continuous, portable, affordable, sustainable and promoting healthiness that is cost effective and timely.

Tom Swan listed the following as some task for the group to cover.

- Definition of primary care and primary care access
- Conduct inventory of what we already have in this state and where do we have short-comings
- Issue report by December 2008, of what the universal system for providing primary care services should look like. He stated that it should include prescription drugs to all residents of Connecticut, how we maximize federal funding, identify the cost of such a system, any additional personnel and infrastructure that we believe a state-wide authority needed, figure out whether or not there is state role for a third party that we would recommend to help administer one part of this program, identify potential funding sources and discuss the role of private insurance and insurance companies within such a system.
- By July 2010 we should have a plan for implementation of this program.

Tom Swan stated that the HealthFirst Connecticut Authority report is due by December 2008 and he would like the State-Wide Primary Care Access Authority to submit their first report at the same time next year because the way in which we actually deliver health care is going to be important in many ways to the financing and structure.

Margaret Flinter stated that the Authority must focus on creating a valuable product for the state of Connecticut that hopefully will turn from ideas, data, planning and goals into action for the state of Connecticut. She stated that the Authority can pursue grants and funding to pursue contracts with others experts to ensure we have the support that we need to do the job that we have been assigned.

Nancy Wyman inquired if there was funding for the hiring of experts to provide staffing for the Authority.

Tom Swan reported that there was an appropriation of \$120,000 in the Department of Public Health (DPH) budget for the hiring of two fulltime positions to assist the two Authorities. He stated that Legislative Leaders have requested that the money be used in a broader way and the Department has agreed that it has to go through a technical process for it to be used for anything other than personnel. He stated that we will be looking to have this facilitated and staff whether it is through some type of fundraising that Margaret Flinter and David Parrella discussed at the HealthFirst Connecticut Authority meeting.

Meg Hooper, Chief of Planning, Department of Public Health (DPH) stated that currently the \$120,000 resides at DPH and we will manage this money and consult with the Co-Chairs to determine the best way for appropriation of funds. She stated that \$120,000 is allocated for both Authorities, for either staffing role or a supportive role and they will work with the Legislative Leaders to determine where the need is and also with the Co-Chairs on what the requirements would be.

Commissioner Galvin stated that 80% of individuals now trained in internal medicine do not practice primary care. He said the nursing shortage crisis is here but we face a real crisis in the next few years just not having doctors providing primary care.

Dr. Robert McClean stated that providing the financing and mechanisms for people to get access to doctors is one thing but if the doctors are not available it is not going to count. He also stated that existing data may underestimate the actual availability of primary care providers.

Tom Swan stated that we need the expertise of all members to determine how we get past the Department of Public Health numbers as we need to know the number of primary care providers who are providing care, how many are taking on new patients and how many are approaching retirement age.

Dr. Robert McClean stated that unless we are actually able to make practicing primary care more friendly to doctors they are not going to practice primary care whether they stay in Connecticut or not. He stated that loan forgiveness programs and reducing the paperwork and hassle of insurance companies are a few areas that may help to increase the number of primary care providers.

Tom Swan stated that in addition, the primary care system must be culturally competence and be able to address the concerns of our changing population.

Dr Zavoski stated the community health center model is a wonderful model of care and when done properly can provide a group of different providers who can collaborate on care for an entire family. And I think that as time goes on, Connecticut should look at that model and look at why it works, and why some of the centers don't work and try to strengthen them as well.

Dr. Daren Anderson stated that as we look towards the task of providing and paying for primary care, we need to look at what we are paying for, look at what type of primary care is being delivered, look at electronic health record registry and other forms of data collection to help us measure the existing system and determine the plan we develop.

Tom Swan announced that the next meeting is on November 21, 2007.

The meeting adjourned at 2:12 PM.