

State-Wide Primary Care Access Authority

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Meeting Summary

September 17, 2008

Those Present Were: Margaret Flinter, Tom Swan, Evelyn Barnum, JoAnn Eaccarino, Fernando Betancourt, Sandra Carbonari, Daren Anderson, Robert McLean and Lynn Price.

Also Present Were: Lina Lorenzi representing Fernando Betancourt, David Krause Representing State Comptroller Nancy Wyman, Mary Eberley, and Robert Trestman.

Absent Were: Commissioner Robert Galvin, Commissioner Michael Starkowski, Teresa Younger, and Franklin Sykes.

Margaret Flinter welcomed members to the meeting and asked for a round of introductions.

Margaret Flinter called for a motion to approve the previous meeting summary.

A motion was made and seconded.

The meeting summary was passed.

Margaret Flinter reviewed the charge to the Authority and discussed the state-wide inventory.

Tom Swan announced that this evening would be the first of nine community forums. Members of the Statewide Primary Care Access Authority are welcome to join the members of the HealthFirst Authority at the hearings. The purpose of the hearings is to retrieve public information and feedback regarding the healthcare system in Connecticut.

Tom Swan introduced Robert Trestman for the purpose of a presentation.

Robert Trestman explained that the University of Connecticut center for Public Health and Health and Health Policy would take basic available national data and apply them to the Connecticut situation. The National Ambulatory Medical Care Survey, The National Hospital Ambulatory Medical Care Survey, Physician compensation and productivity reports from the Medical Group Management Association. That normative data will be combined with available licensure data available through the Department of Public Health (DPH), and the AMA master file as well as the Connecticut State Medical Society. This

will allow us to estimate the current capacity for workforce here in Connecticut and to project what that workforce will need to do to meet projected demand. The estimates for the initial assessments are national data applied to Connecticut providers. The Authority may be able to provide state or local sources for inclusion in the analysis. This process should include as much state level data as possible.

Robert McLean discussed the results of the Connecticut State Medical Society survey which will be presented next week. It does not adequately address some of the manpower issues that have been discussed by the Authority. The medical residency program directors across the state have offered some information on residency graduates and the fields they have entered after graduation. Hospitalists are the most common graduates. Only twelve have gone into primary care.

Tom Swan asked about the alarming difficulty at retrieving data in the primary care field. Tom Swan asked how the Authority could help improve the transparency of the healthcare system that could make data collection easier.

Robert Trestman suggested that an electronic platform with coherent data sets that could translate is the best way to achieve the transparency that Tom Swan had suggested. An electronic platform with coherent data sets is necessary to balance privacy and confidentiality with quality of care and management of care.

Robert McLean reminded the Authority that everyone in the state that practices must have a license. One way to determine the number of hours spent on primary by primary care providers in the state would be to ask during the re-licensure process.

Margaret Flinter asked if anyone had knowledge of the system that the Department of Public Health uses to track data.

Mary Eberley suggested that one important issue is forecasting what information needs to be available five years down the road. Staffing and funding are also issues.

Robert McLean discussed licensing fees and the potential to improve the licensure process.

Lynn Price asked to what extent data from payers may be available in a study of the primary care system.

Robert Trestman responded that they wanted to examine that information because that information gives a level of information of what information and procedures were done. If the Authority approved it, a second phase of analysis would be focused on that information.

Lynn Price responded that there is less of an issue with that in the community health world but in the private world, many payers will not accept a bill from a nurse practitioner.

Sandra Carboneri discussed the many things the primary care doctors do that are unpaid.

Robert McLean suggested that data from payers may be unreliable.

Robert Trestman commented that Connecticut is being discussed as though it is a uniform system. Urban and suburban care can be very different and will be prevalent in anything we do.

Margaret Flinter asked if geo-coding would be done as part of the report. Robert Trestman responded that it would be.

Margaret Flinter introduced Evelyn Barnum and asked her to try and get data on uninsured and Medicaid commercial and the workforce issues on primary care. Margaret Flinter asked Fernando Betancourt to offer a report on how to find data that explains language capabilities and cultural diversity in the workforce..

Fernando Betancourt asked if the monies are coming from any other funding source besides the assessment from the Department of Public Health. Tom Swan responded that the expenditures were the first that had been spent.

Fernando Betancourt asked how much more monies were allocated for the work of the Authority. Tom Swan responded that \$120,000 had been allocated for each year for 2 years, totaling \$240,000 total.

Robert McLean asked if the Consultants were being paid out of that money. Margaret Flinter responded that they were not.

Lynn Price asked where DPH has been with the on line electronic licensure renewal process, which will support Ct.'s ability to monitor workforce adequacy and trends. She asked if the Department could offer an update at the next meeting. She also asked if the consultants are still involved with the Authority. Tom Swan responded that the consultants remained involved and would be providing guidance in providing a report.

Tom Swan presented and reviewed a document detailing some preliminary views of models under discussion at the HealthFirst Authority.

Robert McLean made the point that the patient centered medical home is comprehensive and that needs to be the focus.

Tom Swan added that the Authority needs to think about cost as we look at the models.

Sandra Carbonari discussed the financing of the medical home. The medical home model is expensive and it is difficult to attain funding through grant funding. It may make sense to look at pediatric settings in the state that already function as a medical home.

Tom Swan agreed that medical homes need to be a priority.

Sandra Carbonari added that many agencies and organizations use the term "medical home," but not all of them are referring to the same system.

Fernando Betancourt discussed the document as a framework instead of a model for discussion. Fernando Betancourt asked if there needed to be a vote on the document.

Tom Swan responded that the document would be used as discussion tool but there would probably be votes taken in December. Tom Swan clarified that any decisions of the Authority will go to the Legislature as a recommendation and have to go through the legislative process.

Robert McLean asked about the bill that would open up a pool for State of Connecticut employees by allowing municipalities and small businesses to buy into the pool, and discussed the possibility of endorsing legislative action that does not originate with the Authority.

Tom Swan responded that the Authority probably should focus on their final report and should not look to endorse any particular legislative act.

Robert McLean asked how nurse practitioners would be counted in the primary care inventory.

Tom Swan announced that the next meeting would take place Wednesday, October 29th at 7:30 AM.