

State-Wide Primary Care Access Authority

Co-Chairs
Margaret Flinter
Tom Swan



Legislative Office Building
Room 3000
Hartford, CT 06106

Phone
(860) 240-5254

Fax
(860) 240-5306

E-Mail
statewidePCAA@cga.ct.gov

Meeting Summary

February 17, 2010, 7:30 A.M. Room 1B

Members Present: Margaret Flinter, Daren Anderson, Lynn Price, Sandra Carbonari, Tom Swan, JoAnn Eaccarino, Evelyn Barnum

Margaret Flinter convened the meeting.

Margaret Flinter presented the interim report that would be voted on later in the meeting and thanked the members of the Authority, as well as that of Barbara Ormond from the Urban Institute for their hard work on it. She asked for the group to do a final thorough review.

Lynn Price suggested that the reference to the DPH electronic re-licensure and survey process sounded more complete than it is and suggested alternate language which was accepted.

Dr. Daren Anderson asked whether the recommendations list was fully complete and the group agreed to return to that after a more general review for minor changes.

JoAnn Eaccarino pointed out that the language on school based health centers was a little confusing and should refer not to a connection to primary care, but to a connection to the patient's medical home via electronic health records and health information exchange for school-based health centers. She noted that this language would clarify that the school-based health centers are not the medical home. They are providing some primary care services, and we want them to be able to connect to the patient's medical home

Margaret noted that the 2008 UDS data had just become available and asked the group's consent to update the UDS Connecticut data on patients and providers in FQHCs in Connecticut. The group approved of her doing so.

Dr. Daren Anderson addressed recommendation number 7 and the integration of primary care and behavioral health. He suggested that the language call for supporting and promoting greater integration between primary care and mental and behavioral health because in his mind, integration doesn't exist at all currently. He added that we should refer to both mental and behavioral health, rather than just behavioral health, because within the mental health community there is a fairly significant difference.

Dr. Robert McLean asked about the distribution of the report, and suggested that legislators not only get a copy, but also get copies of some of the most important documents that are referenced within the report.

Dr. Daren Anderson addressed the recommendations, saying they are strong and he agrees with all of them. However, he suggested that there are a couple of core things that we have come to agreement on and we might want to put greater emphasis on them by bulleting them. He noted that the list of interim recommendations did not mention the implementation of electronic health records in primary care, which is one of the fundamental things to improve primary care.

Margaret Flinter noted that it is referenced in both system barriers to primary care innovation and care coordination, but could be moved into the specific recommendations.

Dr. Daren Anderson said there were other things that he thought might merit additional highlighting. One is the imperative for payment reform that recognizes reimbursement mechanisms that promote activity such as the patient-centered medical home. He said he firmly believes that payment reform is one of the most critical recommendations that we can make.

Dr. Todd Staub agreed that including important issues like this in the executive summary with "bullets" is important because legislators will likely just focus on those areas; they need to provide the critical information. He also expressed concern that the limitations of the study of primary care capacity that we commissioned are not identified clearly enough.

The members discussed this and agreed that the primary care capacity report's major short coming was its reliance on indirect data. Future reports will be able to use the DPH re-licensure survey data, which will make a big difference.

The members discussed the wording of the recommendations regarding electronic health records, medical home, and payment reform at length. Dr. Anderson said that what primary care really needs is support for training, logistics, and structure to develop more comprehensive models of care such as the patient-centered medical home. He hoped that the patient-centered medical home is based on teamwork built on electronic access to data. This calls for a change in the model of care that isn't strongly enough recommended here.

Margaret Flinter pointed out that the first recommendation is recognizing meaningful primary care requires a greater team approach. If you go to page 12, the longest discussion of the recommendations addresses the all-payer primary care transformation program and development of alternative non-fee-for-service payment mechanisms.

Tom Swan commented that these are central to all the other recommendations, so perhaps there needs to be a sentence that incorporates some of the key aspects before the recommendations, touching on these components of the emerging model of care that we think that we need to move to. Electronic health records help us do that, but that we are going to need significant payment reform.

Dr. Daren Anderson said that the text and the meat of recommendation is all there. It talks very eloquently about payment reform and support for the patient-centered medical home, it is all in there. His concern is that he suspects that many people will read the bullets only.

Drs. Anderson and McLean made specific recommendations for wording changes to address their concerns. Margaret Flinter asked for other issues.

Dr. Sandra Carbonari referenced page 19, the third bold bullet, “harness technology, develop new standards for electronic virtual consults, starting with linking FQHC’s with UCONN’s Health Center and suggested adding practices with significant Medicaid or uninsured patients.

Dr. Robert McLean noted that putting “methods, strengths, and limitations” as a heading before the primary care inventory study would alert legislators and others to those limitations before reading the findings and add that “the Authority recognizes the significant limitations of this data.”

Dr. Robert McLean commented that he thinks one of the limitations of the capacity study was that the study counted naturopaths and homeopaths. Margaret Flinter said that the study counted providers that the Authority was charged with assessing in terms of capacity.

Dr. Sandra Carbonari addressed specific language on pediatrics in the Connecticut State Medical Society report which might indicate that pediatrics is an exception from the concerns about adequacy of access, and thought that exception should be removed.

Dr. Robert McLean said that he wanted to address scope of practice. He noted areas that might not be appropriate to the report. Margaret Flinter stated that this is one question she anticipates that legislators might be looking for input on

Dr. Robert McLean asked what a nurse-managed center was and whether it is a specific entity?

Margaret Flinter said that it is, and she took that language from the federal health reform bills.

Lynn Price commented that nurse managed health centers are formally recognized entities that are not recognized as FQHC's, although they function very much like that, and they are usually led by nurse practitioners. There are 250 of them across the country.

The members discussed the language around scope of practice at length.

Dr. McLean and Dr. Anderson presented suggested language revisions on new models of care and electronic health records, training and payment reform.

Tom Swan asked to take a vote to adopt the interim report, inclusive of the changes made at this meeting.

Margaret Flinter added that it would be good to take a vote on this interim report today; she will then distribute a new copy with all the changes incorporated; if there are any amendments that need to be made to that, it can be done at a subsequent meeting. Margaret Flinter asked for a voice vote on the interim report.

Tom Swan made the motion to adopt the interim report of the State-wide Primary Care Access Authority and Dr. Robert McLean seconded the motion.

The Interim report was adopted, on a voice vote.

Margaret Flinter adjourned the meeting.