

State-Wide Primary Care Access Authority

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Meeting Summary

May 26, 2010

7:30 Am in Room 1B of the LOB

Present were: Margaret Flinter, Tom Swan, JoAnn Eaccarino, Dr. Sandra Carbonari, Evelyn Barnum and Dr. Daren Anderson (*participated by phone*)

Margaret Flinter called the meeting to order.

Margaret Flinter reminded members that the last Wednesday of each month has been the regularly scheduled meeting day for the Authority. This meeting is to set the focus for the remaining time for the Authority.

We are half way through the four year (2008-2012) charge of the Authority in terms of duration; thus it is scheduled to end 2.5 years before the full implementation of federal health reform.

The group discussed the importance of a continuing authority to focus just on “primary care” because nobody else will be doing that. Even with SustiNet, there is a value to having a separate group with that focus.

Margaret reported that she and Tom submitted the interim report and met with the co-chairs of the Public Health Committee as discussed at the last meeting. They presented the recommendations in the report, as agreed by Authority members, which will form the focus of our work for the next year.

She also noted that this year we will want to think about any legislation that needs to be introduced and get that in order well in advance of the session.

Evelyn Barnum commented that the patient-centered medical home committee of Sustinet is going forward at a good clip and asked for an update on the rest of those groups. Are they making as much progress as some parts of Sustinet?

Margaret Flinter announced that the Sustinet committees are all scheduled to report back to the Board in the next week. She added that one role of SPCAA is to monitor what is happening with Sustinet and the development of those things that this Authority has recommended. She added that our group should also consider the work of the Primary Care Coalition which Todd Staub heads out of the Center for Primary Care and is supported by Pro-Health, but is a separate 501C3. It brings together a big chunk of people representing different/various element of primary care, including employers and the insurance groups as well as diverse primary care provider groups and individuals.

The members discussed the continuing problem of getting access to good data. Margaret noted that Ron Preston recently spoke to the Primary Care Coalition and that several states have passed legislation requiring that ALL claims data be submitted to a common entity for analysis. This may be something we want to pursue. Tom Swan suggested that the Authority may want to request a presentation from Ron and from DSS about their data reporting capability and possibly bring in someone from one of the states that are using this data for healthcare and health system planning.

Margaret Flinter stated that we are responsible for continuing our work to ensure that the DPH on-line licensure renewal and survey of health professional's project is proceeding on course. To date, a total of 13,880 health professionals have renewed their licenses on line, but only MDs have been getting the survey data questions. They are scheduled to begin adding dentists and nurses to that in July 2010. It is critical that meaningful reports be developed from this data for the legislature and for our group for planning purposes. This may be something that needs to go to legislation. We should think about recruitment and retention, eliminating barriers to utilization of providers, investment in additional delivery sites in underserved areas if reforms are not sufficient.

Evelyn Barnum stated that she has UAD software that can analyze the federal UDS data for community health centers. It is able to look at trends of aggregate numbers. DPH looks often at UDF because they get the rollup reports. This is something she may be able to present to the group. Joann Eaccarino stated that the school based health centers are still committed to using Clinical Fusion which is a demographic database, but doesn't provide any clinical outcome data. Members agreed that the federal investment in health center expansion of delivery site and capacity will affect utilization and capacity in the coming years, and we need to be able to monitor that.

Dr. Sandra Carbonari stated that the Connecticut State Medical Society released a provider satisfaction survey with some dismaying results in terms of the percentage that planned to remain in practice, in Connecticut. Pediatricians had the highest satisfaction ratings, although they are at the bottom of the reimbursement scale, so it's not all about money. Dr. Daren Anderson stated that there are no problems

recruiting at the VA-- and the last 3 recruits came from private practice in CT. He added that it's just a more pleasant work environment.

Dr. Sandra Carbonari stated that the VA is really a closed system with total control; private practice is the extreme opposite of that, but some people will always love it and that's where they will be. Community health centers have the ability, not necessarily of complete control, but with electronic health records, health information exchange, salary opportunities, environment allowing hand off to hospitalists, physicians practicing on a team with support staff and not in isolation, you can come a lot closer to it than before. What North Carolina did with private practices in providing support and structure for them was amazing, and Sustinet envisions a lot of effort on supporting private practices in sharing the services that get them closer to those models.

Margaret Flinter suggested that we also put some focus into looking at how we can effectively manage more primary care patients on a panel. Is it possible to replace in-person visits with virtual visits with no loss of clinical quality on the adult side?

The members present then discussed the schedule and agenda for the coming months, starting with the frequency of meetings: Monthly? Every two months? Quarterly? Evelyn suggested that less frequent meetings might yield more attendees. Tom noted that we have a range of people we want to get in, from data, to workforce, to medical home and we want to monitor Sustinet developments, so we need to meet fairly regularly; also, we will want to be preparing any legislation necessary for the next session.

Tom Swan suggested that we meet in July and September. September 23rd is a big date in that it's the six month anniversary of the passage of the federal health reform bill, and there were a number of provisions that either kick in or were to be accomplished by then. We will want to discuss them. In July, we probably want to focus on data. In November, we will have elections and that will have some impact on the legislature and public health committee. We should again meet in January to make sure that all of our legislation is introduced, and then March again because the one year date is important around the implementation that was passed around March 23rd. After March, we can revisit, but for now let's plan on meeting in July, September, November, January and March.

Evelyn Barnum asked if we can possibly replace the five people who regularly do not attend. Margaret agreed to discuss this when she meets with Senator Williams later this month. The group agreed that it is very important to have a new oral health representative, representatives from DSS and DPH, and Margaret asked that we try and appoint Dr. Todd Staub to the Authority as well.

Margaret Flinter reviewed the proposed dates: July 28th, September 29th, November 17th, January 26th, and March 30th. JoAnn Eaccarino suggested somebody who is really involved in recruitment and retention would be helpful. The name of Petra Clark from the Urban Service Track was suggested. The group agreed to ask the Commissioners who hold appointments to appoint delegates who will attend regularly.

The group agreed to focus on data for the July meeting: Evelyn on UAD/UDS data, Joanne on school based health center data, and Margaret will see if Ron Preston might be available to talk about the statewide data systems used in other New England states. Dr. Carbonari suggested that we might want to look at the data collected and reported by the Medicaid managed care council.

The September meeting might be presentations on the work of the regional extension centers, the statewide HIE group and perhaps the Medicare demonstration project on medical home/advanced primary care group. We also want to hear what the primary care coalition is doing, perhaps a report from Dr. Todd Staub. November will be the six month evaluation of the Federal Health Care Reform and planning on any legislation we want to submit in the 2011 session.

Margaret will send out the meeting summaries that we have not yet approved for review and approval at the July meeting so they can be posted; Beverley will post the final interim report to the website, and we will work on getting the agenda for the July and September meetings finalized.

The meeting adjourned at 9:00 am.