

# State-Wide Primary Care Access Authority

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## Meeting Summary

January 26, 2011

Members Present: Margaret Flinter, Lynn Price, Dr. Sandra Carbonari, Tom Swan, JoAnn Eaccarino, Evelyn Barnum, Dr. Todd Staub, Dr. Robert McLean

Margaret Flinter convened the meeting at 8:14 AM. Margaret noted that the four year charge of the Authority is coming to an end. There will likely be two more meetings before conclude. She noted that there has been tremendous change in the healthcare landscape since we began our work.

Margaret Flinter made a motion to approve the minutes of the last meeting. Dr. Sandra Carbonari seconded. Minutes were approved.

The members present reviewed the draft recommendations to the Legislature for the 2011 session, which were previously distributed. The members approved sending them to the co-chairs of Public Health. In addition, the members approved sending a letter, to be written by Margaret and Tom on behalf of the Authority, recommending adoption of the final Sustinet Plan, which was also distributed to all members in advance of today's meeting

The members present reviewed the recommendation one more time. The issues of progress with on-line re-licensure and the implementation of the survey developed and recommended by the Authority were reviewed and discussed. The consensus is that the full survey has still not been implemented, and problems remain with widespread adoption of the electronic re-licensure option.

Dr. Sandra Carbonari noted that the issues identified as priorities for data collection and trending, such as childhood obesity, may be difficult to monitor. Margaret noted that the absence of Connecticut's participation in the all payors claims database system is an impediment to having that kind of trend data

Dr. Robert McLean noted that much of this will be fleshed out in the Sustinet Plan, and the Authority shouldn't devote too much time to specific language.: I think most of this is going to be fleshed out in the Sustinet plan anyway so let's not waste too much time on language.

Margaret Flinter noted that the Sustinet final report many of the key things we have talked about, from the patient-centered medical home, to looking at alternate ways of payment, to quality and added that it certainly prepares Connecticut to participate in the national health reform proposals. She stated that Sustinet is not essentially for the uninsured, it is a program for the insured, and hopefully, today's uninsured will become insured through the exchange or through expansion in Medicaid

Members present discussed the ONC and meaningful use legislation. Dr. McLean asked for clarity regarding the responsibility for the health insurance exchange; that is the Department of Public Health.

Dr. Robert McLean asked for an update on the status of ProHealth's Patient Centered Medical Home recognition. Dr. Todd Staub stated that ProHealth went through a training process and their 90 day measurement period starts in February. They will put their application in by June for their 70 sites, each of which has to qualify independently.

Members discussed the options for PCMH recognition. Evelyn Barnum stated that the Bureau of Primary Health Care will now pay the NCQA fee, and if the Joint Commission launches its program, the Bureau may pay that for Health Centers that are already JC accredited.

Margaret Flinter asked Dr. Staub to update the Authority on the progress of the Primary Care Coalition, particularly as the Authority is winding down

Dr. Todd Staub updated the Authority on the Coalition's work with the state to develop "convener status". He stated that convener status is an antitrust protection that allows the convening agency to get people in the room that otherwise would be competitors, and begin to exchange information, and create alignment. This is a very important concept. States have the authority to supersede federal antitrust regulations. States have used this in healthcare for a variety of focused things, like a pilot project on medical homes. You would get the commercial payers in the room, and employers, providers and other people, in order to talk about money. He stated that if you could create alignment of incentives on quality and payment across all payers in the state, you are creating a clear playing field. In response to questions, Dr. Staub stated that this should be a legislative initiative, but it can be done by executive order.

Margaret Flinter stated that the Primary Care Coalition itself has been in existence for 2 years, and is an inclusive group that welcomes all groups dealing with primary care. The convener status is one piece of that. She noted that as this group sunsets, it is important that another group focuses on primary care.

Dr. Todd Staub stated that the formation of the Coalition was a grassroots effort. There is a methodology for getting consensus, and figuring out different levels of providers. It is becoming a more formal organization.

Margaret Flinter asked Evelyn and Joann about expansion of capacity and primary care through school-based health centers and through community health centers in terms of what is currently under way, and trend over the past few years.

JoAnn Eaccarino said the school based clinics are not sure what the potential for budget cuts is, but they are hoping to maintain current operations. Recently, there was a first time federal opportunity to apply for equipment expansion; results will be out in June. There could be some new school-based health centers with federal money.

Margaret Flinter asked if there is a formal plan for prioritizing areas for expansion or new sites. JoAnn said there is no plan yet. Evelyn Barnum said there are many opportunities for FQHC's to expand under

the federal Affordable Care Act. On January 20, all the health centers put in their plans for expanded services. And there was an opportunity to apply for new access points. She noted that there is a new tool called UDS Mapper that identifies areas in need with low penetration of the low income population. The Health centers are looking at that and saying, “How can we systemically approach this to provide more service and access”?

Lynn Price asked where community mental health centers fall in this. Evelyn Barnum answered that the head of the national mental health centers was here and spent a lot of time taking with them about working with the FQHC’s. That was a huge boost for communication between the centers for integration of services. Dr. Sandra Carbonari commented that the AAP and the Child Psychology leadership have gotten together and worked to come up with the mental health blueprint for children.

Margaret Flinter adjourned the meeting at 9:30 am.