

Meeting Notes

The Primary Care Subcommittee of the State-Wide Health Care Facilities and Services Plan Advisory Body

Monday, October 3, 2011 at 2:00 p.m.

Agenda Item	Discussion	Action/Results
I. Opening Remarks	Evelyn Barnum opened the meeting as facilitator.	
II. Licensed Outpatient Clinics providing Primary Care	Karen Roberts asked for clarification as to whether licensed infirmaries were determined to be in the Primary Care definition or not and it was clarified that they will be mentioned by not inventoried.	OHCA staff will revise and update the outpatient clinic by category listing.
III. Hospital Based Primary Care Services	Mr. Smanik looked at the listing from HRS Report 450 which lists Day Kimball as having no medical visit volume for FY 2010 and he then discussed Day Kimball's services that are affiliated and those that are part of the hospital's license (for example, they internalized pediatrics 20 years ago and those services are under the hospital license, in addition 3-4 years ago a practice merged into DKH so they are part of hospital). There was discussion that many practices may be heading in that direction. Evelyn Barnum asked the hospital members how the subcommittee could capture hospital affiliated primary care services as this represents a large volume.	
IV. DPH relicensing survey	The hospital members present (Dr. Carr and Mr. Smanik) discussed that there is a fine line in asking hospitals to provide affiliated service information. Dr. Carr discussed the goal of asking for the hospital affiliated information and not all private practice information. What is the value of asking Danbury Hospital, for example, about their hospital clinics and not the doctors practicing primary care that admit to the hospital? Evelyn indicated that the hospital clinics are too big to leave out of the discussion and survey, but that it can be part of recommendations that the next plan and inventory capture the hospital affiliated primary care services when the private practice data is gathered.	

	<p>It was further discussed that hospitals may not be comfortable in answering questions about affiliated entities if they are not owned by the hospital. Dr. Carr expressed concern about the value of the data if not all and Evelyn discussed the limitations of time and resources related to this effort at this time, but that the subcommittee can make recommendations. Dr. Carr discussed that there are three types of hospital related practices: some practices are hospital based (i.e. residents) and under the tax ID #, then, some are "aligned" but separate tax ID #s (like Western CT Medical Group) and then there are those groups that admit to the hospital but there is no other connection. Evelyn asked how to get at the middle group ("aligned"). Mr. Smanik indicated that the provider community would question why asking some and not all. It was expressed that a statewide survey should be done. Mr. Smanik indicated that there might be a fear in the provider community that the state is trying to get into regulating these groups. Evelyn indicated that if we go off the licensure database then every private physician gets surveyed, not necessarily the group we are interested in and this would go way beyond our resources. The consensus was that the questions should be surveying services provided under the hospital license and tax ID number. The discussion they turned to the definition of primary care and providers vs. services. There was discussion about DPH practitioner relicensing survey questions and that they appear not to be mandatory (except the question about convictions) and that a recommendation could be to utilize the relicensing process. Karen Roberts stepped out to call someone in practitioner licensing to get the list of questions (called Laurie Franco).</p>	<p>Karen will send questions asked on the relicensure form to group (Jessie sent them to Karen and Karen emailed to other subcommittee members on 10/4th)</p> <p>Karen will send definition to the group.</p> <p>OHCA staff will undertake a hospital survey on primary care services.</p>
<p>V. Existing reports on community needs assessments</p>	<p>It was suggested that in surveying the hospitals we make sure we sell it as a statewide listing so that it is a resource for people to know where to get services. The inventory is just a stepping-stone to finding out what is really needed and someone has to look at the issues. Jesse White Frese indicated that there is no efficient mechanism to address unmet need. Dr. Carr indicated that it is more about access (who is taking new patients, who is taking Medicaid). It was indicated that the September 26th conference call notes had a listing of some resources to use in piecing together a discussion on unmet need or gaps. Evelyn indicated that there are likely to be more such resources, i.e. data gathered/studies done by local health departments. Dr. Carr asked what the UConn primary care study was about and Evelyn indicated it focused more on workforce. Evelyn indicated that some of the resources listed are getting old.</p>	<p>Jessie White Frese will call CT Health Foundation about CT Health Equity and see when publishing.</p> <p>Karen will inform Kaila Riggott on OHCA staff that there was discussion about the primary care workforce study in this meeting.</p>
<p>VI. Next Steps</p>	<p>At this time, there is not a conference call or next meeting formally scheduled as a hospital primary care survey will be undertaken and the information provided to date will be looked at and assigned to the various committee members.</p>	<p>The subcommittee members will be informed through email regarding new information and any assignments related to the review of source material.</p>

Attendees: Evelyn Barnum, Dr. Robert Carr, Robert Smanik, Dr. Jacqueline Nwando Olayiwola, Jesse White-Fresé,
Absentees: Brian Mattiello, Rosa Biaggi, Janet Brancifort, Yvette Highsmith Francis
Attendees from OHCA: Karen Roberts