

Meeting Notes

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

Monday, July 25, 2011 at 1:30 p.m.

Agenda Item	Discussion	Action/Results
<p>I. Opening Remarks</p> <p>II. Introduction of Members</p> <p>III. Outline of Plan's sections</p> <p>IV. Discussion of Subcommittee Purpose and Expectation</p>	<p>Kim Martone opened the meeting, introduced OHCA staff member, Karen Roberts, as the subcommittee's facilitator and outlined the subcommittee's role (such as describing primary care related facilities and services, developing a comprehensive database of primary care facilities, locations and hours of operation, identifying data limitations, suggesting potential data sources, and recommending subject matter experts to assist in subcommittee tasks)</p> <p>Karen Roberts distributed a draft of the Proposed Table of Contents for the Facility and Services Plan which included an outline of the primary care facilities and services chapter. She described chapters of the plan needing the subcommittee's input and assistance, and encouraged recommendations on additional facilities and services that should be covered in the primary care section. Private practice primary care physician offices not licensed by the Department of Public Health as an outpatient clinic are not covered under this iteration of the Plan. Karen informed members that Kaila Riggott is coordinating and writing the plan while Gloria Sancho is creating and maintaining the plan's facilities and services inventory database.</p>	<p>Kim to clarify to subcommittee Evelyn Barnum's role as the subcommittee facilitator.</p>
<p>V. Discussion of a definition of primary care services for purposes of the Plan</p> <p>VI. Discussion of primary care facility types and service categories to include in the Plan with reference to the Plan's Table of Contents</p>	<p>Members received a copy of the Institute of Medicine of the National Academies' (IOM's) definition of primary care, which the legislatively mandated Statewide Primary Care Access Authority (SPCAA) adapted to develop the guidelines for its February 2010 interim report to the General Assembly. SPCAA's approach is to inventory primary care providers, i.e., practitioners and services they provide. This is distinct from the plan's emphasis on inventorying facilities that provide primary care services and related services.</p> <p>A clear description of primary care providers and services will help identify which facilities and services to include in the inventory, their location, what services they provide and hours of operation. Currently, OHCA has identified community health centers, federally qualified community centers (FQHCs) and look-alikes, school-based health centers licensed by the Department of Public Health (DPH) as outpatient clinics and hospital-based primary care centers. What is unclear is if urgent care centers and retail based clinics could be classified as primary care facilities and what other types of facilities have not been included or identified.</p>	<p>Olga Armah to email SPCAA's interim report to members.</p> <p>Evelyn Barnum provided a paper copy of the hours of operation (locations and what services are available when) for federally qualified health centers (FQHCs).</p>

	<p>OHCA is looking to the group to provide guidance on what inventorying or studies have already been done by other entities and how to access the information to leverage existing resources and minimize duplication of efforts. Surveys are not an option since responses are voluntary; OHCA does not have the additional resources; and current experience with the ambulatory care and imaging facilities surveys are proving the method inefficient and with unpredictable results.</p> <p>Since all health care providers provide some sort of primary care related services, a primary care provider is distinctly one with which a patient makes first contact and who provides comprehensive and continuous care for undifferentiated patients. Considerations and or concerns/comments raised by the subcommittee, include:</p> <ul style="list-style-type: none"> ▪ The IOM definition of primary care is vague and difficult to apply if we are trying to inventory specific sites. Rather than coming up with a definition, it will be better to develop guidelines of what providers and services would be included utilizing descriptions from multiple sources such as the American Academy of Family Physicians (AAFP), National Health Services Corps (NHSC), Health Resources and Services Administration (HRSA) definition of federally qualified health centers (FQHCs), Patient Care Protection Act (ACA) and DPH outpatient clinic license categories. ▪ The DPH outpatient clinic license categories are too broad and not just primary care related. SPCAA also found that the licensing system does not collect enough information to help identify system gaps. ▪ OHCA should describe primary care to cover all related services, providers, and provision sites and then narrow down the description to the plan’s focus. Primary care by definition is not facility defined. ▪ Private practice primary care providers services are a significant portion of primary care provided in the state. Excluding that category of providers implies drawing an incomplete picture, which will hinder our ability to address the issue of gaps and unmet need. If the list/information is not comprehensive, the utility of the information is questionable. However, if the group defines primary care providers with specific types of facilities, then the recommendations could focus on these facilities. The report will also indicate what was excluded from the review. ▪ Some private practice primary care providers have operations that parallel the magnitude of FQHCs’, e.g., ProHealth Physicians; unless such facilities are licensed as outpatient clinics they will not be included in the plan which will be a significant omission. Some urgent care facilities fall in this same category. 	<p>Dr. Carr to provide information on top 25 services considered primary care related through the survey.</p> <p>Dr. Carr to provide information on or link to AAFP’s definition/guidelines.</p> <p>Janet Brancifort to provide information on or link to NHSC’s definition/ guidelines.</p> <p>Evelyn Barnum to provide information on or link to definitions on FQHCs and services they provide.</p> <p>OHCA to provide DPH outpatient clinic license categories and definitions.</p> <p>OHCA to create a matrix listing the commonalities on describing primary care facilities and services among the different sources.</p>
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<p>VII. Discussion of resources available to inventory facilities serving the primary care needs of the residents of Connecticut (names of facilities, locations, services provided, hours of operation)</p> <p>VII: Next Steps</p>	<p>OHCA does not have additional resources to carry out surveys. The ambulatory surgery survey has been onerous and taken much longer than was estimated although it now has a 90% response rate. Since responding is voluntary there is no guaranteed success. A survey of the 30 hospitals will be relatively easier than surveying all other primary care providing facilities.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Links to or information on the definitions of primary care • Written comments or recommendations on the primary care section or other areas of plan <p>Logistics: The group will communicate by email in the interim; it also discussed whether to have the monthly meetings at 1:30-3:00 p.m. on the last Monday of the month and the same venue however, OHCA will communicate further with the members on the next meeting date.</p> <p>OHCA’s website is now a page on the Department of Public Health website at www.ct.gov/dph/ohca. To access all information about the Plan and subcommittee meetings click on the link CT State-Wide Health Care Facilities and Services Plan Advisory Body</p>	<p>Members will email all feedback and information to Olga Armah and OHCA will pull them together for the next meeting.</p> <p>Schedule next monthly meeting</p>

Attendees: Evelyn Barnum, Brian Mattiello, Dr. Robert Carr, Dr. Jacqueline Nwando Olayiwola, Rosa Biaggi, Janet Brancifort, Robert Smanik, Jesse White-Fresé
Attendees from OHCA: Kimberly Martone (for introduction of meeting), Karen Roberts, Olga Armah, Gloria Sancho (observed)
Absentees: Yvette Highsmith Francis, Robert Langley