

Primary Care Access Authority

Summary of Recommendations

The Statewide Primary Care Access Authority makes the following recommendations (both in its Interim Report and in its Final Recommendations) to improve and sustain a vital primary care clinical workforce and primary care system in the state:

FINAL RECOMMENDATION 1:

Support development of patient centered medical homes

- Financial support for non –FQHC practices seeking PCMH recognition
- Financial support modeled after the “regional extension center” model to coach and train practices in transformation to the PCMH model

FINAL RECOMMENDATION 2:

Enhance efforts to secure timely, on-going primary care workforce data

- Mandatory on line electronic licensure renewal for all MDs, NPs, P.A.s, Dentists
- Implement full survey at re-licensure, using data set developed by SPCAA and approved by DPH
- Direct DPH to devote appropriate resources to analyze submitted data and report to legislature annually
- Mandate annual report by Dean of UCONN School of Medicine on number and percent of graduating students choosing primary care residency

FINAL RECOMMENDATION 3:

Invest in sustained strategies to improve recruitment and retention of primary care providers to practices in Connecticut Designate a primary care healthcare workforce office at the state level charged with continually monitoring workforce adequacy, and primary care access across Connecticut.

- Maximize efforts to recruit NHSC scholars and Loan Repayment providers to Ct.
- Implement key recommendations of the Institute of Medicine’s Future of Nursing report that impact primary care
- Leverage federal funding opportunities to develop new and expanded access points for primary care in schools, public housing nurse managed health centers, and FQHCs

FINAL RECOMMENDATION 4:

Address existing barriers to efficient primary care practice Remove prohibitions against non-licensed personnel administering medication in the primary care setting and allow medical

assistants, under the willing supervision of a licensed health care providers, to administer routine immunizations and vaccines

Establish Medicaid pilot to provide transition care to enrollees admitted to hospital and monitor impact on re-hospitalization for Medicaid enrollees relative to other populations

FINAL RECOMMENDATION 5:

Expand primary care capacity through investment in additional delivery sites, particularly in underserved areas
Support continued development of school based health centers and community health centers

Support public and private colleges and community organizations in securing grant funding for education and training at both pre-licensure and post-licensure level

FINAL RECOMMENDATION 6:

Promote greater integration of primary care and mental/behavioral health
Align reimbursement with primary care

Modify billing systems

FINAL RECOMMENDATION 7:

Establish an "all claims" database (ACDB) for Ct. and enroll Ct. in the All Claims Database Council system

Specifically, track indicators for:

Obesity

Ambulatory sensitive admission to hospital

ER utilization

Patient experience/satisfaction

Mandate annual report card to legislature on measures of health status of CT population

EVIDENCE OF PROGRESS

PPACA:

Medicaid has expanded

Health insurance exchange is being set up

Pre-existing conditions are phasing out

Coverage for Prevention is mandatory

Workforce Development:

Quinnipiac is opening a new medical school devoted to primary care

CHC Inc. NP residency specific to primary care in 5th year

NHSC greatly expanded capacity

Practice Transformation:

Pace of adoption of electronic health records has vastly accelerated

Patient Centered Medical Home initiative starting January 1, 2011

Model of care is transforming through ASO, ACO, ICO.....

For the purposes of the Connecticut Statewide Healthcare Facilities and Services Plan:

Primary Care is that care provided by licensed independent practitioners specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated patient") not limited by problem origin (biological, behavioral, or social), organ system or diagnosis.¹

Please apply this definition to outpatient primary care services provided under your short-term general hospital or children's general hospital license and tax identification number and do not include service lines that are episodic in nature such as urgent care centers. Please fill out one form for each of your hospital's primary care programs that fit the above description:

¹ This definition used is from the Journal of American Medical Association, May 18, 1994, Vol. 271, No 19