

Roberts, Karen

Hospital Based Primary Care Survey

From: Olejarz, Barbara
Sent: Friday, December 09, 2011 12:14 PM
To: Andrea Rynn; Barbara Durdy; Carl Luciano; Carolyn Salsgiver; Catherine Crisanti; Christopher Hartley; Claudio Capone; David R. Morgan; David Stahelski; Dennis P. McConville; Harry Evert; Jean Ahn; Joe Connolly; John J. Capobianco; Karen T. Goyette; Kathleen Silard; Kimberly A. Lumia; Lester A. Temkin; Lisa M. Brady; Loraine C. Shea; Margaret Deegan; Monte Giannini; Nancy Hamson; Robert Smanik; Sally Herlihy; Sharada Patel; Stephen W. Larcen; Terrie B. Estes; Thomas Richardson
Cc: Armah, Olga; Roberts, Karen; Brian Grissler (STAMFORD); Bruce Cummings(L&M); Chad Wable (ST. MARY'S); Christopher M. Dadlez (ST FRANCIS); Christopher M. O'connor (ST. RAPHAEL); Clarence Silvia (HOSP of CENTRAL CT); Daniel DeBarba; Daniel McIntyre (HUNGERFORD); Darlene Stromstad (Waterbury Hospital); David Whitehead (BACKUS); Deborah Weymouth; Frank A. Corvino (GREENWICH); Jeffrey A. Flaks; John Murphy (DANBURY); Joseph Pelaccia (MILFORD); Kurt Barwis (BRISTOL); Lucille Janatka (MIDSTATE); Marna P. Borgstrom (YALE); Martin J. Gavin (CT CHILDREN'S); Summerer,; Patrick Charmel (GRIFFIN); Peter J. Karl (ECHN); Robert E. Smanik (DAYKIMBALL); Stephen Larcen; Susan Davis (ST VINCENT'S); Vincent Capece (MIDDLESEX); William Jennings (Bridgeport)
Subject: Primary Care Questionnaire
Attachments: Hospital Primary Care Services Survey_final.docx

12/9/11

Dear Acute Care and Children's Hospital Contacts:

Pursuant to General Statutes §19a-634(c), the Office of Health Care Access ("OHCA") division of Department of Public Health ("DPH") is establishing an inventory of health care facilities and services in the state of Connecticut for the purposes of preparing and releasing a Statewide Health Care Facilities and Services Plan in July of 2012 as mandated by General Statutes § 19a-634(b). One section of the aforementioned Inventory and Plan is related to Primary Care facilities in Connecticut, which includes the primary care services at Connecticut's 30 hospitals. In order to determine the level of primary care services provided by the hospitals, OHCA has developed a primary care questionnaire that seeks pertinent information to be used in the Facilities and Services Plan. A Primary Care subcommittee has been meeting for several months to help OHCA in the discussion and description of primary care in the state and has been instrumental in developing the attached survey. OHCA requests that you or a designee complete and submit the Primary Care Questionnaire to OHCA.

OHCA would like to complete the collection of this information by **January 6, 2012** and asks that you complete and return the questionnaire by fax/mail/email by that date. OHCA's fax number is 860-418-7053 and the mailing address is as follows:

Office of Health Care Access
Department of Public Health
410 Capitol Avenue
MS#13HCA
Hartford, CT 06134-0308

Questions regarding the above can be emailed to Olga Armah at olga.armah@ct.gov or to Karen Roberts at karen.roberts@ct.gov.

On behalf of the Department of Public Health, I would like to thank you for your participation in this important step toward gathering information necessary to maintain a health care facility/service inventory for the state of Connecticut and to complete Connecticut's first Statewide Health Care Facilities and Services Plan.

For the purposes of the Connecticut Department of Public Health Office of Health Care Access' 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 to address personal health care needs including but not limited to prevention, care of chronic illness, routine care and not limited by problem origin (biological, behavioral, or social), organ system or diagnosis.

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 practice sites/locations that fit the above description, using location specific information:

Contact Name _____ Tel _____ Email _____

Hospital _____

Name of Program _____

Location _____

Street _____ Town _____ State _____ Zip code _____

Hours of Operation: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____
 Sunday _____

Populations served (Please check or fill in which apply)			Please check or fill in which of these services you provide	
1	All ages		Comprehensive preventive care e.g. prenatal care, immunizations, cancer screening, infant/child/adolescent/adult/elderly preventive care, physical exams and health assessments	
2	Care of newborns		Diagnosis and treatment of common acute illnesses	
3	Care of infants		Diagnosis and ongoing treatment of chronic illnesses	
4	Care of children		Diagnosis and ongoing treatment of common behavioral health problems	
5	Care of adolescents		Counseling	
6	Care of adults		Health promotion	
7	Care of the elderly		Patient education	
8	Care of pregnant women		Care coordination	
9	Care of uninsured		Referrals to other health care professionals	
10	Other		Other:	
11	Other		Other:	
12	Other		Other:	

Your cooperation in the above inquiry is greatly appreciated. Please note that this information will become available to the public within the Plan's Inventory of Health Care Facilities and Services.