

## Meeting Notes

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

Monday, September 12, 2011 at 2:00 p.m.

Agenda Item	Discussion	Action/Results
<p>I. Opening Remarks</p> <p>II. Outline of the primary care chapter of the plan</p>	<p>Kim Martone opened the meeting, welcomed participants, and then turned the meeting over to Evelyn Barnum as the facilitator. Karen Roberts distributed a draft of an outline for the chapter of the Facility Plan for Primary Care Services in Connecticut, which will include an introduction, narrative describing the primary care services provided by and within facility settings in the state and brief overview of current condition in the state and defines or describes providers and their services. The chapter will also include an inventory of facilities providing primary care services in state, a paragraph on the data sources, maps of current service locations, a discussion of unmet need and gaps in services by bringing together for discussion purposes the work of other committees and authoritative bodies and compiling their results/recommendations of any recent existing reports, and recommendations.</p>	
<p>II. Definition of primary care services for purposes of the Plan</p>	<p>OHCA staff distributed a copy of a matrix put together by OHCA staff member, Olga Armah to help in the discussion of a definition of primary care for purposes of the Facility Plan and Inventory. The matrix used resources referenced at the previous subcommittee meeting and includes American Academy of Family Physicians, DPH statutes, HRSA, National Health Service Corps, Patient Protection and Affordable Care Act, and State of New York statutes. Generally, there appears to be agreement that those outpatient facilities that provide comprehensive first contact and continuing care will be those included in inventory.</p> <p>The group went through the listing in detail and tried to use it to identify what Outpatient Clinics are providers of primary care (providing comprehensive first contact and continuing care). It was discussed again that although OHCA will not likely be able to include the private practitioners in the first edition of the Plan, the Plan will recognize that primary care is provided in the private practice of medicine. OHCA may try to include a listing of private practitioners if resources are found to be available (DPH primary care office database through Folio was mentioned).</p>	

<p>III. Types of licensed Outpatient Clinics</p>	<p>OHCA staff distributed a copy of a listing of all the facilities listed within DPH licensure under licensure category "Outpatient Clinic" separated by apparent service types (i.e., community health centers, school based health centers, centers operated by municipalities, other outpatient clinics that may provide primary care and those that appear not to provide any primary care). The list also included Infirmaries Operated by an Educational Institution for discussion purposes.</p> <ul style="list-style-type: none"> <li>• Janet Blancifort mentioned that DPH funds 81 SBHC sites. It was discussed that we will need to verify the hours and sites for school based health clinics. There was agreement that school based health centers are comprehensive in nature.</li> <li>• It was further discussed that the clinics operated by municipalities are not likely continuous and comprehensive, but we will need to understand scope of services better. Further research will be needed to determine scope of services at the municipal sites.</li> <li>• AmeriCares as a free clinic was discussed (continuous care or not)</li> <li>• It was discussed that retail based clinics as well as urgent care centers are also not continuous and comprehensive, but rather episodic but that they will be mentioned in the plan, but not inventoried as primary care providers.</li> <li>• There was discussion surrounding outpatient clinics that provide care or primary care to a specific and/or limited population and whether they need to be inventoried and discussed. It was mentioned that there is risk of being too limiting if we don't (we don't want to underrepresent the provision of primary care) and so we may want to include these in an Other category ("population specific")</li> <li>• There was discussion about Infirmaries operated by Educational Institutions. They are not the same as school based health centers but scope of services may lend itself to primary care (i.e., asthma, diabetes care on a college campus). Not comprehensive/continuous, but should mention in the limited population category.</li> <li>• There was discussion about outpatient Veteran's Administration sites in Connecticut.</li> <li>• There was discussion regarding Outpatient Clinics that are specific to occupational health (such as ConnCare) and whether these are continuous/comprehensive or episodic in nature.</li> <li>• Evelyn Barnum mentioned that the group may recommend that the next iteration of the Facility Plan should combine primary care and behavioral health as they are linked and the plan could encourage further integration.</li> </ul>	<p>Yvette Highsmith Francis will look at the CHC, Inc. sites.</p> <p>Evelyn Barnum will look into the scope of services provided by Malta House.</p> <p>Dr. Olayiwola will look into AmeriCares' scope of services and MDDo/MPRA</p> <p>Brian Mattiola will follow upon what the Hispanic Clinic at Hartford Hospital does.</p> <p>Karen Roberts will follow up with information on the VA sites, as well as Enfield Ambulatory Care Center, Foothills VNA, CareNet Pregnancy Resource Center, and Kevin's Community Center</p>
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IV. Hospital - based or operated clinics	OHCA staff distributed a copy of a listing of which hospitals report utilization volume to OHCA in the Hospital Reporting System (Report 450) as Medical Clinic Visits, which in the HRS system would include pediatric visits, urgent care visits, and family clinic visits. There was discussion that the use of HRS Report 450 will not accurately tell us which hospitals are providing primary care services, either through the hospital or provider based clinics. For example, it is unclear how the very large Yale primary care practice can be categorized for purposes of the Inventory or Plan (it is not reflected on Yale's Report 450 as a hospital service). Overall, it appears that the use of the HRS Report 450 is limited for these purposes.	Brian Mattiolo will further study and report on how to determine and capture hospital based primary care.
V. Oral Health Section	A discussion took place regarding the extent to which we address oral health within the primary care section of the plan. Other organizations (such as the Department of Public Health's Office of Oral Health, The Connecticut Dental Health Partnership, Connecticut Oral Health Coalition). It was discussed that the Facility Plan will describe Oral Health as an important piece of primary care but will not inventory services (similar to behavioral health, which is a separate chapter of the Plan).	Rosa Biaggi will provide the group information on what is already being done by the COHC.
VI. Medical Home model	Discussion took place regarding whether to include this topic in the primary care section of the Plan. There was discussion of whether this will impact demand, need or resources. Will Medical Home increase demand for primary care services, will it change how care will be delivered but the need for the services will remain the same, etc. Evelyn Barnum indicated that DSS is currently working on defining Patient Centered Medical Home and that our report should merely refer to what they are doing. Kaila Riggott of OHCA indicated that there will be a chapter of the plan dealing with Health Care Reform and the group agreed that it is in that chapter that Medical Home will be discussed, not the primary care chapter.	
VII. Next Steps	<p>The group agreed to an October 1, 2011 cut off for inclusion of providers and related data in the Inventory and related data.</p> <p>Kim Martone indicated that this group will only meet for the next several months and Evelyn Barnum indicated that we might want to communicate more frequently. Evelyn set up the following schedule and the group agreed: By September 19th, email any information research after the meeting to Karen Roberts; on September 26th at 2:00 hold a conference call as a group; on October 3rd at 2:00 hold the next subcommittee meeting at OHCA. It was also mentioned that the next OHCA Advisory Committee meeting will be held on October 12th and that all of the subcommittee members are invited to attend.</p>	

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