Statewide Health Care Facilities and Services Plan

Subcommittee Recommendations Prioritization and Implementation Strategies

Subcommittee: Primary Care Conference Call

Lead/Co-Leads: Evelyn Barnum
Present: Jesse White Frese, Bob Carr,

Rank	Recommendation	Brief Justification for Ranking	Individual/Entity with Primary Responsibility	Additional Expertise Needed	Resource Needs (e.g. data technology, Human resources)	Strategy(ies) for Implementation	Timeline
1	Consider mandating responses on all license renewal applications to certain survey questions on whether practitioners are actively practicing in the state; the primary location of practice; if the respondent is currently actively treating patients; and if he/she had ever been convicted of a felony	Biggest issue is that we can't get a handle on whether we have an access issue re: primary care because we don't really know who is providing primary care	DPH Licensure Division	Design of online survey requires respondents to self-identify as actively providing primary care services. Definition of primary care has to be refined and explicit so that enough information is gathered.	Technology for online completion of licensure renewal and to analyze and map the data gathered through licensure.	Link data gathering to the information on the QHPs who will list their network providers for the Health Access CT	April 1 2013-October 1 2013
5	Provide additional Plan focus on the provision of mental health and oral health services in primary care settings, and assess the interrelation of these services with primary care.	There are HUGE access issues with regard to mental health and the high cost of obtaining services. This pushes providers into care patterns that they are not comfortable with as far as levels of care needed i.e. counselor/therapist vs. psychiatrist even though they are not as expert in medication management.	Behavioral Health Partnership as convener of discussions regarding network adequacy needed reforms and PCMH Subcommittee and Provider Advisory Group and Care Coordination Committee of MAPOC		Expert faculty on the integration of behavioral health and primary care to educate CT about models from other states that work	Align Government and private insurance reimbursement for mental health services with the acuity of need and to increase access by expanding the provider network in ways similar to the increase in dental/medical reimbursement did so.	By July 1 2013

Please note if bullets/recommendations are combined

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4	Utilize the results of the DPH Primary Care Office survey of primary care providers to report on and highlight access issues related to primary care facilities and services to better identify practitioners' places of practice, affiliations or relationships with institutions (such as hospitals, FQHCs, multi-specialty practices) and to illustrate any primary care workforce needs, size, and distribution issues which the Primary Care Office identifies.	This relates to the question of whether or not we have a primary care access issue	OHCA		????	????	September 1, 2013
2	Consider more comprehensively primary care provided by hospital-affiliated entities, which are expanding rapidly throughout the state.	This also relates to better defining the access issue.	OHCA	Rewording of this recommendation is needed to convey its intent which was to obtain more detailed analysis and assessment of hospital based/owned physician practices to determine which primary care services are being provided.	Manpower needed to conduct the survey	OHCA to find out whether this information is already being gather for Health Access CT	By September 1 so this information is available for the Health Access CT database
3	Improve OHCA's Hospital Reporting System's reporting mechanisms to capture accurate, usable data from hospitals on hospital-based primary care services (such as a revamped Report 450 or a new schedule) and to collect primary care data on all providers of primary care services.	This also relates to better defining the access issue.	OHCA	Technical expertise for revamping the data gathering mechanism for the Report 450	?????	?????	September 1, 2013

6	Consider adjusting future Behavioral Risk Factor Surveillance System questionnaires so large enough samples are drawn in each county so that results for the questions related to health care access may be used for county level assessment and solutions.	This is more focused on the access to services rather than integration but it will provide valuable information.	DPH	Survey design expertise	Minimal additional resources needed to roll this into future BRFSS	Inclusion of this in existing surveys requires minimal additional resources	In time for the next BRFSS distribution