

Physician Practice Workgroup Meeting Minutes

July 14, 2022

Meeting Date	Meeting Time	Location
July 14, 2022	5:00 p.m. - 6:30 p.m.	Webinar and Conference Call

Participant Name and Attendance

Physician Practice Workgroup Members					
Rod Acosta		Lou Fiorillo		Atique Mirza	
Jean Ahn	X	Khuram Ghumman		Robin Gail Oshman	X
Rich Almada	X	Richard Goldstein		Theresa Riordan	X
Marjorie Breen	X	Chris Hyers	X	Robert Russo	X
Ronald Ciesones	X	Dinesh Kapur	X	Michael Steinmetz	
Jeff Cohen		Alan Kaye	X	Lisa Trumble	X
Alan Coker	X	Steven Lazarus	X		
Nicole Demers		Leland McKenna	X		
Others Present					
Members Absent					
Rod Acosta		Lou Fiorillo		Atique Mirza	
Jeff Cohen		Khuram Ghumman		Michael Steinmetz	
Nicole Demers		Richard Goldstein			

	Agenda	Responsible Person(s)
1	Call to order and motion to open meeting	Steven Lazarus
	The July scheduled meeting of the Physician Practice Workgroup was held on Thursday, July 14, 2022, via Zoom. The meeting convened at 5:00 p.m. Steven Lazarus presiding. Attendance taken by roll call by Ron Ciesones. Steven then welcomed everyone and asked for a motion to open the meeting. Leland McKenna made a motion to start the meeting and a second motion was followed by Chris Hyers. The meeting was officially opened.	
2	Approval of the May 12, 2022, Meeting Minutes	Steven Lazarus
	Steven Lazarus asked for a motion to accept the meeting minutes of the May 12, 2022, meeting as there was not enough members to have an official meeting in June. Marjorie Breen made a motion to approve the minutes and a second motion was followed by Chris Hyers. The minutes from the May 12, 2022, meeting were officially approved.	
3	Public Comment	Yale Medicine
	Steven Lazarus indicated that we would be having two presentations at this week's meeting. The first presentation was from Margaret McGovern, Deputy Dean for Clinical Affairs and CEO of Yale Medicine.	

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Below are some of the items discussed in the presentation.

- Yale Medicine is the faculty practice of Yale School of Medicine that provides jobs and money to the economy.
- Yale Medicine Academic Physicians provides research, education and clinical care.
- The Yale Medicine Physicians lead clinical research that improves health with the oversight of clinical trials, teaches the next generation, and practice in multiple locations, while providing safety net services.
- There are still challenges facing academic medical centers such as Yale Medicine such as high costs of supporting research, maintaining clinical sites, maintaining accreditation, investments in IT and societal changes.
- A physician practice may be acquired to support recruitment of patient volunteers to clinical trials, support population health initiatives and equitable care, provide essential community based settings for medical education, and to meet patient expectations for access and convenience.
- Laws and regulations may impact acquisitions due to the potential to negatively impact research missions, inequities putting academic medical centers in an unfavorable position to enhance access, and hindering access to lower acuity settings for medical education.

<https://portal.ct.gov/OHS/Content/Health-Care-Cabinet/Physician-Practice-Workgroup/Meeting-Agendas>

A discussion related to the data in the presentation took place between members of the workgroup related to the relationship between Yale Medicine and Yale-New Haven Hospital and how often Yale Medicine acquires a physician practice. For more information, please see the meeting recording link on the July 14, 2022, Physician Practice Workgroup page noted above.

4 Presentations

Workgroup members

Leland McKenna, a workgroup member who is director of business and strategy for Middlesex Hospital, gave a speech to the group on acquisitions by Middlesex Hospital.

Below are some of the items discussed in the presentation.

- Middlesex Hospital (MH) is a small independent community hospital which is a one hospital system located in Middletown.
- There are about 472 physicians on the medical staff of which 50% are in the employee group and 50% in private practice. Share medical staff members with Hartford and Yale.
- The hospital employs 60% of the primary care physicians in its Primary Service Area (PSA) 15-20% work for Prohealth, 15% work for Hartford Medical Group or Northeast Medical Group, and less than 5% are still independent.

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- Currently in the hospital's primary service area they get 55-57% of all inpatient/ observation visits. The other 40% of the remaining people go to Hartford and Yale and their market position hasn't changed in 10 years.
- In the last 5-8 years there were 5 primary care practices that joined the MH employee group and there are no more primary groups in the primary service area. The practices were as follows:
 - two general surgical practices;
 - a urology practice (most recently);
 - a dermatology startup (the provider has since left the area);
 - a rheumatology startup (a physician from another system that joined MH); and
 - a cardiology practice (Middlesex Cardiology) that joined Hartford Medical Group.
- The reasons for acquisitions are as follows:
 - physicians want to retire and want a transition plan for their patients;
 - the financial pressures are too much to run the practice; and
 - providers from other groups (Hartford, Yale, Trinity) often want to try a different hospital.
- Benefits of acquisitions are as follows:
 - It's easier to recruit more patients;
 - The hospital makes capital investment which are usually needed;
 - An electronic health records system is in place;
 - Staffing improvements are made since the hospital adds employee resources;
 - The hospital payer mix includes Medicaid which physicians adhere to; and
 - Old paper records are either stored or scanned into EPIC.
- Ideas with respect to the workgroup are as follows:
 - The state needs a good database so we know which entities physicians are affiliated with and if there are any co-management arrangements;
 - If a physician group is not acquired that service may stop existing in the community;
 - If a hospital purchases a medical practices they are incurring expenses for revenues they may have already been getting from private practice referrals; and
 - The current process of CON and notifying AG is working. The workgroup shouldn't want to create a process that creates more paperwork burdens for OHS, Hospitals and physician groups for acquisitions that don't tip any competitive advantage.

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	<p>A discussion related to the data in the presentation took place between members of the workgroup related to the corporate practice of medicine and private equity purchasing of medical groups and any effects of competition from CVS or minute clinics. There were also comments about how not every specialty should be treated the same with respect to acquisitions such as oncology and cardiology and the size of the groups being acquired should be taken into consideration.</p> <p>For more information, please see the meeting recording link on the July 14, 2022, Physician Practice Workgroup page noted previously.</p> <p>Steven Lazarus thanked everyone for their comments.</p>	
5	Next steps for the workgroup	Steven Lazarus
	<p>Steven indicated that he and Ron Ciesones are working on setting up presentations for the next few months and a few were already scheduled for August. Alan Kaye, suggested a presentation on private equity from one of the first presenters the group had after the group began meeting. Jean Ahn indicated it would be nice to have a presentation from one of the payers.</p>	
6	Adjourn	Steven Lazarus
	<p>The motion to adjourn the meeting was made by Alan Kaye and a second motion was made by Marjorie Breen. The motion passed with no one abstaining and the meeting was officially closed. The meeting adjourned at 6:30 p.m.</p>	