

**Primary Care Advisory Taskforce (PCAT)**  
**Meeting Recommendations**  
**December 2011 – April 2013**  
**Issued: May 13, 2013**

**Setting the Stage**

- Commonwealth Fund: Oklahoma's health system performance ranked 50<sup>th</sup> in 2007, 2009, and 2012;
- Commonwealth Fund: Of the 306 largest urban areas in the United States: Tulsa, Oklahoma City, and Lawton all ranked in the bottom 10<sup>th</sup> percentile;
- Primary Care Health Professional Shortage Areas (HPSAs) exist in 73 of Oklahoma's 77 counties;
- United Health Foundation: Oklahoma ranks 49<sup>th</sup> in the nation for the number of primary care physicians; and
- New England Journal of Medicine (2011): Ranked Oklahoma as having the greatest challenge in the nation for securing primary care.

**Data Enhancement**

The PCAT thoroughly discussed and identified a continued need and effort toward enhancing Oklahoma's primary care data. The PCAT recommended the following:

- The State should pursue the ability and capacity to make primary care data more robust and complete. The State should focus on the following efforts:
  - Pursue opportunities for health economics data;
  - Strengthen the State's primary care survey data (more timely, more complete, adding more provider types, etc.), specifically the data currently supplied by the State's Office of Primary Care;
  - Improve and enhance the utilization of hospital discharge data;
  - Pursue specific and statewide data on preventable hospitalizations;
  - Pursue a statewide emergency room (ER) database; and
  - Improve data systems and data collection efforts at community and local levels.
- The State should pursue the ability and capacity to make primary care data available rapidly. The State should focus on the following efforts:
  - Improve the timeliness of data, releasing preliminary data when available and necessary;
  - Ensure data integrity; and
  - Enhance and develop opportunities for small area data modeling.
- The State should pursue the ability and capacity to develop and maintain a State Healthcare Workforce database. The State should focus on the following efforts:
  - Eliminate fragmented data sources and pursue an integrated/shared registry for healthcare workforce data, including who would be responsible, where such a registry would be housed, what the common core data set would include, frequency and completeness standards, ownership of data, and who contributes and collects data; and

- Pursue opportunities for tracking healthcare providers who are currently practicing and those that are in training, such an effort should specifically include tracking medical students.
- The State should develop and/or strengthen a statewide coalition around primary care data efforts. Currently, the State's OHIP Workforce taskforce and workgroup should be maximized for these purposes. Specifically, the coalition should focus on the following efforts:
  - Identify potential funding sources to enhance data needs;
  - Raise awareness of data issues and promote the value added (ROI); and
  - Identify incentives for building a data warehouse.

### **Telehealth & Telemedicine**

The PCAT heard comprehensive presentations from two of Oklahoma's telehealth/telemedicine providers- Integris and Mercy. While the PCAT discussed and recognized the value in these specialized efforts (specifically related to specialty care), more research is needed for specific primary care efforts. The PCAT recommended that the State continue to monitor and study telehealth/telemedicine. The PCAT further recommended that the State explore the development and support of a statewide system to enhance primary care utilization and educational efforts related to telehealth and telemedicine.

### **Provider Pipeline Enhancement**

The PCAT heard comprehensive presentations from three of Oklahoma's residency programs- OSU, OU Tulsa, and OU OKC. Oklahoma's current residency programs have a history of success with high retention rates; approximately 70% of all residency program graduates remain in Oklahoma. The PCAT discussed an absolute need to expand and grow Oklahoma's capacity to train future providers, specifically in rural areas. The PCAT recommended the following:

- Related to one of the data enhancement recommendations, the State should pursue and develop specific data and planning analysis regarding Oklahoma's residency programs, including the following:
  - How many primary care providers are currently being trained;
  - What is the current residency capacity in Oklahoma;
  - How many residents are in school now and what are the projections for the future; and
  - Define current and future faculty capacity.
- The State should pursue and develop opportunities to expand current and future Oklahoma residency programs. Additionally, the State should pursue and develop incentives that would encourage the future development of primary care and family medicine providers, specifically in rural areas.
- The State should research and pursue opportunities to improve reimbursement rates for primary care providers. With a growing demand for primary care, family medicine providers earn salaries that are much lower than other specialties.

- The State should pursue and develop opportunities to enhance and expand current physician assistant (PA) and nurse practitioner (NP) residency/training programs, including opportunities for enhanced funding.

### **FQHC/CHC Funding & Federal Advocacy**

The PCAT engaged in comprehensive discussions regarding the continued need for FQHC funding and federal advocacy in the State. The PCAT recommended the following:

- The State should continue to pursue and enhance opportunities to educate communities, individuals, and other organizations on FQHCs, FQHC requirements, and the costs and benefits that FQHCs can provide.
- The State should continue to pursue future funding opportunities for Oklahoma, including new and needed access points for underserved communities.
- The State should explore developing and enhancing toolkits for communities related to FQHC development and funding.

### **Loan Repayment**

The PCAT engaged in comprehensive discussions regarding the continued need for loan repayment funding in the State. The PCAT recommended the following:

- The State should continue to pursue and enhance opportunities for loan repayment funding, including state appropriations.
- The State should continue to pursue and enhance collaborative funding opportunities through multiagency agreements.
- The State should strengthen efforts to target communities that are identified in “dire need” for enhanced loan repayment funding and programs.

### **Access to Care Model & Alignment**

The PCAT engaged in comprehensive discussions regarding the State’s Oklahoma Health Improvement Plan (OHIP) and its continued efforts for access to care planning within the State. Recognizing that many environmental factors have impacted the State’s ongoing access to care planning efforts, the PCAT recommended the following:

- The State should ensure that a statewide planning effort specific to access to care is occurring without duplicative efforts. In ensuring this, the State should pursue realigning access to care efforts so that multiple working groups (i.e., OHIP workgroups, such as Workforce, Children’s Health, & Access to Care) are connected and communicating. The State should ensure that this unified effort demonstrates no competing purposes, similar outcome measures and goals, and a clear process for future and ongoing collaborative efforts.
- The State should adopt, pursue, and implement the OHIP proposed and endorsed model for access to care planning. Specifically, the State should realign, reengage, and broaden its approach to access to care planning, including insurance coverage, primary care provider capacity, and population-based solutions and strategies. This will include many topics, such as examining barriers and proposing potential

solutions for medically complex and chronically sick populations; building public awareness for preventive services, behavioral health issues, and the appropriate use of emerging technologies; and developing strategies that center on population-based health, such as potential opportunities for the collaboration and/or integration of public health and primary care.

- The State should transition PCAT work and other potential work from similar groups into a single statewide OHIP Access to Care group. The State should undergo a comprehensive membership analysis to ensure that all applicable groups and individuals are represented in the unified statewide planning effort.
- As the OHIP Access to Care group moves forward, the State should consider these PCAT recommendations in further planning efforts to minimize any duplicative work. The State should consider these PCAT recommendations as a representation of collective responses to the access to care issues in Oklahoma. The State should ultimately pursue opportunities to develop action items and implementation plans to further such access to care planning objectives.

### **Administrative Simplification**

The PCAT engaged in some initial dialogue regarding administrative simplification activities within the State. The PCAT recommended the following:

- As federal regulations are proposed and considered, the State should be proactive in its review and pursue opportunities for appropriate and applicable comments.
- The State should advise federal officials that duplicative requests for information and data are burdensome. The State should continue to remind federal officials of the need to eliminate duplicative requests for information and the need for federal officials to share and coordinate data.
- The State should pursue opportunities to streamline access to healthcare licensure systems, integrated portals, and shared services and data.

### **Tort Reform**

The PCAT engaged in comprehensive discussions regarding the State's tort reform legislation. The PCAT acknowledged that state legislation was completed recently and there had been little time and opportunity to evaluate impact. Tort reform included changes to non-economic damages and the elimination of joint and several liability. The PCAT openly supported these changes and found that in comparison, Oklahoma's legislative changes align with national standards. The PCAT did not make any additional recommendations regarding tort reform.

### **Medicaid Expansion**

The PCAT engaged in some initial conversations regarding the Medicaid expansion. As State leadership has already made the decision to not expand Medicaid as written in the ACA, State leadership has expressed a commitment to pursuing an "Oklahoma Plan." The PCAT recommended that the State pursue all opportunities to reduce the number of uninsured Oklahomans.

### **Scope of Practice**

The PCAT engaged in initial discussions regarding scope of practice issues in the State. The PCAT reached the conclusion and recommendation that much research and study is needed in this area, such as a comprehensive environmental scan of actual issues, barriers, and gaps related to access to care and scope of practice within the State. Additionally, the PCAT recommended within the current scope of practice act regulations the following:

- The State should research opportunities for targeted care management, care coordination, promising initiatives, and other health management processes/practices that could be helpful in allowing medical providers to focus on their medical expertise.
- The State should research opportunities that could be helpful in integrating systems, improving practice processes, maximizing referral procedures, and putting systems in place that efficiently and effectively utilize a provider's time.

### **Community Health Workers**

The PCAT engaged in initial conversations regarding community health workers (CHWs). The PCAT defined the need to focus on patient-centered care; providing wrap-around services; and allowing medical providers to focus on their medical expertise. The PCAT recommended that the State further explore and research the role of CHWs, care managers, care coordinators, patient navigators, and the integration of behavioral health. Further the PCAT made the following observations:

- CHWs present the State with many operational challenges, such as generating uptake support, implementing a reimbursement mechanism, and generating sustainability.
- CHWs could be beneficial in outreach, education, motivating patients, breaking down barriers, ensuring follow-up, navigating the healthcare system, etc.
- CHWs have been piloted in several projects, which had varying levels of success (OKC ER diversion, Tulsa community project); there was consensus that CHWs must be integrated at the community level.

The PCAT acknowledged that CHWs could be beneficial and a resource to communities, especially within a targeted population approach. The PCAT recommended that CHWs be researched and/or evaluated in a pilot project study.

### **Medical Home Support**

The PCAT engaged in comprehensive dialogue regarding patient-centered medical home (PCMH), or health home. The PCAT acknowledged that many physicians and physician offices have voiced concerns with meeting the rigorous requirements of PCMH, including access to care after hours, team care, limited resources to implement, and various capacity issues. The PCAT recommended the following:

- The State should collaborate with the many initiatives designed to assist practices with PCMH, such as the Healthcare Extension Agent project, Health Access

Networks (HANs), Comprehensive Primary Care Initiative (CPCI), and FQHC technical assistance/best practices for hands-on practice facilitation. The State should pursue and develop additional opportunities to spread such resources to additional medical practices, especially in rural areas.

- The State should pursue opportunities to develop practices, processes, and systems that will identify and improve efficiencies within a provider's practice. Additionally, the State should pursue opportunities to improve and enhance EHR/EMR support.

### **State Innovation Models**

In discussing and finalizing recommendations, the PCAT recommended that the State explore various State innovation models, specifically related to financing and payment reforms. The PCAT recommended the following:

- The State should explore innovative payment reforms, such as innovative incentive payments, partnering, and a realignment of how we pay for care. Payment reforms should consider:
  - Payments focused on health outcomes;
  - Incentives for primary care;
  - Incentives for care coordination models; and
  - Incentives for population-based efforts and the integration with clinical care.

### **Public Comment**

The PCAT recommended that this final report be made available for public comment. As such, this report is considered the final recommendations from PCAT. As work transitions to OHIP, there is a process for ongoing public posting and update on the OHIP website.

### **Potential Goals**

As PCAT work transitions to OHIP, there is a specific process identified for goal setting. OHIP will require specific outcome measures and performance improvement targets. Listed below are potential outcome measures that OHIP should consider in their continued access to care planning efforts.

### **Healthy People 2020**

- AHS-1 Persons with health insurance
- AHS-2 Health insurance coverage for clinical preventive services
- AHS-3 Persons with usual primary care provider
- AHS-4 Practicing primary care providers
- AHS-5 Source of ongoing care
- AHS-6 Inability to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
- AHS-7 Receipt of evidence-based clinical preventive services
- AHS-8 Rapid pre-hospital emergency care
- AHS-9 Wait time at emergency departments

### Oklahoma Plan

- Reduce the number of uninsured Oklahomans
- Reduce or slow the cost of healthcare and ensure long-term financial sustainability
- Improve population health outcomes

### Triple Aim

- Improve the health of the defined population
- Enhance the patient care experience, including quality, access, and reliability
- Reduce or control the per capita cost of care

### Blended Approach

- Improve insurance coverage
- Improve healthcare quality
- Reduce healthcare costs
- Improve healthcare accessibility
- Reduce preventable hospitalizations
- Improve preventive efforts

### **OHIP Goal Setting**

In discussing and finalizing recommendations, the PCAT made the following observations and recommendations regarding OHIP goal setting, specific outcome measures, and performance improvement targets:

- The OHIP Access to Care workgroup should consider the adoption of Healthy People 2020's Access to Health Services Objectives with the following recommendations:
  - AHS-1, Persons with health insurance, was recommended as an objective for the State (Perhaps the State could benchmark insurance coverage over time);
  - AHS-2, Health insurance coverage for clinical preventive services, was recommended as an objective for the State;
  - AHS-3, Persons with usual primary care provider, was recommended as an objective for the State;
  - AHS-4, Practicing primary care providers, was recommended as a possible objective for the OHIP Workforce workgroup;
  - AHS-5, Source of ongoing care, was recommended as an objective for the State;
  - AHS-6, Inability to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines, was recommended as an objective for the State; and
  - Regarding AHS-9 (specifically, AHS-9.4, AHS-9.5, and AHS-9.6), Wait time at emergency departments, the State should be cautious and methodical in its consideration of these objectives.

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