

### Physicians Working Group on Recruitment and Retention – Meeting Minutes

#### Date: July 26, 2023

#### Time: 7:30 AM to 8:30 AM

#### Location: Virtual on Zoom

**Members Present**: Rod Acosta, Steven Angus, Kathryn Cullinan, Mariam Hakim-Zagar, David Hass, Liz Mahan, Leland McKenna, William Petit, Nelson Walker.

Members Absent: Emily Byrne, Victoria Kozar; Christine Laprise.

Organizers in Attendance: Manisha Juthani, Thomas St. Louis, Margaret Gradie.

Guests in Attendance: Karen Buckley, Justin Hamrick, Rimal Irfan.

- I. Convene meeting. Co-chair Leland McKenna convened the meeting at 7:35.
- II. Approval of the minutes of the May 25, 2023, and the June 28, 2023, meetings. The minutes of the May and June meetings were approved.
- III. Working Group Progress to Date.

Leland McKenna briefly reviewed the progress of the Working Group including the legislative mandate, the topics the working group are covering, proposed recommendations, and the report due date. The Working Group was created by the legislature which identified topics the group should consider and defined categories of representation. The report is due to the Commissioner of Public Health and the Public Health Committee of the legislature by January 1, 2024. The Working Group should wrap up its work by the beginning of December. The co-chairs are keeping a menu of recommendations from which the most relevant recommendations can be chosen. The group will have to come up with a process for agreeing on the recommendations to be included in the report. He suggested that the June 29<sup>th</sup> meeting of the Health Care Cabinet gives context for the environment into which this working group's report will be issued. He asked DPH staff to circulate materials from that meeting. He shared a communication from the Office of Health Care Strategy to emphasize the potential impact of the Working Group's report. The report of the Working Group can guide strategy for the DPH going forward.

IV. Topic: Impact of Health Insurance Landscape on Access

Presentation of findings and recommendations: Co-chair Leland McKenna asked Dr. William Petit to speak to the topic under consideration for this meeting. Dr Petit highlighted four areas of concern: Medicaid reimbursement, proposed cuts in Medicare rates, Telehealth, and Incentives for physicians serving rural and underserved populations. Low reimbursement rates from Medicaid are a disincentive for physicians to participate and certain specialties are especially poorly represented; the state should increase reimbursement through Medicaid or create a bonus pool for physicians who see Medicaid patients. At the federal level, Medicare is cutting rates by 3.36%, which is in the

wrong direction. Telehealth can make it easier for physicians to compete and practice in our state, as well as increasing access; the state should make it easier to be reimbursed for telehealth appointments. Regarding incentives for physicians in rural or underserved areas, the state should come up with a plan to incentive insurers to provide better reimbursement.

Mariam Hakim-Zagar spoke to the inefficiency of Medicaid, the corporate practice of medicine, and administrative burden of Medicare managed care plans. Due to the lack of providers accepting Medicaid, patients are unable to get appropriate care in a timely manner resulting in increased costs. Examples of inefficient use of resources are the use of the emergency room for routine care and transportation. The Medicaid fee schedule should be tied to the Medicare schedule. Failure to provide timely care can occur in large corporate practices who use call centers rather than trained staff to schedule appointments. The administrative burden associated with managed care is a problem to be dealt with at the federal level.

One recommendation was presented to the group for discussion:

Create a pool of funding to provide a "bonus" for providers who see Medicaid patients

V. Discussion of Recommendations

Co-chair David Hass spoke to the issue of the Medicaid fee schedule. Leadership in both chambers of the legislature were supportive of an increase in Medicaid rates in the last session. The Governor and the Office of Policy and Management (OPM) were opposed. Medicaid rates should be tied to cost of living or an index of inflation, as is common for other jobs. Patient stories such those shared during this meeting can help highlight the issue. There is no question that low Medicaid reimbursement as well as corporate medicine are impacting the timeliness of care and the two issues should be tied together.

The group discussed the relationship between increased costs, static or lowered reimbursement rates and increased consolidation in health care through private equity, hospital affiliation or other means. Small primary care practices are especially vulnerable. There is an impact on cost through the disruption of the patient-physician relationship which is especially important in primary care. The group could leverage the attention being given to behavioral health where lack of access drives patients to the ER to bring attention to the concerns of physicians. The message should be about providing better care for patients. Overall, the group did not support further study of this issue, but a study of the efficiency of the Medicaid system might be in order.

The group next discussed malpractice insurance as an element of the insurance landscape impacting access. High cost of malpractice insurance is a disincentive for physicians to practice in the state. This is driven by the relatively high payouts in malpractice suits. One problem is the practice of pre-trial liens on personal property. Another is the practice by insurers of settling cases which may lack merit. Two possible recommendations came out of this discussion: A cap on non-economic damages and disallow liens on personal property.

VI. Next Steps.

The meeting topic for August is Barriers to physician participation in health networks.

Items for follow up: Margaret will circulate the Health Care Cabinet meeting recording and materials Leland will research CT law relating to pre-trial liens on personal property.  VII. Close meeting. The meeting adjourned at 8:30AM The next meeting is Wednesday, August 23<sup>rd</sup> from 7:30AM to 8:30AM

Minutes drafted by Margaret Gradie (CT DPH); 7/28/2023

#### APPENDIX A

### Physicians Workgroup on Recruitment and Retention

Representation Required by Legislation	Member
Connecticut Hospital Association (co-chair)	Leland McKenna
	Director of Business Development and Strategy
	Middlesex Health
	leland.mckenna@midhosp.org
Connecticut State Medical Society (co-chair)	David Hass, MD
	President, CSMS
	dhass@gastrocenter.org
	Mariam Hakim-Zargar, MD
Small group practice physician	New England Orthopaedic Center
	mhakimz@comcast.net
Multi-site group practice physician	Rod Acosta, MD
	Chief Physician Executive
	Stamford Health
	racosta@stamhealth.org
Frank H. Netter MD (Quinnipiac) School of Medicine	Khuram Ghumman, MD
	Family Medicine Clerkship Director
Medicine	khuram.ghumman@quinnipiac.edu
	Steven Angus, MD
	Professor of Medicine
UConn School of Medicine	Designated Institutional Official
	UConn John Dempsey Hospital
	angus@uchc.edu
Yale School of Medicine	Margaret McGovern, MD, PhD
	Deputy Dean & CEO, Yale Medicine
	margaret.mcgovern@yale.edu
Physician recruiter association	Liz Mahan
	Association for Advancing Physician and Provider
	Recruitment
	Director of Professional Development & Solutions
	lmahan@aappr.org
	Christine Laprise
	Vice President of Operations and Corporate
Hospital HR director	Compliance Officer
	Bristol Health
	claprise@bristolhospital.org
Hospital HR director	Kathryn Cullinan
	Chief Human Resources Officer
	Nuvance Health
	kathryn.cullinan@nuvancehealth.org
Patient advocacy group member	Emily Byrne
	Executive Director
	Connecticut Voices for Children
	ebyrne@ctvoices.org

General public	Victoria Kozar Medical Student, University of Connecticut School of Medicine <u>kozar@uchc.edu</u>	
General public	William Petit docpetit@gmail.com	
General public	Nelson Walker II, MD nelsonwalkerii@gmail.com	
General public	Open	

# Physician Working Group Schedule of Meetings and Topics

# All meeting dates are the fourth (4<sup>th</sup>) Wednesday of the month

Date	Focus of Meeting Discussion	Speaker
February 22, 2023	<ol> <li>Introductions, opening discussion, logistics, and expectations</li> </ol>	Tom St. Louis, CT DPH David Hass, CSMS President Leland McKenna, CHA
March 22nd	2) Recruitment and Retention	Leland McKenna/Dave Hass
April 26th	3) Student Loan Forgiveness	Dave Hass /Tia Kozar/Liz Mahan
May 24th	4) Impact of Non-compete covenants           Poppick-Faherty-CT           -Non-Compete-Laws	Dave Hass/ Kathryn Cullinan/ Christine Laprise
June 28th	5) Access to health care providers	Leland McKenna/Emily Byrne
July 26th	<ol> <li>Impact of health insurance landscape on access</li> </ol>	Leland McKenna/Mariam Hakim/Bill Petit
August 23rd	<ol> <li>Barriers to physician participation in health networks</li> </ol>	Leland McKenna/ Rod Acosta/ Khuram Ghumman
September 27th	8) Assistance for Graduate Medical Education	Dave Hass/Margaret McGovern/Steven Angus
October 25th	9) Review of proposed actions to submit to CT DPH Commissioner and CGA Public Health Committee	Leland McKenna and Dave Hass
by December 31, 2023	Approval of Final Report	

The working group shall examine issues that include, but need not be limited to:

- 1) Recruiting, retaining, and compensating primary care, psychiatric and behavioral health care providers;
- 2) The potential effectiveness of student loan forgiveness;
- 3) Barriers to recruiting and retaining physicians as a result of covenants not to compete, as defined in section 20-14p of the general statutes;
- 4) Access to health care providers;
- 5) The effect, if any, of the health insurance landscape on limiting health care access;
- 6) Barriers to physician participation in health care networks; and
- 7) Assistance for graduate medical education training.