

MEDICAL DIRECTOR MEETING – MINUTES
April 6 , 2017

GROUP MEMBERS PRESENT: Andrew Blake, Bob Hill, Michael Querner, Tina Waugh, Jevon Thomas, Harold Greenspan, Dennis Markovitz, Len Finn, Kanu Patel, Marc Pifko, Barbara Downey

WEBINAR: Ellyn Davis, MD; Douglas Gronda, MD; William Medwid, MD; Gail Forthoffer, MD; Louis Dilillo, MD; Christopher Perkins, MD; Savitha Gowda, MD; Richard Daly, MD; Sara Nuciforo, MD; Peter Barker, MD;, MD; Sheila Rozumek, Kenath Shamir, MD; Shawn Pawson MD; Bob Fraser MD, Bashir Bashiruddin MD

TMP Staff: Nora Buckley, Denise Kress, Katherine Blake, Mary T Mathieu Laura Chaves, Melissa Rose, Jeanne Wenger

<u>TOPIC</u>	<u>DISCUSSION/QUESTIONS</u>	<u>QUESTIONS/ANSWERS/ACTION/ FOLLOW UP</u>	<u>WHO</u>
2018 Star: Measure Additions, Removals, and Alterations Andrew Beltz	<p>Two New Measures for 2018 Star (based on 2016 data)</p> <ul style="list-style-type: none"> ▪ Medication Reconciliation Post Discharge (HEDIS, largely medication review): ▪ The percentage of discharges from acute or non-acute inpatient facilities for members 66 years of age and older for whom medications were reconciled within 30 days of discharge. ▪ Requires comparison of patients’ hospital discharge medications to pre-admission medications and note in patients’ medical records when this is done. ▪ Improving Bladder Control (HOS [Health Outcomes Survey]): ▪ Edited Star measure returns ▪ Now, the measure asks if members with accidental bladder leakage had a treatment discussion (instead of asking if they had treatment itself). ▪ CMS was not clear in its intentions to return this measure to the Star Ratings so soon. Hence the absence of relevant questions in the TMP Member Survey <p>One Measure will be removed:</p> <ul style="list-style-type: none"> ▪ High Risk Medications (Based on Prescription Drug Event data) will be removed for 2018 Star, but might return upon potential Beers Criteria update. <p>One Other Noteworthy Change</p> <ul style="list-style-type: none"> ▪ FIT-DNA tests such as Cologuard and computed tomography colonography 	<p>As of now this measure does not require any action if the med rec reveals discrepancies, but to truly reduce readmissions, those discrepancies require a clinical decision be made. Post DC med rec is part of readmission reduction initiative.</p> <p>Please have your practitioners ask about incontinence at visits between now and the summer prior to 2017 HOS</p> <p>We will stop sending HRM notices to groups until Beers Update</p> <p>We’ve sent reminder letters to members without tests to those who had FIT, so</p>	<p>Group Med Dir</p> <p>TMP pharm dept.</p> <p>TMP Hedis</p>

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	tests will now count in the denominator for the Colorectal Cancer Screening	now those can stop.	Dept.
2019 Changes – need to act now.	<p>Four New Measures for 2019 Star (based on 2017 data)</p> <ol style="list-style-type: none"> 1. Hospitalizations for Potentially Preventable Complications (HEDIS, based on AHRQ) <ul style="list-style-type: none"> ▪ This measure is a risk-adjusted measure that assesses the rate of hospitalization for complications of chronic and acute ambulatory care-sensitive conditions. 2. Statin Therapy for Patients with Cardiovascular Disease (HEDIS) <ul style="list-style-type: none"> ▪ The percentage of males 21 to 75 years of age and females 40 to 75 years of age who were identified as having clinical atherosclerotic cardiovascular disease and were dispensed at least one high or moderate-intensity statin medication during the measurement year. 3. Statin Use in Persons with Diabetes (Prescription Drug Event data) <ul style="list-style-type: none"> ▪ The percentage of patients between 40 and 75 years old who received at least two diabetes medication fills and also received a statin medication during the measurement period. <p>One Measure will be removed (Will be absent from 2019 and 2020 Star Ratings only. Should return for 2021, based on 2019 survey):</p> <ol style="list-style-type: none"> 1. Reducing the Risk of Falling (Health Outcomes Survey [HOS]) <ul style="list-style-type: none"> • Previous version asked members who had fallen or had balance/walking concerns if they had discussions about fall prevention. • When this measure returns, it will ask all members had fall risk discussion (independent of falls risk) had received education or treatment to prevent falling. 	<p>We already report on these measures at the medical group and member level.</p> <p>Screening for fall risk and patient education on reducing fall risk should be part of annual wellness visit</p>	
CVS Health Mail Order	90-Day Prescription Supply by mail: Multiple advantages for members 1. Convenience	Encourage members to use mail order	Pres-

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	<ul style="list-style-type: none"> - Long-term prescriptions delivered to door every 90 days-makes managing prescriptions easier and reduces transportation needs - Improves medication adherence (MPR) 2. Savings in 2017 <ul style="list-style-type: none"> - Members with any TMP Rx Plan receive 3 month supply for 2 month copay (TIERS 1-3 ONLY) 3. Control <ul style="list-style-type: none"> - Get online support, track deliveries, consult with a pharmacist 24 hours/day, 7 days/wk 		scribers
Unit Dose Dispensing Options available to TMP members Charles Eche	Advantages of Unit Dose dispensing: <ul style="list-style-type: none"> ▪ Medication Management/Adherence ▪ Reduce Medication Errors- members less likely to forget one or two pills ▪ Reduce drug related hospitalizations ▪ Reduce drug switching for lack of clinical response due to non-adherence ▪ Reduce avoidable morbidity and admissions due to decompensation from missed doses ▪ Complex member/caregiver support ▪ Member & Provider Satisfaction ▪ Avoidance of Appeals and Coverage Determinations ▪ Member Cost Avoidance ▪ Remote monitoring of medication adherence (Medminder only) 	Identify potential members who could benefit from using this option and recommend it to members or their caregivers.	Care managers, office nurses, NP, MDs
<u>PillPack Option:</u> Prepackaged pills into single doses of all pills. Members do not need to open pill bottles and sort into doses. Most useful for members on	<ul style="list-style-type: none"> ▪ Designated as Retail Pharmacy ▪ In network pharmacy for all lines of business including USFHP ▪ Packaging and mailing of prescriptions ▪ NO ADDITIONAL COST TO MEMBER-other than normal copays ▪ NO ADDITIONAL COST TO PLAN – other than normal Rx claims ▪ Members would need to set up an account with PillPak for processing their co-payments. ▪ Facility is located in Manchester, NH – mail prescriptions every 2 weeks-billed once monthly ▪ Expect to have retail presence in MA in 8-12 months 	Recommend Pillpack to members who can benefit from these services. Recommend utilizing member’s local pharmacy for <ul style="list-style-type: none"> - Filling Schedule II medications (Pillpack will not fill) - Short Term Antibiotics (can ship overnight if needed) PillPack will fill targeted medications via pill bottle (e.g. Warfarin) if dosage	Prescribers

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multiple pills, with hand deformities	<ul style="list-style-type: none"> ▪ Additional Services: - Free Adherence App, - Free Reminders, - Live online chat, 24/7 pharmacy team availability 	not defined - Will fill and ship creams, inhalers, insulins - Specialty medications to be filled via THP Specialty Pharmacies	
<u>Medminder</u> Dispensed as set of pockets filled the drugs to take as a specific time Pockets fit into machine that reminds members to take their dose	Designated as Retail Pharmacy In network pharmacy for all lines of business including USFHP Packaging and mailing of prescriptions NO ADDITIONAL COST TO MEMBER - other than normal copays NO ADDITIONAL COST TO PLAN – other than normal Rx claims Members would need to set up an account with Medminder for processing their co-payments. Facility is located in Marlborough, MA – mail prescriptions once monthly Option for remote monitoring of pill taking by remote caretaker (e.g., adult child, home health nurse, care manager)	Encourage use for members who forget to take doses: e.g., dementia, > bid	Prescribers
Diabetes Prevention Program (DPP) Cynthia Rosenberg, MD	Starting Jan 1, 2018, Medicare will offer a new benefit: DPP It's a structured weight loss program for pre-diabetics with slightly elevated HgbA1c or FBS or PPBS and BMI > 25 We believe TMP will need to offer this new benefit – though final rules are not out. ACO/FFS Medicare beneficiaries will have access to these services If so, we will need a network of certified suppliers of these services Who are the suppliers so far? In Massachusetts, NONE YET! YMCAs may attempt to gain certification – but if they require YMCA membership, low participation will limit ability to demonstrate effectiveness to gain certification Virtual programs such as Omada's, using computer or smartphone with "text" coaches and peer groups may obtain CDC certification, but CMS has not ruled on this yet Other potential providers: <ul style="list-style-type: none"> ▪ Medical groups with employed CDEs or RDs ▪ Hospitals ▪ Wellness coaching companies 	Please let us know: Are you planning to become a DPP provider? Can you recommend DPP providers with whom TMP would contract? Should we just comply with the minimum benefit or does the outcome data justify promoting it among TMP members with a targeted condition? Attendees did not know enough about the topic to opine at this time and wanted more information. More comprehensive document will be	Group clinical leaders JH

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	<ul style="list-style-type: none"> ▪ National gym chains 	provided at May meeting Plan to arrange presentation in the summer after CMS issues its final rules.	

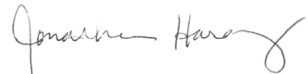
May Agenda

Interactive Strategic Analysis

Palliative Care Update

Fraud schemes

Optimizing 5 Star for Same Group Growth



Jonathan Harding, MD, Senior Medical Director, Senior Products, Tufts Health Plan