

MEDICAL DIRECTOR MEETING – MINUTES

December, 2017

2018 Pharmacy Update

What is CMR completion? Comprehensive Medication Review done by a care manager or pharmacist or doctor.

I've never seen a MTM: about 15,000 in that bucket with two or more of the six diseases

How do you keep the rates up so high? Adherence has been driven up with the 90-day fills at retail or mail, which removes the monthly barrier.

Big issue is cost to patient for COPD or diabetes: Any way to reduce those costs? New generic for COPD, Airduel? Is not seen as a true generic, issues with delivery device. Hope that there are a couple in the pipeline. Such patients are eligible for care management.

Caitlen: We still have a Custom Care program in place, offering reduction in costs for co-pays and generics, under VBID.

Whom do we request utilization adherence reports from? Answer: Dr. Harding

Potential Medical Trend Initiatives: Prior Authorization Requirements

Does spinal cord stimulator request need a PA from a psychiatrist to rule out depression? Denise will check.

Bariatric Clinics require PAs and PCPs lack the time to procure them.

PCPs say come back after 10 days but lack the time to review records. Tufts should designate Home Health Care services as approved. Laura: We do monitor cost, length of stay, quality.

Dr. Sheckman: Has plan looked at PAs from a clinical perspective, not to annoy PCP, is this because we are not doing a good job.

Denise: Overutilization drill downs: What are trends and patterns? Looking at other health plans. Only PA for DMEs.

Overuse of surgery in elderly population: Drill down and look at claims. I have had multiple cases of very inappropriate codes. Pain specialists doing a lot of upcoding. Much variation in payments.

Denise: We are doing practice profiling, reviewing payments.

PAs are a barrier, time-consuming and aggravating. Why for dialysis?

John: Are there benefits to prior approval for any procedures?

Restrict cosmetic surgery just to the face.

Consider dialysis when level drops to 7, not 15.

Tufts: provide a huge education effort when a member draws close to dialysis.

Increase co-pays for home care, do away with prior approvals.

Develop an educational plan, rather than institute an administrative burden.

Share benefits and successes of some plans with others. Look for outliers.

Perhaps we need specific examples, based on claims data.

If data is provided, please do it in advance of the meeting.

Summary of Brainstorming on Readmission Avoidance Strategies

See survey slides.

Insist physical therapy occurs on weekends