MEDICAL DIRECTOR MEETING – MINUTES
June, 2017

GROUP MEMBERS PRESENT: John Barravecchio, Jatin Dave, Barbara Downey, Leonard Finn, Harold Greenspan, Thomas Jevon, Denise Mayo, Michelle McGeachie, Kanu Patel, Marc Pifko, Michael Querner, Pramodchandra Shah, Peter Sheckman, Joseph Taylor; Tina Waugh,

WEBINAR: Barbara Chambers, Richard Daly, Ellyn Davis, Tristan Diaz, Louis Di Lillo, Robert Fraser, Savitha Gowda, William Medwid, Sarah Nuciforo, Christopher Perkins, Melissa Rose, Kenneth Shamir

TMP Staff: Laura Chaves, Matthew Chukwu, Denise Kress, Laura Ludwig, Mary Mathieu, Kate Mullin, Sara Raposo, Cynthia Rosenberg, Margaret Sheehan, Lisa Sullivan

TOPIC	DISCUSSION/QUESTIONS	**QUESTIONS/ANSWERS/ACTION/ FOLLOW UP**	**WHO**

Follow Up from May Meeting Dr. Harding	Diabetes Prevention Program part 2 presented. There was some interest in providing the service among participants	Consider offering this service to TMP members and to other Medicare beneficiaries Let Dr. Harding know if you believe we should promote DPP for TMP members based on the purported ROI from reduced diabetes prevalence and complications Let TMP know if there are any providers of this service with which you would like us to contract TMP to confirm if this will mandatory benefit for TMP in 2018	Provider Organizations Medical Directors Medical Directors LD
	Eliquis now added to formulary, replacing Pradaxa	Let prescribers know	Medical Directors
	5 Star related enrollments up to 1800. You can benefit from this potential for growth in your TMP membership	Follow suggestions in May presentation slides and minutes	Provider Org. Leaders
	Palliative Care Program updates – we described what TMP is doing to promote more goals of care discussions earlier, and how this can help the transition to Hospice easier when palliation is the best option. We showed comparative hospice rates by IDN.	Those groups/IDNs with below average rates (CRMA, CAP, MCA, RMG, PVCA) to contact Nora directly or at: TMP_Medical_Directors@Tufts-Health.com to get help with this project.	
	SWOT analysis – groups provided their view of TMPs strengths, weaknesses, opportunities, and threats.	TMP to use in strategy development Schedule presentation on Paid Claims Dispute process	Matt JH

Impact of Politics on Health Care Tom Croswell CEO, Tufts Health Plan	**Overview of American Health Care Act (AHCA)** House passed the American Health Care Act on May 4: If the main provisions of the House legislation are enacted, change would primarily impact our Tufts Public Plans business beginning in 2020. Impact to Medicaid Program: Ends the ACA's Medicaid Expansion over time. Medicaid converted from entitlement program to "per-capita" expense or block grant Goal of ACO reform is to reduce trend of MassHealth spending. In an AHCA world, this will become a more pressing issue, not less, for the state. State will be going this way irrespective of changes in DC. **THP is working with government officials, our trade organizations and other stakeholders to advance our positions** THP Government Affairs dept. staff served on the Strategic Design workgroup that the state put together to inform ACO design (2015) and attends all MassHealth public meetings on pricing, enrollment, etc. Senior THP and THPP leaders have met with Secretary/Undersecretary multiple times to discuss design, financial, operational issues around ACOs GA is meeting with GA teams of each ACO partner to identify potential issues/align advocacy efforts once awards are announced **CMS Seeking Improvements to MA Program** **Recommendations for SCO (Dual Eligible) Program from State** **MACRA and ACOs** **MassHealth ACO/MCO efforts**	Since June, the senate has not passed a bill to repeal or change PPACA.	

Learnings from the Star Innovation Workshop Dawn Mahler & Andrew Beltz	**No substantial changes in performance over prior year** apart from a curiously large and consistent (across all IDNs) improvement in the Improving or Maintaining General/Emotional Health measures. **IDNs drive performance for some measures** • There is strong evidence that IDNs are key drivers for success in that an IDNs' IPAs tend to have similar performance despite some otherwise differing governance. • IPAs/Groups/Sites are strong drivers for: – Fall risk reduction discussion with ALL patients – Medication reviews with ALL patients at EVERY visit – Access to care needed right away – Access to care not needed right away **An IDN's or IPA's success or failure in survey results can be seen across the entire spectrum of measures** • There's also strong evidence that IDNs and even IPAs that do well in some measures will also do well in others, and vice versa. • This suggests that, at least for survey-based measures, improvement initiatives should be take a more broad, holistic approach.	We need to find ways to improve on these member self-reported measures. Arrange for best practice sharing a August meeting Improving performance on the measures in this survey will likely translate into medical cost savings and improved performance for other payers and for PCMH accreditation.	JH

Work Group Reports Cynthia Rosenberg	**Recommended Actions**: • Field the survey more often • Mail questionnaire guide to members • Look at how the vendor implements the survey • Show best practices • Actionable reports created **Challenges:** • Patients do not understand questions • Who is answering phone? • How is question asked? • Patients are over-surveyed • Survey measures patient perception not what actually occurred • lack of centralized model to take actions • Too many things to focus on **Silverlink Reports/Results:** • Useful as a guide • Provide Year over year results	**THP Help requested:** Educate patients on meaning of questions - will consider during Survey project this fall. Arrange Best practice presentations Provide practices with the question of the survey – note the questions are provided within the report Assign to new analyst	DM JH DM

Detecting Prescription Fraud Joshua Orr Director, Fraud Prevention & Recovery Unit	Pharmacies and telemarketing companies work together: • to generate and fill (sometimes) scripts for medically unnecessary high cost topical pain medications • to generate duplicate or excessive orders for diabetic supply: Glucose meters, test strips, lancets, alcohol pads • Initially used telemedicine providers licensed to practice in member's state to write scripts • Scheme has evolved to target PCPs with blast faxes • Pharmacy representatives may call "on behalf of member" and demand physician sign order What Should Your Doctors and NPs Be Looking For? • Faxes from out of state and unfamiliar pharmacies • Orders that include Lidocaine, Diclofenac or Fluocinonide-based topical creams • Topical medications and diabetic supplies on the same order Representations on fax that that: • pharmacy is requesting the prescription "on behalf of your patient" • patient "requires" prescription • patient requested that pharmacy be patient's new supplier and/or is "unhappy" with their current supplier • Pre-populated order • Order states that pharmacy will automatically refill for "convenience" Reporting Potential Fraud, Waste and Abuse: Directly: Your TMP point of contact Joshua Orr, Director, Fraud Prevention & Recovery Unit: 617.923.5839; joshua_orr@tufts-health.com or fraudandabuse@tufts-health.com Anonymously: Fraud Hot Line for use by members, vendors, providers or others outside the company 1.877.824.7123 www.tuftshealthplan.alertline.com	Feedback from Participants: Are there materials for patients re: best practices? • Notifications about "phishing" and other schemes? Compound pain medication – real safety issue? If claims are suspected to be fraud, provider should be notified Actions: Share this information with your colleagues Advise them to: • Talk to your patients about protecting information ○ patients should be wary of giving out personal information ○ Be suspicious of telephone, internet and mail offers of medication ○ Ask about changes in medication or supply • Ask patients about non-ordered medications arriving in the mail • If you use e prescribing and have access to filled Rx history, pharmacist or nurse can reiview to see if it is • consistent with patient's condition. • Is the quantity logical? (Is patient suddenly getting twice as much?) • Did you order it? Work with your office staff to encourage checks on fax orders Caution office staff to be on the lookout for	JO JO Group leaders

Managing IP Behavioral Health Steve Kozak Director Enterprise Behavioral Health	The TMP BH team has processes in place designed to address the key elements of care planning and management. The processes are applied differentially based on our contract model with the admitting facility. TMP BH team provides assistance to members, facilities, or practitioners with locating beds for BH admissions Admitting facilities are required to notify THP BH of admission within one business day With facilities that are not at risk, per diem utilization review is conducted by TMP BH clinicians to manage length of stay; At facilities that are at risk (inpatient capitation payments), per diem UM is not routinely done. Outlier lengths of stay are identified and followed up upon with the facility Frequency of contact with facility and number of days approved until next review is based on complexity, severity, progress in treatment, appropriateness of discharge planning, and availability of discharge plan Reviews emphasize evaluation of continued medical necessity of current treatment and potential alternatives, and focus on reducing the risk of readmission Stays are reviewed by TMP Psychiatrist Reviewer in event of barriers to discharge, UM reviewer concerns about quality or effectiveness, or services that are no longer medically necessary • TMP BH team provides assistance to members, facilities, or practitioners with locating providers and appointments for post-discharge care, • TMP BH Team is developing new protocols for notifying medical groups of discharges	TMP has a BH team and their job is to make sure patients who are admitted into acute IP BH hospitals are managed to minimize need to IP LOC and for transitions back to the community. . New protocol to PCP re: discharges provide real time info; plan to present in the Fall	SK

August Agenda

Best Practices Strategy
Group Turnaround: NEPHO
Quality Profiles
Introducing Dr. John Wiecha
Silverlink Best Practices Panel

Fall Topics in Planning

Claims Dispute process – if group finds claims on Paid Claims report they believe were erroneous
F/U on BH programs
Clinovations Recap: experiences from groups that implemented
Matrix report on Comprehensive Health Assessments and expanded capabilities
2018 Benefit Changes
2018 Formulary Changes
2018 Star Results; priorities for improving performance in 2018 for 2020 Star rating

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