

**MEDICAL DIRECTOR MEETING – MINUTES**  
May, 2017

**GROUP MEMBERS PRESENT:** Denise Moyo, Michelle McGeachie, Kanu Patel, Barbara Downey, Leonard Finn, Sawitha Gowda, Douglas Gronda, Thomas Jevon, Jatin Dave, Louis Di Lillo, David Dohan, Linda Doucette, Marc Pifko, Michael Querner, Pramodchandra Shah, Joseph Taylor

**WEBINAR:** Rick Daly; Nancy Cibotti; Mary Mathieu; Bashir Bashiruddin, MD; Donna Fox; Robert Fraser, MD; William Medwid, MD; Sarah Nuciforo, MD; Melissa Rose; Kenneth Shamir, MD; Louis Silvagnoli, MD

**TMP Staff:** Lisa Sullivan, Laura Ludwig, Peter Lacombe, Tine Christensen, Matthew Chukwu, Maria-Carolina Ruiz, Nora Buckley

<u>TOPIC</u>	<u>DISCUSSION/QUESTIONS</u>	<u>QUESTIONS/ANSWERS/ACTION/ FOLLOW UP</u>	<u>WHO</u>
Follow Up from April Meeting  Dr. Harding	We reviewed the action items for group leadership and TMP staff regarding <ul style="list-style-type: none"> <li>• upcoming changes to the star measures for 2018 and 2019</li> <li>• unit dose dispensing options available to TMP members to help them adhere to prescribed treatment regimens</li> </ul>	Incorporate into your annual quality planning  Let doctors and CMs know about these options	Group leaders
Diabetes Prevention Program, Part 2  Dr. Harding	Dr. Harding presented the new CMS benefit using slides from CMS and some from one of the national vendors, Omada, about program outcomes. We anticipate TMP will need to contract with a network of certified DPP providers for 2018, but confirmation of that is expected in July. Prediabetes is the target audience based on BMI, A1c, and FBS and PPBS. Attendance at 16 live or virtual classes and concurrent and subsequent interaction with a health coach are the main interventions. Weight loss and prevention of progression to diabetes are the main outcomes. Citations from literature show 6.8% average weight loss, and 14-27% reduction in progression to DM, CVD, MI, HF, Stroke over 5 years; breakeven 1.5 yrs.	We asked attendees to consider: <ul style="list-style-type: none"> <li>• Offering this service with their group/IDN to TMP members and to other Medicare beneficiaries</li> <li>• Reviewing the data and letting Dr. Harding know if you believe we should promote DPP for TMP members based on the purported ROI from reduced diabetes prevalence and complications</li> <li>• Let TMP know if there are any providers of this service with which you would like us to contract</li> </ul>	Group leaders

<p>Formulary Changes</p> <p>Dr. Harding</p>	<p>In response to network provider requests, effective 5/1, for the remainder of 2017, Eliquis is covered on Tier 3 of 5 Tier formulary, Tier 2 of 3 Tier formulary. Pradaxa is NC, if requested by exception it will be Tier 4/5 or 3/3. Xarelto remains covered on Tier 3/5 and 2/3.</p> <p>2018 formulary not yet approved by CMS so we cannot discuss Tiering yet, but we anticipate Eliquis will remain covered</p>	<p>Thank you for your input and your patience as we worked to implement the changes you requested in response to new outcome data on Eliquis.</p> <p>This is the first time mid year formulary changes that include non coverage has been approved.</p>	
<p>Growing TMP Membership: Capitalizing on 5 Star Rating</p> <p>Pete Lacombe</p>	<p>In 2016, nearly 1800 members joined TMP through the special election allowed by our 5 star status. So far in 2017, 710 have joined.</p> <p>Your group can benefit from this growth by continuing to let your patients know that you accept TMP, and also which 5 Star Medicare Advantage Plans you accept.</p>	<p>Explain to office staff and/or physicians that members who complain about their out of pocket costs of their current plan; or have new health needs, or PCP wish they were in TMP so they can have care manager assigned to help you manage them, they are good candidates for referral to your group's internal growth staff or to TMP Sales dept staff, to explain their options.</p>	<p>Group Leaders</p>



## SWOT Analysis

 Dr. Harding, Matt Chukwu,  
 Tine Christensen

We explained what a SWOT analysis is

## Strengths and Weaknesses, Threats and Opportunities

SWOT analysis is a common strategic tool to help an organization identify strengths that offer unique value to the market or to collaboration partners as well as areas for the organization to work on

Internal Factors

### Strengths

- What does TMP do well?
- What unique resources does TMP have to draw on?
- What are examples of support you get from TMP, that are unique?
- What do you see as TMP's strengths?

### Weaknesses

- What does TMP not do so well?
- What do you see as TMP's weaknesses?
- What could TMP improve on?
- What are examples of support you wished you were getting from TMP, but you are not?

External Factors

### Opportunities

- What opportunities are open to TMP?
- What trends could TMP take advantage of?
- How can TMP turn its strengths into opportunities?

### Threats

- What are other plans doing that TMP is not, in the context of collaboration and partnering?
- What threats do TMP's weaknesses pose to effective collaboration?

TMP Will use this in our strategic analysis to supplement our own internal SWOT analysis.

Please remember you can always provide this input on an ongoing basis.

 Matt  
 Jon

SWOT Analysis

Dr. Harding, Matt Chukwu,  
Tine Christensen

then asked participants to tell us your perceptions of TMPs strengths, weaknesses,

## Strengths and Weaknesses, Threats and Opportunities

Feedback received at the May TMP Medical Directors' meeting:

Internal Factors

### Strengths

- 5 star rating and TMP reputation
- Talented staff, SMEs and Care Management that are responsive to their needs
- Utilization reports are helpful
- Frequency of Medical Directors' meeting and coding education
- Incentive systems for members and providers

### Weaknesses

- Claim payment errors and inaccurate enrollment data
- Management of OOA patients and risk associated with providers
- Lack of clarity between plan and IDN role
- No single point of contact
- Lack of coordination between the commercial and Medicaid line of businesses

External Factors

### Opportunities

- Establish quality metrics and be able to identify improvement opportunities
- Include quality measures and 5 star metrics in the provider contracts to ensure both parties are moving in the same direction
- Engage different size of PCP groups
- Improve mental health support
- Offer tiered network products (e.g. hospital facility vs. free standing facility)
- Be the catalyst to build high performing medical groups
- MACRA – Support the 2nd half of providers

### Threats

- Getting harder to bear risk and succeed in TMP's model
- National players growth in the MA business – How can TMP be a differentiator?
- Physician employment
- PCPs belong to hospitals now. No incentive for employed physicians to change their practices
- Next generation of ACOs
- Other groups entering the market such as Landmark Health
- Product portfolio offers too many options and pricing causing adverse selection
- Erosion of MA vs. Med Supp plans
- TMP lacking national network

TMP Will use this in our strategic analysis to supplement our own internal SWOT analysis.

Please remember you can always provide this input on an ongoing basis.



## **June Agenda**

Impact of Politics on Health Care  
Learnings from the Star Innovation Workshop  
Workgroup Reports  
Detecting Prescription Fraud  
Managing Behavioral Health

A handwritten signature in black ink, appearing to read "Jonathan Harding".

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