



**MEDICAL DIRECTOR MEETING – MINUTES**

November 9, 2017

**IDN GROUP MEMBERS PRESENT:** Kim Ariyabuddhiphongs, Richard Daly, Louis DiLillo, Barbara Downey, Leonard Finn, Savitha Gowda, Harold Greenspan, Vinay Kumar, Dennis Markovitz, Denise Mayo, Michelle McGeachie, Kanu Patel, Shawn Pawson, David Pickul, Joseph Taylor, Roger Schutt, Joseph Taylor, Tina Waugh

**Webinar:** Bashir Bashiruddin, Ellyn Davis, Louis DiLillo, Robert Fraser, Douglas Gronda, William Medwid, Sara Nuciforo, Shawn Pawson

**TMP Staff:** Patty Blake, Matthew Chukwu, Jonathan Harding, Denise Kress, Laura Ludwig, Sara Raposo, Lisa Sullivan, John Wiecha

<u>TOPIC</u>	<u>DISCUSSION/QUESTIONS</u>	<u>QUESTIONS/ANSWERS/ACTION/ FOLLOW UP</u>	<u>WHO</u>
Review of October meeting	<p><u>Clinovations</u> Clinovations presented their experience implementing risk adjustment EMR messaging system in TMP groups, as well as their other products to prompt actions that improve quality, close gaps in care, and reduce need for ED and hospital services. Custom alerts can be set up and refined.</p> <p><u>Improving Medication Adherence</u></p> <ul style="list-style-type: none"> <li>• Though our rates rose, we fell to 4 Stars on 2 of the 3 measures.</li> <li>• Strategies practitioners can use to improve adherence presented</li> <li>• Strategies groups can use to help their practitioners increase adherence</li> </ul> <p><u>Readmission Reduction:</u> review of literature</p>	<p>Contact TMP if you are interested in using these products, especially groups now using EPIC EMR.</p> <p>Please request your own adherence data and use it to prompt physicians, nurses, or pharmacists to have conversations with non-adherent patients.</p> <p>Brainstorming session followed in November</p>	
2018 Star Ranking	<p>Dr. Harding announced that TMP received 5 Stars for 3<sup>rd</sup> consecutive year. Thanked attendees for their support in improving performance on these metrics. Implications for year round enrollment.</p>	<p>Readmissions, Physical Health Status, and Medication Adherence are highest priority measures to improve.</p>	

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<p style="text-align: center;">Matrix Home Assessment Programs</p>	<p>Matrix presented their CHA program. They target members with high predicted likelihood of HCC bump. They did &gt; 6000 CHAs on TMP members in 2017. CHAs do not replace PCP visits; in fact CHAs prompt more PCP follow up. &gt;10% of CHAs result in a referral to CM CHA program continues to have a strong ROI Only 25% of targeted members get the CHA; many refuse. Physician endorsement would help boost this rate. Matrix NPs go in with claims history but not with data from EMR. Logistical obstacles prevent getting that info to the NPs when they would need it.</p> <p>Matrix also presented their home testing program to improve quality of care and capture appropriate but missed HCCs. FIT, HgbA1c, microalbumin, and Quantiflow for PAD.</p> <p>RE: PAD: We've presented the value of screening high risk populations (smokers, diabetics, hypertensives, h/o CAD/Stroke, and patients over age 70 even without other risk factors) in the past. We've given you info on how to buy the devices and arrange with manufacturer for training your MAs. We've demonstrated the value of doing this not just for TMP but for other Medicare populations you may be managing, e.g., in ACO, or just FFS Medicare.</p> <p>If your PAD prevalence is 12% you are likely missing 10% of your population with presymptomatic PAD. Screening the other 88% of your population will yield about \$20 ppm. About 20% of your TMP population lack any risk factors and will have a lower yield.</p> <p>ROI, even at Matrix costs, is still over 6:1</p>	<p>If logistics of buying the equipment and screening in your offices are too problematic, you can contract with Matrix to do this for you.</p> <p>We highly recommend you screen at least high risk members who do NOT have a Dx of PAD with Quantiflo.</p>	
	<p>THP's robust product portfolio continues to provide greater value than traditional Medicare and products offered by our competitors</p>		

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	<p>For 2018, THP has modified the HMO product design to mitigate projected medical and pharmacy cost trends, support provider performance by applying additional member cost share on select plans, and further define the value proposition of the plans</p> <p>2018 SCO benefit changes will align with competitors and support growth initiatives within diverse communities</p> <p>New membership growth is concentrated in our \$0 and low premium plans</p> <p>HMO Benefit changes: [more details in presentation]</p> <ul style="list-style-type: none"> <li>• \$7 premium increases on most products</li> <li>• Increase of Part D deductible on plans with this feature</li> <li>• No changes to Custom Care (VBID) plan design, or Delta Dental Option premium, benefit design or network</li> <li>• PA added to non-emergency ambulance and outpatient services to support future clinical initiatives – no changes to prior authorization criteria at this time, but this allows us to add later if we so decide.</li> <li>• Introduce Part B drug coinsurance and Therapeutic Radiology copay on select plans</li> <li>• Retiree group change: City of Boston will increase PCP office visit copay from \$10 to \$15</li> <li>• Stacked copay for lab/imaging with office visit</li> </ul> <p>SCO Benefit change summary</p>	<p>Part B and Radiation therapy copays are now industry standard and we are only applying to low premium products; members can switch to more appropriate products if they desire.</p>	

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Brainstorming	<p>Despite multiple efforts over several years we have not significantly dropped our network wide readmission rate:</p> <ul style="list-style-type: none"> <li>• Post-discharge follow up metric and reporting</li> <li>• Pay for TCM visits outside PCP cap</li> <li>• Individual IDN and Group engagement on readmission strategies</li> <li>• Readmission task force recommendations and collaborative support</li> <li>• Readmission performance awards</li> <li>• Increased enrollment in transitions programs including Coleman 4 Pillars</li> <li>• HF and COPD VBID program</li> <li>• Increased enrollment in chronic care management</li> <li>• Advance care planning, accurate prognosis, hospice referrals</li> <li>• Post-discharge follow-up visit template</li> <li>• And others...</li> </ul> <p>Brainstorming concepts presented to spur innovative ideas Then brainstorming session in groups</p>		<p>We will present the findings from these brainstorming sessions to identify a few we could implement.</p> <p>Please send additional ideas to the TMP MDM mailbox!</p>													
Future meetings	<p>Jan and Feb meetings @ MMS</p> <p>Feb: External Panel discussion on current best practices in PCP recruiting</p>															



December Agenda

Readmissions Part 3

2018 Formulary

Medical Cost Savings Initiatives

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

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