

CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

MINUTES REVISED 4/17/2009

March 20, 2009

Citizens Health Care Oversight Committee meeting was held in the County Commissioner's Chambers, Neil Combee Administration Building, Bartow.

The members present were as follows: Brian Hinton, Misilene Fulse, John McArthur, Tonja Mosley, Gabriella O'Toole, Dr. Seoane, Jim Moody, Dr. Nobo, [Connie Kinnick](#) and Stacy Campbell Domineck. [\(Connie's name was left off the minutes and she was in attendance.\)](#)

COC Members Absent: Nancy Thompson

Other County Staff in attendance were as follows: Sam Johnson, Mike Kushner, Lea Ann Thomas, Dr. Haight, Wilma Daniels, Debi Curry, Gwen Hall, Joy Johnson and Michael Duclos, ACA.

The meeting was called to order by Dr. Nobo at 8:26:35 AM.

Brian Hinton led the Prayer and the Pledge of Allegiance.

Introductions of the members.

Dr. Nobo requested that they add "Old Business" to the agenda to talk about the PT and the UR committee meetings. Also; wanted to add under "New Business" Polk HealthCare Alliance Report – Connie Kinnick".

Dr. Nobo: Requested a motion for approval of the minutes from the February 27, 2008.

Motion: Dr. Seoane

M. Fulse: wanted the minutes changed replacing a few hows with who's instead. **(Corrections were made in the afternoon of March 20th and the revised document was resent to all COC members).**

Second on the Motion: M. Fulse with the change as requested.

Additions or corrections: hearing none; all those in favor of accepting the minutes as presented say AYE.

All members stated AYE.

Motion carries minutes approved.

C. Kinnick: Made a statement that she was not here last month for the meeting, but after reading the minutes she wanted to go on record as saying that she is opposed to hiring a Medical Director at this time. She stated that spending that kind of money right now when we don't know about our finances is not a good choice at this time. She knows that she can not change anything the vote was already taken but she doesn't think that we need a Medical Director right now.

Old Business: Dr. Nobo asked Misilene Fulse to talk about the P&T Committee.

J. Howell: stated that she has a few comments in her presentation and she was hoping that you would interject after her 2 slides on P&T and Utilization Review if that is ok. I think it would be more cohesive for the group if you wanted to conduct the meeting that way.

Dr. Nobo: I am a little lost this would not be a new business this would be old business just talking about the P&T and the UR committee so what would you like us to do.

J. Howell: Since her presentation has a few slides on these two committee meetings, she was going to ask each one of you "Misilene and Dr. Nobo" if you had additional comments to add at that time. If you want to give a separate report and then we review it then that is fine.

Dr. Nobo: Unless any one objects, I don't but I would like to make sure that on every agenda we do have a report on the PT and UR committees even though there may not be any report to be given. I think that we should discuss what we are doing in those committees to this group and also to the public. With no objections Ms. Fulse do you mind waiting.

M. Fulse: Absolutely not no problem.

J. Howell: She gave her presentation. Jan had mentioned that staff had looked at the narcotics utilization and pharmacy sent and that was something that (we) staff had done internally and we took it to the group and we had made the decision to cut off our pharmacy pain medication due to the fact that we saw a lot of fraud. That population a lot of times does have fraud in that situation, however, please let me finish.

Dr. Nobo: no, no, the word fraud really kind of bothers me because I think that for example on the requesting of Medical Claims potential fraud and utilization, let me remind those who are listening that in the State of Florida last year out of the 100 – if you take the percentage of fraud made by physicians was less 2.3% and I think also some of these patients are trying to commit fraud in utilization; I think that some are being addicted to medications. So I would like more potential misuse in utilization and the misuse in the medication because I would hate to label one of our patients that they are doing fraud when it could be an addition which it is a disease. Sorry for interrupting but that is the second time you have used that word.

J. Howell: Yes I do understand there is a difference between fraud waste and abuse. I think clearly there is some waste and abuse but there was outright fraud in certain instances when it came to members so I certainly would not stereotype to give every one that same motivation. There were specific instances that we saw there was a fairly high percentage of that based on the data and our review of it we made a decision to make a change in policy. However; based on the comments by the P&T and UR Committees we went back to check with our Pharmacy vendor and asked if there is a way we can do this better. There was a quick fix and our nurses without any cost what so ever. Our own internal nurses can do prior authorizations for anyone who does have surgeries. So that is something that we have put into place so that policy that was communicated at the P&T and UR this is the update on that. This was something that those 2 committees were concerned about, there was a quick fix and we were able to do that. **Continued on her presentation.**

M. Fulse: Stated that one of the things that the committee might be interested in knowing that the P&T committee heard a presentation from the Mednet Administrator on their benefit to our community and what they can do for use in terms of helping with the compassionate drug program and the patient assistance programs. She stated that we do have patient assistance done presently by other people, some of the case managers are doing and they are doing an excellent job of it. One thing that came out and it needs to go on

record maybe Jan planned on putting it on record at another time but in all of the compassionate drug programs these patients have to be monitored and so if the physicians who are actually writing the prescriptions for the drugs if they would be as open as they can be within their practice with assisting and monitoring the patients once the compassionate drug programs gives the patients their medications some of them will actually dispense the drug to them that come from the compassionate drug program but some are hesitate and in that case it could cost the Plan having to find some other community partners maybe from the private drug stores to issues this drugs too patients. One of the problems that we have found out is getting the drugs into the patient's hand. We still need to have the dispenser and the dispenser is not the physician and the major drug chains we are assuming that they may not want to dispense free drugs. That is the last problem that we maybe facing. If the patient is 100% or less below the poverty level they will qualify for all of the compassionate programs that are out there and we need to be sure that we get these that way which will save the Plan lots and lots of money. They are trying to set up a network of pharmacies that would help handle this cheaply as possible maybe \$7.00 for a dispensing fee. Having the paperwork filled out by Mednet is excellent but to pay more money to get the paperwork done and not get the dispensing side done we maybe just spinning our wheels. That is holding up and the 5 top drugs are all available from the compassionate drugs programs.

Dr. Seoane: I dispense the compassionate drugs from my office and I use the program, the problem is not the dispensing the problem is that the forms are some what complicated that the manufacturers and the organizations use. (He explained that his offices spends a lot of time filling out these forms and gave a brief overview of the information is needed).

M. Fulse: The Plan has been notified by doctors that are absolutely refusing to handle it. So maybe you can help us with that.

Dr. Seoane: The dispensing or the paperwork?

M. Fulse: No the dispensing the do not want the drugs going to their offices. That is the hold up; if we all work on the dispensing part of it then we can make this thing work and ultimately get these drugs off of our cost and use the money for something else. I want to get the high priced medications off the formulary so that they can get them in the compassionate drug program that is what I want to go on record that is the hold up. I believe we can get the paperwork done if we can get the dispensing done.

J. Howell: Dr. Seoane and his input is going to be really helpful in the way that we approach the provider community, to see what it is that they are interested in doing and their level and willingness to provider access for our patients.

Dr. Nobo: Do you have to have a dispensing license to dispense this.

Dr. Seoane: No as long as you are not charging for the medication it is legal under state law.

Dr. Nobo: Do you think that it is a possibility that we need to ask those doctors is it because they just don't want the drug or is it because of the paperwork and their staff are saying that it takes a long time and if we can facilitate doing these papers and perhaps they may change their mind, we need to investigate that.

M. Fulse: We have asked Gwen Hall, Provider Management to review it again and we will try to move forward. This could be millions of dollars saved.

Dr. Seoane: The paperwork is onerous.

M. Fulse: We can get the paperwork done, that has been worked out. The problem now is the dispensing.

S. Campbell Domineck: Is this the paperwork per client and is that something that we can do instead of the doctors.

M. Fulse: MedNet does it and lots of doctor's offices do it too. Some of the paperwork isn't as bad as others.

S. Campbell Domineck: Are we talking about the same paperwork that Dr. Seoane is talking about?

M. Fulse: Yes, (She explained about the companies and the types of paperwork that they have.

J. Howell: She stated that this is something that we will be rounding into our Provider network and ask for Provider feedback. She continued on her presentation. We are really focusing on Diabetes, Cardiovascular and Asthma/COPD.

Dr. Nobo: Asked for a correlation, because last year we had 19,000 lives and this year we certainly have far less; I would like an e-mail with the correlation of the last couple of months is this still the same drugs that we have been using.

J. Howell: Stated that right we need to drill down into the data on our current population. She went over the P&T and UR committee meetings and what took place.

B. Hinton: We made a lot of changes in procedures, management, team players and the organization. The way I have always understood us this committee we are an oversight committee we are not a management committee. If we are an oversight committee we don't have the ability to delegate a management committee or create one. Now I read the minutes I get kind of confused in terms of the PT, this committee seems to be functioning as a review committee. The UR committee when I read the minutes seems to be functioning more as a management committee they are getting down into the specific about we don't want to do this or we don't want to do that, setting policies for you guys. For me that does not make sense organizationally, how do we correct that and how do we define that.

J. Howell: We did talk about that at both committee meetings those committees are operational and they provide us with their recommendations and at that point I think it becomes our goal to report back to this committee the overall strategy for the taxpayer's dollars. I think that is the understanding and that is the impression that I walked away with.

Dr. Seoane: My view is that the committees are essentially advisory in nature and you have people with tremendous expertise on the committees, pharmacist and physicians. That expertise can not be duplicated by insurance experts because insurance experts and management experts don't know how to treat heart failure, etc. Only people with specific knowledge can interrupt gave an educated opinion about those specific tests so I view them as free expertise that the County is not paying for and this County is getting a lot of expertise.

J. Howell: I totally agree.

Dr. Haight: His observation is the Plan staff is listening to that expertise and they are saying we need to go back and look for some alternatives based on the information that was received.

T. Mosley: Stated that as we are approaching our physicians that we want to make sure that the feed back with them is definitely evidence based. We have worked hard to get the physicians who want to participate in the Plan and we don't want us to move back to a point where we don't have a large number of physicians in the Plan. I think if there is an issue I think we should go with an alternative as to how they should be providing that care, rather than saying no you can't do it this way we should be mindful of that too.

Dr. Nobo: I will discuss this further when I go back to my agenda, our agenda.

M. Fulse: I might add for our fellow committee members that we are definitely in the minority there is only like Dr. Seoane and I but there is like 10 or 12 other people we are just advisors we do not have any weight on that committee, which is advising them on our views.

Dr. Nobo: Are you suggesting that perhaps we should add more?

M. Fulse; No I think we get our point across. We are definitely not running the committee.

B. Hinton: There was one part of the minutes that raised the issue to me and I had a couple doctors ask me about it reading the minutes it sounded like the doctors were saying we are going to mandate that a primary care refers a patient to specialty care in order to do an MRI. That sounds more management driven than concept driven. If staff elects to do that is fine but if it is coming down that you don't have any choice this is what we are telling you what to do then that is not fine. That is where I had the muddiness and I have already heard from some doctors that doesn't make sense.

J. Howell: I think that both Tonja and Brian your points are well taken, in terms of quality I think that we are going to have to make some hard decisions, basically changes not hard decisions in the way that we viewed some of Plan policy. Some of the Plan policy is based upon older principles in terms of the way that care has been looked at previously and I really think that we should offer the citizens of Polk County something based on National Standards. That is my goal and I think that is what this committee as a group has said Misilene had mentioned that at the last meeting. It will take several months for us to get these things in order. (Presentation continued).

J. McArthur: You talk about the chronic conditions Diabetes, Asthma, COPD and heart but I don't notice on the list there obesity which is a major issue and contributes to the rest of them and also the smoking scission, I have heard Dr. Haight say that if we could have people lose weight and stop smoking we would have a healthier County.

J. Howell: I don't have all of the quick fixes or the long fixes included here I think that the smoking cessation is something that we need to consider when we have a little more money and our finances are more up to date. Obesity is something that goes along with all of these conditions all of need to consider it too.

C. Kinnick: What about mental health issues or behavioral health?

J. Howell: You are bringing up a great point. She stated that she hopes in the future to be able to coordinate with the Mental Health Providers; we must consider how we will approach that as a County and work with other partners. I don't think that we are at this point that we can consider providing that service ourselves.

There was a discussion on the programs that have to do with the effort to quit smoking.

J. Howell: stated that the subject of everyone becoming better communicators and coordinate everyone's efforts and work together We are duplicating a lot, so that we can insure the wise use of dollars but to the extent that there are services that need to be wrapped around and we need to consider that as well.

Dr. Nobo: your last statement it almost sounded like you where heading for pay for performance?

J. Howell: Certainly

Dr. Nobo: The American Medical Association is against that and so is the Florida Medical Association so why do you think that we should start thinking for pay for performance when the 2 largest medical organizations that look out for the patients and of course the physicians are against it.

J. Howell: Yes, I really am a firm believer that if you can make a difference in the life of another human being that is really our mission and our goal and I know as a matter of reality that sometimes you can set up systems that will assist in the way that you do that and sometimes you can't. So it really becomes a situation that is why it is so important that we engage the provider community to see what it is that is out there. It is important to know our environment, to know who are our members, are they going to respond to care, is it the member that is going to make the difference or is it the provider. In reality you have got to consider that situation where you have providers that are so invested in your mission they are working as a partner with you that you begin to work with some sort synergy. I hope that is responsive to your question.

Dr. Nobo: No, because what you say is exactly what the AMA and the FMA is trying to succeed and they believe strongly that is not how it is going to be succeeded.

J. Howell: I would welcome the opportunity to sit down with you for an hour and to receive a little bit of education about that.

Dr. Nobo: he read a quote for the former president of the American Medical Associated. I find it difficult for us to go into a pattern of paid for performance when the physicians in this County are being so understanding of this program and wanting it to succeed.

J. Howell: there are 2 things that I could have as a response, if there is a better way to do the things that I am suggesting that we do or if there is a better direction please tell me, I am here, I am all ears and I would love to meet with you outside of this forum. When you have more time I would love to hear your ideas or in the UR committee meetings I think that it is obvious that there is plenty opportunity for us to sit down and discuss these things. At the same time there has to be a certain measure of accountability in the way that you set up any system in order to insure that there is not some sort of advantage that has been taken whether it is by a member or by a provider. One thing that is so great about this County indigent healthcare program is that it can't be over regulated. This is not a program that received Federal or State funding that is one of the really intriguing things that you have citizens of this community who come together to create the most creative answer to this situation. So I would ask you if you've got feedback for me, if you have ideas I would love to hear them.

L. Thomas: Dr. Nobo I would love to sit in on the meeting so maybe the 3 of us could get together, I need to be educated too.

Dr. Nobo: I don't think it should be just myself, I think you should direct this to the Polk County Medical Association who represents the majority of the doctors in this County. Because they are also with the AMA and the FMA and I can even do better than that I can have either one of the officers of the FMA, I can even have the President elect of the AMA sit and talk with you.

L. Thomas: Just educate me first and then we will do that.

Dr. Nobo: That would be unfair for you to be educated by just one person.

J. Howell: We are going to invite the feed back of several folks and that is part of the importance for bringing a Medical Director to be able to organize our efforts to move forward.

Dr. Seoane: Gave his thoughts about the population that the Polk HealthCare Plan is serving. He discussed the Polk HealthCare population and there smoking habits and his thoughts regarding paid for performance being based on whether someone smokes or chooses to go to the ER because they have Sinus Headache which is not an emergency at 8:00 PM is really flawed thinking. We must really consider why they are going to the ER and it may not be because the offices closed at 5:00 PM, that is the over simplification of the dynamics of healthcare in this County.

T. Mosley: inaudible – microphone not turned on – we need to start up one thing with the UR committee let it work we may have some change in behavior from that. Then in the future if we still continue to see that we need to do something different go forward after that. I think we are starting too many things at once.

J. Howell: I appreciate all of your comments, she stated that when it comes to the Hospitals and the types of restrictions that they are generally under because of Medicare that those certainly are some serious restrictions. I appreciate hearing your comments. I do think that the committee may just want to realize that we are not talking about Pay for Performance in the sense of Medicare or Medicaid. I am surprised to hear from the Providers such a strong sense against something that might actually include some financial incentives. I appreciate hearing the comments and we will keep that in mind.

T. Mosley: I think it may just be that we don't really understand what you mean when you are saying pay for performance. Because there is a penalty as well as an incentive in what we are dealing with and if you are just saying that you are going to have a bonus for the doctors that are doing very well then that is really not the pay for performance that we are dealing with. You may need to take sometime to explain what it is that you are thinking about.

J. Moody: I agree with both doctors it is going to be hard to affect behavioral changes but at the same time I think that we need to hear a little bit more about it before we close the door completely. I would like to hear some more about it.

C. Kinnick: I just wanted to know is there going to be any incentives for the patient that does all that work to quit smoking or to lose weight or to get their A1C's down to a normal level?

Dr. Nobo: Extended a thank you to Commissioner Sam Johnson and that we appreciate what he does and asked him if he would like to say a few words?

Sam Johnson, BoCC Chairperson, (Commissioner District 5): He stated that he was glad to be in attendance at this meeting.

Dr. Nobo: UR Committee Update: I really have not read the minutes and perhaps I need to read the minutes. Because in no way or form has the UR committee pushed or thought of being in control of this health insurance. In fact perhaps we should some how delineate the exact job or description of the UR committee. Anyone who has worked with physicians should understand that having 5 doctors show up at 6:30 in the afternoon driving from all over the County to go to a meeting it is a great feat. That is because those doctors care about it. The concern that the physicians had at that meeting when we read that the decision had been made that affect patient care without any discussion in the UR committee specific was some what concerning, specifically it would be the Pain Management. At the last UR committee meeting we thought that Pain Management should be looked upon very carefully, that unfortunately patients can get addicted and that addiction can be brought on even by a physician writing a prescription. We will need a lot of help throughout the County helping these patients who have become addicted to prescribed medication. To our shock yes we were very surprised that there had been a letter sent stopping pain medication (certain pain medication) to these patients. Our concern since there were 2 surgeons in that committee and anyone sitting in the audience listening to this think about this all of the sudden you have had major surgery and then when your prescription is given you have to have money to pay for it. So medication may only cost you 4 dollars, some medication may cost you 7 dollars, but it was the feeling of the UR Committee that our advise or our suggestions should perhaps been heard before something was sent to all of the physicians. Fortunately and hopefully there have been some changes we felt that after surgery there should be a time where a physician can write pain medication. We discussed whether it should be 30 days and we discussed if it should be 2 weeks. In no way or form were we saying that we were going to control this program. So I have to read the minutes to see where Mr. Hinton got that idea. The UR committee as I had understood is a committee that meets and usually has to be physicians, because we are the ones writing the prescriptions, we are the ones seeing the patients, we definitely need the input of hospitals, we definitely need the input of insurance companies to get the feel of what is best for the patient. I would like some discussion among this board to decide whether we need to specifically say what the UR committee can do or can not do, I see it as an advisory board makes the presentation to the Plan but I would like for the Plan when it deals directly with a patient care to at least give some thought to UR committee and for us to say something here. I don't know if anyone on this panel has had any surgery but I would like to hear that if you have no money and you really need to buy that prescription for pain medication you may not have 7 dollars. How would you like to go home on a Tylenol when you really need a much stronger medication?

S. Campbell-Domineck: Dr. Nobo I appreciate that example I think that you are asking 2 different questions. Advisory board to me has already been defined and I think we can go to our definition understanding that advisory is just that advisory in nature. You can make recommendations and certainly the people to who you are making the recommendations to recognize your expertise. As it relates to making a recommendation and feeling like that recommendation should be accepted without choice then turns to a management and that is a little different. If we are talking about changing the role and saying sometimes we are advisory and sometimes we are management then that would need to be defined but advisory defines itself I think.

Dr. Nobo: That makes a lot of sense. Let's let Dr. Seoane speak and then I need to ask him more questions.

Dr. Seoane: the instances that you had pointed out are actually quite concerning because the Plan should not abruptly withdraw chronic pain management from patients since these things have to be done in a medically supervised way it is quite dangerous. Did you consult the new Medical Director and did he agree that this was an appropriate medical step. You can not just pull the rug out from people like that. I agree with the concept of controlling our costs, I agree that pain management is a slippery slop it is a type of medical

practice that is full of pit falls it is a very difficult population to deal with. Was a Medical Director consulted on this?

Dr. Nobo: Ms. Howell

L. Thomas: First of all the contract for the Medical Director isn't even signed yet. So we don't have a Medical Director so I think that would answer your question.

M. Fulse: We discussed in the P&T, and we as the 2 pharmacists in particular discussed extensively with Jan and the other nurses and the people on the committee. I think that the part of the story that we are forgetting is that there are 8 thousand people what is it 8 to 10 thousand people, we pulled the whole rug out from them because we didn't have any money to take care of them at all. So when this population, when the nurses in the Plan, they did a polling they did some blood work, they did some different things to see is this level of narcotic use valid and it didn't come out and it didn't come to show to be valid and they made a decision. Now post surgery we argued adamantly or until I was blue about it. I am glad to find out that they did get it approved that they will do overrides for those types of incidents. But as a pharmacist in the Community and the other pharmacist in the community we have seen and you have seen the people who need it but we have seen the people who are drug free and they are getting 100's of tablets on this plan selling them in the community selling them at their work places. So if the Plan chooses to pull narcotics from under 11 or 12 hundred people I just don't have the energy to argue about that like I do to try to get some of those 8 thousand people care for their disease states. You have to pick what you are going to pay for.

Dr. Seoane: If someone is on chronic opiates you can't stop them abruptly. Whether you think it is an appropriate medical use of the drug or not, they can not be stopped abruptly because you will have dire physiologic issues.

M. Fulse: So what happen to the other 8 thousand people who are not getting any coverage, any doctor visits, any hospitalization nothing. They were on opiates too, they were on insulin, and they were on many things. The Plan has to be administrated so that we can do the best we can for the most people and narcotics just happen to be the first thing to go. There are some other things that are just going to have to go if we are going to fight about ever little thing for 11 hundred people we will never be able to cover the population that really needs the Plan.

Dr. Seoane: it is the process that concerns me. A group of volunteer physicians made a recommendation and a decision was made which is fine, but there was not feed back given to the original group of physicians saying we are disagreeing with your recommendations and we are going to do something different. There is a communication problem there. It is fine if the administration doesn't want to follow a recommendation, but without the feed back that is the problem.

Dr. Nobo: Ms Fulse you do realize that this letter was sent out the day before you met.

M. Fulse: I am realizing that and what I am telling you is the corrections have been made so I think that the people who are on the Plan are not in jeopardy of having surgery and not being able to get their pain medications we argued about, you guys argued about it they fixed it. What I am talking about is that they have to move forward with trying to do things to make the Plan better for more people then 11 hundred.

M. Kushner: Stated that he just wanted to clarify because no one has stated what is exactly happening now. When I was approached with the idea of terminating pain medications, I said after surgery no, each situation

is being reviewed currently. There is not blanket termination of pain medications however; if somebody is addicted my intent is to refer those people to Peace River Center or an area where they can get some help with drawing from those meds.

Dr. Nobo: He gave his reason why he brought this up, is because the physicians don't mind spending 1,2,3 hours in a committee but they do mind if they are going to be ignored. They do not want to participate in any committee and that decisions are going to be made without them. You must understand that we got a copy of this letter that had been mailed out weeks before even before the P&T committee and that was when we decided and in fact one of the physicians from Winter Haven which is distance to go to LRMC, I think we need to decide do we take a vote. Originally your administration thought that it wasn't necessary but the physicians said yes we would like to take a vote there are 5 or 6 doctors here and if we disagree we need to decide how are we going to vote on one part of the health plan and how it is being conducted so that our recommendation (that goes back to Stacy) or our idea would have a meaning, the majority of the physicians felt this way and we decided our self that we would take a vote on decision and we would see that your administration would take care or listen to us or not. I don't know if you would bring it here or I don't know where it goes I think we need to define that a little more what the P&T and UR committees are. He explained how things work in the hospitals. We need to have some direction because there were some doctors I don't know if they are going to come back, I think that they felt like they don't count.

M. Kushner: I think, I agree with you it was a mistake to send out the letter without having consulted with the UR Committee on the direction that we wanted to go. In the future that will not happen.

J. Moody: State that he is the new kid on the block, it just seems like in these 2 meetings that I have sat in on that we do, going back to what Stacy says, sometimes it seems like we are doing a little too much micromanagement in this committee. I have sat on other Oversight Committees before and we are advisory and/or consent of what is brought to us and if staff doesn't agree with it this is democracy and everyone has different opinions. I don't think that anyone will discount an expert's opinion unless there is a reason such as a funding mechanism. I think what we have here right now we were covering 20 thousand people and now we are covering 1 thousand. We are just doing too much of the micromanaging of the staff we are suppose to be advising not managing. I got a sense that on some issues we try to manage.

Dr. Nobo: I think part of the problem on my part is that in the past we would come to these meetings and we would listen to the information given to us and perhaps we did not ask the questions and that is why we are in the mess that we are in. So perhaps now after being burned once we are asking a little more questions, because we are the ones the original 5 we feel maybe I didn't do my job very well maybe we didn't ask enough questions. Remember Medicine is very different. (Dr. Nobo then discussed the committees that he sits on and the Plan in Jacksonville that failed).

Dr. Seoane: Stated that we need to improve the process and the lines of communications. We are all learning this is unique; we have to learn about how to run the Plan and the money. There will be some disagreements and that is ok. Asking questions is good.

Dr. Nobo: This committee is the one that gave the recommendations to BoCC on what to cover, what not to cover and we did not want any of this money to go to the jailed inmates. If you think that these last to meeting things have been a little testy you haven't been around yet.

J. Moody: Doctor I don't think I said that you couldn't ask questions. That is not what I said; I just said that it appears as the new kid on the block that we are micromanaging. If that is the purpose of this board then that is fine. But that was not my belief and I can stand to be corrected.

T. Campbell-Domineck: The original reason that we ended up in this discussion because it was brought up about the recommendation or the letter. Dr. Nobo made mention of a letter that was sent out and it sounds like just listening to everything the mistake was perhaps the physicians who expended a significant time at now cost to us may feel a little disrespected that: I heard 2 things one was that they were not communicated with and the other thing I heard perhaps with my head and not my heart was that the recommendation was taken into consideration. You can take a recommendation into consideration and still not implement that we agree with you and we understand but the other piece of that is what is our purpose which is why we went through the entire strategic planning process and came up with a mission and a vision and values. I think that certainly we appreciate Dr. Seoane and Dr. Nobo I think you have a wealth of knowledge and experience and I think we would fail if we didn't have physicians on this committee. But I also see that you have a tremendous amount of influence with other doctors and when we go back and we communicate with them that it is really important that they see the perspective that is communicated by the staff and this advisory this oversight committee and that you are supporting that so that they won't want to walk away and say that I'm not going to do that again. Perhaps I wasn't at that meeting it could have been explained to the doctors that we want your knowledge, we want your expertise, we want you to share, we want you engaged in the process but understand that this is advisory in nature and we may not go with your recommendation but certainly you help us to think about why we make the decisions or how we would make further decisions.

J. McArthur: Maybe we didn't ask the right questions. There are 2 definitions for the word oversight, one is actually look at something and see it and the other one is to over look it. I think we need to get away from saying ok we are the oversight committee but lets call us the advisory committee and that takes it out of the management thing, which is what Brian is talking about. That is not our job to management this stuff we can make recommendations, we can make recommendations to the agency here, we can make recommendations to the BoCC but we are not managers folks and we are not suppose to be managers.

B. Hinton: The only other thing that I was going to add is in those same minutes that I kind of questioned there was a suggestion made that these doctors in the future weren't going to work for free and that we should pay them 300 dollars an hour. That gets back into the management side again, that is the only thing that I am trying to clear up. I think it is very appropriate for all of us to ask questions to any extent that we have. We all come from different walks of life, from different specialties we have different ways of looking at things and different out looks of our own. But to sit there and get our feelings hurt if we in turn make a recommendation to staff and they as staff choose not to follow it. That is out of our control, we are oversight.

Dr. Nobo: I really need to look at those minutes because I don't remember us talking about getting paid 300 hundred dollars, so Debi I need a copy of those minutes.

D. Curry: That is not the minutes from the last meeting Brian is talking about the minutes from the prior meeting.

Dr. Nobo: Oh I see, ok in other words it was discussed at that meeting that it was very fortunate that we had doctors doing it for free because usually they get paid from 3 to 5 and in fact a thousand dollars to attend this meeting, this is correct. Make sure we say what we said.

B. Hinton: (Quoted from the minutes of what Dr. Nobo had said at the UR committee meeting in January): he had informed that there was no money and no one was going to get paid now but later we could probably do that and we may have to do that. Do you want to address that?

Dr. Nobo: I was told in fact by the County that was a possibility and I know that we are not a health insurance but let me read something to you. (He read a something from an article that he had "this is Como from New York when he was suing so many insurance companies for doing things like that so it is not Ralph Nobo saying it). Let's move on, the Financial Update.

M. Kushner: He made his presentation.

M. Fulse: Jan stated that the CareMark people will come I just want to go on the record from the other vendors that are doing it. She stated that her Cigna card I don't care where I go Cigna gets everything that is 4 dollars at Wal-Mart that is 4 dollars. I don't think it is, it is sounding like to me that it is an act of God for them to do it. I am very excited to be able to ask her to turn it on like you did for Cigna, Blue Cross and everybody else.

M. Kushner: Explained that there is a 10 dollar program, it is like a club, when you walk into CVS/CareMark store and I think that has been the issue. In Wal-Mart it's strictly 4 dollars and the claims we have checked are being processed at 4 dollars when people go to Wal-Mart in our plan. The problem is that in Walgreens, CVS and Publix and in some cases it is free and a members shows their card the pharmacist is; unless you are paying the 10 dollars or somebody is paying the 10 dollars the drugs are going to be processed at the ingredient cost.

M. Fulse: Doug and I this was our homework project to get ready and hopefully the next meeting we will be able to report this to you. I am not sure how they are doing it in the rest of the community so we are going to find out and we are going find out why we can't get the same. We are checking on it that is what I was telling Jan.

M. Kushner: What I want to do is get that 10 dollar fee waived by some of the community pharmacies here.

M. Fulse: No what I am saying is when Wal-Mart published nationally in this Country that they are going to do these 300 drugs for 4 dollars, major insurance companies demanded that they are only going to pay the 4 dollars also. It became usual and customary and these Plan other Plan are administrating it that way. So I am trying to find out why it is hard for CareMark to do this for us this Plan no matter where the patients go. It is available for 4 dollars, if they can drive to a 4 dollar store we still don't want that card to pay more then 4 dollars. So we are investigating why it is such a difficult task for them to do it for this Plan when it is being done nationally that way.

Dr. Nobo: So in other words you do not have to buy that 10 dollar fee or anything.

M. Fulse: Nothing, you see when a national company and you saw that in the paper that Wal-Mart is making such a difference in the whole Country that is because Wal-Mart gave these other companies to say usually and customary has just become 4 dollars, I am not paying anybody more then 4 dollars. I had asked Mr. Kushner back in September to go back to them and say we want all of the drugs that are on these lists for 4 dollars that is all we want to pay. They are saying that it is difficult so we are investigating why it is difficult for them if everybody else is doing it.

M. Kushner: We are going to make that request and my comment is that is what I had requested that they provide the usual and customary amount for 4 dollars or whatever the usual and customary amount would be for that drug if Wal-Mart is offering it for 4 dollars and it should be offered at any pharmacy for 4 dollars.

M. Fulse: we want to be treated just like the big guys.

Dr. Nobo: and you see Commissioner Johnson this is not micromanagement this is a great idea to help the plan to take care of more of the patients that you want to take care of and that was started by the P&T Committee.

M. Kushner: Continued on the presentation.

Dr. Seoane: Who much financial reserve does the Plan have now?

M. Kushner: None, returning to his presentation.

Dr. Nobo: Asked about an explanation on the Operating Expenses. He stated that in the past we didn't pay for all of Ed Smith's salary so can you explain what these are? I want to make sure that the bureaucracy is not getting to an extreme. What are you doing now in compared to what Ed did and what Ms. Thomas and what Ms. Howell. I want to know what the payroll that is allocated? Before we use to have Ed Smith and now we have you; which you are doing a fantastic job and then you have other people are they under you because you are going to be working less, therefore; we have a Ms. Howell who is going to be working more. That is what I want to know.

M. Kushner: First of all none of my salary is allocated to the Polk HealthCare Plan; I am the director of the Risk Management Division for Polk County, it is totally allocated to the General Fund. Ms. Howell was hired as the Operational Manager for the Plan and her salary of course is paid by the Plan. Ed Smith is no longer here what we have shown you from the time before when we proposed to hire the Operations Manager with a net savings in terms of the management that was put in place that continues to be the case it hasn't changed. There was a lay off of 25 employees as a result of the financial crisis last year so the staff has been trimmed down. We are continued to look at the efficiencies in the system we are looking at the dynamics and what we need to do. We do plan on increasing enrollment next year so this is a year that we are trying to figure out and put the pieces together, work with the technology that is available and try to come up with a solution or solve for what exactly is it that we do need in the Plan ultimately for staff. We don't know that yet because the Plan is in a change mode. We have gone through big swings in enrollment and we are just trying to figure out what is it that is exactly needed. Continued on the presentation! He was discussing the circulatory problems that could be complications from diabetes.

Dr. Seoane: we need to see some of the ICD-9 codes that would representative sample of these codes so that we can see the actual diagnosis that would be useful next time.

Dr. Nobo: For endocrine, nutritional and metabolic I would be more curious to know exactly.

M. Kushner: Continuing on his presentation.

J. Howell: has already asked for a report from Buck on items that look out of the norm and she stated she would be happy to share her findings when she receives this information with this committee.

M. Kushner: Continued on the Buck report.

Dr. Nobo: Asked about the CT scan here is the issue and we had a short presentation on the last visit. It wasn't the UR committee that made that decision again it was administration. We felt that we need to look at the advantages of having the primary care physician order the CT scan or order a test that the specialist may repeat. The question that they were asking was specifically with Neurosurgery and the UR committee requested from Administration that they need to talk to the Neurologist in our Plan and find out if a primary care physician orders a CT scan or an MRI will they repeat it or better yet what do they recommend that they tell the primary care physicians to avoid double testing and double visits. Because the primary care physician may order the test and the patient comes in to get the results then goes to the Neurologist and the Neurologist meets says that they have to review the test. That is what the UR committee has requested what is the best way that we find out what is the best way of ordering these tests, whether through the primary care physician or Neurologist. The reason why I mentioned the Neurologist because that was the subject that was brought up because sometimes it takes 2 or 3 weeks to see an Neurologist therefore; this would cut time. So we decided to go to the Neurologists. Are we talking to the Neurologist yet?

J. Howell: In terms of us talking to the Neurologist at this point I don't think we have opened that dialogue with them, which is something that we will need to do in the next several weeks. But certainly part of our strategy will incorporate them and they will be invited to those provider round tables.

Dr. Nobo: That is something that you will be very fortunate to get a single doctor there. I think if you want to explain what is happening you need to go to where the doctors will have their CME credits and you need to go and talk to the Polk County Medical Association meetings. I would recommend that you talk to the Geissler, Bond Clinic, Watson Clinic, Clark & Daughtrey they have a meeting every month where you can be a guest there and speak. This is the only way you are going to get to a large number of doctors if you are going to have a meeting at 5:00 PM or 5:30 PM most doctors are still working at that time. It is going to be costly because you will have to have a place to rent, different places doctors may not want to travel everywhere. If you are truly interested in having these doctors learn that you request from those clinics and the Medical Society to talk at their meetings.

J. Howell: Thank you Dr. Nobo, we certainly will cultivate those groups.

B. Hinton: I raise the question about the MRI's because hallway talk from the doctors is that the primary can't order an MRI in the Plan anymore. Whoever made that decision I just questioned that?

J. Howell: In terms of Plan policy and the way that we are currently handling that issue, if a primary care physician wants to order an MRI or a CT scan we have requested that they provide us with the data to support medical necessity; at that point they have the right to do so. I don't think that it is something that should be of concern as long as they demonstrate medical necessity they can order those tests as well. We need to try to keep an eye in terms of cost because these tests are a little more expensive.

Dr. Haight: Also; the problem was discussed with Cardiology and hear is where you really need some input because the guidelines are going to be key.

Dr. Nobo: The 2 physicians that have repeatedly talked to me one is a primary care who wants to order CT scans and the other is a Cardiologist who wants to order his tests and he doesn't want them ordered by the Primary physician and I think that it is important to us that the UR committee, because it does have a Cardiologist and it does have primary care physician to discuss this. I have to get approval to order a

Mammogram on a yearly exam do I like it no, am I going to get denied of course not because that is standard of care to get a mammogram once a year. So is it something that my office hates to do, yes they do but we are doing it.

J. Howell: If this is an issue in the community I would hope that the doctors at the UR Committee next time around when we talk about Cardiology are going to be able to bring these points up and we can discuss what best practice would be for those things that are in the gray areas.

Dr. Nobo: The UR committee has moved to Lakeland because a lot of the doctors are in Lakeland and also the doctor from Winter Haven says he doesn't mind so I drive to Lakeland. The most important thing to me is participation of the physicians and I will go where ever they want me to go.

J. McArthur: Asked that when we do get these reports and I do make notes on them it is very difficult so can we use a lighter color that would be great.

C. Kinnick: gave an update on the Polk HealthCare Alliance, they met March 12th from 8:30 to 10:30 at United Way. They meet the second Thursday of every month. She discussed the Stanford Model. She discussed some of the classes that will be held and the trainers that will be trained to hold these classes. They do have a calendar and an agenda for the entire year that was all finalized. There will be no meeting in June or December. She discussed the ER and how they have contacted them, they have had 3 meetings. They have be able to accomplish having the ER doctors write scripts for a longer period of time a month supply or even with the refill. This helps the people get into their medical home. The ER's are aware of the Wal-Mart and the Publix 4 dollars prescriptions these are in the ER now so they can direct the patients to a place to pay a lesser cost. Winter Haven Hospital has hired a Social Worker they didn't have one in their Emergency Room and this person has been getting active with the clients and help to direct them to a medical home. There is a new faith based clinic opening and that is Parkview Outreach Christian Clinic they may not have opened the doors yet but they are in the process and they will be seeing patients. The Haley Center is open up to 2 nights a week now Tuesdays and Thursdays. The next meeting is April 9th.

Dr. Nobo: Thank you

M. Fulse: Move we adjourn.

J. McArthur: second.

Dr. Nobo: The meeting is adjourned.

Meeting Adjourned at 10:39:43 AM

Transcribed by: Debi Curry; Office Manager, IV
Risk Management Division