

CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

MINUTES

September 19, 2008

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: Nancy Thompson, Brian Hinton, Misilene Fulse, Stacy Campbell Domineck, Connie Kinnick, Andrea Gordon, Steve Henderson, Dr. Nobo, and Ginger McNally.

COC Members Absent: John McArthur, Tonja Mosley and Steve Henderson

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

County Staff Absent: JoAnn Fioravanti and Fran Peek

The meeting was called to order by Nancy Thompson at 8:31:53 AM.

Brian Hinton led the Prayer and the Pledge of Allegiance.

N. Thompson: Requested a motion for approval of the minutes from August 25, 2008.

Motion: Brian Hinton made a motion for the approval of the minutes.

Second on the Motion: Stacy Campbell Domineck; second.

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

All members stated AYE.

Minutes approved.

Nancy Thompson: Asked Mike Kushner if there was any old business to be discussed.

Mike Kushner: Stated no

N. Thompson: Stated that we were moving on to the New Business, she told the committee that there was a change to the order of business that would be discussed. We will begin by adding an item and update on the Claims Processing IT System, presented by Ed Wolfe, Director IT, which we will hear a little later. We will be moving down to The Budget and New Report Overview; we will begin there and then we will hear from IT, LIP Grant (Dr. Haight and his staff), and than Connie said that she will not need to do the Polk

HealthCare Alliance Update because that would have been about the LIP Grant. After that we discuss the Utilization and Pharmacy and Therapeutic Review Committees.

Mike Herr: He explained that he has an agenda review meeting that starts at 9:00 AM and he would try to come back after his meeting. He also stated that he thought the minutes of the August 25th meeting were done very well and he complemented Debi Curry because of the amount of detail that was included in the minutes. These minutes will serve as a record should they need to go back to them.

N. Thompson: Stated that they appreciate that and she does a very good job.

M. Herr: He stated about the utilization review and the pharmacy and therapeutic review committees, he stated because he may not be at this meeting for this discussion, what he would like to get from the COC today is:

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| 1. Go on record and discuss the purpose of both groups. |
| 2. How do we get members, how do we select and how many. |

He wanted to be sure that by the end of this meeting that everyone has a good understanding today how we might get there. We have had some tuff decision to make so let's get out of the gate, let's get members, so that we can have a regular dialogue. It is too early to say who would be members; if we get some direction today then we come back at the next meeting and hopefully we will contact some people and make sure that we can get going. We don't want to let this thing linger; this is our way of saying we have heard your message let's continue to move.

He also stated that he was pleased that there will be an update on the claims processing, Ed Wolfe and his team have jumped in there. This should have been done already, but we are making progress, the good news about this is that we are scheduled to have this installed and in operation by the end of October. He explained that the IT director (Ed Wolfe) will be filling you in on all of the details about that. There will be a power point presentation regarding this system.

He stated that he will fulfill his pledge to you to meet with each one of you individually throughout the year, but he stated he would not do that right away. He would like to meet after the members have started to receive the reports that are needed as so stated by the County and the COC; after that we can break out in some individual sessions. Let's get the flow of information going so that each member can look at the quality of it and make sure that it fits your needs. When we have experience with it then we can have a more meaningful discussion.

He further stated that as we start building towards 2009/2010; that we bring all of the stakeholders together, COC, members of the physician community, the health care community, the non-for-profits that are partners with us that provide services, and perhaps customers, The Board of County Commissioners and The Health Department as a stakeholder. It is important that we have a strategic planning session as we start to look at our future. We will need an excellent facilitator we need to focus on someone that is a good facilitator, a communicator; but someone who understands this industry. This is a pretty unique so it is important to have if we can find it; sometimes you can and sometimes you can't find it. He asked that the members start thinking about this; we don't want it to be too early but we don't want to let it get by us either.

In closing he stated that he is looking forward to a good relationship with the COC members and building a better future for the Citizens of Polk County in the health care area.

N. Thompson: Asked about a timeline for the Strategic Planning Session; I think the earlier we get that on peoples calendar, especially if we want to get a community engagement model the better it would be.

M. Herr: He stated that he thought there were so many important players here that we need to hear from, he thought that January or February that would be his inclination. That is his suggestion.

Mike Kushner: He went over the power point with the COC. He explained that the overview does not contain the comprehensive reports that we are anticipating. This will be explained by Ed Wolfe, IT Director, and the challenges that we have currently extracting data from the current system. He explained that in the future there will be a lot more detail, a lot more reports, but right now this is the best that we can do. He went over the power point slides.

Brian Hinton: Asked what was the rolling trend based upon?

M. Kushner: It is based upon the lag which is a 3 month lag in claims. How the per member per month (PMPM) trend is in increasing or decreasing over the last 6 months, it is about an 18% increase in the PMPM trend. This is a six month trend. He continued on the slides.

N. Thompson: Asked if you take that total average cost times the capped number of enrollments are we still at the right number?

M. Kushner: No we are way higher than we need to be. We have 8.2 million to spend next year, we have to stay under that 8.2 million and at \$481.00 we are not going to be even close to that. So we have to make a concerted effort to and we may not be able to have 3,000 in the Plan we may have to let it dwindle until we get to a PMPM trend where we can meet that budgetary requirement.

N. Thompson: We will not see any of the effect of the changes that we made at the last meeting in the Plan coverage's for another 3 months?

M. Kushner: By the end of December or at the January meeting there will be more information therefore; a better idea of how things are going.

N. Thompson: What the new rolling average will be based on the difference of what the Plan will cover.

M. Kushner: stated when the old claims flush out of the system, and we start looking at the new claims you will have a better idea where we are. Right now; this data may not mean a lot in terms of achieving our goals. Hopefully; we will get there it will be a challenge because we have to monitor through benefit changes that are put in place and see who and if it is enough. I hope it is; we want to serve as many people as we possibly can with the amount of money that we have. He continued on the slide presentation. He explained to the COC that he had retained the services of Buck Consultants; and Mike Jacobs is a clinical pharmacist he is an nationwide consultant on pharmacy plans; he has worked behind the scenes for us we have achieved a savings; based upon an estimated average per member per year savings on our pharmacy plan which will go into effect on 10/1 of \$216.25 per member per year. This is based upon the formulary that we have published. This is a start and it can be modified based upon suggests that you might have but I would like to work with Caremark and our committee to see if we can maintain the cost; but right now the savings based upon 3,000 lives that we negotiated is projected to be about \$650,000 based upon the new

formulary alone. He went on to explain about the drugs and the different circumstances that could arise and this should be looked at on a per member basis.

N. Thompson: Stated there will be a process to go off the formulary that will be some what structured, there will be a review committee.

M. Kushner: Explained that the direction to Caremark was that the people that are on the psychotropic drugs can not and will not be pulled off these medications we have grandfathered them in for 90 days, it could be dangerous to pull those folks off of medications that they are taking; it must be done under the guidance of a physician we will be monitoring that very closely. Through the case management and the nursing staff they have and do get calls and they will be monitoring those patients on an as needed basis. We will be directing people to Med-net and other outlets to get their medications. They will have 3 months to get off of those. This formulary will be available on-line as of October 1st.

N. Thompson: Asked if those clients that are taking medication that will no longer be on the formulary; are they being notified ahead of time or do they just find out when they go to get their medication.

M. Kushner: Letters will be going out within the next week or so to all of the clients that are still on the Plan. This letter will be sent out through Caremark sent to each member's home with the new formulary list.

Ed Wolfe, Director of IT: He stated that Mr. Herr asked that he take a few minutes to make this presentation to this committee on the status of the installation of Relay Health Software for the claims processing under the Polk HealthCare Plan. He went over all of his slides. He stated that going live is projected for the end of October. There will be 21 staff members that will be trained for the October timeline. He stated that they are working with Buck Consulting and the current vendor Case Watch to extract data from the Case Watch system and feeding that data to Buck Consulting. We will take those reports that are going to come from Buck Consultants and we will mirror those reports in the Relay Health System. Relay Health has a number of canned reports but we feel that it is very important that we have the 8 reports that Mr. Kushner wants to see specifically. The one that he has identified as the most important is the claim lag report we will format that report to look exactly like the report coming out of the current Case Watch system so that we can get a true apples to apples comparison. We will customize those reports that will come out of the Relay Health System.

N. Thompson: Are we limited?

E. Wolfe: We are not limited; right now the only thing that is limiting us is the timeframe and trying to get everything up and running by November.

N. Thompson: You can't run any reports until you have the system up and running because you will not have any data to look at.

E. Wolfe: We will have both systems running and we will be pulling the reports out of Case Watch until those claims come to conclusion. So those reports will continue to run with the data extract and using Buck for several months. Than we will start entering the data into the Relay System and once those claims start to be paid you will start to see the same type of information coming out.

B. Hinton: Once it is running will you be able to generate those reports in house or are you going to have to Relay to customize them?

E. Wolfe: No; we will generate those reports in house. He stated that they are working daily with Case Watch he thought we would have the reports we had extracts come out as recently as yesterday; there is still a little confusion between the vendors of talking about the different fields from each system. He concluded his presentation with a final overview. He stated that they will have to look at the Carescope verses the Case Watch software. Right now the County is using Case Watch and it appears that the other folks in the Alliance will want to use Carescope, there is still work to be done on this point.

Dr. Saddler and Sheryl Cooper, Polk County Health Department: They went over their presentation on the LIP program. They went through there slide program.

Stacy Campbell-Domineck: Asked if any of the people that have been laid off from the Polk HealthCare Plan expressing interest in these open positions or have they not be posted yet?

S. Cooper: They have been posted and we have some of those individuals applied.

M. Fulse: She asked about with the Polk HealthCare Plan being partners with this LIP is there anyway that our already existing Case Management people could be fully utilized in conjunction with this instead of duplicating efforts; if they are not recruiting people for the Polk HealthCare Plan because we can't then they should be able to be utilized in case management for some other activity such as this?

Dr. Saddler: She explained about the community outreach staff and what they will be doing. We are using those outreach workers to broaden the research that they can refer people too. She continued on the slide presentation. She told the committee that assuming that the County approves the Letter of Agreement next week that the Agency for Health Care Administration will be invoicing the County in early October 2008; for the 1st quarter of the \$289,900.00. Shortly thereafter; in October the County will make that payment to AHCA in Tallahassee and then we anticipate in about mid November the Agency for Health Care Administration will then send our first quarterly payment to The Health Department that would be one quarter of the \$650,000.00 and then at the same time the County and our other partners that we have contracts with will be submitting their first quarter invoices and whatever deliverables were required, then the Health Department in turn would make the first quarter payments with all of the folks that we are contracting with. This procedure will happen quarterly. She made her closing remarks.

Connie Kinnick: Made the comment that she had made at the Polk HealthCare Alliance the other day and that was one of the most exciting parts of the LIP project to her would be the training of the Stanford Model. She explained how it works. The Stanford Model will teach people with Diabetes, Cardiovascular problems, and hypertension the right types of foods they should be choosing, diet, nutrition and exercise.

N. Thompson: Open discussion started on the Utilization Review Committee and the Pharmacy and Therapeutic Review Committee. We need to talk about today what the purpose of those groups are and I would like to hear how the committee members think we should get members for these committees. We will not appoint members today, we will talk about what the composition should be and what the purpose should be and before the next meeting have the staff members come back with some more specific parameters for us which would be October.

M. Kushner: Stated that he thought he agreed with the Utilization Review and Medical Case Management and having a Physician oversee any peer review process, we are currently searching for that in our Plan. I think a Utilization Peer Review Committee can review cases for utilization; they can give us some better

guidance on things that we should provide and things that we should not provide. I think Dr. Nobo pointing that out and it's something that he has asked for many times and I agree with it. We need some better medical direction; the one thing that should happen is that the committee is comprised of members that really are not providing any medical services to our patients. I don't want to get into a conflict situation and that is my opinion.

N. Thompson: A Utilization Review Committee is primarily headed up by or made up exclusive of Physicians.

M. Kushner: Physicians

B. Hinton: There are quite a few doctors in the community, who could fill that roll, it is imperative for this program. One of the paths we went down and that was before the Third Party Administrator; and part of that plan included a Utilization Review Committee. That is something we need, I don't know how you go about appointing them whether they should be appointed by this committee or The Board of County Commissioners (BoCC).

Michael Duclos: This committee should make a recommendation to the BoCC.

C. Kinnick: Commented I don't know if you are right or if you are wrong about your comment having the Utilization Review Committee made up of people not involved with the Polk HealthCare Plan. Physicians not involved, but I know that in hospitals historically Utilization Review was always made up of people that are part of the hospital. That has always worked in the past, so I am not sure bringing in someone that is not involved with the Polk HealthCare Plan not knowing the ins and outs; the restrictions and the history, I am not sure that is a good idea.

M. Kushner: Stated a hospital is a provider they have their own Utilization Review Committee based on the services that they provide. This is a health plan, such as Aetna, Blue Cross Blue Shield they do their own Utilization Review and they do not have physicians that participate that they provide services too. I am trying to model this after a health plan that would have Utilization Review independent of the physicians that provide care to our patients. So that a physician can talk one on one with a physician if there is a disagreement. This is a health plan we are not a provider of services.

M. Fulse: Stated that if there is anyone listening or who know about the fact that these 2 committees are being formed to submit their CV or resume and their reason for being interested and have a committee to review that. There are physicians that are not directly getting payment from the Plan and are involved with our patients in the area. There are some that are hospitalists, health department, they work from entities but they don't actually profit one way or another. We can take those applications whether they are for the Utilization Review or the Pharmacy and Therapeutics and than based on whatever criteria we decide make the selections based on the people that are definitely interested.

Dr. Haight: Gave a couple suggestions: 1. when we are looking at Utilization one direction we want to go into instead of focusing on a lot of expensive issues that affect a few people we want to get at what helps most people in a lower cost method that keeps people out of the emergency room. Folks sitting on the committee should have a lot expertise in the areas that are afflicting our community the most such as: Cardiovascular disease, Diabetes we want the experts in Diabetic management. Pharmaceutical management of these diseases and cardiovascular disease you will hit the lipids, the high blood pressure the stoke prevention. The things that will cost us the most in the emergency room and rehabilitation so when we look

at utilization we want to know are the folks reviewing this are they really experts in those areas. There are a lot of very well trained Registered Nurses that are very familiar with the ever changing recommendation of the American Diabetic Association from the American College of Cardiovascular Physicians and they are aware of this and the standard of what a primary care doctor should be doing in their clinics. They do intensive monitoring of their patients well being. There are various experts in these areas there are the RN experts and the Physicians who are zeroed in on this kind of Utilization I think we will benefit the most from the chronic disease that if we don't catch them early they will cost us more but they are pretty cost effective if we take good care of a diabetic they will stay out of the emergency room.

N. Thompson: Prioritize by types of expertise related to our Plan participants.

Dr. Haight: Looking at the demographics, this will be a gold mine having access who is in our Plan and who do we want to concentrate on. Part of what the Health Department wanted to bring to this is this opportunity to go into the future and focus our Plan on these chronic illness that are pretty easy to take in a Health Care Home a doctors clinic. How do we get folks into those health care homes, Dr. Nobo's suggestion of Utilization Review will put into light how do we manage this most effectively.

N. Thompson: Stated that it would benefit her as a lay person to if at our next meeting we could have a job description or a bullet list of exactly what the Utilization Review Community would be responsible for, having not being involved in this.

Dr. Haight: Stated that this was started about a year and a half ago. We had offered the services; it was related to the HCAP Grant. The HCAP Grant paid for many things back when we had or when the County Government had it, one of the aspects was Quality Assurance. There was a nurse going out to the Volunteer Clinics and reviewing everything from Talbot House and LVIM, reviewing and helping them it was found to be pretty good what they were providing, this was endorsing the sales tax dollars and where not just paying for healthcare they were paying for high quality healthcare. That is the goal of this Utilization Review Committee is also to show that we are paying for high quality healthcare not just healthcare, we are not just enrolling patients and giving care. There have been reviews of clinics and have gotten good feed back from the management of hypertension, diabetes and some of that has already been done in the Plan. Some of the job description that you have asked for he thought that they may have some of that information and The Health Department will try to get that information to this committee. It has been about a year since that was done.

M. Kushner: Stated that maybe by the time the next committee meets Dr. Haight might have a proposal to give this committee. He stated that he could give more definitions as well. We will also need to look at the high dollar cases such as trauma cases to take a look at some of the procedures that are being done; whether or not that is something we want to pay for. This can be done retro-active or on pro-active basis.

B. Hinton: Asked about whether there is anybody that we may have for the Plan as a Medical Director, which could be incorporated into the Utilization Review.

M. Kushner: No

N. Thompson: Do we need someone like that?

M. Kushner: Yes

N. Thompson: They would help coordinate and head up the Utilization Review Committee?

M. Kushner: That is what I would envision.

N. Thompson: That would be like a part time position with these part time duties?

M. Kushner: Yes

S. Campbell-Domineck: Stated she would like to know who the Plan will be serving? She thought that there was a discussion about going back and define who are we going to cover is it the neediest, the sickest, who is it then that may determine the demographics of what type of physicians will make up the committee. I am not sure if we have got there. So how can we determine who will serve necessarily on the committee if we don't know who we are going to serve.

L. Thomas: Stated you are right, in January or February when we had the meeting to discuss the future of the Plan, I think that would be the time to ascertain what you are talking about. She thought that we don't need to wait on this committee. Dr. Nobo has been bringing this up for months and he has the idea and he is correct and Mr. Kushner is agreeing we need to get this Utilization Review started now, because we have got to be able to start to bring the costs down. I am concerned because I know that Dr. Nobo has some ideas of how we are to structure it and we need to hear those and bring those in. She was uncertain what she was hearing here are we structuring maybe a committee to talk about this with Mr. Kushner's input for the bullet list of the responsibilities and get this committee's idea and then we can bring that structure back and maybe some suggestions?

N. Thompson: That would be helpful and then we can expedite and the committee would be a sub group of this group. Is that what we were thinking?

L. Thomas: I think that is what I was learning from this conversation. I certainly think that Dr. Nobo should be part of that so we can hear his ideas and make sure that we incorporate those. Whoever; ends up ultimately being on that this group can talk about it and make the suggestions. Obvious Mr. Kushner has his opinions to and we need to take that all into account and the Board of County Commissioners will ultimately decide, that is what I would suggest.

N. Thompson: She stated that the same sub committee could work on both of these issues, since we are a small group to begin with it wouldn't make any sense in having people sit on multiply groups since we all think that Dr. Nobo represents a part of this committee. I would like to ask Dr. Haight, which he put his hand up and volunteered to be on this group. Brian, would you agree to be on this committee to look at the structure and how we might get to that. Misilene and Connie would you all agree.

SUB-COMMITTEE MEMBERS:

Dr. Haight
Dr. Nobo
Misilene Fulse
Connie Kinnick
Brian Hinton

N. Thompson: So between now and our next meeting the Sub-Committee can meet; hopefully at least once to come up with a better recommendation on how we move forward. At the next COC meeting than we can adopt what we will recommend to the Board of County Commissioners.

L. Thomas: That is what I would envision.

M. Fulse: Asked if this meets the needs of Mr. Herr when he asked us to try to make some decisions; is this meeting some timelines that we are trying to meet.

L. Thomas: Yes

M. Fulse: Do we want to have people send their applications in anyway or are we going into 3 months of something that you want it done in 30 days?

L. Thomas: We are already behind the eight ball; when she went back and checked the minutes from last Spring I think that your group had suggested that this happen. Do we want to wait until we get applications, no I think if we can get the word out now and say people if you are interested let us know. So at least we would have that list of names and be ready to move forward.

N. Thompson: Other comments or questions on this subject. That ends our regular order of business; do we have any other matters.

M. Fulse: I along with some other members have listen to the BoCC meeting and she wanted to figure out of the 3,000 people that are left on the Plan are they being left on the Plan or is everybody falling off at expiration and having to reapply or is the last people that signed up who expiration date falls after October are they the lucky ones? How are we selecting these 3,000 members that are going to be on next year? I haven't heard that disclosed and I am being asked that everyday, no one understands how that 3,000 people are going to be selected or are they lucky because they were still on it after October 1st. Is there any fairness of the whole issue? It is starting to sound like what are we doing here.

L. Thomas: State that she would start then turn it over to Mike. Remember a number of the people that are on here they are only qualified for a certain amount of time, because they have to re-qualify to be certain that they still fit the criteria. So that is the first part of the answer; we are still addressing this internally to try to come up with a really and truly equitable way to do that. You are right that is tuff, is it first come first served just because you got here first is that how it is going to be. We still have a long way to go until we get down to the 3,000. Time is of the assents and we need to determine a fair way to address that.

M. Kushner: Stated that his recommendation would be as we get closer to drawing down the population in the Plan, he is working with Wilma to try and come up with some revised eligibility criteria. This will be a lot more geared towards some of the things that he has heard from this committee for example we don't want a patient coming in from a different state without residency in Polk County. We need to do some more investigation up front to make sure that we are serving The Polk County resident population. The eligibility criteria is verified and we are employing some other techniques to make sure that these folks have not had 3 or 4 felonies; that they are not on any illicit drugs things of that nature. These are things that we may not have really dug into. We are also after we start to sign people up is maybe having a waiting list of folks that we feel are eligible and we can put them on even on a priority basis, based upon their illness, their chronic illness. I don't want to be discriminatory either, but we need to treat the folks that need to be seen, that need urgent care, maybe when we see these folks we could put them in areas such as the client. Dr. Haight had

mentioned if they have chronic disease issue the Plan may not be the appropriate place to get what they need they would need a medical home for them. We need to work together with the Community and the Alliance to reach out; we are just one part of this overall equation.

M. Fulse: Asked of the people who has been dropped from the Plan who were chronically ill; who were seeing physicians even primary care physicians in the community when they were dropped from the Plans and their prescription drugs ran out they are being referred to Med-net. Med-net is giving them the paperwork to possibility get their drugs free, but they don't have a physician. Without a physician you don't have any use for Med-net forms because those forms are physician based. So the physicians are releasing the patients based on the fact that they are released from the Plan; now we have all of these people who need their prescriptions whatever they need. I am confused on what we are doing.

M. Kushner: Stated that I know that when the nurses answer a phone call such as that they do give them the available community resources and we are trying to work with the clinics to provide and open up more services for those members. There are some proposals that he will be looking at and discussing with Dr. Haight on how the Lakeland Clinic and the Winter Haven Clinic that we are in the process of building could be a resource for some of those patients.

M. Fulse: They are coming to the Dundee clinics, Frostproof Clinics, the clinics are overwhelmed. But I think we need to educate everyone involved if a patient is discontinued from their physician the next step is not to go to Med-net, because when they come to the clinic and they don't have their records and all they have is Med-net forms that is not continuum of care. They have to have some transition that is what we need to work on in transitioning these people into these clinics not just sending them to Med-net. She stated that all of the clinics and all of the physicians in the clinics are being bombarded with half filled out Med-net forms for medications from the previous doctor and they haven't had a chance to even evaluated the patient, request the records or do anything. We need to work on that in terms of managing these people who are no longer with the Plan.

M. Kushner: that is a very good point and I agree; I will convey that to Gwen and the nurses to make sure that we are getting people referred and give them some better instruction first. The physician does need to see them first to evaluate their condition.

C. Kinnick: Stated that she is in one of the sub-groups of the Polk HealthCare Alliance and I don't know if this is going to have much impact at all but we know that a number of these patients are going to end up in the emergency room. There is no question about that this is going to happen and what we are doing we are going to approach the hospitals to hopefully address the physicians in the Emergency Room Departments when someone with diabetes shows up and their blood sugar is 250 because they are out of insulin that realizing there is a problem now with not having a medical home if the ER physician would write them their insulin prescription with one refill. That way they at least have gotten seen by a physician and now they have a 2 month supply of medication and hopefully, in that 2 month period they will be able to get into a healthcare home. That is one way we are trying to handle this at least if they are showing up in the emergency rooms.

M. Kushner: That is a good idea; Med-net is just another resource to help; that should be done in conjunction with following a medical visit to a new medical home. I agree.

M. Fulse: the physicians that are releasing them could also consider writing a refill or 2. But a lot of the problems are not the refills; a lot of the problems are the money to buy the refills. A lot of the medication that was on this Plan these people can not possible afford.

C. Kinnick: Stated that Wal-Mart has a prescription plan, we know that Publix has a prescription plan free or low cost. I was also told that Winn Dixie is offering that same type of pharmaceutical plan. So even if they can get it through that source for one month until they can get in to see someone, we know that everyone is backlogged. LVIM can't take anymore patients; everyone is over loaded. If there is some type of stop gap measure we institute hopefully; this would see them through this transitional period.

B. Hinton: is there anyway to mine that information that you've got in terms of patients and pull out the chronic and maybe proactive in the form of a letter and help them with that process.

M. Kushner: The biggest problem is getting a handle on the system and extracting the data right now. Once we have the new software in place we will be able to take a look at the ICD-9 Codes and the CPT codes and indentify and drill down into the data a lot better than we have and we can identify who these folks are. Right now we are handicapped because of the system that we have. When you get down to a manageable population size the nurse that take the calls from these folks should know who these folks are.

B. Hinton: stated he was just thinking about the 9 thousand that are falling off the Plan, that group is the ones that we are all worried about. I don't know what you have to access but we need to do something.

M. Kushner: I can get with CareMark to see if they can run a report on whom these folks are and what medications they are taking.

B. Hinton: If you can do that than you will be proactive and just help them with that process. Good suggestion.

S. Campbell-Domineck: She asked a question about the presentation. By the next meeting will we have an idea of how we are going to make decision about who stays on? Do we think that by the October meeting we will know how the decision is going to be made?

N. Thompson: Stated that we already eliminated a lot of people and now we are going to make the decisions on which people will be eliminated. We were in a crisis situation but going forward if there is going to be a priority of the service plan and we need to know what that is and it needs to be published. So that when people talk to you or anyone in the Community it is generally known that the health Plan serves these kinds of people. If it is more then just low income and we are prioritizing based on medical needs I think that needs to be pretty clearly articulated. Otherwise; there will be a perception whether it is reality or not or favoritism.

S. Campbell-Domineck: Stated that she can not leave this meeting without saying yesterday you had these people eligible for the Plan, tomorrow you will have even more, because people are being laid off, they are losing their healthcare and it is raising. That will be an issue, she stated that they have people who are coming into the One-Stop saying how can I sign up for the Polk County HealthCare Plan? Well, we know that you can't that question exists for all of us when the people see us representing this committee to be able to answer those questions.

M. Kushner: At the next meeting we will come back with a strategy for you to talk about eligibility criteria and who we prioritize those; based on within the constraints of what we have for this year. Then if the Oversight Committee could make suggestions and/or changes in that criteria before we publish it.

N. Thompson: That is going to be tough because I hear us saying we have a propensity to serve those who are low income and the most in need. At the same time we have a need to reduce our average cost per plan member so there are some conflicting decision points that we are going to have address.

Dr. Haight: He stated that and temporarily one of the graphs showed that the cost per member is very high, part of that is because of some of the decision that had to be made is that there are some very sick people in the middle of treatment. Some of the expensive items are being wrapped up that may have artificially made it a little higher because of that situation. He stated that as we focus on more chronic disease that number should come down.

B. Hinton: We have a lot of critical paths that are all going on at the same time, one of them is if we have 8.2 million in the Plan next year for benefits and our average cost is running \$5,772.00 per member we are looking at about 1,400 people that is all we are financially going to be able to serve. We must work on that as a huge priority; that is really going to be the driving factor. We might have the greatest intentions in the world of trying to take care of the neediest but if we don't have the money again because the cost is up it is going to affect our decision there too.

N. Thompson: We can't afford to wait until December to be making those decisions. Other comments or questions; she stated that there was one request to make public comments; from Dr. Nobo.

PUBLIC COMMENTS:

Dr. Nobo: He stated that for the record his name is Ralph Nobo and he is an OBGYN and a practicing Gynecologist in Bartow and he is also participating physician for the Plan. He stated that he has concerns when he hears Mike Kushner say that no physician that works in the Plan should be in the Utilization Review Committee. That is beyond comprehension 1) he stated that he participates in many Utilization Review Committee's not only in the local level but in the state. He knows perfectly well that insurance companies do have the Utilization Review because they are for Profit, he thought we are not. 2) Every one of those insurance companies have a physician panel which in reality acts like a Utilization Review Committee, why does he know that because he is in two of them Blue Cross/Blue Shield and United HealthCare. So therefore; he disagrees whole heartily to the idea that you would have a Utilization Review Committee with no participation from the physicians who are in the trenches. These are the physicians that know exactly what is happening; physicians that know how they can best take care of their patients and of their Plan. The committee that has been brought up he does agree since they have been talking about the Hillsborough model you need to have a physician correct, that could be him or someone else it is up to you. You need to have a nurse, so he thinks that Connie is essential, you need to have a pharmacist Misilene is essential, you do not need to have a business person, and you need to have a hospital person therefore, instead of Mr. Hinton it should be the hospital representative Tonja Mosley. These are the ones for the Utilization Committee this is not a finance committee which that is the way the Hillsborough is composed they have a Utilization or Medical Panel and they have a finance, that is where Mr. Hinton probably deserves to be there since he is the finance person, but for the Utilization Review those are the 4 members who would be the most effective. He stated that they have been talked about that perhaps they were not informed and some of the decision that where made was because they were not being completely informed; and a new group of County staff says that they will keep this committee informed, now probably in fact, he is almost pretty sure the only person at

that table (he was pointing to the table where Lea Ann Thomas and Mike Kushner were sitting) if they asked him to jump he would say how high is Lea Ann Thomas. Her integrity and her understanding of this goes beyond anyone else on this County staff in his opinion; as the past president of the Polk County Medical Association he can say since sometimes he is questioned as to who he is speaking for; so the Polk County Medical Association they want to thank Steve Henderson, Nancy Thompson, Ginger McNally and even though Connie was in Alaska he thinks (he knows) that she would also have voted against the 80% because these people understand the issue was not so much the payment part it was trying to keep the excellent physician panel that Gwen Hall has done such a great job obtaining. Mr. Hinton says "in Hillsborough County (inaudible) was 80% of Medicare and we tried to do a little better than that but it is obvious we can't continue that now". Some of you might have heard his discussion with the County Commissioners some of you have not. He will make it a little shorter but he told the committee that was completely an incorrect statement. He started to explain how the Hillsborough Plan works: they pay their primary physicians \$110.00 per encounter, that means if a patient comes in for what they would consider a level 2 or level 3 visit, which Medicare would pay in this Plan anywhere from \$52.00 to \$72.00 they get \$110.00. He stated that it is not 80% of Medicare; so the statement that Hillsborough pays 80% of Medicare is completely false. The specialists they get 80% of Medicare not all of them, Pathologist and Radiologist are paid 100% of Medicare; other specialist get paid 80% of Medicare and even those who do get the 80% of Medicare some of those physicians because they work at the University of South Florida; because they work at Tampa General they don't care whether they get 10% or 200% of Medicare because they are salaried employed; they are physicians that are contracted. You can not really count those because they do not have overhead; they do not pay their malpractice; they don't pay their health insurance or their employee's health insurance. Those who do except the 80% some hospitals give them an incentive to continue what is so crucial which is continuity of care. He wanted to explain that to everyone because you needed to be informed and he knows that Steve said and he voted no because he wanted to hear more information and I wish that some of you would have asked the same thing because he does have the information with him. The Pharmacy they have a great savings in their pharmacies this Plan is much, much higher. He thinks that the Pharmacy and Therapeutics Committee of course you have to have a pharmacist there but remember it is the physician who writes the scripts and so well put by Ms. Fulse, it is the physician that writes the prescription, it is the physician that you have to convince to either prescribe a different medication or look at his prescribing habits to see how he can improve without jeopardizing patient care. He stated that we physicians respect their peers, respect our patients and respect everyone, but when it comes time to tell us how to practice medicine we would like to hear from our peers. Not from a businessman, and not from anyone else. They continuously get it from the business community and sometimes they are wrong and sometimes they are right, but we need to work together to make it possible. He stated that they have a lot of work to do and some of the questions that were asked I could have answered because he does see these patients and he thinks that Stacy is 100% correct we need to decide what type of patients we are keeping. He stated his experience as a Gynecologist that he sees lots of ladies that are very sick. He stated that the physicians need the County to work with them. He started discussing how much generic drugs Hillsborough uses which 72 to 74%, this County is 23%; now the County started by giving a list of medications that they are no longer going to participate in the Plan, it is a great beginning but he encourage them before they continue to do more to contact the physicians and he does agree that you do not want a GYN on that committee, because they prescribe very little medications that are expensive most are very inexpensive fortunately expect birth control pills unfortunately. So you need to have your Cardiologist, that is correct like Dr. Haight said, you need people that are doing the Endocrinology and you should probably have 1 Surgeon in there because of the type of antibiotics; this is who take care of patients that are on medication for long terms, probably the rest of their life; those are who you need to have on your committee. Caremark does a great job but they do not understand perhaps the mentality of the Physicians in one area or another area. That is why usually they have local physicians on there communities. \$648,000 savings is great we could have done better.

Comparing again and he told the Commissioners that; comparing to Hillsborough since we keep saying Hillsborough they have on their COC committee 2 physicians, 1 mental health, 1 hospital representative, 1 insurance, 1 public health, 1 nurse practitioner, and 4 or 5 PHD in healthcare; that is what composes the Hillsborough committee. Then they have 2 sub committees 1 is medical management this is pretty much the physicians that are in the Plan and a finance committee who helps look at all of the details and helps making the presentation and they are I believe members of the committee but he is not sure of that. They have a huge Plan University of South Florida, they have Tampa General as he had said before, they are a University system, and this Plan is not we can not compare the Plans. He had tried to get information from Pinellas and he does not have it. He stated that if anyone would like to see the Hillsborough he does have that. Pinellas does not pay 80% they pay more than that. He stated that they are very appreciative of the COC since he is not speaking as the vice chair but as a physician, a tax payer to what everyone has done, they are appreciative of what the County has done, they are appreciative of Mike Herr and his fine group of people and what they are doing to try and save the Plan. But it hurts him to see his patients wondering where they will go to get care. He stated that in his 27 years of practice the only time that he has seen more cancer of the cervix was in John Hopkins and here he has seen a lot of that; that is because these ladies are not having their yearly pap smears because they can not afford it. This is an issue that we have to help the County recuperate their finances so that we can take care of all of those patients. He stated that when he first came into Polk County he felt an obligation it is an honor every time he sees a patient, because they can choose to go wherever they want to go so it is an honor and a privilege to see those patients. He started to do a free pap smear clinic and he did every six months a free pap smear clinic he had to stop because unfortunately these ladies even though they were told to call 2 or 3 weeks later and to give them the address and the phone numbers by the time they would get the results of the pap smears that phone number was no longer working and that address was no longer their address, they would find an abnormal pap smear or cancer and they could not reach them. He felt that he just couldn't continue doing that. He understands the importance of taking care and he thinks that we need to listen a little bit more to the medical community because they want to partner with you and they want to work with you to take care of Polk County. Thank you for allowing him to speak to you today; if you notice that he was very quiet today, this is the first meeting that he had not even said a word, he was sure that people were wondering why and it is because it came time for him to talk as a physician not as just a COC member. Thank you.

N. Thompson: Thank you Dr. Nobo; any other business to come before the committee hearing none she will entertain a motion to adjourn, she stated that there were 4 motions and a second (unclear who made the motions).

Meeting Adjourned at 10:15:06 PM

Transcribed by: Debi Curry; Office Manager, IV
Community Health & Social Services Division