

## **PRIMARY CARE PHYSICIAN ADVISORY COMMITTEE**

### **Meeting Minutes, February 15, 2006**

*Members in Attendance:* Jeffrey Borkan, MD, PhD, PCPAC Chair; Gregg Allen, DO; Stanley Block, MD; Mark Braun, MD; L. Anthony Cirillo, MD; Sarah Fessler, MD; David Gifford, MD, MPH; Arnold Goldberg, MD; Ellen Gurney, MD; William Hollinshead, MD, MPH; Sharon Marable, MD, MPH; Raymond Maxim, MD; Renee Rulin, MD, MPH; Richard Wagner, MD. *Guests:* Jonathan DuPre; Eric Handler, MD, MPH; Amy McIntyre; Elena Nicoletta; Corinne Russo; Frank Spinelli. *HEALTH:* Becky Besette; Helen McCarthy. *PCPAC Staff:* Carla Lundquist; Mary Anne Miller, RN, MPH; Rebecca Stokes.

*Unable to Attend:* Munawar Azam, MD; Sandra Boehlert, MD; Charles Eaton, MD; Michael Fine, MD; Victor Lerish, MD; Omar Meer, MD; John Murphy, MD; Donya Powers, MD; Mark Schwager, MD; John Young.

- ***The Medicare Part D prescription drug benefit program has the potential to benefit many enrollees, but the considerable limitations of the system cannot be fixed by state action and must be pursued politically.***

Dr. Borkan opened the meeting at 7:39 AM. Minutes of the January 18, 2006 meeting were approved as written (motion by Dr. Cirillo, second by Dr. Wagner, all in favor). Dr. Borkan noted that the PCPAC January advisory letter to John Young at DHS had been sent, and requested that PCPAC staff provide a 10-day comment window to members on draft advisories. If major changes are made to the first draft, a second draft will be sent for member review prior to mailing. Ms. Miller announced that per discussion between Dr. Gifford and Jane Hayward, Managing Director, Office of Health and Human Services, PCPAC will expand its advisory capacity to all OHHS agencies.

**Primary Care Meets Medicare Part D: The RI Experience:** Dr. Marable introduced special guests for the topic including Dr. Eric Handler, CMO of the Centers for Medicare and Medicaid Services (CMS) Boston Regional Field Office; Corinne Russo, Director, RI Department of Elderly Affairs; and DHS representatives Elena Nicoletta and Frank Spinelli.

Dr. Borkan opened the presentation with an overview of the concerns noted by RI primary care physicians including program complexity and lack of uniformity, difficulty of communications between insurers and patients/providers, PCP responsibility, and lack of compensation for the amount of physician time required to navigate Prescription Drug Plan (PDP) web sites and call centers. Dr. Braun highlighted the different types of Quantity Limits imposed by PDPs, which may cause both confusion and ethical concerns. Quantity Limits (QL) can mean refusal to fill an authorized formulary prescription as written (dosage restriction), or limited duration of therapy. QL, in this usage, create a major problem by allowing insurers to change prescriptions based on economics rather than medical need. Some PDPs are using the "FDA approved" dosages as the QL instead of published practice standards/guidelines approved by specialty organizations, which contradict the FDA dosage.

PCPAC members voiced agreement with the stated issues and frustration with the Medicare Part D system and processes. Particular concerns noted included Dual Eligible enrollees (DEs), many of whom do not know which plan they have or that they may change plans; interrupted therapy due to problems with prior authorization (PA), QL, and formulary confusion; and high-tier co-pays forcing changes in therapy due to cost, notably a problem for Medicare Advantage patients. Some injectable medications have been listed by PDPs under both Part B and Part D, creating confusion. Many Behavioral Health medications were to be substantially covered by regulation, but are not and require PA. Final authority for pharmaceutical treatments should not rest with the PDPs due to the conflict between their interests and the patients' interests.

The committee felt it was important not to lose sight of the program's benefits while addressing the changes necessary. Medicare Part D has increased prescription drug access for many low-income patients, providing consistency for elderly patients with multiple medications and those individuals who flexed on and off Medicaid. It has the potential long term to reduce hospitalizations.

Dr. Handler welcomed the opportunity to try to address some of the concerns mentioned. He noted that CMS has heard similar complaints from providers nationally.

- The lack of compensation for physician time surfaces many times in MDs discussions. This was not included in the program implementation per the recommendation of the Practicing Physicians Advisory Council during the development phase. (Council web site: [http://new.cms.hhs.gov/FACA/03\\_ppac.asp](http://new.cms.hhs.gov/FACA/03_ppac.asp))
- CMS has set up a web page to differentiate Part B and Part D medications ([www.cms.hhs.gov/pharmacy/downloads/partsbdcoverageissues.pdf](http://www.cms.hhs.gov/pharmacy/downloads/partsbdcoverageissues.pdf))
- Epocrates has made all PDP formularies available online or for download to PDA free (<http://www.epocrates.com>). However, Dr. Maxim noted that applicable QLs are not included.
- Dual eligible (DE) patients presenting at a pharmacy and unsure of their PDP will be automatically enrolled in Wellpoint, the default intermediary plan for DEs.
- Central office physician outreach has links to phone numbers for MDs to call directly to expedite appeals and exception processes. ([http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04\\_Formulary.asp](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp))
- The CMS central office is developing standard forms for appeals, but PDPs will not be required to use the forms.

- Comments and information may be submitted to CMS via conference call, email, or through Dr. Handler:
  - National conference call for providers at 2pm EST every Tuesday 1-800-619-2457 Pass code: RBDML
  - Physicians' Regulatory Issues Team (PRIT) email: [PRIT@cms.hhs.gov](mailto:PRIT@cms.hhs.gov)
  - Dr. Handler will serve as a conduit for messages to CMS and will forward comments regarding Epocrates to the vendor (email: [eric.handler@cms.hhs.gov](mailto:eric.handler@cms.hhs.gov))

Dr. Borkan remarked that the solutions suggested are not of the magnitude to answer many of the issues raised in RI. All state agencies have spent considerable time trying to navigate the system, ascertain PDP phone/fax numbers, and consolidate formularies. DHS holds bi-weekly phone calls with PDPs but fewer plans are participating. MHRH is gathering all appeals forms to post on their web site, as well as peer reviewed articles required by some PDPs to support appeals requests. They also are gauging the effect of appeals – what appeal grounds have worked/ not worked. HEALTH Medicare is working to link all RI PDP formularies to the HEALTH Pt D web page.

Dr. Gifford noted that some of the problems are inherent in the flawed legislation, not in the way CMS has implemented it. Rhode Island's congressional delegation and others need to hear the impact of Medicare Part D from constituents. Dr. Goldberg suggested copying any letters commenting on Medicare Part D to the Practicing Physicians Advisory Council. Dr. Handler requested that any congressional letters be copied to the CMS Boston field office.

PCPAC members expressed concerns about the future impact of the program, which is currently experiencing a transition period. There is potential for a federal cost shift to the states due to lifetime hospitalization limits. If there is an increase in inappropriate emergency room use and hospitalizations due to limitations on medication access, the costs will be borne by Medicaid or indigent programs, not CMS. In addition, PCPs unable to devote time to the process may opt not to participate.

PCPAC made recommendations for changes to Medicare Part D and the PDPs in the areas of system structure, customer service, and quantity limits. Dr. Borkan extended thanks to all participants, especially Dr. Handler, and requested that primary care academy members relay the recommendations made to their groups.

At the March PCPAC meeting Dr. Rulin will present an update on the Governor's initiative to design a more balanced health care system. Background materials will be sent for member review prior to the meeting.

***NEXT PCPAC MEETING WEDNESDAY, MARCH 15, 2006***