

Testimony by Barbara Spivak, M.D.
House Energy and Commerce Committee, Subcommittee on Health
“Making Health Care Work for American Families:
The Role of Public Health”
March 31, 2009

I. Introduction

Mr. Chairman and members of the subcommittee, I am Barbara Spivak, M.D., a practicing physician and president of the Mount Auburn Cambridge Independent Physician Association (MACIPA), which is a physician organization in Massachusetts including approximately 500 physicians who are affiliated with Mount Auburn Hospital and the Cambridge Health Alliance.

At MACIPA, which was formed more than 20 years ago, we place a strong emphasis on innovation and leading our physician members in new ventures for improving health care quality and patient care. The investments we have made in creating an infrastructure for care coordination, wellness programs, and prevention strategies offer valuable lessons for strengthening public programs. Our organization includes a dedicated Quality Improvement Department that works with our members in a variety of quality improvement activities for specialists and primary care physicians.

I appreciate this opportunity to testify about the important role coordinated care plans can play in delivering high quality, affordable coverage with an emphasis on keeping beneficiaries healthy, avoiding preventable illnesses, detecting diseases at an early stage, and pro-actively managing care for patients with chronic conditions. In my testimony, I will discuss how MACIPA’s 500 physicians work together collaboratively at the local level with nurse practitioners and case managers to improve health care quality through integrated systems of care.

II. Using Integrated Systems of Care to Improve Quality

Our arrangement with Tufts Health Plan Medicare Preferred (TMP) has created an environment in which physicians and other health care providers can work together with a network-based

health plan to promote high quality care for Medicare beneficiaries. MACIPA works closely with TMP in Massachusetts to meet the health care needs of Medicare beneficiaries, particularly those with chronic conditions. My testimony provides a glimpse at how my practice treats patients under this model and how this approach is different from the traditional Medicare fee-for-service (FFS) paradigm.

Our arrangements with TMP allow us to coordinate care for patients by providing different levels of care based on the severity of their illness and their social situation. Under the HMO model, each enrollee chooses a primary care physician who, after being alerted that the enrollee is on his patient roster, brings the patient into his office to evaluate the individual's health care needs. Patients are then stratified based on their needs.

Those with chronic conditions are placed in more intensive case management programs under which a nurse practitioner conducts weekly visits to ensure that the patient is taking all prescribed medications and following their physician's recommendations with respect to nutrition and other factors affecting their health status. Over time, as the patient's health status improves, the nurse practitioner may reduce the frequency of in-home visits to a monthly basis. In cases where patients demonstrate significant improvement, they may be moved into a different strata in which a nurse case manager reaches out to them through regular phone calls.

We also establish a role for case managers in monitoring the health and well-being of patients who are admitted to the hospital or rehabilitation facilities. By following patients throughout the continuum of services they receive, case managers get to know them on a personal level so they can ensure they are receiving the appropriate level of care and follow-up assistance even after returning home. We also have pharmacists who review each patient's medications continuously to ensure that they are receiving the right dosage and that they are not taking medications that would result in dangerous interactions when taken together.

Unfortunately, this approach does not exist under the traditional Medicare FFS program as it exists today.

I also want to emphasize that all health care is delivered at the local level, and that greater coordination and teamwork can be achieved through initiatives that are organized locally. MACIPA's team members approach patients in a collegial fashion – offering education and support – so they view us as neighbors and colleagues. Likewise, we have developed a strong and collaborative relationship with our local health plan, Tufts Health Plan. We believe the local nature of these partnerships is the key that enables us to achieve results, as I will discuss later, that significantly exceed the performance of the federally administered Medicare FFS program.

The integrated system of care used by MACIPA represents a paradigm shift in the delivery of health care services to Medicare beneficiaries. This approach requires significant investments, in both time and resources, that are possible only because the Medicare Advantage program, unlike the traditional Medicare FFS program, enables network-based health plans to work with MACIPA and other physician groups to commit resources to these pro-active initiatives.

The success of this approach indicates the importance of maintaining a strong, adequately funded Medicare Advantage program to serve as a foundation for strengthening Medicare. We believe that innovative strategies in the private sector have a spillover effect in influencing the way physicians treat patients who are covered under the FFS system. By continuing to support the Medicare Advantage program, Congress can help promote the delivery of high quality care across the entire Medicare population.

III. Real-Life Example of How Coordinated Care Works for Seniors

To illustrate on a personal level how integrated systems of care make a difference in the lives of Medicare beneficiaries, I would like to share the story of a senior who has benefited in a very meaningful way from her experience in receiving coordinated care.

This woman, who I will call “Mary” (not her real name), was living independently with no family when she was diagnosed with a heart condition, bladder cancer, and breast cancer within a short period of time. Over the course of 18 months, Mary was in and out of the hospital constantly, largely because she was not taking her medications and was receiving fragmented

care without any meaningful coordination among the multiple physicians who were caring for her.

A little more than two years ago, as Mary was battling these serious medical conditions, she enrolled in the Tufts Medicare Preferred (TMP) plan, an HMO offered through the Medicare Advantage program. She immediately was placed in a high risk case management program, where she received coordinated care from physicians working together in MACIPA's integrated system. Mary also received one-on-one assistance from a nurse practitioner who contacted her on a regular basis to ensure that she was taking her medications and was keeping her appointments with her physicians. In addition, to address her social situation, a case manager made arrangements for Mary to receive transportation to and from her doctors' offices and other support services offered by community organizations. The end result for Mary is that today she is enjoying greatly improved health and a higher quality of life than before she enrolled in her Medicare Advantage plan and, additionally, she has now gone two full years without being hospitalized, despite her chronic conditions.

It is personally gratifying to me to see patients like Mary benefit from the integrated systems of care we are able to offer in collaboration with Tufts HP. I would be thrilled if I could offer the same level of care management to all of my Medicare patients, including those who are covered under the Medicare FFS program.

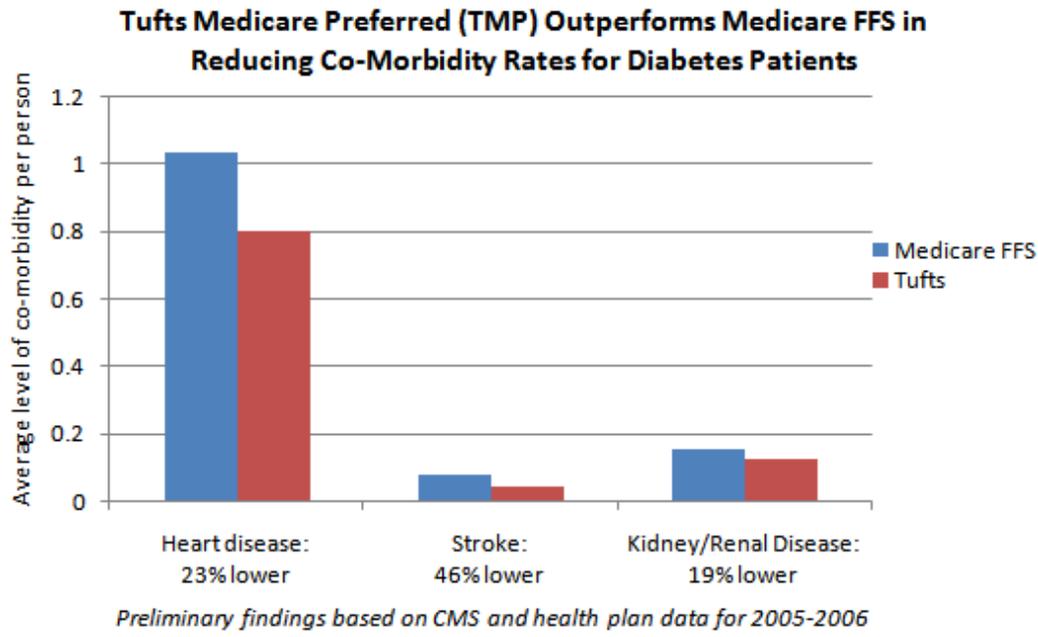
IV. Measuring the Impact of Our Quality-Focused Approach to Patient Care

A recent study by Massachusetts Health Quality Partners (MHQP) evaluated the quality of care delivered to all Massachusetts Medicare Advantage enrollees based on six quality of care measures, and concluded that the care delivered by Medicare Advantage plans exceeds the care delivered by the Medicare FFS program. As shown in the table below, this study found that Medicare Advantage enrollees were more likely to receive recommended medical tests – for breast cancer screening, diabetes care, and colorectal cancer screening – that are important to the early identification and early treatment of serious medical conditions.

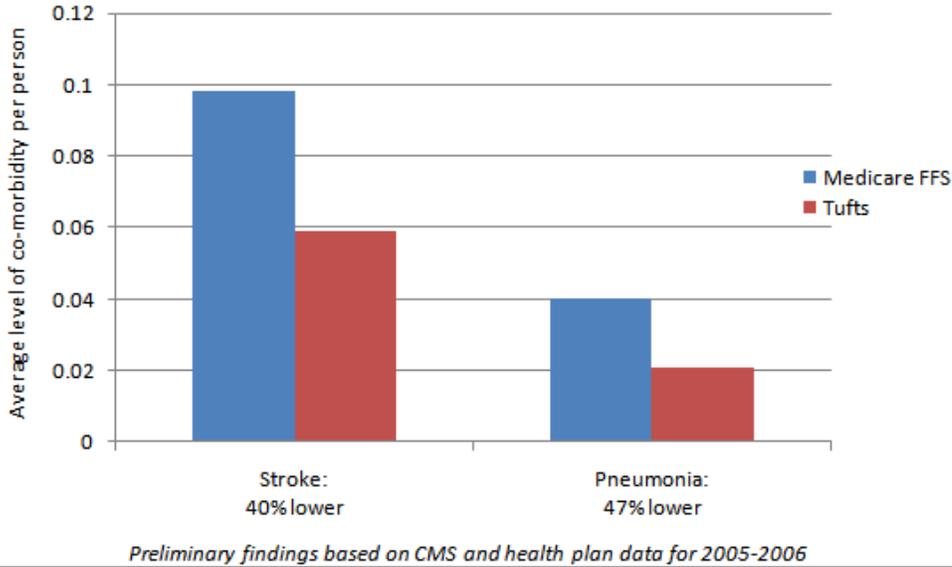
Percent of patients receiving recommended medical tests by health insurance coverage:

Measure	FFS Medicare Members	Medicare Advantage Members	Difference
Breast Cancer Screen (BCS)	70.6	84.9	+14.3
Comp. Diabetes Care – Cholesterol Testing (CDC-CT)	80.5	94.5	+14.0
Comp. Diabetes Care – Eye Exam (CDC-EY)	61.6	83.4	+21.8
Comp. Diabetes Care – HbA1c Testing (CDC-HT)	85.5	95.4	+9.9
Comp. Diabetes Care – Nephropathy Monitoring (CDC-NM)	74.8	89.8	+15.0
Colorectal Cancer Screening (COL)	50.2	68.7	+18.5

Additional research, based on an analysis of CMS and health plan data, shows that Tufts Health Plan, our health plan partner, with its local network of providers, has been highly successful in working with physicians and other providers to reduce complications for Medicare Advantage enrollees with diabetes and heart disease. The charts below, based on preliminary findings, show the extent to which the Tufts Medicare Preferred (TMP) Medicare Advantage plan, working with MACIPA and other physician groups, has reduced the onset of heart disease, stroke, and kidney/renal disease for patients with diabetes, compared to the Medicare FFS system, while also significantly reducing the rate of stroke and pneumonia for Medicare Advantage enrollees with heart disease.

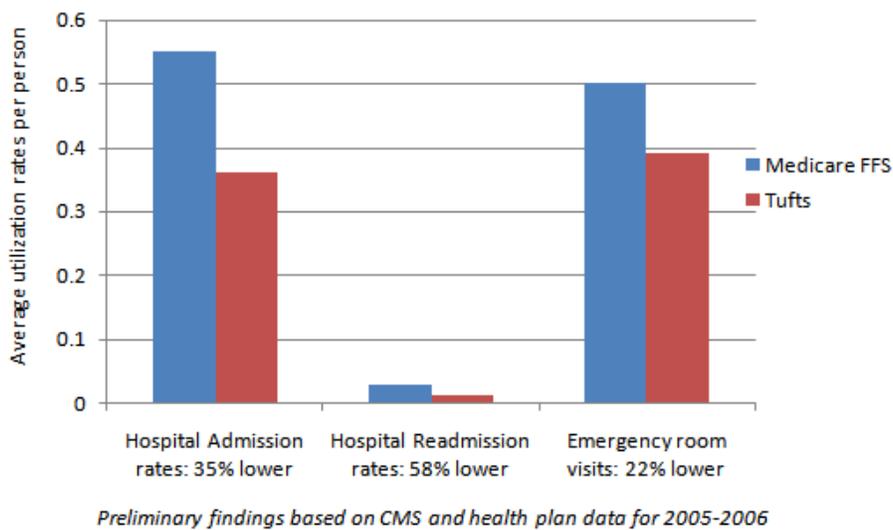


Tufts Medicare Preferred (TMP) Outperforms Medicare FFS in Reducing Co-Morbidity Rates for Heart Disease Patients



The preliminary findings of this research also show that the Tufts Medicare Preferred (TMP) Medicare Advantage plan and its local network of providers have been highly successful in reducing hospital admissions, readmissions, and emergency room visits for diabetes patients, through its collaborative efforts with MACIPA and other provider groups. By reducing the need for hospitalizations and emergency room care, we are not only improving the health and well-being of Medicare beneficiaries – but also achieving greater efficiencies and cost savings.

Tufts Medicare Preferred (TMP) Outperforms Medicare FFS in Reducing Unnecessary Hospitalizations and Emergency Room Visits for Diabetes Patients



V. Enhancing Quality Through Payment Reforms, Wellness Programs, and Electronic Health Records

Looking forward, MACIPA is working in other areas to take steps toward bringing health care costs under control. In January 2009, we entered into a new five-year arrangement with Blue Cross Blue Shield of Massachusetts for their commercial members (non-Medicare members). This initiative will pay physicians and hospitals based on health outcomes and the quality of care they deliver to patients. This effort builds upon a one-year program we initiated in 2008. We were willing to do this because of our experience and track record in treating Medicare Advantage patients under a similar arrangement. This is a good example of how what we are doing with TMP in Medicare has inspired alternative delivery system approaches for other populations and products.

Under this two-pronged arrangement, physicians will receive a capitation payment throughout the five-year period, plus they will qualify for performance payments linked to measures of quality, effectiveness, and patient satisfaction. This payment structure provides strong incentives for physicians to improve health care quality and help patients avoid unnecessary hospitalizations. It also removes any incentives physician might otherwise face to increase the volume of services they deliver, and reorients them to focus on health outcomes, quality, and efficiency. We anticipate that implementation of this payment structure will significantly reduce the growth rate of health care spending for the populations we serve, while improving patient care. As this initiative progresses, we look forward to updating the subcommittee on its impact on both the quality and efficiency of care we deliver.

MACIPA also works with Tufts Health Plan to implement wellness programs on behalf of the patients we serve. One important example is the “Care Alerts” program, recently implemented by Tufts HP, which compares claims data to treatment guidelines to identify potential gaps in care, medication interactions, and quality and patient safety issues. Under this initiative, Tufts HP uses 1,500 evidence-based clinical rules to flag actionable opportunities for optimizing patient care, ensuring compliance with recommended treatments, and delivering preventive services. Mammograms for breast cancer screening, ace inhibitors for patients with congestive

heart failure, and the prevention of dangerous drug interactions – to name just a few – are the types of areas targeted by this initiative.

After gaps in care are identified, depending on the severity of the issue, Tufts HP takes action on one of the following three levels: (1) immediately calling the physician to initiate corrective action for issues such as a potential drug interaction; (2) sending a letter to the physician to make him/her aware of a gap in care, followed by a letter to the patient; or (3) sending a letter directly to the patient. The “Care Alerts” program was implemented for enrollees in Tufts’ commercial plans in February 2009, and was expanded to the Medicare population in March. After six months, Tufts HP will begin tracking the results of this initiative to evaluate its impact in improving patient care and health outcomes.

Finally, I want to briefly highlight our involvement in implementing electronic health records (EHR) for all of the physician members of MACIPA. In addition to supporting the funding of this new technology and providing training for our physicians, we are emphasizing the importance of using electronic health records to improve patient care and health care quality. Going to a paperless system only improves quality if a provider uses it differently and sets up processes to improve care. Our organization is essentially performing the functions of “population management” for our providers with the EHR as the basis for information.

VI. Conclusion

Thank you for this opportunity to testify on these important issues. I wish you success in passing health care reforms that facilitate the expansion of innovative private sector strategies – based on locally-established integrated systems of care – to all health care consumers.