

**Physician Advisory Board  
Meeting of June 11, 2010**

The Aetna Physician Advisory Board met on June 11, 2010 in Fort Lauderdale, Florida.

Drs. Thomas Garthwaite, William Gee, Robert Gunby, H. Robert Harrison, Scott Hayworth, Russell Libby, Leonard Lichtenfeld and Michael Workings attended. Dr. Diane Wallis attended by phone.

Also attending for Aetna were Dr. James Cross, Ann Hobbs, Steve Kelmar, William Kramer, Felicia Norwood, Dr. Lonny Reisman, Amanda St. Amand and Dr. Henry Wei. Attending for Aetna by phone were Deborah Clanton, Thomas Conklin and Elysa Ferrara.

Referring to materials distributed in advance of the meeting, Dr. Wei provided an overview and demonstration of the Active Health CareEngine®. He shared samples of advanced clinical decision support alerts and provided an overview of the role of the Active CareTeam<sup>SM</sup>. There was extensive discussion on how clinical alerts are sent to physicians and potential methods for best integrating the information into the physician and office workflow. There was discussion of the physician's responsibility to review or act on the alert, as well as the need for a national collaborative model involving a plan for long-term health information exchange.

Referring to materials distributed in advance of the meeting, Mr. Kelmar then provided an overview and interpretation of federal regulations that will affect insurers and have consequences for providers. There was discussion on risks and opportunities associated with specific aspects of reform, including: new entities and authorities; delivery system reform; changes in payment structure; and quality improvements. There was discussion on the role of Accountable Care Organizations in the coordination of care and improvement of efficiency, and speculation as to whether they would be effective. Dr. Cross reiterated that the health care reform bill did not address the underlying costs of care. Mr. Kelmar wrapped up his presentation with an overview of the implications of the quality improvement aspects of reform, noting that Healthy People 2010 and Healthy People 2020 will bring consistency to how quality is discussed.

Referring to materials distributed in advance of the meeting, Ms. Norwood then provided an overview of Aetna's regional organizational structure and strategic direction. She highlighted the executive structure and regional leadership with focus on local market presence. There was discussion on regional vs. national policies and how individuals might purchase health insurance in the future through health care exchanges. Ms. Norwood then highlighted Aetna's strategic priorities, including advancing the core health insurance business; health information technology; global impact and growth outside the U.S.; and strategic diversification. There was discussion of new strategies and opportunities in the Medicaid and Medicare arenas post-health care reform. There was a brief discussion on the English health care system.

Referring to materials distributed in advance of the meeting, Ms. Ferrara then led a discussion on the Medical Home. She shared data on health care spending and primary drivers of health care activity. There was discussion on the variables contributing to the cost of care and patient-centered medical homes as part of the evolution of performance and payment. She also shared data on the various organizational sizes and structures of providers and discussed the impact those sizes and structures have on provider payment models.

Referring to materials distributed in advance of the meeting, Ms. Clanton then provided an overview and demonstration of the Member Payment Estimator tool. She walked through a real-life scenario involving an evaluation and management visit, diagnostic tests and procedures. She highlighted the tool's availability in markets where transparency is offered today and described the tool's purpose for helping members prepare for their cost of care at a physician's office.

Mr. Conklin then provided an overview and demonstration of the Provider Payment Estimator tool. He described the tool's goal of helping address provider questions about costs and benefits coverage and accounts receivable issues. There was discussion about the patient eligibility information made available to providers and risks associated with delayed termination information received from employers. There was discussion of the tool's application in specialists' offices and the ultimate goal of real-time claims adjudication.

Dr. Cross then led a discussion of various reimbursement-related topics including pediatric blood draws, Aetna's Prevnar 13<sup>TM</sup> coverage policy, vaccine reimbursement, concierge medicine, Aetna's Provenge® Clinical Policy Bulletin, and Midlevel reimbursement policy.

Dr. Cross then shared selected topics submitted through the Physician Advisory Board mailbox and discussed the responses to the questions. Issues included:

- Allowing the physician who is providing conscious sedation to be paid, in addition to the physician who is performing the pain injection 62310/62311.
- Request for an update to CPB 524 (Zoledronic acid (Zometa®, Reclast®) to allow prevention of osteoporosis in post-menopausal women (i.e. treatment of osteopenia).
- Change to a policy that limits the number of units on Level III (88304) and Level IV (88305) surgical pathology.
- Thermographic Imaging in detection of breast cancer.