AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

December 7, 2016,

Sam Ho, MD
Executive Vice President
Chief Medical Officer UnitedHealthcare
President United Clinical Services

Dr. Ho,

During our meeting with you on September 9, 2016, AAFP discussed concerns related to UnitedHealthcare (UHC) sending out nursing services to conduct Annual Wellness Visits on Medicare Advantage (MA) beneficiaries in their homes and how this further fragments care that the family physician provides. We also talked about the lack of communication back to the practice that this service was being provided. You all indicated that this would be an item of follow-up and consideration for improvement.

In the last two weeks, the Texas Academy of Family Physicians (TAFP) has raised concerns related to lack of communication between the health plan and the family physician office related to care provided outside the family physician practice. One of the topics the American Academy of Family Physicians (AAFP) would like UHC to address is UnitedHealthcare's Medicare Advantage (MA) plan performing chart reviews directly or through third parties. Texas AAFP members were informed that these reviews are done as a result of HEDIS requirements and necessary for risk adjustments to RAF scores. While the AAFP understands this, our members are seeing increased interventions occurring without their knowledge. Patients are also telling our members they are being regularly contacted by nurses from UHC and monitoring equipment is being placed in their home with wireless updates going directly to the insurance case manager or a remote specialist (e.g. cardiologist to oversee a septic bypass fluid buildup). Family physicians need to be kept informed of interventions so chronic disease management and care coordination can be optimized.

This issue further emphasizes the need for increased spending in primary care. Family physicians are being asked to transform the way they deliver care to their patients while still participating in a traditional fee-for-service payment environment. Services such as patient education; medication management and adherence support; risk stratification; population management; coordination of care transitions; and care planning are typically not reimbursed under traditional, fee-for-service models. These types of services are best performed by the family physician and the practice team rather than external third parties. Payment reform is critical therefore to assure that primary care practices can better provide these services without the need for external support.

The AAFP is concerned that UHC is financially supporting these external third parties to care for patients without coordinating the care with the patient's primary care physician. This type of care undermines the doctor-patient relationship, damages continuity of care, and may put the patient at increased risk.

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The AAFP asks UHC to review its policy by which nurses and third parties intervene in and coordinate the care of family physician patients. The AAFP looks forward to a response to these concerns. For additional information or follow-up, please contact Brennan Cantrell at 913-906-6000 ext. 4134 or by email at Bcantrell@aafp.org.

Sincerely,

Douglas E. Henley, M.D.

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