

## Appendix A: Medical Task Force Follow-Up Worksheet

	<b>RECOMMENDATIONS</b>	EVP	Fin	HR	Med	X-Ref	Status* definitions at end	<b>Key Outcomes</b>
1	The MIT Administration should express its confidence in and strong support of the basic model for medical care and medical insurance that has served the Institute so well for many decades.	X				3	Done	This was affirmed in President Hockfield's letter to the community on 11/8/05
2	The MIT Administration should put a highly skilled professional in charge of "Medical Care for the MIT Community" with the responsibility to implement a health care strategy that advances MIT's mission in a comprehensive and sustainable way. This individual would work with a team drawn from the MIT Medical Department, Human Resources, the Dean for Student Life and the Executive Vice President for Finance Administration to lead the development and implementation of a consistent set of health care policies that advance the goals that we articulate in this report.	X				6	Done	Director of Medical Department now reports directly to the EVP. In close collaboration with the EVP, Director of Benefits and the Medical Management Board, assumes this role described in recommendation
<b>Targeted to MEDICAL DEPARTMENT (#3-21)</b>								
3	The MIT Administration should express its confidence in and strong support of the MIT Medical Department and its goals.	X				1	Done	President's letter to community Nov. 05
4	There is an urgent need to add resources to the Medical Department's budget quickly to improve access to care and to provide the time and resources required by caregivers to deliver high quality care.				X		Done	FY07 budget included added resources to improve access.
5	The mechanisms through which mental health care services are provided to MIT Health Plan subscribers and their families' needs to be reevaluated immediately.				X		Done (PIP)	Evaluation complete; plan in place. Benefits team to announce/implement in Spring.
6	Strengthen the reporting and governance arrangements that apply to the MIT Medical Department and improve procedures for evaluating and communicating major changes in services provided by the Medical Department.	X			X		Done (PIP)	Medical Management Board together with the EVP office and the Medical Director have reviewed bylaws, had extensive discussions on governance, and are developing a matrix of governance and administrative responsibilities that will dynamically clarify the roles of these three over-lapping entities. General structure has been proposed to the board to consider and take action. Included in the matrix is an avenue for community communication. The Medical Director now reports directly to the EVP.

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7	Expand the participation of the Medical Department in MIT's educational, wellness, environmental, health and safety initiatives, and community outreach programs.				X	37, 38	Done (PIP)	Program planned and will be implemented in the Spring. Redirected existing personnel responsibilities to lead this area and new employee hired to implement.
8	Continue efforts to identify and take advantage of opportunities for reducing costs without reducing the quality of care.				X		Done (PIP)	A major area of potentially more controllable expense is in the realm of "high-tech" imaging. Increased availability of high-quality imaging - CT, MRI, and PET scanning - has led to market-place competition that allows for excellent, high quality imaging at lower cost. In addition, expensive screening and diagnostic tests - colonoscopy, for example - have been arranged at lower cost for our patients. Ongoing activities to control costs without sacrificing quality are underway.
9	Continue efforts to bring modern information and communication technology into the Medical Department to improve the quality, expand access to care and to reduce the costs of medical records, to facilitate exchanges of medical information within the department and with outside providers and to help assessments of objective measures of the quality of care.				X	8	Done (PIP)	The MIT Medical Department is at the forefront of medical information technology. Nearly all prescriptions and laboratory ordered are now entered electronically. The expanding features and usability of the Department's medical record system provides efficient access to information. Interoperability with other health care information systems remains both a local and a universal challenge. We continue to carefully follow developments in this area and actively participate in efforts to enhance the availability of information that supports the delivery of high quality care.
10	Bring the services provided to retirees in the Medical Department into fiscal balance.		X		X		Done	Budgeting and Financial Planning methodology developed in conjunction with Fiscal 2007 budget process. Medical Department responsible to update data within framework. Costs of retiree population are isolated, costed, and accounted separately from all other lines of business. Medicare receipts improved significantly after tracking coding of procedures.

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11	Address issues regarding access to specialists within and outside the Medical Department.				X	12	Done (PIP)	The services of additional clinicians in the fields of Dermatology and Neurology have improved access to care in these areas. At the same time an improved referral process has been designed and deployed that should enhance access to specialists outside the Medical Department.
12	Explore the adoption of enhanced protocols to reduce queues for specialist referrals, to build flexibility into the system to facilitate responses to more urgent needs, and to use time made available by last-minute cancellations and "no-shows" productively.				X	11	Done	The number of triage nurses has increased to five. Their role is to facilitate and coordinate care needs of patients.
13	Continue efforts to strengthen the measurement and assessment of objective measures of the quality of care provided by the Medical Department.				X	8, 9	Done (PIP)	A "dashboard" of leading indicators - tailored to the service or clinician has been developed and is being refined. The goal is to have real-time, useful information available to clinicians. This will allow "benchmarking" with other practices. A number of quality markers have been defined; many of which have a developing evidenced based platform. The "dashboard" should provide real-time - or nearly so - short-loop feedback regarding these recognized parameters of quality.
14	Evaluate whether and how MIT can make more effective use of the resources available in the Boston medical community by developing a closer partnership with one of Boston's major hospital groups (Partners or Care Group).				X		Done (RNA)	Discussions with senior leadership of both CareGroup and Partners have occurred and will continue. At present, remaining independent appears to be the appropriate position for MIT Medical. We currently enjoy excellent clinical and working relationships with both the Massachusetts General Hospital (a Partners facility) and the Mount Auburn Hospital (a CareGroup facility).
15	Improve education about the availability and effective utilization of mental health care services for students and respond to some students' negative perceptions and concerns about the mental health service.				X		Done (PIP)	Marketing materials have been developed and deployed on posters in living areas and as ads in The Tech. Brochure for faculty was created to help faculty identify and help students with mental health needs.

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16	Enhance efforts to maintain patient privacy and to treat all patients with respect.				X		Done (PIP)	Current and planned renovations are/will be undertaken with privacy as a major design criterion. A program is being developed to improve communication between patients and providers.
17	Improve education about medical benefits, the "smart use" of the MIT Medical Department and the external Boston area health care system for our students.				X	18, 19	Done (PIP)	Efforts are underway to collaborate with DSL and DUE on ways to integrate student health information within the student advising system. A letter to freshmen parents is sent in the Fall with practical suggestions to facilitate access to care.
18	Improve education about the process for resolving complaints about access to and quality of services provided by the MIT Medical Department, including the specialist referral process.				X	17, 19	Done (PIP)	Patient Advocate program is undergoing some changes that will improve its effectiveness. Information about how to register complaints will be made available.
19	Reevaluate the role of the Primary Care Physician in student health care.				X	17, 18	Done (RNA)	Matching patients with primary care practitioners is especially challenging for our student population. As part of the pre-matriculation process, students with identified needs are encouraged to make an introductory visit with a clinician with expertise in the area of the identified need. The health information forms also offer the names of primary care clinicians who are available. For the majority of students - healthy young adults with episodic medical care needs -- the "tag - you're - it" system may work well. Contact with a clinician begins a primary care relationship. We strive to maintain a range of clinicians to meet the primary care needs of our students.
20	Retain the Lincoln Laboratory medical clinic.		X		X		Done	Financial analysis completed; facility to be maintained.
21	Organize an external fundraising program to provide support for the Medical Department.	X			X		Done (PIP)	Targeted fundraising for the Medical Department deemed impractical. A program for more efficiently managing gifts that are directed to the department is established. Set up Cost Object to receive unrestricted funds; \$50k already contributed.

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	<b>Targeted to MIT'S BUDGETING AND FINANCIAL MANAGEMENT SYSTEMS FOR THE MIT MEDICAL DEPARTMENT (#22-26)</b>							
22	The MIT Administration should adopt a transparent complete "bottoms up" budgeting and financial control system for the MIT Medical Department that relies on a complete specification of revenues from different lines of business and a complete specification of the associated costs.		X		X	23	Done (PIP)	New model in place. FY08 will be 2nd year and an opportunity to refine model.
23	The MIT Administration should work with the Medical Department to manage budgetary decisions from a line of business perspective that matches revenues, costs and target service levels for each line of business.		X		X	22	Done (PIP)	New model in place. FY08 will be 2nd year and an opportunity to refine model.
24	The Medical Department should enhance its financial management capabilities to interact effectively with the new budgeting and financial management systems that we recommend MIT adopt for the Medical Department.	X			X		Done	New Financial Director has been hired; additional analytical capacity approved and hired in FY07
25	A comprehensive capital budgeting process needs to be developed and implemented.		X		X		Done (PIP)	New model in place. Funding sources have been identified, and inventories and projected needs assessed. These processes will be actively maintained.
	<b>Targeted to HEALTH INSURANCE PROGRAMS (#26-40)</b>							
26	Reevaluate the current formula for sharing costs between MIT and employees from a total compensation and benefit package perspective.	X	X	X	X		Done	Developed 2007 pricing and cost sharing strategy based on the overall value of the plans versus the underlying claims experience. MIT increased its overall commitment to healthcare from 61% to 63%. Analyzed impact of year over year healthcare increases on total compensation.

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27	Improve MIT's ability to implement its self-insurance strategy effectively.			X			Done	MIT has been self insured for several years. We have continued to improve the quality of our data in the medical dept and form the carriers. We have letters from Actuarial firms that state that we are of the correct size to be self insured.
28	Continue to refine the proposals made by the Strategic Review of Benefits Committee and seek additional community input on them.			X			Done	Recommended four-tier pricing for 2007 but deferred implementation to plan year 2008
29	Review the performance of the Express Scripts prescription drug benefit and respond to concerns raised by subscribers to the BC/BS and Tufts plans.			X			Done (PIP)	Negotiated a one-year renewal with Express Scripts saving MIT \$300k in 2007. We continue to meet with Express Scripts at least quarterly to manage expectations and address participant concerns. We will rebid the prescription drug benefit for 2008.
30	Consider whether and how the MIT Health Plans, the BC/BS plans, and the Tufts plan can be redesigned to make more effective use of creative co-payment structures.			X	X		Done (PIP)	Health care strategy is evaluated annually as part of open enrollment. For 2008 we will consider offering meaningful choice including high-deductible/consumer-driven approaches.
31	Reevaluate whether it makes sense to continue offering the Tufts Health Plan as an MIT health insurance option.			X			Done (PIP)	Negotiated favorable renewal for 2007 and will reevaluate as part of 2008 healthcare strategy.
32	Evaluate whether MIT should offer a catastrophic health care option with a high deductible and co-payment provisions, perhaps in conjunction with a Health Savings Account (HSA).			X			Done (PIP)	See final outcome of Recommendation 30.
33	Enhance the availability of information about access to emergency medical care for students and employees who are traveling to other countries.		X	X			Done	Contract with International SOS the world leader in emergency evacuation benefits will become effective 1/1/07.

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34	Reevaluate health insurance options for faculty members on sabbatical leaves.			X			Done	Faculty members on sabbatical may continue their health care coverage at the MIT employee rates. Members of the BC/BS and MIT Health plans may obtain health care outside the U.S. through BlueCard Worldwide.
35	Reevaluate the coverage limits of the Delta Dental insurance plan.			X			Done (PIP)	Plan design enhancements implemented in 2005. We will consider additional 'choice' and orthodontia benefits in 2008.
36	Provide employees with more information about the availability of the long-term care insurance plan that MIT offers and provide education about the value of the coverage options.			X			Done	We will launch a remarketing effort in 1Q07 to all eligible employees, retirees and extended family members. Applicants will not be required to produce evidence of insurability.
37	Improve the availability of information about MIT resources that are available to help employees with health insurance coverage and reimbursement problems.			X			Done	Completed a comprehensive review of all benefits communications and introduced a new branded approach to better link to MIT's mission and commitment to total compensation and benefits.
38	Continue efforts to bring SEIP premiums down and take the associated premiums into account in RA/TA and MIT graduate fellowship benefits as well as in undergraduate financial aid awards.				X		Done (PIP)	For academic year 06/07, premiums unchanged for individuals and decreased for spouses and dependents.
39	Consider whether MIT can purchase/arrange for a catastrophic dental insurance policy that it can make available to students.			X			Done	Potential to offer coverage analyzed and priced; implementation in Spring 07
40	Create a user friendly data base of names, addresses, phone numbers and email addresses for retirees who are eligible for MIT medical benefits and try to obtain more information about this population's utilization, levels of satisfaction and specific concerns.			X	X		Done (RNA)	Databases exist for retirees (although there may be HIPAA requirements that limit access).

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	<b>CONCLUDING RECOMMENDATION</b>							
41	There is a wealth of information contained in the surveys that were performed by the Task Force, especially in the thousands of written comments that we received. We recommend that resources be devoted to reviewing this information in more detail, consistent with privacy and confidentiality commitments that we have made to the community, to identify key themes that can inform future decisions by Human Resources and the Medical Department. In addition, we recommend that HR and the Medical Department seek advice on more effective ways to obtain feedback from the MIT community regarding their experiences with the health care and health insurance that MIT provides to them.						Done	Data extraction of open ended questions complete and provided to relevant departments. Survey data was also specifically analyzed for dental services, Value Options, health education, and women's health initiative. Data will be an ongoing resource for Medical Department as needed.
	*Definitions: PIP=Process in place; RNA=Recommend no action							