
**Clinical Utilization Review Board (CURB)
November 17, 2016**

Page 1

PRESENT:

Board: Michel Benoit, MD, David Butsch, MD, Paul Penar, MD, Michael Rapaport, MD, Norman Ward, MD, Nels Kloster, MD

DVHA Staff: Kristy Allard, Daljit Clark, Evan Welsh, Thomas Simpatico, MD (moderator), Scott Strenio, MD

Guests: Melissa Moore (HPE), Chrissie Raicot (HPE), Jessa Barnard (VMS), Oleg Neaga (HPE), Robert Davis (VTAA), Rhonda Williams (VDH)

Absent: Jessica MacLeod, NP, Ann Goering, MD, John Matthew, MD

HANDOUTS

- Agenda
- Draft minutes from 9/21/2016 Meeting
- Smoking Cessation presentation
- Oral Cancer article

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:35 pm.

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes from 09/21/2016 meeting were reviewed and approved with modification.

3.0 Updates

Announcements

Ann Goering recently received an award from the Vermont Academy of Family Physicians for Physician of the Year.

Scott Strenio is leaving the Department of Vermont Health Access (DVHA). Scott was the medical director at DVHA and worked regularly with the CURB. Scott will be assuming a role with the University of Pittsburgh Medical Center (UPMC). He will be working with a long-term care program within Pennsylvania Medicaid.

Reward Strategies

Dr. Simpatico was part of a group that gave a presentation on 11/15 to the legislature surrounding economic modeling. Discussion outlined using strategies to stop problems early to save money. What can the CURB do with incentives to help stop problem areas early? Where the CURB can create a pilot that will outline how reward strategies can help facilitate and increase equality of care.

Clinical Utilization Review Board (CURB)

November 17, 2016

Page 2

Palliative Care

DVHA is working with the University of Vermont Medical Center (UVMCC) and their palliative care department. DVHA is looking to create an economic space like what the Tobacco Benefit and Promotion initiative at the Vermont Department of Health (VDH) has created for smoking cessation. This can help create awareness and give structure to a palliative program, by facilitating a grouping or blending of services within Vermont Medicaid.

Acupuncture Pilot

Robert Davis, MS, LAc

Vermont Legislature has approved \$200,000 for DVHA to conduct an acupuncture pilot for use with pain management. The pilot was approved as part of [S. 243 \(Act 173\)](#). The pilot is being designed as a pragmatic trial that is generalizable and economical. The goal is to answer what would an acupuncture benefit look like if DVHA covered the service. The pilot looks to provide ~1,800 (12 visits over 8 weeks) sessions for 150 patients with chronic pain. The parameters of the pilot population are: age 18 and older, Medicaid insured, have a chronic pain diagnosis (defined as 15 out last 30 days with pain), at least 3 months of pain history, no new treatments or acupuncture in the last 4 weeks. Those in the program can continue any prior treatments. The scale that will be used to determine the patients pain level is still being finalized. The area of the pilot will include: Chittenden county, Montpelier and White River Junction. The treatment can only be provided by a licensed acupuncturist in the listed areas. Excluded from the study will be: pregnant women, those with bleeding or seizure disorders, individuals with major psychological disorders. The pilot will look to draw patients from: UVMCC Pain Medicine, UVMCC MindBody Medicine Clinic, primary care providers, as well as public advertisements. There will be both a pre- and post-test to measure patient results using a REDCap, Research Electronic Data Capture, system. The results that will be looked at are not limited to just pain but depression, anxiety, and overall wellbeing as well. Out of the patients who complete the pilot, 20% will also receive a scheduled interview. DVHA will examine the utilization data and outcome surrounding the pilot program.

Discussion

Would advertising through physicians rather than to the public provide better pilot participants? The thought behind this is that the participants would have a more detailed history of pain. It could also benefit providers allowing them to find the best treatments for pain. Is it worthwhile to evaluate patient motivations against the outcomes of the pain management, ex. recommended by a PCP, it was free, they saw an advertisement. To expand on this measuring follow ups with the patient's PCP or employer to see if they have seen an impact. The intent of the pilot is to see if the benefit will work among the Vermont Medicaid population and if it can create a quality of life improvement. The constraints on timing and cost of the pilot does not allow for control study or the effectiveness of acupuncture. The effectiveness has been documented in other larger

Clinical Utilization Review Board (CURB)

November 17, 2016

Page 3

studies done in different regions. There are other states who are interested in the outcome of this pilot and the plausibility with a Medicaid population. Currently, there are only a small number of states that provide acupuncture as a Medicaid benefit, 3-4 states at most.

4.0 New Business

Smoking Cessation

Rhonda Williams- Chronic Disease Prevention Chief at the Vermont Dept. of Health (VDH)

The VDH Tobacco Benefit and Promotion is a multi-year strategy that works to increase tobacco cessation within Vermont Medicaid. The program focuses on smokers who fall into lower socio-economic statuses. The Medicaid population has a higher percentage of smokers compared to those with private insurance, 32% compared to 10-16%. The VDH program has been modeling some of its actions around a similar program done in Massachusetts. Some of the goals VDH is looking to achieve are: increased awareness among Medicaid smokers, higher utilization of cessation activity, and reducing hospitalizations among the Medicaid population. Data from the Behavioral Risk Factor Surveillance System (BRFSS), a Center for Disease Control and Prevention (CDC) program, has shown that in Vermont the Medicaid population has higher rates of Asthma, chronic obstructive pulmonary disease (COPD), depression and obesity compared to the non-Medicaid population. The data also provides a correlation; that Medicaid insured individuals with those conditions also have a higher rate of smoking. The BRFSS provides information that members who fall under one of those conditions makes the success of treatment more difficult. Addressing tobacco usage can help reduce many disease burdens. At least 12 cancers are linked with tobacco use and 80-90% of lung cancer and COPD cases are caused by smoking. Tobacco use accounts for 33% of cancer deaths and has a higher prevalence among men. Within a year of stopping tobacco use risk of heart attack decreases. VDH has been using the “3-4-50” to increase awareness surrounding the burden tobacco has in Vermont. There are 3 modifiable risk behaviors: smoking, poor diet and lack of physical activity. These 3 risks led to 4 chronic diseases in Vermont: cancer, heart disease/stroke, Type 2 Diabetes, Lung disease. The result is approximately a 56% mortality rate of those who fall within one of the three risk behaviors. The 3-4-50 accounts for over 70% of health care costs in Vermont.

Since VDH began the Tobacco program in 2012, Vermont has become the seventh state to expand counseling benefits for children and adults. This allows them to receive help in a clinic or through the Quitline/ local Quit partners. There has been an increase in certified tobacco counselors. VDH has collaborated with DVHA to allow both short and long term nicotine replacement therapy (NRT) no matter an individual’s insurance. Providers have been aligned with Screening, Brief Intervention, and Referral to Treatment (SBIRT) guidelines. VDH has seen a decrease in the percent of adult smokers and an increase in Vermont Quitline and Quit partner’s usage. VDH is seeing over 300 individuals a year use the Quitline and quit in person services respectively. This is in

Clinical Utilization Review Board (CURB)

November 17, 2016

Page 4

part due to a change in the marketing strategy. Some changes included: better targeted advertisements, promoting real people and real stories from Vermont, updating the 802quits website to be more user friendly, and an increase in mailings to Medicaid insured households. The increase in mailings has resulted in 2,745 stress relievers being mailed to those who have requested them. In addition to the changes, VDH been conducting webinars and increasing outreach to providers. Because of all the changes VDH and DVHA have seen an increase in both NRT and counseling code usage from the claims data.

For pregnant smokers VDH has been referring women to Stephen Higgins at the Vermont Center on Behavior and Health (VCBH). Higgins does work on reward strategies and incentives in healthcare. Higgins has a program that works to provide incentives to pregnant smokers to help them quit smoking. VDH has their own benefit and incentives for pregnant smokers as well. They are using a benefit of \$65 for 9 sessions of counseling. VDH is also looking to provide free diapers as an additional incentive, similar to what other states are doing.

Discussion

It is still too early to be able to compare the Tobacco Benefit and Promotion in Vermont to the program in Massachusetts that it was modeled after. This is in part due to the difference in scale of the programs between Massachusetts and Vermont. Vermont is also following some examples set by other states. Baby and Me Tobacco Free is a program in eighteen states and VDH is looking to expand the program into the Rutland and Bennington areas. VDH is working with the Department of Mental Health (DMH) to create smoke free rehabilitation facilities. Another place VDH can look to expand the program is: Medicaid members leaving a rehabilitation or correctional facilities. Having the Quit Partners come to a facility to assist those departing with continuing smoking cessation could be a strong tool. Currently the Alcohol and Drug Abuse Program (ADAP) is working on creating a waiver to help align tobacco cessation with substance abuse programs. Once that is finalized the tobacco program can provide NRT more readily to the Medicaid population leaving mental health facilities. This can help keep the mental health population abstinent after leaving a smoke free facility. VDH is also improving the school programs relating to tobacco cessation. There used to be a per capita approach where each school district received resources based on size. There has been a shift to focus on the areas with a higher prevalence. So far, the tobacco program has seen more positive results. VDH has also received assistance from 19 grantees to fund a youth program. To help maintain and continue the impact of the Tobacco Benefit and Promotion, a key is sustainable funding. Following California and Florida's example, that has shown a higher tobacco tax rate can reduce the population of smokers, Vermont legislature is working on a tax increase. An additional area that VDH may be able to improve is more direct targeted advertising. Using location base mobile ads, search engine optimization and ad tracking to direct more 802quits ads to the appropriate population.

Clinical Utilization Review Board (CURB)

November 17, 2016

Page 5

5.0 Next Steps

DVHA will consider ways that the acupuncture pilot structure can be altered to yield a stronger outcome. This will allow more concrete results that can help to make the pilot a success. Doing so can help PCPs looking for the best treatment for pain and create a better understanding of how to implement an acupuncture pilot.

The CURB will have Stephen Higgins and the DVHA attorneys attend an upcoming meeting to discuss reward strategies. This will give the CURB the opportunity to understand what is possible under Medicaid rules and what direction Vermont Medicaid can take with reward strategies.

Adjournment – CURB meeting adjourned at 8:30 PM

Next Meeting

Suggested agenda items:

- **Palliative Care Update**
- **Incentive Program Update**

January 18, 2017

Time: 6:30 PM – 8:30 PM

Location: Department of Vermont Health Access, Williston, VT