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**CURB  
Meeting Minutes  
July 16, 2014**

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**PRESENT:**

**Board:** Michel Benoit, MD, David Butsch, MD, Ann Goering, MD, John Matthew, MD, William Minsinger, MD Paul Penar, MD, Richard Wasserman, MD

**DVHA Staff:** Daljit Clark, Aaron French, Jennifer Herwood, Susan Mason, Thomas Simpatico, MD (moderator), Scott Strenio, MD

**Guests:** Jay Persico

**Absent:** Patricia Berry, MPH, Delores Burroughs-Biron, MD, Norman Ward, MD

**HANDOUTS**

- Agenda
- Draft minutes from 5/21/2014
- ICER/CEPAC Economic Evaluation

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

**1.0 Introductions**

**2.0 Review and Approval of Minutes**

The minutes were reviewed and approved as written.

**3.0 Updates:**

- Kara Suter is unexpectedly out of town and will present financial models at our next meeting.
- The Listening Tour - At the CURBs suggestions we have been looking for efficient ways for providers to communicate with The Department of Vermont Health Access (DVHA). DVHA is working with their fiscal agent, Hewlett Packard (HP) to provide an electronic form for providers to request review of non-covered codes via the provider portal. While HP is working on developing the software, DVHA Chief Medical Officer went on a “listening tour” and has met with providers at Newport Hospital. He plans to visit all service areas to hear Medicaid provider’s suggestions and/or concerns. The next meeting is with Central Vermont Medical Center (CVMC) and Fletcher Allen Health Care/ University of Vermont (FAHC/UVM) by Department.
- Psychiatry Embed in Primary Care Model – This topic was presented at our last meeting and everyone agreed that it is a good idea to consider. We will have more follow-up at our next meeting. This model will have a profound impact on the psychiatrists; it will be much more synchronized with the health model. This may

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fundamentally change the psychiatric practice from an office based to a collegial process and will affect retention and training of psychiatrists.

**4.0 New Business:**

**Hub and Spoke-** The Governor's State of the State message focused on 1) The Opiate Crisis and 2) Single Payer Healthcare. The Michael Botticelli (Acting Director, National Drug Control Policy) video from the 2014 National Drug Control Strategy discussed the treatment of addiction as a disease, not a crime; focus on prevention, treatment and recovery. Across the country multiple organizations are jumping on the bandwagon. It is hard to make change in the public system but a crisis can drive action. Vermont is well positioned to do adopt this model.

The Advisory Council analyzes two problems per year and tries to distill the issues and report on the economics of the topic. They focused on Hub and Spoke.

- Methadone and suboxone both retain people in treatment and stop the illicit drug trade.
- The 2 year costs of untreated opioid dependence are estimated to total \$250K per untreated individual. These costs are reduced by nearly half with maintenance treatment and by 30% with the least effective strategy (oral naltrexone alone).
- Any expansion of the treated population will produce cost reductions of approximately \$1.80 for every dollar invested over a 2-year period.
- If 50% of the currently untreated patients had treatment available to them, cost savings for New England would be \$3 billion and 700 lives would be saved, 100 of which would be adolescents.

Vermont can set the standard; we can look at the level of arrests and incarcerations and can measure cost effectiveness.

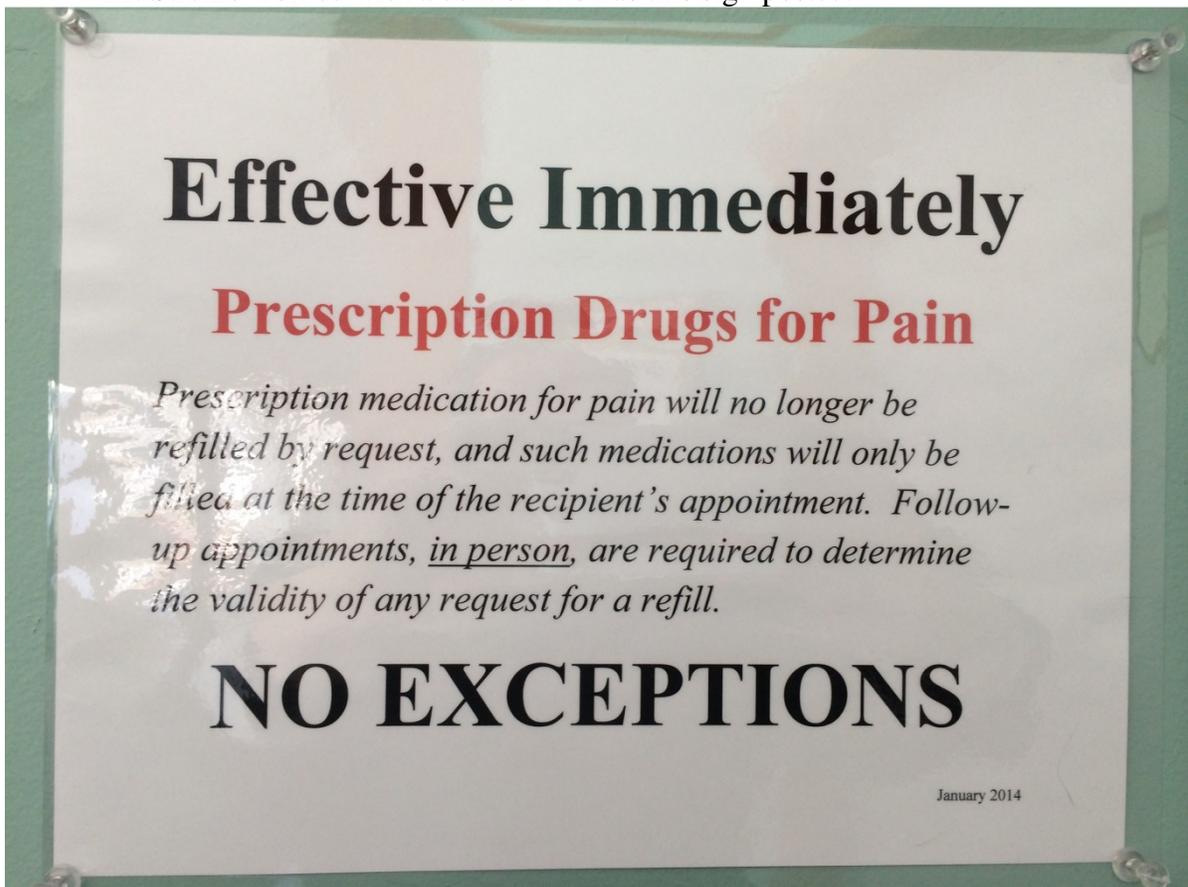
In the current Hub and Spoke systems the patient is identified and referred to a Hub. The patient then flows to the spoke once they have stabilized. There is not a lot of flow happening.

**Discussion:**

- Users are not using to feel good, but they are using to not feel horrible.
- Central Vermont found a significant decrease in petty crimes since the introduction of the Hub and Spoke programs.
- There is no geographic cure. All states are looking at each other; all are looking at VT to see what might work for addiction.
- Many people want to live productive lives, get their lives back together. The support system needs development, more wrap-around services.
- The use of emergency rooms and imaging went down for people on Buprenorphine for 12 months.

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- Addiction is a chronic illness and the goal is to keep patients in treatment, either through maintenance treatment or abstinence treatment.
- The system has prompts to prevent MDs from overprescribing pain meds; it is clear we need more access to pain clinics.
- Joint Commission no longer says you have a right to be pain free. Patients should be comfortable or a reasonable level of discomfort.
- Residents overprescribe. Doctors need to work on training residents.
- DVHA is looking at a Chronic Pain initiative. They are looking at expanding the benefit packaged to include alternative treatments for pain.
- DVHA will be reaching out to doctors to prescribe narcotics only if it is truly needed. We need to share the new standard of careful dosing and monitoring.
- Dr. Strenio worked with a dentist who has this sign posted:



- We need a public education campaign to support emergency department doctors and other doctors.
- There are physicians who feel that if they do not ensure the patient is pain free they are not doing their job.
- Family Physicians feel unprepared to deal with chronic pain and addiction.

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- JCAHO has not admitted to having a hand in this. Physicians have been targeted and then have to go to the Medical Practice Board. We need to deal with opiate addiction and chronic pain. We need the Medical Practice Board to support this.
- Hub and Spoke works for patients who are addicted, chronic pain is another issue.
- We know Medicaid patients have a higher risk of addiction. We need to open up to other alternative treatments for pain.
- Patients need different services based on how long they have been in recovery.
- We need to remove the barriers. Providers fear scrutiny.
- When suboxone started, it was supposed to include wrap-around services, it didn't happen. Following these patients is very time consuming, poor reimbursement. Hub and spoke does not address the changes in what people need at different stages of recovery.
- Cannot implement statewide all at once, need to start with a pilot program.

**Questions that arose from the Discussion:**

- Will people flee the system to use illicit drugs and come back for drug treatment?
- Where will the money for the program come from?
- When will the program pay for itself and have a savings to the system?
- If the market is saturated through legal drugs why would the dealers come to VT?
- Should DVHA do a listening tour of the 150 spoke providers?

**Action Item:**

- Try to get the Medical Society to support.
- Talk to the 150 spoke providers; to determine if you can build the number of practitioners who participate.

Tabled for a future meeting: How can FQHCs and Designated Agencies assist with this?

**5.0 Discussion:**

**Information Sharing** – Information sharing in VT is limited by HIPAA fears and the additional restrictions of 42 CFR Part 2 regulations about exchange of information about Substance Abuse.

A Hub provider is dispensing, not providing opiates, so your acuity is not in the data base, so the reality of a patient's pain meds is not shared, and putting patients at risk is bad practice.

Does VT have to do something about aligning our information exchange regulations with HIPAA regulations?

The US is high on health services expenditures and low on social service expenditures compared to much of the world.

There are fundamental impediments and we don't have a strong enough voice but doctors need to increase the involvement in guiding and changing these laws.

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Discussion:

- Vermont Medical Society (VMS) should work on this with the legislature.
- Patient satisfaction is the basis; this is problematic.
- Information sharing is a barrier in Vermont.
- Need to be specific about what the barrier is.

**Action Item:**

- Send a letter to the VMS. The VMS will bring forward to the legislature.

**Adjournment – CURB meeting adjourned at 8:15 PM**

**Next Meeting**

**October 1, 2014**

**Time: 6:30 PM – 8:30 PM**

**Location: Department of Vermont Health Access, Williston, VT**