
**CURB
Meeting Minutes
March 19, 2014**

PRESENT:

Board: Patricia Berry, MPH, David Butsch, MD, Ann Goering, MD, John Mathew, MD, Paul Penar, MD, Norman Ward, MD,

DVHA Staff: Kristy Allard, Daljit Clark, Jennifer Herwood, Thomas Simpatico, MD (moderator), Scott Strenio, MD, Cindy Thomas

Guests: Mark Gorman, MD, Robert Wheeler, MD

Absent: Michel Benoit, MD, Delores Burroughs-Biron, MD, William Minsinger, MD, Richard Wasserman, MD

HANDOUTS

- Agenda
- Draft minutes from 1/15/14
- Proposed Partial Hospitalization Enhanced Payment Program

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes were reviewed and approved with a minor change.

3.0 Updates:

- **Partial Hospitalization Program** – Cindy Thomas, QI and Clinical Integrity Director at DVHA updated the group on the status of this initiative. She handed out a program overview. The first year will focus on the performance standards on the provider's service. The standards were created by DVHA and partners. The second year would look at outcomes of the recipients. Based on a score the program would get an enhanced payment. Cindy reviewed the standards that have been proposed. What is left is the funding to support the enhanced payment for the first year. She explained that she is working with DVHA Commissioner on this. There are currently 4 PHP programs, DMHC, BR, Seneca and Crossroads. They are taking what they are already doing and setting standards to them. The goal is to increase the quality of care.
- The enhancement number has not been set.

Discussion:

- Quality matrix that they are already following?

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- This will decrease bureaucratic load for providers
- Vermont is under resourced for these programs; hopefully it will inspire more to open.
- Middle of the state is underserved
- Will this help/support the primary care doctor?

Action Item:

- DVHA will continue to provide updates on this program.

4.0 Old Business:

- **TIA Treatment Protocol and Outcome continued** – Dr. Mark Gorman gave an overview of his previous presentation on the proposed Rapid Evaluation and Management of TIA/Minor Stroke (REMOT) program. He explained that REMOT is feasible, may reduce death and disability and may reduce costs.
- In addition, he gave an overview as to how REMOT would work.
 - Patient would enter the system through PCP office, ER or transfer.
 - They will be set up with hydration, monitoring and education.
 - They will then be evaluated and risk stratified
 - The treatment decision will be made and then there will be follow-up
- A survey was completed by 13 Emergency Department (ED) facilities to determine the capacity of the Vermont hospitals to participate in REMOT. Each ED was asked if what type of access they have to the following procedure: A summary of the results are the following:
 - Neuroimaging
 - CT head: All 13 are yes 24/7 access
 - MRI head: 2 are yes 24/7; 7 are M-F; 4 no access
 - Vascular imaging
 - CTA: 11 are yes 24/7; 2 are no access
 - MRA 9 are Yes; 4 are no
 - Carotid Duplex: 11 are yes M-F ; 2 have no access
 - ECG All 13 are yes 24/7 access
 - Telemetry All 13 are yes 24/7 access
 - Transthoracic Echo 10 are yes; 3 are no access
 - Neuro Exam Monitoring: most Yes
 - Neurological consultation: variable
- There were no significant barriers, except at a couple of the smallest hospitals.

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- VT Medicaid paid claims data was presented for state fiscal years 2011, 2012 and 2013 for recipients with primary diagnosis TIA, Stroke and TIA and Stroke in each fiscal year. The data showed the number of recipients and total paid for each year and diagnosis.
- Dr. Gorman explained that the REMOT program would:
 - Likely to be revenue neutral
 - Little net movement of patients
 - Alleviate anxiety/doubt/uncertainty
 - Should reduce stroke rate
 - Decrease overall Morbidity/Mortality
 - Save system \$
 - Work for DHMC, FAHC and ACO
 - Tie us closer together
 - Potential to collaborate with Rhode Island

Discussion

- Primer would be needed for PCP
- Consider Telemedicine Neurological Consults
- CTA use instead of Ultrasound? Each institution would be able to develop their own protocol.
- Rhode Island Hospital has already implemented a program with good results
- Initiative partially fund through UVM
- Utilize more sophisticated baseline data
- Access to UVM Health Care Economist
- Use academic detailing to get the education out to providers
- Use this as an opportunity to link this to outcomes

There was a general consensus and a motion was made to recommend the approval of the REMOT initiative.

Board Member Decision

The Board approved recommending the proposal for providing the REMOT project in Vermont Facilities.

The board voted unanimously in favor.

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5.0 New Business:

Psychiatry Embed in Primary Care Model – Dr. Simpatico presented a brief overview of the concept of providing psychiatric resources in the primary care setting. Dr. Robert Pierattini, Chair of Psychiatry at FAHC will present this at the next CURB meeting in May.

Discussion:

- It is essential for co-located specialties to know how to communicate.
- How to access the different specialties and how to work together.

6.0 Technology Requests:

- **Modification of Process: Assimilation of new Technology Requests** – Drs Strenio, DVHA and Wheeler, BCBS presented on this topic. BCBS and DVHA use different methodologies to review technologies.

Dr. Strenio gave an overview of DVHA's process for reviewing new tests and procedures.

- Clinical Utility
- Budget Impact
- PA or Medical Review
- Sequential Testing
- Coverage Criteria

In order to vet new technology/procedures for Medicaid coverage one should:

- Clearly defined procedure/test with specs/codes
- Current coverage status among CMS, commercial payers, other state MA plans
- Current literature ranked
- Current recommendations of Specialty Societies/National Organizations/USPSTF
- Current Practice/Recommendations of local subject matter experts
- Analysis of potential impact specifically on VT MA (both clinically and financially-cost/benefit ratio)
- Potential barriers to implementation v. urgency
- Input from Local and State stakeholders
- Decide if Prior Authorization required
- Presentation/discussion at CURB, provisional non-covered status x 3-6 months pending completion of steps above.

Dr. Robert Wheeler presented BCBSVT Medical Policy Process. He reviewed the current technology assessment criteria, BCBSVT Medical resources and practicing physician input.

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The criteria are the following:

- The technology must have final approval from the appropriate governmental regulatory bodies
- The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes
- The technology must improve the net health outcome, length of life, quality of life, functional ability for example.
- The technology must be as beneficial as any established alternatives
- The improvement must be attainable outside the investigational settings.

Future Planning for BCBS VT:

- Automated prior authorization online system
 - AcuExchange currently functioning, automation being expanded
- Alternatives to prior authorization
 - Decision support in electronic prescription systems
 - Formal shared decision making support for selected procedures
 - Imaging selection assisted by Vermont radiologists
 - Price/cost transparency to ordering physicians
- Vermont Health Reform considerations
 - Providers to take financial and clinical risk
 - Bundled Payments

It will be important to combine and share resources between BCBSVT and DVHA to have consistency in the technology reviews.

Discussion

- It is important for providers who are performing these services to have the ability to request a face to face meeting to discuss.
- It is not about the money, but rather about the best care for the patient.

Action Item

- DVHA will research providing an email or phone number for providers to make requests for a procedure code or coverage or policy to be reviewed.

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Adjournment – CURB meeting adjourned at 8:20 PM

Next Meeting

May 21, 2014

Time: 6:30 PM – 8:30 PM

Location: Department of Vermont Health Access, Williston, VT