

---

**CURB  
Meeting Minutes  
June 12, 2013**

---

Page 1

**PRESENT:**

**Board:** Patricia Berry, MPH, Delores Burroughs-Biron, MD, John Mathew, MD

**DVHA Staff:** Daljit Clark (moderator), Patricia Breneman, Jennifer Herwood, Susan Mason, Thomas Simpatico, MD, Cindy Thomas

**Absent:** David Butsch, MD, Michel Benoit, MD, Ann Goering, MD, William Minsinger, MD, Paul Penar, MD, Norman Ward, MD Richard Wasserman, MD

**HANDOUTS**

- Agenda
- Draft minutes from 11/14/2012
- CURB Meeting Schedule 2013

**CONVENE: Daljit Clark convened the meeting at 6:40 pm.**

**1.0 Introductions**

**2.0 Announcements**

- TENS Update – Tabled for next meeting.
- Gold Card Update – Tabled for next meeting
- Next Meeting Schedule – Please delete previous scheduled meetings. We will send new meeting appointments. The next two meetings 2013 are scheduled for September 11, 2013 and November 20, 2013.

**3.0 Review of Minutes:**

The minutes for the November meeting were reviewed and approved.

**4.0 The Psychiatric Partial Hospitalization Program (PHP)– Utilization - Dr. Thomas Simpatico**

**Dr. Simpatico's presentation focused on:**

- **What are Partial Hospitalization Programs?**
- **What utility do they have?**
- **How should DVHA pay for this resource and review program effectiveness?**

What are Partial Hospitalization Programs (PHPs) in VT:

- Focus on mental illness/substance abuse

---

**CURB**  
**Meeting Minutes**  
**June 12, 2013**

---

- Patient resides at home
- Patient comes to treatment center 5-7 days/week
- Step down system
- Embedded in a hospital or freestanding facility
- Pressure for brief lengths of stay
- Abrupt transitions are the norm but problematic
- Same intensity as a hospital program but you sleep at home
- Less expensive than hospital program

DVHA is the reimbursement agency and Department of Mental Health (DMH) sets the treatment guidelines.

Guidelines for PHP:

- Minimum 5 hours/day of active treatment
- Individual assessments
- Family/Outpatient Treatment involvement
- Face to face contact with a physician or Registered Nurse for medications or medication monitoring, education and symptom management
- Treatment modalities including individual and group
- Emergency Services 24/7
- Average Length of Stay
- Outcomes tracked

PHP's in Vermont and border:

- Dartmouth Medical Health Center (DMHC)
- Seneca/Fletcher Allen Health Center
- Brattleboro Retreat
- Rutland Mental Health
- Crossroads (Essex Junction)

DVHA would like to establish consistent parameters with a clear match between clinical needs and services.

Quality and cost monitoring considerations:

Implement Concurrent Review

- Pay Fee For Service
- Require prior authorization for hospital diversion and step-down

Create payment reform pilot:

- Pay for Outcomes

---

**CURB  
Meeting Minutes  
June 12, 2013**

---

- Standardization

Outcome Data we propose we follow:

- ER visits
- Hospitalizations
- Standardized tracking tool
- Measure changes related to Corrections admissions
- What services received 30 days pre-admission?
- How long in the PH program?
- Program completion
- What services received post admission?
- Time between discharge and linkage to community resources
- Total hospital admission/number of days pre and post PHP?

Costs of PHP is \$30 an hour to max of 7 hours/day (meds are additional)

Hospitals cost \$1000/day, also with additional costs

**Board Member Discussion/Suggestions**

- Given people are underserved in CRT program – are they given priority?
- PHP should not be used as an emergency bed; it should be an opportunity to martial resources in preparation for community re-entry.
- What will be provided to CRT that they don't have now?
- Need severity index in order to compare apples to apples.
- There is a shortage of outpatient mental health for Medicaid.
- There are programs in other states; we should gather information to compare.
- Measurement parameters:
  - Court Utilization
  - Distance to Program – transportation
  - Bed Board – for managing and tracking census
  - Proximity of support system
  - PCP and requisite resources – medical home
  - Age Range 18 +
  - Other Exclusions?
  - Self – sufficiency matrix (SSM)
  - Pilot site – POP and Low POP
- Good place to get people with Mental Health issues connected with physical health, similar to a PACE model
- Connect with Community Health Teams, Blueprint and Hub and Spoke

**CURB  
Meeting Minutes  
June 12, 2013**

---

**Action Item:**

The information from this discussion will be sent to all CURB members to obtain feedback and present additional suggestions from board members at the next meeting.

**5.0 Future Topics – Board Members**

- 340b - encourage expansion to all providers to reduce cost for medications. Daljit will discuss this topic suggestion with Nancy Hogue with the possibility of presenting at a future meeting.

**Adjournment – CURB meeting adjourned at 7:50 PM**

**Next Meeting**

**September 11, 2013**

**Time: 6:30 PM – 8:00 PM**

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