

**CURB
Meeting Minutes
November 20, 2013**

PRESENT:

Board: Michel Benoit, MD, Delores Burroughs-Biron, MD, David Butsch, MD, Paul Penar, MD, Norman Ward, MD

DVHA Staff: Kristin Allard, Daljit Clark, Jennifer Herwood, Thomas Simpatico, MD (moderator)

Absent: Patricia Berry, MPH, Ann Goering, MD, John Mathews, MD, William Minsinger, MD, Richard Wasserman, MD

HANDOUTS

- Agenda
- Draft minutes from 09/11/2013
- Count of Recipients and Amount Paid by Number of ER Visits for SFY 2013

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:40 pm.

1.0 Introductions

2.0 Announcements

- **Medical Director Update and Organizational Structure** - Scott Strenio, MD will be DVHA's new Medical Director and will be starting work on December 2nd. Tom Simpatico's role as Chief Medical Officer will focus on policy, system integration, payment reform and will leverage resources at UVM.
- **UVM Interface** – This will help facilitate the leveraging of the Medical School, Allied Health and technical programs to collaborate with DVHA in order to produce a growing array of clinical practice guidelines and best practices that can best shape how healthcare will be funded. The intent is to rely more on outcomes than processes.
 - **Veterans Administration (VA) Enterprise** – Dr. Simpatico explained that he is working with DVHA 75% time and 25% time is running the VA Enterprise at UVM. This involves outreach to Vets and their families. This presents an opportunity to make VA funding and DVHA funded services less duplicative and more communicative.

3.0 Old Business:

- **Minutes** - The minutes for the September meeting were reviewed and approved with the following changes:
 - Include the Partial Hospitalization Program as a CURB initiative.
 - Correct misspelled word.

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- **The Partial Hospitalization Program** – DVHA is working on the details to include defining measures and an outcome payment model and how data will be captured. Details will be created by DVHA and Department of Mental Health. Updates will be presented to the group periodically.

4.0 New Business:

- **Guiding Principles for Benefit Design and Coverage Options** – The following seven guiding principles developed in collaboration with Oregon Health and Science University were presented to the board members.
 1. **Transparent:** The process for designing benefits and making coverage decisions should be transparent with the opportunity for public engagement.
 2. **Evidence-Based:** Decisions should be based on research evidence, with priority given to the best available evidence, as determined by an established hierarchy of evidence quality (e.g., GRADE, AHRQ).
 3. **Continuously Improving:** Covered benefits should be continuously monitored for effectiveness and reviewed and reevaluated as appropriate.
 4. **Focused on Wellness:** Benefit design and coverage decisions should maximize population health and the prevention of illness.
 5. **Balanced:** Benefit decisions should balance value, cost, and access.
 6. **Ethical:** Benefit decisions should be ethical.
 7. **Holistic:** Benefit decisions will recognize that healthcare is only one factor affecting health and must be balanced with other needs.
- **New Projects – Framing our opportunity:**
 - Triple AIM of Medicaid
 - Improve care for individuals
 - Improve care for population
 - Reduce the per capita cost of health care.
 - The Affordable Care Act
 - Treatment for Mental Health and Substance abuse disorders is now an essential health benefit. The Health and Human Services finalized regulations that apply federal parity rules to MH and SA disorder benefits included in Essential Health Benefits

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- By building on the structure of the Mental Health Parity and Addiction Equity Act, the Affordable Care Act will extend federal parity protections to 62 million Americans.
- 80/20 rule (20% of the population causes 80% of the effect): In VT Medicaid it is 5/40 rule - 5% of beneficiaries account for 40% of expenditures.
- Horizontal and Vertical Integration with Social Services Program. The idea to integrate services so as to not deal with complex problems through silos that do not communicate. Treatment failures that end up in Department of Corrections.
- Percentage of Gross National Product (GNP) spent on Health Care and Human Services
 - US is in the middle of the pack
 - US spends 75% on healthcare
 - Others spend 30-50% on healthcare

The role of DVHA is to fund programs across the department silos. Through this process DVHA strives to improve healthcare outcomes in a cost effective manner while keeping with the Triple AIM.

As requested at the prior CURB meeting the Emergency Department (ED) visit data was handed out to the group. It was preliminarily discussed as to how ED data might be used in the context of particular projects. If we were to create a dashboard for the group, ED would be one of the outcome indicators.

The focus of the CURB meeting will primarily shift to an increasing array of projects intended to have a large impact on the growing health care system in Vermont.

This led to a discussion on a variety of current projects in various stages of implementation. Below is a listing of some of the possible projects:

- Clinical Projects – UVM Leveraged Pilots
 - 1) Low Back Pain – look at PCP and what treatment protocols used, evidence based and outcomes
 - 2) Obesity – looking at where high BMIs are, utilizing UVM to help with this work, incentivize those with higher BMI to eat better.
 - 3) RICC – Public health related populations in the arrest pool, outreach in hopes of better outcomes.
 - 4) Migraine Treatment – Dr. Robert Shapiro – Provider training of evidence based treatment, then look at outcomes.
 - 5) TIA Treatment Protocol & Outcomes- Dr. Mark Gorman – 4% chance of death in 48 hours, 9% within a week
 - 6) Pharmacogenomics – Dr. Debra Leonard
 - 7) Psychiatry Embed in Primary Care Model – Dr. Bob Pierattini

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- 8) Buprenorphine/Methadone COB/MAT analysis – Dr. Abby Crocker
- 9) Avoidance of Unnecessary Brain Imaging in Children and Adolescents – Dr. Lou DiNicola
- 10) Unusual Pain Control Protocols
- 11) Genetic Testing – Dr. Leah Burke– Vermont Regional Genetics Center, Dr. Stephen Brown
- 12) Internal DVHA Programs – Partial Hospitalization Programs

Discussion:

- Utilize expertise from Fletcher Allen Health Care (FAHC) on these topics, talk to their quality control staff– Steve Leffer.
- Collaborate with Blueprint and FAHC.
- Accountable Care Organizations (ACOs) also have an interest in this.
- Claims data – members were interested to know if DVHA had access to the “All Payer database”
- The possibility of meeting monthly with communications in between meetings, when indicated, to keep up with the growing workload was discussed and is being considered by the group

Action Items:

- DVHA will report to CURB on the above projects.
- Meeting with Steve Leffer at FAHC to coordinate projects.

Future Topics – Board Members

- Transportation Issues/Fraud

Action Item: Bill Clark will be invited to present at our next meeting

Adjournment – CURB meeting adjourned at 8:00 PM

Next Meeting

January 15, 2013

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT