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**CURB**  
**Meeting Minutes**  
February 16, 2011

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**PRESENT**

**Board:** MD, Michel Benoit, MD, Norman Ward, MD, Patricia Berry, MPH, Adam Kunin, MD, Delores Burroughs-Biron, MD, Paul Penar, MD, William Minsinger, MD

**Other Interested Parties:** Cyrus Jordan, MD (VMS Medical society)

**DVHA Staff:** Michael Farber, MD (Medical Director, DVHA; moderator), Lori Collins (DVHA), Daljit Clark (DVHA), Nancy Hogue (DVHA), Susan Mason (DVHA), Danielle Delong (DVHA), Jennifer Herwood (DVHA)

**HANDOUTS**

- Agenda
- Out of state power point presentation
- PT,OT,ST power point presentation

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

**1.0 Introductions**

Introductions were made around the table.

**2.0 Announcements**

The CURB board is to be comprised of 10 members at present there are only 9. A recommendation for the 10<sup>th</sup> member has been made and we are awaiting approval from the governor.

OOS proposal from last time has received a positive reception by the commissioner, new data available tonight to provide a more accurate view.

**3.0 Review of Minutes from January 19, 2010**

Add Dr. Ward to minutes.

Minutes approved with change

**4.0 Transportation- Bill Clark-Tabled**

**5.0 Negative Pressure Wound Therapy (NPWT) - the V.A.C**

- Currently under PA – DVHA guidelines
- Total expenditures

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- Rates 2010
- Rates 2011
- Recommendations

Dr. Farber presented a power point presentation on the Wound VAC. Then the topic was opened up for discussion as to whether the board should pursue looking into VAC therapy.

A question was asked if this is used in the treatment of terminal patients. We have never had a case.

Clarification on out patient vs. in patient?  
The criteria is for out patient wound vac placement.

The questions asked by the board were.  
Is the VAC used in the treatment of terminal patients? There has never been a case.

Was the information presented for inpatient or outpatient criteria? The criteria are for outpatient use.

Do you put the VAC on at home and for how long should it be trialed?

How much healing? Has the wound been measured?

Dr. Benoit feels that the board may be wasting time on this because he feels that the VAC actually saves money in helping healing and there are less instances of having to do other surgeries for infection.

Are there cases of misuse? We do have some surgeons that place it on every surgery.

The data showed that we are not denying very many maybe 10 a year.

It was mentioned that credentialing the providers on how to apply the VAC?

In conclusion it was determined by the board that there was no cost savings, so the same criteria will be used.

## **6.0 Out of state medical services data**

- Border facilities- current definitions
- Expenses OOS with border excluded

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- Top diagnoses
- Top OOS providers

A power point presentation was presented and then the topic was opened up for discussion.

The questions raised were, if you are define a certain mileage where is the mileage being gauged from the border or from the beneficiaries home, how do you define a border facility, maybe out of state facilities would become centers for excellence, taking a look at the data to see why beneficiaries are going to these out of state facilities, is there a shortage of doctors in some Vermont communities, come up with a list of criteria for going out of state.

**7.0 PT, OT, ST**

- Review of Data
- Current Policy and Audits
- Current Policy children
- Recommendation

What is the CURB recommendation?

The average # of visits is 8 per year for adults.

We don't want to restrict services for children, but make sure they are getting the appropriate care.

Is there going to be certain diagnoses that can receive more visits?

The recommendations were ,Initial evaluation with a report back to MD with a treatment plan with a recommendation and a prior auth, a number between 15 and 30, 3-5 visits then ask for Prior authorization, 8 visits because that seems to be the average and then prior authorize.

The group would like to know how many other insurers cover.

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It was recommended that the evaluation should not be included in the # of visits allowed.

**Adjournment – CURB meeting adjourned at 8:25 PM**

**Next Meeting**

**March 16, 2011**

**Time: 6:30 PM – 8:00 PM**

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