
Clinical Utilization Review Board (CURB)

May 18, 2016

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PRESENT:

Board: Michel Benoit, MD, Jessica MacLeod, NP, Paul Penar, MD, Michael Rapaport, MD, Norman Ward, MD, Nels Kloster, MD

DVHA Staff: Kristy Allard, Daljit Clark, Evan Welsh, Megan Mitchell, Thomas Simpatico, MD (moderator), Scott Strenio, MD

Guests: Melissa Kamal, Jane Ripley, Chrissy Racicot, Tony Folland, William Keithcart

Absent: Ann Goering, MD, John Matthew, MD, David Butsch, MD

HANDOUTS

- Agenda
- Draft minutes from 3/16/2016 Meeting
- Palliative care executive summary

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

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes from 03/16/2016 meeting were reviewed and approved as written.

3.0 Updates

CURB Membership

This year five members were up for reappointments. Richard Wasserman has resigned, due to taking a sabbatical, leaving one empty member position. Two additional board members are in the process of deciding on reappointment and two are interested in reappointment.

Attendance Policy

Meetings will continue to be held in Williston. Quorum is needed to hold the meeting. Timely RSVPs are needed to hold the meeting.

W-9

Board members will be asked to complete an annual W-9 form when the time arises.

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DayOne Update: Presented by William Keithcart

DayOne Suboxone Transition (DOST) is a 5-week program. So far, DayOne has had 54 patients go through the program, 37 of those are previously treated patients (outside of DayOne). There are 17 current patients with the bulk coming from the Hub. While the bulk is from the HUB, there is some reluctance from patients leaving the Hub and moving to DayOne over concerns about the co-pay. Some other sources for DayOne are the COGS (Comprehensive Obstetrical and Gynecological Service) clinic, UVM Pain Medicine, the Howard Center, and from private practices. Those coming from pain clinics are evaluated beforehand to determine if addiction is the cause for treatment. DayOne one is expecting 6-8 new incoming patients in the coming weeks. One patient has had to return to DayOne. To be admitted patients need to have a previously established Primary Care Provider (PCP) and the PCP must be in Vermont's health network. This allows for the patients to easily transition to the next step after DayOne, which is PCP visits. Some actions being taken by DayOne are increasing patient outreach and education on the DayOne process and increasing comfort levels of those involved which is helping remove barriers.

This process was started due to the waiting lists for people to get the care they needed.

Discussion:

- Co-pay: there is some reluctance from patients and providers leaving the Hub and moving to DayOne if the insurance provider has changed said patients could now incur a co-pay. The reason a co-pay would be required is only if the patient found employment and their insurance coverage was no longer Medicaid.
- Medicare does not pay for treatment. Medicaid pays for dual eligible members.
- Frequency of visits at DayOne is dependent on the patient's need.
- What tracking is being done before DayOne while patient is in Hub setting and after.
 - TMQ (Treatment Motivation Questionnaire) scoring
 - Drug testing including tetrahydrocannabinol (THC) and alcohol testing
 - Level system used for identifying probability of revisits.
- Outreach and community education are the actions being taken to allow the DayOne program have a larger impact. Currently DayOne has the resources but is waiting on receiving more patients. The trend is moving towards using inductions as well.
- If this is a public health crisis, then a program that helps patients and is cost effective should be expanded.
- Barriers:
 - Lack of data on success of this type of model.

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- Including: What the cost of the program would be on larger scale, benchmarking cost savings, so far only a small population has been utilized, lack of research on what works best.
- Educating population
 - Some misconceptions being clarified. (That the Hub, DayOne and PCP are separate entities)
 - So far ~90 physicians have been trained
- Establishing a PCP for patients, to continue care after DayOne
- Research shows \$1 spent on this type of service results in ~\$1.80 in healthcare savings
- Vermont is leading the US in this area.
 - Where 50% of states in the US do not cover this treatment under Medicaid, Vermont does.
 - VT is leading in percent of population who have access to this (1% of entire population)
 - Low overdose rates comparatively to other states.
- Is there a need to have some kind of intermediary environment between the services of the Hub and DayOne and PCPs?
- Possibility of working with corrections to further the population and outreach of these type of programs.
- How well will this type of program scale and will it remain a cost savings when scaled? At this time, Vermont is building the clinical structure first and letting the financial analytics catch up.

Vivitrol: Presented by Tony Folland

Vivitrol is a long acting medication with a reasonable impact on alcohol craving and possible to opioids. Vermont has a 3-year federal grant for a Vivitrol Pilot. The areas in the pilot are the: Rutland/Addison area, Burlington area, and Franklin/Grand Isle area. These were selected as areas for: high instances of use, a local correctional facility, and still had a Hub waiting list. The population is coming from three main areas: those coming out of corrections, those from Dept. of Children and Families(DCF), and those in waiting lists for other treatments. Dartmouth will be conducting research and evaluation of the program to help quantify impact and costs. This also has the potential to elaborate on patient identification. With the program they are creating a “Patient Centered Medical Neighborhood” that is providing one unified message and seamless care.

Discussion:

- When are the patients being treated? As soon as they can be identified. PCP initiates process start near the end of sentence; the injection is given during the 72-96 hrs. prior to release.
- Usually the patient is transferred within last 30 days of sentence to facility they will be released from. This makes it difficult to identify the patients any earlier.

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- Once they have met with a provider they will have a preset appointment on release with the provider they have already met with during the last 30 days.
- Monthly injection (21-28 days - dependent on individual need) costing \$1,100-1,400 a dose.
- Barriers: high cost medication, inmates do not have insurance, currently the injection is donated(manufacturer), lack of data on success/cost of program.
- Lack of data contributes to some questions arising: How well does this program work? Is there a comparison between this and DayOne or Hub programs?
- A positive of this medication is that it resonates with the general public better, being an abstinence drug.
- Western Massachusetts also has a pilot ongoing. They provide the oral medication followed by the injection.
- A thought for the future to help quantify cost and success is a pilot providing the injection prior to incarceration, or initiating care earlier in incarceration process.

Legislative Update

Individual and group psychotherapy were approved. Individual was approved without funding for additional Department of Vermont Health Access (DVHA) positions to implement and review the prior authorizations. This will increase the amount of prior authorizations for DVHA by ~3,000. Currently DVHA is looking at ways to manage this workload.

Overview of the process of how CURB recommendations are implemented: First CURB makes a recommendation, then recommendation goes to DVHA commissioner, if commissioner approves DVHA decides what additional work or resources are needed to implement, then DVHA policy unit reviews plan with other departments and lastly the recommendation is implemented.

Action Item: Provide listing of new legislative decisions that will impact DVHA and CURB.

4.0 New Business

Dashboard Preview

The dashboard is a tool to look at the entire data set for Medicaid and provide easy year to year comparisons for different areas. The idea of the comparisons is to quantify the data in a way that can be compared across all areas. Demographics of the dashboard is non-duals, age 21-64. To remain consistent, it is looking at the total population by enrolled months. It is going to be used as starting point for CURB to look into and find improvement areas. The dashboard will become a staple of the future CURB meetings and provide discussion areas for upcoming recommendations.

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Discussion:

- The Medicaid enrolled months has increased year over year (YOY).
- PCP utilization has decreased YOY while cost per visits has increased YOY.
- Lab Tests had a large increase in cost YOY, this may become a future topic for future CURB discussion.
- The dashboard will provide CURB with a place to start when looking for new areas for recommendations.
- Some fields that may need to be addressed in the dashboard include: acuity, burden of illness, and legitimacy of the dollars spent, impact area.

Palliative Care

There is a large national interest into palliative care. It has the opportunity to improve care while reducing Medicaid costs. Some questions that are outstanding: What is the current environment for palliative care in Vermont? How can CURB help broaden palliative care in Vermont?

Action Items: Read palliative care executive summary handout, see link.

<http://goo.gl/BjgsXC>

Adjournment – CURB meeting adjourned at 8:05 PM

Next Meeting

Suggested agenda items:

- Palliative care discussions
- List of legislative impacts
- Dashboard update

July 20, 2016

Time: 6:30 PM – 8:30 PM

Location: Department of Vermont Health Access, Williston, VT