AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
July 15, 2020

PRESENT:

Board: Thomas Connolly, DMD; Joshua Green, ND; Nels Kloster, MD; John Matthew, MD; Elizabeth Newman, MD; Michael Rapaport, MD; Valerie Riss, MD

DVHA Staff: Jenna Cebelius, MPH; Katie Collette, RN; Christine Ryan, RN; Scott Strenio, MD (moderator); Peter McNichol, Transportation Quality Chief, DVHA

Guest: Peter McNichol, Transportation Quality Chief, DVHA

Absent: Anne Goering, MD

HANDOUTS

- Agenda
- Minutes – May 2020
- Skype Instructions
- COVID Questionnaire for Medicaid's Non-Emergency Transportation program
- eConsult call materials – Confirmed
- VCHIP-CHAMP-VDH Notes Adolescent Telehealth Confidentiality Feedback
- July 15, 2020 Legislative Update Handout
- Telemedicine Data Overview

CONVENE: Dr. Scott Strenio convened the meeting at 6:40 pm.

1.0 **Introductions and Acknowledgments:** Attendance was called, and board members welcomed by Dr. Strenio. DVHA staff introduced themselves. Dr. Strenio introduced Peter McNichol, Transportation Quality Chief, DVHA as the guest speaker.
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2.0 **Review and Approval of Minutes:** Minutes from the May 20, 2020 CURB meeting were reviewed and approved.

3.0 **Old Business**

Update: eConsult call – Christine Ryan (2nd)

Christine reviewed past discussion the board has engaged in related to utilization of eConsults including for dental care and access to specialty care within Vermont. Christine and Dr. Strenio brought to the CURB during the May meeting, an invitation to those interested, to participate in a conference call with eConsult group, ConferMED. It was an opportunity to hear more about the specific group and to gain some insight, in relation to questions from the Vermont Legislature, regarding access to specialty care. There is currently at least one practice utilizing this eConsult service.

One board member attended the conference call with ConferMED. Comments from the call included that it was not clear how this service effects local specialists. The board member requested that there be some investigation that a group like ConferMED would not negatively impact the revenues of local specialists. Dr. Strenio discussed that ConferMED offers ability to hire local specialists to participate in the service provision.

Christine discussed that conversation around such eConsult service will continue. She asks for recommendations and/or concerns from the board around pursuing this eConsult type of service.

One board member asks about how store and forward relates to eConsult services. Christine reports that the eConsult is provider to provider communication and does not directly relate to store and forward though both involve asynchronous information transfer.

One board member asks out logistics related to implementing an eConsult service e.g. the different EMR systems and anticipates this may be challenging. The question was raised regarding private payer coverage and Christine confirmed that the consult is covered by private payers.

One board member notes that the region in which they are a provider will be losing a couple of cardiologists and a service such as this would be helpful going forward.

A board member asks if there will be a significant impact on those dollars.

Another board member voiced concern regarding technology working in all parts of Vermont and asks if the consult would occur in the provider's office or in the patient's home. Christine clarified that this would be provider to provider and would occur in the providers' offices. Christine incites the CURB members for future input and feedback related to eConsult services.

One member discussed the pros of this service including the consultant would be able to work with the referring provider to advise on any preparatory information gathering or testing that should be done prior to the eConsult so that all information necessary would be compiled prior to the consult for efficiency.

One member asks what the specialist receives for payment. Christine notes that is not known at this time, but fiscal analysis would need to be performed.

One member notes that if there is a decision to utilize this service, there should be close monitoring of quality of care and information provided by the eConsult service.

Update: Telemedicine Visits and Adolescents – Dr. Strenio-
Breena Holmes submitted comments she received back from providers she reached out to regarding tips for maintaining confidentiality with adolescents during telemedicine visits. This was received in response to questions from CURB members regarding telemedicine utilization with adolescents and the nuances of maintaining confidentiality for this

population around sensitive topics such as substance use. Dr. Strenio reviewed these comments with the CURB members. The comments were provided to the CURB members for review as an attachment to the teleconference meeting. Board members acknowledged these comments to be informative.

Update: State of Emergency – Christine Ryan

DVHA has responded in multiple ways across the agency to COVID working with providers and members. Early in the state of emergency, there was a significant decline in service provision. Over time, there has been a slow reopening for in person health care services and with this, DVHA continues to undertake innovative approaches to work with members and providers. We do not know when the state of emergency will be lifted and the details around what the transition will look like around changes that DVHA put in place to response to COVID. We do not have a response that is specifically aligned with lifting the state of emergency and resuming work as it was like before COVID but will continue to bring changes to the CURB as they are brought forth.

4.0 **New Business**

Transportation and Utilization Changes During State of Emergency – Peter McNichol

For transportation requests during the state of emergency, the Transportation Unit is using an initial questionnaire developed by DVHA and VDH staff to determine if members will need to be transferred by ambulance or other non-emergency modes of transportation. There five questions that are being asked are: **1**) **Have you or someone you live with traveled outside of Vermont for an extended period? If so, where?** Vermont Department of Health website includes a link to estimated active Coronavirus cases per million that the Transportation Unit is utilizing as a resource for nonemergency medical transportation determinations. There is funding for Ambulance only transporting of COVID-19 positive members. Ambulance transport is occurring for members with presumed positive COVID-19 test results. Transport vehicles are being disinfected post transport according to VDH guidelines and all drivers are updated weekly regarding PPE requirements with appropriate PPE provided. **2**) **Have you been in contact with any person who has been infected with the Novel Corona Virus COVID-19? 3**) **Over the past 14 days have you had the following symptoms?** Symptoms are being updated regularly by the VDH. Members that answer 'yes' to any of these questions are being transported via ambulance. Some of the federal funding DVHA has received for COVID-19 response is being allocated for these types of scenarios. Therefore, at this point, none of the funds for ambulance transports for members answering 'yes' to questions related to positive COVID-19 symptoms are coming from existing annual transportation budget. **4**) **Have you discussed other possible options with your provider other than going into the office, such as phone screening, video conferencing or rescheduling?** Phone screening and video conferencing are being utilized extensively for screening regarding nonemergency transportation requests. This is something that has been effective and highlights a tool that has beneficial use moving forward for example, for out of state trips where a telemedicine visit may be appropriate and

will be a valuable tool even after the pandemic. **5**) **Are you aware that you're transportation to this appointment may result in you being in close proximity to a person who may end up testing positive for COVID-19 and that this transportation may have potential additional health risks due to the current situation?** Some people are deciding to postpone appointments when consideration these questions. Unfortunately, there have been incidents where members did not answer the questions truthfully and it has been important to impress there are repercussions to dishonesty in this situation, such as exposing other people to the Corona virus.

Discussion:
One board member notes there has been concern around potential for driver exposure to the Corona virus and the impact this could potentially have on transportation needs. Peter notes that the allowance of take home medications for example, for the MAT patient population, have reduced the required frequency of patients needing to go into MAT offices for dosing, therefore this has significantly lessened transportation needs for this indication, reducing trips and potential exposure for drivers when normally this may have required daily trips.

Another board member asks if there have been any thoughts about outfitting the cars with barriers between the driver and the passengers. Peter reports procedures now include limiting passengers to one per volunteer vehicle per trip, with the passenger in the backseat. Some of the vans for transportation are only putting 2-3 passengers per van to allow for social distancing and these vans have been outfitted with a barrier between the driver and passengers to provide some barrier to the driver. Installation of a barrier is a challenging idea for the private, volunteer cars as there is not a clear funding source to pay for PPE for these drivers at current.

One board member notes that use of take homes in some MAT settings has shown to have adverse effects, therefore some MAT offices are beginning to scale back the take home medications.

One board member asks that if there is a maximum of two passengers in a vehicle, are there attempts to ensure the two passengers are from the same family. Peter confirms this is the goal. Passengers not from same household are transported individually or in a vehicle that allows for social distancing.

One board member notes it seems likely that the volume of transport and trips will increase with continued requirements of limiting number of patients per trip related to the guidelines around social distancing. Peter reports that may occur, but until guidance changes, requests to DVHA for transportation will be provided in accordance with expert provided guidance.

Dr. Strenio asks Peter about payment methodology for Vermont Medicaid members. Peter reports DVHA pays a per member per week rate. For members utilizing rides infrequently, this cost is balanced by members that are receiving transportation daily. At current, the transportation contractor has not indicated that costs have increased because since the declaration of the state of emergency, the ride numbers have dwindled.

Legislative Updates – Dr. Scott Strenio

Dr. Strenio reviewed legislative updates as of July. One topic includes, as we turn the spigot and in-person services are slowly opened back up, there is discussion and consideration around what pieces of telehealth does DVHA continue to cover. Dr. Strenio provided an overview of the Miscellaneous Health Care Provisions section of H.960 which also relates to assessment of utility of prior authorizations.

In general, Medicaid aligns with direction of Medicare in coverage of services. One new service that is being considered is remote patient monitoring and virtual communication, which is the use of devices to gather data to monitor patients while the information is stored digitally. The patient focus for use of these services includes managing hospital conditions, managing hospital discharges, mental health and SUDs, and COVID related care.

Dr. Strenio asks for input from the board members regarding coverage of some of these service expansion areas, e.g. CPT codes 99457 and 99458, which broaden the ability of remote patient monitoring to be performed by clinical staff, e.g. an LPN, with general supervision of a provider. Previously, this was only billable if it was performed by provider. Currently Vermont Medicaid does not cover these codes.

One board member notes that this will likely relate to home health services as it related to primary care.

Dr. Strenio clarifies this would include electronic transfer of data and then clinical staff would be reviewing the data received. A board member notes that at current, it is home health that is utilizing this type of service. Dr. Strenio discusses that essentially, this would allow for creation of devices that would capture data to be forwarded on to the provider.

One provider asks if there will be controls in place to determine if such services were necessary or not, and to base reimbursement on a set of criteria that is being measured. The member asks, if there is a checks and balances system, this may be helpful to measure utility of the coverage of the codes. Dr. Strenio replies that as we continue to integrate telehealth and telemedicine, there will be discussion around expansion of coverage to technology devices/services.

One board member notes that is seems unnecessary to add a third party to the data collection as currently e.g. visiting nurses visits a patient, collect data, and integrate into the EHR. Dr. Strenio asks the board members, would it be helpful if we brought subject matter experts to the CURB meetings to discuss these new services. Board members recommend if someone comes to speak at a future CURB meeting around this, it would be helpful to provide how much costs would be expected to increase if these technologies and codes were covered.

One board member notes that remote patient monitoring might be helpful for tracking e.g. blood pressures or blood sugars. He notes times when the patient had recorded this on a paper at home, but then forgot to bring to the visit to review.
One board member asked if there is any evidence around improved patient outcomes with utilization of remote monitoring. Dr. Strenio asks, what if there are technologies out there that may cause harm?

One board member notes coverage of blood pressure cuff, thermometer, and scales would be impactful. Dr. Strenio notes that DVHA does cover blood pressure cuffs, however the DME companies do not prefer to work with DVHA to provide blood pressure cuffs regarding our reimbursement rates.

Emergency Dental Access – Christine Ryan

DVHA will be organizing a work group to address dental emergencies that require treatment by a dental provider versus emergency room interim treatment. The avenue through which these issues are identified at DVHA usually after a phone call from a member regarding need for dental care. Often, these patients are complex and require complex care. Given the current state of emergency, there are numerous questions around who will perform the care, where the care will be provided, payment for the care, and timeliness. At this point in the state of emergency, this has opened the conversation around provision of emergency dental care during the pandemic. The work group will begin to evaluate who the dental providers are that are willing to provide dental care, where they are located in the state geographically, and what setting is available in that region to provide that care. Efforts of the workgroup will include developing a more organized process in place and a response.

One board member notes that in the FQHC that they practice in, dental services have remained open during that state of emergency and most FQHC dental services have remained in place during this time. He reports that this FQHC was receiving patients seeking care from a large radius because other practices had closed. He reports that the FQHC has implemented systems to improve air purification that improves pickup of aerosols around the patient while dental care is provided.

Another board member reports that there are tools that can be implemented to reduce the number of particles in the air. He reports that CDC and ADA guidelines took some time to be developed. He notes that the guidelines from the CDC and ADA have clarified the requirements for the operatory, but at a significant financial cost. This highlights the problem that the setting in which the patient receives the care on top of the lower reimbursement rates create a scenario with even more limited service availability and there will need to be substantial changes in the delivery of care for this patient population. Another board member notes that the providers in the FQHCs are being paid less than their overhead.

Christine notes that there are barriers to consideration of operating rooms for this care including limited time availability and allotment for emergency dental care cases. She reports more information will come regarding this work.

One board member discusses that there should be strong consideration for ease of provision of anesthesia for pediatric dental cases so that there are not barriers to providers making decision related to pediatric dental care needs.

Data Review: Telemedicine Utilization – Dr. Strenio

Dr. Strenio reviewed telemedicine claims data. The data is broken down by telemedicine, telephonic, and other virtual services. There are three buckets, telemedicine, voice only, and other virtual service. The data identifies that from February to March telemedicine services spike and then from April to May, the use of telemedicine starts to trend down.

One board member reports that in certain patient populations, their experience with utilization of telemedicine has been that it is more difficult to get a sense of how a patient is doing than in person.

One meeting attendee notes they feel patients might feel they get more value from a face to face visit

One board member reports the patients that they work with have really appreciated the convenience of telemedicine e.g. regarding not needing to find childcare or lose hours of work.

Christine asks if any of the board members have utilized a hybrid approach where there is a combination of in person and telemedicine. One board member reports they intend to maintain nearly exclusive telemedicine approach, however there are practices that have begun to open more; for example, to complete witnessed urine drug testing.

Another member reports that in the SUD patient population, when patients are doing well, telemedicine is appropriate, however when they are not or there is provider concern, in-person visits may be more effective and valuable.

Another board member reports staggered staffing within the office that they work within related to space for physical distancing, which poses challenges for the patients to identify dates providers are available to be seen. She notes that the elder population are afraid to come into the office, however. She reports challenges in scheduling and office flow when attempting to mesh in person and telemedicine visits. There is also note that patients with anxiety find telemedicine very effective.

Round Table – All

Dr. Strenio reviews the recent update to 42 CFR Part 2 Rules that says as long as you are not a part 2 provider, you may share information about a patient even SUD information as long as it does not come from a part 2 provider. One member notes that one significant benefit around this change is that non part 2 providers are able to add to the Vermont Prescription

Monitoring System, prescriptions for patients that are on methadone or suboxone through the hubs, which was a barrier for PCPs when considering prescribing for patients.
One member discusses that they feel there should be proactive planning around vaccination planning when a vaccine is available for COVID-19. He requests more information from state leadership around this type of statewide planning. Also identifies that there needs to more significant planning around getting flu vaccine to schools for flu vaccine provision. Dr. Strenio reports that different administration routes for a potential vaccine are being investigated. One board member notes that now that we have popup testing sites, could these be converted to vaccination clinics? Another member adds maybe these sites could be utilized to assist in getting kids caught up on vaccinations.

One board member asks that Vermont Medicaid work to provide member education around mask use.

Another board member asks if there has been discussion about more home visits e.g. in situations where we need to isolation a population such as the elderly, rather than continuous use of telemedicine? Christine reports that DVHA's VCCI team has voiced concerns around not having in person access to members as a way to deliver care cost efficiently and for those folks that cannot get out to receive the care they need.

One member reports, regarding the ACO, that all independent practices smaller than a certain size are not receiving the benefit of cost sharing for provision of data for improvements in population health. He reports that if these practices were included in this money back, it would be viewed to be more equitable and there may be more interest amongst private providers to join the ACO.

Adjournment – CURB meeting adjourned at 8:40 PM

Next Meeting

September 16, 2020
Time: 6:30 PM – 8:30 PM
Location: Skype or update TBD