VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

**Clinical Utilization Review Board (CURB)**
**March 17, 2021**

**PRESENT:**

**Board:** Thomas Connolly, DMD; Joshua Green, ND; John Matthew, MD; Elizabeth Newman, MD; Michael Rapaport, MD

**DVHA Staff:** Katie Collette, RN; Christine Ryan, RN; Scott Strenio, MD (moderator); Sandi Hoffman, Deputy Commissioner

**Guest:** There was no guest speaker at the March 2021 meeting.

**Absent**: Valerie Riss, MD; Nels Kloster, MD

**HANDOUTS:**

- Agenda
- Minutes – November 18, 2020 and January 20, 2021
- CURB 2021 Workplan
- Telehealth Data
- CURB eviCore High-Tech Imaging Memo

**CONVENE: Dr. Scott Strenio convened the meeting at 6:37pm.**

## 1.0 Introductions and Acknowledgments

Dr. Strenio welcomed the Board members. The board members introduced themselves followed by attending Gainwell staff and DVHA staff. Dr. Strenio then introduced guest, Sandi Hoffman, DVHA's Deputy Commissioner.

## 2.0 Review and Approval of Minutes

Review and approval of meeting minutes from November 18, 2020 and January 20, 2021 was deferred until quorum is established at a future meeting.

## 3.0 Old Business

**Follow Ups - Dr. Scott Strenio**

***DynamiCare***

As reviewed at prior CURB meetings, Vermont Medicaid will be providing deidentified aggregate data for Medicaid members who participate in a to NIH-sponsored study run by a group called DynamiCare that is investigating the impact of a remote app and incentives in the treatment of alcohol use disorders. At the January CURB meeting, a Board member asked if members with both Medicare and Medicaid coverage were eligible to participate in the program. Dr. Strenio confirmed with the DynamiCare team that members dually covered by Medicare/Medicaid are indeed eligible for participation in the study.

One board member noted that he has seen presentations from the DynamiCare group with projects involving treatment of alcohol, tobacco, and narcotic/illicit drug use and he asked if Vermont Medicaid is participating only in the portion of DynamiCare's work related to alcohol use disorders (AUD). Dr. Strenio reviewed that the particular NIH sponsored grant project that DynamiCare has asked for data support from Vermont Medicaid is primarily for the AUD population however there are other external groups in Vermont working on projects with the DynamiCare group as well.

***Hepatitis C Medication Management in Hubs***

Dr. Strenio provided an update on a pilot project that colleagues at the Division of Alcohol & Drug Abuse Programs (ADAP) are working on with a group out of Yale University. The pilot program allows Hub providers to manage care for hepatitis C patients that are already going to Hubs for medication-assisted treatment (MAT) regularly. Activities at the Department of Vermont Health Access relevant to this work include a Policy, Budget, and Reimbursement analysis to assess the logistics of a buy and bill program for the medications for treatment of hepatitis C.

There has been favorable response from providers at Hubs and many are agreeable to providing this care for this patient cohort. Dr. Strenio noted another logistical piece that DVHA is working to address is coverage of additional visits that may be required for the care for hepatitis C patients that may be above the number of appointments required for MAT based care.

One board member noted that if the codes for these office visits were turned on for the Hub programs to bill for the additional visits then the medications could be sent directly to patients via specialty Pharmacies. Dr. Strenio acknowledged this but mentioned that the idea behind buy and bill is to have the medications readily available at the Hub.

***Dental Services in the OR Setting for Medically Complex Patients***

Dr. Strenio and Christine Ryan provided an update on DVHA's collaboration with interested facilities such as Timberlane, Plainfield Health Center, the Green Mountain Surgery Center to develop a plan to provide dental services for medically complex members that require care that may necessitate resources such as available in an operating room. DVHA is working to develop a plan that is sustainable, equitable, and adaptable across the various settings that may be interested and able to provide these services.

One Board member reviewed that these types of services are much needed and has identified this within their own practice. This Board member also notes a need for dental assistants in practices throughout Vermont and discusses thoughts on efforts to provide a training approach to address the need for this role.

Another board member discusses the issues related to provider privileges and facility requirements of dentists that may provide this type of care in an OR setting. This board

member was hopeful regarding a comprehensive plan for operationalizing this effort in the near future.

**Legislative Updates – Christine Ryan**

***Crossover Date- March 15th***

March 15th marked crossover day in the legislative session where lawmakers in the house and senate exchange bills for work to continue on the bill in the opposing chamber. No additional bills may be introduced after this date. DVHA has provided testimony on relevant bills in accordance with duty. Christine Ryan reviewed several bills relevant to Vermont Medicaid with CURB members.

***H.430: An act relating to expanding eligibility for Dr. Dynasaur to all income-eligible children and pregnant individuals regardless of immigration status***

Vermont Medicaid tracks this information in claims data related to requests for services for undocumented individuals.

***H.153: An act relating to Medicaid reimbursement rates for home and community-based service providers***

The Health and Human Services Committee is looking at a rate study for home and community-based services.

***H.104: An act relating to addressing certain licensed out-of-state mental health professionals to treat Vermont patients using telemedicine***

This bill looks at facilitation of interstate practice using telehealth and proposes to allow health care professionals who hold a valid license in another U.S. state to continue providing services to patients located in Vermont. A work group will be assembled to develop recommendations related to facilitating interstate practice of health care professionals via telehealth, culminating in a report due on or before December 15, 2021. The work group will be supported by and with administrative, technical, and legal assistance by the Office of Professional Regulation. One Board member mentioned the Phoenix House, a recovery home setting, where residents are connected with prescribers via Telehealth in MA. Another Board member brought up issues with providers crossing borders due to licensure requirements across states.

Updates related to these bills will be brought forth at future meetings.

**CURB 2021 Workplan – Dr. Scott Strenio**

A CURB 2021 workplan was developed and reviewed at the January CURB meeting. This workplan will include scheduled major topics for each meeting. DVHA anticipates sending out data prior to each meeting for CURB member review. DVHA is still actively working

on compiling out of network data, therefore telehealth was shifted on the workplan and discussed during the March meeting. DVHA aims to provide data related to out of network service utilization to CURB members prior to the next meeting.

Sandi Hoffman reviewed some of the work that DVHA is doing related to each meeting topic.

## 4.0 New Business

**Telemedicine – Dr. Strenio**
Background: A portion of Act 140 (H.960) of the 2020 legislative session is related to prior authorization (PA) requirements. A workgroup was assembled at DVHA to examine DVHA claims data and consider what other states and insurers are doing related to prior authorization requirements. Information from the workgroup will be presented to the CURB so that the group may make recommendations to the DVHA Commissioner. As data review occurs, if more research needs to occur or data needs to be further refined, the timing in which the information may be presented to the CURB may be shifted.

In accordance with this month's topic on the workplan, DVHA presented data to the CURB related to telehealth utilization. Legislative testimony regarding Telemedicine has been ongoing. Data shows that Telemedicine utilization reached a peak in April 2020 during the public health emergency and since then, telemedicine utilization has decreased, and in-person visits have been on the rise again. This includes telemedicine provided via audio and visual and telemedicine with audio-only. Dr. Strenio asked the Board members to share their experiences with telemedicine during the public health emergency (PHE).

One board member reported that he has not stopped going into the office except to quarantine briefly if necessary. For new patients, he reported he felt there is significant benefit to meeting face-to-face particularly for the first interaction. He also noted that how this interaction looks has changed throughout the PHE, e.g. proper personal protective equipment and distancing. Dr. Strenio asked this board member if patients have been reluctant to go into the office. The board member reported that in the beginning of the PHE in early 2020, many people were reluctant to come to the office but now as more data has come out about COVID and prevention, people are more comfortable with the preventative measures and want to get out of the house.

Christine discussed bill S.117 which is an act examining the use of telemedicine services and extending coverage of health care services delivered by telephone or audio-only. In testimony provided so far, it is notable that commercial carriers are not in favor of the audio-only modality.

One board member feels that telephone/audio-only can be beneficial as a tool for follow up with patients who have exhibited compliance with treatment goals. Another Board member reported that in his experience, he didn't find the addition of video during telehealth visits very useful. He reported that he ultimately prefers providing health care services in person

but has found telephonic/audio-only useful as well when in-person visits were not possible. This board member reported the allowance of telemedicine with audio-only has resulted in a decrease in no-shows from about 12% to 7%.

Another Board member noted that she felt there should be audits of clinical records for appropriate use of telephone only as there may be cases where some providers may inappropriately use audio-only. She reported at times she has felt pushback from patients requesting to have telemedicine appointments for conditions that may not be appropriate for a telemedicine visit. This same board member noted an experience with an assisted living facility where an audio-only telemedicine appointment was extremely helpful and saved transporting a patient that required significant resources for transport.

Another Board member expressed concern about limiting payment for audio-only visits. He expressed that this would cause problems for providers using telemedicine when there are issues with other technologies such as internet access or application connectivity. This same provider noted that if payment for audio-only health care services is reduced, providers may choose to not offer the service as it will not be sufficiently compensable for their time. This Board member agreed DVHA should be cautious about abuse of services but shouldn't penalize everyone for the few. He asked, how much fraud actually exists in telemedicine health care service provision? He added, would it be worth the time and resources to investigate the limited cases of fraud, especially in the small state of Vermont?

Another Board member asks about transportation costs related to telemedicine apart from COVID and the PHE? Would telemedicine decrease costs for transportation?

Sandi Hoffman asked the Board to clarify if they are in favor of audio-only telemedicine with a strong audit requirement? Sandi further posed to the Board, do they think that DVHA should develop clinical guidelines or leave it up to the providers? One board member related that he doesn't think limiting audio-only would eliminate the risk of fraud and noted if they are going to commit fraud, they may do so with audio and visual telemedicine as well. One board member related that in lieu of audit, maybe the language would be monitoring utilization of audio-only telemedicine services. One board member explained that providers have a good handle on what needed to be done to assess a clinical condition therefore he voiced it would be best to leave it up to the providers to use their clinical knowledge for decision making related to audio-only with audit requirement. Regarding development of clinical guidelines, the Board voiced support for exclusionary guidelines versus inclusionary guidelines. Another Board member reported that the audio-only modality for health care services has significantly reduced the no show rate in their practice. Another Board member cited that audio-only allows a valuable point of connection for providers to connect with patients with chronic conditions that require frequent and close monitoring.

Regarding clinical criteria, Sandi added she felt it would be possible for DVHA to draft broad exclusionary criteria and perhaps DVHA can then bring these criteria to the Board for review.

**EviCore High Tech Imaging and PA Requirement – Dr. Scott Strenio**

DHVA has asked for the input of the CURB on eliminating pre-PHE requirement of prior authorization for high tech imaging, which includes computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), CT angiography (CTA), positron emission tomography (PET), PET/CT, and advanced cardiology imaging studies such as myocardial perfusion imaging and echocardiography. In considering elimination of PA for high tech imaging, DVHA would cancel the current contract with eviCore, the current vendor that completes prior authorization for these services for DVHA. During the PHE, DVHA lifted PA requirement for these services. Dr. Strenio reviewed that the question we are posing to the Board is, should DVHA discontinue requirement of prior authorization for this type of imaging and cancel our contract with eviCore? One board member asked if instead of requiring prior authorization for these services maybe there could be some type of education on what imaging should and shouldn't be used and when. Guidelines are needed. One Board member reported the unanticipated decrease in imaging this year at UVMMC related to the cyberattack. Board members discussed the high utilization of high-tech imaging in the emergency room setting and that this might be a place of focus for education regarding appropriate use of these services. Dr. Strenio reviewed that a vote will be requested from the Board via electronic means so that input of a quorum may be obtain. The CURB meetings are public meetings and no public comment was offered at this meeting regarding this topic for the record.

## 5.0 Closing

**Meeting Adjournment**

The CURB meeting adjourned at 8:26 PM.

**Next Meeting**

**May 19, 2021**
**Time: 6:30 PM – 8:30 PM**
**Location: Teams or update TBD**