



**Clinical Utilization Review Board (CURB)
Meeting Minutes for January 17th, 2024**

Board Members Present:

✓	Thomas Connolly, DMD	✓	Nels Kloster, MD	✓	Valerie Riss, MD
✓	Joshua Green, ND	✓	Kate McIntosh, MD	X	Matthew Siket, MD
✓	Colleen Horan, MD				

DVHA Staff Present:

✓	Christine Ryan, RN DVHA Clinical Services Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Stephanie Barrett DVHA Chief Financial Officer
X	Addie Strumolo Acting DVHA Commissioner	✓	Ella Shaffer DVHA CST Admin Svcs Staff	✓	Zia Shahriare Business Analyst & Project Manager
✓	Sandi Hoffman Deputy Commissioner	✓	Lisa Hurteau, PharmD DVHA Dir. Pharmacy	✓	Taylor Robichaud DVHA Clinical Pharmacist

Guests/Members of the Public: Margaret Haskins

Topic	Presenter	Discussion	Action
Meeting Convened		The meeting was convened at 6:36 PM.	
1. Introductions and acknowledgements	Sandi Hoffman and Dr. Rapaport	Introductions were given around the room. The minutes from November 15th were reviewed and approved. DVHA announced the departure of Andrea De La Bruere as DVHA Commissioner. Addie Strumolo will be taking on the role of Acting	Motion: Approve the November 15th minutes as presented Second: McIntosh, Green, Connolly, Riss, Kloster

		<p>Commissioner until the position is filled.</p> <p>DVHA also announced the departure of Dr. Zail Berry from the CURB. DVHA invited the Board to provide candidate recommendations for the now three open Board positions.</p> <p>DVHA reviewed that there is a proposal to update the CURB related legislation. The bill would distribute board member appointments between the governor's office, the House, and the Senate. In addition, the bill would formalize some processes already followed by the CURB, such as consulting with the DURB. Stephanie Barrett of DVHA provided context, explaining that this approach of splitting appointments between branches of government has been adopted over the past several years. The Board expressed concern over the administrative burden that this change might bring.</p> <p>DVHA reviewed there are now three Board member position vacancies and reviewed efforts for recruitment. The CURB reviewed legislative expectations of the Board to support recruitment efforts.</p>	Abstain: Horan Approved
2. Old Business	Dr. Rapaport	DVHA reviewed that HCPCS code E0652 for pneumatic compressors has been placed on the imminent harm code list following recommendation from the CURB, effective 1/1/24, with the code now requiring prior authorization (PA). DVHA is conducting an audit to review utilization of this service over the past few years and reported that no PA requests have been received since implementing the PA requirement for pneumatic compressors.	
3. Review of CURB 2024 Workplan	Sandi Hoffman and Christine Ryan	<p>DVHA outlined the 2024 CURB workplan with topics to be covered over the coming year. The schedule was sent to the Board in advance for review. The Board offered several additional suggestions. DVHA will consider Board workplan suggestions for consideration and incorporation into future meeting agendas in alignment with CURB roles and responsibilities as per Act 146 Sec. C34. 33 V.S.A. chapter 19, subchapter 6 of the 2010 legislative session and after mandatory business meeting requirements needs are addressed</p> <p>One Board member expressed concern on Vermonters' access to</p>	DVHA agreed to add PCP discussion to the March meeting.

		<p>primary care physicians (PCPs). A discussion ensued about what information/exploration would be helpful from DVHA. The Board members noted the concern about PCP retention within VT. It was noted that a study had already been done on this topic by the Green Mountain Care Group (GMCG), which corroborated the perceived retention issues. A recommendation was made for interested board members to apply to the GMCG as they may be able to influence change more directly. . DVHA agreed to add a dedicated discussion (20 minutes) for this topic to the March meeting.</p> <p>Discussion regarding increased funding for PCPs was discussed. Increases to anything likely means decreases elsewhere. With questions about reimbursement and rates, it was determined that a presentation/conversation with a SME on payment reform, reimbursement, and rate setting would be helpful. Alicia Cooper will be asked to attend or identify a designee to provide information to the Board. The Board was asked to come with questions and recommendations for future action.</p> <p>The Board asked how topics are weighed for inclusion on the workplan. DVHA reviewed with the Board that the workplan is developed in advance each year by DVHA staff charged with the duties, in consultation with DVHA leadership and subject matter experts, to build a foundation of content that is relevant to CURB roles and responsibilities per Statute, e.g., utilization data, changes/additions to service coverage, and best mechanisms to implement changes/additions.</p>	
4. DVHA Weight Loss Service Coverage Project	Zia Shahriare	<p>Zia Shahriare, project manager of the Weight Loss Service Coverage Project, delivered a presentation giving a high-level overview of the project. The outlined goals are to evaluate the direct and indirect costs of obesity; examine the prevalence and impact of obesity in Vermont; and determine the financial implications of providing coverage for currently non-covered treatments for obesity. The presentation provided several data points for national trends in medical costs before going over approaches to weight management that are currently available. Zia proposed a cost-benefit analysis on the viability of weight loss medications and/or lifestyle interventions in Vermont.</p>	

		<p>The Board noted that the data given was national data and requested Vermont specific data be included with future information. Zia explained that VT-specific data was limited but DVHA does plan to investigate this further as part of the project. Included in this would be a cost projection for VT that considers comorbidities. One member recommended DVHA utilize the Institute for Clinical and Economic Review (ICER) reports on obesity management. It was emphasized that all of these weight loss drugs are approved in conjunction with lifestyle modification.</p> <p>The Board emphasized a need to track compliance over time as there is evidence suggesting patient condition rebounds if compliance drops off. DVHA explained that VT Medicaid does not have a cohort taking these drugs for weight loss alone. When the DVHA Pharmacy Team examined covered drugs for diabetes, compliance rates aligned with literature values, suggesting that after a year 40% of the cohort was no longer taking the medication. DVHA and the Board agreed that these drugs are lifetime use and all benefit to taking them is lost if alternative weight management/lifestyle change approaches are not adopted after treatment is discontinued?</p> <p>One member asked that DVHA consider side effects of the drug. Combined with compliance rates, the cost-benefit could be quite slim and may point members towards surgery from a value standpoint. DVHA added that there may be value in using these drugs as an interim measure to prepare a member for surgical intervention.</p>	
5. Budget Update – Budget Adjustment Act	Stephanie Barrett	<p>Stephanie Barrett, DVHA Chief Financial Officer, presented an overview of the upcoming budget timeline and financial expectations, noting that the Governor will be proposing his budget in the coming weeks.</p> <p>Caseload estimates were given as a table. Stephanie explained that projections for the caseload of Medicaid for the coming fiscal year are generated using Medicaid Eligibility Groups. The Board commented on the rising aging, blind, disable (ABD) category. DVHA explained that the trend is misleading as these numbers are from the pandemic era when redeterminations were paused. Stephanie noted that this trend of increased enrollees was consistent across eligibility groups in</p>	<p>DVHA will check with Eligibility Team regarding recent changes to redeterminations.</p>

		<p>response to the PHE.</p> <p>A member asked about dual enrollment and if DVHA had a program to manage that subpopulation. It was clarified that a significant subset of the dual enrollment category falls under long term care, with the rest being folks who are not eligible for full Medicaid services.</p> <p>Stephanie continued, stating that the actuals for a fiscal year are compared closely to the estimates to better inform the next year's budget. The General Adults category has the highest margin of error due to having the most churn. She added that the Business Office can provide the comparison data to the CURB on request.</p> <p>The proposed DVHA Program Budget for FY24 was reviewed and the expected adjustments in the coming fiscal year explained. The Board expressed a desire to see a similar Pharmacy spend report. Lisa Hurteau, DVHA Director of Pharmacy, explained that the Pharmacy Team submits best practices and cost report to the legislature every October, which can be shared with the Board. The Board noted interest and verbalized that this would help to direct appropriate concern to issues that are raised. Stephanie agreed to take this request to her team.</p>	<p>DVHA will approach the Business Office to determine if a granular spending report is possible to produce for the CURB.</p>
9. Closing	Dr. Rapaport	<p>No public comments were offered.</p> <p>DVHA suggested that the CURB consider amending meeting length in the future to facilitate more time for discussion in response to Board member robust engagement. One Board member voiced support towards not increasing meeting length. Other members requested that the meeting not run any later than it is currently. DVHA resolved to create a poll to narrow down options.</p>	<p>DVHA will poll the CURB with options for future meeting schedule changes.</p>
Adjournment		<p>The meeting was adjourned at 8:15 PM.</p>	