Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

#	Time	Item	Presenter
1.	10:00	**Call to Order**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
2.	10:05	**Roll Call** **Establish Quorum** **Approve Previous Minutes**	Zack Goss, Director of Customer Communication (Department of Vermont Health Access, "DVHA")
3.	10:10	**Age Strong Vermont Plan**	Megan Tierney-Ward, Deputy Commissioner, Department of Disabilities, Aging, & Independent Living (DAIL)
4.	10:30	**MSP Eligibility**	Mary Kate Mohlman & Sharon Henault, Co-Chairs Possible vote
5.	11:00	**Medicaid Renewal Status Update**	Adaline Strumolo, Deputy Commissioner (DVHA)
6.	11:15	**Comprehensive Pain Program Pilot**	Dr. Michael Rapaport, Chief Medical Officer (DVHA)
7.	11:30	**Commissioner's Office Update**	Andrea De La Bruere, Commissioner (DVHA) Adaline Strumolo, Deputy Commissioner (DVHA)
8.	11:40	**Public Comment**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
9.	11:50	**Final Committee Discussion**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
10.	12:00	**Adjourn**	Mary Kate Mohlman & Sharon Henault, Co-Chairs

December 11, 2023
10:00-12:00 pm

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Roll Call, Quorum, October 23, 2023 Meeting Minutes

Zack Goss, Director of Customer Communication (DVHA)

Age Strong VT Plan

Megan Tierney-Ward, Deputy Commissioner
Department of Disabilities, Aging, & Independent Living (DAIL)

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MEAC – November 27, 2023

Megan Tierney-Ward, Deputy Commissioner
Department of Disabilities, Aging and Independent Living

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Age Strong VT Plan Development

- **Older Vermonters Act Passed –** 2020
- **Advisory Committee Created** - 2021
- **Baseline Assessment Conducted** – 2022-2023
  - Broad Public Survey
  - 6 Public Listening Sessions
  - 7 Focus Groups
  - Subject Matter Expert Presentations
  - Data gathering/Public Polling
- **Multi-Sector Plan on Aging Learning Collaborative** - 2022-2023
- **Communications & Branding** – Winter/Spring 2023
- **Draft Plan Developed** by Subcommittees - Spring/Summer 2023
- **Age Strong VT Summit** – November 15, 2023
- **Draft Plan for Public Comment** – November 2023

93% of older Vermonters who responded to the survey want to age at home.

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Subcommittees in 7 Focus Areas from the Older Vermonters Act

1. Affordable Aging
2. Healthy Aging for All
3. Social Connection is Key
4. Infrastructure for the Future
5. Valuing Family Care Partners
6. The Fight for Justice
7. Strengthening Systems of Support

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Timeline of Next Steps

Timeframe	Activity
November 2023	Public Comment Period
November 15, 2023	Age Strong VT Summit
December 23	Review comments, revise plan, approve with Advisory Committee
January – June 2024	Finalize Plan and Begin Implementation Phase: Create Implementation Committee, develop outcome tracking, identify key strategies to move forward in years 1-3

Age Strong VT strives to build a future where all Vermonters thrive throughout all stages of life.

Thank You!

Read the Plan: hpd-bh-age-strong-roadmap-draft-nov-2023.pdf (healthvermont.gov)

Learn more: www.healthvermont.gov/agestrongvt

Contact us with questions or comments: agestrongvt@vermont.gov

Public Comment through November 30, 2023.

MSP Eligibility

Mary Kate Mohlman & Sharon Henault , Co-Chairs

Proposed Motion

The Medicaid Exchange and Advisory Committee recommends that the Dept. Of Vermont Health Access work with the Vermont Legislature to increase the income eligibility threshold for the Medicare Savings Programs (MSPs) to improve affordability and access to care for Vermonters on Medicare.

Discussion

Medicaid Renewal Status Update

Adaline Strumolo, Deputy Commissioner (DVHA)

Medicaid Renewal Dashboards - Discussion

DVHA's Comprehensive Pain Management Pilot with UVMMC

Michael Rapaport MD, CMO (DVHA)

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Chronic Pain – A Complex Problem

The Extent of Pain

- More than 1 in 5 adults in America have chronic pain
- 1 in every 13 have chronic pain that frequently limits life or work activities. This is referred to as High Impact Chronic Pain (HICP)
- The percentage of adults with chronic pain and HICP increases as place of residence became more rural and increases with age.

Source: NCHS Data Brief, Number 390, November 2020 (cdc.gov)

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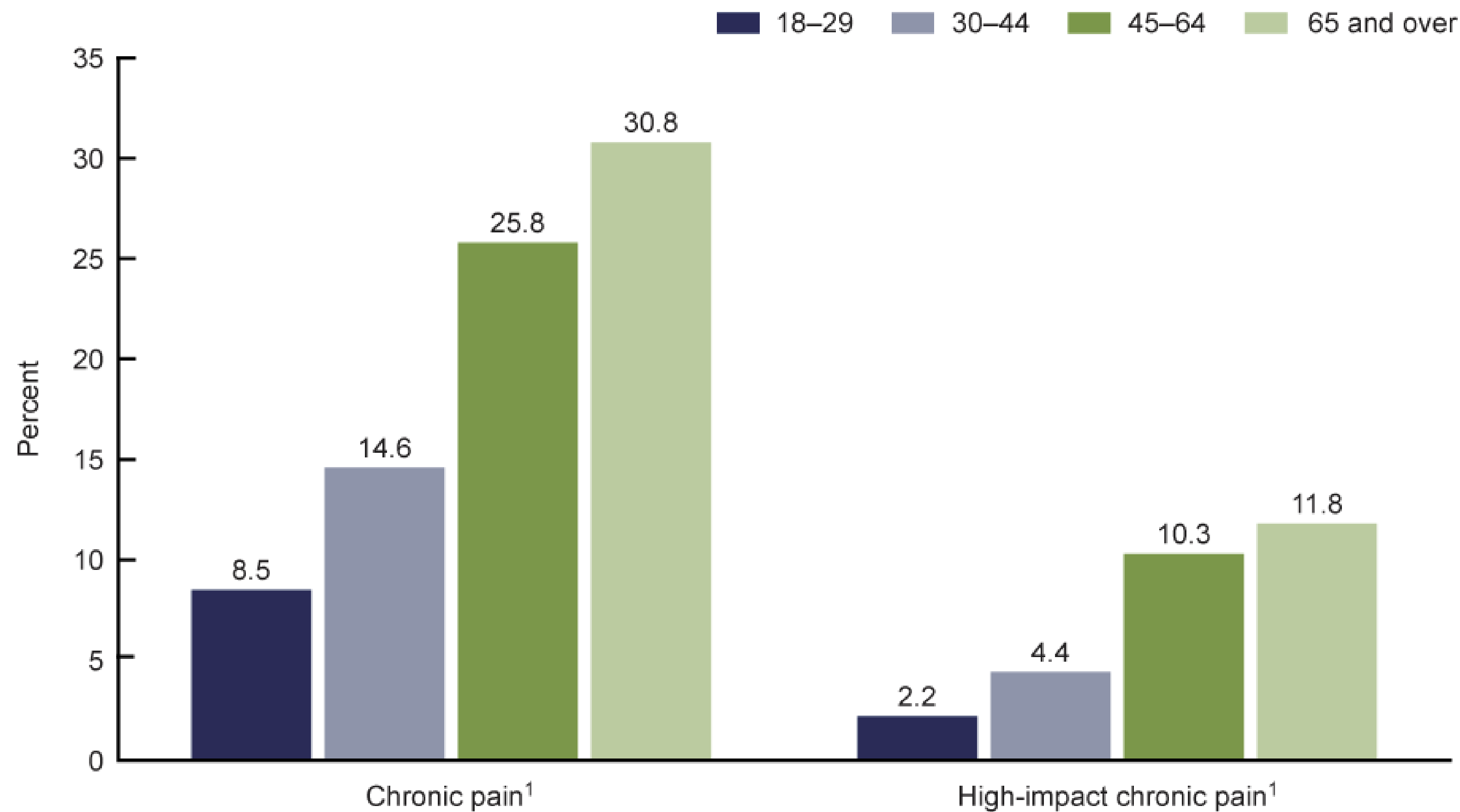
Chronic Pain – By Age Group

Percent of adults 18 and over with CP and HCIP in the past 3 months



Source: NCHS Data Brief, Number 390, November 2020 (cdc.gov)

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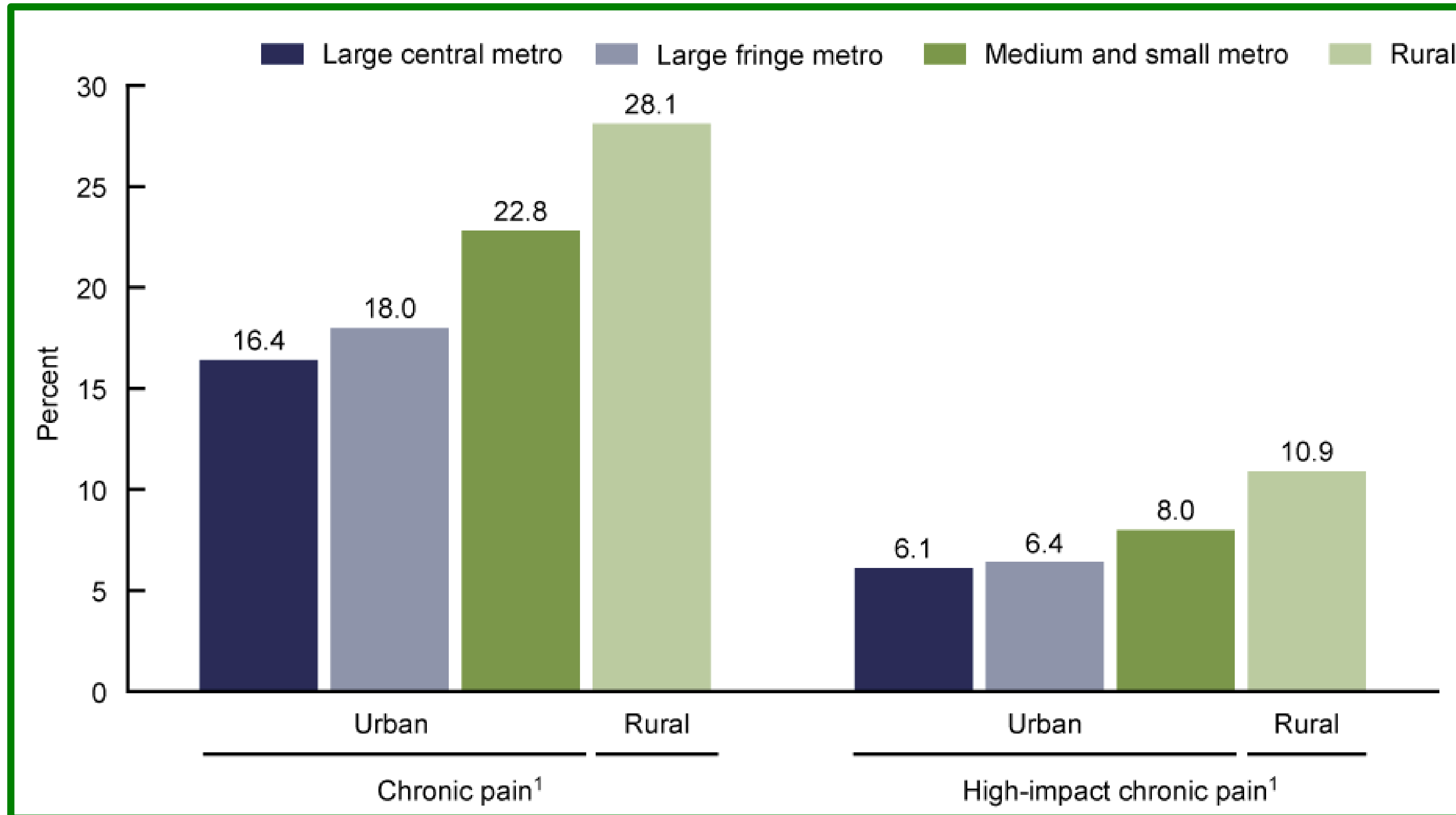
Chronic Pain – Urban vs. Rural

Percentage of adults aged 18 and over with CP and HICP



Source: NCHS Data Brief, Number 390, November 2020 (cdc.gov)

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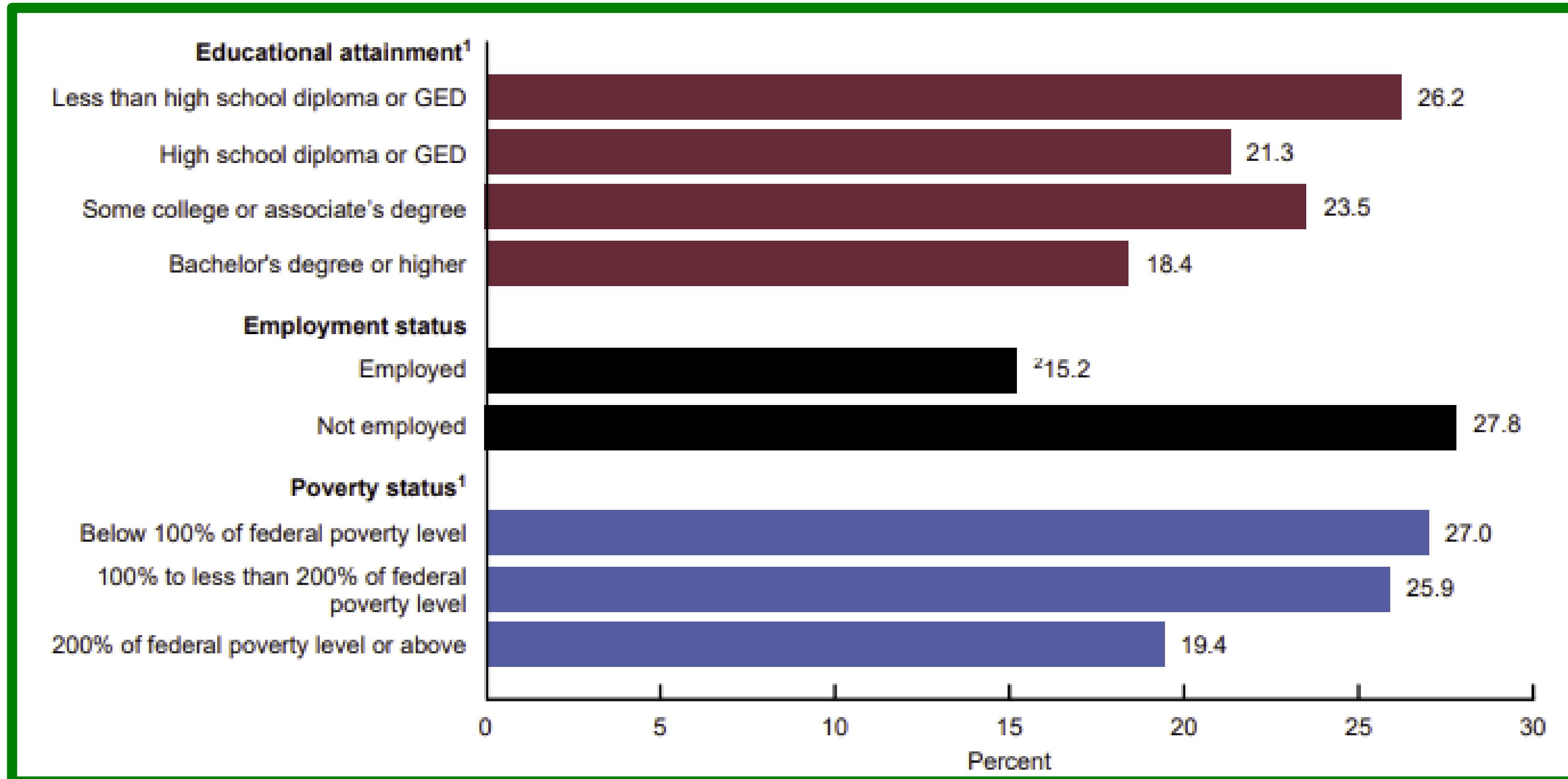
Chronic Pain – Socioeconomic

Percentage of adults with chronic pain who used prescription opioids



Source: [National Health Statistics Reports, Number 162, August 5, 2021 (cdc.gov)]

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Chronic Pain – A Complex Problem

The Price of Pain – Financial

- A 2012 Study showed pain cost the nation (in 2010 dollars) up to $635 billion in terms of direct health care cost & lost productivity.
- This was greater than the annual costs of heart disease ($309 billion), cancer ($243 billion), and diabetes ($188 billion).

The Price of Pain – Emotional & Mental Health

- Individuals with CP are 4 x more likely to have depression
- Have more than 2 x the risk of suicide

Sources:

1. The economic costs of pain in the United States - PubMed (nih.gov)
2. The Financial and Emotional Cost of Chronic Pain - U.S. Pain Foundation (uspainfoundation.org)

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Chronic Pain – A Complex Problem

The Price of Pain – Unintended Addiction

- **The fallacy of the magic pill**
- **Up to 30% of patients on opioids for chronic pain have developed an underlying substance misuse disorder**
- **In the US Opioids were involved in more than 80,000 overdose deaths in 2021**
- **As of August 2023: 164 deaths from opioid overdose in VT**

Sources:

1. CDC: Data Overview | Opioids | CDC
2. VDH Monthly Opioid Report (healthvermont.gov)

A Problem Long in The Making

1996: Purdue Pharma introduces OxyContin into the US.

Aggressively marketed and highly promoted.

Sales grew from $48 million in 1996 to almost $1.1 billion in 2000.

In 2002 the American Family Physician Reports: Only 15 percent of primary care physicians “enjoy” treating patients with chronic pain.

Sources:

1. The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy - PMC (nih.gov)
2. Managing Chronic Pain in the Primary Care Setting | AAFP

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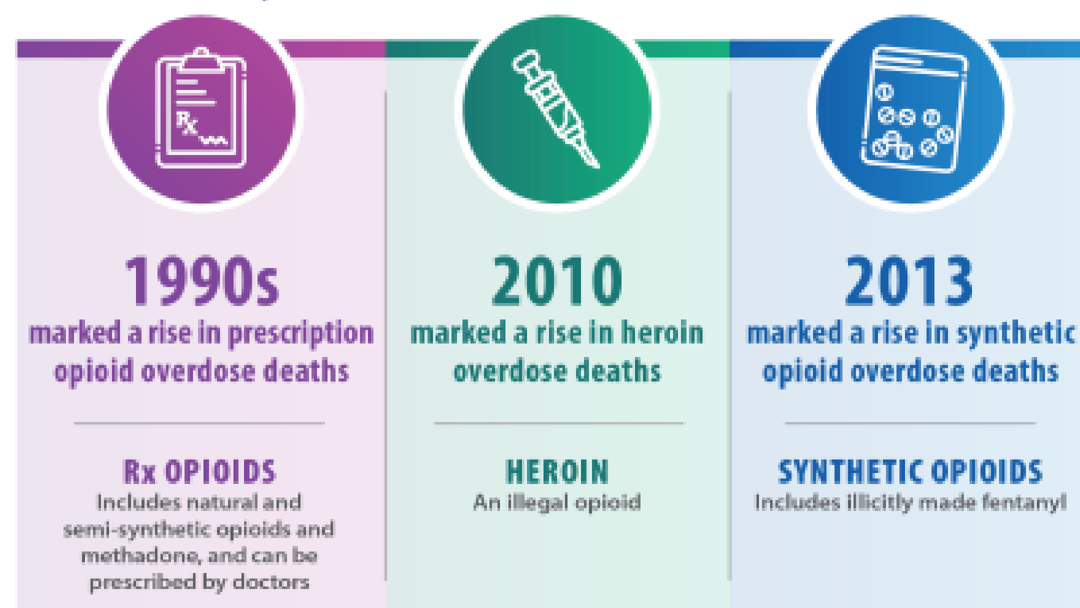
A Problem Long in the Making



Sources: Opioid Data Analysis and Resources | Opioids | CDC

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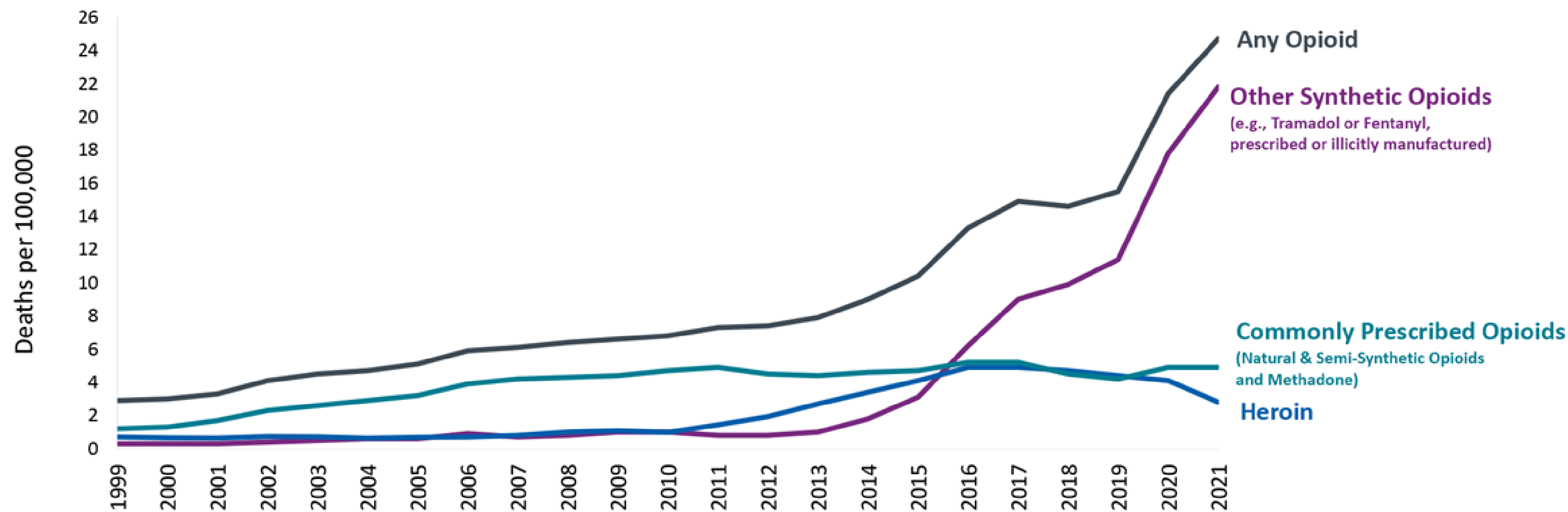
A Problem Long in the Making



Sources: Opioid Data Analysis and Resources | Opioids | CDC

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The Core of the Problem

- 2017 Quote from Daniel Clauw, M.D., director of the University of Michigan Medicine's Chronic Pain and Fatigue Research Center sums up the problem:

  - *"Opioids get a lot of attention from both patients and physicians, and they distract from what we really should be doing to manage chronic pain"*

  - *"Opioids were a class of drugs that were never really shown to work for chronic pain and never really should have been used for chronic pain."*

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Source: Why Primary Care Doctors Need to Rethink Chronic Pain Treatment (michiganmedicine.org)

A Solution to the Problem – P.A.T.H.

2017 – UVMMC establishes the Comprehensive Pain Program (CPP) to improve treatment options for patients struggling with opioid use for musculoskeletal pain conditions.

- **The CPP created "*Partners Aligned in Transformative Healing*" (PATH)**
  - ✓ **Innovative 16-week Intensive outpatient program**
  - ✓ **Based on the whole-person model of care**
  - ✓ **Menu of integrative therapies customized to the individual**
  - ✓ **Designed to optimize each patients' function and maximize their well-being.**

- **Shift away from the idea of removing pain entirely**
- **Develop a healthier and more productive relationship with pain.**

The PATH Program

Program Goals:

- ➢Reframe the Experience of Chronic Pain
  - Move beyond the somatic experience
  - Address co-occurring depression, trauma, and Isolation
  - Help the individual re-define “self” in the context of chronic pain

    → New roles & statuses (family, social, work, financial)
- ➢Support achieving optimal comfort and function
- ➢Encourage agency and self-efficacy
- ➢Ensure that participates are “seen”
- ➢Provide therapeutic environment with unconditional support

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Novel Payment Approach

- **Traditional Pain Centers are based on the fee for service model**
- **But PATH provides comprehensive, coordinated care a cross disciplines and services and therapies not traditionally offered by commercial or public insurance.**
- **The CPP partnered with BCBSVT to create a bundled payment model for their members to participate and receive these services**
- **BCBSVT is now its 4th year of providing this program to their members and has seen significant results.**
- **Now Vermont will become the first state in the country to offer this type of program to its Medicaid population.**

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The PATH Program

The Menu:

➢ Acupuncture ➢ Aqua Therapy ➢ Art Therapy ➢ Behavioral medicine (individual and group therapy) ➢ Culinary Medicine ➢ Craniosacral Therapy ➢ Clinical Hypnosis ➢ Eye Movement Desensitization and Reprocessing (EMDR) ➢ Group Psychotherapy ➢ Health Coaching	➢ Massage Therapy ➢ Movement Therapy ➢ Mindfulness ➢ Nutrition – individual consultation and group ➢ Occupational Therapy ➢ Psychologically Informed Physical Therapy ➢ Reiki ➢ Sleep Well Program ➢ Yoga ➢ **Alumni Group**

The PATH Program

Group Assisted Care

- Average cohort size of 12 patients
- Allows patients to interact, help each other
- Integrates Acceptance and Commitment Therapy

Initial comprehensive medical evaluation

- Helps determine what components program fit the patient
- Ongoing medical group visits (nurse or physician led)

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The BCBSVT Experience

UTILIZATION MEDICAL, PHARMACY & ER

- Percent decrease in each patient's expenses from 12 months prior to starting in PATH and the 12 months after complication
- Data represents the first 120 members who participated in the program

Cost Category	% Decrease
Medical	17%
Rx	23%
Medical + Rx	18%
Musculoskeletal Rx	30%

ER Visit Dx	% Decrease
Any Dx	65%
Pain-Related Dx	67%

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Quality of Life Measures

UVMMC uses a number of validated surveys to evaluate QoL outcomes

1. **Defense and Veterans Pain Rating Scale used to evaluate the impact of pain on:**
   - **Life Enjoyment**
   - **General Activity**
   - **Intensity of Pain**
2. **Brief Resilience Scale**
3. **Self Compassion Scale**
4. **Chronic Pain Acceptance Questionnaire 8 (CPAQ-8)**
5. **Health Confidence Scale**

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The BCBSVT Experience

Survey	Pre	Post	Difference	95% CI for Difference	Change	Statistically Significant	P-Value
DVPRS - life enjoyment	6.13	4.11	-2.02	[-2.44, -1.59]	↓	Yes	<0.001
DVPRS -general activity	6.20	4.31	-1.89	[-2.27, -1.52]	↓	Yes	<0.001
DVPRS -pain in last week	5.77	4.56	-1.21	[-1.50, -0.93]	↓	Yes	<0.001
DVPRS – averages	6.06	4.33	-1.73	[-2.05, -1.42]	↓	Yes	<0.001
Brief Resilience Scale	2.98	3.23	0.25	[0.13, 0.37]	↑	Yes	<0.001
Self-Compassion Scale	3.07	3.19	0.12	[0.02, 0.22]	↑	Yes	0.009
CPAQ-8	3.19	3.47	0.28	[0.14, 0.41]	↑	Yes	<0.001
Heath Confidence	5.25	6.79	1.54	[1.02, 2.05]	↑	Yes	<0.001

The BCBSVT Experience

The PROMIS-29 questionnaire is used to assess pain across 7 health domains.

Physical Health:
- Pain Interference
- Physical Function
- Fatigue
- Sleep Disturbance

Mental Health:
- Anxiety
- Depression

Social Health:
- Ability to Participate in Social Roles and Activities

Domain	Pre	Post	Difference	95% Confidence Interval	Statistically Significant	P-Value
Pain Interference	3.68	2.95	-0.73 ↓	[-0.95, -0.52]	Yes	<0.001
Physical Function	3.20	3.61	0.41 ↑	[0.27, 0.55]	Yes	<0.001
Fatigue	3.67	3.14	-0.53 ↓	[-0.70, -0.36]	Yes	<0.001
Sleep Disturbance	3.23	2.92	-0.30 ↓	[-0.46, -0.14]	Yes	<0.001
Anxiety	2.60	2.33	-0.27 ↓	[-0.42, -0.12]	Yes	<0.001
Depression	2.35	1.95	-0.40 ↓	[-0.55, -0.25]	Yes	<0.001
Social Roles and Activities	2.49	3.04	0.55 ↑	[0.40, 0.70]	Yes	<0.001

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Funding

- Section 9817 of the American Rescue Plan Act of 2021 offered the opportunity for states "to enhance, expand and strengthen home and community-based services" (HCBS) under the Medicaid program
- DVHA and AHS received approval in April 2023 for "Activities" to improve provider services for HCBS members
- One of Activity was creating this pilot with the UVMMC CPP to provide comprehensive, whole-person pain management care to our members
- This is one time only funding
- Preference will be given to members
  - Who utilize HCBS
  - Prescribed opioids for pain management
  - Frequent Emergency Department Visits
- But ALL members are eligible

Considerations & Monitoring

- Will we see similar results with our members?
- Can the model be reproduced in other regions?
- Other Parameters to Consider
  - ✓ Mental Health Medications
  - ✓ Mental Health Services (inpatient & outpatient)
  - ✓ Change in OUD/SUD Medications & Services
- Difficult to Measure Effects
  - ✓ Return to employment
  - ✓ Housing security
  - ✓ Parents more available for kids
  - ✓ Kids in school more

Links to Quality of Life Surveys

- **DVPRS:** PowerPoint Presentation (va.gov)
- **Brief Resilience Scale:** The brief resilience scale: assessing the ability to bounce back - PubMed (nih.gov)
- **Self-Compassion Scale:** Microsoft Word - Self_Compassion_Scale_for_researchers-34.doc (self-compassion.org)
- **CPAQ-8:** (PDF) Chronic Pain Acceptance Questionnaire 8 (CPAQ-8) (researchgate.net)
- **Health Confidence:** Development and initial testing of a Health Confidence Score (HCS) | BMJ Open Quality
- **Promise 29:** PROMIS®-29 v2.0 Profile Physical and Mental Health Summary Scores - PMC (nih.gov)
  - **Link to Promise 29 survey:** Please respond to each item by checking one box per row (unmc.edu)

Commissioner’s Office Update

Andrea De La Bruere, Commissioner (DVHA)

Adaline Strumolo, Deputy Commissioner (DVHA)

Public Comment & Final Committee Discussion

Adjourn

Mary Kate Mohlman & Sharon Henault , Co-Chairs

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