



# Primary Care Advisory Group Update

Michele Lawrence, GMCB Staff

Dr. Fay Homan; Dr. Mark Peluso; Dr. Valerie  
Rooney; Dr. Paul Reiss, PCAG Members

# Agenda

- Provide updates from 9/20/17 Meeting
- PCAG Proposals regarding Prior Authorization
- Response to Chairman Mullin's Workforce Ask
- Future of PCAG

# Background – Act 113

## Sec. 10. PRIMARY CARE PROFESSIONAL ADVISORY GROUP

- (1) The Green Mountain Care Board shall establish a primary care professional advisory group to provide input and recommendations to the Board. The Board shall seek input from the primary care professional group to address issues related to administrative burden facing primary care professionals including:
  - a) Identifying circumstances in which existing reporting requirements for primary care professionals may be replaced with more meaningful measures that require minimal data entry;
  - b) Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication and specialty services;
  - c) Developing a uniform discharge data set for use across the State.

# PCAG Updates

- Legislative
  - Along with Board Member Lunge, Representative Conquest has been in attendance to facilitate questions regarding legislative processes and new bill proposals
- Prior Authorization
  - We've had presentations from three of Vermont's major payers; BCBSVT, MVP and Medicaid
- Other
  - Primary care workforce discussion

# GMCB Next Steps

- 1/17/18 meeting with BCBSVT representatives  
Presentation on imaging PA
- Legislative agenda
  - [H.342](#): “This bill proposes to eliminate prior authorization requirements in health insurance plans for radiology and imaging services, prescription drugs, and referrals to specialists.”
  - [H.346](#): “This bill proposes to express legislative intent that State funding for the University of Vermont College of Medicine be linked to the College of Medicine’s success in increasing to 60 percent the number of its medical students choosing to pursue a primary care residency, and to direct the College of Medicine to develop a comprehensive plan for meeting that goal.”
  - Act 113, Section 10
- Recruitment activities

# PCAG Recommendations to the GMCB Regarding Prior Authorizations

# Prior Authorization Proposal - Rationale

1. PCPs are in the best position to order the appropriate test, medication or specialist referral for that patient.
2. For most PCPs, over 90% of all required PAs are ultimately approved.
3. ROI / cost reduction assessments do not account for many indirect costs.
4. Cost information is not provided to PCPs or patients at the point of care.
5. PAs can actually increase the overall cost of care for patients.
6. Major medical organizations (AAFP, AMA, ACP) have published statements calling for PA reform.
7. PAs represent an unreimbursed cost-shift from insurers to medical practices.

# Prior Authorization Proposal

1. Eliminate PAs for Vermont PCPs
  - a) Insurers concerned about cost-containment could redeploy PA staff to educate certain PCP's and/or patient groups about appropriate use
2. PAs for medications prescribed by Vermont PCPs could be reconsidered and implemented only after the insurance and EMR industry creates a reliable system for updating all formulary changes in real-time for point-of-care access for EMRs used in Vermont
3. Insurers should provide education to both patients and PCPs regarding appropriate use criteria for imaging, medications, step-therapy, and specialty referrals
4. Insurers should communicate with "outlier" PCPs whose prescribing or ordering patterns differ significantly from their peers after adjusting for patient mix and other relevant factors



# Primary Care Workforce Recommendations

# 1. Institutional commitment to primary care

- Strong primary care voice in ACO governance.
- Primary care provider on Green Mountain Care Board.
- Support Universal Primary care legislation.
- Payment mechanisms that support keeping patients out of the hospital and ER.
  - Reimburse time for complex acutely ill patients, coordination of care with VNA, community health teams, mental health providers, phone calls, home visits, etc.
  - Support capacity to hold open slots for urgent needs.
  - Increase the amount of per member per month payments.
- Robust support for Blueprint, if it is functioning well, for alternatives if not.
- Payment mechanisms that reward broad scope of primary care practice.
  - Same reimbursement for same procedure regardless of specialty
  - Provide stipend to MAT providers
- Education campaign for public to understand what's available in their PCP's office.
- Incentives for primary care providers to precept students.

## 2. Make Vermont a great place to practice primary care

- Decrease regulatory burden in primary care
  - Quality measures that:
    - Have compelling clinical outcomes data,
    - Are few in number,
    - Are agreed upon by a panel of practicing PCPs,
    - are retrievable by billing and coding data, not dependent on physician/nurse data entry,
    - are consistent across all payers/ACO.
  - Use Prior Authorization methods that:
    - Focus on outliers (i.e., only required for providers with unusually high utilization),
    - Do not require PAs for generic meds, or,
    - Do not require PAs in primary care.
  - Support a VT Common Drug Formulary or similar document.
- Development of Electronic Health Record that:
  - is designed for communication and patient care, not primarily for billing and data collection.
  - If unable to achieve interconnectivity, move toward single statewide EHR.
- Obtain CMS waiver to decrease documentation requirements for chronic care management.
- Narrow the salary gap between specialists and primary care.
- Rather than requiring recertification by PCMH, allow practices to attest that they are still following guidelines.

### 3. Increase the Number of Primary Care Physicians Training and Practicing in Vermont

- Explore innovative programs such as those at U of Michigan and Quinnipiac that waive med school tuition for those committed to primary care.
- Provide stipend for teaching med students in primary care offices, as Dartmouth does: early primary care exposure predicts primary care choice.
- Improve student loan repayment for those practicing primary care in underserved areas.
- Ask UVM's medical school to establish a plan to graduate 60% of students into primary care.
- Increase the number of Family Medicine residency positions in VT.

## 4. Increase the Number of Nurse Practitioners in Vermont

- Participate in APRN Compact (uniform licensing requirements across states).
- Discourage facilities from requiring unnecessary written collaborative practice agreements between APRNs and MDs.
- Re-instate the Psych-Mental Health Nurse Practitioner program at UVM.
- Equal reimbursement for equal performance, as Medicaid already does.
- Increase the number of graduates from UVM's nurse practitioner program.
- Improve student loan repayment for those practicing primary care in underserved areas.

## 5. Strengthen Pediatric Practice

- Reimburse after hours nurse triage phone services that are reviewed by PCP the following day.
- Adequate reimbursement for coverage at deliveries, or develop innovative alternatives for such coverage.
- Develop a community based pediatric track at area residencies.

Questions?