

**Wednesday, January 18, 2017**

<b>PCAG Member Attendees</b>	Barbara Rouleau, <i>Christina Harlow</i> , Deborah Wachtel, <i>Ellen Watson</i> , Fay Homan, <i>Kate McIntosh</i> , Leo Kline, <i>Michelle Wade</i> , <i>Paul Reiss</i> , Robert Penney, <i>Rosemary Dale</i> , <i>Sharon Fine</i> , Tim Tanner, <i>Toby Sadkin</i> , <i>Valerie Rooney</i> , W. Mark Peluso
<b>GMCB Attendees</b>	Susan Barrett, Robin Lunge, Pat Jones, Michele Lawrence
*italics denote phone participation	

1. Welcome: GMCB Updates
  - a. Review of Group’s Legislative Charge: Susan reviewed with group.
  - b. **Action items**
    - i. Future agendas to be structured around the three charges
2. Process of Nominating Board Members
  - a. Susan and Robin reviewed nomination process and legislation.
  - b. **Action items**
    - i. Dr. Homan to send letter from PCAG members recommending primary care physician for Board member to Jason Gibbs
3. Prior Authorization Working Group
  - a. Dr. Peluso suggested taking aggressive approach, perhaps a multi-pronged approach to eliminate all prior authorizations (e.g., legislation plus ACO contracts with payers). Ideas included: requiring Medical Director denial from health plans, communicating that prior authorization is an administrative burden because requests get approved anyway, have insurers with concerns focus on high utilizers. Data will be collected under MACRA, and providers will be rewarded if they save the system money. Dr. Sadkin and Deborah Wachtel agreed. Eliminating all prior authorizations might be challenging. Dr. Tanner said he is more than willing to be steward of health care dollar, but need to know which drugs are preferred. Dr. Penney asked if they can get information on savings from Medicaid prior authorization. Dr. Homan identified two options: telling Legislature what they want during the current session; alternative is to conduct research, build coalitions and try for next session. If Medicaid-ACO contract waives some prior authorization requirement, attributed Medicaid beneficiaries will need prior authorization and others won’t. BCBSVT seemed willing to discuss prior authorization relaxation on a pilot basis rather than statewide. Group agrees that the best approach is to remove prior authorization altogether. If need to negotiate, generic vs. non-generic drugs could be a negotiating point. Pharmacy takes more time than imaging. Prism/Epic does have information on drugs not requiring prior authorization, but not always up to date. Other EHRs don’t necessarily have that information. Deborah suggests getting rid of prior authorizations for imaging; let radiologists make the decision. Same with medications – perhaps target providers who aren’t prescribing generics. Link with MACRA – we can’t change federal requirements.
  - b. **Action items**

- i. GMCB check to see if DFR collected utilization review data; Robin will see if Board wants to ask insurers for additional information on prior authorization and denials from insurers.
    - ii. Dr. Peluso will write up a proposal on prior authorization and report back at February meeting. Continue to work on this as a full group for now.
4. Discussion of Act 112 Report
  - a. Pat Jones provided summary of Act 112 report recommendations and alignment plan; report was provided to Group.
  - b. **Action items:** none noted.
5. Uniform Discharge Summary:
  - a. Reminder of prior discussion on medication reconciliation. It sounds like Critical Access Hospitals might be working on measures and requirements. Different EHRs are a challenge (e.g., for hospitals and ambulances).
  - b. **Action items**
    - i. Dr. Tanner will put down his thoughts on uniform discharge summary, and circulate to group.
6. Expense Reimbursement and Scheduling Update
  - a. Review of expense form, meetings will continue to be third Wednesday of each month.
  - b. **Action items:** none noted.