

Wednesday, January 17, 2018

PCAG Member Attendees	Mark Peluso, Fay Homan, Robert Penney, Paul Reiss, <i>Tim Tanner</i> , Deborah Wachtel, <i>Valerie Rooney</i> , <i>Sharon Fine</i>
GMCB Attendees	Susan Barrett, Robin Lunge, Michele Lawrence, <i>Pat Jones</i>
Other Attendees	Stephanie Winters, Vermont Medical Society; Representative Chip Conquest; Dr. Josh Plavin, BCBSVT; Susan Gretkowski, MVP
*italics denote phone participation	

1. Welcome & Introductions

- a. Discussion of the PCAG presentation to the Board. Group had a debrief on key takeaways; most notably, prior authorization requirements. It was agreed that moving forward, a concise message of streamlining the PA process is needed – current processes delay care for patients. OneCare’s presentation was also noted, where utilization for Medicaid did not change for 800 imaging codes – a broad endorsement for the legislation put forth by Representative Conquest. Board Member Pelham asked the group to identify, areas within the PCAG board presentation where the GMCB has authority, and areas where other state agencies have authority. He followed by asking what prices could be identified within those areas, including defining primary care and it’s relative spend. It was noted by both Board members and external stakeholders that the presentation was well-received and appreciated. Administrative burden through the ACO was mentioned, for high-risk patients, double entry would be required (into physician office EMR and into OCV’s platform). Extension of PCAG was noted briefly – at the time of the meeting, the group was waiting for a bill number to share the updated legislation with the group. That bill will be shared with all board members upon release. No opposition to the bill is expected. Michele and Susan noted that our next meeting will be held at the new GMCB offices – 144 State Street. Updated information on parking and entry will be sent as the date approaches.
- b. **Action Items:** Michele to send out updated reimbursement template – complete 1/18/18.
Michele to update meeting invite to new meeting location – complete 1/18/18.
GMCB to identify authority and send to group for them to prioritize.
BCBS to present on imaging data in February.

2. Upcoming Legislation

- a. All bills discussed are listed below. Representative Conquest and Robin were able to give the group an overview of the legislative process, who to contact and how, and when testimony will occur.
- Extending PCAG sunset and broadening scope:
 - [H.653](#): “This bill proposes to codify and expand the role of the Primary Care Professional Advisory Group in providing input and recommendations to the Green Mountain Care Board.”

Robin noted that there are Constitutional due process issues with CON, as they are quasi-judicial proceedings. Members can still submit through public comment processes. COI provisions are still in place for PCAG members. The sunset date for PCAG was removed – citing that there is no end date for primary care.

- Prior Authorization:
 - [H.652](#): “This bill proposes to increase the amount of the health care claims tax to support a Green Mountain Care Board-maintained database of prescription drugs that are on most health insurance plans’ formularies and for which prior authorization is not required.”
 - This was noted to be the group’s top priority item as they begin to advocate and lobby representatives and senators. (There is an existing bill - [H.342](#) - that will be replaced).
- Provider on the GMCB:
 - [S.212](#): “This bill proposes to require at least one member of the Green Mountain Care Board to be a health care professional.”
 - [H.658](#): “This bill proposes to require at least one member of the Green Mountain Care Board to be a primary care provider.”
 - Group decided to advocate within Senate for this bill – it is likely to emerge in committee prior to the House. The group will focus and follow the senate bill and propose that the language be for a primary care provider (similar to the House bill language).
- Universal Primary Care:
 - [S.53](#): “This bill proposes to establish a system of universal, publicly financed primary care for all Vermonters beginning in 2019.”
 - The group asked for follow-up and general education on this proposal.
- UVM Medical Students
 - [H.346](#): **(existing)** “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% 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.”
 - b. Additional discussion around an MVP 1-800 number occurred. Follow-up communication received from the health plan reads: *“At one point I heard who I believe was Dr. Mark Peluso say that MVP has an 800 number for members to call to renew their prescriptions. There then was discussion among Group members critical of MVP. That is not true – MVP has never had this kind of number nor has any plan to.”* And, *“[t]he only way to get your prescription refilled is for your physician to refill it. Both the mail order and specialty pharmacy that we use have 800 numbers of course. If you call that number, the pharmacist will call out to your physician to get a Prior Auth or to*

get a renewal if needed EXACTLY the same way the pharmacist at the local Rite Aid would.”

Dr. Peluso followed up with a correction noting that Cigna sent out the 1-800 number, not MVP.

- c. **Action Items:** Michele to send out links to new and existing bills – complete (and above) 1/18/18.

3. New Membership

- a. Following up to proposed changes to PCAG legislation and how the group will evolve moving forward. The initial goal was to reach as many PCPs in Vermont as possible, to be a functional group there were discussions of implementing “rules”. Ideas introduced included; active participant in communications, attending at least 50% of meetings (by phone or in-person), looking for geographic representation and composition. For those who are interested in being an active participant, we will invite to join imminently. Once we have an idea of who will be leaving the group, we’ll begin discussion of recruitment – there is an idea to include an invite to pediatric and family medicine residents.
- b. **Action Items:** Dr. Homan to extend invite to colleague interested in joining group. Michele to draft letter seeking continued interest from group.