

Wednesday, November 15, 2017

PCAG Member Attendees	Mark Peluso, Paul Reiss, Fay Homan, Robert Penney, <i>Valerie Rooney, Tim Tanner, Kate McIntosh</i>
GMCB Attendees	Susan Barrett, Robin Lunge, Michele Lawrence
Other Attendees	Stephanie Winters, Vermont Medical Society; Representative Chip Conquest
<i>*italics denote phone participation</i>	

1. GMCB updates/PCAG Updates

- a. Chairman Mullin came to the group to discuss the GMCB's newest Board Member, Tom Pelham. It was noted that the GMCB submitted a letter in support of appointing a medical provider to the Board, in addition to the letter submitted by the PCAG. Dr. Fay Homan shared the workforce document that was drafted by the group as follow-up to the 9/20 Board meeting and 10/18 PCAG. Michele informed the group that the document was shared with the full Board. Discussion around re-framing the role of the PCAG. The main shift in roles and responsibilities would be shifting the focus from Administrative Burden of Primary Care to a consultative role for the Board with a more formal reporting schedule. Questions asked of the group included: should specialty care be represented on this advisory group? How will this group advise the Board in such areas as rate review, hospital budgets and CON? (Statutory changes will likely be necessary to incorporate this change and protect the confidentiality of quasi-judicial matters before the Board). As administrative burden issues continue to rise to the top, Dr. Paul Reiss mentioned submitting public comments, specifically related to UVMHC's EPIC CON.
- b. **Action Items:** Dr. Valerie Rooney to send pediatric workforce talking points to Dr. Homan for inclusion in the document. Michele will send out potential dates for presentation of workforce document at an upcoming board meeting. Group to respond to future roles and responsibilities – vote to be held at 12/20 meeting. Michele to send out links to public comment (complete 11/17/17).

2. BCBSVT Prior Authorization Data

- a. Dr. Josh Plavin and Brian Murphy presented updated prior authorization data as requested by the group (follow-up to Senate Health and Welfare in 2016-2017 session). Data looks at PCP vs. Specialists from October 2016 thru September 2017 – it was noted that primary care accounted for 21% of prior authorization reviews, and accounted for 17.5% of prior authorization costs for BCBSVT. PCP's tend to have higher denial rate than specialists, which makes sense in the context of primary care (more medications, more interactions, etc.). Group discussed issues with artificial denial rate – point of care instrument could help with denial rate (some providers are “trying” prescriptions as it is too complicated to keep track of which provider approves which medications). BCBSVT is going to trial a program called Gemini which would be a point-of-care system that interacts with an EMR to identify medication, therapeutic

alternatives, and pings pharmacy benefit manager (PBM) to identify cost to the patient, cost to the insurer, etc. Goal is to find scalable solution for all providers. Some may be electronic, others may be paper-based.

It was noted that complete removal of pharmacy-based prior authorizations is likely not possible as there are few regulatory levers available, specifically related to Medicare and Medicaid (which would require federal and State changes).

b. **Action Items:**

BCBSVT to work on document with formulary for PCP offices.

Fay to forward spreadsheet from Brian to rest of group (complete 11/19).

Suggestion to invite Jeff Hochberg of the Vermont Retail Druggists to an upcoming meeting.

BCBSVT to bring prior authorization imaging information for 12/20 meeting.

3. Legislative Agenda/Planning

- a. Since H.342 is existing, amendments can be more flexible, though there is still time to create something new. Representative Conquest is at the mercy of the committee regarding when he will be called into committee to testify on his Bill. Process-wise, it would make sense to have any edits/amendments ready by mid-January for him to be prepared. Group could then structure the changes as a letter to the committee chair(s) where the bill is pending.

Discussion about following some of BCBSVT's current policies/procedures, including multi-year PA. Additional considerations include drafting language for prior authorizations to transfer with the patient as they move between payers.

- b. **Action Items:** December 20th meeting will continue legislative discussion with a focus on drafted language.

4. Adjourn

- a. The meeting adjourned at approximately 7:05 pm