Wednesday, September 20, 2017

PCAG Member Attendees	Mark Peluso, Tim Tanner, Fay Homan, Kate McIntosh, Donna Burkett, Robert Penney, *Deborah Wachtel, Barb Rouleau, Paul Reiss, Valerie Rooney*
GMCB Attendees	Susan Barrett, Robin Lunge, Pat Jones, Michele Lawrence
Other Attendees	Scott Strenio, MD, Nancy Hogue, Daljit Clark, Kristin Allard, *Alicia Cooper* and Dylan F from DVHA; Josh Plavin, MD and Brian Murphy from BCBSVT; Susan Gretkowski from MVP; Hamilton Davis
**italics* denote phone participation	

1. GMCB updates/PCAG Updates
    a. No discussion. Moved into next agenda item due to time constraints.
    b. **Action Items**: None Noted.

2. Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication and specialty services
    a. Dr. Strenio provided background on limited tools that Medicaid has available to manage utilization; doesn't see PA as limiting access, but rather as providing least costly and least invasive care. They have clinical and pharmacy utilization review boards to obtain provider feedback on prior authorization requirements. DVHA is open to ideas and creative approaches from PCAG on how to reduce burden and improve process – auto approval, longer duration of authorization, etc. There is already no prior authorization for urgently-needed services. DVHA has worked to improve the process for people being referred out of state who could be treated by specialists in state.
    Nancy Hogue presented DVHA pharmacy data. Drug utilization board provides guidance on clinical parameters (e.g., step therapy). DVHA pays over $200 million for Rx. They have no co-pay or deductible tools to limit overutilization of drugs, so the prior authorization process can be seen as more important than for commercial insurers. 1.8% of the 2.1 million Rx claims (37K) required PA. They have opened call center in South Burlington. Denying almost 27% of PAs. Without that, they would lose millions in rebates, but would also lose federal funding (DVHA's preferred drugs are based on federal rebates).
    Buprenorphine etc. are largest drug spend. Now auto approved – if person has SUD diagnosis, auto approves (following a similar process for asthma medications). Per provider feedback, DVHA has moved scabicides and pediculicides to preferred list. DVHA is working on several automated processes to ease burden (electronic prior authorization, e-prescribing interface, etc.)
    BCBSVT is looking to pilot the Gemini System out of Vanderbilt – bolts onto EHR, so no separate log on or portal.
    Concern about providers having lack of access to co-pay and cost-sharing information for patients – makes it difficult to prescribe. Providers need data at the point of care to

allow them to make appropriate decisions (clinical and financial). It is a problem when they prescribe something (Rx or service) that has very high cost sharing for patient.

b. **Action Items**:
   i. BCBSVT, DVHA to provide follow-up data per the group's request
   ii. Michele to invite BCBSVT, DVHA, MVP to a follow-up meeting to present on prior authorization data (October)

3. Pediatric Worforce
   a. Dr. Rooney discussed difficulty getting people to cover weekends, emergency deliveries, for which they get something like $57 to attend C-section and a little over $100 to resuscitate a baby from Medicaid (rates are only slightly higher for commercial payers). This leads to overall pediatrician recruiting challenges.
   The group raised several questions; should we train Neonatal Nurse Practitioners, ED Physicians, Respiratory Therapists, and others to provide coverage? Respiratory Therapists help with some less complex meconium deliveries which has eased the need for pediatrician coverage a little.
   Dr. McIntosh brought up the need to increase numbers of pediatric residents at UVM. UVM receives a lot of money for medical education, without much accountability for how they use the money (e.g., for primary care and needed specialists). Board Member Robin Lunge clarifies that it isn't the GMCB's scope to increase loan forgiveness or require other actions to improve the situation. Next year's hospital budgets could be a venue for obtaining information about this.

   b. **Action Items**:
      i. Michele will add UVM discussion to a future meeting agenda (likely November)

4. Update on Board Meeting
   a. Dr. Homan and Michele Lawrence reported on the PCAG presentation at the GMCB Board Meeting on 9/20/17.
   Dr. Homan noted that Board Chair Kevin Mullin asked for ideas for primary care work force. It was also noted to the group that the Office of Health Care Advocate asked what primary care providers would recommend for quality measures.

   b. **Action Items:**
      i. Group will create list of ideas for workforce discussion.

5. Adjourn