

Primary Care Advisory Group Updates

September 20, 2017

Michele Lawrence, GMCB Health Policy Advisor

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 the 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.

Membership

Name	Affiliation
Barbara A Rouleau, MS, APRN	Appletree Bay Primary Care
Ben Clements, MD	University of Vermont Medical Center, Dept. of Family Medicine
Bob Schwartz MD, FAAFP	Southwestern Vermont Medical Center: Northshire
Christina Harlow DNP, APRN	Gifford Primary Care
Deborah Wachtel, NP, MPH, MS	UVM College of Nursing and Health Sciences, Appletree Bay Primary Care
Donna Burkett, MD	Medical Director, Planned Parenthood of Northern New England
Ellen Watson, APRN, FNP-BC	Appletree Bay Primary Care
Fay Homan, MD	Little Rivers Health Care
Jill Rinehart, MD, FAAP	Hagan, Rinehart & Connelly Pediatrics
Kate McIntosh MD, FAAP	Rainbow Pediatrics, Porter Hospital
Leo Kline, AGNP	Community Health Centers of Burlington
Michelle Wade APRN, AGNP – C, PCCN	Community Health Centers of the Rutland Region
Paul J Reiss, MD	Evergreen Family Health
Phil Kiely, MD	Morrisville Family Health Care
Robert Penney, MD	Community Health Centers of Burlington
Rosemary L Dale, APRN	University Pediatrics
Sharon Fine, MD	Danville Health Center
Thomas Peterson, MD	University of Vermont College of Medicine
Tim Tanner, MD, MPH	Danville Health Center
Toby Sadkin, MD	St. Albans Primary Care
Valerie Rooney, MD	Just So Pediatrics
W. Mark Peluso, MD, FAAFP	Parton Health Services

GMCB Update

(a) Identifying circumstances in which existing reporting requirements for primary care professionals may be replaced with more meaningful measures that require minimal data entry

- ✓ Act 112 report was reviewed with the PCAG on December 14, 2016
 - the group decided there was no need to establish a Measures Council

- ✓ Group members participated in discussions between NCQA and the Blueprint

(b) Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication and specialty services

- ✓ Dr. Ramsay presented to the group and the legislature
- ✓ Research Best Practice
 - Dr. Mark Peluso provided extensive research and developed questions regarding prior authorizations for VT insurers
- ✓ BCBSVT Prior Authorization
 - Dr. Josh Plavin and Brian Murphy of BCBSVT
- ✓ Medicaid (DVHA) Prior Authorization

(c) Developing a uniform discharge data set for use across the State

- ✓ Identified existing protocols
 - Information from New Jersey was shared with the group
 - Group provided input for an “ideal” form

- ✓ Identified platforms
 - VITL presentation

- ✓ Draft Transfer Summary

Other Tasks to Date

✓ NCQA Medical Home Standards

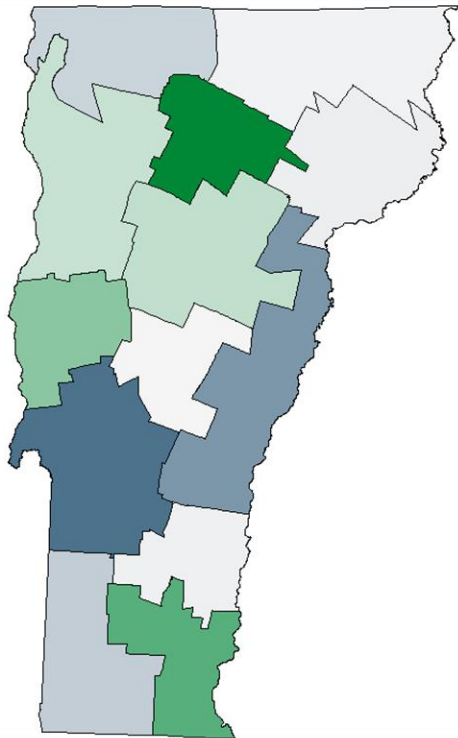
- Group members participated in a discussion between NCQA and the Blueprint

✓ Pay Parity

- Marisa Melamed presented to the group
- Group members provided feedback to Provider Landscape Survey

GMCB Next Steps

- 9/20 meeting with DVHA representatives
- Legislative agenda
- Schedule meeting with VAHHS re: Uniform Discharge Summary



PCAG Concerns & Priorities

Fay Homan, MD, Little Rivers Health Care

(a) Identifying circumstances in which existing reporting requirements for primary care professionals may be replaced with more meaningful measures that require minimal data entry

- “Primary care physicians spend more than one-half of their workday, nearly 6 hours, interacting with the EHR during and after clinic hours.” *
- Despite genuine effort to align measures, approximately 120 quality measures and data reporting points still exist
 - ACO, PCMH, MACRA/MIPS, UDS (FQHC), CMS, HEDIS
 - Disproportionately affects primary care
 - Only 10% of practices of 10 providers or less have adequate numbers to reach statistical significance on quality measures**
- EHR’s are inadequate for quality needs
 - Lack of interconnectedness
 - Complexity of pulling data

*<http://www.annfammed.org/content/15/5/419.full>

11 **<http://jamanetwork.com/journals/jama/fullarticle/185033>

(b) Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication and specialty services

- Participation in ACO should remove need for PA
 - Common goal, taking risk
 - Current process for DVHA/OneCare
- Disconnect between payer and provider assessment of burden

(c) Developing a uniform discharge data set for use across the State

- EHR's are inadequate for quality needs
 - Lack of interconnectedness
 - Impedes efficient communication; “data dump”
 - Complexity of pulling data

Other Concerns & Priorities

- Adequacy of Primary Care Workforce
 - High burnout of primary care providers
 - Low rates of primary care graduates nationally and locally
- Inadequate resources allocated to primary care
- Lack of primary care provider on Green Mountain Care Board
 - Letters were sent to Governor Scott and the nominating committee
 - PCAG members offered assistance with recruiting efforts

PCAG Next Steps

- Advocate for continuation of PCAG if no provider named to Board
- Support legislation to increase graduates in primary care from UVM's Larner College of Medicine
- Support development of a Vermont Common Formulary
- Support legislation to remove or limit prior authorizations for primary care
- Continue advocacy for primary care provider on Board