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Agency of Human Services

M E M O R A N D U M

TO: House Committee on Health Care
Senate Committee on Health and Welfare

CC: Doug Racine, Secretary, Agency of Human Services

FROM: Mark Larson, Commissioner

DATE: January 14, 2014

RE: Clinical Utilization Review Board Report 2013

Pursuant to the requirements of 33 VSA § 2032(e); please find enclosed the results of the most recent evaluation or evaluations and summary of the Department of Vermont Health Access Clinical Utilization Review Board's activities and recommendations since the last report.

Please do not hesitate to contact me if you have questions or would like additional information.

The Department of Vermont Health Access

Clinical Utilization Review Board (CURB)
Report 2013

Overview

The CURB was created to examine existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines and make recommendations to the Department of Vermont Health Access (DVHA) regarding coverage, unit limitations, place of service, and appropriate medical necessity of services for the Vermont Medicaid program. The Board is comprised of ten (10) members with diverse medical expertise appointed by the governor upon the recommendation of the Commissioner of DVHA. The Chief Medical Officer of DVHA serves as state liaison and moderator for the CURB.

CURB Board Members

Michel Benoit, MD, UVM, Orthopedic Surgeon, Hand Surgery, Shelburne
Patricia Berry, MPH, UVM, VCHIP, Burlington
Delores Burroughs-Biron, MSN, MD, Family Medicine
David Butsch, MD, General Surgeon, Barre
Ann Goering, MD, Family Medicine, Winooski
John Mathew, MD, General Internal Medicine, Plainfield
William Minsinger, MD, Orthopedic Surgeon, Randolph
Paul Penar, MD, UVM, Neurosurgeon, Shelburne
Norman Ward, MD, UVM, Family Medicine, Burlington
Richard Wasserman, MD, UVM, Professor of Pediatrics, Burlington

In October, 2012 the DVHA Medical Director resigned. The Chief Medical Officer, Dr. Thomas Simpatico was hired in July, 2013 and the Medical Director, Dr. Scott Strenio began in December, 2013. Dr. Simpatico will serve as the moderator for the CURB. The CURB meetings for January, March and May, 2013 were canceled as we did not have a moderator for the group. Three meetings were held in 2013 in June, September and November with Dr. Simpatico as the moderator.

2013 Topics

DVHA held three meetings in 2013 and the following topics were discussed:

- Update on Gold Card for Radiology Procedures
- Partial Hospitalization Program
- Presented Guiding Principles for Benefit Design and Coverage Options
- Upcoming Clinical Projects

Gold Card for Radiology Procedures: In September of 2010, DVHA implemented prior authorization (PA) for high-tech imaging studies. In addition, DVHA monitored utilization and worked with the CURB to create a Gold Card system. The CURB reviewed utilization data from the radiology benefit manager. They considered feedback from VMS and other providers and formally recommended the following criteria, which were accepted by the DVHA Commissioner:

- The provider must make at least 100 imaging requests within an 18-month period, and;
- The provider must have a denial rate of 3% or less.
- Annually, the Clinical Operations Unit to review utilization for providers with Gold Card status during the past year. Based on these findings, a determination will be made about extending Gold Card status for the next year.

The recommendation was approved by the Commissioner and was implemented on January 1, 2013. The Provider and Member Relations Director sent letters notifying providers with Gold Card status that they will be exempt for one year from requesting a prior authorization for radiology procedures for Vermont Medicaid beneficiaries.

In January, 2013 6 providers qualified for the Gold Card exempting them from prior authorization requirement. This year 4 additional providers qualified and were offered gold card status beginning January, 2014. There are currently a total of 10 providers in the gold card program for radiology procedures.

Partial Hospitalization Program - DVHA would like to establish consistent parameters between clinical needs and services for a Partial Hospitalization Program. Creating a pay for outcome program was presented to the CURB members. It was determined that the Partial Hospitalization Programs in Vermont would be offered an opportunity to impact hospital and jail diversion and hospital and jail reentry for appropriate beneficiaries. A payment system is being devised that will complement the existing payment system and focus on PHPs having greater demonstrable system impact by increasing the likelihood that select beneficiaries would have few hospital and jail days and greater ability to remain in the community.

Recommendations
The CURB members approved including the Partial Hospitalization Program as a CURB initiative:

1) *Partial Hospitalization Program*
   DVHA is working on the details to include defining measures and an outcome payment model and how data will be captured. Details will be created by DVHA and Department of Mental Health (DMH) and will be presented to the group periodically.

Guiding Principles for Benefit Design and Coverage Options - In order to achieve an appropriate balance between available resources and covered services, Vermont must be able to continually evaluate covered services, using a well-defined decision making framework. This framework should include an agreed upon set of principles and include a logical, transparent process to guide these important decisions. The principles and process should draw upon the values of Vermonters and should use the best available research evidence to assess the clinical value of the services considered for inclusion in the Medicaid benefit.

The Center for Evidence-based Policy (Center) has the expertise and capacity to assist the state in establishing these principles and in developing a process by which to apply them. To do so, DVHA must be able to determine the clinical value of health services using a well-designed appraisal framework based upon credible research methods. The process for applying this framework to policy development must be driven by a set of organizing principles based on the values of Vermonters, and applied in a logical and transparent process. DVHA contracted with the Center for Evidence-based Policy (CEbP) at Oregon Health & Science University to support the process of developing and applying these principles.

The development of DVHA's set of Guiding Principles for Benefit Design and Coverage Decisions began with gathering information from other states that have engaged in similar efforts as well as input from key Vermont stakeholders on their desired content and process for developing principles for Vermont. This

information was then used as background at a face-to-face work session during which stakeholders developed a set of nine considerations they believed should be reflected in the Guiding Principles for Benefit Design and Coverage Decisions. Following the work session, DVHA refined those considerations into a set of principles, ensuring that they reflected the mission of DVHA, the values of Vermonters, were in alignment with the principles included in Act 48, and were implementable.

The following principles were developed through this process and will guide DVHA when making any benefit design or coverage decisions, including decisions about social services provided by other departments within the Agency of Human Services. Using these guiding principles will not preclude the Agency from considering individual circumstances, as appropriate. The principles are not presented in any order of priority.

1. Transparent: The process for designing benefits and making coverage decisions should be transparent with the opportunity for public engagement.
2. Evidence-Based: Decisions should be based on research evidence, with priority given to the best available evidence, as determined by an established hierarchy of evidence quality (e.g., GRADE, AHRQ).
3. Continuously Improving: Covered benefits should be continuously monitored for effectiveness and reviewed and reevaluated as appropriate.
4. Focused on Wellness: Benefit design and coverage decisions should maximize population health and the prevention of illness.
5. Balanced: Benefit decisions should balance value, cost, and access.
6. Ethical: Benefit decisions should be ethical.
7. Holistic: Benefit decisions will recognize that healthcare is only one factor affecting health and must be balanced with other needs.

Upcoming Clinical Projects UVM Leveraged Pilots – The following possible projects were presented to the board as possible upcoming board initiatives:

1) Low Back Pain
2) Obesity
3) RICC
4) Migraine Treatment
5) TIA Treatment Protocol & Outcomes
6) Pharmacogenomics
7) Psychiatry Embed in Primary Care Model
8) Buprenorphine/Methadone COB/MAT analysis
9) Avoidance of Unnecessary Brain Imaging in Children and Adolescents
10) Unusual Pain Control Protocols
11) Genetic Testing

The plan moving forward is to identify which of these (and other) projects best lend themselves to implementing a growing array of best practices while simultaneously creating opportunities for the creations of outcomes-based payment strategies. Projects will be ranked and selected based in part on staff and financial resource availability.