

Sunset Advisory Commission

Board and Commission Review of Clinical Utilization Review Board

The Commission reviews every State board and commission and takes testimony regarding whether each board or commission should continue to operate or be eliminated and whether the powers and duties of any board or commission should be revised. Each board and commission has the burden of justifying its continued operation. The Commission also reviews whether members of a board or commission should be entitled to a per diem and, if so, the amount of that per diem.

In testifying before the Commission, you should be able to provide the following information:

1. In general, how often does the board and commission meet? Provide specific information on how often the board or commission has met in the past two fiscal years. Provide information on where agendas and minutes of meetings can be found.

- Per the legislation, the board is required to meet at least quarterly. Meetings are planned for every other month. In the past 2 state fiscal years, 8 meetings have been held (SFY '18 – July, Sept., Nov., March; SFY '19 – Sept., Nov., March, May)
- [Agendas](#) and [minutes](#) are found on the Department's website, under the Clinical Utilization Review Board section.

2. Provide the names of members of the board or commission, their term length and expiration, their appointing authority, and the amount of any per diem they receive.

- Current list of members: Thomas Connolly, DMD; Joshua Green, ND; Ann Goering, MD; Nels Kloster, MD; John Matthew, MD; Elizabeth Newman, MD; Michael Rapaport, MD; Valerie Riss, MD
- Over last 2 SFYs members have included: Christie Allen, RN, Thomas Connolly, DMD, Joshua Green, ND, Ann Goering, MD, Nels Kloster, MD, John Matthew, MD, Michael Rapaport, MD, Paul Penar, MD, David Butsch, MD, Norman Ward, MD, Jessica MacLeod, NP
- All members appointed by the Governor of Vermont.
- Term lengths and expiration for current members:
 - Thomas Connolly, DMD: 2 years (2 yrs, 4 months); expiration 5/15/21
 - Joshua Greene, ND: 3 years: expiration 5/15/21
 - Elizabeth Newman, MD: 2 years; expiration 5/15/21
 - Valerie Riss, MD: ~3 years (2 years and 8 months); expiration 5/21/21
 - Ann Goering, MD: 3 years: expiration May 15th, 2019; we have confirmed with Dr. Goering her intent to reapply

- Nels Kloster, MD: 3 years; expiration May 15th, 2019 we have confirmed with Dr. Kloster his intent to reapply
- John Matthew, MD, : 3 years: expiration May 15th, 2019; we have confirmed with Dr. Matthew his intent to reapply
- Michael Rapaport, MD: 3 years; expiration May 15th, 2019; we have confirmed with Dr. Rapaport his intent to reapply

3. Provide an overview of the board or commission's purpose.

- Identify and recommend to the Commissioner of the Department of Vermont Health Access opportunities to improve quality, efficiencies, and adherence to relevant evidence-based clinical practice guidelines in the Department's medical programs.
- Recommend to the Commissioner of the Department of Vermont Health Access the most appropriate mechanisms to implement the recommended evidence-based clinical practice guidelines. Such mechanisms may include prior authorization, prepayment, post service claim review, and frequency limits.
- The Board provides a mechanism in a public forum for a diverse group of providers from the community to contribute direct input.

4. Is that purpose still needed? What would happen if the board or commission no longer fulfilled that purpose?

- The Board remains an integral part of the improvement of clinical and utilization outcomes in the delivery of health care within Vermont. The clinical services and benefits that VT Medicaid provides should be updated on a continual basis to ensure that new clinical technologies are incorporated commensurate with accepted current standards of care.
- As such, VT Medicaid as a health plan requires the robust scrutiny of subject matter experts. Without the Board, the Vermont Medicaid program's ability to support the delivery of quality accessible and cost-effective health care could be compromised.

5. How well is the board or commission performing in executing that purpose? What evidence can you provide to substantiate that performance?

- Over the years, the Board has been successful in recommending to the Commissioner numerous quality driven initiatives that have resulted in not only improved outcomes but significant savings as well. These initiatives targeted the following topics:
 - Out of State Referrals
 - Gold Card/Expansion Genetic Testing/Lab Benefit Management/All Payor Model Substance Abuse/VCCI & ACO Transition/Quality of Care Protocol/Dental Recommendation/Low Dose Chest CT Scan/Psychotherapy/Transportation
- These initiatives have been thought to be so meaningful that the Commissioner has approved 100% of those recommendations.

6. If the purpose is still needed, can State government be more effective and efficient if the purpose was executed in a different manner?

- State government can be more effective by coordinating clinical initiatives brought to the Board with those that are promulgated through the Legislature to ensure clinical alignment and avoid duplication.

7. If the purpose is still needed, do any of your board or commission's functions overlap or duplicate those of another State board or commission or federal or State agency? If so, is your board or commission still the best entity to fulfill the purpose?

- No other board exists in state government today that is designated for the explicit purpose of identifying and recommending to the Commissioner of the Department of Vermont Health Access opportunities to improve quality, efficiencies, and adherence to relevant evidence-based clinical practice guidelines in the Department's medical programs
- Given the successful history of the Board, it is clearly still the best entity to fulfill its legislative mission.

8. Does the board or commission's enabling law continue to correctly reflect the purpose and activities of the board or commission?

- To the degree to which the Board had reviewed initiatives including utilization management, quality, and efficiencies, these activities should be done in collaboration with the Accountable Care Organization.

9. Provide a list of the board and commission's last fiscal year expenditures including staffing costs. How are these funded?

- Total for SFY 2019: \$ 3457.38 (food, per diem, mileage, facility costs)
- DVHA funds these expenditures.

10. Is the board or commission required by law to prepare any reports or studies for the Legislature, the Governor, or any State agency or officer? If so, have those reports or studies been produced? Does the board or commission have ongoing reporting obligations?

- An annual report to Legislature is submitted and reviewed with Commissioner prior to submission. Annual reports have been submitted accordingly and there are no ongoing reporting obligations. Minutes are posted on AHS/DVHA Advisory website within 5 business days following the Board meeting.

11. How would you measure the performance of the board or commission?

- Performance Measures of CURB should be targeted toward:
 - Meeting requirements
 - Diversity of Board

- Actions taken/outcomes achieved
- Payer collaboration
- Cost effective investigation