



MCAC Meeting Notes

September 5, 2012

MCAC Members: Jerry Fingerut, Richard Wagner, Renee Rulin, Tracey Cohen, Pat Flanagan, Michael Fine, Chris Gadbois

Others: Deidre Gifford, Bill McQuade, Diana Beaton, Ralph Racca, Paul Block, Jody Rich

Meeting began at 7:03 am

- **Welcome and Introductions** (Deidre Gifford)
Thank you for coming, we value your time and input; We have a full agenda today and we'd like to allow enough time for your input and comments.
- **CEPAC Update** (Bill McQuade)
Fecal DNA-The next CEPAC meeting is on Dec. 6, 2012 in Hartford, CT. The topic of the meeting will be fecal DNA testing in screening for colorectal cancer in average-risk adults. All are welcome to attend. (see attached handout from ICER for more information.)

ADHD- CEPAC's "An Action Guide for ADHD" was distributed previously by email. CEPAC voted unanimously that the evidence is adequate to demonstrate that parent behavior training is superior to usual care in improving the outcomes of preschoolers with ADHD. Some discussion followed re: Parent Behavior Training and whether it is available in RI and its efficacy.

- Yes, it's available, but not widely used due to cost. It's fairly expensive.
- Not many people (providers) are trained to do it. It's time intensive.
- Also, it takes commitment on the part of parents; follow-up is a requirement. There's a 90 % drop out rate. We don't want to be just reimbursing for the assessments.
- You could look at the at-risk group and link to their use of psychotropic meds and stimulants...you could pilot it; then you would have the data. If you open it up to all, you'll have a number of people referred, but they will just get frustrated. (R.Wagner)
- We should remember that ADHD is not a singular component. (P. Flanagan)

rTMS- A summary of rTMS tx was given. (See handout). Bill McQuade did an analysis of claims data for Rite Care and Rhody Health Partners members by those with 1, 2, 3, 4, or 5 Tx classes in a given year. These were meds that were taken concurrently. Discussion followed on the question of whether we should include this as a Medicaid covered benefit.

- It was noted that our frequency of multiclass rx appeared low.

- Most of the sample on one or two classes within a year (15, 345 out of 15,926) would not meet the criteria of having tried 3 trials of antidepressants prior to being eligible for this tx. (J.Rich)
- The actual definition is failing 2 clinical trials of 2 classes of antidepressants (which is stricter than the FDA criteria) in 2 separate settings. Two-thirds of patients never had one full trial of an antidepressant...so the numbers will be very small in Medicaid. (R.Wagner)
- Also, you have to consider cost-effectiveness and allow time for an effective trial on antidepressants (M.Fine)
- If people have intolerance to drugs, they would be eligible. (P.Block)
- rTMS has not been shown to be effective; we didn't present that side in Dec. at the last meeting. Drop-outs are a problem. Clinical trials are different than actual practice and it hasn't been studied in the Medicaid population. After initial treatment, there's a relapse of over 90% over a two-year period if no other treatment is used. (R.Wagner)

Medicare is a payer for rTMS as well as BCBS of Mass. UHC nationally does not cover. Some discussion followed re: cost.

- **F/U on EFP** (D. Gifford)

A brief summary of the status of the EFP Program was given. Deidre asked for volunteers to help us review the current list of covered benefits. ACA reforms in 2014 and new coverage groups in Medicaid also have to be considered. An OB/GYN, Jennifer Hosmer, MD will be asked to assist us. Volunteers include: Rick Wagner, Pat Flanagan, Trish Washburn (DOH/Title X) and Jennifer Clark (DOC).

- **Update on Health Care Initiatives** (D. Gifford)

Primary Care Rate Increase (See handout for summary on this ACA provision.) Please note that final rule may include all internists.

Integrated Care Initiative (See handout for summary on this new initiative by EOHHS.) We will do a more detailed presentation for this group (MCAC). The state is also asking for input in how to reach physician groups to inform them of these changes and get feedback.

- There's a project called "Integrated Primary Care" which is primary care and mental health. This is CMS' title. (M.Fine) The Integrated Care Initiative is also a CMS initiative.

Adult Quality Measures Grant

The Rhode Island Executive Office of Health and Human Service's Medicaid Program is requesting \$2.0 million from the "Measuring and Improving the Quality of Care in Medicaid" funding opportunity. Grant funds will be used to enhance and sustain the measurement, analysis, reporting and improvement of health care quality for Medicaid-eligible residents of Rhode Island.

- **State Innovation Grant** (another ACA initiative- see handout.)
Rhode Island is applying for approximately \$1.5 million for statewide planning to design a State Innovation Model.
- **Pain Management Program Evaluation**
Bill McQuade distributed the ppt presentation on the draft evaluation of the Pain Management Program. He asked the MCAC to consider input on the severity index, duration of treatment and selection of outcome variables.

Next Meeting Agenda (Dec. 5, 2012)

1. Discussion on Integrated Care Initiative for Medicaid/Medicare Eligibles (and Medicaid only)
2. Updates: rTMS, EFP

Next Steps

1. F/U on ADHD; a subgroup will f/u on this at a later date.
2. F/U meeting on rTMS; a subgroup will look into this prior to the next meeting in Dec and report back to the group.
3. F/U meeting on EFP; a subgroup will look into this prior to the next meeting in Dec and report back to the group.
4. Agenda item for March 2013 meeting: Service line business models for integration of primary care and public health. (M. Fine)

Meeting adjourned at 8:05 am