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VERMONT PSYCHIATRIC ASSOCIATION

Minutes of the Executive Committee Meeting

July 21, 2006

Members Present: Drs. Danielson, Deppe, Graves, Pierattini, Siegel, Silverman, and Weker; and Steve Larose, VMS

Guests Present: Scott Strenio, MD; Vermont Medicaid

Minutes: The minutes of the June Executive Committee meeting were approved as written.

Announcements:

1. Upcoming VPA Meetings:
 - a. August: no meeting; we're psychiatrists
 - b. Friday, September 15: meeting with Fletcher Allen Residents; lunch included. *Please RSVP to Steve Larose if you plan to attend so that lunch can be ordered.*
 - c. Saturday, October 14, in conjunction with the Vermont Medical Society meeting at the Basin Harbor Club in Vergennes
 - d. Friday, November 17, 1:30 p.m., Vermont Medical Society, Montpelier
 - e. Friday, December 15, 1:30 p.m., Vermont Medical Society, Montpelier

Reports:

No reports were given.

Old Business:

1. Psychiatry and the Chronic Care Initiative: Dr. Strenio briefly outlined VT Medicaid's care coordination initiative, aimed at primary care. The initiative targeted the top 1% of utilizers. The 750 patients on buprenorphine have expenditures totaling \$10 million, of which \$7 million was spent on medical (as opposed to substance use or other mental health) problems. 120,000 Vermonters have medical coverage through Medicaid; they average \$2500/year in total Medicaid expenditures (this figure is not inclusive of co-pays). The top 1% of utilizers have average expenditures of \$10-15,000/year; specific patient expenditures might go as high as half a million. The initiative has been funded to hire a nurse and social worker to act as a team in a regional district (ultimately, nine districts are envisioned) working with local doctors.

The Medicaid population will have higher expenditures of mental health and substance use treatment; patients with these diagnoses also generate large medical costs. One Colorado study looked at a care coordination program with respect to the three categories of major

expenditures (hospital, emergency room and pharmacy care): Hospital and ER costs decreased; pharmacy costs went up only slightly, an increase more than offset by the drop in the other two.

The care coordination initiative is different from disease management strategies in that, as opposed to comprising broad treatment guidelines, it consists of very intensive case management of the most treatment-utilizing patients. These include many patients with mental illnesses whose mental illnesses are treated by primary care physicians: those doctors lack the resources to track and manage all aspects of their treatment. Thus, a key objective of this initiative will be to greatly improve coordination between primary care clinicians, mental health clinicians, substance treatment clinicians, state agencies and hospitals. Medicaid is in a position to provide uniform information to all clinicians around such individual patient issues as which medications are being prescribed, emergency room visits, and maintenance of follow-up with the patient's other health care practitioners in order to assure continuity of care.

At present, Medicaid has hired teams in Caledonia and Washington Counties and is in the process of hiring in Chittenden County. Dr. Strenio noted a difficulty area in the discontinuity of treatment for many individuals anticipating release from jail, who are not on Medicaid while incarcerated but need Medicaid once on the outside; the initiative will aim to identify those individuals prior to their release from jail and facilitate their rapid enrollment as well as continuity of treatment during the transfer from correctional to outpatient clinical services.

Discussion centered on the impact of the psychiatrist shortage in the State, with particular focus on the concern that the inability to field enough psychiatrists ends up overloading primary care physicians with severely psychiatrically ill patients whom they lack the expertise and resources to treat. Among the specific concerns identified was the bureaucratic gap between Medicaid and the Department of Health, each of which acts as an independent "silo" that is attentive to its own bottom line at the expense of combining and coordinating resource allocation. This is a key issue in the disconnect between Medicaid and mental health centers.

The care coordination initiative will be of potential help to psychiatrists by aiding in the identification of Medicaid eligibility and helping to facilitate referrals for our patients to primary care physicians. Physicians will be notified when the care coordination initiative is operational by direct mailings or through hospital staff meetings. Dr. Strenio offered to make himself available to psychiatrists to help with Medicaid-related needs.

2. VSH Futures Project Update: Dr. Pierattini reported that Dr. Fassler has applied for the VPA to be given interested party status for the CON (certificate of need) project for the futures project. Twelve other groups have also applied for this status. Dr. Pierattini noted that different psychiatrists have different vantage points with respect to the Futures Project and emphasized the importance of assuring that the VPA is representing the views of its members on this issue.
3. Primary Care Consultation: Dr. Deppe drafted a letter, reviewed by the Executive Committee, soliciting interest among psychiatrists to participate on a voluntary, non-remunerative basis in providing telephone consultation to primary care clinicians. These consultations would be construed as informal and non-supervisory; they would not involve

direct patient evaluation. In response to legal issues raised at the last Executive Committee meeting, Mr. Larose communicated the advice researched by Madeline Mongan, namely to assure that at a point when direct consultation and referral is opted for, the names of all psychiatrists are presented for possible selection.

4. State of Vermont Grant Application: Dr. Deppe presented her initial efforts to get a grant from the State to gather data and set up the primary care consultation program. She has consulted with psychiatrists in Maine, whose program is the model for the Vermont proposal.
5. Primary Care Liaison Group: Dr. Deppe discussed her and Dr. Silverman's recent participation in a telephone discussion group, chaired by former Secretary of Human Services Con Hogan, whose purpose is to discuss the crushing administrative burden on, and the survival of, primary care physicians in Vermont. The group, primarily comprising primary care physicians, invited psychiatrists to participate, as we share common issues. Several primary care physicians have produced a document expressing grave concerns about the State's new Catamount Health program, particularly its assumptions about the savings that can be realized by chronic care management programs. Any psychiatrists who wish to take part in the telephone group are invited to contact Dr. Deppe at : deppe@together.net .

New Business:

1. Mental Health Managed Care Carveouts: Mr. Larose reported that the issue of carveouts has arisen in three arenas: Blue Cross/Blue Shield's ongoing wish to engage a carveout company; the State's new Catamount Health, which is considering using a carveout; and the Vermont State Employees health insurance plan, which result put out a request for proposal for a mental health carveout. Based on contributions by several Executive Committee members, Mr. Larose has written drafts of letters to each of these entities pointing out the serious clinical and financial drawbacks that carveouts entail and urging them to meet with the VPA to discuss alternative avenues of proving mental health coverage. Due to time constraints the Committee wasn't able to review the drafts at this meeting; and as the deadline for input in these processes is fast approaching (the earliest is August 1), the Executive Committee will review the drafts by email so that a final response can be submitted in a timely fashion. VPA members with interest in this issue are urged to participate in the discussion; they may do so by contacting Mr. Larose at: slarose@vtmd.org

The meeting was adjourned.

Respectfully submitted,

Jonathan L. Weker, M.D.

The next VPA Executive Committee will be held on Friday, September 15, 2006 at 1:30 p.m. at Fletcher Allen Health Care. It will be preceded by a luncheon for UVM Psychiatry residents at 12 noon. All VPA members are warmly invited to attend regardless of whether they are members of the Executive Committee.