



MCAC Meeting Notes
June 19, 2013 7:00 AM
Hazard Building, Garden Conference Room

MCAC Members Present: Jim McDonald (for Michael Fine), Jerry Fingerut, Christine Gadbois, Richard Wagner, Mark Braun, Renee Rulin, Pat Flanagan, Stephen Davis, Dave Feeney

Interested Parties Present: Paul Block, Jody Rich, Nick Balog, Karen Mariano, Ralph Racca

Staff Present: Elena Nicolella, Deidre Gifford, Bill McQuade, Diana Beaton

Meeting Convened: 7:00 AM

1. **Welcome** – Deidre Gifford welcomed MCAC members and others.
2. **Prescription Drug Program at Health** Jim McDonald, M.D.

Overview of the PDP and how it started was presented. Started in Sept. 2012; 700 prescribers are signed up. There are currently only a half dozen pain doctors in the state. MDs feel bullied and pressured by patients. Physicians need education. We don't take addiction seriously. We have ER and hospital utilization and deaths. If addiction treatment is increasing, this would be a good sign. Frequent users are 30-50 yrs old.

Discussion:

Do we have enough resources for our clients? How might we as purchasers/payers incorporate best practices? What can Medicaid do?

- Accessing PDP can be difficult; takes time./ would like to click on PDP from EMR.
- MDs want to know: what resources are available in the community?
- Issue of multiple subscribers
- We don't monitor PDP across state borders
- Use nurse care managers for education.
- Need flag for pain management person

3. **Quality Grant** Deidre Gifford, M.D.

A summary of the Quality Grant was given. There will be a contract with Health Centric Advisors. The outcome of the contract will be to improve the performance of the Medicaid program on measures of care transitions between hospitals and community providers. The University of RI College of Pharmacy will provide methodological and content expertise on quality measures assessing prescription drug use. They will assist in the Quality Improvement Project on the depression measure. Specific expertise will be provided in assessing adherence to prescribed patterns of utilization and maximizing utilization efficiency.

4. **CEPAC vs. Oregon MED** Bill McQuade, D.Sc.

There was some discussion on Medicaid looking into purchasing the MED program. Oregon has done this. A group of states currently purchase this for their Medicaid program. The differences between what CEPAC offers and MED was discussed. The MED list is more comprehensive and relatively expensive. The primary benefit of the CEPAC participation is the opportunity to select topics for review that may not be available elsewhere. Also, it offers an opportunity to network with other New England states in setting coverage decisions.

5. **Updates** Deidre Gifford, M.D.

Psychotropics in children

- DCYF has gotten foster care data set from NHPRI
- Will develop set of metrics & Medicaid will monitor
- Question: who gives permission to medicate the child
- DCYF will have a medical unit to monitor kids in care.

Meeting Adjourned 8:00 AM

Next Meeting- Wednesday, September 4, 2013 at 7:00 AM