Pediatric Council Meeting 7/28/2015 –Minutes

MedChi Headquarters, Baltimore

In Attendance:

Michael Levitas, Council Chair, AAP
Jim Rice, Council Chair, AAP
Ed Koza, United Healthcare
Mary Mussman, DHMH
Susie Chaitovitz, AAP
Maislyn A. Christie, Maryland Physician Care
Rick Fornadel, Aetna
Maureen Reagan, DHMH
Howard Birenbaum, GBMC
Sheila Owens-Collins, Johns Hopkins Healthcare
Paula Minsk, Ex-officio

The meeting was called to order at 4 pm by Chairs Michael Levitas and Jim Rice.

A. Old Business

1. Patient Centered Medical Home plans specific to individual health insurance companies how they meet the needs of children and adolescents

   The Maryland multipayer program is in its final year. Aetna's program is on hold. United Healthcare does not have a specific program at this time but is developing payment reform models based on HEDIS style quality measures. Individual practices that are interested in alternative payment models should reach out to United Healthcare. Carefirst did not have a representative present at the meeting so its program was not discussed.

ACOs were briefly discussed – those in the State of Maryland do not include pediatricians. Both Aetna and United Healthcare have ACOs in Virginia that include pediatrics.

Quality measures in Pediatrics were discussed. Dr. Chaitovitz mentioned that an AAP national summit is underway which should attempt to address the need for standardizing quality measures for pediatrics.

Dr. Rice asked whether NCQA PCMH certification was being incentivized or recognized by any payors. Aetna does provide enhanced reimbursement while United Helathcare does not. Other payors did not provide specific information regarding this certification.

2. Maryland's Vaccine for Children (VFC) program problems with distribution delays and inaccuracies

   Communication issues have been discussed at previous meetings. Misconceptions around vaccine supply and delivery remain but VFC staff is aware of the need for improved communication. Immunet may ultimately be enabled for vaccine ordering which may help the situation.

3. Howard County Telemedicine model for school based health delivery

No new updates were provided on this program.

B. New Business

1. Payment for certain drugs – Dr. Birenbaum

a. **Inhaled nitric oxide for neonates with persistent pulmonary hypertension (PPHN)**

**Dr. Birenbaum, a neonatologist, presented a concern that nitric oxide is an effective but expensive treatment for PPHN that is apparently not reimbursed whatsoever by payors in Maryland. The background is that nitric oxide is the only FDA approved treatment for PPHN and is delivered by an inhalation system that is generally provided to hospitals as a package. A single course of treatment may cost between $30,000 and $100,000 but is lifesaving. Dr. Birenbaum's hospital GBMC has a fundraiser each year to attempt to offset some of these costs. Dr. Birenbaum is concerned that access to this key therapy may become more limited as no reimbursement is provided.**

**Discussion centered around the right venue to pursue this concern. It was decided that the HSCRC is the right place to begin to analyze this issue further. Representatives of individual payors agreed to explore the issue further as well. More information on how this procedure is billed along with specific codes used would be helpful. Mary Mussman from Medicaid will explore how the procedure should be billed and notes that FDA approved therapies are generally reimbursed by Medicaid when admisiered in accordance with indications**

b. **Donor breastmilk for preterm infants**

**This is recommended by the AAP as evidence supports reduced risk of Necrotizing Enterocolitis in preterm infants fed breast milk including donor breast milk , but is also not currently reimbursed. The institution is forced to bear the cost and many hospitals do not offer it.**

**Mary Mussman from the Medicaid program agreed to explore this issue as well as the human milk fortifier issue and bring the concerns to the Chief Medical Officer of the program.**

**c. Human milk fortifier for preterm infants**

**This is a commercially available product that is also costly and not reimbursed. Discussion is included above.**

C. Other

Susie Chaitovitz mentioned a change in the lead screening policy in the State announce by DHMH. The ZIP code risk assessment based system will no longer be used Universal lead screening will be recommended for all children at ages 1 and 2. The goal of these changes is to increase lead testing rates in Maryland. Point of care lead testing in pediatric offices was discussed as an effective mechanism to improve compliance. Ensuring adequate reimbursement especially when a "preferred lab" exists remains a challenge.

D. Maryland Health Connection

Dr. Rice mentioned that some pediatricians in Anne Arundel County have been having problems with improperly assigned Medicaid benefits for patients, particularly in situations where HPE or Hospital Presumptive Eligibility benefits have been assigned for newborns by the birthing hospital. This concern was addressed by Maureen Reagan form DHMH. She notes that in order to remain eligible to provide HPE, Hospitals who use the system must provide assistance to families in using Maryland Health Connection to apply for benefits that last longer than 30 days. It may at this step where problems occur. Follow up is planned to ensure that this process is completed more consistently.

The next meeting date will be sent by a doodle pool sent out to members
The meeting was adjourned at 6 PM.