



Utilization Review Committee
Meeting Agenda
Wednesday, 9.23.08 9:30-noon; Towner II, Veronica Walker Room

Committee Purpose
 To ensure the most efficient and effective use of affiliation clinical care resources

Present: L. Newberg, L. Hayward, T. Gomez, J. Sahutoglu, S. Keener, K. Antkowiak, B. Fortune, P. McKenna, S. Reitmeier

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Check-In –			
II. Review of Agenda & Minutes	<ul style="list-style-type: none"> • No additional items for agenda. • For Item IV. There was clarification on the need to add; One, when people are hospitalized look at factors such as of types of services that would be possible interventions such as ACT but not solely ACT services • Two, there are other groups of people that are hospitalized that may not meet CMH criteria but have had 2 or more hospitalizations that may not meet ACT criteria. For study we don't want to limit to only ACT but also the other categories of co-occurring, personality dx, people who fall into Minkoff quadrant 3, high substance abuse but lower mental health. 	<ul style="list-style-type: none"> • Agenda Approved • Minutes approved with changes 	
III. Regional Access Workgroup update (Tracy Gomez)	<ul style="list-style-type: none"> • The group provided the UR committee an update report. • Working on an charge by AEC to look at how an Access center in the affiliation would work. One central call center. • Report back to AEC was reported that one access call center could not be done until community outreach was done, a cost benefit analysis and more alignment needed from the directors. • The group is looking to provide updates directly 	The UR Committee Accepts the Access report.	

	<p>to the Regional Consumer Advisory Council to get stakeholder input.</p> <ul style="list-style-type: none"> • The group is also looking at the General Fund Waitlist and determining what impact it would have to Access depts • The first step of the group was to align the CPT codes across the affiliation • Another grid was to address the functions of the Access depts • Wash & Liv do not use a one code that the other counties use. (Crisis Code) • Another finding is that CSTS was using a psychiatrist to do assessments vs. and MSW. • CSTS has now been working on transitioning to MSW's vs. psychiatrists. • The next steps are the group is working on their new charge and plan. • Working on trying to get with the Finance committee to work on the implementation of the new Access standards. • No need for barrier/breakdown intervention at this point. 		
<p>IV. Data Needs Discussion, continuation from previous meeting</p>	<ul style="list-style-type: none"> • Jessica presented the UR committee ideas to the data group along with Information Management • The UR committee got some beginning pieces of data starting with simple variables • Jessica will provide the draft data to the group with the intent to answer the following questions. • Of all admissions what is the very most recent Dx, % w. SA, % with Co-Occurring, Primary and Secondary Axis I & II, • How many days between a service from the last hospitalization. How many days from the last service before hospitalization. • The goal is to reduce hospital admissions. What kind, fqty, of interventions would need to be done. • An option of the study may be to look at the use of DBT could help to reduce admissions. We may want to look at data of those that have graduated from DBT and those that had been 		

	<p>hospitalized.</p> <ul style="list-style-type: none"> • Another issue is then look at the clinical decisions we would make from the result of the study. • The data produced is capturing some of the areas/variables the UR committee is interested in looking at. • For the purpose of the study we may want to look at other interventions, EBP's • Is DBT more effective than other things in terms of # of admission, LOS? We would need to match these 50 with DBT with those 50 not in DBT. • There would be few enough people that were in the study that had DBT and of those with a co-occurring dx, those that were receiving co-occurring services to those not in DBT with co-occurring services? Once the comparisons are completed, the study can then look to see if the funding used for this intervention is able to be redirected to help serve the appropriate • Use the MDCH indicator data of readmission within 30 days do drill downs for any trends in variables. • We may want to look at those that were the highest utilizers of services and ID what characteristics led to them being a success. A focus group might be useful. 		
<p>V. Important Aspects of Care Report</p>	<ul style="list-style-type: none"> • Jessica presented a power point requesting input for additional UM measures. • October through December is set aside with data group to help with consultation. • Next UR meeting should be spent on the development of measures. • AT the next UR meeting group members will identify the key people to consult with the data group. 	<p>Next UR Workgroup meeting will be devoted to identifying measures.</p> <p>Next UR Workgroup meeting the group will ID the people to consult with the data group.</p>	
<p>VI. Inpatient recommendations</p>	<ul style="list-style-type: none"> • Tabled to the 2nd meeting in October. 		
<p>VII. Outcome Action Groups-Updates</p>	<ul style="list-style-type: none"> • Reviewed the schedule to determine if it is still meets the need of the group. • The purpose of the work group session was to produce more work than having meetings. • Is it more work for people or less work. 		

	<ul style="list-style-type: none"> • For Tracy it is the same amount of work. • GF Prioritization List; • For Larry in terms of the GF prioritization, the time for the workgroup was used to do the work with fewer meetings. • Sandy, Larry and CJ have been working on the prioritization list and had been waiting for the annual submission. • The Access workgroup is looking for the GF prioritization list to be presented by the group to provide input. • With the presentation it has be clear that this is something that we have to do and we can't start from "we can't do this". It is understood that there will be people with GF that meeting must serve criteria that may not get services. • In order to be transparent and gain alignment on the process with the people that will be implementing the criteria, they need to be involved. • What support can be offered to make decisions, and did we miss any priorities. • Barb mentioned providing input to the full group form the workgroup can help brainstorm other ideas or considerations that might otherwise have been missed • Supervisor Training Group • Wanted to put UR and service authorization in the training. With the cross committee and county input the time was valuable to get the work done. • Suggestion is for the 1st meeting of the month can be used to focus on a couple outcomes then the next month do the other outcomes. . • For the 1st meeting of the month the full group meets, ½ of the time is spent on action plan items; the second ½ is spent in a committee meeting. 		
VIII. Next Meeting	October 8, 2008, 9:30 am to Noon, Veronica Walker Rm.		
IX. Meeting Eval. / Checkout / Adjourn			