



Utilization Review Committee
Meeting Minutes
Wednesday, 8/26/2009 - 9:30-noon; Towner 1 VWR

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

Present: **P. McKenna, K. Antkowiak, L. Newberg, J. Sahutoglu,** J. Terwilliger, **S. Keener, S. Risk, C. Witherow,** T. Gomez, B. Fortune, **L. Hayward, S. Weary,** M. Graban, V. Bagherzadeh, C. Fair (*bolded name indicates present at meeting; non-bolded name indicates absent at meeting*)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Check-In –	•		
II. Review of minutes from 8/12/2009 and Agenda	Agenda changes <ul style="list-style-type: none"> • None Minutes changes <ul style="list-style-type: none"> • Stephanie Risk advised that for part VI, 3rd bullet should state: <i>“Argument on reconsideration is the appellant is indicating there is no qualifying diagnosis list in the contract.”</i> 	Agenda approved Minutes approved as amended	
III. ARR QI Plans: Flow Thru data	Review, discuss Flow Thru data, make recommendations <ul style="list-style-type: none"> • Larry reminded that the group wanted to look at this data again because it’s part of the group’s ARR responsibility. • The flow-through rates are a preliminary glance. The rates don’t provide a lot of specific information. • Tracy suggested surveying people from the flow-through data about their experiences. It would be time-consuming, but it would get UR closer to the goal. • Larry noted that while surveying consumers would get UR closer to the goal, it would be a huge project. • Sandy advised that Lenawee doesn’t have the existing resources to do a phone 	Flow-through data should be separated by Medicaid and GF Jessica will provide: Case management net-gain for previous years, separate Medicaid, GF, and put spend-downs separated in its own category, in 1 big long graph, within 2-3 months...Oct. 28. And if they were spend-downs at least once over the 5 years, Jessica will put them in the spend-down category.	

	<p>survey.</p> <ul style="list-style-type: none">• Larry questioned whether UR should try to get better data, or acknowledge and accept inconclusive data?• Tracy advised that better data is needed• Larry suggested getting Medicaid data and getting GF data separately. The group agreed that would help.• Tracy advised that the only way to tell if a person is in a service that they shouldn't be in is to do a chart review, not to look at flow-through data.• Sandy noted that flow-through data gives what is, but doesn't give the information needed to make decisions.• CJ questioned if a decision needed to be made indicating that flow-through data would be used in conjunction with something else, or not at all.• Tracy suggested that the group continue collecting the data, and then compare the numbers 6 months out, for example, to see if efforts are working. <p>Sandy → separating the Medicaid from GF, and also If we knew that the average flow-through should be higher.</p> <ul style="list-style-type: none">• Jessica advised that for her purposes, if a consumer is first Medicaid and then non-Medicaid within one fiscal year, the consumer has to be defined as one or the other. Having people flip categories screws up the data.• Larry asked if the group wanted to look at anybody who has some involvement with Medicaid, even if minimal, or consider people who are spend-downs separately. Historically, spend-downs have been treated more like Medicaid consumers than GF.• Sandy noted that 40% of Lenawee's GF is in spend-down.• Louise advised that if a choice is necessary, spend-down should be considered Medicaid. Encompass has improved data that indicates spend-down		
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	<p>status.</p> <ul style="list-style-type: none"> • Jessica advised that for flow-through data for case management, if the affiliation continues to see a positive net gain (meaning more admitted than discharged), it might indicate that existing resources aren't sufficient. • Louise noted that it'd be interesting to see the flow-through data for the last 5 years. • Jessica advised she can pull the numbers for previous years. 		
IV. Inpatient readmissions; Data review	<p>Just brief discussion; how is it going?</p> <ul style="list-style-type: none"> • No issues, Sept. 9 is the deadline for the 2nd quarter data. • Larry noted Livingston missed one readmission in the first quarter, and he wondered should 1st quarter data be resubmitted. Sandy suggested putting it on the 2nd quarter report with an asterisk. Larry agreed. 		
V. Outcome Action Groups- Any updates?	<ul style="list-style-type: none"> • Two Tiered Benefit package and GF Wait List – Larry. Any need to discuss the 8/31/2009 meeting today? → no report. • Over/Underutilization Studies – Tracy → no report. • Manual → CJ hasn't gotten anything more from any workgroups. Access will provide its part by 9/15/09. CJ will send out a reminder to the other groups. • Supervisor Training, to include UR – Sandy → no report 		
VI.			
VII.			
VIII. Next Meeting	Veronica Walker Room, 9/9/09	Agenda items: 8/31 meeting report out	
IX. Meeting Eval. / Checkout / Adjourn	Quick, laid back, on task		