



**Clinical Advisory Committee
Minutes
Chair: Craig B. Hummel, MD
PBH Medical Director**

May 21, 2008

Representative(s)	Name	Attending
Advocate/NAMI	Mary Sechler	✓
Monarch	Daniel Brown	✓
Daymark Recovery Services	Valerie Sakach	✓
UM/Access	Carroll Lytch	x
UM/Access	Chris Jacobson	✓
UM/Access	Craig Hummel, MD	✓
UM/Access	David Jones	✓
UM/Access	Jane Creed - Recorder	✓
UM/Access	Kristin Baker	✓
UM/Access	Pam Rankin	✓
YACM	Jennifer Sadoff	x

Performance Indicators

Performance Indicator	Ref	Performance	Issues	Discussion	Action, Decision or Outcome	Responsible	Target Date
Minutes				Reviewed Minutes from last meeting	Minutes Approved.		
Clinical Guidelines				<p>Bi-Polar – The clinical guideline for bi-polar was discussed and it was noted that the TMAP guidelines are probably more current than the APA guidelines of 2002. The TMAP guidelines include using anti-psychotics for Bi-Polar depression. They are also more concise and have very good algorithms.</p> <p>Schizophrenia Guidelines – It was discussed that the CMT has adopted the VA Practice guidelines. The reasons were they had better algorithms even though they were both under</p>	<p>The CAC voted to accept T-MAP guidelines as written.</p> <p>It was voted by the CAC that we accept the VA practice guidelines for</p>		

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				<p>approximately the same time. Also there are fairly good tables for medication as per under the VA practice guidelines.</p> <p>Major Depressive Guidelines – It was noted that the APA has an update to their major depressive guidelines published in 2005. The original guidelines were in 2000. The only differences are our warnings about suicide and anti-depressant therapies, some new drugs that were not available in 2000. Augmentation of unresponsive depression and the need for continued therapy.</p> <p>Borderline Personality Disorder – Borderline guidelines have undergone an update; this is from the APA 2001. The update adds that there is good recovery for many people. Results also there are a couple new therapies that have been added, reviewed the algorithm from the old guidelines.</p>	<p>Schizophrenia.</p> <p>It was voted by this committee to accept these guidelines as stated.</p> <p>The committee voted to accept guidelines with the APA update.</p>		
UM Plan				David Jones presented the UM plan. This was extensively discussed. There were some recommendations made.	It was voted by the committee to accept this year's UM Plan.		
ACTT CCP Meeting				It was discussed that we now need to want to start the provider meeting with the CCPs and ACTT This would be similar to the old ACTT hospital meeting. There is an ongoing meeting of the CCP's with PBH at the present time.	There will a new meeting most likely called the CCP Meeting. We will ask ACTT and the CCP's, plus the CRC to attend this meeting. It will be held on the		

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Performance Indicator	Ref	Performance	Issues	Discussion	Action, Decision or Outcome	Responsible	Target Date
					second Thursday of each month from 2:30 – 5:00PM.		
Using Clinical Guidelines and Measuring them against performance				It was discussed that NCQA has required us to take 3 clinical guidelines and measure 2 points in each that can be measured against performance. Various recommendations were made to include measuring lithium levels, liver functions with Depakote, educations of families with ADHD, and evaluations of more occurring conditions with ADHD.	Dr. Hummel will take these suggestions back to the NCQA meeting.		

Next Meeting August 20, 2008 – 12:00 – 2:00PM