



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

**August 20, 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.		
Guidelines		A. PTSD Acute Stress  B. ADA Guidelines for Metabolic Monitoring  C. ADHD		VA Guidelines are more comprehensive and useful because we have people who with combative PTSD.  Weight, Body Moss Index (BMI), Fasting, Glucose, Lipid profiles. Would like to post this information on our website for our practitioners to reference.  American Adolescent and Child Psychiatry – 3 or 4 years old. Discussion on illness evaluation to diagnose treatment of illness and how	Motion to approve all guidelines; seconded. Motion carries.		

Performance Indicators							
Performance Indicator	Ref	Performance	Issues	Discussion	Action, Decision or Outcome	Responsible	Target Date
		D. Eating Disorder		<p>to follow up. No other comprehensive guidelines like the AACD.</p> <p>ADA – 2006 - Unable to find any other resources and this one has good algorithms.</p>			
2. NCOA Tracking		A. Clinical Guideline Tracking		<p>ADHD - We will track these guidelines, and whether evaluated for co-morbid diagnoses. When ADHD is treated, many co-morbid conditions resolve themselves when treated with Medication. If not, other treatment may be needed to resolve the comorbid condition. Measures to be followed.</p> <ol style="list-style-type: none"> <li>1. Evaluation of comorbid conditions at evaluation.</li> <li>2. Addressing of comorbid conditions if Sx don't resolve.</li> </ol> <p>Schizophrenia and Bi-Polar should be followed up every 2 weeks until clear for acute episodes.</p> <ol style="list-style-type: none"> <li>1. Monitor after 1<sup>st</sup> time episode for evidence of follow up of one 90862 after initial 90801 by a psychiatrist</li> <li>2. Metabolic Guidelines – BMI, glucose, blood pressure, and lipid profile needs to be followed closely. Tracking of patients on SGA If patient is taking a second generation anti-psychotic the metabolic guidelines will be measured</li> </ol>	<p>Look for 90801 codes done by a psychiatrist since patients might have more than one of these. Start there if possible.</p> <p>This has been reviewed and approved previously.</p>		
		B. Preventative Health		We are about ready to launch the			

Performance Indicators							
Performance Indicator	Ref	Performance	Issues	Discussion	Action, Decision or Outcome	Responsible	Target Date
3. Budget Increases		Measures		<p>Depression PH. A DVD has been done on how evaluate for depression with the PHQ 9. Materials have been gathered for a mailing.</p> <p>ADHD will take a couple more weeks until it is ready.</p> <p>Not sure if we can send out over the email; we could take name off those and send them out; perhaps password protect them.</p> <p>New Enclave is open – hoping to move consumers there. Even though budget goes up, decision might not need to come to this committee if it is just changing from services.</p> <p>Discussions concerning individuals who want to move to Employment. Taking day program hours with vocational training to supported employment.</p> <p>Rate difference; supported employment is changing the rate higher. One of changes in waiver, is as long as they have 40 hours, they can explore this.</p>	<p>Motion made, seconded, and carried.</p> <p>Recommendation to approve situations Beth discussed with meds being appropriated.</p>		
4. Cultural Competency				<p>Discussed how Cultural Competency impacts patients in the clinical arena. Revella had handout concerning "Achieving the Promise" and "Depression in China". These books detail what is broken in our system and how to fix it. Organizations should look at policies/procedures for what is being done:</p> <ul style="list-style-type: none"> <li>• Cost Savings</li> <li>• Ethical</li> <li>• Good for Prevention</li> </ul>			

Performance Indicators							
Performance Indicator	Ref	Performance	Issues	Discussion	Action, Decision or Outcome	Responsible	Target Date
				<ul style="list-style-type: none"> <li>Improvement in Treatment</li> <li>Important for Accreditation</li> <li>Elimination in Disparities</li> </ul> <p>Minorities have less access to Mental Health because many racial ethnic minorities come into primary care before going to mental health</p> <p>Dr. Hummel said this committee has a huge opportunity to make a difference by evaluating PBH's cultural competency and implementing strategies to increase provider's competence in cultural issues. It is our responsibility is to design the delivery of care; educating ourselves is a way to enable our providers to accomplish this.</p> <p>Example would be: How many African Americans follow up after initial appointment? Also metrics on percentages of African Americans and Caucasians with Schizophrenia and with Bipolar.</p>	<p>Trying to penetrate this population.</p> <p>Dr. Hummel will send out metrics that we need to digest.</p> <p>Dr. Hummel will bring to next meeting numbers and make suggestion on how we touch on these.</p>		

Next Meeting October 15, 2008 – 12:00PM