

**Utilization Review Committee Meeting  
(Steering Committee)**

**SUMMARY MINUTES**  
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**October 9, 2008**

Utilization Review Committee meeting was held in Community Health & Social Services Administrative Conference Room, 2<sup>nd</sup> Floor, 2135 Marshall Edwards Drive, Bartow.

The COC members present were as follows: Connie Kinnick, Dr. Nobo, and Tonja Mosley.

Other County Staff in attendance were as follows: Mike Kushner, Dr. Haight, Charlotte Boysel, RN, BA, Daniela Chiriboga, M.D., Celeste Philip, M.D., MPH, Gwen Hall, Debi Curry, and Michael Duclos.

COC members not present: Misilene Fulse and Brian Hinton.

The meeting was called to order by Mike Kushner at 8:39:29 AM.

Mike Kushner opened the meeting with a brief overview of his position within CHSS. He stated that this was the start of the Sub-Committee to the COC to study Utilization Review and Case Management opportunities for the Polk Healthcare Plan.

Introductions were made.

M. Kushner: stated that the first order of business would be to have a Chairman and Vice Chairman for this committee.

Dr. Nobo: nominated Connie Kinnick as the Chair Person.

Dr. Nobo volunteered to be the Vice Chair.

**Chair person: Connie Kinnick and Vice Chair: Dr. Nobo**

M. Kushner: gave an overview of the authorizations and the process that the nurses are now involved in. He stated that after the Plan client number base increased the nurses were very involved in the authorization process and didn't have too much time to do actual work that would be needed to do medical management of the patients. He also stated that there is no Medical Director for the Polk HealthCare Plan (PHP) the nurses need a peer review especially on some of the difficult cases and therefore; having a physicians guidance. There is a need for a Utilization Review and/or Medical Management of some of the cases that we have. He asked for some brainstorming ideas, which should include what the focus of our Plan should really be about and how we go about doing something like that. The Plan has limited financial resources; the question is do we hire somebody, maybe part time Physician to be available to the nurses? Or do we do the Medical Management as a committee, this maybe difficult to get a committee together because everyone is so busy. Maybe we will need somebody that will be there at least a couple of hours a week to take a look at the

Medical Records and make some suggestions on the quality assurance. He would like to make recommendations to the Citizens HealthCare Oversight Committee (COC) to implement.

Connie Kinnick: She called on Dr. Nobo

Dr. Nobo: He gave his thoughts on whether this is a Review committee or is this committee going to be forming the committees that are need. He explained his thoughts on the difference between the Utilization Review committee (UR Committee) and the Pharmaceutical and Therapeutics Committee (PT Committee) and a Case Management Committee (CM Committee). He explained that the PT committee should exist of a pharmacist, contracted (Caremark), and maybe (2 or 3) physicians. Let them decide how often they would like to meet, he suggested they need to review and decide what medications are too expensive, etc., letters from a physician to a physician asking that they write prescription for drug A in lieu of drug B and here is the cost effective they would listen to another doctor's advise than a general letter.

C. Kinnick: She agreed with Dr. Nobo. She gave her overview. She thought that they need to decide where the expertise is and divide into 2 groups and have each group decide when and where they will meet and get their own chair person.

T. Mosley: She stated that the UR committee we would not be the ones making those day to day decisions, in the hospital setting they contract with a Medical Doctor to be the Medical Director for UR. This doctor is on an hourly rate it is just depending on the meetings, it is not a fix rate, and it is not an employee arrangement, where the hospital is guaranteeing without really having a meeting. This is something that is needed here, but she thought that this committee needs to meet weekly to try to define what the UR needs to be.

M. Kushner: Stated that Caremark meets quarterly to review the formulary it doesn't have to be more then that once you have something set up.

C. Kinnick: Stated that she thought that quarterly meetings would be sufficient. If we hired a part time consultant medical director then we can figure out the funds. This person could wear both caps doing both UR and PT.

- Dr. Haight: stated that this committee originally started out this morning thinking it would be the Utilization Review committee but after having these discussions it is sounding more like a Quality and Cost Effective Committee that will have these branches. We want to turn to the tax payers and say "you are paying the sales taxes but we are insuring that it is not just any Health Care it is quality Health Care", it is getting to the point that we want to have healthier people in our community. He stated that P&T is cost effectiveness and Utilization Review that is quality.

Dr. Haight: Stated once these committees are formed then we shouldn't go back and rehash the items that have already been gone over. In the past the discussion will be repeated what was already done at another committee.

Dr. Nobo: made a motion to form a P&T Committee and the P&T will be composed of:

**Pharmaceutical & Therapeutic**

<b>Liz Berndt - Clinical Pharmacist</b>
<b>Caremark Representative</b>
<b>Tonja Mosley – Heart of Florida Medical Center</b>
<b>Review Nurse – Provider Relations</b>
<b>Dr. Sergio Seoane</b>
<b>Daniela Chiriboga, MD</b>
<b>Chairman of LRMC PT Committee</b>

Dr. Haight: stated that he would like to make sure that this committee will be focused on physicians that are very familiar with the step wise approach of anti-hypertensive.

Dr. Nobo: Stated once they vote on this there is no need for an OB-GYN on that committee. Maybe a pediatrician, internal medicine, family practice, cardiologist those are the ones that you will need on this type of committee.

Dr. Haight: Depending on the physician members some might be able to get the information from a cardiologist. If we have a physician that can devote the time and they know that they will be discussing anti-hypertensive that physician may have the time to sit down with the experts in the area, such as Dr. Gonzalez, might be others lets review the American College of Cardiology's recommendations for the Step Wise approach for anti-hypertensive and then look at the formulary and notice that there are some inexpensive steps that can be emphasized.

Dr. Nobo: Stated when he and Wilma Daniels had tried to form this committee in the past there were 2 physicians that were willing to work, one was Dr. Seoane, he sees a lot of patients and he practices internal medicine, family practice and a pulmonologist specialist and also the chairman for the PT committee at Lakeland Regional Medical Center could be part of this PT Committee.

Dr. Haight: Stated that Dr. Chiriboga, is Board Certified in Pediatric and Internal Medicine.

Dr. Chiriboga: Stated she would be very interested in being on this committee.

M. Kushner: Stated that Liz Berndt is a Clinical Pharmacist she has worked in a hospital environment. He stated that he could try to get a Caremark Representative to the meeting or at least join the meeting via a phone.

The sub-committee can change as they see fit, also; these meeting will have to take place after hours so that the doctors will be able to attend.

M. Kushner: Asked if this committee will need a Business Associate Agreement as the P & T committee?

M. Duclos: He stated he didn't think they would as long as they are not looking at actual patient records.

Gwen Hall: Not unless you will be talking about specific clients.

Dr. Nobo: Stated you would never use their name and he gave an example such as patient number 42.

C. Kinnick: Restated the motion: Dr. Nobo made the motion do we have a second for that motion.

Dr. Haight: Second

C. Kinnick: All those in favor say AYE.

**Motion carries unanimously to form a Pharmaceutical & Therapeutic Committee (P&T)**

Dr. Haight: When we look at this group as the Quality and Cost Effectiveness (QCE committee) he stated that they now have the cost effective aspect of the QCE Committee. He went over what he thought the UR committee.

M. Kushner: Told this group that Brian Hinton asked that he bring back a report that will give the Utilization of at least the existing medications that we have on the formulary and by disease state. This will be presented to the COC.

Dr. Nobo: Stated that should be reviewed by the PT Committee. He gave information pertaining to the UR; this is the history and he gave examples. You don't use the doctors names you would give them a number; they would then pull those to review. This committee may have to meet more then the PT committee until they get everything going.

C. Kinnick: Things that come from UR committee if there are certain types of problems that are popping up; then you can contact the Health Department to share with the Polk HealthCare Alliance, to get the word out.

Dr. Nobo: Asked if they want to do Utilization Review and Case Management, because he felt that Case Management is different. Case Management you need the answer now, Utilization is a few months later.

Dr. Haight: stated he sees UR as an in the past committee, going back and looking at patient files. Then it could be a task of the Case Management Committee to start to address this in the future, such as and he gave some examples. The Case Management committee is tasked as a unit to say that they maybe finding people are not really being truthful about their compliance.

T. Mosley: Stated that she typically sees these as one committee, the Case Managers are the staff that are going to be accumulating the UR data. The Case Managers are an arm of the UR committee.

Dr. Nobo: Then you would have to have one representative.

M. Kushner: Stated that they have 5 Nurses.

Dr. Nobo: They would only need one representative.

G. Hall: There is one specific that is doing strictly ER.

C. Kinnick: We will need 2 then the ER Nurse, and one other nurse.

M. Kushner: How do we get doctor's to join this committee?

M. Duclos: If the meetings are after hours

Dr. Haight: Or 7 AM.

Dr. Nobo: Even though the doctors are upset at what happen with the Plan, he stated that he thinks he can get the doctors to do it for free.

G. Hall: Stated that they need to take into consideration geographic situation where the doctors are located so there is a good representation from the entire County not just one area.

Dr. Nobo: stated that you have to have a general surgeon, internal medicine, family practice.

D. Curry: Is this the Case Management?

Dr. Nobo: Yes, (Utilization Review)

C. Kinnick: This will be one committee.

Dr. Chiriboga: Stated that internal medicine can probably represent Cardiology as well, you probably won't need a separate Cardiologist.

Dr. Nobo: Stated that one of the most expensive doctors are the cardiologist, they are the one that spend the most money. Do we need to bring one in so that he or she can see just how expensive they are and try to convince them to talk to the other cardiologists? He is going to check with Jorge Gonzalez to see if he is interested.

D. Curry: Asked if there would be more then one COC member?

Dr. Nobo: Connie and I

D. Curry: It must be in the Sunshine.

M. Duclos: It will have to be noticed and open to the Public and recorded.

M. Kushner: if we discuss specific cases it must be a closed meeting.

Dr. Nobo: If we don't use names?

M. Kushner: Depends on whether the patient can be identified by a member.

Dr. Nobo: Remember with amendment number 7 everything is open.

C. Kinnick: It is more important for Dr. Nobo to be on this committee then me.

M. Kushner: Ok

Dr. Nobo: I think we need a nurse, we need you there.

M. Duclos: Stated he would want the meeting notice anyway even if there will not be 2 COC members, because we are dealing with tax payer’s money.

D. Curry: Does this meeting need to be recorded?

M. Duclos: There must be someone there which can take summary minutes, a recording would be preferable if possible.

Dr. Haight: Stated if this committee is structured that the Utilization Review staff is doing the back up work; because if this committee would have to do that work then it would be identifiable. Staff can go individually to a member to discuss this information; they can still use a number for the client.

M. Kushner: Stated that he could also ask Dr. Aguilera who is in the Wellness Clinic, he is an ambulatory care specialist. (Urgent Care Specialist) he is not associated with the Plan at all if you want him.

G. Hall: Some of the highest is the GYN, Gastroenterology, and Cardiology.

Dr. Nobo: Stated we have: Cardiology, Internal Medicine, Family Practice will that be enough.

Dr. Haight: If he was not available Dr. Chiriboga would sit in for him, she is Pediatrics and Internal Medicine.

**Utilization Review Committee:**

<b>ER Nurse (Provider Relations LPN Nurse)</b>
<b>Nurse – General (Provider Relations Staff)</b>
<b>Dr. Nobo</b>
<b>Connie Kinnick-ARNP</b>
<b>Dr. Haight – Infectious Diseases</b>
<b>Doctor – Internal Medicine</b>
<b>Doctor – General Surgeon</b>
<b>Dr. Gonzalez</b>
<b>Doctor – Family Practice</b>

Dr. Haight: stated that this committee will be able to bring information back to the COC.

M. Kushner: Asked if there was a motion to adopt this Utilization Review – Case Management Committee

Dr. Haight: So move

Dr. Nobo: Second

C. Kinnick: All in favor say AYE:

**Motion carries unanimously to form a Utilization Review/Case Management Committee**

M. Kushner: Asked when we would want to have the first meeting. How long would it take to get all of the members together and when would we have the first meeting on the P&T committee.

Dr. Chiriboga: stated she thought it would be good to do what Dr. Haight had mentioned first get an idea of how things are going. For an example: she does not know what patients she is serving so how can we make a formulary and make decisions unless we know what was going on before.

Dr. Haight: What are the age breakdowns?

Dr. Chiriboga: This committee needs a presentation in advance so then later we can sit down and meet. She thought that all 3 committees need to have a presentation in advance to have an idea of just what is going on.

Dr. Nobo: Stated for him to know what drugs are going to be used when the PT, I will not be a member and that would be a waste of my time.

Dr. Chiriboga: Just more in general terms, which population are we serving, what are the physicians that are available?

Dr. Haight: More geographically, who the patients might be.

Dr. Nobo: When the PT committee meets at the first meeting make that presentation to them. Here are your statistics, physicians, medications, that is why we are forming a PT Committee. Because if we listen to that and then you will have to make that presentation to the UV Committee too.

M. Kushner: That will take too long to do all of that. We might as well go direct.

Dr. Chiriboga: That is fine; this committee here also needs to know this too.

Dr. Nobo: Stated that he thought that this committee was just to develop the other committees and then this committee would be gone.

Dr. Haight: Stated why have an extra layer.

M. Duclos: The COC is really where all of these sub committees come back too.

Dr. Nobo: The purpose of this committee for us to brainstorm what we needed to do and then split ourselves into different areas and do our jobs there. We may have to meet one more time.

Dr. Haight: Stated that you have a branch going down into Quality and Effectiveness, there may not be people sitting in that committee it is really made up of the P & T and the Utilization and Case Management. But; the COC is going to have in the future Grants Management, there maybe a time that you will be granting funds again and you will need to have a committee that will be focused on Grants Management. There will be a couple of others that may come and go as needed for the COC. You will be setting up a structure that I think keeps quality at the forefront, prevention at the forefront. We don't need to have an extra layer of people meeting.

Dr. Chiriboga: as long as there is communications between the 2 committees.

M. Kushner: Connie will report to the COC what we had discussed today.

C. Kinnick: I definitely would.

Dr. Haight: The HealthCare Alliance is meeting right now, that feeds into the COC, which is one of the umbrella groups for the entire County, and they are not just focused on just the sales tax they are focused on the big picture of County's healthcare.

C. Kinnick: Stated that we have been at this as a group for so long that we know the population, we know the physicians we know all of this information that you are asking for. You might need that information for your decision making but we have heard it all before.

Dr. Haight: What we don't know, what the COC doesn't know, what is the most common cause of death, what is the most common cause of hospitalization, which is what I really want to hear? Who is going to the hospital, why did the Plan patient get readmitted after 10 days, if you look at the 10-14 day readmission, something didn't work out right, when you leave the hospital you should be able to return to leaving your life and being a productive citizen. That is what the Utilization Review staff with some medical oversight looks at that and says there is a pattern developing, they did not get the extra emphasis in Case Management.

Dr. Nobo: Stated anything that you can get for free at Publix and for \$4.00 from Wal-Mart should not be on our formulary.

G. Hall: With the Plan cutting down to the 100% FPL we are taking care of the sickest of the sick population. This is typically not a population that is working either, these are the people that are pending disability we are dealing with a pretty tough population.

M. Kushner: We will be looking at the people that are currently on the Plan, there is no point at looking at people that are no longer on the Plan.

G. Hall: Looking at old data isn't the population that we are really serving.

C. Kinnick: Asked if they were in a position today for the 2 sub committees to plan any future meeting dates? How is this going to be handled so that we can get on with this?

M. Kushner: He suggested that as soon as we have all of the people who are to be on these committees along with their phone numbers, Debi can put together the meetings.

C. Kinnick: Since it will be an evening or a late day meeting 5 or 6 o'clock where would we meet?

M. Kushner: we could meet right here or go to other locations as needed.

D. Curry: This can be recorded because of the portable equipment.

Dr. Nobo: Stated maybe we should set a deadline, we would like the PT committee to meet in about 3 weeks from now, than the Utilization Review at least to meet within the 3 week timeframe and we would have a goal.

C. Kinnick: How about a month, 4 weeks.

M. Kushner: Before Thanksgiving.

C. Kinnick: She will be out of town the last 2 weeks in October; she stated she would like to see it before the next COC meeting, before the November meeting. Before November 21<sup>st</sup>.

D. Curry: Asked that any doctors that you want to be part of these committees and I have not had access to their information could you please forward that to me as soon as possible.

M. Kushner: Have all of the names filter through Debi

D. Curry: Asked would you like me to do a rough Org. Chart showing all of the branches.

The entire committee would be interested in seeing an Org. Chart created.

C. Kinnick: Stated that she will be reporting on this committee and the Alliance.

D. Curry: will add her to the agenda for the next COC meeting.

M. Kushner: Stated that there is a need to have someone from this committee could be available for the nurses to talk about specific issues, a Doctor.

Dr. Haight: Stated that Dr. Chiriboga is in this building in the clinic.

Dr. Chiriboga: She stated she would be happy to help and they can call her at anytime, on her cell phone.

Dr. Nobo: They can call me too.

M. Kushner: Gwen's area needs that.

Dr. Chiriboga: I am in this building everyday except Wednesdays.

Dr. Haight: She does a pediatric clinic at the Lakeland Health Department Clinic on Wednesdays.

Dr. Nobo: Stated that the Pediatric patients should go to all of the other places that offer Pediatric services that are available and keep our Plan for the other population.

Dr. Nobo: Stated that at the next COC meeting he will be asking how many pediatrics we have under our care and can we send them somewhere else.

G. Hall: stated that we only cover them temporarily while they are pending ~~Medicare~~ Medicaid, while they are pending to get on Kid Care.

Dr. Nobo: Stated that the problem is that he had asked this question at the last COC meeting, if you have a patient in the Plan and that patient leaves the Plan are you going to bring someone else in and the answer was no. So I do not want 200 Pediatrics that are just temporary but that are using these spots that others could be in.

G. Hall: We are not enrolling anyone right now. They were already on the Plan.

Dr. Nobo: you can take them off the enrollment; you have taken thousands of people off the Plan.

G. Hall: why would you want to?

Dr. Nobo: Because those pediatric patients have other means of getting care.

Dr. Haight: There maybe an issue where temporarily we maybe avoiding a completion if we got them onto the Plan.

Dr. Nobo: Look at these patients before the end of October when all of these patients are to be weeded out and say you can go to all of these different Plans, just tell them by this date you need to be out of our Plan and into these other Plans.

M. Kushner: We will be bringing some new eligibility criteria to the COC for approval. We are not ready for that yet; we have been brainstorming about these changes. He will be asking Michael Duclos to review these new eligibility criteria from a legal standpoint and once it has been reviewed it will then be brought to the COC. He feels that the Polk HealthCare Plan should revolve around people that have chronic diseases; these are the people that we can help. If we do have children on the Plan that can get help elsewhere they should not be on the Plan.

G. Hall: we also want to focus on the patients that will not be compliant this is where the issue comes into play.

M. Kushner: You could have a waiting list, for those who are not compliant; we do that in our client. There is a carrot and stick approach.

Dr. Nobo: That is an excellent idea, if you miss three appointments in a row.

G. Hall: It is burning up resources that someone else could be using who is a diabetic. From past experiences these people are usually the drug offenders and they are going to the ER and I would rather just get them out of the Plan.

Dr. Haight: The UR staff that is in the trenches will start to see those patterns.

G. Hall: It could be a transportation issue, so we would work with transit to resolve that issue.

Dr. Haight: Stated that at a later time he would like to discuss The Health Promotions section of the Health Department and he discussed how they could help the Plan.

Dr. Nobo: Stated that he could get about 2 or 3 Gynecologist to do free Pap Smears once every 2 or 3 months. The problem there is once there is an abnormal pap smear, we did it for free, the pathologist at Lakeland they can do it for free or he would convince them to do it for 2 or 3 dollars. But now what do you do and he explained all of the different things that could lead right up to the hysterectomy. This is a catch 22.

M. Kushner: It seems like we have discussed everything we met to discuss.

D. Curry: Does everyone have an e-mail address?

C. Kinnick: Gave an overall summary:

1. We met as the Quality and Cost Effective Committee
2. Formed 2 sub committees
3. PT Committee
4. UR and Case Management Committee
5. We have identified who should be on those 2 committees
6. Debi and Dr. Nobo will be contacting the people to get the meetings put together
7. Gwen Hall will work with her staff
8. Mike to check with Caremark
9. UR & PT these 2 will be totally separate meetings
10. PT Committee will be formed and pick their day, time and place
11. UR Committee will be formed and pick their day, time and place
12. Those sub-committees will elect a chair/co-chair and that will be announced
13. The information will be presented to the COC by Connie Kinnick from this meeting.
14. In the future the 2 sub-committees will plan their meetings and will be on the COC agenda to report back to those members. Any decisions or a vote from the COC would occur at that time.
15. This committee doesn't have a function after today.( This changed they will meet again in January 2009)

Dr. Nobo: Do you think we could meet one more time to make sure that the committees are doing what we think they should be doing.

Dr. Haight: Maybe in 3 months from now.

D. Curry: This will be the Steering Committee and they will be meeting in January 2009. The summary minutes from this meeting will be placed on the COC agenda for approval and they will have a copy for their record too.

C. Kinnick: Do we have a motion to adjourn?

Dr. Nobo: Motion

M. Kushner: Second

**Motion to adjourn carries.**

**(The following information was provided by Dr. Haight which were the notes he prepared and spoke from at this meeting).**

Quality and Cost Effectiveness Committee  
Polk Sales Tax Health Care Program

Purpose

(1) Review selected individual's care and pharmaceuticals for medical necessity and appropriateness of care rendered.

(2) Assess overall utilization for quality and cost effectiveness.

### Goal

To improve the quality of care for each tax dollar spent while emphasizing prevention

### Membership

Decided during October 9, 2008 meeting

### Process

Create two committees:

(1) Utilization Review/ Case Management committee will familiarize themselves with:

1. The most common illness affecting the citizen of Polk County with specific emphasis on those residents enrolled in the Sales Tax Health Care Program. Specifically:
  - Those illnesses leading to preventable lost days from work, hospitalization and death
  - Those illnesses that are chronic and can lead to complications, hospitalization and years of life lost.
  - Those illnesses that have a simple method to measure success when properly addressed by the program
  - Those illnesses that are more cost effective to treat as an outpatient and can cause very expensive preventable complications
  - Illnesses that can be addressed by our healthcare system that will save costs to the Sales Tax Program
2. The physicians and clinics that provide care to those residents enrolled in the Sales Tax Health Care Program
3. The staff performing the day-to-day utilization review, case managers that assist challenging individuals and the part time medical director they turn to for guidance

### Case Section

Selection should take into account patients that are:

- Diagnosed with one of the top ten most common illnesses in Polk County (see above)
- Individuals that inappropriately utilize the Emergency Department
- Individuals recognized with end stage preventable disorders (why did they not get care earlier)
- Individuals readmitted to the hospital after a recent discharge
- Those leaving the hospital against medical advice

- (2) Pharmacy and Therapeutics Committee (P & T) will review formulary, prescribing patterns, and alternatives available for Polk County residents enrolled in the program

Outcomes

- Increased community health
- Decreased inappropriate utilization of ER

Cost effective/efficient care delivered.

Meeting Adjourned at 9:46:49 PM

Transcribed by: Debi Curry; Office Manager, IV  
Community Health & Social Services Division