

## Clinical Risk Group Subcommittee Call #3, September 23, 2013

### Attendees

Michelle McElroy	Southern Tier AIDS Program
Neil Pessin	CCMP
Donald Bux	University Behavioral Associates
Jay Dobkin, MD	VNSNY CHOICE SelectHealth
Rebecca Wulf	CBC/JBFC
Jeffrey Levine	Bronx Lebanon Hospital Center
Brian Maxey	NYC HHC
Frank Laufer	Aids Institute
(?) Ilyana Meltzer, Rob Piculell, Dawn Lambert-Wacey	OASAS
Deirdre Astin	NYSDOH

The group discussed additional measures to be incorporated into 3M's CRG model, with an emphasis on how best to categorize homelessness and adherence to treatment.

### Homelessness

The group discussed the HUD definition of homelessness. While it may be helpful as a blueprint, it does not capture some of the more common risks with this patient population. Additional measures may be necessary. For example:

- A client may not be technically homeless, but because of substance abuse or some other untreated behavior is not welcome at home and needs to be care managed into supportive housing.
- A history of having lost housing due to mental or physical illness is not captured.

It may be necessary to have homelessness and risk of homelessness as separate criteria

It also may be necessary to add multiplying factors. For example, housing issues and HIV requires intensive care, while housing issues without serious medical conditions may not.

The group will continue to discuss and decide whether to augment the HUD guidelines or establish completely new ones.

### Adherence

3M has considered incorporating adherence to treatment into the model.

The group suggested a broad definition of adherence, which could include a tendency to not show up for appointments or failing to make follow up visits. There could be an adherence 'bucket' with degrees of non-adherence quantified.

#### **Additional measures suggested**

- Cognitive impairment
- Character / personality disorders
- Traumatic brain injury
- Recent release from prison
- Recent release from inpatient psychiatric or medical care
- History of violence
- Cultural / Linguistic Barriers to care
- Lack of connectivity to necessary providers

Another issue on the group's charter that should be addressed in following meetings is the frequency at which the acuity score is re-calculated.

Deirdre Astin mentioned that, as part of a CMS conflict free case management rule, assessments will have to be performed by a neutral 3<sup>rd</sup> party. The group had not been aware of such a rule and worry was expressed about who would be performing these assessments, how they would be funded, and the implications for converting clients from outreach to enrolled status.

The group agreed to another call in two weeks time, preferably on Monday November 7<sup>th</sup> between 3 and 4.