

## CRG Conference - Nov 7, 2013

### Attendees

Neil Pessin	CCMP
Michelle McElroy	Southern Tier AIDS Program
Donald Bux	University Behavioral Associates
Jay Dobkin	VNSNY CHOICE SelectHealth
Rebecca Wulf	CBC/JBFCs
Karen Nelson	Maimonides
Kristina Monti	Continuum Health Home Network
Brian Maxey	NYC HHC
Lyn Hohmann	NYSDOH
Doug Ruderman	OMH
Ilyana Meltzer	OASAS
Rob Piculell	OASAS
Peggy Leonard	Hudson Health Plan
Grace O'Shaughnessy	VNSNY
Phil Opatz	VNSNY
Sajidah Husain	Amerigroup
Shari Suchoff	Maimonides

The call started with check-ins and welcome.

A review of the items previously identified as discussion items for Dr. Goldfield was done. These included the possibility of alternate ICD-9 coding for relevant information, including:

1. A definition for the ICD-9 coding V60.89 to equate to HUD categories 2, 3 & 4 (Imminent Risk of Homelessness, Homeless under other rules, Fleeing domestic violence) despite not matching their "other specified" criteria.
2. The possibility of the use of other agreed upon non-ICD-9 codes to capture other relevant data that there is no coding for (or the applicable ICD-9 codes are not deemed useful).

Additionally, the group would like more specific guidance on collecting a useful data set including: How large of a population set is necessary for analysis? What type of data is most easily incorporated? What type of scale for the data is useful?

A reminder was also done of the five priority factors identified by the group, for inclusion to the CRG. These were: 1. *Homelessness and At Risk for Homelessness*, 2. *Functional Impairment*, 3. *Connectivity to Primary Care*, 4. *Adherence Barriers (both pharmaceutical & treatment plan related)*, and 5. *Involvement with Criminal Justice*

Requests were taken for additional items that are of critical importance to speak about with Dr. Goldfield, or other factors that group members believe strongly need to be reflected within the CRG modeling. The question about other ways to evaluate adherence (outside of

pharmacy claims data) was brought up, along with concerns that the ICD-9 code for non-compliance has been indicated as not useful.

The need for functional assessment data to be included was acknowledged by the majority of group members, and some type of functional assessment data is theoretically able to be incorporated into the CRG. It is unclear what the type/format/scale for this data was, or what the level of complexity that can be pulled into the formula is. There is also limited awareness within the group regarding the InterRAI assessment suite, and concerns about the use of an unfamiliar tool that may have less demonstrated efficacy than other tools which have been used historically.

Finally, a brief discussion around the refreshing timeframe for the scoring was broached. Although this is a topic to revisit at another time (and not with Dr. Goldfield) it remains a concern that the data can change quickly when actually discussing services and needs for individual members and the interval for refreshing the information remains of concern.

#### **Follow-Up Items**

1. Reply with other suggestions for Dr. Goldfield discussion by Nov. 8, 2013.
2. Next call is Monday, Nov. 11<sup>th</sup>, 2013, 10:00am - 11:00am with Dr. Goldfield (3M).