



In 2003 PrimariLink began an extensive review of how authorization for outpatient care was taking place. This involved a review of policies, clinical criteria, provider survey results and comments, literature review, claims paid vs. sessions authorized for use and an in depth review of hundreds of OTRs that were submitted.

Here is a snap shot of some of the findings: (Details will be provided when we meet)

- The average 'session count' for a treatment episode, regardless of diagnosis, for the past three years is 8.
- Nearly 30% of people drop out of treatment prior to the third session.
- Of those going beyond three sessions, nearly 80% end prior to the 14th session.
- There is inconsistency in how Major Depression and other 'biologically based' diagnoses are treated relative to the use of medication and this seems to impact length of care.
- There are very few, i.e. below SAMHSA studies, clients where documentation of co-occurring disorders is present.
- The length of treatment seemed to have less to do with the primary diagnosis and more to do with factors like; the baseline level of functioning a client had entering care, the precipitous nature of the decline in functioning, the supports available to the client, the relationship of the provider and client and the clarity of the goals established between the provider and client.

Given this data we have begun a project designed to: enhance best practice/care for clients, reduce paperwork, review time and address any potential barriers to accessing care. **WE NEED YOUR HELP TO DO THIS.**

Here is a brief overview of the plan.

- Develop collaborative pilot projects to review the existing OTR and streamline the first OTR that is submitted. An example is attached for your review.
- Develop with these pilot settings best practice standards and best provider standards for potential 'gold carding' of providers.
- Work with an outside consultant, Scott Miller PhD to develop a possible system for 'best practice providers' not needing to pre authorize care or submit to concurrent reviews. This would include consultation calls and an all day conference in November for you. CEUs will be provided.
- Develop ways to measure both client satisfaction and treatment outcomes.
- Together, develop a system that is so transparent that other providers would want to join the project.

To ensure the success of this project conversations need to take place. I am uncomfortable making changes or decisions without partnering with providers and consumers. I also recognize the limited time that is available. My intention is to manage most of the workflow, use your assistance as a consultant and build this project into your regular work process.

I look forward to talking with you about this project in more detail.

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