

Clinical Leadership Committee (CLC) Agenda

Date: 7-26-2018

Time: 1-4p

Location: Gratiot Integrated Health Network (GIHN) 608 Wright Ave, Alma, MI

Call-In Information for joint session portion of the meeting: Conf: 888-585-9008/ Room #: 818-235-935

CMHSP	CLC Participant	In-Person	Phone	Absent
BABHA	Karen Amon			X
	Joelin Hahn			X
CEICMH	Gwen Williams	X		
CMHCM	Julie Bayardo	X		
GIHN	Kim Boulier	X		
HBH	Tracey Dore	X		
The Right Door	Julie Dowling	X		
LifeWays	Gina Costa			X
MCN	Julianna Kozara	X		
NCCMH	Cindy Ingersoll			X
	Denise Russo-Starback			X
Saginaw CCMHA	Linda Schneider	X		
Shiawassee CCMHA	Crystal Eddy	X		
TBHS	Julie Majeske	X		
MSHN/TBD/ Other	Todd Lewicki	X		
	Skye Pletcher	X		
	Amanda Horgan		X	

Purpose: To advise the PIHP regarding clinical best practices and clinical operations across the region

- Advise the PIHP in the development of clinical best practice plans for MSHN
- Advise the PIHP in areas of public policy priority
- Provide a system of leadership support and resource sharing

1. Review and approve agenda (Agenda Content [Linked Here](#))
2. Approve minutes from last meeting: [6-28-18 CLC Meeting Minutes](#)

Decisions should be written in the form of questions identifying the precise decision that the group is being requested to make. Include links to relevant documents in Box

REMINDER: Start meeting with roll call.

Joint Session with UMC

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I. Mobile Intensive Crisis Stabilization Services for Children-Data Reporting

A. Informational Only: As discussed last month, the initial reporting period runs from 7/1/2018 through 12/31/2018. MSHN developed a standard regional [reporting template](#) to capture the necessary data elements required by MDHHS. Please submit the reporting template to Carolyn.Watters@midstatehealthnetwork.org by the 5th of each month for the prior month's activity.

II. [Parity Workgroup Update \(Amanda Horgan\)](#)

- A. Background: PIHP CEO's approved of the Parity Workgroup recommendation of MCG. MCHE board accepted the recommendation of the Parity Bid Committee and voted to approve the contract negotiation team to engage MCG in discussion.
- B. Question: What is CLC/UMC's recommendation for implementation of MCG?
- C. Discussion: Recommendation to PIHP CEOs. MCG was selected vendor. Timeline for implementation for inpatient is September 1st. Best place for this input is CLC. All have concerns about the timeline, but the state has established this. Concerns about duplication of entry. Entry is into a standalone tool, once implemented enhancements will be made to incorporate into EMRs. Would like to see a recommendation on how our region will implement MCG for acute care services. Training and consistency could be a real challenge. Start with the conceptual structure with PCE and creating the process. How we will implement for acute care services for September 1st? Use tool for every screening, or a certain number to meet the deadline?
- D. Outcome: Amanda to reach out to Detroit Wayne to do a conference call regarding how they use MCG.

III. **Priority Measure Updates (Joe Wager) Also available [here in Box.](#)**

<i>Priority Measures:</i>
Initiation AOD Treatment
ADHD Follow Up
Follow Up after Hospitalization for MI
Cardio Screening for Antipsychotics
Diabetes Screening for Antipsychotics
Diabetes Monitoring for Schizophrenia
Adults Access to Primary Care
Children Access to Primary Care
Plan All-Cause Readmissions (30 day)

Discussion: Joe covered the measures in the report.

IV. **FY19-20 Board Approved MSHN Strategic Plan ([Linked Here](#))**

Is MSHN also considering crisis residential for SUD services? Yes, addressing this through work with OROSC. GAIN-I CORE is receiving very negative feedback-MDHHS has been given this feedback. State is considering (possibly) a shorter GAIN tool. Discussed the challenges the making SIS required will represent.

V. **BHDDA Network Adequacy Standard Methodology and Results ([Here](#))**

- A. Background: MSHN is seeking feedback on this document and has chosen to gather additional thoughts via CLC and UMC. The attached document includes methodology and

a first attempt at a standard for certain services listed in the document. The Department was very clear that this is NOT a landing point, but a beginning point for further review and discussion. The Department committed to convening a set of meetings with PIHPs and others to further edit/refine the list of services covered.

- B. Question: Is there additional feedback for this document?
- C. Discussion: What are the assumptions behind the tables? We need to address whether they are setting a standard or an improvement goal? Also missing all of the appropriate OTP codes.
- D. Outcome: For extra time, please provide additional feedback by 8/2/2018.

VI. PIHP-MHP Integrated Health Workgroup Activity

- A. Background: The workgroup recently finalized a second standard of care protocol related to addressing the needs of adults recently diagnosed with COPD. PIHPs and MHPs were required to jointly develop 2 standard of care protocols during FY18, per integrated health performance bonus contractual requirements. [COPD Care Protocol](#)
- B. Question: Ensure CMHSP awareness of the issue.
- C. Discussion: Skye provided the COPD protocol. Will the CMHSPs support the activity of the MHPs if they are struggling with working with the mutual consumers? This will also be a HEDIS measure. The state removed the agreement to coordination of care, in the MHC language, and the freedom to coordinate care with the MHPs, but need a consent from the consumer to do so.
- D. Outcome: Provide feedback to the MHPs regarding sending pamphlets, reading level. MSHN may be contacting the CMHSPs regarding communication with consumers. Janis will send to Todd and Skye the resources she has to further explain HIPAA and coordination of care. Skye will share Tom Renwick's document as well.

VI. TRICARE Survey

- A. Background: MSHN's veteran navigator, Michael Scott, developed a [survey](#) to obtain feedback about experiences/barriers working with TRICARE. Please distribute within your CMHSP and among your provider networks. Participation is greatly appreciated
- B. Question:
- C. Discussion: Encouraged CMHSPs to attend.
- D. Outcome:

VII. Authorization Data Sharing with MSHN

- A. Background: MSHN is requesting feedback from CLC and UMC regarding the possibility of sharing authorization data with MSHN in the same manner that encounter data is currently pushed to MSHN. This would greatly inform the ongoing parity work
- B. Question:
- C. Discussion: There is a HIPAA standard around a 278 file. There is not an ability to sort by anticipated fund source, it would need to be supported by consumer fund source at the time. Auths have a tendency to be built larger than that which is ultimately provided. Engagement drives this. Auths tend to be generous.

- D. Outcome: Skye and Todd will take a look at creating a document (philosophy-based) for further discussion to inform decision-making. CEOs should ultimately approve subsequently.

CLC-Only Agenda (Same Call-In as Above)

VIII. Telemedicine

- a. **Background:** This is a newer type of service that more providers are beginning to provide. We have very clear sources of guidance to draw from and I suspect we have a role in ensuring originating and distant sites meet requirements, communicating documentation expectations for auditing, etc.
- b. **Question:** Should MSHN develop a policy around use of telemedicine services?
- c. **Discussion:** Each CMH is using telemedicine. Two new bills are out there to create further delineation around. How is this encounter being reported? There is a new code (telemedicine code). The question was around face to face versus reporting non-face to face.
- d. **Outcome:** No further needs identified.

IX. Improvements to person-centered planning, independent facilitation, and self determination

- a. **Background:** We have no initiative around these functions, but will have a goal within our FY19/20 Strategic Plan.
- b. **Question:** What should be done to address this area in the strategic plan?
- c. **Discussion:** Improve the spirit of person-centered planning (not just the technical aspects). It is a key area. Saginaw does a fidelity check through determining how the intent is being met. Every supervisor has to sit in at least one PCP with a staff. Competency in this area has not been delineated. Independent facilitators tended to lead the discussion, but some have gone way over the top in facilitating the plan. Independent facilitation seems to have different motivation (i.e. identify too much out of a PCP that is not realistic or treatment-focused). The state has not provided any direction around this, including no training guidance. There needs to be clarity around the role of the independent facilitator, that should be conflict free.
- d. **Outcome:** CLC come to one standard and move forward on a mutual target. Push MDHHS to get clarity on the role of independent facilitator. Independent facilitators work in the role.

X. Use of Medicaid in CCI

- a. **Background:** Issue of not being able to use Medicaid dollars for placements.
- b. **Question:** Are there options coming up for use of Medicaid with children, and CCI or Hawthorn?
- c. **Discussion:** There are potential upcoming options with PRTF, which is under development. We need to be able to do something for the highest need kids.
- d. **Outcome:** Additional information will be shared as developments occur.

XI. Regional Medical Director's Meeting (Informational)

- a. **Background:** Regional Medical Directors meet now on a quarterly basis and the various committees should be aware of information sharing needs.
- b. **Question:** Informational

- c. **Discussion:** CLC/UMC discussed information flow and the importance of engaging the medical directors.
 - d. **Outcome:** CLC/UMC will ensure to bring forward any matters to ensure regional medical directors are informed.
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- **UPDATES**

Status of Deaf Mental Health First Aid rotation.

Management of Threats to Schools – Subgroup Update

a. Background: In the wake of the latest school shooting in Parkland, Shana wondered if other CMH's have crafted a formal policy about your response when contacted about "clearing" students who make threats/have concerning behaviors, communicating with schools, etc. Update: Decision from 4-19-18 meeting was to form a workgroup including Dani Meier, Linda Schneider, Julie Bayardo, Gwenda Summers (CEI Families Forward Director), and Kim Boulier (GIHN) will meet and develop a draft for consideration.

Outcome: *The previously mentioned workgroup will schedule a date for meeting. In addition to the members listed above, Julianna Kozara from Montcalm also volunteered to participate as MCN is doing significant work around school safety issues*

Outcome: Kim will send out an invite with an intent to convene this group in September.

Parking Lot-August

- Access Staff Burnout and Turnover-staff are very interested in discussing this next month.

Next Meeting: August 23, 2018 at 1-4p at GIHN, Alma