

Clinical Leadership Committee (CLC) Agenda

Date: 2-15-2018

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

Call-In: 888-585-9008; **Conference Room:** 986-422-885

| CMH | CLC Member | In-Person | Phone | Absent |
|--------------------|---|-----------------------|-------|--------|
| BABHA | Karen Amon Joellen Hahn | | x | |
| CEICMH | Shana Badgley | | x | |
| CMHCM | Kathie Swan | | x | |
| GIHN | Kim Boulier | x | | |
| HCBH | Tracey Dore | | | |
| The Right Door | Julie Dowling | | x | |
| LifeWays | Gina Costa | | | |
| MCN | Julianna Kozara | | x | |
| NCCMH | Cindy Ingersoll | | x | |
| Saginaw CCMH | Linda Schneider | x | | |
| Shiawassee CCMH | Crystal Eddy | | x | |
| TBHA | Julie Majeske | | x | |
| MSHN/TBD/ Other | Dani Meier Trisha Thrush Joe Wager Amanda Horgan Sherrie Donnelly | x x x x 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
2. Approve minutes from last meeting: [January 18, 2018 CLC 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

FEEDBACK REQUESTED: Feedback on the Population Health Plan (Amanda Horgan)

- Background:** The Population and Integrated Health Plan was reviewed at the January CLC meeting. CLC members reviewed the plan after the meeting and provided feedback to Amanda Horgan by 1-31-18. Page 21 of the Population Health Plan refers to recommendations. A number of recommendations were provided by the CLC subgroup. We need to review each area and come to consensus on what should be included, removed or edited based on the feedback.
- Question:** What areas does CLC think should be included, removed, or edited based on the feedback provided?
- Discussion:** Review of Integrated Health Plan for pg. 21 and feedback/revisions provided by CLC members. Recommendations for pg. 21 were developed from the CLC workgroup originally. Reviewed each bullet point for original workgroup focus/purpose and revised as appropriate by suggestions from group. CLC

workgroup members expressed a goal of wanting to keep the recommendations somewhat vague to allow each CMH the ability to tailor the recommendations to their "shops."

- d. **Outcome:** CLC members requested Amanda provide the integrated health plan to them to review with their individual medical directors for feedback. Amanda can provide plan by 2/23/18, and would need feedback by 3/2/18 to get information in packet for next Operations Council meeting in March 2018. That would give medical directors 1 week to review plan. Integrated Health Plan is a "living" document, so feedback can be incorporated at other times as well.

INFORMATIONAL: MSHN Regional Medical Directors Meeting Update **(Canceled due to inclement weather)**

- a. **Background:** MSHN's CMH Medical Directors was supposed to meet on 2/9/18. The population health plan, priority measures (and in particular the cardio-screening measure on which CLC wanted MD input) is on the agenda.
- b. **Question:** N/A
- c. **Discussion:** Feedback from Saginaw Medical Director from Linda Schneider included the Medical Director feeling like attending previous State meeting has not been worthwhile, and was wondering if this meeting would be worth their time. An agenda item that he expressed of importance was the prescribing of medical marijuana.
- d. **Outcome: Meeting rescheduled for April.**
- e.

INFORMATIONAL: Priority Measures Update (Joe Wager) (Standing Agenda Item)

- a. **Background:** ([Priority Measures Aggregate Data - 11/2017](#) & [Monthly IP Trends, Year over Year Data 11/2017](#))

| Priority Measures: |
|--|
| 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) |

- Cardiovascular monitoring score: Range across Region 5 is 13.33% to 40.00%; National level – 43.70%
- Follow-up children ADHS med initiation: Range across Region 5 is 68.83% to 93.33%; National level – 42.20%
- Follow-up children ADHD med C & M Phase: Range across Region 5 is 97.5% to 100%; National level – 50.90%
- Follow-up after hospitalization for MI for adults: Range across Region 5 is 61.40% to 80.13%, Michigan minimum standard 58%
- Follow-up after hospitalization for MI for children: Range across Region 5 is 60.66% to 100%; Michigan minimum standard 70% (note: delayed claims data impacted this score at time of analysis – the scores have since increased).
- Diabetes Screening for antipsychotics: Range across Region 5 is 76.99 to 100%; National level – 80%
- Diabetes monitoring for Schizophrenia: Range across Region 5 is 16.67% to 69.98%; National level 68.20%

- Adult access to primary care: Range across Region 5 is 90.23% to 96.09%; National level – not available, Health Plans are from 66.87 to 87.70%
 - Children access to primary care: Range across Region 5 is 93.92% to 97.45%; National level – 90.18%
 - Plan all cause readmission: Range across Region 5 is 7.66% to 15.04%; National level – 10.9%
 - Initiation of AOD Treatment: (data 10-1-16 thru 9-31-17) 96.25%
 - Engagement of AOD treatment: (data 10-1-16 thru 9-31-17) 89.92%
- b. **Question:** N/A
- c. **Discussion:** Data has not updated yet due to meeting timing in the month. Updated information will be available for March 2018 meeting. Cardiovascular measure will be reviewed at medical directors meeting to establish target. Cardiovascular measure has increased from previous month to almost 63% for the region. Joe W. will provide Amanda with comparison of measure at beginning to now to show increase for region. Amanda Horgan indicated the region achieved its performance measures target with MDHHS and will receive a \$3.6 million amount of local dollars. Part of the performance measures that achieved the target was the hospitalization measures which our CMHSP's greatly impacted. Nice work!
- d. **Outcome:** Dani will work with Todd Lewicki for "X" to be reviewed by UM and bring it back to CLC, if needed.

INFORMATIONAL: SUD Report – Transition from LOC & Treatment Engagement (Joe W.)

- a. **Background:** In relation to the priority measures for initiation of AOD Treatment, and Engagement of AOD Treatment, Joe W. has also assisted TBD with developing an SUD specific report for tracking an individual's transition from detox/residential services to lower levels of care. This report also assists in tracking the individual's engagement in treatment services over a period of time.
- b. **Question:** N/A
- c. **Discussion:** Within 7 days of discharge 34.38% stepped down LOC, within 7-14 days 2.59% stepped down LOC, and 14 plus days 8.29% stepped down LOC after discharge. Numbers appear to be on par with national data for engagement. Percentage of follow-up engagement (ie. Where two service encounters were received within 30 days of those who stepped down from detox/residential) is approximately 45%.
- d. **Outcome:** MSHN SUD Clinical Team will be reviewing the report data and reporting back any relevant recommendations moving forward. Joe W. will make the report available for CLC members to be able to present to their respective CMHSPs.

INFORMATIONAL: The Michigan State Police (MSP) Angel Program

- a. **Background:** The Michigan State Police (MSP) and many local law enforcement entities in our counties are participating in Michigan's "Angel" program which allows an individual seeking substance abuse treatment to walk into any MSP post in Michigan and to request help getting into treatment. A volunteer "Angel" is summoned to the MSP Post to assist with arranging access to treatment and transport to an available treatment provider. MSHN has established a single 24-hour regional "hub" for all MSHN Angel referral calls: The Recovery Center (TRC) in Lansing. The Recovery Center assists the Angel and consumer with determining the needed LOC with a screening process and then connecting the consumer and Angel with an agency for treatment service. The Angel then transports the consumer to the agency to directly connect them to supports.
- b. **Question:** Any questions about the Angel Program?
- c. **Discussion:** For all Region 5 counties, MSP Angels should call The Recovery Center (TRC) at the following: Business Hours: 517-267-7623, Toll free: 855-TRC-DTOX (855-872-3869), Evenings and weekends: 517-599-1839.

- d. **Outcome:** Please touch base with your Access centers to provide information about the MSP Angel program so if they receive a phone call from an "Angel" looking for SUD treatment for a consumer they are aware of the process and TRC hub to support access to SUD treatment services.

FOR DISCUSSION: HCBS Compliance Reporting Documentation (Linda)

- a. **Background:** MSHN has created a document for CMHs to document HCBS compliance efforts. That document is [here in Box](#).
- b. **Question:** Can MSHN provide feedback about the expectation of the directives from Katy about the form provided by email and the timeline?
- c. **Discussion:** CLC members expressed concerns about meeting the site visit requirement is that CMH's have not been included on communications to providers and knowing where they are in the process of meeting compliance. CLC members expressed concerns regarding push back from staff about the difficulty of completing the site visits, and if the case manager/supports coordinator is involved the level of conflict that could create in the working relationship, etc. CLC members reported being "blind-sided" by communication from Katy and the tight timeline to provide feedback about reporting item. CLC members also expressed a level of confusion about what is being asking of them. Shana (CEI) asked if other CMHs have had feedback form providers about discontinuing services for consumers if the "corporate demands" from HCBS continue. Shana has received feedback from 5 providers at this time that they may bow out. Kathy Swan with Central indicated she has received similar feedback from the "mom and pop shops" that offer housing supports. Linda Schneider indicated Saginaw is struggling with HCBS and also the change of deviated wages at same time that will be impacting employment opportunities in their area. Question thrown out about the impacts and interactions of WOIA changes and also HCBS on the individuals supported, and for CLC members to have an outlet to discuss as a group with MSHN resources (ie. Todd L.) to help support conversation for future planning.
- d. **Outcome:** Amanda indicated this is a topic that can be reviewed with Todd Lewicki for clarifying the Compliance Reporting Documentation process and an opportunity for CLC members to ask questions and receive feedback. CLC members would like more opportunity to discuss topics of 1. deviated wage, WOIA, 14-C waiver, and 2. HCBS impacts on employment. CLC was in support of having HCBS as an ongoing agenda item for future meetings to help support conversation and planning. Dani has invited Todd L. to attend next meeting to support discussion and will reach out regarding providing CLC with greater clarification about the HCBS Compliance Reporting process and expectations for the CMHSPs. Is the role of the CMHSP's role to ensure the provider is meeting their plan of correction or to ensure the provider is meeting compliance?

DECISION: MSHN Person Centered Plan Policy Review (Dani)

- a. **Background:** MSHN's Person-Centered Plan policy is due for review. Saginaw CMH staff identified changes made to the Medicaid Manual in June 2017 that needed to be incorporated. Dani made those revisions and it's available in its' revised and updated form [here in Box](#).
- b. **Question:** Does CLC support these revisions and approval of this policy as is?
- c. **Discussion:** MSHN PCP policy provided to CLC members for review. MSHN incorporated MDHHS PCP policy info into the MSHN policy.
- d. **Outcome:** CLC approves the MSHN PCP Policy.

DECISION: Balanced Score Card Review (Joe W.)

- a. **Background:** Review of Balanced Score Card for previous and inclusion of cardiovascular measure for FY18.
- b. **Question:** Is CLC in support of adding the cardiovascular measure into the Balanced Score Card for FY 18?
- c. **Discussion:** Presented.

- d. **Outcome:** CLC approves the inclusion of the cardiovascular measure into the Balanced Score Card for FY 18.

Information

All available information should have been shared and reviewed prior to the meeting. Prior to the meeting, attendees review materials and prepare questions/feedback. Information includes previous minutes, data reports/dashboards, announcements, etc.

| Measure | Development/ Implementation Stage | Scheduled Review | Action Needed? |
|--|--------------------------------------|------------------------|--|
| ADHD Follow-Up | 11. Engage in QI Efforts PRN | Jan, April, July, Oct | Yes: June Review Over Due |
| Cardio Screening for Individuals on Antipsychotics | 9. Develop Target | Not set yet | Yes – Set Target; Group reviewed national MHP performance (43.9%) Did not have time to address target setting. |
| ER Visits by ER Treated Diagnosis | 10. Publish Performance | Jan, April, July, Oct, | Yes: July Review Over Due |
| ER High Utilizers | 5. Review Draft Measure | Not set yet | Yes: Review new report |
| Monthly Inpatient Visits Year over Year | 11. Engage in QI Efforts PRN | Feb, May, Aug, Nov | Yes: May Review Over Due |
| Continuum of Care: Follow Thru By CMHSP | 4. Draft Measure Using Data | • | N/A |
| Primary Care Coordination – PCP Seen | 6. Validate Data | • | N/A |
| Compliance with Trauma- Competent Standards | | - | Yes: Review initial performance |

Next Meeting: March 15, 2018 at 9:30-12p at GIHN, Alma.