Clinical Leadership Committee (CLC) Agenda

Date: 1-18-2018
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 X	
CEICMH	Shana Badgley		X	
CMHCM	Kathie Swan	X		
GIHN	Kim Boulier	X		
HCBH	Tracey Dore		X	
The Right Door	Emily Betz		X	
LifeWays	Gina Costa		X	
MCN	Julianna Kozara		X	
NCCMH	Cindy Ingersoll		X	
Saginaw CCMH	Linda Schneider	X		
Shiawassee CCCMH	Crystal Eddy		X	X
TBHA	Julie Majeske		X	
MSHN/TBD/ Other	Dani Meier Trisha Thrush Sarah Bowman Joe Wager Josh Hagedorn Macey Weiber	X 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: November 2017 Meeting Minutes & December 2017 Conference Call 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

SEEKING INFORMATION: Presentation & Review of Draft MSHN Population & Integrated Health Plan (Amanda Horgan)

a. **Background**: Per the MSHN Strategic Plan, MSHN has been working on a population health & integrated care plan. The plan includes regional efforts and pilots with MHPs, CMHSPs and SUD providers. Population & Integrated Health Plan in Box.
b. **Question**: After review of the plan and presentation from Amanda, any feedback?
c. **Discussion**: Amanda shared the sequence of CLC input and feedback, approval and review by CLC, MSHN's Medical Director, the region's CMH Medical Directors, and then

to Ops Council. Request for feedback is by 1/31. Kathie pointed out the importance or even primacy of tracking smoking as it relates to health as a key variable. Amanda requested further review of 1) Foundational Area and MSHN Readiness table, 2) Section D (Individual CMHSP Population Health & Integrated Care Activities needed for BABH, Gratiot IHN, Newaygo, and Tuscola) by CLC members to provide feedback. Amanda will provide the updated plan to Dani to provide to CLC for feedback following the meeting. The purpose of the plan is to accumulate information and work already being performed in the existing workgroups and committees and aggregate it into the Population and Integrated Health Plan.

d. Outcome: CLC members to review and provide feedback on plan by 1-31-18 to Amanda Horgan. Please also let Amanda know if you have a Population Health Plan at the local level and provide it to her to ensure the Region 5 plan is consistent with information at the local levels.

DECISION POINT: Priority Measures Update (Joe Wager) (Standing Agenda Item)

a. Background: CLC has been delegated the task of identifying a target for the Cardio Screening for Antipsychotics measure. Data to assist in developing this target is available through quarterly updates on the values (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 is13.33% 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: What target does CLC want to set?
c. Discussion: Questions from CLC regarding if the Cardiovascular measure priority area will be going to the Medical Directors for review. CLC members shared experience of "not having much say" in the cardiovascular measure and requesting the medical directors review and provide a recommendation and help to support investment toward the outcome. Concerns raised about the difference of the CMHSP in working toward the improvement of the measure in-house vs. the local provider network. Linda Schneider shared feedback from the Saginaw CMH physicians regarding the struggles of care coordination with receiving requested labs back for review. Questions raised about the data used for the cardiovascular measure and inclusion/exclusion of dually enrolled Medicaid/Medicare individuals. The cardiovascular measure data currently includes dually enrolled individuals. At present, the data for the national level numbers and regional level numbers are being measured with the same parameters, so we are comparing the same info. Shana (CEI) shared she was working with Dr. Jennifer Stanley (medical director for CEI) for recommendations for the cardiovascular standard and struggled with coming up with a number. Amanda Horgan indicated CLC could even set the target for the standard to achieve the level of the national data. At present, the regional level is 30.29%, and national is 43.90%. MSHN is currently working on an SUD report for monitoring of follow-up of transition of level of care for individuals leaving detox/residential and engaging in treatment services. Report data can be shared at next CLC meeting. The Primary Care Physician data will be further explored in regard to the residential setting and if that changes the outcomes, as the numbers for DD appear low to CLC members as this time.
d. Outcome: CLC is recommending a target commensurate with meeting the national level data for the cardiovascular measure, but requests the regional medical directors review and approve this recommendation or offer a different standard. This item will be added to the regional medical directors meeting to be held in February 2018 for review.

SEEKING INFORMATION: INPATIENT AND CRISIS RESIDENTIAL COMPARISON

a. **Background:** See attached report here in Box
b. **Question:** Reactions? Feedback? What are your major observations and/or recommendations after reviewing the report for the Operations Council?
c. **Discussion:** Data presented for 2015, 2016, and 2017 for State inpatient and crisis residential for region 5. The terminology "eligibles" within the report is all Medicaid eligible or Healthy Michigan eligible individuals within the counties. Eligibles refers to people eligible for Medicaid or Healthy Michigan, whether they are served by the local CMH or not within the report. Overall, comparing Medicaid and Healthy Michigan for inpatient stays shows Medicaid has decreased while Healthy Michigan has steadily increased over the three-year period. Comparison of Medicaid and Healthy Michigan for crisis residential has maintained pretty table over the 3-year time period.
d. Outcome: Please review the Inpatient and Crisis Residential Comparison report in Box for your local level data to evaluate if further discussions or action is needed within your CMH.

SEEKING INFORMATION: Status of Mobile Intensive Crisis Stabilization Services within CMH's (Tracey Dore)

a. **Background**: Mobile ICSS enrollment packets were due to MDHHS by 1/1/2018 for review. MDHHS is currently in the process of reviewing the Mobile ICSS enrollment applications and will provide feedback and/or status to PIHP to inform CMHSP's when available.
b. **Question**: Update from Clinical Leaders regarding status of implementation of the Mobile ICSS. Any CMH's planning to expand Mobile ICSS to families without Medicaid? Anyone submitting for Block Grant funding monies for Mobile Crisis Response as the parameters for funding seemed challenging?
c. **Discussion**: CEI and Central have indicated they have applied for the Children's Block Grant funding, and both have indicated they are not and have no intention of serving non-Medicaid individuals. Shana indicated, Gwenda Summers the Director of Families Forward with CEI is open and available to consulting on the Black Grant, if desired.
d. **Outcome:** N/A

SEEKING INFORMATION: LOCUS Committee Recommendations (Josh Hagedorn – TBD call-in)

a. **Background**: One of MSHN's strategic plan goals and one of the charges for the PIHPs statewide was to standardize access to and delivery of treatment services. With the implementation of LOCUS as the state-mandated assessment tool for Michigan, a CLC-UM Workgroup was established with Kathie Swan as lead and with the support of Josh Hagedorn from TBD Solutions. The group has made great strides in developing a common way of utilizing the LOCUS and is at the point of reporting out where things

stand. See here: https://tbdsolutions.shinyapps.io/explorelocus_node_mshn/ . LOCUS Workgroup Meeting Minutes from 1-12-18 here in Box.

b. Question: What are next steps in making sure this work makes it to the ground-level across Region 5's 12 CMHs when the LOCUS is being used by access staff to determine levels of care?

c. Discussion: Feedback to Shana (CEI) regarding the inclusion of consumer choice with the LOCUS tool as a caution to prevent a person from "fitting" in a place versus where they want to be. Kathie Swan indicated from the workgroup perspective there is no recommendation or limitation to the number of exceptions that can be considered with the LOCUS. The override rate for the region is currently approximately 20%. LOCUS workgroup is requesting MSHN to have a regional policy around exceptions/overrides. When using exceptions, the CMHSP will want to include the clinical rationale for the difference with the historical information, current presentation, and support for change/exception to the score. The trend of overrides shown from the initial view of data was to a lower level of care to be supported in the community. Workgroup took local data from each CMHSP and Josh aggregated it to create a regional view and determine an "average" for each LOCUS Score to create a view of what each person at the individual LOCUS Scores would benefit from receiving. LOCUS Workgroup brought up if there was a need for MSHN to have a regional policy regarding the assessment. Josh indicates this was also brought up with UM previously (Todd Lewicki). CLC members requested CMHSP's share policies developed at local levels with the rest of group for reference on future policies. Goal of workgroup is to provide the finished information to each committee in the next couple months with final OPs Council review/approval in April 2018. Concerns raised from a few CLC members regarding the workgroups recommendations and appearance of them being "required" for use and proscriptive. The purpose of the group was to provide a "guide" of recommendation from the available data, and for the CMHSPs to function within their needs with the LOCUS. Process moving forward is to implement testing within the CMHSPs and to take it to the committees and OPs Council, barring any insurmountable hurdles coming up during the testing phase.

d. Outcome: CLC has approved the plan to move forward with testing and presentation to the various MSHN committees and final review/approval at OPs Council in April 2018.

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.

- UPDATE: SUD Integration & Access Issues/Updates
- UPDATE: CLC Workgroup Leads Updates

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

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Action List:

This is a running list of actions that (a) are being requested of group members by the committee lead or (b) have been identified as to-do items based on group decisions. These are actions that occur outside of a committee, which can be items for individuals, sub-committees, workgroups, etc.

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