

Meeting: Quality Improvement (QI) Council

Meeting Date: 3/24/2022

***Zoom Attendance**

- MSHN – Sandy Gettel*
- Bay Arenac –Sarah Holsinger*
- CEI – Elise Magen*
- Central –Kara Lafferty*
- Gratiot – Taylor Hirschman*
- Huron – Levi Zagorski*
- Lifeways –PJ Hoffman*
- Montcalm – Sally Culey*
- Newaygo – Andrea Fletcher*
- Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Jackie Shillinger*
- The Right Door- Susan Richards*
- Tuscola -Tracey Smith*

Guests

- CEI – Tonya Seely*
- The Right Door –Jill Carter*
- MSHN Joe Wager *
- MSHN Tammy Foster
- GIHN Pam Fachting
- MCN Joe Cappon*
- Lifeways –Joshua Williams
- SCCMH-A Wilcox
- CEI – Bradley Allen*
- CEI – Shaina Mckinnon*
- MSHN Ron Meyer*

KEY DISCUSSION TOPICS

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| <ul style="list-style-type: none"> 1) Welcome and introductions- 2) Review & Approvals (9:00 am) <ul style="list-style-type: none"> a. Meeting Minutes/Agenda b. Review follow up action items 3) Performance Improvement Projects-(9:30) March 4) Performance Measure Updates (10:00) <ul style="list-style-type: none"> a. Critical Incidents b. Priority Report-FUH | <ul style="list-style-type: none"> 5) Project Development <ul style="list-style-type: none"> a. ICDP Process for “addressed” etc Follow up (9:10 am) b. Behavior Treatment Data Collection Review-episode versus intervention (10:15) c. Veteran Navigator Referral (10:35) d. MMBPIS- FAQ- (10:45) 6) MDHHS/MSHN Updates <ul style="list-style-type: none"> a. Announcements b. MDHHS Waiver Review (11:00) c. MDHHS QIC Updates – PCP Promising Practice Discussion, NCI (11:15) |
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KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes for 2/24/2022 approved
 - b. Review follow up action items/QIC Action Plan. Highlighted the identification of the lead and contacts for the Waiver Review.
- 2) Performance Improvement Projects (PIP)-Development,
 - a. PIP 1 Disparity-Penetration Rate-Shared the PIP folder and QI resources provided by HSAG. Draft is in process of being completed. Currently the report will include the accumulated distinct count for the penetration rate for the CY. Final Draft will be reviewed next month.
 - b. PIP 2 MMBPIS 3-Ongoing Service. MSHN’s FY21 rate is 71.35%, the MDHHS State average for FY21 is 77.78% for FY21. Reviewed the MDHHS report and noticed a variance in the expected counts for the PIHPs. Follow up with the other PIHPs to identify reason for some of the variances. Current causal factors include No shows, and staffing shortages. Implementation of interventions to address shortages include incentives for staff referrals/hires, and appointment reminders. The goal will be finalized next month.
- 3) Project Development
 - a. ICDP Data-Continued discussion from February.
 - 1. Determine if the Priority Measures should include those with Medicaid and Medicare (Duals) in the performance reports. The MDHHS removes those with dual insurance from the performance rate for the HEDIS aggregate report and incentive payments. ICDP does not have access to Medicare claims. Reviewed a comparison report of the Priority Measures with Medicaid vs. Dual Medicaid/Medicare. Minimal impact if duals are removed for all measures except the Diabetes Monitoring Measure. QIC recommendations: Remove the Duals from the reports for comparison purposes to demonstrate performance more accurately. Review with other regional committees and council for feedback.
 - 2. Define process for use of “addressed” in ICDP. If a document is located in the record but no claim has been received the option of “addressed” is available to remove it from the care alerts and count it as compliant with the measure. Claims support performance as viewed by MDHHS; “addressed” supports the clinical process for coordination. QIC recommendation: Continue to use “addressed”, however, only use claims for report calculations consistent with the specifications. Review with other regional councils for feedback.

	<ul style="list-style-type: none"> b. Behavior Treatment Data Collection Review- Physical intervention by episode or intervention. Data Collection Tool and Project Description updated to include the reporting of technique/intervention. Final documents are in the Behavior Treatment Folder for FY22. c. Veteran Navigator Referral Document /Data elements for those that decline- Discussed the data elements. Referral form is requested. d. MMBPIS (Michigan Mission Based Performance Indicator System)- Review the FAQs. Discussion of how many requests for the scenario of a new consumer who requests services, then is admitted to the hospital. Is this 1 request that is out of compliance or 2 requests with the 2nd one beginning from the date of discharge from the psychiatric unit. Consensus decision to be reached next month after additional information is obtained. <p>4) Performance Measurement Updates</p> <ul style="list-style-type: none"> a. Critical Incidents Performance Summary-Discussed scheduling auto reporting to PIHP and increased frequency of reporting for the PIHP to MDHHS to address timeliness issues. b. Priority Reports/FUH-No CMHSP performed below the standard for children and adults. The disparity report has been deferred to next month. <p>5) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> a. Announcements-None b. MDHHS Follow Up Review Waiver -Leads and program contacts to be updated on Waiver Review Workplan in the meeting folder. c. MDHHS QIC PCP Promising Practice Discussion-Reviewed the questions provided from MDHHS and contributed to the MCN's responses.
ACTION STEPS	<ul style="list-style-type: none"> • MSHN Develop referral form for the VN • Distribute Final Documents to BTPRC • MSHN to calculate percentage of increase for a proposed goal for the the 2nd PIP (Indicator 3)
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • QIC April 28, 2022 • March 28, 2:00 HSAG PMV TA Webinar