



**Region 5 - Regional Medical Directors Meeting**

**Friday, September 16, 2022, 1:00pm-3:00pm**

**Meeting Materials:** [\(5\) 9-16-2022 Regional Medical Director's Committee | Powered by Box](#)

**Zoom Link:** <https://us02web.zoom.us/j/81377361462?pwd=MzFYd3QwWlBDMFNseDAwRTVxTER0Zz09>

**FY 2022 Meeting Calendar**

**November 18, 2022**

**May 19, 2023**

**January 20, 2023**

**July 21, 2023**

**March 17, 2023**

**September 15, 2023**

**Attendees:**

**MSHN:** Zakia Alavi, Todd Lewicki, Skye Pletcher

**Bay:** Dr. Roderick Smith, Sarah Van Paris

**CEI:** Dr. Jennifer Stanley

**Central:** Dr. Angela Pinheiro, Judy Riley

**Gratiot:** Dr. Sunil Rangwani

**Huron:** Dr. Yolanda Edler, Dr. Jason Meints

**Lifeways:** Dr. Aleksandra Wilanowski, Courtney Sullivan

**Montcalm:** Dr. Razvan Adam, Melissa Maclaren

**Newaygo:** Denise Russo-Starback

**Saginaw:** Dr. Ali Ibrahim, Jen Kreiner

**Shiawassee:**

**Right Door:** Dr. Joel Sanchez, Teresa Martin

**Tuscola:** Dr. Usha Mowva, Tina Gomez

**Guests:**

**KEY DISCUSSION TOPICS**

1. Welcome & Roll Call
2. Review and Approve May Minutes, Additions to Agenda
3. Introduction – MSHN Integrated Health Coordinator (Katy Hammack)
4. Regional Integrated Health Initiatives
5. 2022 – 2024 MSHN Population Health and Integrated Care Plan
6. 2223-Telemedicine Proposed Policy Draft (due Sept. 20)
7. Addition: HB6355-touch base on this

**Introduction – MSHN Integrated Health Coordinator (Katy Hammack)**

Expanding integrated health initiatives have created the need for an expanded position and will ensure that these initiatives are adequately covered.

		By Who		By When	
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**Regional Integrated Health Initiatives**

FY23 rolling out in the region. These include CCBHCs, OHH, BHH. Discussed the possible expansion of CCBHCs in the region. October 1 launches MSHN’s first Opioid Health Home. Initial enrollment will be around 300 individuals. Saginaw is the target area. Behavioral Health Homes will be for MSHN in FY23, probably after April. The difference is the BHH benefit is for persons with a serious mental health benefit. How will this impact the medical director’s role? What about persons with substance induced psychosis and being reimbursed? Around eligibility or inpatient admission? Looking to stabilize the person first. Use the code you need to use in the moment of responding to the person’s clinical presentation.

	If your CMH is interested, let MSHN know of this.	By Who	Any CMHs	By When	
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**2022 – 2024 MSHN Population Health & Integrated Care Plan**

Priority areas: training support for the Collaborative Care Model. The other area was dietary/nutritional services that enter who have SMI. This is connected to concerns with metabolic syndrome. Rate of obesity for youth and adolescents. Looking at nutrition options and shopping for better food. Nutritional guidance very early in treatment could be extremely useful to help with mindset/behaviors. Chronic disease management is very important, diet, exercise, education. Peer support cooking is a very good idea. Skye shared data that has been reviewed. Assessing where people are going for mild to moderate services may also further serve for comparisons and trending. The work in the plan has not been with health plans but shows comparisons. There are ideas around increasing outcomes by addressing SDoH needs in partnerships in working with health plan partners. There is recognition of the importance of this but the timing has been difficult due to the number of existing requirements from MDHHS. We should look at this data as time goes on and need to come up with plans to address this problem together. Duplication is often a noted concern as is confusion to the individual. Doctors identified hypertension, diabetes, cancer screenings, or visit to primary care (frequency of appointments) as places to start with work with the MHPs.

	MSHN will email out the track changes version. There is interest to have a joint CMHSP and MHP meeting model. Skye will explore.	By Who	RMD Skye	By When	End of October
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**2223-Telemedicine Proposed Policy Draft**

The proposed telemedicine policy draft was shared for discussion. What is considered sufficient rationale for use of telehealth over face-to-face? Is patient preference sufficient or does there need to be demonstrated clinical benefit? With psychiatric services in particular it will be difficult to maintain sufficient provider capacity for face-to-face services; this was not required pre-pandemic and seems to be overly rigid now.

	CMHSPs are encouraged to submit feedback directly to MDHHS as indicated on the notice of proposed policy.	By Who	CMHSPs	By When	9/20
<b>HB 6355</b>	The bill would amend the Mental Health Code and make preadmission screening more efficient by requiring patients to receive a mental health assessment from either the Department of Health and Human Services or Community Mental Health services within three hours of being notified by a hospital of the patient's need. If screening can't be done promptly, the bill would also allow for a clinically qualified person at the acute care hospital to perform the assessment. The bill also provides for reimbursement to the hospital if hospital staff provide the preadmission screening.	By Who		By When	