

Meeting Date: 6/24/2021

- MSHN – Sandy Gettel*
- MSHN – Sherri Donnelly*(quarterly)
- Bay Arenac –Sarah Holsinger*
- CEI – Elise Magen*
- Central – Kara Laferty
- Gratiot – Taylor H
- Huron – Levi Zagorski*
- Lifeways –Phillip Hoffman*
- Montcalm – Sally Culey*
- Newaygo – Andrea Fletcher*
Jill Mcay

***Attendance by phone**

- _Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Denny Henige
- The Right Door- Susan Richards*
- Guests
- CEI – Bradley Allen*
- CEI – Shaina Mckinnon*
- CEI – Tonya Seely
- The Right Door –Jill Carter*
- Tuscola – Denny Henige*
- Central – Cindy Bay-Barron*
- Huron – Jill Rowland*
- MSHN – Amy Dillon
- MSHN – Melissa Davis
- MSHN –Dan Dedloff

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Meeting Minutes/Agenda
 - b. Review follow up action items
- 3) Performance Improvement Projects
 - a. Diabetes Monitoring – Final Review
- 4) Performance Measure Updates
 - a. Priority Measures
 - b. FUH HEDIS Measure
- 5) Project Development
 - a. Critical Incident/Root Cause Analysis Discussion
 - b. Performance Improvement Topic FY22 (June/July)
 - c. Recovery Assessment Scale
 - d. Consumer Representatives on QIC
 - e. Behavior Treatment Data Collection
- 6) MDHHS/MSHN Updates
 - a. HSAG PMV-Preliminary Summary
 - b. MDHHS QIC Updates

✓ **KEY DECISIONS**

- 2) Review & Approvals
 - a. Meeting minutes for 5/27/2021 approved with no edits. No additions to the agenda.
 - b. No outstanding items. Follow up has been completed by all as scheduled and requested.
- 3) Performance Improvement Projects
 - b. Diabetes Monitoring – Completed Fishbone Diagram. Impact analysis included specific emergency/epidemic orders. Interventions 1 was completed and discontinued in Measurement Period 1. Intervention 2 – Continued with revisions to address transportation on a case-by-case basis. Intervention 3-Utilization of onsite or mobile labs will be discontinued and reevaluated for FY22. Intervention 4-Utilization of the Care Alerts in ICDP was the most effective intervention and will be continued. Intervention 5-Quarterly Validation will be revised to an annual validation. The PIP was approved with updates to the Fishbone Diagram, and the addition of a telehealth attachment demonstrating the increase in telehealth and decrease in claims during the pandemic period.
- 4) Performance Measure Updates
 - a. Priority Measures-Diabetes screening performance rate is trending downward. This will continue to be monitored.
 - b. FUH HEDIS Measure -Data for the measurement period April 1, 2020 through March 31, 2021 was reviewed. The data has been modified to include MHP and CMHSP racial disparity data. Both Children and Adults met the performance rate for the *Follow Up to Hospitalization* measure. There were no racial disparities observed during the measurement period for MSHN.
- 5) Project Development
 - a. Critical Incident/Root Cause Analysis Discussion-This was a follow up to the Critical Incident/Sentinel Event discussion that occurred June 10th. The group consensus was that Suicides were to be reported as a sentinel event based on the current MDHHS definition of sentinel event; an enhanced reporting for a category of “Drug Related Deaths”; deaths where COVID was a contributing factor; and Sentinel Events will be reported using a reporting form currently located in the CMHSP QIC submission Data Folder. Electronic methods for this information is being

	<p>explored. Additional clarification of expectations are being sought from MDHHS related to Unexpected Deaths. Group consensus to share Root Cause Analysis(RCA) documents and processes for development of best practice and efficient reviews for continued discussion.</p> <ul style="list-style-type: none"> b. Performance Improvement Topic FY22 – Update provided indicating a proposed umbrella topic of Disparities-not limited to racial. MSHN will explore current measures and data to identify areas that can be impacted. Final decision will be made at MDHHS QIC in August. c. Recovery Assessment Scale -Information is being sought from other PIHPs. Currently the RSA is continuing to be administered by most. d. Consumer Representatives on QIC – The final application and purposes was reviewed.. The process for collecting applications from consumers who are interested has begun and will continue through August 1. Applications will be reviewed in August with interviews in September and an expected start date of October 1. . e. Behavior Treatment Data Collection -The BTPR Work Group has recommended changes for the data collection. QIC will review once a draft has been developed to ensure requirements continue to be met and process is valid and reliable. <p>6) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> a. HSAG PMV-Preliminary Summary-HSAG review was completed. Thanks to everyone who participated and provided documentation for successful completion of the review. Overall positive remarks from the reviewers. Areas requiring follow up will be sent today. Source Code review has not been completed yet. More will be reported on preliminary results next month. b. MDHHS QIC Updates- Autism Reviews- Now in state plan so they are completely phased out. There is no expectation of continued reviews. The autism consumers may be included in the in the 1915c and 1915 I waiver reviews if they are part of the sample chosen. PIP-Proposed umbrella topic of reducing disparities. MDHHS internal will discuss the 3 options provided by HSAG for the measurement periods. Kathy will develop an email providing the umbrella topic and options for measurement timelines and periods with options for discussion and feedback. PIHPs should review data internally to identify a meaningful measure. HSAG and MDHHS QIC will fine tune topics for approval next meeting. HSAG will provide training related to the new Federal Standards. MDHHS will need to approve the PIHP specific topic by fall. PCP Framework Initiative-Development of website for Person Centered Practices. Purpose is for improvement of quality and consistency of PCP implementation across the state. Seeking volunteers to review the Website.
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • MSHN/SG to send out Final PIP Summary and submit to HSAG before June 28. • MSHN/SG to send out follow up from HSAG PMV as relevant • MSHN/SG to follow up with MDHHS related to critical incidents/unexpected deaths. • MSHN/SG to create folder for CMHSP to provide RCA forms and processes • MSHN/SG to make modifications to the work book and provide instruction for reporting of additional areas as discussed. • CMHSPs submit BTPR Data by July 31.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • June 28- HSAG PIP Due • July 19- HSAG Virtual Compliance Review • July 29 – MSHN QIC