



**Region 5 - Regional Medical Directors Meeting
MEETING AGENDA
Friday, September 17, 2021, 12:00pm-3:00pm**

All Meeting content linked here: <https://mshn.app.box.com/file/855254700972>

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AGENDA

1. Welcome and Introductions

| CMHSP | Participant | Present |
|----------------|---|-------------------------------|
| BABHA | Dr. Roderick Smith | X - Jen Kreiner for Dr. Smith |
| CEICMH | Dr. Jennifer Stanley | X |
| CMHCM | Dr. Angela Pinheiro Judy Riley | X |
| GIHN | Dr. Sunil Rangwani | X |
| HBH | Dr. Yolanda Edler | X |
| The Right Door | Dr. Joel Sanchez Teresa Martin | |
| LifeWays | Dr. Aleksandra Wilanowski Courtney Sullivan | X |
| MCN | Dr. Razvan Adam | X – Melissa McLaren |
| NCCMH | Denise Russo | |
| Saginaw CCMHA | Dr. Ali Ibrahim Karen Becker | X |

| | | |
|--------------------------------|--|---|
| Shiawassee Health and Wellness | Crystal Eddy | X |
| TBHS | Dr. Usha Movva Tina Gomez | X |
| MSHN | Dr. Zakia Alavi Todd Lewicki Skye Pletcher Dani Meier | X |
| MDHHS | Joe Coyle Teresa Juridico | X |

2. Hepatitis-C Initiative (Joe Coyle and Seth Eckel, MDHHS)

- i. **Background:** Discussion on eliminating the Hepatitis C initiative, work being done, and important policy changes.
- ii. **Discussion:** Hep C is linked to our population through SUD and other conditions. Recommendation from CDC is to get tested for Hep C at least once in their lifetime. There is a new growing population in younger population with Hep C. Recommend harm reduction strategies, screening, testing, linkage to care, and providing treatment.
- iii. **Outcome:** Go to [Michigan.gov/WeTreatHepC](https://www.michigan.gov/WeTreatHepC) for more information and physician resources

3. RMD Charter Review (All)

- i. **Background/Question:** Annual review of committee charter
- ii. **Discussion:** Discussion about committee membership and appropriate alternate attendees when a medical director is unable to attend. It is important that regular attendees are medical professionals, although understandable that on occasion other clinical leaders may be invited to attend for specific agenda items
- iii. **Outcome:** Charter will be updated to include recommended changes to membership and alternate attendees as well as goals for upcoming year

4. COVID Updates/Issues/Variants

- i. **Background/Question:** Delta and Mu are raising concerns, discuss issues.
- ii. **Discussion:** Are other physicians seeing long COVID symptoms in their patients at CMH? When individuals with SMI exhibit changes in functioning after COVID-19 it is difficult to determine if it could be due to long COVID or the course of their SMI. Multiple breakthrough infections are occurring in various counties in the region.
- iii. **Outcome:**

5. COVID Burnout in Physicians

- i. **Background/Question:** Discuss support for physicians, nurses, ancillary staff, all CMH staff.
- ii. **Discussion:** September is Physician Suicide Awareness month. Are there support needs for our CMH physicians and staff? Many stressors faced by staff are long-term with no easy solutions (staff shortages, COVID-19 pandemic, etc). Important to find other ways to encourage wellness such as normalizing the use of time off for mental health/wellness, providing employee assistance resources, etc.
- iii. **Outcome:** Compile Provider Resources and house in Box

6. Population Health and Integrated Care FY21Q3 Report

- i. **Background/Question:** The Population Health and Integrated Care quarterly report summarizes efforts and achievements on a number of regional initiatives and contractual performance measures
- ii. **Discussion:** Regional performance continues to be strong on all integrated health measures. Skye shared an update on trends in the FY21Q3 data. Work has also gone into increasing data sharing. Informational metric this year: initiation and engagement of alcohol and other drug treatment. Focus has also been on ethnicity/racial differences. Increasing participation in patient-centered medical homes narrative report updates are being requested to highlight achievements. Care coordination outcomes shared. 13 of MSHN's 21 counties have peer specialists in them, which has been very helpful. Strategies related to improving health equity were included in the report.
- iii. **Outcome:** No additional follow-up needed at this time

7. Managing Acutely Psychotic Patient in the Office with Medications

- i. **Background/Question:** What are the policies on this? Role in reducing ER referrals? What are the limits?
- ii. **Discussion:** Are there limits to treating an acutely psychotic patient in the office? One issue is security and cooperation. From a compliance standpoint, there is no policy against this. There is also the additional issue of possible ER boarding as an alternative outcome. It can be done in the office, with oral dissolvable meds.
- iii. **Outcome:**

8. Case Presentations

- i. **Background/Question:** What are the intentions of this function and plan going forward?
- ii. **Discussion:** Previously there was interest in doing physician roundtable discussion about case studies however there have not been requests to present cases. Preference to keep meeting shorter if there are no cases to present during a given month/meeting.
- iii. **Outcome:** Move meeting back to 1-3pm. If there is anyone that wants to present, then go to 12-1pm for case presentation if needed.

Follow-Up Items: None at this time

Next Meeting(s): November 19, 2021, 1-3pm