

Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Shiawassee −Becky Caperton*

□ Tuscola – Jackie Shillinger*

⊠The Right Door- Susan

Guests ⊠CEI – Bradley Allen* ⊠CEI – Shaina Mckinnon* ⊠CEI – Tonya Seely*

- ☑CEI Tonya Seely*
 ☑The Right Door –Jill Carter*
 ☑MSHN SUD (quarterly)
 ☑ GIHN Sarah Bowman
- □ BABH Melissa Deual□ Lifeways –Cindy Keyes

☐ MCN Joe Cappon

- ☐ SCCMH-Bo Zwingman-Dole
- $oxed{oxed}$ TBHS- Lindsay Harper

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. Recovery Self-Assessment
 - b. Diabetes Monitoring
- 4) Performance Measure Updates
 - a. Critical Incident Performance Summary
 - b. HEDIS FUH Performance Summary
 - c. Satisfaction Survey (YSSF and MHSIP)

- 5) Project Development
 - a. Performance Improvement Topic FY22
 - b. Optional PIP
 - c. Supplement Death Reporting -Finalize.
 - d. Behavior Treatment Data Collection
 - e. BH-TEDS Updated Specifications
- 6) MDHHS/MSHN Updates
 - a. HSAG PMV-Draft Report received (expected final 9.30.2021)
 - b. HSAG PIP Waiting for final report (10.25.2021)
 - c. HSAG Compliance Review Draft report received.
 - d. MDHHS Follow up Review PCP Training Process Discussion
 - e. MDHHS QIC Updates

KEY DECISIONS

Richards*

2) Review & Approvals

- a. Meeting minutes for 8/26/2021 approved with no edits. No additions to the agenda.
- b. Agenda Approved
- c. November meeting changed to November 18. December meeting changed to December 16.
- 3) Performance Improvement Projects
 - a. Recovery Self-Assessment- Analysis completed. All domains were above 3.50 indicating agreement/satisfaction. Involvement continues to be the lowest score. Questions are specific to opportunities to be involved in development of policy, training etc.
 - b. Diabetes Monitoring- EQR PIP Summary was validated, however did have general comments to address. The PIP was resubmitted with 2020 HEDIS specifications. Waiting for Final Draft Report.
- 4) Performance Measure Updates
 - a. Critical Incident Performance Summary-The report was approved with discussion related to the timeliness of reporting. Deaths may be outside of the 60 days as a result of an investigation. Each CMHSP will receive a list of specific consumers who were reported outside of the timeframes. The standard was met by demonstrating a decrease in the rate of each event type.
 - b. HEDIS FUH Performance Summary-The report was approved. MSHN met the standard for each element with zero disparities between the white and the minority populations. One CMHSP requires corrective action plan.
 - c. Satisfaction Survey (YSSF and MHSIP)-Report was approved with the submission of consumers served during distribution time frame. Nine out of fourteen subscales met the standard.

5) Project Development

a. Performance Improvement Topic FY22 -Unable to finalize topic. A request was made for more time and a summary document to assist in the decision making process. Two options include: The Penetration Rate with disparities (explore methodology) and the MMBPIS Indicator 10 Psychiatric Hospital Readmissions within 30 days. CMHSPs should review the summary and provide preference by 10.15.2021.

	b. Optional PIP-HSAG is recommending a topic to include the MMBPIS Indicator 2 or 3. This can be used as the optional PIP. A request was made for study questions to be drafted for review next meeting.
	c. Supplement Death Reporting -Approved last month. No additional discussion.
	d. Behavior Treatment Data Collection-The draft Data Collection will be reviewed with the BTPR Work Group 10.8.21 then with QIC in the October
	meeting.
	e. BH-TEDS Specifications -No discussion.
	6) MDHHS/MSHN Updates
	HSAG PMV-Draft Report received (expected final 9.30.2021)
	HSAG PIP HSAG Validated the Project. Waiting for final report (10.25.2021)
	HSAG Compliance Review Draft report received.
	MDHHS Follow up Review – PCP Training Process Discussion-Identified logistical barriers to the standard of beneficiary specific IPOS training. More
	discussion next month. It was suggested to collaborate with the provider network management committee to identify additional barriers.
	MDHHS QIC Updates-None. Next meeting is in October.
ACTION	MSHN Draft study questions for new optional PIP
STEPS	MSHN to follow up with specific CMHSPs for Medicaid eligibility-SG to validate the PCE report
	CMHSP to review PIP summary options and prepare to finalize in October.
	RSA Interventions
	CMHSPs to provide number served of the relevant population for the consumer satisfaction survey
	Sandy to send CI Number for outside of required reporting timelines to each CMHSP
	Identify causal factors for Individual IPOS training- QI process collaborate with Provider Network.
	Finalized copies of documents will be located in the QIC Meeting Folder for 9_29_2021 by next Tuesday.
KEY DATA	November meeting changed to November 18
INTS/DATES	