



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 7/28/2022

*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 – Shaina Mckinnon*
- The Right Door –Jill Carter*
- MSHN Joe Wager *
- MSHN Tammy Foster
- GIHN Pam Faching
- MCN Joe Cappon*
- Lifeways –Joshua Williams
- SCCMH-Bo Zwingman-Dole
- CEI – Bradley Allen*
- MSHN Ron Meyer*
- CEI – Tonya Seely*
- BABH-Lisa Nagel*
- SHW April Riley

KEY DISCUSSION TOPICS

Meeting Materials

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| <ol style="list-style-type: none"> 1. Review & Approvals 9:00 <ol style="list-style-type: none"> a. Meeting minutes b. Review of follow up action items/QIC action plan 2. Performance Measure Updates 9:20 <ol style="list-style-type: none"> a. MMBPIS Q2 b. Priority Report 3. Performance Improvement Projects 9:40 <ol style="list-style-type: none"> a. PIP 1 Disparity-Assessment to 1st Service – Review changes to PIP per HSAG | <ol style="list-style-type: none"> 4. Project Development/Improvements 9:55 <ol style="list-style-type: none"> a. MMBPIS-FAQ b. Critical Incident <ul style="list-style-type: none"> o CRM Development - Sentinel, Critical, Immediately Reportable o Risk Event Documentation- c. EMR Category Cleanup (Prioritize)- d. 5. Annual Planning-DMC Tool Recommendations for Quality Section 6. MDHHS/MSHN Updates 10:20 <ol style="list-style-type: none"> a. MDHHS QIC-No updates b. MDHHS Waiver Reviews c. External Reviews – HSAG Compliance Review Summary (9:00-9:55) d. Other announcements- |
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KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes/Agenda- Review follow up action items/QIC Action Plan.
 - o CMHSP to assess organizational needs related to dashboard data-CMHSP participants shared current projects related to a dashboard for internal use. Project includes a list of reports available and identification of those that will be included in the dashboard for internal use. a recommendation was made to carve out part of the QIC meeting to share and discuss dashboard processes, measures and resources. A folder will be created to share documents.
- 2) Performance Measurement Updates
 - a. MMBPIS Q2- A revised MMBPIS Summary was sent out following the meeting. MSHN met each standard for FY22Q2. The CMHSP participants will identify the causal factors and interventions to address the deficits. The data will be monitored to determine effectiveness of the interventions.
- 3) Performance Improvement Projects (PIP)- Technical assistance was provided by HSAG during the preparation for submission of one of the Performance Improvement Projects. HSAG identified some issues with the methodology for the penetration rate that would potentially affect our ability to demonstrate real improvement.

	<p>The suggestions that HSAG made to resolve the issues would have significantly changed the population group and intent of the project for eliminating the disparities within the penetration rate. The importance of the penetration rate and the ability for all to have equal access to services, has not changed. For that reason, a decision was made to flip the approved PIPs and include the disparity indicators in both PIPs. The regional performance improvement projects now are as follows:</p> <ul style="list-style-type: none"> • PIP #1 (HSAG Submission)- Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment. • PIP #2 (Internal Regional)- Reducing or eliminating the racial or ethnic disparities between the black/African American Medicaid recipients and the white Medicaid recipients penetration rate. <p>Feedback was provided related to the factors that may affect the validity of the data for PIP #1. One factor identified was the suspension of the Medicaid disenrollment. A general category of state policy when the public health emergency ends will be added to the PIP Summary. The final draft PIP will be sent out prior to submission on July 29th. Follow up to occur on how the incorporation of the CCBHC mild to moderate population may affect the data.</p> <p>4) Project Development</p> <ol style="list-style-type: none"> a. MMBPIS-FAQ – No discussion or questions b. Critical Incident -Mortality reviews for unexpected deaths. QIC is recommending additional efforts be given to standardizing the elements of the mortality review that is required for unexpected deaths. This will be placed on the August agenda. Mortality Review Document Sharing c. EMR Category Cleanup (Prioritize)-As part of the PIP project it is recommended that the required documentation and drop-down choices within the EMR and submitted to MSHN be reviewed further for resolution. CMHSP provide listing of available dropdown choices within their EMR. This will placed on the August agenda. <p>5) Annual Planning-DMC Quality Section. The addition of current requirements to the DMC tool was reviewed. Input related to evidence was provided. The DMC tools will be distributed for Committee/council review within the next few weeks.</p> <p>6) MDHHS/MSHN Updates</p> <ol style="list-style-type: none"> a. MDHHS QIC – No updates b. MDHHS Waiver Review-Exit Conference is Friday at 1:00. All invited, a link was sent out last week. c. External Quality Review-Brief overview of areas that may require additional follow up, such as the mortality review, identification of interventions and effectiveness of the specific interventions. The dates of the expected draft reports are August 26-PMV Review; September 22-Compliance Review. PIP Resubmission -September 2.
ACTION STEPS	<ul style="list-style-type: none"> • MSHN create folder to share documents for dashboard development (agenda item 1a) • MSHN create folder to share documents for Mortality Reviews (agenda item 4b) • CMHSP to prepare a list of drop-down responses in the EMR for MMBPIS documentation (agenda item 4c) • MSHN to send out draft PIP (agenda item 3)
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MDHHS QIC August 3 • MSHN QIC August 25 • Data Analytics August 9