

Meeting Date: October 26, 2017

Attendees:

Attended in Person: CMHCM, CEI, Gratiot, Newaygo & Shiawassee

Attended by Phone: BABH, MCN, LifeWays, Right Door, Saginaw & Tuscola

MSHN Staff: Joe W., Todd L., Kim Z. & Dan D.

Not Present: Huron

KEY DISCUSSION TOPICS

- Review & approve minutes
- Review & approval of agenda for today's meeting
- Consent to Share Information Follow Up
- Performance Measures Update
- QIC Scorecard
- Follow up After Hospitalization Review
- Draft Process for Performance Measures Monitoring
- Updates to Managed Care Rules
- Updates: MSHN, Council & Committee Updates

✓ **KEY DECISIONS**

- Review & Approve Minutes- The minutes from 09/28/17 were approved as submitted
- Review & approval of agenda without additions
- Consent to Share Information Follow Up
 - ✓ The discussion focused on how the CMHSP's are implementing the state required consent
 - ✓ The use of the State developed form is required per the contract with the PIHP
- Performance Measures Update
 - ✓ FY17 Q4 Behavior Treatment Summary Report: Due in Nov.
 - The questions related to study question #2 will be reviewed again during the Nov. meeting
 - ✓ FY17 Q3 PI Summary Report
 - No questions or revisions needed to the report
 - Members stated that they are reviewing this information locally for improvements
 - ✓ Performance Indicator Discussion: Continued from last meeting
 - The report template will have the tabs arranged so that the two tabs requiring completion will be moved to the first tabs on the spreadsheet
 - The informational tabs on the spreadsheet will be kept, but will be labeled as informational only
 - Both documents will have final revised date added and will be used starting FY18Q1
 - The question regarding PI #3 (14 days from assessment to first ongoing service) was discussed for consensus on a response regarding how to count an exception
 - There was discussion around whether a letter sent with an appointment date to a consumer meets the definition of "offering" an appointment
 - Different agencies are handling this differently as to whether or not they count it as an exception if the client is a no-show for the appointment
 - It was agreed that a letter sent does constitute an offering of a date for an appointment
 - It was also agreed that if an agency chooses to not count an exception when they send a letter as confirmation of an appointment and the client does not show, then that is also an acceptable practice
 - ✓ Satisfaction Surveys: MHSIP and YSS Summary Reports
 - Several CMHSP's reported that they are reviewing these results locally for QI efforts
 - Some of the efforts include providing education on the importance of the surveys and how the data is being used and looking at return rates and methods to increase those

	<ul style="list-style-type: none"> ✓ Diabetes Monitoring for schizophrenia diagnosis report <ul style="list-style-type: none"> ▪ The measure looks at the percentage of members 18 – 64 years of age with schizophrenia and diabetes who had both low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year ▪ Council discussed setting a threshold/standard to meet and protocols to implement to improve our rates as we are below both the State and national benchmarks for this measure ▪ The group decided to monitor our rates on a quarterly basis for at least two quarters prior to establishing a standard ▪ We will follow our current PIP process (HEDIS Measure) of providing education on the need to have this test completed and monitoring that the labs are being completed ▪ At this time no formal process of requiring plans of correction will be completed ▪ After we have reviewed the data for the next two quarters, we will compare our progress to the State and national averages and determine if we need to set a minimum standard, complete formal protocols and any need for a plan of correction process • QIC Scorecard <ul style="list-style-type: none"> ✓ We are operating within the established standards for all performance measures related to QIC ✓ The one standard related to CSC is slightly below the target standard and this will continue to be monitored • Follow Up After Hospitalization Review <ul style="list-style-type: none"> ✓ MSHN remains above the established threshold for both children and adults ✓ The review in November will cover FY17 Q4 data, and any CMHSP below the standard will be required to submit a plan of correction • Draft Process for Performance Measures Monitoring <ul style="list-style-type: none"> ✓ An explanation was provided as to the intent of this process which is to ensure consistency in how the different councils, committees, etc are establishing thresholds, implementing protocols, monitoring progress and deciding if plans of correction are necessary • Updates on Managed Care Rules <ul style="list-style-type: none"> ✓ An update was provided as to the changes in the Grievance and Appeals Technical Requirement and the Customer Services Standards from the MDHHS contract amendment #1 ✓ The Customer Services Committee is handling updates needed to policy, templates, handbook, etc.
<ul style="list-style-type: none"> • ACTION/INPUT REQUIRED 	<ul style="list-style-type: none"> • Performance Measures <ul style="list-style-type: none"> ✓ FY17Q4 Behavior Treatment Review Summary Report <ul style="list-style-type: none"> • Each member will come prepared to discuss the ongoing issues with the discrepancy in study question #2 ✓ Performance Indicators <ul style="list-style-type: none"> ○ A review and approval date of today will be added to the report and sent out in final form ○ Dan will create a FAQ on questions related to PI's and post in Box and on the website ✓ MHSIP/YSS Surveys <ul style="list-style-type: none"> • A comparison of the MHSIP and YSS to state and national averages will be completed ✓ Diabetes Monitoring for Schizophrenia Diagnosis Report <ul style="list-style-type: none"> • Each CMHSP was asked to review the consumers identified within their data and ensure that the clients were an open client during the reporting period (08/01/16 – 07/31/17) • Draft Process for Performance Measures Monitoring <ul style="list-style-type: none"> ✓ A draft will be sent out within the next couple of weeks by email for review during the next meeting
<ul style="list-style-type: none"> ✓ KEY DATA POINTS/DATES 	<ul style="list-style-type: none"> • Next Meeting: November 16, 2017

