

**Meeting Date:** 12/19/2019

**\*Attendance by phone**

- MSHN – Sandy Gettel
- MSHN – Joe Wager
- MSHN – Sherry Donnelly
- Bay – Sarah Holsinger
- CEI – Elise Magen\*
- Central – Kara Laferty\*
- Gratiot –Lynn Charping
- Gratiot –Taylor Hirschman
- Huron – Levi Zagorski\*
- Lifeways – Gina Costa\*
- Montcalm – Sally Culey
- Newaygo – Andrea Fletcher\*
- Saginaw – Julie McCulloch\*
- Shiawassee –Becky Caperton
- The Right Door – Susan Richards\*
- Tuscola – Jackie Shillinger

**Guests**

- CEI – Bradley Allen\*
- CEI – Lindsey Michalik\*
- Lifeways- Alexis Shapiro

**KEY DISCUSSION TOPICS**

- 1) Welcome and introductions-
- 2) Review & Approvals
  - a. Meeting Minutes,
  - b. Approve Minutes
  - c. Review QIC Action Plan (Review follow up actions items)
- 3) Performance Improvement Project (s):
  - a. RSA-Recovery Self-Assessment Provider/Administrator -
  - b. Diabetes Monitoring FY19Q3
- 4) Performance Measures Updates:
  - a. National Core Indicator Survey-Identify Regional Interventions (Deferred)
- 5) QAPIP
  - a. BTPR Work Group Annual Report
  - b. QAPIP Approval
- 6) Project Development/Discussion
  - a. HEDIS FUH Child/Adult Project Description
  - b. BTPR proposed modification to process and data
  - c. Performance Indicator Changes-Exception documentation discussion
  - d. Satisfaction Survey FY20
- 7) Site Review Updates
  - a. HSAG Compliance Review-

✓ **KEY DECISIONS**

- 1) Welcome and introductions-Lynn Charping announced her retirement in January. We welcomed Taylor Hirschman as the GIHN representative for QIC.
- 2) Review & Approvals-Meeting minutes and agenda approved with no changes.  
Review QIC Action Plan -New action plan reviewed
- 3) Performance Improvement Project (s):
  - a. RSA-Recovery Self-Assessment Provider/Administrator -Discussed the use of the RSA and or the RAS. CMHSPs should provide feedback on preference. Four CMHSPs have continued to use the RAS and others still have it embedded into their E.H.R. The RSA will not be administered FY20Q2 for Persons in Recovery. Updates have not been made to the administration process.
  - b. Diabetes Monitoring FY19Q3-an error was found in the specifications when the Baseline was pulled. The specifications should include those with Schizophrenia and Diabetes. The data inadvertently included those with Bi Polar as well. Once removed the number decreased and the baseline went from 53% to 33%. The PIP will be updated to reflect this in the report submitted to HSAG. Data will be sent to each CMHSP for review.
- 4) Performance Measures Updates:

	<p>a. National Core Indicator Survey-Identify Regional Interventions (Deferred)</p> <p>5) QAPIP</p> <p>a. BTPR Work Group Annual Report-Approved</p> <p>b. QAPIP Approval-Changes to the QAPIP were reviewed and approved. The document was reorganized, and reference documents were updated. No updates to the contract language. A section for Safety and Risk was added and does include specific timelines for sentinel event identification and commencement of root cause analysis.</p> <p>6) Project Development/Discussion</p> <p>a. HEDIS FUH Child/Adult Project Description – QIC approved the project description which outlines the measure and includes a process for action steps and improvement plans.</p> <p>b. BTPR proposed modification to process and data- Summary Report/Revised Project Description/Study Questions -Reviewed and approved the revised Project Description for Data Collection. The modified process will streamline data collection to include all populations on the formerly called “waiver data collection spreadsheet” and discontinue the need to collect and submit to MSHN the QIC BTR Data Collection sheet. Additional changes made by the BTPR work group included modifying the categories of interventions to Intrusive, Restrictive, Intrusive with Medications for Behavioral control; add an NA option to relevant columns; and add a column to include # physical interventions that exceed 15 minutes. The Data Collection form accompanies the Instructions and will be submitted quarterly. It is proposed to begin for FY20Q3.</p> <p>c. Performance Indicator Changes-No questions related to the changes. The new Performance Indicators 2a and 3 have been delayed until April 2020. No final date as to when 2b will begin. Discussed other indicators that may be affected by these changes. CMHSP Indicator 5 and 6 require additional follow up with MDHHS. This will be discussed more thoroughly if needed by QIC in January.</p> <p>d. Satisfaction Survey FY20-Reviewd the CAHPS tool MBHO-ECHO and recommended process. A decision will need to be made in January in order to implement for FY20. Documents and instructions can be found in Box.</p> <p>7) Site Review Updates</p> <p>a. HSAG Compliance Review-Have not received Draft Report yet.</p>
<p>✓ <b>ACTION STEPS</b></p>	<p>CMHSP provide preference for the RSA or RAS for persons served.</p> <p>Sandy to send out updated detail data for the baseline data for the Diabetes Monitoring PIP</p> <p>Sandy to provide additional information related to the administration of the CAHPS.</p> <p>CMHSP to provide feedback related to the CAHPS for decision to be made in January.</p> <p>CMHSPs review CMHSP Indicator 5 and 6 and reach out to the department for clarification as needed.</p>
<p>✓ <b>KEY DATA POINTS/DATES</b></p>	<ul style="list-style-type: none"> <li>• Next MSHN QIC Meeting: January 23, 2020</li> <li>• Next Regional BTPRC: 2-14-2020</li> <li>• Next Data Analytics: 1-8-2020</li> <li>• Next MDHHS QIC: 2-5-2020</li> </ul>