



Region 5 - Regional Medical Directors Meeting MEETING AGENDA

All Meeting content linked here: <https://mshn.app.box.com/folder/99708314174>

Friday, January 17, 2020 12pm-3pm

IN-PERSON LOCATION: CMH for Central Michigan, 301 South Crapo St, Mt. Pleasant, MI, Lake Superior Room (Lunch Served)

Join Zoom Meeting
<https://zoom.us/j/422900974>

Meeting ID: 422 900 974

Join the conference call:
Call # 1.888.585.9008
Room # 818.235.935

AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present (Red=phone)
BABHA	Dr. Roderick Smith	
CEICMH	Dr. Jennifer Stanley	Dr. Stanley
CMHCM	Dr. Angela Pinheiro Renee Raushi	Dr. Pinheiro Renee Raushi
GIHN	Dr. Sunil Rangwani Kim Boulier Kim Patrick	
HBH	Dr. Yolanda Edler	Dr. Edler
The Right Door	Dr. Joel Sanchez	Dr. Sanchez
LifeWays	Dr. Anjali Mehta	
MCN	Dr. David Lyon Julianna Kozara	
NCCMH	Dr. Robert Gunnell	
Saginaw CCMHA	Dr. Ali Ibrahim Karen Becker	
Shiawassee Health and Wellness	Dr. Razvan Adam	
TBHS	Dr. Usha Movva Tina Gomez	Dr. Movva
MSHN	Dr. Todd Lewicki Dr. Zakia Alavi Skye Pletcher Dr. Dani Meier	Dr. Todd Lewicki Dr. Alavi Skye Pletcher Amanda Horgan

2. Case Consult Process (Voluntary Participation 12:00PM-1:00PM)

Related Documents:

[RMD Peer Review Procedure](#)

Copy of Peer Review Tracking

- i. **Background:** Committee members requested designated time at the quarterly RMD meetings for the purpose of engaging in complex case consultation and review. Participation is voluntary; any member of the committee may bring de-identified case information to discuss with the group. To streamline this process and promote standardization of case presentation format, MSHN has completed follow through on requested updates to the procedure and tracking.
- ii. **Questions:** Does the draft procedure now accurately capture the case review activities as envisioned by this committee? Other feedback & suggestions welcome
- iii. **Discussion:** Discussion around case consultation versus peer review which is defined in statute with accompanying legal protections. Feedback to revise draft procedure to ensure that cases are only brought forward for peer review by the medical director of the treating CMHSP to ensure appropriate consultation and background from the treating physician. If cases are identified for potential review via other channels (ie: behavioral treatment committee, MSHN site review/audit activity, etc) the case must be vetted by the medical director of that organization and/or MSHN medical director prior to being included for peer review committee.
- iv. **Outcome:** MSHN to revise current draft to incorporate suggested changes. Dr. Pinheiro is willing to provide CMHCM's peer review committee policy/procedure for additional reference.

3. Strategic Planning: MSHN Performance Measure Portfolio

- i. **Background/Question:** MSHN is currently engaging in strategic planning during 2020 and is seeking guidance from RMDC related to priority measure portfolio (based on HEDIS measures). While some measures are contractually obligated by MDHHS, other measures in the current portfolio were voluntarily selected by MSHN regional clinical leaders.
- ii. **Outcome:** There will be designated time on the April RMDC meeting agenda for further dialogue MSHN is looking for recommendations related to continuing/discontinuing current measures as well as adding new or different measures based on identified areas of need in the population served.

4. RMDC Meeting Schedule/Frequency

- i. **Background/Question:** Is there interest and value in meeting more frequently than once per quarter?
- ii. **Discussion:** Suggestion to continue to meet once per quarter and hold one additional phone conference (60-90 minutes) once between quarterly meetings. Suggestion to discuss with Operations Council to ensure support from executive leadership for increased participation by medical directors

- iii. **Outcome:** MSHN to bring suggestion forward to Operations Council and emphasize importance of

5. [1:00 PM-2:00 PM] MCG/Indicia Walkthrough (Alexis Johnson/Renee Raushi)

- i. **Background/Question:** MSHN and the other PIHPs have been working toward compliance with the Federal Parity Law. The MCG software, called Indicia, is an evidence-based decision-making tool being used for acute level care decision guidance. Alexis Johnson from MCG will guide the medical directors through a use case to understand its integration into the CMHSP EMRs.
- ii. **Discussion:** Discussion about the possibility that individuals will be identified as meeting criteria for hospitalization without regard for clinical decision-making and ability to appropriately divert. Alexis Johnson and Renee Raushi demonstrated the ability to provide clinical documentation of variation. Reviewed regional approach to implement use of MCG Criteria retrospectively, however some CMHSPs have decided to incorporate use of the guidelines concurrently. MSHN supports each CMHSP in implementing the guidelines in the way they choose (retrospectively or concurrently).
- iii. **Outcome:** Amanda Horgan distributed login credentials to the MCG system to RMDC members via email. The login credentials will provide access to all of the behavioral health guidelines and reference material for physicians to review.

6. System Redesign Discussion

- i. **Discussion:** What is the role of the Medical Directors in providing feedback and guidance in the region's approach to system redesign and consideration of options for the region?

7. Level of Care and Outlier Analysis

Related Documents:

[FAS/LOCUS/Outlier Analysis](#)

- i. **Background:** The PIHPs agreed to start with acute care parity through the MCG software but parity must still be met for ongoing community services. This has been created through service thresholds and an outlier analysis. **NOTE:** *when opening the above documents, they must be opened with a browser, such as Chrome.*
- ii. **Questions:** Please provide feedback and questions. Do the Medical Directors support the construct?



iii. **Discussion:** There is significant concern about authorization practices that are restrictive and rigid (ie: cannot authorize a “range” of units of services that allows a clinician/physician flexibility in adjusting the frequency of service based on consumer need)

iv. **Outcome:**

5. Mental Health Block Grant Letter of Interest: WHAM (Skye)

Related Documents:

[MHBG Letter of Interest 2020](#)

i. **Background/Question:** MSHN proposes to contract with the National Council for Behavioral Health to offer multiple train-the-facilitator opportunities in Whole Health Action Management (WHAM). WHAM is a peer-support model developed by the National Council’s SAMHSA-HRSA Center for Integrated Health Solutions to promote whole health self-management.

ii. **Discussion:**

iii. **Outcome:**

6. Population Health_Integrated Care Report FY19Q4

Related Documents:

[Population Health and Integrated Care Report](#)

i. **Background/Question:** The objective of the report is to follow the MSHN Population Health and Integrated Care Plan, report progress on contractual requirements, describe other population health initiatives, and additional recommendations regarding organization needs.

ii. **Discussion:**

iii. **Outcome:**

7. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA)

Related Documents:

[FUA Kickoff Webex](#)

i. **Background/Question:** This was a new MHP/PIHP joint performance metric for FY19, starting out as information only. The next challenge was to ensure that right to confidentiality was addressed so as to allow for data analysis and improve health outcomes for persons with substance use disorders in the MSHN region.

ii. **Discussion:**

iii. **Outcome:**

8. Additional Content (time-permitting)

- A. **Telehealth Data:** The study aimed to gather information regarding the use of and consideration of telementalhealth services in the state of Michigan.

Related Documents:

[WMU memo re telehealth survey-draft 09-2019](#)

[Telehealth Data All](#)

- B. **Informational: Elimination of Prior Auth for Meds Used to Treat Opioid Disorders**

Related Documents:

[Prior Authorization Eliminated for Meds Treating Opioid Use Disorder](#)

Follow-Up

Next Meeting(s)

April 17th, 2020: 12:00PM-3:00PM Location TBD