MSHN
Mid-State Health Network

Region 5 - CMH Medical Directors Meeting
MEETING AGENDA

7/20/18, 9am-11am
Call-In meeting
Call-In: 888-585-9008 - Rm.#:818-235-935
Please join my meeting from your computer, tablet or smartphone
https://global.gotomeeting.com/join/209152461

AGENDA

1. Introductions

CMHSP	Participant	Present (Red=phone)
BABHA	Dr. Roderick Smith	NP
CEICMH	Dr. Jennifer Stanley	X
CMHCM	Dr. Angela Pinhiero	X
GIHN	Dr. Sulil Rangwani	NP
HBH	Dr. Yolanda Edler	X
The Right Door	Dr. Joel Sanchez	X
LifeWays	Dr. Anjali Mehta	X
MCN	Dr. Lyon	NP
NCCMH	Gr. Gunnell	NP
Saginaw CCMHA	Dr. Ali Ibrahim, Linda Santino	Linda
Shiawassee Health and Wellness	Dr. Radam	NP
TBHS	Dr. Usha Movva	NP
MSHN	Amanda Horgan Dr. Todd Lewicki Dr. Zakia Alavia Dr. Dani Meier	X X X X

2. Population Health Plan Update/Discussion
   i. Previous Request: Please review the Population Health Plan for changes to the plan from previous discussion.
   ii. Discussion: Care management we should acknowledge that there are two meanings to this, individual versus broad. Care coordination is more individual level. The definition was originally provided by Health Management Associates. Page 4 of the plan, doing care management at CMH clarify care management at local level. Page 10 graphs-SUD data represent diagnostic categories that really are not diagnostic, like suicidal. This is likely because of how the claim was coded. Add a notation as to the origin (from claims data). FOLLOW-UP: recommend adding disclaimer that the source of the data is from claims and may not be

reflective of actual diagnosis. Page 14: FOLLOW-UP-nervous system disorders-add a footnote about what is actually included in this category. Also, if keeping the term "Patient Activation", take the capitals off. Page 18: FOLLOW-UP-remove products that are not applicable. If there are examples there should be agreement on what is being endorsed. Start this off with "For example" or just take out all examples. Page 21: Dr. Pinheiro feels that psychiatrists should be coordinating with the MHPs. Recommended language:

1. CMHSP coordinate directly with care providers, medical providers, treating CMH physicians, and the MHP.
2. Acknowledge and encourage physician coordination. What is the best option? Include "At a broader level." It appears that the implication is that only MSHN can coordinate with the MHPs, but it should be more CMH-inclusive. The MHP/PIHP coordination does not supplant the MHP/CMH coordination. Should acknowledge what the CMH does in the local level no communication with medical director and what the PIHP results are from the meetings.

Page 21 (continued): Local level-identify overutilizers can be very effective. Would like to see care coordination efforts going to medical directors including the MSHN deputy director. FOLLOW-UP: add a footnote detailing how CMH coordination will be done-develop a description of this to show the CMH responsibilities. The document does not preclude care coordination at local level in addition to what the PIHPs and CMHSPs are doing. Page 26: refers to "change the culture of CMHs." May want to consider rewording; can MSHN change the culture of an organization? How is the Performance Measurement Portfolio defined? FOLLOW-UP: Include this in the next medical director meeting. HEDIS measures include this definition

3. Charter Review
   i. Discussion: feedback discussed. The following were recommendations for changes: assist in the developing of the plans and all new measures. Strengthen the idea that the Regional Medical Director's Committee is an advisory committee. Establish a quorum. The group settled on four (4) for a quorum. If there are major decisions, email all members, then reply with any dissent. Voting members should be psychiatrists (as defined by the Michigan Mental Health Code) (one per CMHSP). Look at recording meetings for others not in attendance. Differentiate between replacement being sent to the meeting. For non-voting purposes, medical director could choose to send someone. Email votes should be considered acceptable. The vote should be a simple majority with the MSHN medical director to be the deciding vote, if needed. The medical directors should strive to attend all of the meetings and should attend or send a designee for at least 75%
4. Case Management Physician Letter Template
   i. Previous Request: Please review the template for changes to the plan from previous discussion.

   ii. Discussion:
5. MiHIN: PPQC HEDIS 27 Core Set (Amanda)
   i. Discussion:
6. MSHN PIP Summary Report
   i. Discussion:
7. Next Steps

REMAINDER AGENDA ITEMS FOR PARKING LOT/FUTURE MEETINGS:

8. Medication & Other issues (Dr. Mehta)
   i. Is there a regional standard (or should there be?) as to when psychiatrists do handoff to a PCP for medication monitoring?
   ii. Is there a protocol for dealing with competency issues with CMH's provider network psychiatrists?
   iii. Is there interest in establishing a peer review venue for discussing cases among medical directors?
9. ECT Policy
10. Provider Network Adequacy Assessment
11. Michigan Inpatient Psychiatric Admissions Discussion (MIPAD)
12. Poly-pharmacology
13. Opioid epidemic regional responses

- Meetings-Quarterly

Future Agenda Items:

- Communication Channels (Dr. Pinheiro) – Feedback and chain of communication struggles around accuracy and presentation of information. How does MSHN use the medical directors meeting to receive feedback and communication.