

## **Region 5 - Regional Medical Directors Meeting**

Friday, March 17, 2023, 1:00pm-3:00pm

Meeting Materials: https://mshn.app.box.com/folder/198237749431

**Zoom Link**: https://us02web.zoom.us/j/81377361462?pwd=MzFYd3QwWIBDMFNseDAwRTVxTER0Zz09

**FY 2023 Meeting Calendar** 

November 18, 2022 May 19, 2023 January 20, 2023 July 21, 2023 March 17, 2023 September 15, 2023

**Attendees:** 

MSHN: Zakia Alavi, Todd Lewicki, Skye Pletcher, Barb

Groom Bay:

**CEI:** Dr. Stanley

Central: Dr. Henry, Julie Bayardo

**Gratiot:** 

Huron: Dr. Edler

Lifeways:

Montcalm: Gwen Alwood

Newaygo:

Saginaw: Jen Kreiner

Shiawassee:

**Right Door:** Dr. Sanchez **Tuscola:** Tina Gomez

**Guests:** 

PCE: Leo and Sabrina

## **KEY DISCUSSION TOPICS**

- 1. Welcome & Roll Call/New Member Welcome, Dr. Jonathon Henry, Medical Director for Central
- 2. Review and Approve January Minutes, Additions to Agenda
- 3. Prescriber Module-PCE
- 4. Critical Incident Report-S. Gettel
- 5. Controlled Substance Prescribing
- 6. Final Bulletin MMP 23-10 Telemedicine
- 7. Behavior Treatment Review Data-FY23Q1
- 8. Regional Medical Directors Committee 2022 Survey Data
- 9. NP Collaboration and Possible Regionwide Standards (time permitting)
- 10. RN Med Review Processing (time permitting)

03/17/2023 Agenda Item	/2023 Agenda Item			Action Required				
3-Prescriber Module-PCE	Leo and Sabrina from PCE reviewed pending changes to the prescriber module in PCE. This will allow physicial select multiple pharmacies for e-prescribing.							
	No action needed at this time	By Who	N/A	By When	N/A			
4-Critical Incident Report	Report was provided as informational. Any questions or comments can be directed to MSHN Quality Manager, Sandy Gettel – Sandy.Gettel@midstatehealthnetwork.org							
	No action needed at this time	By Who	N/A	By When	N/A			
5-Controlled Substance Prescribing	Proposed language includes requirements for initial face to face evals in order for controlled substances to be prescribed. This would be a huge burden to CMH psychiatric providers, many of whom are telehealth only. Medical Directors request that MSHN submit public comment on behalf of the region.  Proposed rules: <a href="https://www.govinfo.gov/content/pkg/FR-2023-03-01/pdf/2023-04248.pdf">https://www.govinfo.gov/content/pkg/FR-2023-03-01/pdf/2023-04248.pdf</a>							
	MSHN will draft a response to submit for public comment	By Who	Skye	By When	3/31			
6- Final Bulletin MMP 23-10 Telemedicine	Psychiatry has always taken place by telehealth even prior to the COVID pandemic. The new bulletin could require more in-person visits than previously. PCE will be working on changes to allow for easy documentation of rationale for using telehealth instead of face to face							
	No action needed at this time	By Who	N/A	By When	N/A			
7- Behavior Treatment Review Data-FY23Q1	Barb Groom from MSHN joined the meeting to review the report and respond to questions.							
		By Who		By When				
8- Regional Medical Directors Committee 2022 Survey Data	Reviewed survey responses and confirmed committee preference person or hybrid format.	ce to continue	virtual meeting	format rath	er than in-			

	If physicians have additional feedback or suggestions, please share with Todd, Skye, or Dr. Alavi	By Who	All Members	By When	3/31		
9- NP Collaboration and Possible Regionwide Standards	Do the medical directors want to write standards for NPs and PAs they oversee? There needs to be a presence in ensuring oversight standards.						
	Dr. Alavi will look and review whether there are standards in other states or organizations. Michigan is a restrictive state for NPs.	By Who		By When			
10- RN Med Review Processing	Dr. Alavi wants to know how CMHs are using regular RNs in their settings. Privileging. mentorship, and vetting needs to be a part of this. This is important.						
	We will carry this forward due to the time needed to discuss further.	By Who		By When			

Suggested agenda item for next time: distress on the front lines from inability to access needed LOCs - e.g., state hospital, Forensic Center, acute hospitals, detox units, discharges from jail - and CMH outpatient teams struggling with the fallout of managing high acuity situations with inadequate resources.