



**Region 5 - Regional Medical Directors Meeting
MEETING MINUTES**

All Meeting content linked here: <https://mshn.app.box.com/folder/135251054732>

Friday, April 16, 2021, 12:00pm-3:00pm

Join Zoom Meeting

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AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present
BABHA	Dr. Roderick Smith	
CEICMH	Dr. Jennifer Stanley	X
CMHCM	Dr. Angela Pinheiro Judy Riley	
GIHN	Dr. Sunil Rangwani	X
HBH	Dr. Yolanda Edler	X
The Right Door	Dr. Joel Sanchez Teresa Martin	X
LifeWays	Dr. Aleksandra Wilanowski Courtney Sullivan	X X
MCN	Dr. Razvan Adam	
NCCMH	Denise Russo	
Saginaw CCMHA	Dr. Ali Ibrahim Karen Becker	
Shiawassee Health and Wellness	Dr. Razvan Adam Crystal Eddy	
TBHS	Dr. Usha Movva Tina Gomez	X X

MSHN	Dr. Zakia Alavi Sandy Gettel Todd Lewicki Dani Meier Barb Groom	X
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2. **Care coordination when there are multiple payers (i.e., Medicare, Commercial Insurance coverage/ Medicaid Secondary**

- i. **Background/Question:** What other are CMHSPs doing to coordinate across multiple systems of care? Asking for ideas or things that are working well in other parts of the region, or if it is something that we need to improve
- ii. **Discussion:** Hospitalization is an issue when there is dual insurance. Some claims have been denied because the CMH did not even know the person was in the hospital. CMH Liaisons work with the hospitals and this still does not necessarily help. Medicare D can cover injection costs. When person become dual eligible, this becomes an issue with respect to medication. Medications tend to be central in loss of continuity of care. It also appears that some coordination situations have not involved asking the consumer. The consumer may not always answer whether they are involved with other doctors accurately.
- iii. **Outcome:** Follow up to get a report from Dr. Pinheiro. CMHSPs to refer to other staff for input.

3. **MDHHS BTPRC FAQ**

- i. **Background:** MDHHS recently issued their FAQ document intended to further delineate the BTPRC Guideline.
- ii. **Questions:** Do the RMD have suggestions for CMHSP integration into BTPRCs?
- iii. **Discussion:** Plan is to continue to meet quarterly to look at and add to the document as appropriate. FAQ has been helpful to identify key areas that the state continues to provide feedback on. The question was asked as to whether there is any physician representation on the state’s workgroup. These prescribers may have valuable input and can be informed as to what is happening with the state. There have been PCPs that have prescribed items (like a shoulder harness) where it is considered restrictive, which is outside of the control of the CMH physician.
- iv. **Outcome:** MSHN will check into the presence of a physician on the workgroup.

4. **MDHHS BTPRC Review**

- i. **Background/Question:** BTPRC site review and corrective action plans continue to identify instances of use of restrictive techniques without BTPRC involvement. Seeking further discussion to address systemic remediation.
- ii. **Discussion:** Still struggle to fully remediate whether BTPRC have been met. This may be because restrictive measures have not been looked at as closely as needed.
- iii. **Outcome:**

5. **MSHN Diabetes Monitoring Performance Improvement Plan**

- i. **Background/Question:** The purpose of reviewing would be to share information, and obtain any barriers based on RMD knowledge.
- ii. **Discussion:** This is the last year of tracking this measure for this PIP but will still be tracked. CEI questioned why its data was lower than the other CMHs. The measure



pulls data from lab work completed. How is this considered? The state recommended a coordination activity that it was addressed by the PCP and it was marked as having occurred. COVID has also affected data and contributes to current data outcomes. COVID has become the primary focus in terms of safety and labs are down somewhat. Huron has not addressed their data in ICDP yet. There are monthly meetings with CMHs to address ICDP data. IT and Quality people tend to work on this data. MSHN does provide a listing of persons who are out of compliance and the CMH can make the appropriate changes. Next PIP considerations: Looking at addressing disparities. CMHs have recommended addressing engagement in services. Sandy requested input for next PIP. Timeliness indicators are under consideration (with exceptions removed). One idea included looking at vaccination rates.

- iii. **Outcome:** MSHN will be considering what data is available for the next PIP. MSHN will meet with the dept. in August to finalize the PIP. Looking at June/July to get additional RMD input.

Additional concerns requested for conversation:

Some group home staff not getting vaccinated against COVID. This is a serious concern in Jackson county which is affecting staffing rates. There are reasons for declining that are legitimate but some that are not. Are there incentives that can be used? These are really cases being contracted for no reason. There are no known breakthrough cases in the homes.

We should consider helping case managers help their consumers to facilitate that. There are some of their consumers who are their own guardian who do want the vaccine.

Follow-Up Items:

Next Meeting(s)

July 16th, October 10/15th (Meetings are currently quarterly on the third Friday of January, April, July, and October. Meetings will be changed to bi-monthly after COVID.