



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

All Meeting content linked here: <https://mshn.app.box.com/folder/129269254025>

**Friday, January 15, 2021, 12pm-130pm** (PLEASE NOTE: this RMD meeting time has been reduced due to an MDHHS meeting with medical directors overlap).

Join Zoom Meeting

<https://us02web.zoom.us/j/81377361462?pwd=MzFYd3QwWlBDMFNseDAwRTVxTER0Zz09>

Meeting ID: 813 7736 1462

Passcode: 682774

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**AGENDA**

**1. Welcome and Introductions**

<b>CMHSP</b>	<b>Participant</b>	<b>Present</b>
BABHA	Dr. Roderick Smith	
CEICMH	Dr. Jennifer Stanley	Dr. Stanley
CMHCM	Dr. Angela Pinheiro Judy Riley	Dr. Pinheiro
GIHN	Dr. Sunil Rangwani	
HBH	Dr. Yolanda Edler	Dr. Edler
The Right Door	Dr. Joel Sanchez Teresa Martin	Dr. Sanchez
LifeWays	Dr. Aleksandra Wilanowski Courtney Sullivan	Dr. Wilanowski
MCN	Dr. Razvan Adam Melissa MacLaren	Melissa MacLaren
NCCMH	Denise Russo	Denise Russo
Saginaw CCMHA	Dr. Ali Ibrahim Colleen Sproul Kristie Wolbert	Colleen Sproul Kristie Wolbert

Shiawassee Health and Wellness	Dr. Razvan Adam Crystal Eddy	
TBHS	Dr. Usha Movva Tina Gomez	Dr. Movva
MSHN	Dr. Zakia Alavi Skye Pletcher Todd Lewicki Sandy Gettel	Dr. Alavi Skye Pletcher Todd Lewicki Sandy Gettel (Quality Manager)

**2. Request for Additional Agenda Items**

**i. Review APA Guidance Document regarding changes to E&M Coding**

Question to the group regarding if their CMHSP uses medical decision making (MDM) or time-based considerations when determining E&M codes. Carry over to next meeting- consider discussing documentation requirements for MDM

**3. MMBPIS Indicator 10 FY20Q4 Summary-“The percentage of readmissions of children and adults during the quarter to an inpatient unit within 30 days of discharge.”**

- i. Background:** MSHN tracks and reports this measure as a contractual obligation to MDHHS. The Michigan Mission-Based Performance Indicator System (MMBPIS) data is submitted on a quarterly basis.
- ii. Questions:** Does the RMD have any additional input into the outcome of the FY20Q4 data performance?
- iii. Discussion:** *Oftentimes the type of medication being used may impact length of stay and patient ability to maintain stability post-discharge. Certain types of antipsychotics have lower adherence rates. Does MMBPIS readmission data track rates of readmission to specific hospitals to identify any trends? Another pervasive issue is lack of inpatient psychiatrist with outpatient psychiatrist. Discussion of mechanisms in place at each CMHSP to notify treating psychiatrist when patients are admitted. If ADT notification is received it usually is sent to case manager and not usually psychiatrist. ADT data is unreliable as many hospitals do not report.*
- iv. Outcome:** *Recommendation for MSHN to analyze readmission data by hospital to detect potential patterns; also analyze by length of stay to determine if there is a correlation between shorter length of stay and subsequent readmission. Additional suggestion to analyze consumer-level readmission data to determine if there were prior hospital diversions and how that may factor in to subsequent readmissions.*

**4. FY21 Integrated Health Metrics Equity Analysis**

- i. Background/Question:** [11:01 AM] Skye Pletcher
- ii.** For the equity analysis MDHHS updated the specifications for the measures, specifically the time frame of the measurement period and the time frame they were using as the baseline data, MSHN updated the equity report to reflect those changes and then updated the data as well
- iii. Discussion:** *Skye provided updated data and discussed next steps. Focused on reducing racial and ethnic health disparities. The data will reflect issues related to the pandemic. Breakdowns show differences in racial and ethnic disparities. MSHN had highest rate of follow up for Hispanic individuals and second highest for African Americans compared to other PIHPs in State on FUH metric. If no baseline disparity exists, then maintain or improve rates of follow up. ADTs strip most data related to substance use. This is*



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*problematic and the group is taking a proactive approach in working with the health plans. MSHN has worked to build capacity with peers in higher traffic ERs to initiate referrals and follow ups. This is all Medicaid eligible population, not just CMH-involved persons.*

- iv. **Outcome:** *Continue to monitor data, QIC will monitor FUH metric broken down by CMHSP and racial/ethnic groups*

#### 5. MSHN Strategic Planning and Health Equity

- i. **Background/Question:** *MSHN's goal is to ensure that all persons have the same opportunities to be healthy, even if they belong to socially disadvantaged or historically marginalized groups. MSHN will be doing that tactical/action steps planning in early summer. MSHN is seeking medical director input into health equity strategic planning.*
- ii. **Discussion:** *Support for formation of regional health equity committee with composition of community stakeholders, persons with lived experience, healthcare content experts to serve in an advisory capacity and provide recommendations pertaining to health equity issues. Additional support for initiatives aimed at SDoH. Focus on continuing to improve population health data. Full and accurate data picture is needed to identify disparities.*
- iii. **Outcome:** *Feedback will be moved forward as strategic planning progresses. RMDs will have another opportunity to review proposed strategic objectives during the development /planning process*

#### 6. COVID Discussion (As Time Permits)

- i. **Background/Question:** *Opportunity to carry forward any COVID-related issues.*
- ii. **Discussion:** *N/A*
- iii. **Outcome:** *Hold until next COVID response call, scheduled 1/20*

#### Follow-Up Items:

#### Next Meeting(s)

April 16<sup>th</sup>, July 16<sup>th</sup>, October 15<sup>th</sup> (Meetings are currently quarterly on the third Friday of January, April, July, and October). Meetings will be changed to bi-monthly after COVID per medical director request.