



Region 5 - Regional Medical Directors Meeting

Friday, January 19, 2024, 1:00pm-3:00pm

Meeting Materials: [01-19-2024 Regional Medical Director's Meeting | Powered by Box](#)

Zoom Link: <https://us02web.zoom.us/j/82291897541?pwd=SnN3ZGs1RXpyRkg1Ynl3Mms0Q3hKQT09>

FY 2024 Meeting Calendar

November 17, 2023

May 17, 2024

January 19, 2024

July 19, 2024

March 15, 2024

September 20, 2024

Attendees:

MSHN: Zakia Alavi (out ill), Skye Pletcher, Todd Lewicki, Carly Wormmeester, Steve Grulke, Sandy Gettel

Bay: Dr. Roderick Smith

CEI: Dr. Stanley

Central: Dr. Janssen (unavailable)

Gratiot: Dr. Rangwani

Huron: Dr. Edler (unavailable)

Lifeways: Dr. Drumm

Montcalm: Dr. Brian Smith, Melissa MacLaren

Newaygo: Dr. Baker (unavailable)

Saginaw: Dr. Ibrahim, Jen Kreiner

Shiawassee: Dr. Hashimoto (unavailable)

Right Door: Dr. Sanchez

Tuscola: Dr. Movva, Tina Gomez

Guests:

KEY DISCUSSION TOPICS

1. Welcome & Roll Call/New Member
2. Review and Approve November Minutes, Additions to Agenda
3. Social Determinants of Health Coding
4. Introduction: Complex Care Coordinator
5. Intensive Community Transition Services and Psychiatric Residential Treatment Facilities
6. FY23Q4 Population Health/Integrated Care Report
7. Critical Incident Data FY23Q4 (if available) (Report Shared: January and July)

3-Social Determinants of Health Coding

Discussion of opening Z-codes to further social determinants of health initiatives. If the Z-codes are included and they are not addressed in a visit, then these would code out and it could potentially be fraudulent. It could be removed if addressed in PCE but there may be an issue in Streamline. The Right Door does include when considered significant. This could also be an area where a person could take offense if it seems like piling on too much. There could be Z-code differences in determinations. There would need to be shared definitions to keep this standard. Should these be assigned by the beneficiary? It does still appear that it was physician-driven even if generated by someone else. Reporting these to MDHHS could be very valuable but they have not specified. CCBHC has been interested. MSHN could also look into using existing data like BH-TEDS, but this is limited.

MSHN recommends starting on collecting these. Implemented by CCBHC, BHH, and OHH. Consider standard definitions and regional guidance via policy and procedure (i.e. if it was a focus of the session). https://www.cms.gov/files/document/zcodes-infographic.pdf Include the person served as a part of the process. Develop and bring back draft guidance to RMD.	By Who	N/A	By When	N/A
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4-Introduction: Complex Care Coordinator

The focus of this position is to work to have a single point of care for complex care coordination. The position will focus on work with the health plans. Reaching out to key CMH contacts. Meant to be an additional source of support for administrative functions related to complex care such as facilitating communication and meetings among multiple entities; not intended to circumvent or replace care coordination work that happens at the CMHSP.

	By Who	All	By When	9/30
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5- Intensive Community Transition Services and Psychiatric Residential Treatment Facilities

ICTS/PRTF was presented and details shared. These are processes that are new and are considered inpatient level of care. Providers of ICTS and PRTF services are existing providers of residential services, so it is unclear how much “new” capacity these providers will have for referrals from ICTS or PRTF. Individuals can be referred to ICTS/PRTF from MDHHS or from the CMHSP/PIHP.

MSHN will continue to provide information as it becomes available.	By Who	N/A	By When	N/A
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6- FY23Q4 Population Health/Integrated Care Report

Skye shared the report and provided context. For Follow Up After Emergency, worked to ensure that there were trained peer recovery coaches to assist in ERs. This resulted in an improvement. Have also used focus groups to identify themes and issues.

Look at SDOH in light of the data in this report to do comparison and study.	By Who	N/A	By When	N/A
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7- Critical Incident Data FY23Q4

There has been an increase in med errors resulting in emergency medical treatment. Staff turnover could be contributing to this. This may also be due to an increase in conservative response to med error.

	This data will be shared twice a year, once in January and once in July. Dr. Stanley recommended looking at breaking out the nursing home population as a comparison.				
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10-					
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