



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 7/27/2023

| | | | | KEY DISCUSSION TOPICS |
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| Attendees: <input checked="" type="checkbox"/> MSHN – Sandy Gettel <input checked="" type="checkbox"/> Bay Arenac –Sarah Holsinger <input checked="" type="checkbox"/> CEI – Elise Magen <input checked="" type="checkbox"/> Central –Kara Laferty <input checked="" type="checkbox"/> Gratiot – Pam Faching <input checked="" type="checkbox"/> Huron – Levi Zagorski <input checked="" type="checkbox"/> Lifeways –Phillip Hoffman <input checked="" type="checkbox"/> Montcalm – Sally Culey | <input type="checkbox"/> Newaygo – Andrea Fletcher <input checked="" type="checkbox"/> Saginaw-Holli McGeshick <input checked="" type="checkbox"/> Shiawassee –Becky Caperton <input checked="" type="checkbox"/> Tuscola – Jackie Shillinger <input checked="" type="checkbox"/> The Right Door- Susan Richards | Guests <input type="checkbox"/> CEI – Shaina Mckinnon <input checked="" type="checkbox"/> CEI – Bradley Allen <input type="checkbox"/> CEI – Kaylie Feenstra <input checked="" type="checkbox"/> Central Jenelle Lynch <input type="checkbox"/> The Right Door –Jill Carter <input checked="" type="checkbox"/> SCCMH-Bo Zwingman-Dole <input checked="" type="checkbox"/> MSHN-Paul Duff <input checked="" type="checkbox"/> SHW Amy Phillip <input checked="" type="checkbox"/> Joe Cappon | | <ol style="list-style-type: none">1. Review & Approvals<ol style="list-style-type: none">a. Agenda/ Meeting minutesb. Review of follow up action items/QIC action plan2. Consent Agenda3. Performance Monitoring4. Annual Planning5. Performance/Process Improvement <p>July Meeting Packet</p> |
| | <ol style="list-style-type: none">1) Review & Approvals<ol style="list-style-type: none">a. Approval of Meeting Minutes and Agenda- Meeting minutes for June approved. No changes to agenda.b. QAPIP Workplan FY23 -Reminder to add contacts to the topic areas listed below. Due to staff changes a reminder was provided to update current contacts on the QIC work plan for Critical Incidents/Sentinel Events, Consumer Satisfaction, MMBPIS by next meeting.c. Approval of Consent Agenda – No items on the consent agenda. MMBPIS and Critical Incident was sent out.2) Annual Planning<ol style="list-style-type: none">a. DMC Review - Begin tool/process review in follow up to the Oversight Policy review. The purpose is to discuss solutions to eliminate administrative work identified during the October QIC meeting. Amy D and Kim Z will be attending the August Meeting to obtain feedback for proposed changes.b. HSAG-There were no specific areas of concerns identified for MSHN during the PMV. CEI, SCCMHA, Lifeways did a great job demonstrating their processes within their system and answering questions. Post review follow up includes additional documentation, explanation or modifications as a result of the primary source verification. Post review follow up items will be submitted July 28.3) Performance Monitoring –<ol style="list-style-type: none">a. Review progress of PIPs and plan to implement interventions. No additional discussion. Data for CYQ1,Q2 has not been validated and analyzed. Summaries will be sent out once completed for discussion in August.<ol style="list-style-type: none">i. PIP 1: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population.ii. Defer- PIP 2: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities | | | |

between the black/African American population and the white population. The PIP will be reviewed and discussed next month. **Note:** Barriers and interventions identified for reducing disparities should impact all measures that monitor disparities.

- b. Defer-Cardiovascular Screening FY23Q2-The Cardiovascular screening appears to have been discontinued as a HEDIS measure. Specifications are no longer available through NCQA. Additional information is being obtained.

4) Performance/Process Improvement-

- a. [FUH-MSHN \(Paul D\)](#) reviewed the current data collection and weekly submission process for the [CMHSP Inpatient Reporting](#), and answered questions. Paul indicated that the information is submitted to CC360 and used by the health plans to coordinate and follow up with care and treatment. This is the only way the health plans receive the hospital discharge information. It is recommended that the CMHSPs connect with internal staff to ensure timely submission and identify any issues interfering with the reporting and recommend potential efficiencies staff Please be prepared to begin to discuss barriers or recommendations for increased adherence and efficiencies to the required submissions.
- b. Shared discussion of EMR resources to assist in eliminating administrative burden- *CMHSPs identify specific areas for addition to the agenda.* No discussion
- c. [RCA Subgroup \(Pam\)](#)- Pam Faching is temporary covering this area for Taylor during her absence. The remediations required through the CRM are being incorporated into the document. This will be moved to the August meeting.
- d. [Critical Incident Reporting](#)-MSHN (Sandy) reviewed and development of the CRM Critical Incident Reporting fishbone diagram with barriers being encountered during reporting, upon submission, remediation, and analysis. Interventions were identified for QIC. The Sentinel Event Document Submission in REMI and the current critical incident report was reviewed. MSHN will follow up with REMI project manager to review access and permissions for the Critical Incident Report in REMI. Instructions with screen shots of the sentinel event document submission process will be sent for additional review, MSHN will discuss with REMI project manager any improvements or steps that can be taken to streamline the process with current reporting, MSHN will request a meeting with MDHHS to discuss status of and/or additional improvement. The use of the current critical incident reporting system is not consistent with the current contract requirements.
- e. [MMBPIS](#)-Indicator 1- Discrepancies in use were noted in the use of the fields (request for, start, disposition, stop) during the record review prior to submitting to HSAG. This may increase the amount of time that is being reported. The definitions of the fields used for the start and stop times were reviewed. CMHSPs are to review their logic to ensure the accurate data is being used for the calculations for the performance rate.

5) Standing Agenda Items/Open Discussion-

- a. [MMBPIS](#) FAQ-Add questions to the document, develop consensus on how to report, receive clarification from MDHHS as needed. No discussion.
- b. Organizational Updates-CMHSPs/MSHN inform group of relevant updates that may affect QI activities. SHW reported they are nearly fully staffed. No other organizational updates.
- c. [MDHHS QIC Updates](#) -Next meeting is August 2nd. Feedback related to the proposed MMBPIS standards was sent to Jackie Sproat and receipt was acknowledged. A list of feedback will be distributed by MDHHS.

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| | d. BH-TEDS Updates (Holli)Action: Holli indicated several changes are being made to the BH-TEDS. MDHHS will be providing training on the changes. The email for registering was forwarded to QIC. |
| ACTION STEPS | <ul style="list-style-type: none"> • CMHSPs-update contact list in the QI Action Plan • MSHN(Sandy) to send out PIP 1 and 2 and FUH Summaries once analysis of disparities has been completed. • MSHN to follow up on critical incident reporting as indicated above. • CMHSPs review logic for reporting MMBPIS 1 start and stop times. |
| KEY DATA INTS/DATES | <ul style="list-style-type: none"> • MDHHS QIC August 2 10-12 • Data Analytics August 8, 1-3 • BHH QI Subgroup August 9, 1-2 • QIC August 24, 9-11 • CCBHC QI Subgroup August 24, 11-12 |