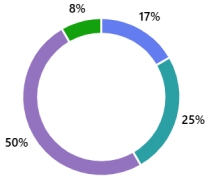


Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: March 27th, 9:00-11:00

Attendance:

<input checked="" type="checkbox"/> MSHN – Kara Laferty	<input type="checkbox"/> CEI – Bradley Allen	<input checked="" type="checkbox"/> Lifeways – Emily Walz	<input checked="" type="checkbox"/> SHW – Amy Phillips
<input checked="" type="checkbox"/> MSHN – Bo Zwingman-Dole	<input checked="" type="checkbox"/> CEI – Kaylie Feenstra	<input checked="" type="checkbox"/> MCN – Sally Culey	<input type="checkbox"/> SHW – Becky Caperton
<input checked="" type="checkbox"/> BABH –Sarah Holsinger	<input checked="" type="checkbox"/> Central – Jenelle Lynch	<input checked="" type="checkbox"/> MCN – Joe Cappon	<input checked="" type="checkbox"/> TBHS – Josie Grannell
<input type="checkbox"/> CEI – Elise Magen	<input checked="" type="checkbox"/> Central – Alysha Burns	<input checked="" type="checkbox"/> Newaygo – Andrea Fletcher	<input checked="" type="checkbox"/> The Right Door – Susan Richards
<input checked="" type="checkbox"/> CEI – Shaina McKinnon	<input checked="" type="checkbox"/> GIHN – Taylor Hirschman	<input checked="" type="checkbox"/> SCCMH – Holli McGeshick	<input checked="" type="checkbox"/> The Right Door – Jill Carter
<input checked="" type="checkbox"/> CEI – Michael Gardyko	<input checked="" type="checkbox"/> Huron – Levi Zagorski	<input checked="" type="checkbox"/> SCCMH- Jenna Brown	<input checked="" type="checkbox"/> Other: Joe Wager (MSHN), Amy Dillon (MSHN), Bria Perkins (MSHN), Kim Zimmerman (MSHN), Joe Torres (TBD Solutions)

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS	ACTION REQUIRED (WHO, WHEN)										
Review/Approvals (All)	<ul style="list-style-type: none">Review/Approve Meeting Minutes from February<ul style="list-style-type: none">Minutes approved- no changesAny changes/additions to this month’s Agenda?<ul style="list-style-type: none">No changes or additions to the agenda											
Consent Agenda (All)	<ul style="list-style-type: none">Finalize date/time for QIC Meeting (Poll Results)<ul style="list-style-type: none">Poll results indicate that the fourth Thursday of the month remains the top choice for our meeting. For attendees that have an ongoing conflict with our current meeting time, please provide Kara with additional feedback if you are unable to consistently attend this meeting due to other obligations/meetings so that alternative options can be discussed. <div><p>1. Which day/time works best for your availability to participate in QIC meetings?</p><table><tbody><tr><td>Third Monday of the month, 1pm-3pm</td><td>2</td></tr><tr><td>Fourth Monday of the month, 1:30pm-3:30pm</td><td>0</td></tr><tr><td>First Thursday of the month, 1pm-3pm</td><td>3</td></tr><tr><td>Fourth Thursday of the month, 9am-11am</td><td>6</td></tr><tr><td>First Friday of the month, 9:30am-11:30am</td><td>1</td></tr></tbody></table></div>	Third Monday of the month, 1pm-3pm	2	Fourth Monday of the month, 1:30pm-3:30pm	0	First Thursday of the month, 1pm-3pm	3	Fourth Thursday of the month, 9am-11am	6	First Friday of the month, 9:30am-11:30am	1	
Third Monday of the month, 1pm-3pm	2											
Fourth Monday of the month, 1:30pm-3:30pm	0											
First Thursday of the month, 1pm-3pm	3											
Fourth Thursday of the month, 9am-11am	6											
First Friday of the month, 9:30am-11:30am	1											
	<ul style="list-style-type: none">Quality policies and procedures were approved by the Board on 3/5/2025. Those should be uploaded within the next few weeks and can be found on the MSHN website											

<p>MSHN MEV Annual Report and Updates (Bria & Amy)</p>	<ul style="list-style-type: none"> ▪ BOX Document Reference: <ul style="list-style-type: none"> ▪ MSHN CMH Review Updates QIC (Amy) ▪ MEV Methodology Report (Bria) ▪ Discussion: <ul style="list-style-type: none"> ▪ Bria and Amy provided an overview of the FY24 MEV annual findings for discussion along with common themes being seen during MEV reviews. Several key highlights include: <ul style="list-style-type: none"> ▪ MSHN reviewed \$2,497,435.99 in Medicaid/HMP claims for the CMHSPs (6,378 claims in total) ▪ The MSHN Average was 79.72% for overall standards in FY24 which is below the MDHHS 90% standard, however, there has been improvement from FY23 (76.76%) <ul style="list-style-type: none"> • Attributes E and G were the areas found to commonly be missing/inaccurate (Attribute E - most common finding was missing IPOS training documentation, Attribute G – modifiers not used according to HCPCs guidelines) ▪ Follow-up recommendations include CMHSPs focusing on: <ul style="list-style-type: none"> ▪ Staff being trained in IPOS prior to rendering services ▪ Modifiers being used appropriately/accurately ▪ Applicable staff trainings/certifications are uploaded in BOX ▪ In addition, Amy provided an overview of the current/upcoming external reviews/audits and expectations for the CMHSPs. The “MSHN CMH Review Updates QIC” document in BOX provides a breakdown of this information which includes interim waiver review timeframes, MDHHS follow-up, and HSAG review. Of note, Amy and Bo will be sending out location of documents with cleaned up and approved CAPs for each CMH by 3/28. ▪ Action Needed: No action needed. 	
<p>Performance Improvement Project (PIPs) Part 1: Analyzing Delays in Timely Care <u>(start at 9:30am)</u></p>	<ul style="list-style-type: none"> ▪ BOX Document Reference: No documents, website link can be found to the analysis, here. ▪ Discussion: Joe Torres from TBD Solutions presented on the analysis for “Analyzing Delays in Timely Care”- MMBPIS Indicator 3. TBD solutions utilized statistical models to review areas of non-compliance and to determine any factors that might be statistically significant with MMBPIS indicator 3 (including race). Joe shared the model approach along with the findings indicating clues and signals into potential root causes- future work may be needed to explore additional areas of data to create stronger comparisons and conclusions. Key takeaways were shared. Race has a minimal impact on timeliness of care overall, except for Black/African-American individuals- these individuals face significantly higher odds of not being seen within 14 days. Next steps, interventions and dates will be provided to TBD Solutions that the CMHSPs have provided relating to the PIPs to determine if there are any statistical changes once these interventions took place. ▪ Action Needed: CMSHPs- Please review website containing data analysis to develop any questions you may have. Please reach out to Kara if you have any questions and these can be routed to TBD. 	

<p>Data Validation Project with MDHHS Behavioral Health Program Overhaul (Joe W.)</p>	<ul style="list-style-type: none"> ▪ BOX Document Reference: Behavioral Health Quality Overhaul 3YR Rollout Strategy (Timeline for implementation begins on page 4) ▪ Discussion: <ul style="list-style-type: none"> ▪ Joe W. provided an overview of the data validation project taking place with MDHHS for their Behavioral Health Quality program overhaul. Currently, Joe is 60% through data validation of the FUM30-AD metric and will be done by the end of next week. For this project, the State is asking for validation of the data in CC360 to cross check and validate with MSHN data. This process requires running through a series of validations to determine where we match and where we don't with CC360 data. MSHN matches largely- 85%+ automatic match and then the remaining 15% are gone through manually. The due date for this project is the 15th of April. ▪ Additional discussion took place and QIC members shared their concerns around short turnarounds for projects as well as the large scale changes that are happening with lack of information. ▪ Action Needed: No action needed at this time by CMHSPs. QIC members will be provided ongoing information relating to this activity and ongoing validation projects under the Behavioral Healthcare overhaul. 	
<p>Performance Improvement Project (PIPs) Part 2: 5 Why's (New Approach to Root Cause Analysis)</p>	<ul style="list-style-type: none"> ▪ BOX Document Reference: <ul style="list-style-type: none"> ▪ MSHN PIP Dashboard ▪ PIPs Disparity Summary CY21-CY24 ▪ Discussion: <ul style="list-style-type: none"> ▪ A huge thank you to all of the CMHSPs that have provided your interventions on the PIP and filling those implementation dates out on the QIC workplan! This will assist us in determining statistical significance of any interventions that have been put in place. ▪ The PIP disparity summary for CY21-CY24 was reviewed with the group. ▪ The group participated in a guided exercise utilizing the 5 WHY's technique where we went through some of the primary key areas that have been identified for PIP #1. Specific questions asked included areas around workforce shortage, stigma, data issues, and accessibility to services. This final tool can be found in the BOX link for April's QIC meeting. ▪ Action Needed: No action needed by the CMHSPs. Kara to complete final RCA tool synopsis and will post to the April QIC meeting BOX for QIC review. 	
<p>Committee/Council Surveying Feedback</p>	<ul style="list-style-type: none"> • BOX Document Reference: Quality Improvement Council Survey Feedback • Discussion: QIC reviewed feedback from the council survey. Questions were posed to the group: <ul style="list-style-type: none"> ▪ Are the changes that Kara has made so far been helpful to regional QIC members? <ul style="list-style-type: none"> • Yes, in particular, there has been a shift from non-actionable items on the agenda to focusing on areas where there needs to be action. Along with this, expectations have been clearly outlined. Members feel like as a group, we're headed in the right direction with this. • In addition, the Action item follow-up email that Kara sends has been helpful for members to stay on top of expectations/assignments. 	

	<ul style="list-style-type: none"> Is there anything Kara should be doing differently to assist you in participating as members of the QIC? <ul style="list-style-type: none"> None of note at this time- ongoing conversations will take place to ensure committee maintains psychological safety for all members to continue to participate and options are provided to those who may not feel comfortable speaking in the larger group setting. 	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> No reporting requirements of note for March (all MMBPIS data was due 3/15/2025) 	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> MDHHS QIC Updates: No meeting in March, next meeting in April was cancelled. June will be the next meeting. PIHP Quality Workgroup Updates (Kara): Lost the main facilitator from Lakeshore unexpectedly. Meetings are being moved to bimonthly. Discussion mainly centered around workgroup continuing. In addition, there was a lot of discussion around HSAG standards and the evidence used to fulfill these by the PIHPs. One main area of focus is that we have not heard anything relating to the PMV reviews; waiting to hear more about this activity. BH-TEDs Updates: Holli- meeting cancelled – next April 4th 	
Relevant Resource Documents that may be of Interest: -	<ul style="list-style-type: none"> MDHHS Behavioral Health Quality Overhaul FAQ Document (Updated 1/23/2025) CMHA advocacy around system improvement and potential procurement 	
Previous Action Item Follow-up	<ul style="list-style-type: none"> Both the MMBPIS and Critical Incident Summary reports were included in the February QIC meeting folders in BOX. FY25 Balanced Scorecard typos on metrics were updated/fixed Poll/survey for time of meeting was distributed and completed 	

Summary Action Items from Meeting	
CMHSP's	<ul style="list-style-type: none"> Meeting Date/Time: Poll results indicate that the fourth Thursday of the month remains the top choice for the QIC meeting. For attendees that have an ongoing conflict with our current meeting time, please provide Kara with additional feedback if you are unable to consistently attend this meeting due to other obligations/meetings so that alternative options can be discussed. Performance Improvement Project (PIPs) Part 1: Analyzing Delays in Timely Care (start at 9:30am): CMSHPs- Please review website containing data analysis to develop and pose any questions that you may have. Please reach out to Kara so that these can be routed to TBD. Website link can be found to the analysis, here.
MSHN/Kara	<ul style="list-style-type: none"> Performance Improvement Project (PIPs) Part 2: 5 Why's (New Approach to Root Cause Analysis): Kara to complete final RCA tool synopsis and will post to the April QIC meeting BOX for QIC review.