

Attendees:		Guests	KEY DISCUSSION TOPICS
<input type="checkbox"/> MSHN – Sandy Gettel <input checked="" type="checkbox"/> Bay Arenac –Sarah Holsinger <input type="checkbox"/> CEI – Elise Magen <input checked="" type="checkbox"/> Central –Kara Laferty <input checked="" type="checkbox"/> Gratiot – Pam Fachting <input checked="" type="checkbox"/> Huron – Levi Zagorski <input checked="" type="checkbox"/> Lifeways –Phillip Hoffman <input checked="" type="checkbox"/> Montcalm – Sally Culey	<input checked="" type="checkbox"/> Newaygo – Andrea Fletcher <input checked="" type="checkbox"/> Saginaw-Holli McGeshick <input type="checkbox"/> Shiawassee –Becky Caperton <input type="checkbox"/> Tuscola – <input checked="" type="checkbox"/> The Right Door- Susan Richards	<input type="checkbox"/> CEI – Shaina Mckinnon <input checked="" type="checkbox"/> CEI – Bradley Allen <input checked="" type="checkbox"/> CEI – Kaylie Feenstra <input type="checkbox"/> Central Jenelle Lynch <input checked="" 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 minutes b. Review of follow up action items/QIC action plan 2. Consent Agenda 3. Performance Monitoring 4. Annual Planning 5. Performance/Process Improvement <p style="text-align: center;">August Meeting Packet</p>
	<ol style="list-style-type: none"> 1) Review & Approvals <ol style="list-style-type: none"> a. The July 27th meeting minutes were approved with no edits. No additions to the agenda. b. QAPIP Workplan FY23 - 2) Consent Agenda-Consent agenda was approved with no discussion. <ol style="list-style-type: none"> a. Behavior Treatment Plan Data SummaryQ3 b. R5-Mid-State MI2022-23 PIHP PIP-Val Racial Disparities D1 0823 c. PCE Appointment Updates d. Customer Services Committee Meeting Minutes 3) Annual Planning <ol style="list-style-type: none"> a. DMC Review - 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 attended the meeting to obtain support for making changes to the current Delegated Managed Care Site Review process. Two high-level options were provided. Option 1 included a 2 year cycle in which the MSHN DMC review would occur concurrently with the external reviews using the sample selected by MDHHS and HSAG. Option 2 included a 3 year cycle which would include a 3rd year for additional chart reviews and policy attestations. QIC supports changing the process and indicated support for Option 2. Additional work will be completed to address the details of the process and ensure that all delegated functions continue to be monitored as required. The change is expected to go into effect for FY24. See the Proposed Changes to MSHN DMC Process 4) Performance Monitoring – <ol style="list-style-type: none"> a. Cardiovascular Screening FY23Q2-CLC requested assistance of QIC for the Cardiovascular Screening measure to identify causal factors and barriers due to low performance. QIC reviewed the specifications provided by ZTS. Causal factors and barriers identified by the CMHSPs included labs not being written or obtained, unable to isolate claims for labs due to the activity being billed in conjunction with other codes. Labs found in the clinical record were identified as “addressed” in ICDP. Follow up will be completed to identify if records that were “addressed” in ICDP were included in the numerator. FY23Q3 data will be distributed in the Priority Measures Report by the end of August. This measure is not supported through HEDIS NCQA or the Medicaid Core Measure Set. Heart Disease continues to be one of the leading causes of death in the MSHN region. It is recommended that CLC consider discontinuing this measure and utilize a measure that is currently required and aligned 		

with NCQA-HEDIS or the Medicaid Core Measure Set such as Cardiovascular Monitoring or Controlling High Blood. This information will be shared with CLC.

- 5) Performance/Process Improvement-
 - a. Shared discussion of EMR resources to assist in eliminating administrative burden- *CMHSPs identify specific areas for addition to the agenda.* No discussion
 - b. [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 further explored and continued once Taylor returns.
 - c. [Critical Incident Reporting\(CIR\)](#)- QIC discussed the barriers of completing the remediation within the required timelines set by MDHHS, and efficiencies of the process for reporting sentinel events and immediately reportable events within the CRM. Currently the CMHSPs do not have access to the CIR process in the CRM, therefore, they are unable to receive or follow up on any request for additional information or remediation. The PIHP is responsible for obtaining the required information within the time frame set by MDHHS. Once the information has been sent through the CRM, MDHHS has to review and close the record. Due to the number of events, the number of steps within the process, and limited functionality within the CRM, remediations are not completed within the required timeframe. **QIC is recommending that a pilot occur with a CMHSP to have access to the CIR CRM for direct entry of immediately reportable events and completion of remediations and MDHHS request for follow up information. CEI and GIHN volunteered for the pilot. The other CMHSPs will utilize a form developed to provide the information required for the PIHP to enter directly into the CRM.**
 - d. [MMBPIS](#) FAQ-Add questions to the document, develop consensus on how to report, receive clarification from MDHHS as needed. Questions related to individuals who have private insurance and receive retro Medicaid were discussed. It was determined that those would be omitted from Indicator 1 as the prescreen for authorization did not occur at the time of the admission. They would be included in Indicator 2 as previously instructed by MDHHS. They would be excluded from Indicator 4 due to the dual insurances (Medicaid and Medicare) identified as an exclusion the MDHHS specifications. Follow up with MDHHS will occur related to the consents for treatment, and the discrepancy within the access standards related to the timeframe for assessments. **QIC recommends that MDHHS reconvene the MMBPIS workgroup to review specifications of the new indicators to address potential issues of reporting inconsistencies and interpretations.** QIC questioned the value of the time spent obtaining reasons for those records that are out of compliance. Current data indicates the top 2 reasons are “No available appointments” and “No Shows/Cancel”. Additional discussion next month to address any changes for the upcoming year.
 - e. [MSHN Website](#)-Feedback for Improvements – No discussion
- 6) Standing Agenda Items/Open Discussion-
 - a. Organizational Updates-*CMHSPs/MSHN inform group of relevant updates that may affect QI activities.*
 - b. [MDHHS QIC Updates](#) -Next meeting is October 4th
 - c. [BH-TEDS Updates](#) (Hollis)Action: Will the updates have any impacts on current processes.
 - d. National Core Indicator: Updates from NCI Advisory Group. Defer to October.

ACTION STEPS	<ul style="list-style-type: none"> • MSHN-Sandy to follow up recommendations for CLC related to the Cardiovascular Screening Measure. • MSHN-Sandy to provide training and guidelines to the 2 CMHSPs that agreed to pilot the CIR CRM. • MSHN-Sandy to follow up with MDHHS related to the performance indicators.
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KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MDHHS QIC October 4th 10-12 • Data Analytics -September 12, 1-3 • BHH QI Subgroup – September 6, 1-2
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| | <ul style="list-style-type: none">• QIC September 28, 9-11• CCBHC QI Subgroup September 28, 11-12 |
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