



COMMITTEE CHARTER

NAME: Clinical Leadership

MSHN Designee: Todd Lewicki

Adopted: 9.15.2014

Reviewed: 6.20.2016, 8.18.2016, 10.25.18

This charter shall constitute the structure, operation, membership and responsibilities of the Mid-State Health Network (MSHN) Clinical Leadership Committee (CLC).

Purpose of the Clinical Leadership Committee

The MSHN Operations Council (OC) has created a CLC to advise the Prepaid Inpatient Health Plan's (PIHP) Chief Executive Officer (CEO) and the OC concerning the clinical operations of MSHN and the region. Respecting that the needs of individuals served and communities vary across the region, it will inform, advise, and work with the CEO and OC to bring local perspectives, local needs, and greater vision to the operations of MSHN so that effective and efficient service delivery systems are in place that represent best practice and result in good outcomes for the people served in the region.

Responsibilities and Duties

The responsibilities and duties of the CLC shall include the following:

- Advise the CEO and OC in the development of clinical best practice plans for MSHN (including implementation and evaluation);
- Advise the CEO and OC in areas of public policy priority including high risk, high cost, restrictive interventions, or that are problem prone;
- Provide a system of leadership support, collaborative problem solving and resource sharing for difficult cases;
- Support system-wide sharing through communication and sharing of major initiative (regional and statewide);
- Assure clinical policies and practices are operational, effective, efficient and in compliance with applicable contracting and regulatory bodies; and,
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- Undertake such other duties as may be delegated by the CEO or OC.

Decision-Making Context and Scope

1. General Decision-Making Process: Consensus shall be the primary mode of decision making and efforts shall be made to extend dialogue and gather information toward consensus to the extent possible.

Should consensus not be achieved, any member of the CLC may call for a vote of the members. A vote of the body is not binding on the MSHN CEO, rather it is used to further inform as to the strength of the member's position on the subject. Any decision made subsequent to a vote of the CLC, including any items referred to the MSHN OC, shall reflect both the majority and minority opinions on that matter. The CEO shall inform CLC members of the final decision/recommendation before further action is taken.

2. Specific authority/process related to the following: The CLC shall provide council to the MSHN CEO and OC on the Strategic plan, MSHN Policies and procedures, Clinical performance monitoring, and clinically related Public Policy. Advice and counsel shall be achieved through sharing of ideas, solution focused dialogue, and research.

Defined Goals, Monitoring, Reporting and Accountability

The CLC shall establish metrics and monitoring criteria to evaluate progress on the following primary goals:

- Improved health outcomes.
- Increased use of evidenced based practices.
- Improved collaboration of the region’s clinical leadership including member satisfaction with the committee process and outcomes.
- Increased use of shared resources and problem solving for difficult cases.

Additionally, the CLC seeks to assess and achieve the following secondary goals:

- CEO and OC satisfaction with CLC advisory role,
- Staff perception and sense of knowing what is going on, and
- Efficiencies are realized through standardization, performance improvement and shared resources.

Membership

- a. The CLC shall be comprised of the designated clinical leadership of each CMHSP Participant and the MSHN designee.
- b. CMHSP designees become members of the CLC through appointment by their respective CEO/Executive Director (ED) and approval by the MSHN OC.
- c. Membership shall be representative of the MSHN Region with each CMHSP having one vote.
- d. Alternates may attend and speak with the power granted by their CEO/ED.
- e. Others in attendance are by invitation (not regularly attending), should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the CLC for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

- a. Chairperson – Advises the MSHN CEO/Designee on the committee agenda, runs the meeting and maintains order; when requested, is accountable for representing the committee and making reports on behalf of the committee. The chairperson is a voting member of the committee.
- b. Recorder –The recorder shall capture discussions, problem solving and planning of the committee in an unbiased manner and shall prepare the “Snapshot” following each meeting. The recorder is a voting member of the committee.
- c. Member – An appointed participant of the CLC as designated above. An appointed member is a voting member. All members shall participate in the CLC in accordance with established ground rules.
- d. MSHN Facilitator: Serves as the staff support to the committee, prepares the agenda, provides guidance and direction, serves as a conduit for other planning/action occurring at MSHN, and serves as the point of contact with the OC.
- e. Subject Matter Experts – Individuals may participate in a CLC meeting for the purpose of providing information, consultation, etc. Participation as a subject matter expert does not constitute authority to participate in decision making. Subject matter experts should typically leave once their expressed purpose is complete.

Member Conduct/Ground Rules

Members of the MSHN CLC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
 - Only one person speaks at a time; no one will interrupt while someone is speaking.
 - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
 - No sidebars or end-runs.
 - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
 - No personal attacks. “Challenge ideas, not people.”
 - Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand

the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged.

- Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.

2. Meeting Efficiency

- The agenda and related materials will be distributed in advance of the meeting.
- Members are prepared for the agenda content and have completed related assignments on time.
- Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members share equally in the work of the body.

3. Decision Making

- Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodates their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

- a. Regular Meetings: Typically occur monthly.
- b. Combined Meetings: When the Clinical Leadership Committee includes the Utilization Management Committee in a combined body (CLC/UMC) due to the mutual content of the meeting agenda items. These opportunities are reviewed monthly.
- c. Special Meetings: Special meetings may occur as determined by the consensus of the group and as business of the body necessitates.
- d. Attendance at Meetings: Members shall regularly attend or send a designee who is prepared to act on behalf of the appointed member. Participation by phone and/or face-to-face are acceptable.
- e. Agenda: The agenda shall be prepared by the MSHN designee and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
- f. Key Decisions (include designee): The recorder shall prepare a meeting summary that reflects key decisions and required actions to occur subsequent to the meeting. The required actions shall specify what, who, and by when.

CLC Annual Evaluation Process

- a. Past Year's Accomplishments
- b. Upcoming Goals

Sources

- a. MSHN Operating Agreement
- b. MSHN Policy: Councils, Committees and Workgroups