



Clinical Care Committee
Minutes
 9-11-09; 9:00-12:00 pm; Rm. # 107
 Meeting Room Telephone # 734-544-6810

G. Harris, S. Wiland, S. Keener, P. Moise, D. Healy, S. Reitmeier, J. Sahutoglu, M. Phillips, S. Weary, B. Spalding, J. Terwilliger, L. Newberg, J. Capobianco, M. Scalera, K. Milner, D. Orrin, V. Stead, C. Witherow, J. Sproat, M. Graban, C. Kudyba, M. Harding, M. Hoffman, Kathy Dettling (bolded name indicates present at meeting; non-bolded name indicates absent at meeting)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Approve Agenda & Minutes	<p>Agenda changes</p> <ul style="list-style-type: none"> Add Customer Service question <p>Minutes Changes</p> <ul style="list-style-type: none"> Item II Coordination of Care Update: Jessica will be turning over project leadership to Lorne McKenzie starting next month. 	<p>Agenda approved</p> <p>Minutes approved</p>	
II. Workgroup Updates	<ul style="list-style-type: none"> Phil advised that at the Customer Services meeting, there was discussion about what happens when Customer Service is investigating a grievance and contacts the case manager. Should the case manager put a note in the consumer's record when contacted by Customer Service? Mike noted that there probably won't be an explicit note in the case indicating the case manager has been contacted in response to the grievance, tying directly to the grievance. Kathy advised that the case manager should document what the case manager does. What the case manager does with the chart after receiving the grievance (if there's an action) should be documented. 	<p>CCC advised that the case manager should document his or her action in reference to a grievance.</p>	
III. Clinical Forms Committee	<p>Mike Harding and Kathy Dettling reviewed Clinical Forms progress.</p> <ul style="list-style-type: none"> Clinical Forms is asking CCC's for support and approval for the 5 recommendations presented (see document on shared drive for details). Vicky asked who would be considered a clinical representative. Kathy advised a clinical rep. would be someone who has the ability to gather feedback from the other members of his or her team, 	<ul style="list-style-type: none"> CCC approved committee's name change CCC approved the committee member structure Mike will add the local liaison component to the change request. CCC approved Change Request Process. 	

	<p>someone who can check his or her ego at the door, and someone who has Encompass experience.</p> <ul style="list-style-type: none"> • Currently, local requests go to the local liaison. If it's a good idea, the request goes to help desk, and then follows the process as laid out in the Clinical Tech Committee (CTC) document. • Any denial of requests will be conveyed to the requestor. • The Clinical Tech Committee will meet monthly. • CTC will also look at other PCE products to make sure the affiliation is maximizing its efficiencies. • The Who Does What page (last page) will be updated to reflect current reality. • The next step is to go to AEC. 	<ul style="list-style-type: none"> • CCC approved Clinical Tech Committee's first draft and continued work on the committee's charge. • CCC agreed that CTC should go forward as planned. 	
<p>IV. PCP Implementation Committee Recommendations – Shauna</p>	<ul style="list-style-type: none"> • Shauna provided an update of the PCP Implementation Committee's progress (see document on shared drive for details). • The PCP Implementation group redid recommendations after receiving feedback from AEC and CCC. • Now the implementation workgroup is coming back to CCC after receiving approval from the AEC for the workgroup to work with PDC to roll out training to staff. • Part of the training will address: How do you document progress notes, and make them measurable? • Regarding making the necessary technological changes, they may not be made at the same time as the 2.0 roll-out, so as not to confuse the 2 separate issues. • For the workgroup, one thing that is important is that training is mandatory for all staff. Also, the message and the changes should happen as closely together as possible. • Matt Hoffman discussed some of the changes that will happen in Encompass (see presentation on shared drive for details). • The PCP/SDI group will be brought in as part of the implementation. • Matt advised that the changes noted in the presentation are related to forms, not processes. As an example, when the document states "Remove Annual PCP Review" it is indicating that the PCP Review <i>form</i> will be removed, not that the PCP Review <i>process</i> will be eliminated. • Currently, none of the assessments (PHR, OT, 	<ul style="list-style-type: none"> • Next step: Shauna will present the process to the PCP/SDI group for further input. 	

etc...) are linked in the PCP.

- Jessica advised that a barrier for the Coordination of Care group is the not knowing if the all of the assessments have been completed.
- Sandy asked if, moving forward, the CTC group will be reviewing the forms changes that the PCP Implementation group makes. Mike advised yes, in an informative manner.
- Matt noted that most of the changes have already been made by Saginaw, and the affiliation will be able to learn from any of Saginaw's implementation issues.
- The AEC instructed the PCP Implementation group to come up with a policy, and to connect with PCP trainers. From CCC, Shauna is looking for input into how to kick off this new PCP process, and also training.
- Mary noted that all the affiliates have regularly scheduled PCP trainings.
- Mike advised more so than the technical piece, training needs to happen on the process, which has some significant changes.
- Gerilyn noted that Monroe has quarterly PCP training, as well as regular team meetings, at which new the PCP process roll-out can happen.
- Jane noted that creative writing is a competency in writing a good plan, not a competency in being a case manager. And the case manager's ability to articulate in writing will make a difference in the writing of PCPs.
- Larry added that you can still have a good case manager who's a good writer who still needs help with writing good outcomes that are measurable.
- Sandy noted that it's a matter of getting the values and philosophy of PCP embedded into the organization. It's an ongoing effort, not something that should happen only at yearly refreshers.
- Phil would like it noted in the training that PCP documents should be made available to consumers.
- Mike recommended that the next step is to take the implementation process PCP/SDI group, and it's important enough that, if AEC approves it, it could be implemented before Encompass 2.0.
- Larry offered help in writing outcomes and goal writing. He will forward goal writing samples to Mike and Jackie.
- Sandy will advise PCP/SDI of the progress made for

	<p>the PCP process. PCP/SDI will probably need to see and hear Shauna and Matt's presentation.</p> <ul style="list-style-type: none"> • Jessica will meet with Mike and Shauna to figure out baselines now in order to measure the progress of the new process. 		
<p>V. Standing Agenda Items</p>	<p>Performance Improvement (PI) Committee Update – L. Newberg</p> <ul style="list-style-type: none"> • At its most recent meeting, there was an effort to have PI look at the Behavior Treatment Committee policy, but it was determined that it really needed to go to the DD Admin and BMC Chairs first. • PI received an update from Phil Moise and Leslie Hall regarding the DD Peers Support curriculum. • Mary advised that the DD Admin group has yet to see the DD Peers Support curriculum. As far as Phil and Larry knew, the curriculum had been presented to DD Admin. Mary will contact Leslie Hall regarding the curriculum. • Mary noted that DD Admin had really wanted to get consumers in the loop of how they see the curriculum fitting into their lives. • Because there's so much to do to get the DD Peers Support curriculum implemented, the group will present it at the fall conference as a broad concept only. • Steve Sheldon will connect with Mary to present the BTC policy to DD Admin. • UR has tried to figure out a way to look at readmissions data in a meaningful way. Each local affiliate is doing a review of every readmission and analyzing. Also, UR is looking at all readmissions, not just those on the MMBPIS subset. <p>Evidence Based Practice (EBP) Update – Integrated Health Update – Jeff The last learning community meeting is 9/25. The product of that meeting will be recommendations to CCC.</p> <p>Clinical Form Changes – see above</p>		
<p>VI. Evidence Based Practice Inventory – Steve</p>	<ul style="list-style-type: none"> • Gerilyn has researched Autism, and has a grid of various practices that are out there. How would the group like it presented? • CCC would be comfortable with Gerilyn making a judgment call of presenting the best of what Gerilyn finds. 		

	<ul style="list-style-type: none"> • Gerilyn will do a summary presentation of her findings, which she will present at a future meeting. She'll coordinate with Steve Wiland. • Mary will contact the Eastern Michigan Autism group to see if they have any relevant information. • Sandy noted that Larry passed out a list of EBP research topics at a previous meeting. Gerilyn selected Autism and has done her research. Now the rest of the CCC needs to do the same. • Dan volunteered to research Fetal Alcohol Syndrome. 		
VII. Behavior Treatment Review Committee – CJ	<ul style="list-style-type: none"> • There were only 4 corrective actions. • CJ presented the first of the corrective actions that are required (see document on shared drive for details). • PI is working on the corrective action, but CJ wanted to make sure CCC was aware. 		
VIII. Next Meeting	<ul style="list-style-type: none"> • October 2, 2009, 9-12 	Agenda items <ul style="list-style-type: none"> • 	Parking lot <ul style="list-style-type: none"> • CSTS supervisor communication concept • Behavior Treatment Technical Requirement