



Performance Improvement (PI) Committee
10/5/06; 1pm- LLRC

Present: D. Sabourin, D Chisholm, M. Perez, L. Newberg, D. King, G. Harris, B. Gates, D. Virgo, S. Kapica, J. Capobianco, N. James-Emerick, L. Brown, P. Moise, K. Gauthier, L. Hall, V. Taylor, S. Brown, B. Fowkes, D. Douthat, J. Kearney

Absent: B. Leadford, B. Wilson, S. Glancy, J. Newberry, E. Kurtz, M. Phillips, K. Milner, S. Reitmeier, C. Witherow and P. Cowan

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
<p>1. Review of Minutes and Agenda</p>	<p>Agenda addition:</p> <ul style="list-style-type: none"> • Customer Service staff survey (to be added to the parking lot) • IR Workgroup update <p>Minutes changes</p> <ul style="list-style-type: none"> • None • <i>Note: Member Services will now be called Customer Services</i> 	<p>Agenda and minutes were approved</p>	
<p>2. Regional CSSN Review POC</p>	<ul style="list-style-type: none"> • Kelly reported on CSSN Review findings, majority were regional. AEC requested PI review the regional findings and identify committee champions. Area identified as the most important was implementation of UR manual and managed care concept. • Using the UR manual will assist staff in authorizing medically necessary services, create standardization of processes affiliation wide, and produce same level of services for all consumers. Currently the UR manual is not used across the affiliation. Rollout and training are needed, as well as supervisor to direct contact staff trainings. • Not using the UR manual assumes over authorizing of services, however use of the manual could identify additional needed services. It was stated medically necessary needs to be stressed. The cover that accompanied the manual may need to be sent again. A 	<p>Each local liaison is responsible for writing the POC and brings to PI in November. Regional policy defers to local policies.</p> <p>It was decided Committees must embed CSSN POC in work plan by November. Committees will come forward with plan explained to PI in November.</p> <p>CSSN results went to AEC and going forward it will come to PI first and reported to AEC</p> <p>For Provider appeals Nicole will follow up with Barb and give information to PI liaison.</p>	

	<p>handout of the findings and identified committee champions was distributed. Key points identified are:</p> <ol style="list-style-type: none"> 1. Advance directives 2. Personal Health Review 3. Assessments 4. PCPs 5. G&A Notice 6. QAPIP 7. Consent to Treatment Form 8. JCAHO National Patient Safety Goals 9. Customer Services Training 10. LEP Training 11. Provider Appeals of UM Decisions- no written process. 12. Repeat citation for CSTS and Livingston: ensuring that ROI forms are fully completed. 		
<p>3. Committee Data Reports</p>	<p>Network Management</p> <ul style="list-style-type: none"> • Indicator thresholds were met. No concerns related to data report to bring to PI at this time. <p>Capacity assessment:</p> <ul style="list-style-type: none"> • A capacity assessment of NMC was completed, per EQR requirements. The study only reviewed Medicaid data. No GF, Secondary Medicaid or Medicare data was reviewed. The data pull was inconsistent across the affiliation. No standard way of reporting staff data was used. Recommendations and findings are listed in the executive summary. A full report is available upon request. • Tools for completing a self assessment were given to NMC and reports may be re-run for accuracy. NMC would like PI committee members to review the executive summary and report feedback to K. Gauthier. Summary has not been discussed at AEC. <p>Finance</p> <ul style="list-style-type: none"> • Finance has revised their work plan. They have created values and strategies to develop budgets, address flexibility of funding and maximize services to consumers. Budget will be determined based on the values. In the past WCHO was the balancing account, going forward all affiliation will share in balancing. The action of one affiliate affects other affiliates. Management teams really need to review the Values. 	<p>NMC data report approved</p> <p>It was decided NMC will define parameters and benchmarks of new data pull for additional capacity assessment.</p> <p>S. Reitmeier will determine if assessment reports will be completed by N. James-Emerick.</p> <p>NMC will complete a response to the capacity assessment with clear recommendations for EQR review.</p>	

	<ul style="list-style-type: none"> The State approved wage increase is a pass through Medicaid increase and not a GF increase and is not a 2% increase. Finance will speak on this issue at the Provider meeting. <p>Due Process</p> <ul style="list-style-type: none"> 1st indicator threshold was met. Indicator may need to be reviewed. Recommendations include revising or discontinuing indicator and working with Customer Service. Did not meet 2nd indicator, and reason is because small number reported. Indicator may need to be discontinued. N. James-Emerick and J. Capobianco are assisting Due Process develop new/revised indicators. It was suggested to use a different method to track/ monitor the indicator. <p>Utilization Review</p> <ul style="list-style-type: none"> UR committee developed an indicator based on consumer evaluating service authorizations. A question was added to the PCP evaluation survey to collect data on this issue. 96% of all consumers that completed survey in 3rd quarter, or 285, agreed or strongly agreed. Threshold was 90% and met. At first glance it appeared consumers were satisfied with authorized services. UR determined question wasn't worded correctly. Data collection targets the PCP, not service delivery. The established affiliation procedure for distributing the survey isn't being followed. Current surveys need to be used and previous versions recycled. UR committee would like PI to assist in reinforcing use of the established process. <p>Customer Services</p> <ul style="list-style-type: none"> 1st indicator threshold was met. Opportunities include trainings. Trends will be identified. <p>Compliance</p> <ul style="list-style-type: none"> 1st indicator threshold was not met. 2nd indicator's threshold was raised to 95% and was not met. Progress was made. UR and G & A file reviews was 100%. 	<p>Due Process data report approved</p> <p>UR data report approved</p> <p>It was decided the established affiliation procedure for distributing surveys will be followed by all counties. PI liaisons will reinforce correct use of the procedure. PI liaison will address system breakdown and talk to PCP/SDI liaison for input as well.</p> <p>Customer Services data report approved</p> <p>Compliance data report approved</p>	
<p>4. Committee & Affiliate Updates</p>	<p>WCHO</p> <ul style="list-style-type: none"> PI data has been submitted to State. Committee was in compliance on 1, 2. Out of compliance, on 3 and 4a. Benchmarks were met for the affiliation on re admittance within 30 days. MDCH indicator workgroup reports are 	<p>WCHO affiliate report approved</p>	

	<p>needed from Monroe and Livingston for out of compliance data. Lenawee's POC for being out of compliance for three quarters will be reviewed by Shauna and Nicole.</p> <ul style="list-style-type: none"> • Select WCHO staff attended a second session of learning org training which focused on embedding the training. A rollout will be completed and WCHO will use their local newsletter as the first project for implementing the training. • Integrated health has clinical data workgroup that meets to review the high cost of consumers in various areas such as MI and DD, to identify systems breakdown and trends. They are also looking at intervention models to address issues before they reach the crisis level. • The substance abuse State site visit will occur on 10/23. The CA site visits are completed. There has been more participation than anticipated. PI has been transitioning network indicator data. Provider satisfaction data will be reviewed by NMC and customer data by Customer Services Committee (CSC). <p>Lenawee</p> <ul style="list-style-type: none"> • Behavior management: 44 different consumers reviewed. One consumer plan was discontinued because no longer needed and another discharged from the agency. • Health and safety meets monthly. Drills are done on a regular basis and sometimes inadvertant. Medical emergencies are done as well. No infections for employees or consumers. • Full JCAHO visit was completed with one concern identified. POC has been submitted and Lenawee is now in full compliance. There is a problem with the way MMBPIS indicators are written pertaining to lab results and recommendations have been written. One sentinel event, one consumer died while hospitalized. Lenawee is working to implement UR manual and create record retention schedule. <p>Office of Recipient Rights (ORR)</p> <ul style="list-style-type: none"> • Indicator monitoring tool is being revised for indicators 1&2. Information will be tested with the new tool and be monitored for review. 	<p>Lenawee affiliate report approved</p> <p>ORR report approved</p>	
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- Tool is complete for indicator 3. Some staff is uncomfortable with reporting and rights are working on this issue to make reporting a comfortable event.
- Work plan has 8 goals. 50% of staff is out. Coverage and functions are being maintained with the exception of ORR website and creation and development of affiliate rights committee. There are plans to kick off the affiliate rights advisory council later this fall. It was stated standardizing work, which is what rights does, is a best practice. Standardized processes and forms have been done by Rights. It is like a continuous supports team model and suggested to use in case management.
- An ORR floating rights officer has been hired, Robin McLain, fully trained officer who is working in Livingston. Welcome!

Outcomes & Evaluation (O&E)

- O&E is an affiliation committee that partners with the University to develop grants and new programs. A new DCH grant has been obtained for video conferencing in the affiliation. The committee will be applying for two children's grants this fall. The committee is also working to produce a grant manual with a big finance component. Grant manual will be brought to PI in January.

PCP Consultation Team

- The team has been working to revise the process, per AEC request. A proposal of the new process will be reviewed by AEC. Documents will be brought to PI for review in January. AEC would like additional case managers added to the review group. AEC will nominate individuals to participate on the review group. AEC will decide how cost will be determined. The reviews will occur during implementation of the continuous supports team model.
- The consulting team will use a train the trainer model. And staffing resource issue should be short term, within 1 year. It is a time intensive project, initially. Proposal to AEC includes multiple alternatives. Team will keep PI informed of the progress.

Professional Development Training Update

	<ul style="list-style-type: none"> The PDC will distribute a training form to committee chairs for completion. The form will be used to track information on all committee offered trainings. 		
5. Approval and Implementation of New Programs Policy	<ul style="list-style-type: none"> A revised version of the policy was distributed for review. 	PI committee members will review New Programs Policy and bring feedback to November PI meeting.	
6. New Initiative Toolkit (ACTION)	<ul style="list-style-type: none"> The toolkit was distributed for review. 	PI committee members will review the New Initiative Toolkit and bring feedback to November PI meeting.	
7. Revised Forms (Update)	<ul style="list-style-type: none"> The PI forms workgroup (P. Cowan, D. King and N. James-Emerick) have met and discussed PI form revisions. Goal is user friendly learning organization related forms. 	The revised PI forms will be presented at PI in November for feedback/discussion.	
8. Next Meeting	<ul style="list-style-type: none"> November 2, 2006; 1:00-4:00; LLRC 	Agenda Items: <ul style="list-style-type: none"> Approval and Implementation of New Programs Policy New Initiative Toolkit PI Revised Forms IR Workgroup update Customer service staff survey 	