



Performance Improvement (PI) Committee
June 8, 2006; 1pm- United Way Building

Present: S. Reitmeier, D. Sabourin, D Chisholm, G. Karmes, M. Phillips, L. Hall, J. Newberry, D. King, B. Gates, D. Virgo, S. Kapica, J. Capobianco, N. James-Emerick, L. Brown, P. Moise, K. Gauthier, S. Brown, B. Fowkes, D. Douthat, J. Kearney

Absent: B. Leadford, B. Wilson, S. Glancy, P. Cowan, E. Kurtz, L. Newberg, G. Petrik, C. Witherow, V. Taylor

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
1. Review of Minutes and Agenda	<p>Agenda: Agenda approved w/change. Network management will report verbally and bring handouts next month</p> <p>Minutes: Minutes approved w/o change</p>		
2. CA MDCH Indicator Reporting Forms	<p>Coordinating agency (CA): 3 agencies reporting, MDCH indicator #2: assessment is within 14 days</p> <p>Midsouth 29% 9 of 31. It was there first time collecting the data. Improvement includes training for employees, with their medical record as well as processes.</p> <p>SEMCA 50%, 2 of 4. Improvement includes new procedure created. Low number of consumers was noted (4 this quarter). Issue is being reviewed.</p> <p>Livingston/Washtenaw 91%, 68 of 75. Improvement includes reviewing process and revise form in encompass.</p> <p>Contract language states if money isn't spent it will be taken back. Finance is enforcing the contract language.</p>	<p>The three coordinating agencies (CA), Midsouth, SEMCA and Livingston/Washtenaw CA MDCH Indicator Reporting reports were approved.</p>	

<p>3. Data Reports</p>	<p>Procedures and examples are needed to assist with form completion. The plan is to create a manual, by next fiscal year, with examples and scenarios.</p> <p>Compliance No data to report this quarter.</p> <p>Clinical Care Out of compliance should not be used when report isn't pulling the correct information from the correct location.</p> <p>The data pull process needs review, contact with primary care, and not just through the progress note, such as fax, phone, face to face, etc. We'd like to know communication is happening.</p> <p>Clinical care will re-visit the data pull and come up with a plan to deal with data pulled from the one box. The data is not 100% and should not be judged.</p> <p>It was stated to proactively address the data pull of the contact with PCP. Donna will talk with Don Shovels to bring the CSTS concerns to Clinical Care. Careweb is a specific issue for CSTS. Professional Development will bring concerns to Clinical Care.</p> <p>Indicator #2 didn't get submitted. Clinical care will review this issue.</p> <p>Due Process Report should reflect NA. All hearings were resolved locally. There were no administrative hearings. Threshold was met. Recommendation includes revising or discontinuing indicators to reflect actual activity of committee.</p> <p>Encompass Implementation EIC did not meet the threshold. It was asked if data analyzing techniques could be changed.</p> <p>Finance There was a major shift in thinking on how to manage the regional budget. Rather than managing Medicaid only all funds are being managed. Indicators may change.</p> <p>Washtenaw data is in and finance has exceeded the indicator. Revenue to expense, 99.8 percent. No information on assets to liability indicator. All 3 indicators had been identified by AEC as</p>	<p>Shauna will review the clinical care data pull of PI data and make recommendations for change to EIC</p> <p>Clinical care will forward PI Indicator #2 data to Shauna. It will be reported to the board and AEC. The information will be given to the board prior to the next PI meeting.</p> <p>Clinical care data report approved as is, and meaningful data will be addressed. Missing goal attainment data report.</p> <p>Due process report approved w/change, change 0 to NA</p> <p>It was determined Eric Kurtz needs to be present to present PI Indicator Data Report, using the histogram format. Nicole will discuss the format with Eric.</p> <p>Finance report approved report as is noting complete information from all counties is</p>	
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	<p>dashboards to report. Data reports from all counties need to be reported.</p> <p>Member Services It was asked if customer service data should be reviewed by member services instead of network management.</p> <p>2nd indicator: number of grievances resolved within 10 days, 90% is the threshold. 60% was completed, threshold wasn't met. Timeframe has changed from 60 to 10. It was noted that less than 25 grievances were submitted across all the counties.</p> <p>Network Management NMC exceeded benchmarks on feedback from providers. Confusion with child waiver providers, reporting requirements. Most child waiver didn't report. Improvement includes better communication with providers.</p> <p>NM also reviewed internal PI indicators. Threshold wasn't met, first quarter and second quarter it was met and continues to improve.</p> <p>Office of Recipient Rights 1st indicator: quarter one data was reviewed. There are cases pending from quarter one. Cases are still open. More information will be provided at semi annual reporting.</p> <p>2nd indicator: There has been a shift from the state level in terms of establishing standard of proof. There are cases outstanding.</p> <p>Professional Development Two indicators: one is a dashboard indicator. There is no support from encompass to track first indicator so hand count will occur and sample instead of all staff may be used.</p> <p>Training around 2nd indicator will occur on 6-24-06, train the trainer session of the learning organization principles.</p> <p>Utilization Review 1st indicator: did not meet that indicator, 3 of the counties didn't add item 7. It appears to be a systems issue which led to 3 counties not reporting.</p> <p>2nd indicator: Methodology is being reviewed and</p>	<p>still needed.</p> <p>It was decided Shauna will meet with Kelly, Gratia and Bridgette to determine which committee will aggregate customer service data and follow up when necessary.</p> <p>Member Services Indicator Data report approved w/changes: 4 counties reported, strike all counties scored poorly statement and round off percentages.</p> <p>Network Management Indicator Data <u>verbal</u> report approved and written report will be turned in by the next meeting.</p> <p>Office of Recipient Rights Indicator Data report approved</p> <p>Professional Development Indicator Data report approved</p>	
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	<p>standardization is the goal.</p> <p>3rd indicator: Hab waiver is in the beginning stage</p> <p>4th indicator: Penetration rates will be used next quarter. Census data will be reviewed.</p>		
4. Updates/Follow Up	<p>Q2 MDCH Indicator Data Q2 MDCH indicator has a workgroup meeting next week to review the data prior to 6/30/06 state submission due date.</p> <p>Sentinel Event Data due this month and Nicole will submit on behalf of affiliation. It was noted to capture the adverse events. The difference between JCAHO and the DCH event standards needs to be distinguished. The goal is no duplication of work.</p> <p>HSW PI Team There will be a new PI team constituted through clinical care to review all consumers on the Hab waiver. Goal is to have the right people on the waiver. Group will study case by case. Outcome could result in revenue loss. This workgroup will report to PI.</p> <p>Incident Report PI Team Incident report team has been formed and now includes clinical care staff. The scope was expanded. The goal is to create a standard IR form that will provide useful, meaningful information. A project management tool is being used. Lisa Pierce from Monroe is the project leader. The next meeting will be on 6-16-06. This team will report to PI.</p>		
5. Next Meeting	July 6, 2006; 1-4pm; LLRC	<p>Agenda Items</p> <ul style="list-style-type: none"> • Gather 3rd quarter data 	