



Performance Improvement (PI) Committee
7/6/06; 1pm- 4 pm; LLRC

Present: S. Reitmeier, P. Cowan, D Chisholm, G. Karmes, L. Newberg, M. Phillips, L. Hall, J. Newberry, D. King, G. Petrik, B. Gates, D. Virgo, C. Witherow, J. Capobianco, N. James-Emerick, L. Brown, P. Moise, K. Gauthier, Karen Milner, S. Brown, E. Virgo J. Kearney

Absent: D. Sabourin, B. Leadford, E. Kurtz, B. Wilson, S. Kapica, V. Taylor, B. Fowkes, D. Douthat

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
1. Review of Minutes and Agenda	<p>Agenda additions: none</p> <p>Minutes change: ORR 2nd indicator, shift in state level in terms of establishing standard of proof:</p>	<p>Agenda approved</p> <p>Minutes approved w/change</p>	
2. MDCH Indicator & Demographic Reporting	<p>MDCH Indicator Nicole reported, on the Q2 MDCH data. Report includes both in and out of compliance data as requested by PI committee.</p> <p>Concern was raised over appeal rights given to consumers not receiving service within 14 days. Staff training may be needed. Due process committee would like a listing of all counties out of compliance on this indicator. CJ will follow up with Nicole and Shauna to make a process of tying out of compliance data for this indicator with due process.</p> <p>Indicator forms need to be completed for all out of compliance data. A plan of correction for out of compliance data was discussed and no decision was made requiring one be done. The process and standards for being out of compliance need to be written. Forms may need to be reviewed and possibly revised.</p> <p>Demographic Information: The state is reviewing consumer demographic information from Q1 data submitted. There is no benchmark for the demographic data, a 95% threshold per field is being considered.</p>	<p>N. James-Emerick will email quarter two MDCH data report to Indicator workgroup members.</p> <p>Indicator Data Report form will be completed and brought to the next meeting for out of compliance data, based on report submitted by Nicole.</p> <p>P. Cowen will write a brief process for people to follow for reporting out of various elements of data.</p>	<p>N. James-Emerick</p> <p>P. Cowen</p>

	Shauna is working with Jeremy to create error reports for missing data in these fields. Most unreported areas are not required fields, but may become an affiliation requirement in the future because it will be tied to Medicaid dollars. The data integrity group will clean the demographic data in addition other cleanups.		
3. Change Management Process	<p>Discussion was had at AEC around a process for embarking on new projects. It was decided a process for system changes is needed. The change management process tool was approved by AEC and forwarded to PI for feedback. Using the change management process tool is leading towards sharing the accountability of the interconnectedness, working collaboratively.</p> <p>Discussion at PI brought about several questions as to the use of the change management process. The policy reviewed was not the most current version. The Procedures need to be more clearly defined. Examples of when the form should and should not be used are needed.</p>	It was decided the change management process needs further review from the PI committee including define scope, list of examples for use, and state what forms are required.	S. Reitmeier
4. Peer Review PI Team	<p>PCP peer review project team distributed a draft of affiliate values/standards for PCP. The values were reviewed. Feedback on the values is due by 7/20/06.</p> <p>Currently the team is working on the tool, process and training plan. In August draft of tool and process will be brought to PI and feedback due by 8/17/06.</p>	CJ Witherow will email proposed PCP values to PI committee members. Feedback is due 7/20/06.	C.J. Witherow
5. Focus of PI on Improvement/Innovation vs. Punitive	<p>The PI committee would like the focus to be on improvements and innovation not have it be a punitive process but also balance outcomes and quality. If PI is the ambassador to convey the message to meet requirement what would it be? Define the values of PI. Utilize the principles of the learning organization within the PI.</p> <p>Recognition of where people currently are and how to improve is needed as opposed to why the benchmark wasn't met. Focus is mostly on compliance. Direct attention to strengths and not just weaknesses.</p> <p>Completing the data forms is challenging for staff. For line staff, actually figuring out what forms to use and how to use them is frustrating. Clearly state why it is a requirement and what the benefit is, clearly explain. It was suggested that committee reports be at the beginning of the agenda and present positive information first.</p>	It was decided L. Hall and S. Reitmeier will lead PI committee to define PI values. A process for developing and reviewing PI forms will be discussed with model of tools to get us where we want to go and not as punitive document.	S. Reitmeier/L. Hall

<p>6. Committee Updates</p>	<p>Compliance Committee Reporting period January-June 2006. The compliance committee is working to ensure that all plans of correction items are completed and implemented within target dates. They are also working with IM and Rights to complete Encompass Access and Security policy by end of fiscal year.</p> <p>Training standards are being developed and there is discussion to change the name of the compliance committee to reflect quality rather than compliance.</p> <p>Encompass Implementation (Tabled until August) Eric will bring data next month</p> <p>Member Services Guide to services handbook was completed. The State has distributed a format of guide to services handbook, it is a draft. It will be reviewed at Member Services.</p> <p>Outcomes & Evaluation (Tabled until August) Jeff will bring data next month.</p> <p>Utilization Review Reporting period October 2005 – June 2006 Currently working on two under and over utilization studies. Data will be available at the next PI reporting cycle. UR manual: committee is very interested in feedback from everyone. Next revision will be a major project and feedback is needed. Staff training around the manual is needed and may help its use.</p> <p>It was recommendation the UR Committee stay abreast of Chapter 3 Medicaid issues.</p>	<p>It was determined training and development of processes is needed for the UR manual. CJ, Larry, Barb and GERALYN will develop process and best practice for keeping UR manual updated.</p>	<p>L. Newberg</p>
<p>7. Next Meeting</p>	<p>August 3, 2006; 1-4pm; LLRC</p>	<p>Agenda Items</p> <ul style="list-style-type: none"> • Committee Data Review <ul style="list-style-type: none"> ○ Network Mgm't ○ Finance ○ Professional Development ○ Clinical Care ○ Appeals • PI Committee Values 	