



# Performance Improvement Program Description

**2009**

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## I. Overview

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is an affiliation of five organizations including the Washtenaw Community Health Organization (WCHO), Lenawee Community Mental Health Authority, Community Mental Health Services of Livingston County, Monroe Community Mental Health Authority, and the Washtenaw Community Supports and Treatment Services (CSTS). The CMHPSM has established a Performance Improvement Program designed to assure consistently high quality services across the affiliation.

The Performance Improvement Program (PIP) establishes a framework for quality and accountability for the safety of consumer care through the work of standing committees, ad hoc teams, and performance measures. The PIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery, as well as allowing any function of the affiliation to be identified for review. The PIP promotes ongoing improvement and replication of strengths. The PIP focuses on ensuring that the safety of consumers is addressed through the delivery of services in addition to addressing the needs of network providers and CMHPSM staff and programs. The PIP is designed to meet the needs of the partners as an affiliation, as well as meeting the individual organizational needs of each partner.

## II. Purpose

The PIP supports the CMHPSM in achieving the vision of the affiliation which is “The CMHPSM will be a comprehensive system of care working in an integrated fashion with substance abuse and primary healthcare systems so that care and services provided better meet consumer needs in a more efficient and cost effective manner.”

The CMHPSM has established a core set of values used in day to day operations and decision making processes. These values include:

- Respect the diversity of our communities and the people we serve
- Zero Tolerance for stigma
- Coordinated and continuous care between and across healthcare systems and providers
- Meaningful partnerships with consumers and community stakeholders
- Learning organization disciplines of systems thinking, team learning, shared vision, personal mastery, and mental models
- Data based decision making
- Innovation and creativity
- Provide the best quality services to the most people at the best cost.

In addition the PIP uses Learning Organization principles (Peter Senge, 1994) as a means to structure the processes used across the affiliation. The CMHPSM is committed to learning from improvement opportunities and maximizing the strengths of the affiliation. The principles that are followed include:

- Systems Thinking
- Shared Vision
- Team Learning
- Mental Models
- Personal Mastery

### III. Design

The PIP is the responsibility of the Performance Improvement Committee and the Performance Improvement Administrator. To assure a comprehensive performance improvement system the PIP draws from several guides.

The first guide the CMHPSM has operationalized is the Joiner Model for Performance Planning, Assurance and Improvement. Under the auspices of the PIP, the PI Committee is accountable for each of these areas.

In the area of Performance Planning, the PI Committee is accountable for ensuring that the PIP and its work plan is in alignment with the CMHPSM's strategic plan. In addition, the Performance Improvement Standing Committees also align their work plans with the strategic plan.

In the area of Performance Assurance, the PI Committee is accountable for insuring that organizational policies, procedures and practices meet the standards established by all applicable accrediting, licensing and regulating bodies. These include the Michigan Department of Community Health (MDCH), Joint Commission, External Quality Review (EQR) and the Balanced Budget Act (BBA). Many of these performance assurance areas are managed through the Various Standing Committees and the Affiliation Compliance Committee. Any areas that are identified as systemic issues are reported to the PI Committee for further analysis and development of interventions.

For Performance Improvement, the PI Committee is accountable for the collection, aggregation and analysis of data from the Affiliation Dashboard. From the analysis, it is the responsibility of the PI committee to make recommendations on opportunities for improvement activities.

The second guide used in the design of the PIP is the use of the Edward Deming approach of Total Quality Management by using the method of Plan Do Check Act and then sustainability of the improvements made. This framework allows for using the Strategic Plan to guide what to work on, what actions will be taken to address the plan, how we know that the actions have been taken (measurement) and then ask what other interventions need to be put in place to sustain the improvement.

The third guide used in the design of the PIP is the Michigan Mission Based Performance Improvement System (MMBPIS). These are a set of indicators mandated by MDCH to measure the performance of the CMHPSM. Many of the indicators being monitored through the MMBPIS have been adopted as core indicators by committees within the Performance Improvement Program.

## IV. Structure & Responsibility

### Oversight

#### **Board:**

The WCHO Board is ultimately responsible for ensuring that consumers receive quality services from the CMHPSM. The WCHO Board authorizes the Performance Improvement Program and approves the Performance Improvement Program Description and Plan annually. The Board delegates the implementation of the PIP to Executive Director of the WCHO and delegates the day to day activities to the PI Administrator and the PI Committee.

The implementation of the PIP is reported quarterly to the Affiliation Subcommittee of the WCHO Board. This subcommittee consists of voting members from each CMHPSM affiliate.

Each affiliate partner organization also reports to its own respective Governing Body according to the policies procedures of the organization. The Performance Improvement Program is approved and reported to the local governing body no less than annually. Quarterly Reports are reviewed by local management teams and may be reported to the local board quarterly, based on internal policies and procedures.

#### **Affiliation Executive Committee:**

The Affiliation Executive Committee (AEC) consists of the executive directors of each CMHPSM affiliate. The AEC receives quarterly PI reports and reviews the reports prior to their submission to the Affiliation Subcommittee.

#### **Medical Director:**

The Medical Director and or the Deputy Medical Director of the WCHO has substantial involvement in and provides guidance and oversight for Performance Improvement activities and the Performance Improvement Program. The Medical Director and or designated Deputy Medical Director serve on various Standing PI Committees.

#### **PI Administrator/PI Chairperson:**

The PI Administrator is responsible for ensuring that the implementation of the PIP is based on the agreed upon vision and values through the use of Learning Organization principles. The PI Administrator/Chair is responsible for linking the activities of the CMHPSM committees with the PIP, coordinating the functions of the CMHPSM affiliate PI Liaisons and providing oversight to CMHPSM PI activities. The PI Administrator/Chair is accountable to each of the CMHPSM affiliates for implementing a PIP that meets the needs of each affiliate. In addition the PI Administrator is directly accountable to the AEC and the WCHO Director.

#### **PI Committee:**

The Performance Improvement Committee meets at least 10 times yearly and is responsible for monitoring the quality of all aspects of care. The PI Committee is responsible for assessing, identifying, and prioritizing opportunities for continuous improvement in the structure, process and outcome of care and services provided. The PI Committee is also accountable for evaluation of the effectiveness, efficiency, appropriateness and adequacy of all activities conducted under the auspices of the PI Committee. In addition, cultural considerations will be considered and when applicable addressed throughout the analysis of any continuous improvement process.

The PI Committee establishes charges for standing committee PI projects and ad hoc committees. The standing committees report activities and recommendations to PI Committee for approval.

### **Membership:**

Chaired by the Performance Improvement Administrator, the PI Committee is comprised of the Medical Director of the WCHO, the CMHPSM affiliate PI Liaison's, the chairpersons of each standing PI committees of the PIP, consumers, direct service staff, and network providers. In addition, there is an AEC appointed Executive Director whose role is to coach the committee and committee chair in problem solving processes related to the implementation of the PIP.

## **Standing Performance Improvement Committees**

### **Clinical Care Committee:**

The Clinical Care committee meets at least 10 times yearly and reports to the PI Committee on a quarterly basis on the functions of clinical service delivery across the affiliation. The Clinical Care Committee identifies clinical approaches or practices to ensure consumers receive the most appropriate and effective services. It also identifies common standards of practice across the affiliation in order to compare and contrast practices and patterns to enhance the development of programs and services, identify centers of excellence or opportunities for improvement, and explore opportunities for increased efficiencies. The Committee ensures the supports and services needed by consumers and authorized through the person-centered planning process are available and provided in a coordinated manner. It identifies and monitors critical aspects of care for the region that indicate the right services are being provided to the right consumers in the right way, at the right time, for the right cost.

### **Clinical Practice Guidelines:**

Clinical Practice Guidelines adopted by the CMHPSM are reported to the PI Committee through the periodic report from the Clinical Care Committee. In addition the clinical practice guidelines are presented to the Regional Consumer Advisory Committee (RCAC) through the consumer liaison between the Clinical Care Committee and the RCAC. This process is followed using the CMHPSM Evaluation and Adoption of Clinical Practice Guidelines and Evidence/Research Based Practices Policy and Procedures.

**Customer Services Committee:**

The Customer Services Committee meets at least 10 times yearly and reports directly to the PI Committee on organizational successes in meeting the needs of consumers. This committee is responsible for ensuring that CMHPSM consumers have access to necessary information, appropriate services and the timely resolution of complaints or concerns. The Committee identifies and investigates sources of dissatisfaction through the review of consumer satisfaction survey data, outlines systemic action steps to follow up on the findings and coordinates and ensures that information is relayed to practitioners, providers, consumers and governing bodies.

**Regional Consumer Advisory Council:**

The RCAC meets at least 10 times yearly and directly reports to the PI Committee on a quarterly basis. This council is responsible for reviewing, guiding and assisting in the performance of the CMHPSM. There are four consumers from each CMHPSM affiliate representing individuals with Mental Illness, Developmental Disabilities and Children with Serious Emotional Disturbance served by the CMHPSM. All Performance Improvement activities are reported to the RCAC on a quarterly basis through the consumer liaison of the PI Committee and RCAC.

**Utilization Review Committee:**

The UR Committee meets at least 10 times yearly and reports directly to the PI Committee on a quarterly basis. This committee is responsible for the evaluation of partnership processes ensuring that consumers receive high quality, cost efficient services, highlighted by the achievement of the consumer identified outcomes, consumer satisfaction and appropriate level and amount of medically necessary care. In addition the UR Committee is responsible for conducting over and under utilization studies of services authorized and the analysis of appeals information to guide and improve the service delivery system.

**Ad Hoc PI Teams**

Ad Hoc teams are developed on an as needed basis to address issues that are not within the scope of an existing standing committee or CMHPSM affiliate. Membership is appointed based on the issue to be addressed and may include consumers, providers and direct service or administrative staff. The Ad Hoc teams report periodically to the PI Committee until recommendations are made to and approved by the PI Committee. Ad Hoc teams are either affiliation wide or local dependant on the scope of the issue to be addressed.

**Affiliation Management Committees:**

The following management committees are standing committees within the Affiliation structure that report directly to the AEC. These committees continue to provide support to the PI system by addressing management and daily administrative functions for the Affiliation. Should any systemic issues arise out of the work of one or more of the committees, that issue would be brought forward to AEC and determined if it should be addressed by the PI Committee.

**Compliance Committee:**

The Compliance Committee is responsible for ensuring that the CMHPSM is in compliance with applicable federal, state, and local laws, rules, regulations, and other applicable regulatory standards. The committee is charged with the identification, comprehension, interpretation, and dissemination of rules, regulations, and standards that impact the delivery of services in the region. This committee develops regional and local plans to address any identified risk areas, and monitors regulatory risk compliance plans.

**Encompass Implementation Committee (EIC):**

The EIC is responsible for the implementation of an affiliation wide automated and integrated core information system (IS) known as the Encompass data system. Encompass holds the data for key functions across the CMHPSM which include claims, authorizations, clinical record, recipient rights, network management panel, billing and generation of reports.

**Finance:**

The Finance Committee is responsible for ensuring the Medicaid and General Fund Budgets of the four counties are allocated according to federal and state regulations. In addition the finance committee monitors the financial risk of the CMHPSM and reports any areas of interest to the PI Committee and the AEC.

**Medicaid Claims Verification:**

Two processes are used to assure that Medicaid dollars are spent appropriately. First is a review of claims submitted to the CMHPSM by network providers (site reviews) and the second is an electronic verification of the most recent Medicaid eligibility status (Current Eligibility). This process is monitored by the finance committee and reported annually to the MDCH and to the PI Committee through regular committee updates.

**Site Reviews**

At least fifty percent of all service contractors in the Affiliation are reviewed each year. An accountant runs reports of claims submitted by a provider and reviews a random selection of clients served. The review consists of matching Claims against Authorizations to verify first that the service was authorized. From those cases, a review of the provider's backup documentation is completed. Documented evidence may be in the form of staff time sheets, progress notes, or other means the Provider has to verify that the service was provided as billed. Lack of accurate documentation results in the return of payments made for those claims.

**Medicaid Eligibility**

Upon payment, the electronic system matches the claim against an authorization and against the most recent Medicaid eligibility listed by MPHI. Payment is then debited to the appropriate funding source; including but not limited to if appropriate, Medicaid State Plan, Medicaid (b)(3), Habilitation Services, General Funds.

Each month, another report is run to reclassify any payment that was originally made to the wrong funding source given a more recent update regarding eligibility. This report is a backup to a journal entry moving the costs to the appropriate funding source.

**Network Management Committee:**

The Network Management Committee is responsible for setting regional standards for network activities, including procurement, credentialing, contracting, network data collection, monitoring, and provider relations (communication, appeals, technical assistance). The Committee also reviews trends and plans of correction based on annual service delivery monitoring. An evaluation of the CMHPSM's provider network is completed at least annually to assure the network has sufficient numbers and types of providers to assure availability of specialty services for consumers.

**Credentialing/Re-Credentialing Subcommittee:**

The Credentialing/Re-Credentialing Subcommittee is comprised of various disciplined practitioners depending on the type of practitioner being reviewed. This subcommittee meets when needed as practitioners come up for review. The subcommittee meets to review the credentials of physician and non-physician licensed independent practitioners applying for appointment or reappointment to the CMHPSM provider panel. The subcommittee reviews each LIP's completed application and resume, including information on licensure and education verified through primary sources by the WCHO Provider Relations Unit, as well as insurance coverage and the results of background checks and peer reviews or recommendations. The Provider Relations Manager is accountable for ensuring this process occurs.

The subcommittee presents its recommendations regarding appointment/reappointment to the network panel to the WCHO Board. Upon receipt of documentation of WCHO Board approval, each CMHPSM affiliate individually grants clinical responsibilities to the licensed independent practitioners via Board or Management Team action based upon policies and procedures. Additionally, upon approval of clinical responsibilities, each affiliate approves and issues contracts to LIP's for services to be provided within the local county. This process is followed by using the Credentialing and Clinical Responsibilities of Licensed Independent Practitioners Policy and Procedures

**Oversight of Sub Contracted Functions**

The Network Management Committee oversees that sub contracted providers are credentialed based on the CMHPSM Organizational Credentialing policy. This

committee reports quarterly on the status of site reviews of contracted network providers. Any areas of significance are brought to the PI Committee to be addressed by a committee/workgroup, Ad Hoc team or CMHPSM affiliate.

### **Oversight of Delegated functions**

The Network Management Committee reports annually to the PI Committee on the PIHP review of delegated functions. Any areas of significance are brought to the PI Committee to be addressed in a committee/workgroup, Ad Hoc team or CMHPSM affiliate.

### **Office of Recipient Rights Department:**

The Office of Recipient Rights reports directly to the Director of the Prepaid Inpatient Health Plan. The ORR is responsible for reporting rights data and trends to the Performance Improvement Committee on a quarterly basis.

### **Professional Development Committee:**

The Professional Development Committee meets at least 10 times yearly and reports directly to the PI Committee on a quarterly basis. This committee is responsible for ensuring that the employees of the CMHPSM receive training needed to successfully perform job functions. In addition the Committee is responsible for tracking and monitoring mandated and elective trainings offered.

### **CMHPSM Affiliate Activities:**

Affiliates engage in ongoing local performance improvement activities for an identified set of core functions as outlined by the Joint Commission. In addition, anything that is identified from local analysis deems needing to be addressed is implemented locally and reported to the PI committee. In addition, local affiliates engage in ad hoc performance improvement activities based on local needs or trends. Each affiliate reports to the PI Committee on a quarterly basis for the purpose of identifying trends, sharing best practices, and determining whether areas identified for improvement should be addressed locally or at the Affiliation level.

Affiliate reports to the PI Committee address areas of significance such as organizational development initiatives, staff satisfaction, strategic planning, knowledge transfer and learning organization activities. In addition, the following core activities are reported to the PI Committee when issues arise:

**PI Liaisons:** There is one PI Liaison appointed to the PI Committee from each affiliation. The PI Liaisons are the direct conduit for relaying information from each local affiliate to the PI Committee. The PI Liaisons are responsible for relaying the information from the areas listed below to the PI committee when issues may arise and for relaying possible improvement activities back to the affiliate county. The PI liaison may or may not be directly involved in the improvement activities that are determined by the local affiliate.

**Behavior Management Committee (BMC):** BMC updates are reported through quarterly affiliate updates to the PI Committee when issues arise. The BMC provides mandated oversight of the use of restrictive and/or intrusive treatment techniques including the use of medication for behavior control. Trends highlighted through the BMC are addressed locally in addition to being reported to the PI Committee to identify any affiliation wide trends.

**Clinical Responsibilities & Monitoring of Employees:** The monitoring of clinical responsibilities and credentials/licenses for professional employees are the responsibility of each affiliate in accordance with affiliate policies. In addition each affiliate is responsible for ensuring that non-professional employees are evaluated to ensure competence for performing job duties as based on affiliate policies. Any issues or specific areas of significance that arise will be reported through quarterly affiliate updates to the PI committee.

**Health and Safety and Infection Committee:** Health and Safety Committee updates that address both consumer and staff safety are reported through quarterly affiliate updates to the PI Committee as issues arise. Any specific areas that are highlighted through the Health and Safety Committee are addressed locally in addition to being reported to the PI Committee to identify any affiliation trends

**Medication Management:** The monitoring of medication practices and the management of medications is the responsibility of each CMHPSM affiliate. Any issues or specific areas of significance will be reported through quarterly affiliate updates to the PI Committee as they arise.

**Sentinel Events:** All sentinel events are addressed by the affected affiliate using a root cause analysis framework. Sentinel Events are addressed and resolved by each CMHPSM affiliate and reported to the PI Committee in aggregate form via the Michigan Mission Based Performance Improvement System. The PI Committee is responsible for identifying any affiliation wide trends and opportunities for systems improvement.

**Utilization Management:** Each CMHPSM affiliate manages utilization of services through a range of peer review and service authorization oversight processes. UM processes assure the appropriateness of service type, intensity, frequency and duration. Service denials are determined by credentialed professionals with clinical expertise in behavioral health assessment and treatment. Any issues or specific areas of interest that arise are reported through quarterly affiliate updates to the PI Committee.

## V. Program Components

The Performance Improvement Program integrates all Performance Improvement functions and is a composite of multiple and varied components based on the committees and subcommittees. Each of the committees, subcommittees or CMHPSM affiliates is responsible for reporting to the PI Committee/Program.

### **Annual Performance Improvement Report:**

Each year the CMHPSM provides a comprehensive report on the Performance Improvement Program. This report provides an overview of the PIP structure, processes, activities and outcomes. The annual report identifies completed and ongoing activities, provides trending of measures to assess performance, identifies barriers to goal achievement, analyzes demonstrated improvements, identifies potential program changes, and facilitates development of the new annual plan. The annual Performance Improvement Report is prepared by PI staff and presented to the PI Committee and the Board of Directors.

### **Annual Performance Improvement Evaluation:**

The Performance Improvement Committee conducts an annual evaluation of the structure and functioning of the Performance Improvement Program. Each standing committee is encouraged to conduct a review of its own activities as well as contributing to the evaluation of the overall Performance Improvement Program.

### **Annual Implementation Plan**

The CMHPSM creates an annual performance improvement implementation plan. This Annual Implementation Plan is based on the results of the annual Performance Improvement Program Evaluation and includes previously identified issues with tracking over time. It defines the PIP's goals for the year, describes the specific activities that the PI Committee, standing committees, subcommittees and CMHPSM affiliate will undertake to meet those goals, and establishes the timeframe for meeting the goals. The Plan also provides a structure for measuring progress toward achieving those goals and ensures follow-up of outstanding issues.

### **Capacity Assessment**

The CMHPSM conducts a capacity assessment of its provider network, the demographics of the consumers served, and local, regional and national trends in behavioral healthcare. This assessment is then reviewed to determine if there are additional resources needing to be allocated, adjustments to the provider panel and or the services provided to the consumers within the CMHPSM.

### **Important Aspects of Care**

The CMHPSM Performance Improvement Department also identifies opportunities for improving care by developing an annual Important Aspects of Care Report. This report includes a description of the demographic and epidemiological characteristics of the consumers served within the CMHPSM and their patterns of service and healthcare utilization. This report is also used to identify high risk indicators for the CMHPSM to address. This report is presented to the PI Committee and is used by the PI Committee to assist in developing the Annual Implementation Plan.

### **Accreditation and Licensing Activities**

The Performance Improvement Program participates in activities to meet state licensure requirements, such as yearly site visits from MDCH or the quarterly reports for the

MMBPIS indicators, Joint Commission on Accreditation of Health Care Organizations (JCAHO), the External Quality Review (EQR)/Balanced Budget Act (BBA) and the National Council of Quality Assurance (NCQA).

## **VI. Measurement**

### **Affiliation Dashboard Indicators:**

The CMHPSM has identified a series of indicators to be monitored for performance in key areas including National Outcome Measures. The indicators include access and availability of services, consumer outcomes, operational processes, and finance. These indicators are reported in a dashboard format of measures to the AEC and the board quarterly. Several of the Standing PI committees and Supporting Committees have responsibility for the analysis of the data collected from the indicators and for making recommendations to the PI committee on possible improvements.

### **Michigan Mission Based Performance Improvement System:**

The CMHPSM participates in the MMBPIS program through MDCH. The MMBPIS is a set of indicators that look at access to care, effectiveness, efficiency and clinical outcomes. Each affiliate compiles the data monthly and submits it to the PIHP. These indicators are reported to MDCH on a quarterly basis and reviewed by the PI Committee or designated staff prior to submission. For any indicator that falls below the threshold, an explanation is submitted to the PI committee. If more than one quarter falls below the threshold, a corrective action plan is submitted to the PI committee. MMBPIS indicators may be selected as dashboard indicators.

### **Network Indicators:**

The CMHPSM establishes performance indicators for network providers through the contracting process. Providers report indicator data to the CMHPSM on a quarterly basis. This data is reviewed by the CMHPSM Network Management Committee and reported to the PI Committee as trends are identified. Aggregate data and trends are communicated to the providers through periodic reports during quarterly provider meetings. Specific performance issues are also addressed individually with provider organizations, including technical assistance and plans of correction as indicated.

### **Performance Improvement Measures:**

In addition to the dashboard indicators and the MMBPIS indicators, the CMHPSM monitors, analyzes and evaluates data on a series of indicators that represent the functions of the organization. These indicators are determined by the applicable Standing PI Committees, Supporting Committees, and Departments, AEC or the governing board. Many of these indicators are monitored through the applicable entity. When there are performance concerns with an indicator; the concern is analyzed by a standing committee/workgroup, Ad Hoc team or a CMHPSM affiliate and reported to the PI Committee.

### **Quality Assurance and Performance Improvement Project Studies:**

MDCH mandates two annual QAPIP studies that address two areas of clinical practices. They are determined either by MDCH or by the CMHPSM. These studies are constructed

according to Center for Medicaid/Medicare Services protocols. The CMHPSM is currently conducting a study on the coordination of care with primary care physicians and another on the expansion of services to Medicaid eligible children.

### **Performance Improvement Activities**

The CMHPSM PI Committee engages in and monitors performance across the CMHPSM and seeks opportunities for improvement across the full range of specialty services that the CMHPSM provides. PI activities are selected using the following standards.

The activity:

- is in alignment with the strategic plan
- addresses aspects of care
- addresses staff competence
- addresses financial stability
- addresses internal operations
- addresses network operations
- addresses partnerships either within the CMHPSM or individual CMHPSM affiliate

Improvement activities follow a standardized method for conducting performance improvement activities using templates created by the CMHPSM PI Committee.

### **Risk Management**

The management of risk is addressed by the finance committee for financial risk areas and the compliance committee addresses regulatory risk. Other areas of risk are addressed by each CMHPSM affiliate.

## **VII. CONFIDENTIALITY**

The records, data and other information collected in conjunction with the Performance Improvement System are confidential. All reports produced within the CMHPSM Performance Improvement system contain aggregated data that cannot be used to uncover confidential information.

The documentation and discussions associated with evaluation and improvement activities are exempt from disclosure as provided by the Michigan Mental Health Code (MMHC) with regard to disclosure of information in the consumers' records, the policy on confidentiality, and confidentiality of peer review processes.

All staffs, volunteers, students or non-staff member participating in evaluation and improvement activities are subject to the same standards of confidentiality. Each committee/workgroup or Ad Hoc team is responsible for insuring the confidentiality of individual consumer data and shall be in compliance with State and Federal confidentiality laws, including but not limited to HIPAA, 42 CFR and Chapter 7 of the MMHC.