

CMHAMM
Work Group Meeting Minutes

<p>WORK GROUP NAME: Quality Improvement</p> <p>LOCATION: Ionia Co. CMH</p> <p>DATE: 4/21/06</p>	<p>PRESENT: (please bold note-taker)</p> <p>Paul Duff, CEI Lynn Charping, Gratiot Sally Culey, Ionia Cindy Ingersoll, Newaygo</p>	<p>cc: Work Group Members:</p> <p>Liz Holcomb, CEI Paul Duff, CEI Fran Jozefowicz, CEI Pamela Stants, CEI Lynn Charping, Gratiot Sally Culey, Ionia Chip Johnston, Manistee-Benzie Susan Kilgore, Newaygo Cindy Ingersoll, Newaygo</p>
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New, Follow-up, Ongoing	Topics Discussed	Discussion/Decisions	Action/ Responsible Party	Due Date	Status (complete, barrier to completion)
New	1) DCH Site Visit	<p>1) Discussed upcoming DCH site visit (6/5-22). Questions posed:</p> <ul style="list-style-type: none"> • Do reps from each of the CMH's need to be in attendance at the administrative review day at CEI? • Why is there a vast difference in the number of consumer interviews from CMH to CMH? • Why are different programs being reviewed at each CMH? • Are programs being reviewed the only programs for which they are doing record reviews and interviews? • Will the PIHP need information from each of the CMHs (for the administrative review?) and if so, what? • Residential site visits noted on the schedule: is this for adult foster care, or children's? It seems it would be kids, if reviewing children's services?? • Do interviews have to be of those whose files they are reviewing? This can pose a problem with scheduling them. • In some places it appears they are reviewing some of the same information that HSAG did. It was thought that they would not be doing this. Seems duplicative. (consumer handbook, G&A, provider network which is being reviewed in detail by HASG in the fall, etc.) • Why do the protocols say "PIHP" on them when they apply to all CMHs? 	Fran: please address questions for QI workgroup	5/12/06	

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Follow-Up	2) Review of Meeting Minutes	<p>2) Reviewed meeting minutes from 4/7/06.</p> <ul style="list-style-type: none"> • EQR: HSAG is recommending to DCH that CA and CMH data be reported separately. Last heard, DCH was saying they will be combined. • Performance Indicator reports: The PIHP still needs reports from CEI and Ionia; clarified that the next set of data is due 5/31/06 to the PIHP. Again, make sure it is clean data. • MA Claims verification: reminder to get with Lynn H. to make corrections to data on graph. • G&A review: Liz, please let us know how and when you want quarterly reports. 	Ionia & CEI to submit follow-up performance indicator reports to Paul Duff.	ASAP	
On-Going	3) QISM Projects	<p>3) PIP #1: Corrected baseline data was distributed and reviewed. Information is broken down by (1) participant information, (2) baseline communication data, and (3) phone survey results. PIHP proposed a specific method for reporting file review data in aggregate from the affiliates for more efficient data reporting by the PIHP.</p> <p>PIP #2: Project description remains in draft. Questions posed: was it reviewed by Darren Lubbers, project director? And will the PIP project be able to be clinical in nature to satisfy DCH requirements? All QI members need to re-review the project description for comment.</p>	<p>Liz will provide a format to CMHs to use.</p> <p>Liz: report on project description review by Darren Lubbers</p> <p>All CMHs: review for comments</p>	<p>By 5/12/06 for May reports</p> <p>5/31/06</p> <p>5/19/06</p>	

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On-going	4) Record Reviews	<p>4) Reviewed comments from CEI workgroup, as well as other comments from members for recommendations for changes to the form: Page 2, 1.5: delete "DD only," adding a note that this new, and is applicable to all Page 2, 3.3: delete "N/A box" Page 2: Corrective Action Options columns: under "Revision Required," delete one of the asterisks....there should only be 1.</p> <p>Discussed how each CMH is managing this information for quality improvement purposes...how corrections are being made and how data is being used.</p> <p>*It was decided that a secondary review process is necessary, but it is undecided if it is a PIHP process or if it should be done locally. This will be discussed further and determined at a next meeting.</p>	Susan/Newaygo CMH to make changes to form	5/31/06	
On-going	5) QI Plan: Review of goals	<p>5) Reviewed QI Plan goals:</p> <ol style="list-style-type: none"> 1. Validate and standardize the measurement criteria of the PIHP penetration rate, by 11/30/05. Status: this needs to be revisited at a next meeting with input for currently absent members. 2. Set a standard for those performance indicator outcomes without an established DCH benchmark, by 3/31/06. Status: this is completed for all PIHP/MA indicators; DCH has added benchmarks. 3. Implement revised QISMC project. Status: completed 4. Develop instructions/training for record reviews: in process 	Each affiliate submit a brief explanation of what their process is to Paul Duff.	5/12/06	
			Goal #1 to be reviewed at next meeting.	5/4/06	

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Follow-up	6) Customer Satisfaction Survey Results	6) Results not yet available.			
On-going	8) Compliance Issues/Plan Review	8) None for discussion at this time.			
Ongoing	9) QI Issues	9) None for discussion at this time.			
	10) Next Meeting Dates	10) Next Meetings: Thursday 5/4/06, 1p-3p at Gratiot with CSRs (this is prior to the Consumer Advisory dinner) Friday 5/19/06 10a-1p at Ionia			