



Michigan Local Public Health Accreditation Commission
Meeting Minutes – Pending Approval
June 11, 2015
Capitol View Building

INTRODUCTION/TELECONFERENCE ROLL CALL

COMMISSION: Bruce Bragg, Marcus Cheatham (Vice Chair- dialed in), Kathy Forzley, Dan Hale (dialed in), Evelyn Kolbe, Corinne Miller (dialed in), Mark Miller, Susan Moran (Chair), Michael Rip, Liane Shekter Smith, Lisa Stefanovsky (dialed in), and Rashmi Travis.

GUESTS: Kim Abed, Jessie Jones, Betty Kellenberger, Rachel Melody, Denise Reinhart, Debra Tews, and Sandra Walker

Meeting convened at 9:30 a.m.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

M. Miller introduced Betty Kellenberger to the commission. Kellenberger will be serving as a commissioner once her appointment is officially approved at the next MPH Board meeting. Kellenberger is an active member on the Mid-Michigan District Health Department Board of Health.

Moran followed up on some of the budget items that were discussed at the March 2015 Commission meeting. Moran announced that the budget bills were completed and will go to the Governor next week for his signature. There was an investment in the expansion of Healthily Kids Dental in Kent, Wayne, and Oakland County. The adult dental investment was not funded. In terms of Public Health, Moran stated there were no new general fund investments for fiscal year 2016.

Moran noted the merger of MDCH and DHS continues to unfold and detailed the new areas that have joined the Population Health and Community Services Administration.

Bragg asked if there was a written outline describing the changes that were occurring with the merger, specifically in PHCSA. Moran agreed it would be a good idea to develop a written document outlining the transition occurring within the Administration.

C. Miller updated the Commission on the recent detection of H5N2 in some wild geese in Michigan. The state will be issuing follow-up and guidance for exposed individuals and is working with the CDC to provide information to them regarding the tracking of exposed persons.

C. Miller also provided an update on three crows that were detected with West Nile Virus in Ingham County.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda. Bragg moved to approve the agenda and Forzley seconded. The motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes from the January meeting were reviewed and accepted. Kolbe initiated the vote, Bragg moved to support, and the motion carried unanimously.

CYCLE SPREADSHEET/UPDATE OF CORRECTIVE PLAN OF ACTION STATUS–JESSIE JONES

Jones presented the Cycle 6 Spreadsheets. The local health departments (LHDS) highlighted in green are currently working through their Corrective Plans of Action. These LHDs are Kalamazoo, Lapeer, Delta-Menominee, and Chippewa. The two LHDs highlighted in blue are ready to be recommended for Accreditation by the Commission. These two LHDs are Branch-Hillsdale-St. Joseph and Marquette.

Jones continued, discussing the three remaining LHDs that have not yet been accredited for Cycle 5: Midland, Wayne, and Monroe. Wayne and Midland are ready to be recommended for Accreditation by the Commission. Monroe is currently in critical status, meaning they have less than 90 days left to fully implement their CPAs. Monroe's outstanding CPA is in CSHCS. Monroe is actively working to get that CPA cleared by the deadline.

ACCREDITATION STATUS RECOMMENDATIONS –JESSIE JONES

Jones presented a summary of the LHDs eligible for Accreditation beginning with the two health departments eligible for accreditation from Cycle 5.

Midland County Department of Public Health's On-Site Review occurred the week of June 16, 2014. Midland had four missed indicators: one in Food Service and three in Family Planning. Midland has fully implemented their CPAs. Midland participated in the Quality Improvement Supplement (QIS) supplement and met ten out of ten of indicators. They do not have any commonly missed indicators between cycles. They have met all the requirements and are ready to be recommended for Accreditation with Commendation. Cheatham motioned to recommend, Hale supported, and the motion passed unanimously. Midland County Department of Public Health was recommended for Accreditation with Commendation.

Wayne County Department of Public Health's On-Site Review occurred the week of August 11, 2014. Wayne had five missed indicators: all five of those were in CSHCS. There were no commonly missed indicators between Cycles. Wayne has fully implemented their CPAs and is ready to be recommended for Accreditation.

M. Miller complimented Travis and the CSHCS staff on the time spent with Wayne County to come into compliance with these Indicators. Travis stated she would pass that appreciation on to her staff.

Bragg commented that he noticed the last two LHDs reviewed for Cycle 5 have had quite a few missed indicators in CSHCS. Bragg wondered if this was a result of LHDs adjusting to new indicators. Travis agreed with Bragg that the new indicators could have played a role. Travis also noted that full implementation of the twenty-six templates they now have provided to LHDs to use should help with some of the missed indicators. Travis noted a webinar explaining these policies and procedures was also made available to LHDs.

Moran confirmed with Jones that Wayne County did not participate in the QIS.

Forzley motioned to recommend Wayne County Department of Public Health for Accreditation, Kolbe supported, and the motion carried unanimously. Wayne County Department of Public Health was recommended for Accreditation.

Jones next presented Cycle 6 Health departments eligible for Accreditation.

Branch-Hillsdale-St. Joseph Community Health Agency's (BHSJCHA) On-Site Review occurred the week of March 2, 2015. Branch-Hillsdale St. Joseph had no missed indicators. They participated in the QIS and met nine out of the nine indicators. Branch-Hillsdale- St. Joseph had

no commonly missed indicators in Cycle 5 or Cycle 6. Branch-Hillsdale-St. Joseph is ready to be recommended for Accreditation with Commendation.

M. Miller stated that it was impressive that Branch-Hillsdale-St Joseph did not miss any of the critical indicators given that they were reviewed early on in Cycle 6. M. Miller noted the exemplary job done by this health department. Moran agreed that it was very impressive.

Bragg motioned to recommend Branch-Hillsdale-St. Joseph for Accreditation with Commendation, Forzley supported, and the motion carried unanimously. Branch-Hillsdale-St Joseph Community Health Agency was recommended for Accreditation with Commendation.

The Marquette County Health Department On-Site Review occurred the week of March 9, 2015. Marquette had one missed indicator in CSHCS. They did not have any commonly missed indicators between Cycles 5 and Cycle 6. Marquette County did not participate in the QIS. Their CPA has been fully implemented and they are ready to be recommended for Accreditation. Bragg motioned to recommend approval for Accreditation, Forzley supported, and the motion passed unanimously. Marquette County Health Department was recommended for Accreditation.

Three health departments had their On-Site Reviews since the last commission meeting in March. Lapeer County Health Department's On-Site Review occurred the week of March 23, 2015. Lapeer had six missed indicators: one in Food Service and five in CSHCS. All six of their CPAs are in progress. Lapeer County had one commonly missed indicator between cycles in CSHCS. Jones noted that it may look like Lapeer had a commonly missed indicator in Food Service, but reminded the Commission that MPR numbers changed between Cycle 5 and Cycle 6: MPR 8 in Cycle 5 was MPR 12 in Cycle 6. Lapeer did not participate in the QIS.

Public Health Delta and Menominee Counties' On-site review occurred the week of April 20, 2015. Delta and Menominee Counties had two missed indicators, both in CSHCS. Delta and Menominee Counties did not participate in the QIS and did not have any commonly missed indicators between cycles.

Chippewa County Health Department's On-Site Review occurred the week of May 4, 2015. Chippewa had ten missed indicators: three in Family Planning and seven in CSHCS. Chippewa County participated in the QIS and passed by meeting seven out of the nine indicators. Chippewa had one commonly missed indicator between cycles in CSHCS.

Forzley stated she was concerned with CSHCS and inquired if there was anything that could be done to better support LHDs in this area. Forzley asked if there were any type themes or similarities seen in the indicators being missed in CSHCS. Cheatham thanked Forzley for bringing up her concern.

Jones referenced the Accreditation *Cycle 6: Missed indicators by Frequency* document located in Tab 4 of the Commission Meeting binder. The most frequently missed indicators of Cycle 6 thus far were CSHCS Indicators 3.2, 3.3, 4.4, and 4.6.

Forzley suggested that having a presentation regarding these frequently missed indicators at a MALPH Board Meeting may be one proactive approach to consider.

Stefanovsky added that the current CSHCS review is feeling similar to the early days of accreditation and wondered if there was a way to look at CSHCS differently, such as a percentage of compliance, similar to the way Food is evaluated; if you pass a certain percentage, then you pass.

Cheatham stated that there have also been a number of health departments that have reported no issues with CSHCS, so it is hard to know what the pattern is right now.

Stefanovsky clarified that she is not reporting that Ottawa had an issue and looks at the missed indicator as an opportunity to improve.

Travis summarized the discussion regarding the need for some further supportive action for LHDs regarding CSHCS. Travis suggested using this opportunity to further explain the development and implementation of CSHCS 26 policies and procedures and how they are to be used as a helpful measure for quality improvement at a MALPH Board Meeting. This could be done in addition to coming up with some opportunities for education on the application of those policies and procedures. Travis suggested offering technical assistance as a secondary measure to LHDs who request needing further support regarding these indicators.

Stefanovsky added that it may be helpful to provide health departments with an opportunity to share their policies and procedures with other health department who need further guidance in developing their own.

Cheatham inquired about the coaching and training of the reviewers and what their experience was on getting feedback regarding the experience of LHDs. Jones stated we have the first feedback from the review evaluation survey which will be shared following this meeting.

Stefanovsky suggesting contacting the Nurses Administrators Forum (NAF) as they may have some ideas about sharing information and areas for improvements.

M.Miller stated he would follow up with Meghan about the MALPH Board and NAF chair.

Moran requested an update on this item at the next Accreditation Commission Meeting.

FULL ACCREDITATION NOTIFICATION LETTERS –JESSIE JONES

Calhoun County Public Health Department and Ionia County Health Department received their Cycle 5 Accreditation letters since the last Commission meeting in March 2015.

ACCREDITATION DATA REPORTS –JESSIE JONES

The Cycle 6 Missed Indicator by Frequency report provides a list of the indicators that have been most commonly missed by LHDs. To date, Six Accreditation On-Site Reviews have been completed and six were reflected in the report.

All of the frequently missed indicators for Cycle 6 have occurred within CSHCS including Indicators 3.2, 3.3, 4.4, and 6.6. Fifty percent of LHDs evaluated missed Indicator 3.2 Thirty-three percent of LHDs reviewed missed Indicators 3.3, 4.4, and 6.6.

The Cumulative Quality Improvement Supplement (QIS) Missed Indicators report provides the list of indicators that have been most commonly missed by LHDs who chose to participate in the QIS. Of the six health departments who have had their On-Site Review Report finalized, two have participated in the QIS: Branch-Hillsdale-St. Joseph and Chippewa County. Branch-Hillsdale-St Joseph met all of the indicators in the QIS. Chippewa County missed two indicators: Indicator 1.2 and 1.5

Out of the ten health departments who have submitted their pre-materials, six have, or plan to participate in the QIS.

Jones presented the Review Evaluation data for Cycle 6 thus far. Of the six On-site Reviews completed to date, three LHDS completed the evaluation. Jones stated that the data appear to be consistent with previous cycles.

Moran noted that On-Site Wastewater Treatment Management scores appear to be slightly lower than other sections reviewed, although they were only reviewed by one health department. Moran asked Jones if this was consistent with previous cycles; Jones stated it was not.

Forzley also noted that CSHCS appeared to have a slightly lower score than other sections. Jones stated that CSHCS was lower than most of the others in the previously cycle also, but improved over time. CSHCS current score is similar to their score at the beginning of Cycle 5.

NATIONAL ACCREDITATION UPDATE – DEBRA TEWS

Tews provided the PHAB National Accreditation update. Currently, 75 health departments nationwide have achieved PHAB Accreditation. Two-hundred and fifty health departments are in the process of becoming accredited by PHAB. Three Michigan LHDS have received PHAB Accreditation, including the newly accredited District Health Department #10.

The Population Health and Community Services Administration (PHCSA) continues to support local health departments in Michigan who would like to become PHAB accredited. Currently eleven LHDS are receiving support, through Mini-grants and a bank of Technical Assistance hours, to assist with PHAB prerequisites or self-identified agency-wide needs. The Technical Assistance Bank of Hours and Mini-Grants will continue to be available to LHDS next year.

The Office of Performance Management has taken a lead role in helping to prepare PHCSA for participation in PHAB Accreditation. For State Accreditation, PHAB would award accreditation status to PHCSA, not MDHHS as a whole. PHAB looks solely at the department with the core public health functions. The State has submitted their Statement of Intent to PHAB and the next steps will include completing the official application, paying PHAB fees, identifying internal teams, and training staff in the National Accreditation process. Following those steps, documentation collection will begin.

Tews stated that there were many similarities between National PHAB Accreditation and Michigan's Accreditation process for local health departments in terms of collecting documentation, preparing, and completing an On-site Review. Tews encouraged the Board to stay-tuned for more information.

PHAB is planning a think tank to address accreditation barriers for small health departments, specifically health departments that serve a population fewer than 50,000. In Michigan there are six health departments who currently serve populations less than 50,000 people. Tews will continue to provide updates on this think tank as more information becomes available.

Cheatham asked if we have reached out to PHAB about aligning our MPRs and indicators with PHAB standards and measure so that if LHDS met certain MPRs PHAB will give them a "pass" on some of them. Cheatham shared with the Commission that his attempt to submit Michigan Local Public Health Accreditation information in place of PHAB documentation did not work,

Tews stated M. Miller and his team had been working closely with the Accreditation Efficiencies Committee on this topic and stated M. Miller would be further discussing this topic as part of the next agenda item.

Accreditation Efficiencies Committee – Mark Miller

M. Miller gave an update on the Accreditation Efficiencies Committee (AEC). The AEC's recommendation to create a crosswalk between indicators used in the Michigan Accreditation process, and the standards and measures used in the Nation Accreditation process has begun to be further explored through a subcommittee. The sub-committee is being co-chaired by Julie Roddy, along with Gillian Stoltman from Kalamazoo County Health and Human Services Department and includes various folks from local and state health departments, as well as MPHI.

A plan for crosswalk development was discussed at the first sub-committee meeting. It was discussed that students and interns working with J. Roddy, will gather information on the crosswalk and pass that information along to designated experts on the sub-committee. Members of the committee will then review that information and present their recommendations to the sub-committee members. CSHCS, HIV/AIDs & STD, Hearing, and Vision are currently being reviewed for aligning indicators and outcomes will be presented to the entire sub-committee during the next scheduled meeting.

M. Miller stated the interns will begin working on their analysis in the fall, and the sub-committee will continue working on their analysis. A comprehensive report of their combined findings will hopefully be available around the first of the year. This report will contain useful information to share with Kaye Bender, President and CEO of PHAB.

NEW BUSINESS/OTHER ITEMS

Moran introduced the Commission to a new discussion topic regarding the evolution of Accreditation. Moran congratulated those who were involved in the development and implementation of the Accreditation Program, and acknowledged its recognition nationwide, as a great model. A brief PowerPoint presentation was then given to the Commission, outlining the current state and future goals of Michigan Local Public Health Accreditation Program, as well as the summary a various healthcare system changes affecting public health (i.e., The Affordable Care Act, the regional approach to collaboration, and changes to both delivery and payment models).

Moran proposed that moving forward with Accreditation, there should be a continued emphasis on the Quality Improvement and Performance Management supplement, in addition to adding reviews for Health Assessment, Health Improvement Planning, Strategic Planning, support for SIM Initiative, sharing services/programs, personnel, addressing the Ten Essential Services, and efforts to improve population health. This proposal would include developing tiered accreditation levels.

Moran proposed a sub-committee be formed to explore possible strategies on how Michigan's Local Public Health Accreditation Program might support LHDs in becoming prepared partners in healthcare system transformation. The question proposed to the ad-hoc, time-limited subcommittee read, "Should Michigan's Accreditation program include a greater emphasis on building capacity in local public health departments to prepare for the future of public health and its role in the changing healthcare system? If yes, how should Michigan's Accreditation program support this goal?" The workgroup would convene this summer and would report back to the Commission at the September meeting. Moran stated it would be part of the discussion of the sub-committee to discuss the timeline for implementation of the recommended changes.

Commission members were supportive of moving forward with discussing the future of Michigan Accreditation. Commission members agreed on the importance of involving MALPH in this process. MALPH will be nominating individuals to participate in the sub-committee, along with staff from DEQ, MDARD, and MPHI.

Hale added that hospitals are increasingly looking for more ways to partner with Public Health Agencies, as the charity care demand has declined with the implementation of the Affordable Care Act. This proposal may encourage LHDs to reach out more to hospital healthcare systems. Hale gave a brief overview of the Community Benefit Requirement of Tax exempt hospitals.

Tews framed a motion that a workgroup be formed that would comprise representatives of MALPH, MDARD, MDEQ, MDHHS, MPHI, and others as needed, to explore options for moving the Michigan Accreditation Program forward to prepare for our changing roles as a public health system in Michigan. Bragg made the motion, Forzley supported. The motion passed unanimously.

Moran thanked the Commission for their leadership in moving the Accreditation Program forward.

Moran asked if there were any other announcements or discussion item for the good of the order.

Miller thanked the Commission for all of their work.

Shekter Smith encouraged the Commission to review the draft water policy released from The Office of Great Lakes. The policy was released for public comment yesterday. The draft can be found on DEQ's website under the Great Lakes button.

Meeting adjourned at 11:15 am

Next Commission Meeting - Thursday, September , 10 2015 from 9:30 a.m. – 11:30 a.m. at the Michigan Department of Community Health - Capitol View Building at 201 Townsend Street, Lansing, Michigan.