



Michigan Local Public Health Accreditation Commission
Meeting Minutes – Pending Approval
October 22, 2015
Capitol View Building

INTRODUCTION/TELECONFERENCE ROLL CALL

COMMISSION: Kevin Besey, Marcus Cheatham (Vice Chair), Kathy Forzley, Dan Hale, Betty Kellenberger, Evelyn Kolbe, Corinne Miller, Susan Moran (Chair), Mike Mortimore (dialed in), Lisa Stefanovsky (dialed in), and Rashmi Travis.

GUESTS: Jeanette Ball, Jon Gonzalez, Jessie Jones, Rachel Melody, Mark Miller, and Debra Tews

Meeting convened at 9:30 a.m.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

M. Miller provided the Commission members with a copy of the Michigan Department of Health and Human Service (MDHHS) Organizational Chart. Moran highlighted changes that have taken place within the Population Health and Community Services Administration (PHCSA) since the merger. Tews inquired about the number of employees within MDHHS. Moran reported MDHHS has about 14,000 employees.

Moran provided the Commission with an update on the Flint water situation. Moran outlined the three main actions being taken as part of the State’s response strategy including: communication to the community and providers; testing and retesting of children for Blood Lead Levels; and conducting an environmental investigation. The Governor approved a supplemental appropriation that included funding for MDHHS to support the county’s efforts around nurse case management and the environmental investigation.

Cheatham asked about surveillance of other Michigan cities that are on river water. C. Miller reported that schools within the Flint community will be tested and assessments of other communities will take place, starting with Detroit.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed and approved the agenda. Cheatham initiated the vote, Hale seconded, and the motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes from the June 2015 meeting were reviewed and accepted. Hale initiated the vote, Kolbe moved to support, and the motion carried unanimously.

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

Jones presented the Cycle 5 spreadsheet and pointed out the last health department remaining in Cycle 5, Monroe County Health Department, has completed their CPAs and is now ready to be recommended for Accreditation.

Jones briefly reviewed the Cycle 6 spreadsheet. The local health departments (LHDs) highlighted in grey have been Accreditation, LHDs highlighted in green are currently working through their Corrective Plans of Action, and LHDs highlighted in blue are ready to be recommended for Accreditation by the Commission. There are no LHDs currently in critical status.

ACCREDITATION STATUS RECOMMENDATIONS –JESSIE JONES

Jones presented a summary of the LHDs eligible for Accreditation.

Monroe County Health Department's On-Site Review occurred in July 2014 (Cycle 5). Monroe had seven "Not Met" indicators: one in Family Planning and six in Children Special Health Care Services (CSHCS). Monroe has fully implemented their CPAs. There were no commonly missed indicators between Cycle 4 and 5. Monroe participated in the Quality Improvement Supplement (QIS) and met ten out of the ten of indicators. Monroe is ready to be recommended for Accreditation with Commendation. Cheatham motioned to approve, Forzley supported, and the motion passed unanimously. Monroe County Health Department was recommended for Accreditation with Commendation.

Jones next presented data for Cycle 6 LHDs eligible for Accreditation.

Kalamazoo County Health & Community Services Department's On-Site Review occurred in February 2015. Kalamazoo had two "Not Met" indicators in CSHCS. Their CPAs have been fully implemented. Kalamazoo had no commonly missed indicators between Cycles 5 and 6. They did not participate in the QIS. Kalamazoo is ready to be recommended for Accreditation. Forzley motioned to approve, C. Miller supported, and the motion passed unanimously. Kalamazoo County Health & Community Services Department was recommended for Accreditation.

M. Miller commented this was an impressive job for Kalamazoo as their Review occurred early on in Cycle 6. In addition, they experienced a change in Health Officer last year.

Public Health Delta & Menominee Counties' On-Site Review occurred in April 2015. Delta Menominee had a two "Not Met" indicators in CSHCS. Their CPAs have been fully implemented. There were no repeat missed indicators between Cycle 5 and 6. Delta Menominee did not participate in the QIS. They are ready to be recommended for Accreditation. Kolbe motioned to approve, Cheatham supported, and the motion passed unanimously. Public Health Delta & Menominee Counties was recommended for Accreditation.

Chippewa County Health Department's On-Site Review occurred in May 2015. Chippewa had ten "Not Met" indicators: seven in CSHCS and three in Family Planning. Their CPAs have been fully implemented. Chippewa participated in the QIS, and passed meeting seven out of the nine indicators. They had one commonly missed indicators in Cycle 5 and 6: CSHCS 2.2. Chippewa is ready to be recommended for Accreditation. Kellenberger motioned to recommend approval for Accreditation, C. Miller supported, and the motion passed unanimously. Chippewa County Health Department is recommended for Accreditation.

Rashmi stated technical assistance was provided to Chippewa County Health Department to help with the CSHCS indicators.

Tuscola County Health Department's On-Site Review occurred in July 2015. Tuscola had no missed indicators. Tuscola participated in the QIS meeting nine out of the nine indicators. They are ready to be recommended for Accreditation with Commendation. Cheatham motioned to recommend approval for Accreditation with Commendation, Hale supported, and the motion passed unanimously. Tuscola County Health Department was recommended for Accreditation with Commendation.

Grand Traverse Health Department's On-Site Review occurred in August 2015. They had no missed indicators. Grand Traverse did not participate in the QIS. They are ready to be recommended for Accreditation. C. Miller motioned to recommend approval for Accreditation,

Kellenberger supported, and the motion passed unanimously. Grand Traverse Health Department was recommended for Accreditation.

Three LHDs had On-Site Reviews since the last commission meeting in June.

Ottawa County Health Department's On-Site Review occurred the week of March 18, 2015. Jones noted their On-Site Review occurred prior to the last Commission meeting, but their report had not yet been finalized. Ottawa had three "Not Met" indicators: one in Onsite Wastewater Treatment Management and two in CSHCS. They are still working on their Onsite Wastewater Treatment Management CPA. They had no repeat missed indicators between Cycles 5 and 6. Ottawa participated in the QIS and met nine of the nine indicators.

Public Health Muskegon County's On-Site Review occurred in June 2015. They had twelve "Not Met" indicators: six in Hearing, five in Vision, and one in CSHCS. Their Vision CPAs have not yet been fully implemented. Muskegon had no repeat missed indicators between Cycles 5 and 6. Muskegon participated in the QIS and met nine of the nine indicators.

M. Miller noted that Rashmi's staff did an amazing job with Muskegon. It was noted Muskegon lost a number of personnel and had a recent change in Health Officer.

Huron County Health Department's On-Site Review occurred in September 2015. They had one "Not Met" indicator in CSHCS. They had no repeat missed indicators between Cycles 5 and 6. Huron participated in the QIS and met nine of the nine indicators.

Cheatham stated he was interested in hearing a discussion about the high number of missed indicators in CSHCS. Rashmi discussed actions that had been taken to provide technical assistance to those health departments with a high number of missed indicators. Rashmi is also working with reviewers regarding the interpretation of indicators. They plan on attending a MALPH meeting in the near future to discuss the CSHCS indicators.

Stefanovsky inquired if any feedback had been provided through the Review Evaluation that may be able to help the Commission better understand the experience of LHDs in regards to CSHCS. Jones reminded the Commission of the Review Evaluation Report Summary provided in the back of the Commission Binder.

M. Miller noted that some health departments in Cycle 6 have not missed any, or very few, CSHCS indicators.

FULL ACCREDITATION NOTIFICATION LETTERS –JESSIE JONES

Since the last Commission meeting in June 2015 Midland County Department of Public Health received their Cycle 5 Accreditation letter. Branch-Hillsdale-St. Joseph Community Health Agency and Marquette County Health Department received their Cycle 6 Accreditation letters.

Mortimore asked Jones if it would be possible to indicate LHDs in Michigan who have received National Accreditation on the Cycle 6 spreadsheet. Jones thanked Mortimore for his suggestion and agreed to add this to the spreadsheet.

ACCREDITATION DATA REPORTS –JESSIE JONES

The Cycle 6 Missed Indicator by Frequency report provided a list of the indicators most commonly missed by LHDs. To date in Cycle 6, CSHCS has the top five most frequently missed indicators.

The Cumulative Quality Improvement Supplement (QIS) Missed Indicators report provides a list of indicators most commonly missed within the QIS. Six health departments, out of the 15 LHDs

reviewed to date, have participated in the QIS. Jones noted most health departments that have participated the QIS have met all of the indicators.

Jones presented the Review Evaluation data for Cycle 6. Jones noted new questions have been added to the Review Evaluation. The Review Evaluation is also now available online, but health departments still have the option of filling out a paper version.

Moran asked for suggestions on ways to encourage more LHDs to participate in the survey. Forzley suggested handing LHDs the evaluation immediately following the review to increase response rates. Jones stated BCCCNP did see an increase on responses when they tried a similar method to increase response. The Commission brainstormed other ideas to increase response rates such as making survey completion a requirement, sending reminder emails, and making the survey an agenda item during the exit interview. Jones stated she would discuss strategies with reviewers at the upcoming Reviewers and Managers meeting.

NATIONAL ACCREDITATION UPDATE – DEBRA TEWS

Tews provided the Commission with an update regarding the ongoing work being done by the PHCSA to build capacity in areas such as performance management, accreditation readiness, and quality improvement. A three hour quality improvement and performance management session was held in advance of the Michigan Premier Public Health Conference. The session was well attended by LHD staff, Medical Directors, and Health Officers. A new peer-to-peer component was added to the session which included two Michigan health departments sharing their department's work in quality improvement and performance management. Tews stated they received positive feedback from attendees about this new peer-sharing component. They plan to continue to include this component in future sessions.

Tews shared other ways LHDs are being provided support in the areas of performance management and quality improvement including opportunities to participate in technical assistance consultation and mini-grants. Tews noted 35 Michigan health departments have received some type of support through these efforts, including all four of the Michigan LHDs that have obtained National Accreditation. Another round of technical assistance and mini grants will be offered in the upcoming year.

Tews discussed the online Performance Management and Quality Improvement Primer, a free online resource available to LHDs. A certificate of completion is provided at the end of this online training which can be shared with the National Public Health Accreditation Board (PHAB) to demonstrate staff training in performance management and quality improvement. The Primer has not only been used by over 200 Michigan public health practitioners, but has over 1200 users nationwide.

The creation of a Michigan-specific learning community for local and tribal health department coordinators looking to meet National standards is being explored. State-wide interest is currently being assessed. Conference calls or face-to-face learning opportunities would be set up to support peer-to-peer sharing and learning.

Tews reported the State is currently working on a Workforce Development Plan for the Population Health and Community Service Administration (PHCSA). Tews estimated the plan would be complete in the next few months. Tews also shared the State has entered the early stages of planning a new statewide Health Assessment. The last State Health Assessment was done in 2011, which by PHAB standards is considered almost expired. The State Health Assessment will be aligned with the State Innovation work.

Tews and her staff attended the National Open Forum for Quality Improvement. Eight Michigan public health agencies were in attendance including both local and tribal agencies.

State/PHAB Guidance Committee

Gonzales provided an update on the development of a State/PHAB crosswalk as recommended by the Accreditation Efficiencies Committee (AEC). The sub-committee raised concerns about the creation of such a crosswalk including the sustainability of such a document. A State/PHAB crosswalk would be difficult to manage long-term as both state and national Accreditation requirements will continue to change and evolve over time. The sub-committee has shifted their focus from creating a crosswalk to creating an online environment for LHDs to share documents they have used, or are planning on using, for national Accreditation. Gonzales stated ideally there would also be a component that supported peer-to-peer sharing such as a message board. The location of this online environment is still being explored. A password protected environment such as MALPH or HAAN are being considered.

The Commission discussed different aspects of PHAB documentation that would be helpful to have represented in this online environment. M. Miller stated this discussion could be continued at the next MALPH meeting.

Forzley commented health officers could use more information regarding national Accreditation. Cheatham stated a few surveys have been done that have showed a huge diversity of responses. Forzley suggested troubleshooting in the Executive Committee

Moran asked for an update on this topic at the next Commission meeting.

Accreditation Program Enhancement Committee – Mark Miller

Mark provided an update on the work done by the Accreditation Program Enhancement Committee. Two meetings were held over the summer to discuss a possible tiered accreditation system. M. Miller provided the Commission with a document outlining the recommendations produced by the sub-committee during those meetings.

The sub-committee recommended an endorsement or certification element to be added to the Michigan Local Public Health Accreditation Program (MLPHAP), which the group believed would achieve similar outcomes as suggested tiered accreditation system. M. Miller outlined some of the other recommendations of the committee including a MLPHAP seal and the creation of quarterly press releases from the State acknowledging accredited health departments.

The sub-committee reported the endorsement and/or certification approach would allow health departments to make incremental improvements and encourage them to work through small pieces at a time.

Moran discussed the ability of the endorsement/certification approach to build capacity within LHDs to be prepared partners for the future.

Forzley suggested merging the two ideas, where you can build on the idea of certificates/endorsements to work in incremental steps, towards these tiers. It may be helpful for health departments to be able to see progress being made towards the different tiers, to not become discouraged seeing how far they may have to go to meet the next tier.

Rashmi suggested rewarding/incentivizing the smaller steps because of the expense required of a LHD to become PHAB Accredited.

The Commission discussed if the ideas brought forth by the sub-committee were strong enough to be transformative in their impact. The sub-committee will reconvene, taking the feedback from the Commission. Moran asked the sub-committee to discuss what that incremental process would look like.

NEW BUSINESS/OTHER ITEMS

Stefanovsky asked Moran for an update on the State Innovation Model (SIM). Moran stated the assessments have been completed for the Accountable Systems of Care and the Community Health Innovation Regions. The test regions should be announced by the end of the calendar year.

Cheatham asked if there is a way that MALPH could help MDHHS collect data on local health departments. Cheatham discussed the possibility of all LHDs participating in the NACCHO Profile of LHDs. If NACCHO could provide MDHHS with that information it would allow the State to have an annual database of LHD activity. Cheatham suggested asking LHDs to gauge their receptivity of this idea. Cheatham estimated about one-third of LHDs have already participated in the NACCHO Profile.

Moran welcomed Dan Hale to the Commission and provided him with an opportunity to share some background information on himself. Jones also welcomed Betty Kellenberger to the Commission.

Meeting adjourned at 11:30 am

Next Commission Meeting - Thursday, January, 14 2015 from 9:30 a.m. – 12:00 pm at the Michigan Department of Health and Human Services, - Capitol View Building, 7th floor conference room, at 201 Townsend Street, Lansing, Michigan.