Michigan Local Public Health Accreditation Commission Meeting Minutes – Approved
June 8, 2017
Michigan Public Health Institute Interactive Learning Center

INTRODUCTIONS/TELECONFERENCE ROLL CALL

COMMISSION: Kevin Besey, Vaughn Begick (dialed in), Lynette Biery, Bruce Bragg, Sarah Lyon-Callo (dialed in), Marcus Cheatham, Nick Derusha (dialed in), Dan Hale, Betty Kellenberger, Bill Ridella, Sue Moran, Lisa Stefanovsky (dialed in), Dana DeBruyn (dialed in)

GUESTS: April Hunt, Jessie Jones, Erin Madden, Rachel Melody, Brittney Spitzley, Debra Tews

Meeting convened at 9:30 AM.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Susan Moran welcomed the Commission and summarized what is going to be discussed in today's meeting. During introductions, Moran welcomed two new Commission members, Bill Ridella and Vaughn Begick, and asked them to introduce themselves.

Bill Ridella is the health officer for Macomb County. He has been in public health for over 38 years, starting in Macomb and then spent most of his time with the City of Detroit Health Department. Ridella has been involved in many different areas of public health, serving in environmental health, public health nutrition, forming many community collaborations, and even being the Deputy Health Officer for the City of Detroit.

Vaughn Begick is, and has been, the Bay County Commissioner for about 12 years. He has also been a Physician Assistant for 42 years. Begick has experience in healthcare, as well as county commission duties.

Moran shared some general announcements. Currently, there is no final budget for MDHHS, it is still in the conference process. Big number cuts have been shared in the media, and the department is still waiting to see what is going to happen. Moran does anticipate there will be some general fund loss for MDHHS.

The presidential budget has been released. The budget proposed a concerning 54 billion increase in defense spending and a 16.2% cut to Health and Human Services. Moran shared some budget cut examples and grants that will be effected by this cut, such as CDC budget and the Preventive Service Block grant program, which will impact the resources shared with the local health departments. Another concern is the cut of the Chronic Disease Prevention and Health Promotion by 222 million, at the Federal level. A $500 million America's Health Block grant will be created that can be used for State spending. Details are still not known for this grant. Moran shared a list of other areas that will take a cut and suggested visiting ASTHO for summary of the budget and details of budget cuts. Many members shared their concerns with the presidential budget.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda. Marcus Cheatham motioned for approval of the agenda, Betty Kellenberger supported, and the motion carried unanimously.

Cheatham mentioned that in the business section there will be further discussion on the Michigan Disease Surveillance System (MDSS).

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The Commission reviewed the minutes from the March 2017 meeting. Jessie Jones mentioned that Dana DeBruyn notified her that there is a section in the meeting minutes where 'onsite well water' was used and it should be 'onsite wastewater' and that correction will be made.

Ridella motioned for approval of the minutes, Kellenberger supported, and the motion carried unanimously.

UPDATE OF THE CYCLE SPREADSHEET AND CPA STATUS

Moran reminded new members that they can ask about the Accreditation process at any time.

Jones provided the members with a review of the Cycle 6 spreadsheet, taking note of the departments that have been accredited, which are in the CPA process, and those that are pending recommendation. The local health departments (LHDs) in grey have been awarded Accreditation for Cycle 6, those in blue are ready to be recommended for Accreditation, those in green are still in the Corrective Plan of Action (CPA) process, and those in red are still in the CPA process, but are within 90 days of their 1-year Approval date. Currently, no LHDs are in critical (red) status.

ACCREDITATION STATUS RECOMMENDATIONS

Next, Jones discussed the health departments that are ready to be recommended for Accreditation:

Benzie-Leelanau District Health Department-

- The On-Site Review took place the week of September 26, 2016
- Three missed indicators:
    - 1 in Immunization
    - 1 in Onsite Wastewater Treatment Management
    - 1 in Children's Special Health Care Services (CSHCS)
- There were no repeat indicators from the previous cycle
- They did not participate in the QIS
- Benzie-Leelanau District Health Department is ready to be recommended for Accreditation
    - Cheatham recommend
    - Ridella and Kellenberger supported
    - The motion carried unanimously

Central Michigan District Health Department-

- The On-Site Review took place the week of April 10, 2017
- No missed indicators (two cycles in a row with no missed indicators)
- Participated in the Quality Improvement Supplement (QIS)
    - Passed 9 out of 9 indicators
- Central Michigan District Health Department is ready to be recommended for Accreditation with Commendation
    - Dan Hale recommend
    - Cheatham supported
    - The motion carried unanimously

Macomb County Health Department-

- The On-Site Review took place the week of April 24, 2017
- No missed indicators this cycle
- Participated in the QIS
    - Passed 9 out of 9 indicators
- Macomb County Health Department is ready to be recommended for Accreditation with Commendation
    - Cheatham recommend
    - Kellenberger supported
    - The motion carried unanimously

ON-SITE REVIEWS UPDATES

Jones discussed the health departments that had their review and final report published since the last Commission's Meeting.

Ingham County Health Department-

- The On-Site Review took place the week of March 6, 2017.
- There were 7 missed indicators, all in Family Planning.
    - 1 repeat missed indicators from the previous cycle.
- ICHD did not participate in the Quality Improvement Supplement (QIS).
- Discussion took place about their Family Planning program, there were no insights provided.
- CPAs were submitted for the missed indicators.
    - All indicators were approved
    - 3 required further action
    - The process moved quickly
- It was noted that ICHD participated in the QIS in previous cycles. Jones went on to explain that ICHD did a mock review for technical assistance this cycle. There was a lot of good activities in place in one section but not across the entire health department. There are plans to incorporate quality improvement but they are not far in implementation.

Moran asked the commissioners if there is anything we can do to be proactive and come to the meetings with more information on why indicators are being missed in order to make decisions. Members thought it would be a good idea to have an explanation on why an indicator was missed.

Calhoun County Public Health Department

- The On-Site Review took place the week of March 20, 2017.
- 1 indicator was missed in Children Special Health Care Services.
- 1 CPA has been submitted.
    - Waiting for approval (still within the 30 days)

Jones finished the On-Site Reviews updates by letting the commissioners know there are 3 health departments that have had their review, but the reports are not finalized: Livingston, Lenawee, and Ionia.

FULL ACCREDITATION NOTIFICATION LETTERS

Members were reminded that the letters for the recommended health departments from the last meeting are provided in their packets under tab three: Detroit Health Department, District Health Department #10, Luce-Alger-Schoolcraft District Health Department, and Sanilac County Health Department.

ACCREDITATION DATA REPORTS

The Cumulative Accreditation Cycle 6 Missed Indicators Report, under tab 4, in the meeting packet was discussed. The three most frequently missed indicators are for Children's Special health Care Services,

including indicators 3.5, 4.4, 3.2. This report will most likely not change because the frequency is so much higher than other indicators. Discussions about each indicator took place.

Moran reminded the members to be thinking of ways the Michigan Local Public Health Accreditation Process can work towards aligning more with PHAB and obtaining more process and outcome criteria.

PUBLIC HEALTH ADVISORY COMMISSION UPDATE

Moran provided an update on the Public Health Advisory Commission report. The report has been submitted to the governor, but there hasn't been any action on the report to date. There are several recommendations in the report that relate to the Accreditation Program. By the next meeting, Moran is hoping she can share how the recommendations have been prioritized and what to move forward with. In the meantime, Moran would like this Commission to move forward with the recommendations, using the Accreditation process to identify gaps and support local public health jurisdictions to address the gaps.

ACCREDITATION ENHANCEMENT COMMITTEE UPDATE

Jones shared that the Accreditation Enhancement Committee activities have morphed into the strategic planning activities that have been going on. A meeting is scheduled for August 29, 2017 for strategic planning. Orlando is working with Meghan Swain to notify Health Officers that this meeting is occurring. More information may be available by next meeting.

STANDARDS REVIEW COMMITTEE UPDATE

Jones provided in update about the Standards Review meetings that took place in January and February of this year. During these meetings, the programs worked to revise the MPRs. In March, April, and May the Committee met and went through the revised MPRs, discussed any questions, and there were two rounds of voting. Jones stated that after the first round of voting there were some questions for the programs and those were addressed. All revised MPRs were approved by the Standards Review Committee and they were sent to Meghan at MALPH to present to for informational purpose. Cheatham verified that the process is final and that the presentation to MALPH is for informational purposes only.

Nick Derusha shared that he was a part of the committee and they were able to present any concerns or questions they had, to the State agencies and all their concerns were resolved in those interactions. He also added that they spent a lot of time making sure value was added to the MPRs to enhance the services and be impactful in the communities that health departments are serving.

Tews added that the Public Health Advisory report recommendations came out after the Standard Review committee was in progress. So any additional recommendations that came out of the Public Health Advisory report and the strategic planning meetings coming up will get rolled into a subsequent process. Cheatham also asked Health Officers to reflect on the process of the review and share their thoughts to improve.

Jones mentioned that in result of the first strategic planning meeting, a new indicator for Powers and Duties was created, 1.8, which requires the health department to act as a community convener, and it will not be scored in Cycle 7. By September 1st the indicator will be available to the health departments.

STRATEGIC PLANNING COMMITTEE UPDATE

More discussion about the Strategic Planning Meetings took place. Moran talked about the purpose of the Committee, which is to brainstorm, talk over ways that the local health departments can work with the state health department to strengthen public health, and determine the priority areas. The committee came up with four quadrants that the priorities fit into. The next steps in August, is to look at the four areas and develop priorities for each area, for the next three years. An output from the first meeting is the

three law trainings provided for Health Officers and open to others as well. Training is on Powers and Duties under the Public Health code.

Kevin Besey added that MDARD is doing some department wide strategic planning if they can help in any way.

MEETING NATIONAL STANDARDS: CAPACITY BUILDING

Tews discussed OPIM's role in the State - to build capacity and provide project support among local, tribal, and state health departments, to prepare for national accreditation.

One of the projects OPIM is currently implementing is the Accreditation Readiness Mini-grant, funded through the Prevent Block grant to enhance health department's knowledge about quality improvement, performance management, and accreditation readiness. This grant supports the Michigan QIS, which is aligned with Domain 9 of PHAB accreditation. Support is provided by OPIM and MPHI's accreditation team. The awarded health departments are halfway through the process. District Health Department #4 is working on Quality Improvement training and projects. Jackson County Health Department is working on a strategic plan. Kalamazoo County Health and Community Services Department is partnering with Berry-Eaton District Health Department, Berrien County Health Department, Branch-Hillsdale-St. Joseph Community Health Agency, and Calhoun County Public Health Department to develop a Quality Improvement training based on MDHHS training they were provided with last year. Projects will be done in August.

In addition to mini-grants, a technical assistance (TA) bank of hours is provided to the local and tribal health departments. The technical assistance bank of hours covers strategic planning, workforce development, community health assessment, and other activities that fall under quality improvement, performance management, or accreditation readiness. The TA is delivered at no cost, it is customized, targeted, and is flexible. There is no contract required, it is a short application, a phone call captures the scope of TA needed, and then the work begins. This year there has been requests from seven different health departments. All of the six local health departments that have been PHAB accredited have used the TA bank of hours that has been provided.

Tews went on to explain another project that builds capacity for local and tribal health departments, the Michigan Network for Accreditation Coordinators (MI-NAC). The purpose of this network is for local and tribal health departments to exchange resources and ideas between each other. The State of Michigan health department also gains knowledge on who is doing what, so they can help other LHDs. The network includes quarterly calls, which the health departments lead to build that peer-to-peer relationship. OPIM is still working to grow this network.

The last item Tews provided an update on was the Quality Improvement Train-the-Trainer Workshop. The workshop was implemented last year and was received very well. The training is provided at little cost and helps health departments build capacity for the QIS and PHAB accreditation.

Ridella and Cheatham added that the resources provided by OPIM are very helpful for health departments and thanked the OPIM team.

NEW BUSINESS – 20.88 AGREEMENT

April Hunt, the Emergency Manager Response Coordinator for MDARD, provided information on the 21 CFR 20.88 agreement, which allows FDA to share certain types of non-public information (NPI) with state and local health departments for emergency purposes. The agreement is a blanket, long-term agreement that is related to human food, animal food, and cosmetics.

Hunt explained that a goal of this agreement is to have the State of Michigan Departments and local health departments to sign the 20.88 agreement so they can share information easier, especially in the

case of an emergency. A map was provided that displayed 16 out of 45 local health departments that have signed into the agreements. Currently, MDARD has an agreement and MDHHS does not.

Hunt shared some common concerns they hear, such as when an outbreak occurs, they can sign an individual agreement for that single investigation, if needed. However, it takes time to have federal paperwork completed in a timely matter and the 20.88 agreement will allow immediate information sharing to take place.

Moran asked for clarification about the current information sharing between MDARD and MDHHS. Hunt and Besey explained that if MDARD (who has a signed 20.88 agreement) receives information, they cannot share with MDHHS (who does not have a signed 20.88 agreement), only those assigned as commissioners (which is only 2-3 staff members of MDHHS).

Hunt discussed more about the agreement. When a 20.88 agreement is signed, whether by a local or state agency, it last about 2-3 years at a time. FDA has website that list the state and local agencies that do have a long-term information agreements. Michigan was the first state to get FDA to start this agreement process nationally. It was stated that everyone has the same goal, and the issue of FDA not being able to share information shuts the door to achieving the goal of sharing information to help the public. The 20.88 agreement was the solution to this problem, especially in case of emergencies.

Moran asked if the director of an agency signs the agreement, does individual staff members need to be commissioned? Besey and Cheatham answered that individual staff members do not need to be commissioned, they just need to be trained on keeping types of NPI confidential. Hunt went on to explain the different types of NPI covers (listed in the 3rd page of the handout).

On the phone, Lisa Stefanovsky added the agreement allows for information to be received so much faster and it gives information that may not be known until after the outbreak has grown. The agreement just makes sure that communication is more effective and saves time with paperwork.

Derusha on the phone also added that the agreement is a great tool and he would like for the state of Michigan to utilize it. He forwarded the 20.88 agreement to his attorney to review. He found a couple of items. First, there is not statutory authority for the local health department to enter the agreement, it is extended to the federal or state agency. Second, the information that the agreement is asking not to be disclosed is beyond the Administrative Rule and Freedom of Information Act (FOIA). Besey shared that multiple attorneys and multiple opinions have been pulled in and that is why a majority of the local health departments have not signed the agreement. Hunt pointed out Sara Ashton's (a lawyer from FDA) contact information on the 3rd page of the handout, she is the one who will work with lawyers and their concerns.

Moran asked if it would be recommended that MDHHS sign a 20.88 agreement. Hunt answered yes it would be beneficial for MDHHS to sign the agreement. Moran suggested that it would be helpful if the director of Hunt's agency sends their information to Nick Lyon, the director of MDHHS. DeBruyn asked if DEQ should sign the agreement as well. Hunt answered yes it would be beneficial as well.

NEW BUSINESS – MI DISEASE SURVEILLANCE SYSTEM (MDSS)

Cheatham started a discussion about the importance of having all LHDs to agree that all information should be visible to all health departments across jurisdictions in the Michigan Disease Surveillance System (MDSS). MDSS is a great system; however information cannot be shared across jurisdictions, which slows down the investigation process. MDHHS is urging all LHDs to sign data sharing agreements. Once there is agreement between all jurisdictions, that feature can be incorporated into the MDSS. MALPH is working to get those agreements. A common concern was HIPAA information cannot be shared. Cheatham shared that the Officer of Public Health Law at UofM has walked through the public health code and verified that it is okay to share this information via MDSS. Another issue, is that there has been a lot of turn-over in leadership of LHDs.

Cheatham suggests that the State of Michigan can establish the data sharing via an agreement that is signed to use the system, similar to the MCIR system and agreement. He suggested that the State of Michigan write an opinion that data collected through the MDSS is the State of Michigan's data. The local health departments are required to use MDSS to be accredited and clear MPRs can be developed to list the expectations that the system will be used and that training will take place. The agreement should state that local health departments can use the system, but it is the State of Michigan's data. Cheatham than discusses to have this opinion, agreement, and expectations written out and give it to the local health department. Then give a timeframe (suggested 9 months) that the change will be implemented into the MDSS. That will give enough time for local health departments to express their concerns and the state of Michigan to work with them to see the benefits of this change. Discussion took place on the difficulties of sharing data between neighboring jurisdictions in MDSS and the delay it may cause in an outbreak.

Derusha shared an opposing concern that one Health Officer has mentioned before – currently there is no tracking feature in MDSS that can report who is doing what to the data. Security was another concern. Members discussed the everlasting risk of security that will always be present and that this situation may be have a small risk (which already exists with the current method of faxing information) of data breaching, which outweighs the use and benefits the data will provide across jurisdictions. There are always functionality enhancements that will make MDSS more secure and eliminate some risk.

Moran determined that there was support among the members to move forward with Cheatham's idea. It was recommended that Cheatham write something up for the State of Michigan to review, and he agreed. Ridella suggested that we should make sure that HIPAA policy and training is up-to-date, and are continually being covered by those who use the MDSS.

NEW BUSINESS – LOCAL PUBLIC HEALTH ACCREDITATION PROCESS STANDARDS

Moran introduced the next new business topic, the Michigan Local Public Health Accreditation Process. Tews explained that the program started in 1997 and the standards are Public Health Code based and that the MPRs have been remained pretty constant throughout the past 20 years. Moran added that they are good standards and can be used to assure that the local public health system has the capacity to carry out it's duties. The standards and accreditation process can also help identify where there are gaps and where we can strengthen the process to evolve with local health department's evolving role. Moran recommended that the standards and process should also align with PHAB standards. Moran recommends that the Commission members perform a critical analysis of all the MPRs. She reminded that MPRs are still needed to meet statutory requirements under the code. It will also be a good idea to incorporate the Commissioner's recommendations.

Moran then asked Tews to share with the members what the original process was like developing the Accreditation process and creating the standards. Tews shared that in the past, there was been a state and local work group or committee. She mentioned the A-G work group that looked at the entire process to revamp and eliminate sections according to the public health law. Another group, the Boilerplate work group looked at what happens when a LHD becomes non-accredited, where does the accreditation process start and end, where does contracts compliance start and end, and when do you do an administrative compliance order, etc. When large changes have occurred in the past, it was thought that the Local Health Services department would provide staff support. There has been a local, or combined local and state, chair of the work groups or committees in the past. The work groups and committees would meet, analyze the details, and develop recommendations. Those recommendations were then presented to MALPH, then the Accreditation Commission. The Accreditation Commission then advises the three state departments on the recommendations.

Tews suggested that there is a need for a local and state work group, or sub group of this Accreditation Commission, to review the current standards.

Moran asked Tews to explain more about the cycles of the current process. Tews shared that historically, they implemented change at the beginning of a cycle (which is every three years). However, some other

approaches can be thought out. For example, trying to pilot changes to a group within the cycle. Moran asked when the next cycle will begin and Jones verified that it would be 2021.

Bragg suggested another approach, to pause the cycle to implement the change. Tews added that in the past, the program continued but a component (the On-Site Review piece) was paused. Besey suggested to start now, so you have the time to test and research. Another suggestion Besey shared was to bring a professional facilitator to brainstorm ideas.

Discussion also took place about at the beginning of the process there was a lot of the distrust and that the members feel that is not as big of an issue any more (there are continued multiple opinions and views).

Tews added another point for members to think about pausing, LHDs will still need to undergo the Accreditation process in order to meet compliance with their contract.

Hale shared his thoughts on incorporating outcomes standards that would make data available to measure the outcomes.

Jones shared an approach of allowing enough time for the health departments to develop any recommendations asked of them.

Moran used the community health assessment as an example, of how the standards should be flexible enough where every health department can achieve them where they currently are at. She mentioned they should not be compliance or noncompliance, but meets, partial meet, and not meets expectation. Besey added that there should be a goal and a continuum of where health departments are to meet that goal. Cheatham shared that the process of reviewing and revising the accreditation standards is a great opportunity to have these kind of discussions and learn at all different levels of the process. Moran mentioned that Tews' program very helpful resources that can assist LHDs where they are.

Ridella added that it's important to keep in mind the funding that was available back then that isn't available now (he used the funds that were provided by the state to implement the community health assessments in the health departments). Those LHDs that are interested in PHAB may not have the funds to support the workforce development plan, performance management system, and focusing on priorities in your community health improvement plans. Its hard to move forward when you are having a hard time funding the programs in your health department. Ridella suggested that it will take time and support to change titles and positions in health department to move away from the clinical and programmatic work and move towards what the community truly needs.

Tews stated that she would like to see from the Michigan Accreditation Program and the state health department, a connection to some system measures. If the state of Michigan is working on a health outcome, it should be in the standards, so health departments can measure where they are with that same outcome. Tews feels currently, the state accreditation program is disconnected to other state-wide health initiatives. Its challenging to have a large organization to have internal collective impact, crossing silos, and having everyone to work on similar items, so it will be challenging to have the accreditation program and state health department connect with system measures. Cheatham, Stefanovsky, and Biery expressed their agreement with Tews. Bragg shared his concern of setting specific measures and standards can stifle LHDs creativity by following the State model. He used the health assessment as an example, it was very structured. Tews and Cheatham added that there are ways to keep creativity and still setting the outcome standards and measures for LHDs. Biery also added that there are ways to promote priorities and align them with the LHDs communities they serve, Moran agreed.

Moran proposed next steps – at the next Commission Meeting, the Public Health Advisory recommendations that are linked to accreditation will be shared and if any are prioritized, that will be shared as well. Also framework, what the process will look like, goals, timeline, logistics of work and workgroups, and what is needed to move forward will be discussed at the next meeting. The members

agreed that reviewing and revising the standards in the Accreditation process is important work to move forward with.

More discussion took place of the timing of the next Cycle and implementing the new standards. It was stated that more discussion will take place before a decision is made on when the standards will be implemented in a Cycle.

Moran asked if anyone had any announcements. Jones pointed out that the next Commission meeting will be changed to Wednesday, September 6th. A reminder will be sent out.

With no additional items to discuss, Moran thanked the Commission for attending and concluded the meeting.

Meeting adjourned at 11:21 AM.