



Michigan Local Public Health Accreditation Commission Meeting
Minutes – Approved January 11, 2018
September 6, 2017
Michigan Public Health Institute - Interactive Learning Center

COMMISSIONERS: Sue Moran, Marcus Cheatham, Nick Derusha, Bill Ridella, Betty Kellenburger, Vaughn Begick, Kevin Besej, Dana DeBruyn, Lynette Biery, Sarah Lyon-Callo, Lisa Stefanovsky, Bruce Bragg, Dan Hale

GUESTS: Sean Dunleavy, Debra Tews, Rachel Melody, Orlando Todd, Jessie Jones, Brittney Spitzley, Kristy Medes, Angelique Joynes (Allegan County Health Department – Health Officer)

Meeting convened at 9:32 AM, chaired by Sue Moran.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Moran welcomed the group. Introduction by group members. Moran introduced Angelique Joynes, guest speaker and Vaughn Begick – member of the MAC Board of Directors; he is a physician assistant and the newest Commissioner from Bay County.

AGENDA APPROVAL – ALL MEMBERS

The agenda was accepted Cheatham motion, Ridella support, motion carried. Permission requested to move agenda items around to accommodate presentation by guest to conclude by 11am.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes were accepted; Lyon-Callo motioned, Kellenburger supported. The motion carried with one correction - Dana DeBruyn was listed as a guest and this will be corrected to include her as a member of the Commission for the June 2017 minutes.

UPDATE OF ON-SITE REVIEWS AND CORRECTIVE PLANS OF ACTION STATUS – JESSIE JONES

Jones presented the following local health departments to the Commission for recommendation:

- Berrien County
 - 3 missed indicators (1-FS and 2-CSHCS)
 - Fully implemented CPAs
 - Motion from Cheatham, support by Ridella to recommend for Accreditation. Motion carried unanimously.
- Calhoun County
 - 1 missed indicator (CSHCS)
 - Fully implemented CPAs
 - No repeat missed indicators.
 - Motion from Bragg, support by Ridella to recommend for Accreditation. Motion carried unanimously.
- Lenawee
 - 2 missed indicators (FP)
 - Fully implemented CPAs
 - Participated in QIS – passed 9/9
 - Motion from Cheatham, support by Ridella to recommend for Accreditation with commendation. Motion carried unanimously.

- Ionia County Health Department
 - No missed indicators
 - No repeat missed indicators
 - Motion from Lyon-Callo, support by Kellenburger to recommend for Accreditation. Motion carried unanimously.

Some discussion took place on what indicators were missed in the past by Ionia County; Jones noted that CSHCS comprised most from Cycle 5, which several of these were missed in the previous cycle.

Bragg asked why several counties have not participated in Quality Improvement Supplement (QIS) Jones indicated that Berrien had in the past participated, however, did not for this cycle due to the Performance Management requirements, which were added at the beginning of this cycle. Overall, about half of LHDs participate in QIS. Moran asked if we ask LHDs as they are participating in Accreditation if they are working toward PHAB accreditation. Jones indicated that we do not. Cheatham and Jones confirmed that we do periodically survey, the last time we did a survey was last year. We also get this information through Mini-Grants and Technical Assistance, via Debra Tews' team.

Jones provided an update on the health departments reviewed since the June 2017 Commission meeting:

- Livingston
 - No missed indicators
 - Participated in QIS – passed 9/9
 - Motion from Kellenburger, support by Hale to recommend accreditation with commendation. Motion carried unanimously.
- Midland
 - 4 missed indicators (FP)
 - Fully implemented CPAs
 - No repeat missed indicators
 - Motion from Kellenburger, support by Ridella to recommend accreditation. Motion carried unanimously.
- Monroe
 - No missed indicator
 - Participated in QIS – passed 9/9
 - Motion from Dale, support by Ridella to recommend accreditation with commendation. Motion carried unanimously.
- Oakland
 - No missed indicators
 - Participated in QIS – passed 9/9
 - Motion from Cheatham, support by Ridella to recommend accreditation with commendation. Motion carried unanimously

Discussion took place regarding CSHCS and recommendations to improve the rate of missed indicators for this program. Todd shared that CSHCS has taken steps to improve Cycle 7. Ridella asked why WIC only has one indicator. Jones explained WIC's review is based entirely on whether the health department had corrected issues identified during the WIC Management Review, which is required to follow federal review cycles every two years. The Accreditation Reviews are based on the most recent reviews of each program.

CORRESPONDENCE

Full Accreditation Notification Letters (Tab 3)

The letters had not yet been received and will be made available at the next Commission meeting.

COMMITTEE REPORTS

Accreditation Data Reports (Tab 4)

Cumulative missed indicator data report; there were no changes in the indicators listed on this report from the previous Accreditation Commission meeting.

Evaluation Report

No major change from the previous Accreditation Commission meeting.

Public Health Advisory Commission Update – Slide Presentation

The Governor created a time-limited Public Health Advisory Commission (PHAC), which completed its charge in April 2017. Moran summarized the recommendations, highlighting those related to Accreditation. The three major categories of recommendations include:

- Organization of PH function
- Division of Responsibilities
- Framework established by the PH code,

There was no consensus on optimal organizational structure – recommendations were made for three possible structures for the state-level public health agency:

- One separate agency
- Within another agency
- Keep structure and elevate a chief health strategist

Themes of recommendations included:

- Collaboration
- Investment
- Accreditation

High priority recommendations:

- Create a permanent Public Health Advisory Council
 - Discussion around if the Public Health Advisory Council would be in written into law, statute. It is under consideration to make this a permanent Council.
- Apply “Health in All Policies” across all state departments
 - Issues of public health importance involves all needed department/partners.
- Commence comprehensive review of state public health funding

Collaboration

- Incentivize LHDs to consolidate into multi-county public health districts
 - LHD resources are limited; sometime it makes sense to consolidate services in a multi-county LHD.
- Develop local response teams to support capacity building mentorship, and assistance to peer agencies.
- Provide training, orientation, and education to assure understanding of state and local public health powers provided by the Public Health Code

Moran shared that Mini-grants incentivize LHDs to consolidate services. Cheatham suggested studying systematically what some of the barriers are that are getting in the way of consolidated services between counties. Begick shared that there was a study in Lansing that looked at some of these barriers.

Derusha commented that the cross-jurisdictional sharing grants are helpful to support consolidation of services, but he would pause a little when they say we would incentivize LHDs to consolidate. What are we trying to accomplish with this recommendation? Many of the LHDs we just reviewed for Accreditation had zero missed indicators.

Moran added that this is the recommendation that is happening, and further discussion is needed where it makes sense. Todd shared his experience with some areas that have saved money with shared resources. Biery shared that we should not just be looking at what saves money, but how we are evaluating and be upfront on how we would do that.

Todd evaluate quality, services and resources. Tews offered that in the 90's the feasibility studies were incentivized, exploring pros/cons of consolidation, then the department could receive a grant to help with the funding.

Joynes asked if, looking at the LHDs that have been consolidated, had there been improved health outcomes, and whether it would be a better use of limited resources if each LHD locally determined what makes sense (instead of the state telling the locals what to do).

Cheatham discussed that for his LHD, there are some positions that would not be feasible if they did not share the position costs over multiple counties, and the savings offers greater capability to do the work, which in turn affect multiple counties. Tews shared that in the past the feasibility studies were funded by MDHHS, and the LHDs decided to have either the Department or outside consultants/attorneys help.

Moran presented more slides regarding PHAC recommendations for Investing in Public Health:

Changes to MI Accreditation Process

- Amend the accreditation process for all LHDs and move toward national accreditation standards consistent with PH 3.0
 - Moving beyond structural kinds of standards, such as CSHCS – documentation of a phone number, but rather looking at the data, where families served, where they served timely, were their needs met
- Review and advise and align with national accreditation
 - Incorporate outcome based assessment
 - Quality improvement process
 - Power and duties required by the PHC
- Review of state interventions protocol
- Participation in local governing in the Accreditation process (we may be missing opportunity to educate)
- MDHHS should pursue national accreditation

Todd provided an overview of what is currently happening that relates to the recommendations

- PH law training – collaborating with U of MI, convened three trainings in UP, Travers City, and Howell.
- Working on PH law 201. HIPAA came up. A training for LHDs is coming next year. PH law at the local level

Bragg suggested getting commissioners and boards of PH, attorney, etc. to come to these trainings.

Besey shared thoughts on HIPAA. Not all state agency share HIPAA. Lack of understanding of what is responsibilities each LHD has to carry out their Powers and Duties.

Ridella shared his experience with educating local elected officials. Todd expressed they are working with MALPH to develop a document to share with local elected officials that shares the understanding of the responsibilities.

Standards Review Committee (SRC) Process Overview and Update – Angelique Joynes

- The committee comprised local health officers and other local health department staff from across the state
- Reviewed draft MPRs and indicators in February
- After first review and revisions, new versions of MPRs and Indicators went out to SRC and then sent to MAPLH board
- SRC had short time to vote on whether to accept MPRs and Indicators as-is or to request changes; those programs where changes/questions were suggested were contacted.
- SRC reviewed final MPRs and Indicators and took vote to approve in May
- Suggestions for improving future SRCD processes included:

- Having a policy or procedure that there be a consistent process for standards review
- Looking at why some LHDs are not participating in QIS and determine some common barriers to address

Moran asked for more information on the changed MPRs

- Joynes provided an overview of changes in the MPRs – Onsite Wastewater, Immunization, Powers and Duties, & CSHCS had the most changes
- Besey, Standards Review – relevant document still used
- Joynes shared the forums were used in the past
- Tews noted that MDHHS and MPHI have provided assistance to LHDs with the QIS, and also provide mini-grants and free technical assistance, both of which can be used to help LHDs with PHAB National Accreditation and the readiness for the QIS.
- Jones added we have provided technical assistance to two LHDs to understand what they might need to do to pass the QIS
- Ridella is trying to think how Moran’s slides and Joynes’s recommendations will move the bar forward

Accreditation Enhancement Committee

- Todd shared that the process is complex, this is in development.
- Moran stated that teams would be established.
- Jones described a possible process for this work, in which the Commission would create sub-committees that would meet to discuss the standards, and then they would be piloted and would take a couple of years.
- Hale shared that the changes indicated in Moran’s slides were nicely detailed in Angelique’s slides; he encourages moving quickly and trying an implementation of outcome-based evaluation even on an experimental basis.
- Moran shared that it is a large undertaking and a shift to move from compliance to process and outcomes components. Members should educate themselves and think about the review, revision, and new set of standards - implementation of action steps.
 - Moran suggested creating timeline and groups, and organization process before moving forward. We should be ready by January 2018.
 - Dunleavy shared Accreditation is contract compliance and a measurement of your contract. Are we looking at the contract the same? Or is that changing?
 - Cheatham said we have to still check boxes for the contract and federal funding, box checking
 - Moran suggested creating parallel processes for contracting and Accreditation, looking to see how we use the data to inform our work
 - Bragg asked if there are resistance to this process, contract compliance, we are good at this, solid base to PH across the state, now it is time to challenge and move forward.
 - Moran asked if the commission supports this direction, Accreditation Process and Standards Review.
 - Cheatham mentioned cross-jurisdictional sharing, it is too much to think small LHDs could go through the PHAB process.
 - Ridella like education trainings on PH law, “Health in all Policies,” and determining barriers to QIS
 - Moran asked if there were any more comments from members. More discussion will follow.

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, quality improvement, performance management and accreditation. A few programs currently underway, which OPIM's funding supports LHDs:

- Mini Grants –
 - DHD#4 – conducted QI trainings / projects
 - Jackson – developed a strategic plan
 - Kalamazoo – Regional QI Train the Trainer event
 - Counties: Kalamazoo, Berry/Eaton, Berrien, Branch/Hillsdale/St. Joe, Calhoun
- Technical Assistance Bank of Hours -
 - Just in time assistance consultation or help with
 - Strategic Planning
 - Workforce Development Plan
 - Quality Improvement Plan
 - Performance Measurement System
 - Prepare for PHAB
- Michigan Network Accreditation Coordinators
 - Quarterly Calls (any staff in LHDs) peer to peer sharing
- QI Train the Trainer –
 - resources are limited, OPIM covers the costs because we understand this is a barrier to attending
- MI Premier Public Health Pre-Session
 - Free half-day QI / Performance Management training

Cheatham recommended that PHAB accredited health departments create listserv (MALPH) so PHAB LHDs can keep in contact and share practices/recommendations

NEW BUSINESS – GOOD OF THE ORDER

DATA SHARING MI DISEASE SURVEILLANCE SYSTEM (MDSS)

Moran introduced and Cheatham let the Commission know that all LHDs agreed to sign the agreement to allow MDSS access across jurisdictional lines; however, there are still some with concerns. MALPH is working to plan what needs to be put in place to move forward, and need to discuss FOIA. Suggest possibility putting it in to training. Ridella asked for a little more explanation of 'what data' are shared. Cheatham discussed that the agreement will allow different jurisdiction to share data within MDSS. In the system, it will be an agreement between jurisdictions.

OPEN DISCUSSION/ANNOUNCEMENT

Begick said looking toward the future is working on making things better (in Bay City). Collaborating between transportation, healthcare, etc. to discuss poverty, etc. United Way will be hosting/funding.

Rachel Melody asked based on Cheatham discussing of the formation of Accredited LHDs discussion group, she shared that for PHAB re-accreditation is now looking for outcome measures, to be tracked. She wonders if there is an opportunity for that group of Accredited LHDs who are going through the PHAB process, to help with tracking those Outcome Measures.

Dale motioned and Ridella support adjournment, Meeting adjourned at 11:15 AM.