

**Michigan Rural Health Clinic Quality Network Meeting
May 5th, 2017**

Welcome and Introduction

Everyone in attendance introduced themselves including their role within the organization, and how many clinics they represented.

MI RHC Quality Network Operational Items

The group reviewed the proposed by-laws that were sent out via the MI RHC QN listserv. Notable items discussed in the by-laws are below:

Topic	Discussion	Action
Name of Network	The MI Rural Health Clinic Quality Network was proposed.	The MI Rural Health Clinic Quality Network was approved as the name of the network
Incorporation	It was proposed that the MI RHC QN will file paperwork to become a 501(c)(3), and will utilize the MCRH address.	Approved. MCRH will file the paperwork and provide an update at the next RHC QN meeting.
Definition of Member	Proposed definition: Eligible entities are limited to each federally designated Michigan Rural Health Clinic, whom makes a commitment to attending quarterly meetings, and benchmarking clinical quality measures (decided on by the Network).	Approved. MCRH will develop MOU and send out to each RHC QN contact.
Due Structure	Proposed and discussed that every MI RHC QN member shall pay a fee of \$50.00 for network dues. This was amended to reflect the \$50.00 would encompass 5 RHCs under one TIN.	Approved with amendment. A revision to the by-laws will be made, and language will be included in the MOU.
Executive Committee:	President: Doris Goodlock Vice President: Keisha Sexton Secretary: Carrie Sevarns Treasurer: Deb VanDyke Officers: Mary Welsch, Lacey	Approved.

	Sherlock, Kris Allen, RuAnne Vanderveen, Cindy Baker	
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RHC Clinical Quality Measures and Benchmarking Update:

- Every RHC QN member is asked to submit the last 6 months of data (November 2016) through the current month into QHI.
- Crystal will be in touch to move this process forward.

The Quality Payment Program Midwest Resource Center

[Click here for the presentation](#)

Bruce Maki gave an overview on the [Quality Payment Program](#), and the [QPP Midwest Resource Center](#).

RHCs who are interested in voluntarily reporting to CMS under the Quality Payment Program, should sign up with the resource center. In addition, if RHCs do not meet the low-volume threshold, and have to report to the QPP, they should sign up for the resource center.

If you are not aware if RHC providers have met the low-volume threshold, [check here](#).

I Vaccinate Campaign, and a discussion on RHC specific barriers to providing vaccinations

Christopher Smith, CDC Public Health Advisor at MDHHS noted that the campaign was born out of the recent anti-vaccination movement, and specifically, MI's poor vaccination rates. The campaign focuses on vaccines from a parent perspective, and the Franny Strong Foundation is the "face" of the campaign.

- The website houses a variety of resources for the public, but also houses resources for healthcare providers, and partners. To see these resources follow this link: <https://ivaccinate.org/toolkit/>, and use the password ivaccinate.
 - Barriers/conversations
 - Pharmacies who don't report to MCIR
 - Technical assistance to teach them how to use it is available – reach out to MDHHS if needed.
 - Can vaccines be mandated for employees? Yes if administration is willing to do it, data to promote this policy is available.
 - Lost vaccinations due to storage problems was a topic for multiple clinics – a program allowing for the ability to recoup costs when these mistakes happen would be ideal
 - It was suggested to work with local health departments.
 - Merck Vaccines was in attendance to answer questions, and Terrance noted that he is available for any questions and resources: 'terrance.rabideau@merck.com'

- Participants noted that they have higher compliance rates when vaccines are on-site
- Getting school and CDC recommendations consistent is needed (departments within state government partnering)

CMS Emergency Preparedness

At the [October 19th, 2016 meeting](#), the new [CMS Emergency Preparedness Requirement](#) for RHCs were introduced, and the following resources were shared.

Amber Pitts and Mark Morrissey from the Division of Emergency Preparedness and Response, MDHHS were in attendance to share the following presentation- [click here for the presentation](#).

Tips: Find out who your local emergency preparedness coordinator is (listed in the packet), and your [local healthcare coalition](#). These entities are well-versed in this work, and in most cases are conducting full scale drills already, thus partnering with them makes sense. The MDHHS website has more resources - http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826---,00.html

Since the meeting, the following resources have come out:

- RHCs must comply with new Emergency Preparedness rules as a condition of participation (CoP) in the RHC program by November 15, 2017. These new rules can be found at [42 CFR §491.12](#).
- Earlier this week, CMS released their “advanced copy” of the emergency preparedness interpretive guidelines (IGs) which further details specifically what RHCs need to do to pass their survey. This document (also known as Appendix Z to the State Operation Manual) represents the most granular and specific instructions we will receive from the government on the new emergency preparedness rules. [Click here for the document](#).
- RHC Technical Assistance Call on Emergency Preparedness – [Recording can be found here](#).

Diabetic Path Class

Mary Welsh, Northshore Primary Care Network, Mercy Health Physician Partners, presented on incorporating the PATH (Personal Action Toward Health) class into their diabetic management education. [Click here for the presentation](#).

RHC QN Roundtable

Topics discussed included:

- Staff turnover, especially MA- utilizing schools, staff appreciation for retention, staff survey, exit interview process, very small raises
- Benchmarking staffing and productivity data
- Getting physicians to engage with quality- physician champion, benchmarking them among peers unblended