

Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, April 1, 2014

In Attendance:

Matt Rosen (Chair), Program Specialist, DDS/QMD

Jared Morris, Director, DDS QMD

Cathy Anderson, Deputy Director, DDS/DDA

Shirley Quarles-Owens, Supervisor Community Health Nurse, DDS

Erin Leveton, Legislative and Policy Analyst, DDS

Lisa Alexander, George Washington University

Joyce Maring, George Washington University

Alison Whyte, Advocacy and Rights Specialist, DDS/QMD

Marisa Brown, Georgetown University, Center on Child and Human Development

Barbara Stachowiak, Project Director, Provider Certification Review, DDS

Casey Nelson, Clinical Psychologist, DDS

Handouts from the Meeting

- Agenda
- Minutes from March 4, 2014
- Handout for Lisa Alexander's Presentation

Review of January 7 Minutes

- ❖ Barbara Stachowiak added the need for educating SC to the *Not Met* indicators for each of the services so that they may improve their monitoring activities by reviewing with providers how they are meeting the needs of individuals they support to her presentation in the March 4, 2014 minutes.

Evaluating the Impact of Medical Home Model on Adults with IDD – presented by Lisa Alexander

- ❖ Lisa Alexander presented a study completed by George Washington University and Bread for the City shows the impact of the Medical Home model on people with IDD. Having reviewed the results of 47 people who received care from Bread for the City over a six year period, the study found that the Medical Home is an optimal service delivery system. People in the study increased their use of electronic communications, decreased the number of consults ordered, and increased the number of clinic visits. The study also revealed that if a person had even two types or number of diagnoses increased the likelihood of ER visits and hospitalizations.

Conversation of BSPs – presented by Casey Nelson

- ❖ Several months ago, QIC members decided to focus attention on improving the BSP process in order to improve the quality of life for people with BSPs as well as increase

seek to increase the number of BSPs that were approved and reviewed by the RCRC. Dr. Nelson started this conversation by describing some of the changes made to the BSP policy and talking about the ongoing training that has been made available. Though the changes raise the bar for quality, several staff members agreed that the compliance numbers were going to go down before they went up after these changes. The conversation later changed to discussing how it could be possible for the RCRC to review every BSP every year and what would the process look like if more responsibility was given to provider HRCs. The group thought that these topics would need further discussion.

The meeting concluded at 3:00 so the QIC Hospitalization Transition Sub-Committee could meet.

Next Meeting: May 6, 2014