

Public Health Code Advisory Committee Notes
October 10th, 2013

Advisory Committee Attendees Present: (* = via phone)

Lawrence Burns, JD, Chair; Melanie Brim, MHA; Lisa Stefanovsky, MEd; Kim Sibilsky; James Falahee, Jr.; Jean Nagelkerk, PhD, FNP; Dianne Conrad, DNP, RN, FNP-BC, Brenda Lawson, RN, JD; Mona Hanna-Attisha, MD, MPH; Grace Kreulen, RN, PhD; Kathleen Forzley, RS, MDA; Renee Canady, PhD, MPA; Madiha Tariq*, MPH; Kevin Piggott*, MD, MPH

MDCH Staff:

Irda Kape

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Feedback Form	<ul style="list-style-type: none"> • The “type of change” line should be removed for additional clarity. • The second text box should be changed to “Describe why this change is necessary”. The “improve the healthcare regulatory environment” should be removed. • The language referring to ‘change’ in the feedback form should be changed to ‘recommendation’. • A fourth box asking for the “Identify the negative/drawbacks” should also be added to coincide with the “Identify the strengths or positive aspects of the existing language”. • The text “Describe the potential for negative or unintended consequences if the proposed change is implemented” is wordy and should be revisited. <ul style="list-style-type: none"> ○ It is still important to leave in as it helps all think of the bigger picture. ○ Can consider changing to “Describe the potential for unintended negative consequences” • Change ‘resources’ in the sixth box to ‘documentation’ • MDCH staff will rework the form, fill it out with proposed recommendation, and resend for committee approval.
Stakeholder List	<ul style="list-style-type: none"> • The list has been updated with additions from last meeting. • The list will be sent to all stakeholders and they will be encouraged to

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	<p>circulate it among their networks.</p>
<p>Website and associated links</p>	<ul style="list-style-type: none"> • The email address is working and can be used for any information: PHCAC@Michigan.gov • The overview of the process should make it clear that the recommendations are only for further review. The diagram should be added to the PHC website. • The committee list can be added as a separate document and should be placed as a hyperlink on the website.
<p>Feedback Solicitation Process</p>	<ul style="list-style-type: none"> • A press release will be issued announcing the request for feedback. The committee will have chance to review the draft before it is sent out. • Paper input will still be still be considered and accepted. There is an address assigned to this process. • December 13th is the last date any feedback can be submitted. • The feedback will be broken down and a note will be provided highlighting how many requested a similar type of change.
<p>Recommendation process</p>	<ul style="list-style-type: none"> • The committee may provide a recommendation to do a more thorough review of a certain area of the PHC based on a large volume of input. • There should be criteria to highlight new and emerging practices, like telemedicine. • Governor will not be interested in the PHC obsolete or to be deleted text – MDCH will take care of this part. The focus will be on changes to be made. • Having a column highlighting similar evidence in other states may be helpful. • The report will be submitted in April/May and there may not be action taken right away on the recommendations. • The Michigan Infant Mortality Plan and the 4x4 plan are examples of reports with recommendations that have been issued. The reports will include executive summary, recommendations, and background information to show the process and reasoning behind the

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	recommendations.
Subcommittee Process	<ul style="list-style-type: none"> • There is general consensus among the committee members that the subcommittee idea is agreeable. • Four subcommittees will be created around different articles of the PHC and committee members will be placed in each – about 4 members to a subcommittee. Committee members can decide where they would like to be and should prepare for being on that subcommittee (read the associated Article of the PHC). • For December meeting, subcommittees can work on a ‘test case’ for the first part of the meeting and then discuss as a whole using criteria. <ul style="list-style-type: none"> ○ Subcommittees may need to be able to split up and work together independently. • Each subcommittee will work on one broad area of the PHC and will present to the rest of the team in the February and March meetings. • Initial work will be laid out in December. There will be work done among subcommittees in January. February and March will be used for presentations. April or May is the latest the report can go out.
Criteria for Recommendations	<ul style="list-style-type: none"> • Need to be able to have a process for explaining the recommendations and why input was/was not selected in the final report. • The “Occupational and Professional Regulation” guideline might be a good way of showing the criteria. • The criterion needs to have clear definitions and checklists for each recommendation that comes in. Should be a type of scorecard for input received. • Improve health, safety, and wellness can be the general categories for the criteria and then break down further into: <ul style="list-style-type: none"> • Does it add value? • Is it fiscally neutral? • Does it improve access to care?

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	<ul style="list-style-type: none">• Does it protect patients?• Is it obsolete?• Does it need to be reworked?• Is it an emerging practice?• Does it help reduce health inequality/disparities?• Does it improve efficiency?• Is there evidence-based research available?• Is it relevant to the PHC?• Other considerations:<ul style="list-style-type: none">○ Prevention and treatment○ Protecting and promoting the health of the public• Prevention and treatment may also need to be considered.