



Quality Improvement Steering Committee (QISC)
Tuesday, June 2, 2020
1:30 – 3:00 p.m.
Via BLUE JEAN PLATFORM
Agenda

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|-------|--|-------------------------------|
| I. | Welcome | T. Greason |
| II. | Introductions | T. Greason |
| III. | Approval of June 2, 2020 Agenda | Dr. Hudson-Collins/T. Greason |
| IV. | Approval of Minutes | Dr. Hudson-Collins/T. Greason |
| | a. February 4, 2020 | |
| V. | DWIHN Updates | A. Siebert/Dr. Hudson-Collins |
| VI. | NCQA Updates | Gail Parker |
| VII. | Customer Services | M. Keyes-Howard |
| | a. Summary Results of the Care Coordination Providers Survey | |
| VIII. | Performance Improvement Projects (PIP's) | |
| | a. Hepatitis A Vaccination Follow-Up | A. Oliver |
| | b. Use of Multiple Antipsychotic Medication Follow-up | A. Oliver |
| | c. Synar Closing Summary | K. Thomas |
| | d. 30 Day Follow-up After Hospitalization with MHP | J. Zeller |
| IX. | Behavior Treatment Advisory Committee Updates | F. Nadeem |
| X. | Annual Assessment of the Network Availability | S. Matthews |
| XI. | Other | |
| XII. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, June 2, 2020

1:30 p.m. – 3:00 p.m.

Via BLUE JEAN PLATFORM

Meeting Minutes

Note Taker: Aline Hedwood

Committee Chairs: Dr. Margaret Hudson-Collins, DWIHN Chief Medical Officer, and Tania Greason, Provider Network QI Administrator

Blue Jean Platform Members Present:

Dr. Margaret Hudson-Collins, April Seibert, Tania Greason, Justin Zeller, Jessica Collins, Cheryl Fregolle, Fereeha Nadeem, Gail Parker, Margaret Keyes-Howard, Bernard Hooper, Kimberly Flowers, Crystal Palmer, Judy Davis, Allison Smith, Sharon Matthews, Nicole Rogers, Ortheia Ward, John Pascaretti, Tina Forman, Karra Thomas, Starlit Smith, Rotesa Baker, Dana Lasenby, Alicia Oliver and Robert Spruce.

Members Absent:

Eric Doeh, Allison Lowery, Carla Spight-Mackey, Mignon Strong, Nasr Doss, June White, Shirley Hirsch, Andre Johnson, Angela Harris, Bill Hart, PhD, Donna Smith, Sandra Ware, Stacie Bowens, Dr. Sue Banks, Virdell Thomas, Jennifer Smith, and Dr. B. Jones.

Staff Present: April Siebert, Tania Greason, Starlit Smith and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: Tania welcomed the group and asked the member's put their name, organizations and email address in the chat box for proof of attendance.

3) Item: Approval of June 2020 Agenda: Agenda approved by Dr. Hudson - Collins and group.

4) Item: Approval of February 4, 2020: Minutes approved by Dr. Hudson – Collins and group.



5) Item: Authority Updates:

- DWIHN has a Covid-19 webpage which includes a Providers Support page for notifications relative to the Covid-19 pandemic. Providers were advised to review the webpage frequently for ongoing updates and information.
- DWIHN is involved in providing information and resources to providers and staff regarding the pandemic and ensuring that residential homes have appropriate and sufficient PPE's and monitoring for member's who test positive for Covid-19. Providers must track members who test positive and who perish from Covid-19. All reports/information must be forwarded to DWIHN's Quality Unit via the Critical/Sentinel Event reporting module.
- DWIHN has had several meetings with the City of Detroit and Wayne County Health Departments, tracking people who tested positive for Covid-19 and to maintain DWIHN's relationship with the hospitals to ensure members are admitted appropriately.
- Dr. Hudson-Collins and Dana Lasenby has had the opportunity to tour the TCF Center Field Hospital earlier this year.

6) Item: NCQA Updates – Gail Parker

Goal: Update for NCQA Recertification Status

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: QI# ____ CC# ____ UM # ____ CR # ____ RR # ____

| Decisions Made | | |
|--|-------------|-------------------|
| DWIHN has contracted with NCQA Consultant Diana Hallified for providing feedback for policies and processes in order to help improve our NCQA documentation and reporting. Also, Diana and Gail will continue to conduct mock file reviews in order to assist us with improving and preparing for the NCQA review scheduled for next year. The NCQA survey will begin on February 16, 2021 with reviewers scheduled to be on site April 5 - 6, 2021 for UM file reviews. | | |
| Discussion | Assigned To | Deadline |
| | | |
| Action Items | Assigned To | Deadline |
| Continue NCQA Mock Reviews | Gail Parker | February 16, 2021 |



7) Item: ECHO Survey Update – Margaret Keyes-Howard

Goal: Update for ECHO Survey

Strategic Plan Pillar(s): Advocacy Access **Customer/Member Experience** Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: **X QI# 5** CC# ___ UM # ___ CR # ___ RR # ___

| Decisions Made | | |
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| DWIIHN continues to measure Member Experience with the distribution and the analysis of the ECHO® Survey. Having administered the Survey through contractual management agreement with Wayne State University in 2018, Member Engagement Staff elected to expand efforts by surveying both Adults and Children in 2020. The Second Adult ECHO® Survey was launched early in 2020 and was delayed a few weeks amidst the COVID-19 Crisis shut down. The children ECHO survey will be completed for the first time and has been distributed to DWIHN’s members and families. CS anticipates to have a full data report by the end of June 2020. Information will be reviewed for input and analysis with the QISC committee which will include comparison of outcomes from the adult’s survey that was given in FY 2017. | | |
| Discussion | Assigned To | Deadline |
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| Action Items | Assigned To | Deadline |
| Review of final ECHO Survey Report for recommendations. | Margaret Keys-Howard | August 2020 |



8) Item: Summary Results of the Care Coordination (Provider Survey) – Tina Forman

Goal: Review and analysis of the Care Coordination Survey

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI# 3 CC# ____ UM # ____ CR # ____ RR # ____

| Decisions Made | | |
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| <p>Tina Forman presented the results of the August 2019 DWIHN issued Provider Satisfaction survey for the results of the Care Coordination section. The survey was submitted to over 800 practitioners and received responses from a total of 146 practitioners. Noted below is a Breakdown of the organizational types as reported through the survey results. The respondents were asked to indicate their roles and position within their organizations. The options included therapy, counselor, physician, psychologist, nurse, case manager, care coordinator, practitioner, clinician or peer. There were four questions that were specific to care coordination on the survey:</p> <ol style="list-style-type: none"> I. How satisfied are you with the information you received through the course of treatment between mental health and SUD practitioners on an ongoing basis? II. How satisfied are you with the information you received on the course of treatment between the psychiatrist and SUD providers on an ongoing basis? III. How satisfied are you with the information you received on the course of treatment between the support’s coordinator and Direct Care Workers on an ongoing basis? IV. In your specific role how satisfied are you with the communication related to treatment, services and support among all health care practitioners, psychiatrist and support care staff within your system. <p>The provider responses include if they were completely satisfied, somewhat satisfied, neither satisfied, dis-satisfied, somewhat dis-satisfied or completely dis-satisfied, or non-applicable. While the number of respondents that indicated dissatisfaction with the communication between providers was low, there is room for improvement in the number of respondents that indicate satisfaction with the communication between providers.</p> <p>Some opportunities for improvement include:</p> <ul style="list-style-type: none"> • Leverage existing Electronic Health Record (EHR) system to develop notifications to network providers for coordination of care purposes • Educate providers on availability of completing consent form electronically in DWIHN EHR • Train providers on the expectation of coordinating care <p>Additional information will be forwarded to the QISC as it relates to the noted opportunities.</p> | | |



| Discussion | Assigned To | Deadline |
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| Action Items | Assigned To | Deadline |
| Care Coordination (Provider Survey) Report was approved per Dr. Hudson-Collins with recommendations to review opportunities for improvement and bring information back to QISC for review of interventions and noted recommendations. | T. Forman | September 30, 2020 |

9) Item: Performance Improvement Projects (PIP's) – Alicia Oliver, IHC, Karra Thomas, SUD and Justin Zeller, QI

Goal: Review update/progress for Performance Improvement Projects (PIPS).

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI# 10** CC# UM # CR # RR #

| Decisions Made | | |
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| <p>Hepatitis A Vaccination/Follow up – Alicia Oliver</p> <p>The hepatitis A PIP is monitored as a part of our NCQA documentation CC2 Element B requirement. DWIHN has been asked by the State of Michigan Department of Health and Human Services (MDHHS) to make available a prevention initiative for the opioid treatment programs (OTP). DWIHN continues to work in collaboration with the Detroit Health Department (DHD) and the Wayne County Health Department (WCHD). Collaboration efforts include education on hepatitis A and offering the hepatitis A vaccine at the OTP three times over the course of 6 months. According to the DHHS, multiple opportunities to acquire the vaccination increases the likelihood of the members actually following through with receiving the vaccination. From April 2019 – February 2020 DWIHN's compliance numbers have remained the same. The City of Detroit, had 173 cases and Wayne County 174 cases. IPLT decided that IHC should continue with this PIP due to the health departments response to the COVID-19 pandemic. Monitoring will continue through the pandemic as the health department has determined that this is an important measure. DWIHN will continue educating members and providers. (see attached Hepatitis A Vaccination PIP write up and analysis).</p> | | |
| <p>Use of Multiple Antipsychotic Medications Follow up – Alicia Oliver</p> <p>Alicia informed the group that this PIP focus is on members who are on two or more antipsychotic medications. In reviewing the member's medications IHC found that some members were on a large number of atypical antipsychotic medications. This process will allow the psychiatrist to become aware if their clients are on two or more medications. A memo was sent out by the Dr. Hudson-Collins that provided the psychiatrist the chance to look at the name of members who have been identified and are prescribed two or three antipsychotic medications. Psychiatrics should review if the number of antipsychotics can be decreased and monitored through the member's treatment plan. For additional information please review presentation "Decreasing the Use of Multiple Antipsychotic".</p> | | |
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| <p>Synar Closing Summary – Karra Thomas, SUD</p> <p>Kara Thomas provided the group with some of the highlights from the Synar closing PIP. Synar aim is to decrease youth access to tobacco and was developed across the states the effort has been successful in preventing youth tobacco uses. MDHHS requires that every state comply with the amendment in order to receive full prevention treatment and substance abuse funding.</p> <p>DWIHN SUD unit does Synar checks annually and showed great strides in showing the reductions in retail violation laws and youth access to tobacco products in Michigan. DWIHN providers have made their presence in the communities to conduct education and training relative to the Synar project.</p> <p>SUD is continuing to work ensuring that SUD providers stay in compliance with the Synar efforts. For additional information please review the presentation “DWIHN Synar Closing Summary” for the following:</p> <ul style="list-style-type: none"> • Region 7 Wayne County MIPHY Data MIPHY Tobacco results • Synar Completed Sales <p>At this time, it is recommended to close the SYNAR PIP due to achievements as noted in the attached reports.</p> | | |
| <p>30 Day Follow-up After Hospital with Mental Health Practitioner (MHP) – Tania Greason and Zeller</p> <p>Tania Greason informed the committee that the 30 Day Follow-up After Hospitalization with MHP is newly developed PIP for the scheduling of appointments. For NCQA 11 element B DWIHN must have four PIP’s to represent, two Clinical and two Service. This PIP will be a little different as it will track the number of available appointments with a MHP as a service for our members. This PIP is also selected as it is a state measure and can affect funding. In addition, DWIHN will continue to monitor if members are making appointments after they are discharged to assist with reducing recidivism rates.</p> <p>As part of the requirement for monitoring 30 day follow-up requirements, a Clinically Responsible Service Provider (CRSP) responsibility letter that is a supplement to the DWIHN Provider Manual and to the Scope of Service in the contracts with our provider network has been submitted to providers. This document outlines the responsibilities of the assigned CRSP which include but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provisions, conducting periodic reviews and addendum to the Individual Plan of Service when requested by the member or warranted due to changes in level of need or significant life events.</p> | | |



| <p>Justin Zeller provided information relative to QI and the IHC units reviewing trends and working with IT and PCE for monitoring of appointments with the MHP scheduled within 30 days post hospital discharges. Wellplace is now offering two appointments for 7 days and 30 days after discharge. If the first appointment is not with an MHP, it could be with a case manager, which would meet the goal of the MMBPI 7 day follow-up indicator. The objective is to schedule with a MHP within 7 days if available which would allow DWIHN to meet both goals for the 7 and 30 day follow-up requirements. The reporting will be separated into two groups one for children and adults. The baseline will be for FY 2019 and next year will be the remeasurement period.</p> | | |
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| Discussion | Assigned To | Deadline |
| <p>Dr. Hudson-Collins voice concerns about the post- discharged homeless members and asked what percentage are the discharge homeless are discharge to the street. Answer: Alicia stated the homeless members are discharged to NSO which is a holding center however some of DWIHN’s members are discharged and do not follow-up accordingly. When this occurs, information is forwarded to the CRSP providers for follow-up and reengagement efforts.</p> | | |
| Action Items | Assigned To | Deadline |
| <p>Recommendations and approval per Dr. Hudson-Collins and committee for continuation of <i>Hepatitis A</i> and <i>Use of Multiple Antipsychotic Medications</i>. Recommendations and approval per Dr. Hudson-Collins and committee to adopt the 30 Day Follow-up After Hospital with Mental Health Practitioner PIP for NCQA requirements. Recommendation and approval per Dr. Hudson-Collins and committee to sunset the SYNAR Project PIP.</p> | A. Oliver, J. Zeller | Ongoing |



10) Item: Behavior Treatment Advisory Committee (BTAC) Updates – Fareeha Nadeem

Goal: Review and analysis of the BTAC reporting requirements

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Information Systems Workforce

NCQA Standard(s)/Element #: X QI# 11 CC# ____ UM # ____ CR # ____ RR # ____

| Decisions Made | | |
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| <p>Fareeha Nadeem provided an overview of the BTAC committee and analysis for FY 2018-2019 which include the review of Critical/Sentinel Event Reporting and 911 calls. DWIHN’s BTAC committee consists of DWIHN staff, Chief Medical Officer, Psychiatrist, Psychologist, Office of Recipients Rights staff and CRSP providers within our provider network. The committee meets monthly. DWIHN is in full compliance with MDHHS for FY 2018-19 with Behavior Treatment Committee (BTAC) requirements.</p> <p>The DWIHN BTAC committee review clinical cases validations for identified complex cases. DWIHN’s network of providers are invited to present their cases which include discussion at a higher clinical level. This forum allows for review and solutions for members with high complex needs in reviewing their treatment plans and Behavior Treatment Plans. The committee makes recommendations for modifications to the members plans. Also, DWIHN has developed an expedited plan review procedure at the system provider level. Providers have been notified of the process with the outlined requirements. In addition, DWIHN will begin submitting quarterly data analysis reports to the state of Michigan as outlined in our reporting requirements. DWIHN has a total of 533 members on BTP in FY 2018-19 with 1851 approved authorizations for services related to BTP. For additional information please review presentation “DWIHN BTAC Summary of Data Analysis Report FY 2018-19” which include the following:</p> <ul style="list-style-type: none"> • Methodology • Total BTP’ Submitted • Restrictive and Intrusive Interventions • Use of Medication • 911 Call and Critical Events • Future Plans for the BTAC | | |
| Discussion | Assigned To | Deadline |
| | | |
| Action Items | Assigned To | Deadline |
| Recommendation and approval per Dr. Hudson-Collins and committee for continuation and review/monitoirng of the BTAC committee measurements for implementation of meaningful interventions as required. | F. Nadeem | Ongoing |



12) Item: Annual Assessment of the Network Availability – Sharon Matthews

Goal: Review and recommendations of the Annual Assessment of the Network Availability Report

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: X QI # 4 CC# ____ UM # ____ CR # ____ RR # ____

| Decisions Made | | |
|---|----------------------|---------------|
| <p>Sharon Matthews and Nicole Rogers provided an overview of the <i>Annual Assessment of the Network Availability Report</i> to the committee members. The MCO unit is the owner of NCQA Standard QI-4 for practitioners and providers availability. MCO is required to ensure that DWIHN has the sufficient number and types of behavior health practitioners within our provider network. The <i>Assessment of the Network Availability Report</i> include the culture needs and the preference of our members to access the culture and ethnic choices within our practitioner network. The report also identifies and evaluates the availability of behavior healthcare practitioners and providers within DWIHN’s delivery system, making certain that all of DWIHN’s members are offered access and availability to services.</p> <p>DWIHN utilizes the 30 miles, 30 minutes reporting standards which is required by the state with a threshold of 95% compliance. MCO is reviewing to ensure that 95% of the members have availability and accessibility to a provider/practitioner within 30 miles or 30 minutes. If this standard is not met, interventions and ongoing analysis is required to adjust within the provider network.</p> | | |
| Discussion | Assigned To | Deadline |
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| Action Items | Assigned To | Deadline |
| Tania recommended that MCO put together a presentation for next meeting in July 2020 identifying the areas where DWIHN did not meet the required reporting standards for recommendations from the committee. | J. White/S. Matthews | July 30, 2020 |

New Business Next Meeting: Thursday June 30, 2020 [Via Blue Jean Platform](#)

Adjournment: 3:30 pm

ah/7/2/2020