Quality Improvement Steering Committee (QISC)
Thursday July 30, 2020
10:30 a.m – 12:00 p.m.
Via BLUE JEAN PLATFORM
Agenda

I.	Welcome	T. Greason
II.	Introductions	T. Greason
III.	Approval of July 30, 2020 Agenda	Dr. Hudson-Collins/T. Greason
IV.	Approval of QISC June 2, 2020 Minutes	Dr. Hudson-Collins/T. Greason
V.	DWIHN Updates	Dr. Hudson-Collins/A. Siebert
VI.	NCQA Updates	Gail Parker
VII.	DWIHM Performance Improvement Project's (PIP's)	
	a. PHQ-9	R. Compton
	b. PHQ-A	C. Palmer/M. Orme
	c. Improving the Attendance at FUH w an MHP Hospitalization for Mental Health	A. Oliver
	d. Phone Abandonment Rate (NCQA QI 11 Element B)	M. Vasconcellos
	e. 30 Day Follow-up (NCQA QI 11 Element B)	J. Zeller/T. Greeson
	f. Increase Rate of Discharge from Psychiatry Inpatient (NCQA QI 11 Element B)	J. Zeller/T. Greeson
VIII.	Managed Care Operations Annual Assessment of the Network Availability Annual Provider Survey Report	S. Matthew/N. Roger
IX.	Integrated Healthcare	
	a. Data Sharing Care Coordination	T. Forman
X.	Quality Improvement ○ MMBPI Data Analysis (Quarter 1 and 2 FY 2019-20) ○ New Indicator Reporting (Indicator 2a, 2b, and 3)	T. Greason/J. Zeller
XI.	Adjournment	

Quality Improvement Steering Committee (QISC)
Thursday July 30, 2020
10:30 a.m. – 12:00 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, Fareeha Nadeem, Carla Spight-Mackey, Nicole Rogers, Marika Orme, Latoya Garcia-Henry, Gail Parker, Crystal Palmer, Judy Davis, Allison Smith, Ortheia Ward, John Pascaretti, Tina Forman, Rotesa Baker, Alicia Oliver, Rhianna Pitts, June White, Shirley Hirsch, Donna Coulter, Michelle Vasconcellos and Robert Spruce.

Members Absent:
Eric Doeh, Allison Lowery, Mignon Strong, Nasr Doss, June White, Andre Johnson, Angela Harris, Bill Hart, PhD, Donna Smith, Sandra Ware, Stacie Bowens, Dr. Sue Banks, Virdell Thomas, Jennifer Smith, Dr. B. Jones. Cheryl Fregolle, Margaret Keyes-Howard, Bernard Hooper, Kimberly Flowers, Sharon Matthews, Nicole Rogers, Karra Thomas, and Starlit Smith.

Staff Present: April Siebert, Tania Greason, Justin Zeller, Fareeha Nadeem, Carla Spight-Mackey and Aline Hedwood.

1) Item: Welcome: Tania Greason

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

3) Item: Approval of July 2020 Agenda: July 2020 Agenda was approved by group.

4) Item: Approval of June 2, 2020 Minutes: The June 2, 2020 minutes were approved as written per Dr. Hudson-Collins and the group.

5) Item: DWIHN Updates:
Goal: Update on DWIHN Activities/Programs
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		
April Siebert ○ DWIHN has submitted a memo to our provider network stating that we have received clarification from MDHHS regarding the 2-dollar Covid-19 pay increase for Direct Care Workers. The memo outlines to our provider network the guidelines and requirements for the pay increase.		
Dr. Margaret Hudson-Collins • DWIHN continues its effort with the Covid-19 initiative with the five primary initiatives listed below: 1. The development of the Urgency Psychiatric Service Site. 2. The development of the Intensive Psychiatric Stabilization Unit 3. SUD Recovery protocol. 4. Stone Crest development of a hospital unit for DWIHN covid-19 patients who had mild to moderate symptoms. • During the COVID-19 pandemic, Telehealth has been very successful, MDHHS will extend the telephonic reimbursement process and our network providers will receive information for billing etc. as it becomes available. • DWIHN no longer has offices at the New Center One building (NCO). • DWIHN has tested 258 employees for COVID-19 and will continue to test every two months.		
UM Update – John Pascaretti UM will provide a Services Utilization Guideline (SUG) Webinar and Screening in two (2) informational sessions for all DWIHN and Network Providers on August 4, 2020 from 1:00 pm – 2:30 p.m. and August 7, 2020 from 9:00 a.m. – 10:30 a.m. Please review and plan to sign up for the scheduled Webinar Sessions.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Providers and DWIHN staff to sign up for the SUG Webinar and Screening sessions	UM	August 2020

6) Item: NCQA Updates – Gail Parker
Goal: Update on NCQA Reaccreditation
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: ☐ QI# ___ ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Gail Parker informed the committee of the following: • DWIHN is entering the last six months before the NCQA survey for re-accreditation. • This committee's responsibility is inclusive of understanding the process for deciding on quality improvement projects (QIP's) and making recommendations for interventions. • NCQA accreditation is an affirmation of DWIHN's ability to provide safe and effective care to our members served. • Training on various policies and procedures are also presented through different committees and meetings that occur at DWIHN. • The end results of achieving NCQA Full Accreditation is for us to provide excellent delivery of care to our members we serve. It is the expectation for this committee to provide participation allowing for promising best practices. Best practices are important to DWIHN in terms of delivering the type of care we are expected to provide to our members. • The NCQA document upload is scheduled for February 2021 and virtual record review has been scheduled for April 2021.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Continue NCQA preparation and MOCK Reviews	Gail Parker/DWIHN assigned staff	April 2021

7a) Item: DWIHN Performance Improvement Projects (PIPs): PHQ-9 PI Update – Robert Compton, CPI
Goal: Review and status update of the PHQ-9 PIP
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Robert Compton discussed and reviewed the PHQ-9 PIP as an instrument that is utilized to help screen depression. DWIHN has an organizational goal to reduce the suicide rate for enrolled members. From literature provided by U.S. Department of Health, we know one of the barriers to the reduction of suicide is undiagnosed and/or untreated depression. It is estimated 90% of those who died by suicide have had a mental health concern. 60% of those had a mood disorder (e.g. major depression, bipolar depression, persistent depressive disorder - dysthymia). Even among those treated for depression, the rate of death by suicide can be 4% to 7% higher than other mental health concerns. In the DWIHN system, 15% of adult with a disability designation of serious mental illness (SMI) and/or substance use disorder (SUD) are diagnosed with Major Depression or Bipolar Depressive Disorder. Upon review of the electronic health record, some individual plans of service did not appear to be connected to following the Clinical Guideline for treatment of adult depression on a consistent basis. Robert also discussed and shared the following findings: • The rate of past year MDE was lower among persons aged 50 or older (5.8%) than among those aged 18 to 25 (8.9%) or 26 to 49 (8.5%). Overall the rate of past year MDE was 7.5%for adults aged 18 or older. • The rate of MDE was higher for adults who perceived their overall health to be fair or poor (14.2 percent) than for those who described their health as excellent (4.3 percent). • Among those with past year MDE who received treatment for depression in the past year, 68.8 percent saw or talked to a medical doctor or other health professional about depression and used prescription medication for depression. • A quarter (24%) of those with MDE who received treatment for depression saw or talked to a medical doctor or other health professional but did not use a prescription medication. • In 2017, an estimated 36.4 million adults aged 18 or older (14.8%of adults) received mental health care during the past 12 months. • Among the 46.6 million adults with any mental illness (AMI), 19.8 million (42.6%) received mental health services in the past year. • For 1st quarter data for the PHQ-9 being completed at initial intake in FY 2019-20 DWIHN did better in the 1st quarter than the 2nd quarter. For the 2nd quarter DWIHN received 71.8% as opposed to 72.5% the 1st quarter. • For screening goals for members designated score of 10 or greater in the 2nd quarter DWIHN received a 100% opposed to 98% during the 1st quarter. • In FY 2018-19 at first intake DWIHN scored 74% but, did a tremendous gain in those who have a score of moderate and above. The average score was 32.9% or quarterly basis for those who score 10 or more.		

CPI Unit has created a designated score of 10 which is reviewed as moderate depression. Members receiving a score of 10 should have depression information entered into the treatment plan to become part of the treatment course for monitoring. For members who score a 10 they will be rescreened on a quarterly basis and monitored for any adjustment to their treatment plan. Also, PHQ-9 is integrated in to the biopsychosocial and its part of the screening of the initial assessment. Effective March 26, 2020, DWIHN's CPI and IT units were able to place hard stops on the biopsychosocial for PHQ-9, what this implies is if the PHQ-9 is incomplete the biopsychosocial will not be signed and closed.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
• T. Greason requested that R. Compton present the PHQ-9 3rd and 4th quarter data along with a comparison chart with graphs to review interventions associated with the hard stops/edits of signing the biopsychosocial to determine the impact of the intervention. Information will be presented during the October 2020 meeting. • Dr. Margaret Hudson-Collins and the committee approved continuation of the PHQ-9 PIP.	Robert Compton	October 31, 2020

7b) Item: DWIHN Performance Improvement Projects (PIPs): PHQ-A- Update – Marika Orme
Goal: Review and status update of the PHQ-A
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems X **Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Marika Orme discussed and reviewed the PHQ-A PIP. Discussion included information on how this initiative is incorporated into the biopsychosocial and addresses the increasing rate of depression and suicide in youth between the ages of 12-17. Early screening and detection have proven that depression and prevention of suicide can be managed if detected early. Effective February 1, 2019, every youth in our provider network will be screened with the PHQ-A criteria upon intake and every three months following the initial screening if the assessment score is 10 or higher. In the performance improvement plan (PIP) CI is analyzing the following two measures: 1) Percentage of youth members to receive the PHQ-A screening at the initial intake 2) Percentage of youth who scored 10 or greater on the PHQ-A screening with a follow-up every three months for a measurement period. Baseline measurement for the PHQ-A completed upon intake for FY 2017-18 (44.4%) and for FY 2018-19 (71.7%) the goal is 95%. For additional information please review presentation "PHQ-A QIP Write Up Revised 6-15-20" on the following sections below: 1. Activity Selection and Methodology 2. Data/Results 3. Analysis Cycle 4. Interventions Table 5. Chart or Graph		
Discussion	Assigned To	Deadline
Action Items	**Assigned To**	**Deadline**
Dr. Margaret Hudson-Collins and the committee approved continuation of the PHQ-A PIP. T. Greason requested that Marika Orme bring back PHQ-A 4th quarter data for review of interventions and progress towards the goal.	Marika Orme	October 31, 2020

7c) Item: DWIHN PIPs: Improving the Attendance at FUH with an MHP after Hospitalization Mental Illness PIP Update – Alicia Oliver
Goal: Review and status update Attendance at FUH wn/MHP after Hospitalization with MI.
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 10 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Alicia Oliver discussed and reviewed the PIP for Improving Attendance at FUH with a MHP after Hospitalization w/Mental Illness. The following items were discussed. • FUH can reduce the risk or repeat hospitalizations and identify the members who need additional care. • Appointments are a huge barrier with our members served. Members are not understanding the importance of the follow-up after hospitalization (FUH) appointment. • IHC has developed a process to have the hospital contact the Access Center to prior to the members being discharged to schedule a FUH appointment. • Access Center and the IHC Unit currently conducts and sends each member a reminder call or text to of their FUH appointments. • DWIHN's Chief Medical Officer Dr. Margaret Hudson-Collins submitted a letter to the provider network stressing the importance of FUH appointments along with educational materials. • All FUH appointments must be scheduled with a mental health practitioner in order for the standard to be counted as compliant with the MDHHS (ICO) standard. • Wellplace is currently providing members with two (2) follow-ups appointments within 30 days and one of those appointment must be with a mental health practitioner. For additional information please review handout "Improving the Attendance at Follow-up Appointments with a Mental Health Professional After Hospitalization for Mental Illness" on the following: 1) Barriers that were Identified by the IPLT and clinical literature 2) 7-day FUH with mental practitioner Goal 45% 3) 30-day FUH with Mental practitioner goal 75% 4) Interventions that can have the most impact 5) Appointment Rates		

Discussion	Assigned To	Deadline

Action Items	Assigned To	Deadline
Dr. Hudson- Collins and the committee approved continuing with the Improving the Attendance at FUH with an MHP after Hospitalization Mental Illness PIP. Updates with interventions to be continually provided to the committee.	A. Oliver	December 30, 2020

7d) Item: DWIHN PIPs: Phone Abandonment Rate (NCQA Q1 11 Element B) – Michelle Vasconcellos and Donna Coulter
Goal: Review and status Phone Abandonment Rate
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		
Michelle Vasconcellos discussed and reviewed the Phone Abandonment Rate requirements with the committee. The full goals of the call center are to strengthen the relationship with the existing call center customers, answering calls promptly and measuring the average speed to answer (ASA) as well as abandonment rates. Every abandoned call that is missed is a missed opportunity to service a caller and has the potential to erode caller confidence in our organization. By measuring the rate of the call abandonment, the call center has the ability to measure their success of the call center, customer service as well as note member experience. CS have been advised by the MDHHS that the call abandonment rate is considered compliant at 5% or less. CS monitors the performance of the Access Center on a monthly basis and in FY 2019 CS monitoring identified five consecutive months that the Access Center did not met the call abandonment standard.		
Donna Coulter reviewed the rational for the development of the PIP informing the committee of the following: Noncompliance to the call abandonment standard resulted into a corrective action plan (cap) the initial intervention did not result in immediate compliance to the call abandonment standard, thus a performance improvement project was developed to address this issue. The root cause analysis of not enough staff was highlighted as a consistent issue that was identified. Hiring the appropriate staff based on call volume is one part of the improvement, staff turnovers were also an identified issue. In an effort to optimize quality and member experience, DWIHN has started gathering and analyzing the raw data from the Access Center per patterns in addition to the abandonment rate and speed to answer the CS team will further review the staffing ratio and scheduling practices. This next level of improvement will involve interviews with existing staff and administrators regarding the cultural and operations also the onboarding and coaching of hiring practices. This process and PIP will assist with identifying barriers that might be a contributor from preventing DWIHN of meeting the required state compliance score.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Dr. Hudson-Collins and the committee approved continuation with this Phone Abandonment Rate (NCQA Q1 11 Element B). Barriers and interventions will be continued to reviewed through the QISC meetings.	Donna Coulter	December 31, 2020

7e) Item: DWIHN Performance Improvement Projects (PIPs): 30 Day Follow-up (NCQA Q1 11 Element B) – Tania Greason
Goal: Review of the 30 day Follow-up PIP
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐**X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decision Made		
Tania Greason informed the committee that the QI unit has reviewed the 30-day follow-up as a potential PIP. The PIP' goal was to review the number of slots that DWIHN has available for scheduled appointments through the Access Center. For our NCQA requirement, QI has to select a service PIP that is showing meaningful improvement from the baseline data. The data currently does not show meaningful improvements which does not allow the PIP to be utilized for QI 11 Element B. This PIP has the potential to be utilized for QI 10 to demonstrate the importance of making sure DWIHN members are receiving appropriate timely appointments.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Dr. Hudson-Collins and the committee approved the discontinuation of the 30-day follow-up PIP for QI 11 Element B.	QI Unit	None

7f) Item: DWIHN Performance Improvement Projects (PIPs): Increase Rate of Discharge from a Psychiatric Inpatient (NCAQ QI 11 Element B) – Justin Zeller
Goal: Review of Increase Rate of Discharge from a Psychiatric Impatient (NCAQ QI 11 Element B)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Justin Zeller explained that QI is also reviewing to use information regarding the increase rate of Discharges from a Psychiatric Inpatient as it relates to MMBPI indicator 4a. QI will review data which allows us to measure the quality of care and what kind of technical pieces are missing. In 1st quarter FY 2019 DWIHN compliance rate reported to MDHHS was 56.2% and DWIHN had a recorded 42.5% of exceptions. The rate is important to DWIHN because it's a reflection for quality of care which meets our contractual obligations with the MDHHS and the Federal SUD Mental Health Services Administration. **Main Barriers:** a) Providers are not updating their documentation b) Incorrect CRISIS plan c) Coordination of care with hospital workers **Interventions:** a) DWIHN has done individual training with providers and presented information at the Quality operations meetings b) IHC reminder call to members of FUH appointments c) The Crisis Project, Health and Safety alert that the Access and Crisis team has done.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Dr. Hudson-Collins and the committee approved to continue the review to utilize the Increase Rate of Discharge from a Psychiatric Inpatient PIP for NCQA QI 11 Element B.	Justin Zeller	December 31, 2020

8) Item: Managed Care Operation – S. Matthews/N. Rogers
Goal: Review of the MCO Provider and Assessment Reports
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		
a. Annual Assessment of the Network b. Annual Provider Survey Report		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Tabled until QISC August 2020 meeting		

9) Item: Integrated Healthcare Data Sharing Care Coordination – T. Forman
Goal: Review of the
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		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Tabled until QISC August 2020 meeting		

10) Item: Quality Improvement – T. Greason/J. Zeller
Goal:
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		
○ MMBPI Data Analysis (Quarter 1 & 2 FY 2019-20) ○ New Indicator Reporting (Indictor 2a, 2b, and 3)		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Tabled until QISC August 2020 meeting		

New Business Next Meeting: Tuesday, August 25,, 2020 **Via Blue Jean Link Platform** 1:30 p.m. – 3:00 p.m.

Adjournment:

9/1/2020