Quality Improvement Steering Committee (QISC)
April 23, 2019
1:30 p.m. – 3:00 p.m.
Conference Room 400 A & B
Agenda

I.	Welcome	T. Greason
II.	Introductions	T. Greason
III.	Approval of Agenda April 2019 Agenda	T. Greason
IV.	Authority Updates	Dr. B. Butler
V.	Old Business ○ DWMHA Structure of Reporting/QISC and Committees ○ Echo Surveys-Low Scoring Areas	T.Greason
VI.	Performance Improvement Project (s) Status Update a. Follow Up After Hospitalization-Interventions Taken for Improvement as a Result of Analysis	Alicia Oliver
VII.	Michigan Mission Based Performance Indicators (MMBPI) a. Quarter 1 (2018-2019)	B. Klemm
VIII.	Behavior Treatment Advisory Committee (BTAC)	F. Nadeem
IX.	Strategic Plan Update	C. Mann
X.	Adjournment	

Quality Improvement Steering Committee (QISC)
April 23 2019
1:30 p.m. – 3:00 p.m.
Conference Room 400 A & B
Meeting Minutes
Note Taker: Aline Hedwood

Committee Chairs: Barika Butler, Chief Medical Director and Tania Greason, Provider Network QI Administrator

Member Present:
Dr. Barika Butler, April Siebert, Brad Klemm, Tania Greason, Eric Doeh, Michele Vasconcellos, Crystal Palmer, Fareeha Nadeem, Chery Fregolle, Gail Parker, Sandra Ware, Tammi Jennifer, Carla Spight-Mackey, Kimberly Hogan, Allison Lowery, Donna Smith, Orther Ward, Justin Zeller and Alicia Oliver.

Members Absent:
Dana Lasenby, Starlit Smith, Kip Kliber, Kimberly Flowers, Mignon Strong, Corine Mann, Nasr Doss, Tina Forman, Andre Johnson, Dhannetta Brown, Dorian Reed, Latoya Garica-Henry, Sarina Oden, Virdell Thomas, Winifred Williamson, Lezlee Adkisson, Jennifer Miller, Karen Sumpter, Steve Jamison, Bernard Hooper, Rostesa Baker, Angela Harris, Dr. Bill Hart, Dr. Sue Banks, Felicia Simpson, Allison Smith, Gary Herman, Dr. Hubert Hubel, Jim Kelley, Judy Davis, Michael Hunter, Nakia Young, Donna Coulter, Robert Spruce, and Sherri Ruza.

Conference Call: Lorrain Taylor-Muhammad

Staff Present: Tania Greason, April Seibert, Fareeha Nadeem, Brad Klemm, Carla Spight-Mackey, Justin Zellar and Aline Hedwood.

1) **Welcome:** Tania Greason
2) **Approval of April 2019 Agenda:** Approved by group
3) **Authority Updates:** Tania Greason
4) **Approval of February 21, 2019 Minutes**: Approved with noted revisions

5) Item: Performance Improvement Projects (PIP's) Status/Update - Follow Up - After Hospitalization-Interventions Taken for Improvement Analysis
Goal: Review of Status update
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		
Alicia Oliver informed the committee members that during the last QISC meeting in February 2019 there were discussions regarding the percentage of members that received follow-up care after hospitalization for 7 Days and 30 days. Alicia provided an overview of the purpose for the Follow Up – After Hospitalization for 7 and 30 days PIPs. There are exceptions/exclusions that each provider will need to review and include: a) Discharges followed by readmissions. b) Direct transfer to non-acute inpatient care setting within the 30 days follow up period regardless of principal diagnosis. c) Readmission if it excluded discharges follow up by readmission. d) Direct transfer to an acute inpatient care setting within 30 days follow up period if the principal diagnosis was if non mental health. Please review handout Deeper Dive – DWMHA Follow-up visits for additional information on: e) Follow up After Hospitalization after 7 days reported at 44% - Target 67% (December 2018); after 30 days reported at 70%- Target 70% (December 2018) f) Room for Improvement include, making sure enrollee/members have a 7 and 30-day follow-up visit scheduled before being discharged, creating follow up post hospital visit check list for providers/practitioners to help providers prepare for visit as well as targeting key items to cover during the visit. "Checklist for Post-Hospital Follow-up Visits" on the following was also provided to members (see attached) 1) Prior to the visit 2) During the visit 3) Determine the need to 4) Conclusion of the visit		

Discussion	Assigned To	Deadline
Question: Dr. Butler questioned who is responsible for ensuring the appointments prior to discharge from the hospital are made. Are the hospital social workers making the appointments or does DWMHA ensure those appointments are made through DWMHA case managers? **Answer:** Alicia Oliver explained DWMHA's case manager must assure the appointments are scheduled, but the hospital social worker contacts Wellplace before the member is discharged from the hospital. Wellplace than makes the appointment for the member. The appointment date is placed on the member's discharge paperwork. **Reply:** Dr. Butler stated that if DWMHA depends on the hospital social workers to make the follow up appointments this may or may not happen and this puts DWMHA in the position of not having control over this aspect. **Question:** Dr. Butler asked why DWMHA is not meeting their goals and what is RELIAS measuring. **Answer:** RELIAS is measuring two things a) appointment/s actually made for the members within the 30 days 2) Did not the member actually follow up with the appointment within 30 days.		
Action Items	**Assigned To**	**Deadline**
Continue to review/monitor PIPs and implement interventions requested outcome measure targeted 67.0% for 7 day follow up and 75% for 30 day follow up.	A. Oliver	Ongoing

6) Item: Old Business – Tania Greason
Goal: Review of DWMHA's Structure of Reporting/QISC Committee
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI #1 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decision Made		
DWMHA Structure of Reporting/QISC and Committee: Tania Greason informed the committee that during our last meeting there were questions regarding DWMHA's structure and reporting of the QISC. QISC Committee members also inquired about the purpose of the QISC and the structure for reporting with the other DWMHA committees. The QISC is an advisory group with the responsibility for ensuring system wide representation planning, implementation, support and evaluation of DWMHA's quality improvement programs. The committee provide ongoing operational leadership of CQI activities for DWMHA. QISC meets monthly or not less than nine times per year. In addition, QISC provides leadership in practice improvement projects (PIP's) and serve as a vehicle to communicate and coordinate quality improvement efforts throughout our quality improvement programs. Prior to the approval of initiating a PIP evaluation occurs through IPLT and QISC. The final analysis and feedback are reported to PCC. QISC membership includes DWMHA Chief Medical Officer, Directors of DWMHA units, members served, advocates and stakeholders.		
ECHO Surveys – Low Scoring Areas		

Tania stated the ECHO survey results for FY 2017 were discussed during the last QISC meeting and the group had some questions regarding the low scoring areas. However, Margaret was not able to attend this meeting so Tania has tabled this topic until the next meeting in May for further discussion.		
Action Items	**Assigned To**	**Deadline**
Table discussions for next scheduled meeting in May 2019.	Margaret Keys-Howard	5.28.2019

7) Item: Michigan Mission Based Performance Indicators (MMBPI) – Brad Klemm
Goal: Review of MMBPI Quarter 1 Data (2019)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI #2 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Brad Klemm informed the committee that DWMHA's Quality Improvement has created a Performance Indicator (MMBPI) monthly workgroup. The purpose of the workgroup is to assess trending patterns, identify areas of deviation from the specifications, and ensure that the service provider system understands the processing steps related to data integration and performance measure reporting. • It has been recommended that DWMHA's QI Unit coordinate with the IT unit to set up a training for our provider network. This training will allow for providers to make certain they are utilizing the correct methods for reporting the MMBPI data. The QI unit will also send monthly MMBPI data reports to the providers prior to the final submission to MDHHS. The monthly reporting process will allow for the providers to correct and or make exceptions where members were out of compliance due to not showing or wanting to schedule appointments outside of the required standards. This process will ensure that only accurate and valid data are used for rate calculation. • Brad Klemm provided an overview of Quarter 1 (2019) for the six (6) indicators that are reported to MDHHS. If providers fall below the 95% standard for Indicators 1, 2, 3, 4a, 4b or 15% for indicator 10 a Corrective Action Plan (CAP) will be required. Brad informed the committee that on July 26, 2019, HSAG will conduct an onsite review for Quarter 1 Performance Monitoring Validation (PMV) MMBPI data. The QI unit has submitted to each provider the member case records that were not in compliance for the indicators as noted above. QI is requesting that providers submit to our attention a detailed analysis for each member that was out of compliance. This drill down will allow for our system to review member details for non-compliance although the provider may have had a 95% or better compliance score. • Carla Spight - Mackey informed the committee that this drill down will also inform DWMHA as to the specific problems that our providers may be experiencing with members not showing up for appointments etc.		

• April Seibert stated that QI is not just looking for a CAP, but we are also requesting a root cause analysis to identify not only correcting the member's occurrence but also reviewing what the provider organization is going to do going forward to ensure members are receiving required services timely.		
Discussion	**Assigned To**	**Deadline**
Question: Eric Doeh questioned how information is pulled from MH_WIN (Electronically). **Answer:** Yes, Brad Klemm submits the detailed report through MH-WIN inbox to the providers which includes a corrective action plan (CAP) template. Providers have a specific time frame to submit requested reports back to QI's attention for review and approval. **Question:** Eric Doeh questioned in term of repeat offenders how is QI addressing those if you have the same providers continuously on CAP's. **Answer:** Quality Improvement Unit provides technical assistance to the providers and ongoing training as needed. **Question:** Committee wanted to verify that MMBPI information submitted included the PIHP data for Quarter 1, 2019. **Answer:** Information presented only included CMHSP data.		
Action Items	**Assigned To**	**Deadline**
April Siebert recommended to the group that we table reporting of Quarter 1 PIHP MMBPI data for next QISC scheduled meeting.	QI Unit	5.28.2019

8) Item: Behavior Treatment Advisory Committee (BTAC) Update – Fareeha Nadeem
Goal: Review BTAC Quarter 1 Data (2019)
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	Assigned To	Deadline
Quarter 1 Data Analysis Reports (1st Quarter FY 2018-19) Fareeha provided an overview of the BTAC quarter data Analysis Report for 1st quarter. The BTAC was started in 2017 the committee structure includes DWMHA network providers, members served, DWMHA staff, Psychologist, DWMHA CMO and Office of Recipient Rights representative. The purpose the BTAC is to oversee the behavior treatment plans and review committees across DWMHA provider's network to assess the overall effectiveness and if the providers are in compliance. For additional information please review PowerPoint "DWMHA/MDHHS Behavior Treatment Advisory Committee Quarterly Data Analysis Report" on the following: • Accomplishments of DWMHA's BTAC • Data Analysis Source • Behavior Treatment Plans Data (1st Quarter FY 2018-19) • Use of Restrictive and Intrusive Measures Data		

• Use of Medication Data • 911 Calls/Sentinel Events Data • Recommendations		
Discussion		
Question: Eric asked did the MCPN's have something similar to DWMHA BTAC. Answer: Yes, the MCPNs did have something similar to BTAC they were responsible for oversight of the committees for their provider network.		
Action Items	**Assigned To**	**Deadline**
Continue to review and report to QISC areas of concerns of low reporting of 911 calls and possible underreporting of CE/SE for members on BTP's	Fareeha Nadeem	Ongoing

9) Item: Strategic Plan Update – Corine Mann
Goal: Review Progress for NCQA Standards
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		
No updates reported		
Discussion	**Assigned To**	**Deadline**

Next Meeting: Friday May 28, 2019, 4th Floor Conference Room 400 A & B.
Adjournment: 3:20 pm
ah 05.20.2019