







Quality Improvement Steering Committee (QISC)

May 27, 2025

10:30am – 12:00pm

Via Zoom Link Platform

Agenda

- | | |
|---|-------------------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | A. Siebert |
| III. Approval of Agenda | Dr. L. Rosen/Committee |
| IV. Approval of Minutes <ul style="list-style-type: none">○ April 29, 2025 | Dr. L. Rosen/Committee |
| V. QAPIP Effectiveness | |
| <ul style="list-style-type: none"> Quality Improvement<ul style="list-style-type: none">○ Reducing the Racial Disparity of African Americans Seen for follow-up care w/7days of discharge from a Psychiatric Inpatient Unit (PIP)<ul style="list-style-type: none">▪ Analysis of Data▪ Prioritizing Barriers/Interventions▪ New Identified Barriers/Interventions | A. McGhee/T. Greason |
| <ul style="list-style-type: none"> DWIHN Access Call Center<ul style="list-style-type: none">○ Access Call Center Appt. Availability (Tabled) | Y. Bostic |
| <ul style="list-style-type: none"> Utilization Management<ul style="list-style-type: none">○ UM Program Description | M. Hampton |
| <ul style="list-style-type: none"> Customer Services<ul style="list-style-type: none">○ Adult ECHO FY2024 (Tabled) | M. Keyes-Howard |



Quality Improvement Steering Committee (QISC)

May 27, 2025

10:30am – 12:00pm

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Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: April Siebert shared the following updates: DWIHN Crisis Center completed their Joint Commission accreditation with minimum findings and is awaiting certification. Intensive crisis stabilization services via the mobile crisis team are now integrated with the crisis center to enhance member discharge processes. Preparations underway for external quality reviews (EQR) by HSAG. Compliance Monitoring Review: June 13, Performance Measure Validation & Network Adequacy Review: July 7, Performance Improvement Project report on disparity reduction due in June or July of 2025.

3) Item: Approval of Agenda: Updated Agenda for May 27th, 2025 Meeting Approved by Dr. Rosen and the QISC.

4) Item: Approval of Minutes: QISC Meeting Minutes for April 29th, 2025, were approved by Dr. Rosen and the QISC with no recommendations.



5) Item: QAPIP Effectiveness

Goal: Quality Improvement

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

NCQA Standard(s)/Element #: **QI #1** CC# ☐ UM # ☐ CR # ☐ RR # ☐

Discussion		
<p>Angel McGhee, Data Analyst, and Tania Greason, Quality Administrator, discussed the following with the committee Reducing the Racial Disparity of African Americans seen for Follow-Up Care within 7-Days of Discharge from a Psychiatric Inpatient Unit:</p> <ul style="list-style-type: none"> • Background <ul style="list-style-type: none"> ○ DWHN is actively monitoring hospitalizations and is focused on reducing the number of members who require hospitalization services. We understand that providing follow-up care to patients after psychiatric hospitalization can enhance member outcomes, lower the likelihood of rehospitalization, and decrease the overall cost of outpatient care. Research has demonstrated that inadequate integration of follow-up treatment within the continuum of psychiatric care often results in poor ongoing treatment, particularly for African Americans. Additionally, disparities in care vary based on the specific measure, county, and year. County-level hospitalization rates for the White population consistently exceed the statewide average. This data is gathered through various sources, including demographic fields in MHWIN, DWHN’s Access Center calls, and Clinically Responsible Service Providers’ (CRSP) clinician assessments. ○ During this working group session, the QISC will participate in brainstorming and causal analysis for each listed barrier and interventions, with impacts noted from High to low. • Racial Disparity Barriers & Ratings: <ul style="list-style-type: none"> ○ Poor coordination of care (High) ○ Hospitalized members unassigned to CRSPs (Medium) ○ Reduced telehealth services (High) ○ Difficulty obtaining timely appointments (High) ○ Lack of resources (transportation, childcare, phones) (High) ○ Staff biases (Medium) ○ Historical mistrust of providers (Medium) ○ Mental health stigma (Medium) ○ Staff shortages (High) ○ Member disengagement (no-shows, refusals) (High) ○ (Newly added): Potential Medicaid cuts (High) 		

<ul style="list-style-type: none"> • Racial Disparity Interventions & Ratings: <ul style="list-style-type: none"> ○ Hospital liaisons meeting with unassigned members (High) ○ Provider meetings every 45 days to review disparities (Medium-High) ○ Appointment reminders with follow-up education (High) ○ Contracted transportation (Mariner’s Inn, Godspeed) (High) ○ Real-time data reporting via automated drive (Medium) ○ Customer service survey on missed follow-ups (High) • Analysis: <ul style="list-style-type: none"> ○ The DWIHN system is making significant strides in reducing racial disparities between White/Caucasian members and Black/African American members. Preliminary data shows that, for the first time since the performance improvement plan began, we are below the baseline of 4.51% by 0.69 percentage points for Calendar Year 25. <ul style="list-style-type: none"> ▪ 2021: 4.51% (Baseline) ▪ 2022: 8.73% ▪ 2023: 7.57% ▪ 2024: 4.93% ▪ 2025: 3.82% (Preliminary) ▪ Goal: under 4.51% <p>Please see handout “Racial Disparity Power Point 05_27_2025.pptx” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<ul style="list-style-type: none"> ○ Providers discussed the ongoing challenges of engaging members, particularly noting that correct and functioning phone numbers are essential for effectively contacting them about their follow-up care. However, there have been improvements in overcoming this barrier with the help of Hospital Liaisons from DWIHN, the hospital, and the Community Resource Support Programs (CRSPs), who work to obtain accurate contact information before a member is discharged. ○ Providers highlighted that their efforts in re-engagement attempts, the availability of transportation services, and the insights gained from their Power BI dashboard data have played a crucial role in reducing racial disparities each calendar year. 		



Action Items	Assigned To	Deadline
<ul style="list-style-type: none">○ Continue to meet with the top 6 CRSPs every 45 days and monitor the interventions that are being implemented.○ Continue to monitor data before the end of each quarter and assess if the interventions are effective.○ Continue to bring and brainstorm with the QISC for additional interventions and any additional identified barriers.	Quality Improvement (Tania G. Angel M.) and QISC members	December 31, 2025



5) Item: QAPIP Effectiveness
 Goal: Utilization Management

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

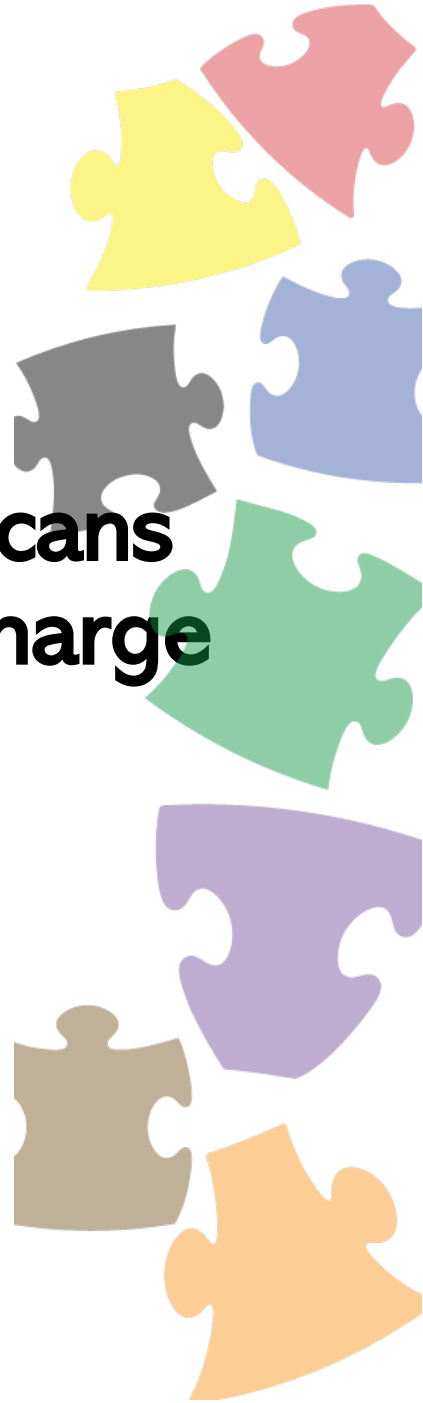
NCQA Standard(s)/Element #: QI ☐ CC# ☐ UM # ☐ CR # ☐ RR # ☐

Discussion		
<p>Marlena Hampton, Director of Utilization Management, shared the following with the committee for approval and feedback.</p> <p>FY2025 UM Program Description highlights:</p> <ul style="list-style-type: none"> ○ Utilization Management Program Description has been updated to reflect Certified Community Behavioral Health Clinic (CCBHC) alignment, health equity, and regulatory compliance requirements. ○ Adjusted the scope of job roles to focus on UM-specific responsibilities. ○ The timeliness of decision-making updated to meet the 42-CFR regulatory standards. ○ Emphasis on retrospective review and policy transparency. <p>Please see the attached handout “ UM Program Description FY2025.”</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
Dr. Rosen and the QISC approved the FY2025 UM Program Description with no noted recommendations.	Dr. Rosen and QISC	5.27.2025

New Business Next Meeting: June 24, 2025
 Adjournment: May 27, 2025



Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7 Days of Discharge From a Psychiatric Inpatient Unit



RACIAL DISPARITY BACKGROUND

- DWIHN has been closely monitoring its hospitalizations as well as working to reduce the number of members needing hospitalization services.
- DWIHN recognizes that providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
- Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment. Based on a Michigan Health Endowment study, disparities in quality of care exist in all counties and PIHP regions, for most measures. There were differences in the extent of the disparity depending on the measure, county, and year. County-level rates for the White population are consistently higher than the statewide average.



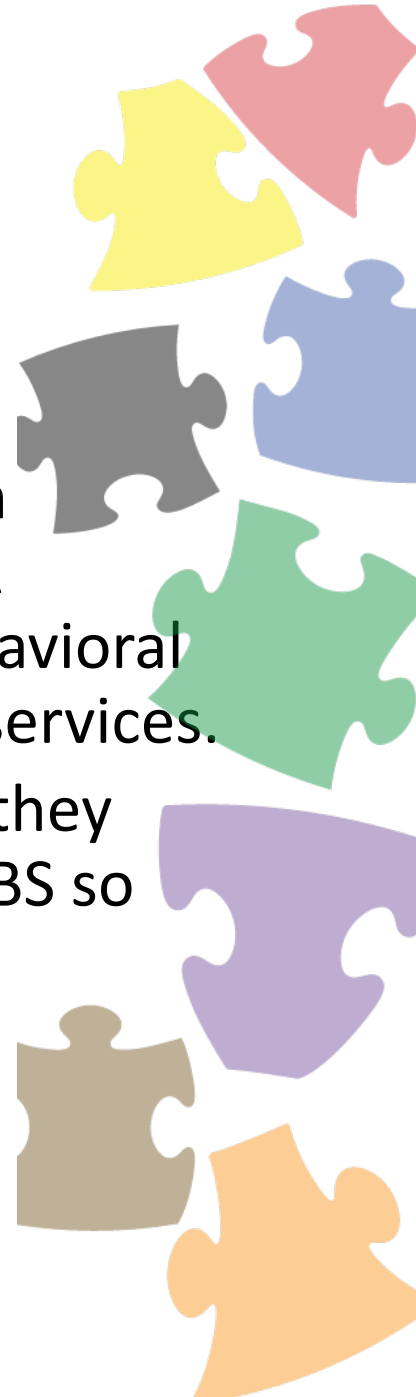
RACIAL DISPARITY BARRIERS

- Poor coordination of care
- Hospitalized members unassigned to CRSPs
- Reduction of telehealth services
- Lack of technology
- Difficulty getting an appointment within required timeframes
- Lack of resources
- Staff biases
- Historical mistrust of providers
- Mental health stigma
- Staff shortages
- Failure to engage members resulting in no shows, cancelations, rescheduling of appointments or refusal of services



RACIAL DISPARITY INTERVENTIONS

- DWIHN's Crisis Department Clinical Specialists are meeting with hospitalized members who are admitted without a CRSP at BCA Stonecrest, Beaumont Behavioral, and the new Henry Ford Behavioral to engage, collaborate, and improve participation in follow-up services.
- A Clinical Specialist also visits kids at other hospitals at times if they have no CRSP, and DWIHN is partnering with Team, CCIH, and LBS so they use our process to see their members.



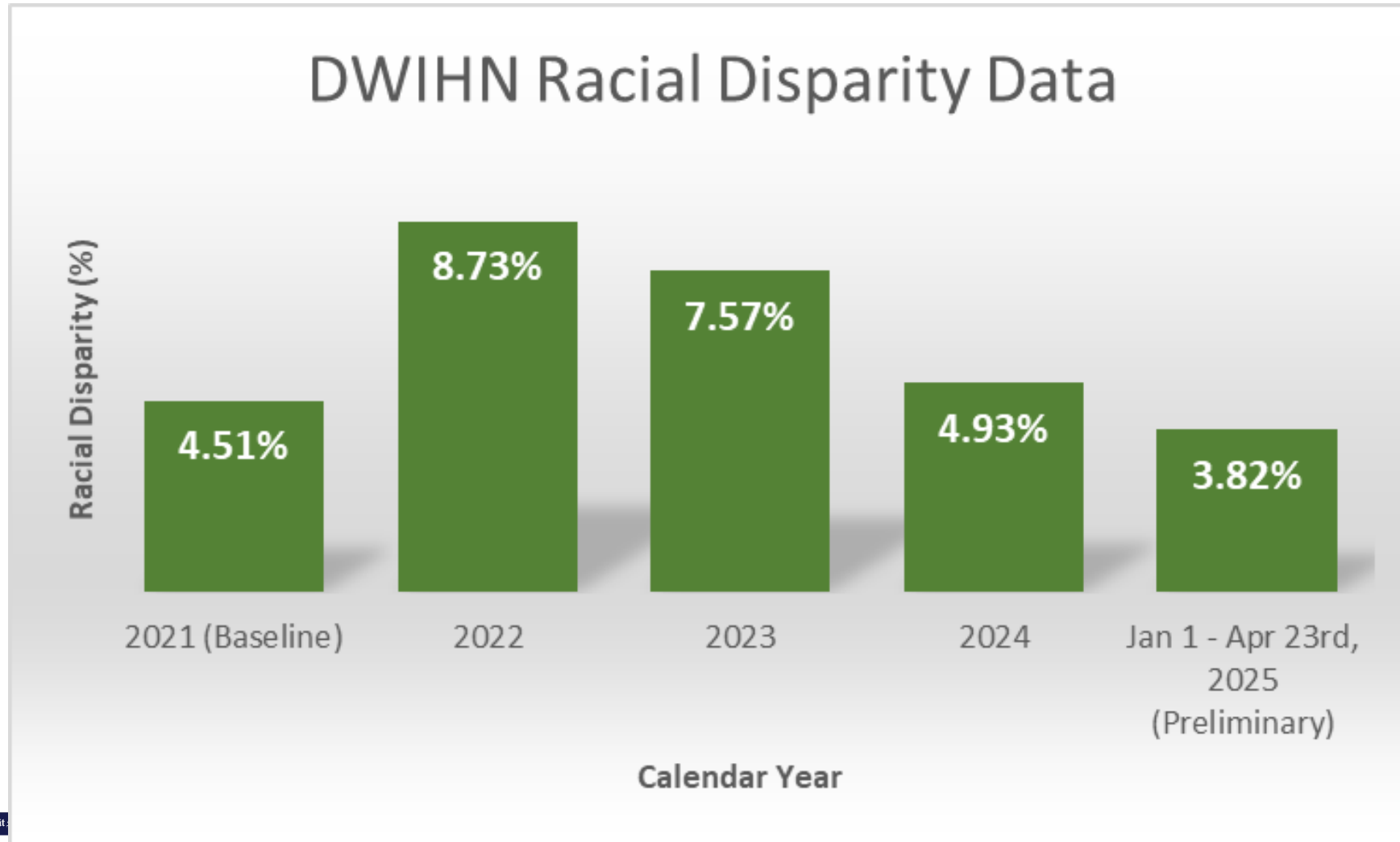
RACIAL DISPARITY INTERVENTIONS CONT'D.

- DWIHN's Integrated Care Department's Care Coordinators began making calls to members to remind members including all African American members of their follow-up appointment. Educated members on the importance of keeping their appointment and addressing any barriers. Coordinators also contact hospital social workers prior to a member's discharge to discuss discharge planning.
- DWIHN has contracted with two agencies (Mariners Inn and Godspeed) to provide transportation for non-emergent appointments.
- DWIHN's IT team created an automated drive for racial disparity rates to be available within 24 hours of report. This data assists in providing CRSPs with their most recent data at the 30-day meetings.

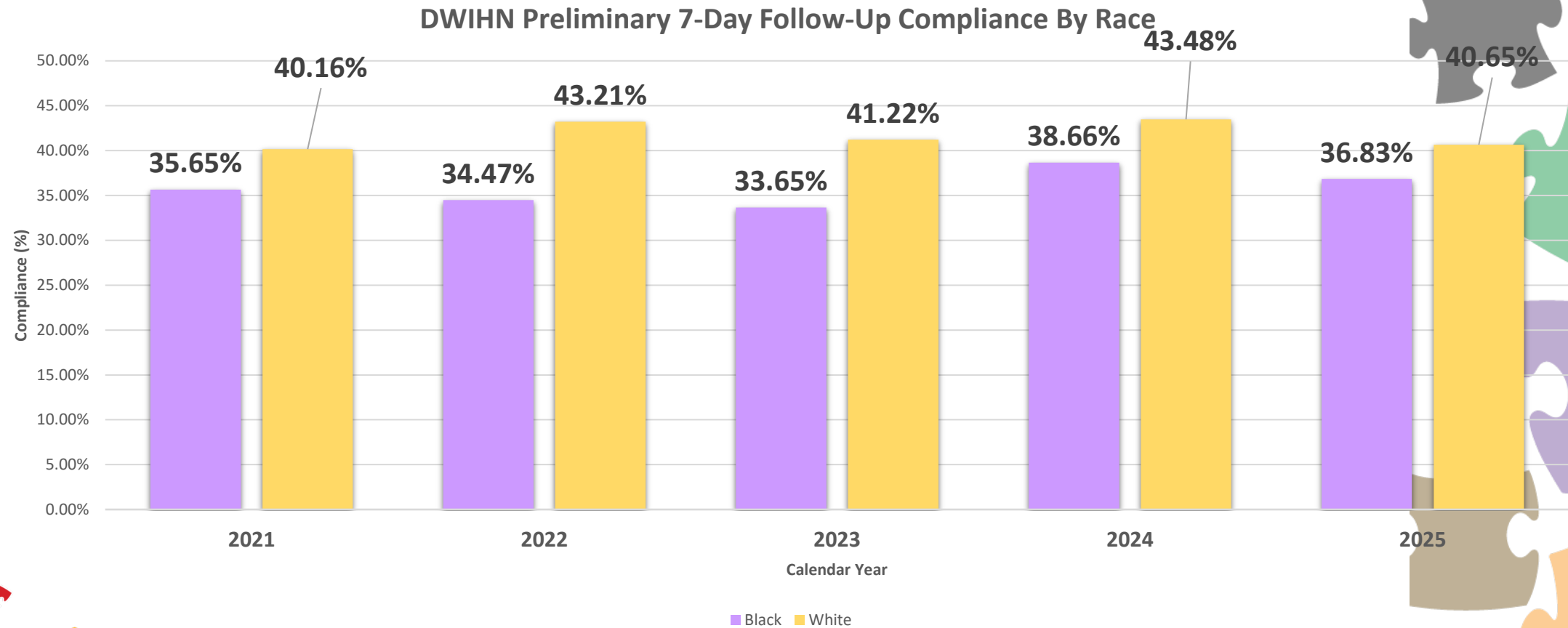
RACIAL DISPARITY INTERVENTIONS CONT'D.

- As of October 2023, DWIHN has added the racial disparity topic to the agenda of the Hospital Liaisons meeting to discuss ongoing issues as they arise.
- As of August 2023, DWIHN started meeting every 45 days with 6 of its CRSPs with the largest number of events and/or greatest disparities. DWIHN intends to continue these meetings until progress is shown.
- DWIHN's Customer Service department completed a phone survey to gather the top barriers for members missing follow-up appointments.

RACIAL DISPARITY DATA



RACIAL DISPARITY COMPLIANCE DATA



Racial Disparity Project

- The resubmission of the racial disparity PIP is due to HSAG in June 2025.
- Questions?

