



## Quality Improvement Steering Committee (QISC)

August 26, 2025

10:30am – 12:00pm

Via Zoom Link Platform

### Agenda

- |   |                      |
|---|----------------------|
| I. Welcome  | T. Greason           |
| II. Authority Updates   | S. Faheem            |
| III. Approval of Agenda   | S. Faheem/Committee  |
| IV. Approval of Minutes <ul style="list-style-type: none"><li>○ June 24, 2025</li></ul>   | Dr. Faheem/Committee |
| V. QAPIP Effectiveness  |                      |
| <i>Children Initiatives</i>   |                      |
| ○ HEDIS Measures <ul style="list-style-type: none"><li>-Follow-up care for children prescribed ADHD Medication (<b>Tabled</b>)</li><li>-PHQ-A</li></ul>   | C. Phipps            |
| ○ Children's Recidivism   | C. Phipps            |
| <i>Follow-up:</i>   |                      |
| ○ ECHO Survey (Children)  | C. Phipps            |
| <i>Integrated Health</i>  | V. Politowski        |
| ○ HEDIS Measures <ul style="list-style-type: none"><li>- Follow-up After Hospitalization for Mental Illness (FUH)</li><li>-Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAA)</li><li>-Antidepressant Medication Management (AMM)</li><li>-Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)</li></ul> |                      |
| <i>Quality Improvement</i>  |                      |
| ○ Behavior Treatment (BTAC)   | F. Nadeem            |
| Q3 Analysis ( <b>Tabled</b> )   |                      |



## Quality Improvement Steering Committee (QISC)

August 26, 2025

10:30am – 12:00pm

Via Zoom Link Platform

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: Dr. Faheem shared the following updates:** Quality indicators demonstrate strong performance in most areas; however, recidivism and outpatient engagement continue to be significant challenges. Upcoming guidelines for the next Quality Improvement and Standards Committee (QISC) meeting will address the Recidivism Practice Guidelines and strategies for improving Outpatient Engagement. Additionally, starting in October, the state will transition to HEDIS-based quality indicators.

**3) Item: Approval of Agenda:** Agenda for August 26<sup>th</sup>, 2025, approved by Dr. Faheem and the QISC.

**4) Item: Approval of Minutes:** QISC Meeting Minutes for June 24<sup>th</sup>, 2025, approved by Dr. Faheem and the QISC.



5) Item: QAPIP Effectiveness

Goal: Follow-up

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>Cassandra Phipps, Director of Children Initiatives, shared the following follow-up topics with the committee:</p> <p><b>MichiCANS Behavioral Health Services –Draft Policy</b>  Policies: Recommend updating the DWIHN Screening Policy, Assessment Policy, Children Diagnostic Treatment Services Policy (CDTS), and Infant and Early Childhood Policy to add new MichiCANS eligibility criteria Children BH Services (Ages 0 to 21st Birthday).</p> <p><b>Intensive Care Coordination Wrap Around (ICCW):</b>  Review of MDHHS proposed changes effective 10/1/24</p> <p><b>Screening Eligibility</b>  Refer to Bulletin 2024-006, effective 7/1/24, new Screening Code (H0002)  Updating Bulletin to include guidance and streamline the enrollment packet submission process  <a href="https://www.dwihn.org/billig-coding-bulletins">https://www.dwihn.org/billig-coding-bulletins</a></p> <p><i>ECHO Survey (Children)</i></p> <ul style="list-style-type: none"> <li>• <b>Overview:</b> <ul style="list-style-type: none"> <li>▪ Total Participants: 5,639</li> <li>▪ Groups Surveyed: Children with SED (Severe Emotional Disturbance), DD (Developmental Disabilities), and Autism Services.</li> <li>▪ Completion Methods: Mail, phone, online.</li> </ul> </li> <li>• <b>ECHO 2024 Data:</b> <ul style="list-style-type: none"> <li>▪ Getting Treatment Quickly: 41%</li> <li>▪ How well clinicians communicate: 67%</li> <li>▪ Getting treatment &amp; info from the plan or MBHO: 53%</li> <li>▪ Perceived improvement: 31%</li> <li>▪ Perceived access to treatment: 53%</li> <li>▪ Global Rating &amp; Single Item Measures</li> </ul> </li> <li>• <b>2023 Survey Results Focus:</b> <ul style="list-style-type: none"> <li>▪ Review progress of goals to improve satisfaction with services for children and families.</li> </ul> </li> <li>• <b>2024 Survey Results Focus</b></li> </ul>		

<ul style="list-style-type: none"> <li>▪ Goal 1: Improve the timeframe to receive treatment for children and families by 10% (from 41%)</li> <li>▪ Goal 2: Improve how well clinicians communicate with children and families in services by 10% (from 67%)</li> <li>▪ Goal 3: Improve perceived treatment outcomes for children and families in services by 10% (from 31%)</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. Dr. Rosen: Expressed concern about youth with autism staying in ERs due to a lack of psychiatric facility acceptance.</li> <li>2. Tania Greason: When will the 2025 survey be available to do a comparative analysis?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Cassandra answered: We recently partnered with the MC3 program at the University of Michigan. They're working specifically with the Children's Hospital, ER, to offer psychiatric consultation. Also, I know, Southwest Counseling Solution is also implementing this nominated support of its new evidence-based practice that they are rolling out and offering to youth who are in crisis and who are coming out of the ED as well. So, we do have some new initiatives that are being rolled out to help support youth who are in the ED, but some things are beyond our control.</li> <li>2. Michele Vasconcellos mentioned that they are renewing the contract currently and that the survey is usually conducted in September. Will confirm that information and get back with the team.</li> </ol>		
Action Items	Assigned To	Deadline
The QISC team and Dr. Faheem approved continuing the review for the ECHO Survey results, including FY2025, once available, and bringing updated information back to this forum for additional feedback and analysis.	Cassandra Phipps (Children's Initiatives)	Ongoing



## 5) Item: QAPIP Effectiveness

### Goal: Children's Initiative

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>Cassandra Phipps, Director of Children's Initiatives, shared and discussed the following:</p> <p><b><i>Children's Hospital Recidivism:</i></b>  Hospital Recidivism: The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.</p> <p><b>Goal: Remain at 15% and below.</b></p> <p><b>Overall total percentage:</b></p> <ul style="list-style-type: none"> <li>▪ FY24 (Average): 11.31%</li> <li>▪ FY25: Q1:10.57%</li> <li>▪ FY25:Q2: 11.11%</li> </ul> <p><b>Concern: FY24/Q3 – above 15% (15.69%)</b></p> <p>Michigan PIHP Data: The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.</p> <ul style="list-style-type: none"> <li>▪ <b>Crisis Screenings:</b> <ul style="list-style-type: none"> <li>○ FY24 – Total of 2,794 children and youth crisis screenings (ages 0-17)</li> <li>○ Recidivism Youth (more than 1 crisis screening within the year): 53 youth</li> </ul> </li> <li>▪ <b>Barriers:</b> <ul style="list-style-type: none"> <li>○ Brand new youth not connected to a CRSP hospitalized</li> <li>○ 2.Brand new youth not connected to a CRSP with multiple hospitalizations</li> <li>○ 3 Brand new youth were scheduled for an intake appointment that was not completed; however, the case is still open with CRSP's.</li> </ul> </li> </ul>		



<p>▪ <b>Interventions:</b></p> <ul style="list-style-type: none"> <li>○ Updated Hospital Discharge Bulletin (24-007 v3) in March 2024 to include additional billing codes.</li> <li>○ 2.Developed Crisis Clinical Review Form for Children Providers to complete within 48 hours of a Crisis Event resulting in the youth being out of the home. (Ex: Emergency Room, Inpatient, Partial, State Facility, JDF, etc.).</li> <li>○ 3.DWIHN developed an internal report for Hospital Discharge CPT codes</li> <li>○ Notice that there were no H0036 LI or H2021 LI billed on the report as of 8/1/24 <i>(There might be a 90-lag time for claims billing)</i></li> <li>○ 4. Crisis Plan Trainings and Crisis Plan Feedback Survey if under 85% for Children Providers. Crisis Plan data is available via Risk Matrix. <i>Refer to Crisis Plan memo of Feb 7, 2024.</i></li> </ul> <p>Please refer to the attachment “<b>QISC Presentation Aug 2025</b>” for additional information.</p> <p><b>HEDIS Measures</b></p> <p><b>PHQ-A:</b></p> <p>Initial Goal: 100% of members aged 11-17 with SED, and/or SUD diagnosis, with a screening for depression. FY 25-Q1: Met Goal</p> <p>Ongoing Goal: 95% of members aged 11-17 with SED, and/or SUD disability designation that had a PHQ-A score equal to or greater than 10 who received PHQ-A screenings quarterly until the depressive symptoms were resolved: FY 25-Q1: Below Goal</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ol style="list-style-type: none"> <li>1. Kennyetta Schumake: What are some of the categories related to others on the PHQ-A report?</li> <li>2. Dr. Rosen: Is there a way we can measure recidivism decreases?</li> <li>3. Dr. Rosen: Has there been any discussion about using technology and AI to monitor what’s happening with our consumers?</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. Other self-reports: Aggression, Arguing, Elopement, Homicidal Ideation, Increased Impulsivity, Overdose, Self-Harm, Wrote Suicide note, not taking medication.</li> <li>2. Cassandra mentioned that she would have to follow up with the lead of the Outcomes Improvement Committee to see how that can be done.</li> </ol>		



<p>3. Vicky Politowski mentioned that DWIHN is working with a vendor to develop predictive models for people who may be at risk of hospitalization, substance use, who do not have a diagnosis of substance use, and individuals younger than 21 who may be at risk for depression, who do not have that diagnosis. They are currently testing the predictive models to assess the validity of the data. Keith Frambro also mentioned that the team has several programs that they're piloting using AI technology to better benefit members.</p>		
Action Items	Assigned To	Deadline
<p>The QISC and Dr. Faheem approved the continuation of the Children's Recidivism and PHQ-A reporting measures. Once available, additional information and data analysis will be presented to the committee.</p>	<p>Cassandra Phipps (Children Initiatives)</p>	<p>Ongoing</p>



## 5) Item: QAPIP Effectiveness

### Goal: Integrated Health

**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>Vicky Politowski, Director of Integrated Health, shared the following:</p> <p><i>HEDIS Measure 1<sup>st</sup> Quarter 2025 rates and Interventions for the following:</i></p> <p><b>Antidepressant Medication Management (AMM): Acute:</b>  Antidepressant Medication Management: AMM  Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported: Effective Acute Phase Treatment, for adults who remained on an antidepressant medication for at least 84 days (12 weeks),</p> <ul style="list-style-type: none"> <li>▪ FY25 -Q1: 43.71%</li> </ul> <p><b>Antidepressant Medication Management (AMM): Continuation Phase:</b>  Effective Continuation Phase Treatment for Adults who have remained on an antidepressant medication for at least 180 days (6 months).</p> <ul style="list-style-type: none"> <li>▪ FY25: 23.86%</li> </ul> <p><b>AMM Interventions:</b></p> <ul style="list-style-type: none"> <li>• Complex Case Mgt connecting to PCP, 81% of members had a PCP upon completion of CCM.</li> <li>• 45-day meetings with CRSP decreased by 3% for acute and continuation.</li> <li>• Med Drop 7/48 members in the Med drop program with a diagnosis of depression</li> </ul> <p><b>Follow-up After Hospitalization from mental illness (FUH):</b>  Evaluate the percentage of inpatient discharges for patients aged 6 years and older who were diagnosed with mental illness or intentional self-harm, and who received follow-up care from a mental health provider within 7 and 30 days. Providing follow-up care after psychiatric hospitalization can enhance member outcomes, reduce the likelihood of re-hospitalization, and lower the overall cost of outpatient care.  MDHHS has set a goal for the 30-day follow-up: 58% for adults and 79% for children.</p> <ul style="list-style-type: none"> <li>▪ Adult 30 Day FY25-Q1: 53.99%</li> <li>▪ Children 30 Day FY25-Q1: 65.09%</li> </ul> <p><b>FUH Interventions</b></p> <ul style="list-style-type: none"> <li>• DWIHN offers transportation services- 20 people used the services in Q1</li> </ul>		





<ul style="list-style-type: none"> <li>• Complex Case Management and Crisis services focus on individuals hospitalized without a CRSP—In FY 2024, 36% of individuals hospitalized did not have a CRSP.</li> <li>• FY 25: 24% of individuals did not have a CRSP. This is a decrease of 12%             <ul style="list-style-type: none"> <li>▪ 45-day meetings to address FUH-83 CRSP meetings- FY 2132 hospitalizations 54.08% follow-up, FY 2025 54.76% follow-up</li> </ul> </li> </ul> <p><b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA):</b>          Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapses or hospitalization</p> <ul style="list-style-type: none"> <li>▪ FY25-Q1: 86.24%</li> </ul> <p><b>SAA Interventions</b></p> <ul style="list-style-type: none"> <li>• 45-day meetings to address SAA-83 CRSP meetings. 4% increase from 2024</li> <li>• Med Drop-             <ul style="list-style-type: none"> <li>• 48 members served in the first quarter, 44 of those had an antipsychotic (the largest population of med drop are individuals on antipsychotics)</li> </ul> </li> </ul> <p><b>Diabetes Screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD):</b>          Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.<sup>1</sup> Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death.</p> <ul style="list-style-type: none"> <li>▪ FY25-Q1: 37.65%</li> </ul> <p><b>SSD Interventions:</b></p> <ul style="list-style-type: none"> <li>• 45-day meetings to address SSD -83 CRSP meetings.</li> <li>• New, Meeting with 2 FQHC to increase A1C testing, 547 tests completed out of 1565, 34.95%.</li> <li>• Complex Case Mgt connecting to PCP, 81% of members had a PCP upon completion of CCM</li> </ul> <p><b>Barriers to HEDIS Measures:</b></p> <ul style="list-style-type: none"> <li>• DWIHN does not have access to all Medicare or private insurance claims. Medicare and private insurance pay for prescriptions, therapy, psychiatric appointments, and labs.</li> <li>• DWIHN does have access to the MiHealth link claims, which account for roughly 4600 out of the 18,000 members with Medicaid/Medicare.</li> </ul>		
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<ul style="list-style-type: none"> <li>Certain long-acting IM medications are not included in the measurement for Adherence to Antipsychotic Medications for Individuals with Schizophrenia</li> </ul> <p><b>New Interventions for FY2025:</b> Follow-up After Hospitalization</p> <ul style="list-style-type: none"> <li>All HEDIS measures that have QIP are discussed at the 45-day CRSP meeting.</li> <li>Memos sent to CRSP providers with a history of scores, asking for a plan of action to address HEDIS scores.</li> <li>Complex Case Management rounding in the Crisis Clinic to aid members with linking to resources to decrease symptoms.</li> <li>HEDIS measures are incorporated into ICO and MHP meetings to plan how Health Plans and DWIHN will meet them in care coordination for members.</li> <li>DWIHN and Vital Data are building a platform that will predict individuals at high risk of hospitalization that all CRPS will have access to.</li> <li>Crisis team meetings with 4 CRSP who have hospital Liaisons to improve follow-up care.</li> </ul> <p><b>Improve medication compliance:</b></p> <ul style="list-style-type: none"> <li>All HEDIS measures that have QIP are discussed at the 45-day CRSP meeting.</li> <li>Memos sent to CRSP providers with a history of scores, asking for a plan of action to address HEDIS scores.</li> <li>Collaboration with all 8 MHP and ICO in care coordination. All medications are reconciled in meetings.</li> <li>Med Drop</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> <li>Tania Greason: Do we have any of the data available from April through June of 2025?</li> <li>Fareeha Nadeem: Was there any further classification of schizophrenia, or is that just a general type for the database?</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>That data will be reported in October.</li> <li>It looks like all types.</li> </ol>		
Action Items	Assigned To	Deadline
<p>The QISC and Dr. Faheem approved the continuation of the HEDIS Measures (AMM), (FUH),(SAA), and (SDD). Once available, additional information and data analysis will be presented to the committee.</p>	<p>Vicky Politowski, IHC</p>	<p>Ongoing</p>

**New Business Next Meeting: September 30, 2025**  
**Adjournment: August 26, 2025**



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# DETROIT WAYNE INTEGRATED HEALTH NETWORK

## Quality Improvement Steering Committee (QISC)

### *Children Initiatives*

8/27/24



# Agenda

## ☐ MichiCANS Behavioral Health Services

- Draft Policy
- Screening Eligibility (H0002)
- New Assessment Code FY25 (96110)

## ☐ Hospital Discharge (PI 4a) / Hospital Recidivism (PI 10)

- Children Crisis Clinical Review Form
- Update Crisis Plan Policy and PAR Procedures
- Update CRSP Re-Engagement Disenrollment Policy (Intake Period)



# MichiCANS

❑ **MichiCANS Webpage:** <https://www.dwihn.org/Providers/MichiCANS>

- MichiCANS Training Memo (July 2024)
- MichiCANS Data Presentation
- MichiCANS Leadership Training Presentation (July 2024)

*See attached documents*

❑ **MichiCANS Behavioral Health Services – Draft Policy**

- Policies: Recommend update the DWIHN Screening Policy, Assessment Policy, Children Diagnostic Treatment Services Policy (CDTS), and Infant and Early Childhood Policy to add new MichiCANS eligibility criteria
- Children BH Services (Ages 0 to 21<sup>st</sup> Birthday): Home Based Services, Respite Care, SED Waiver, Intensive Care Coordination with Wrap Around (ICCW), Intensive Crisis Stabilization Services for Children, Youth Peer Support Services, Parent Support Partners

*See attached documents*



# MichiCANS

## ☐ Intensive Care Coordination Wrap Around (ICCW):

- Review MDHHS proposed changes effective 10/1/24

*See attached documents*

## ☐ Screening Eligibility

- Refer to Bulletin 2024-006, effective 7/1/24 new Screening Code (H0002)
- Updating Bulletin to include a guidance and streamline the enrollment packet submission process

<https://www.dwihn.org/billig-coding-bulletins>



# FY 25 - NEW Assessment Code

## ☐ FY 25 – NEW Assessment Code

- MDHHS FY 24 Code Chart (H0031 Crosswalk Tab): [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)

H0031	Assessment	Mental health assessment, by non-physician	Mental Health Professional, QMHP, or QIDP if within their licensure scope of practice. BCBA and BCaBA's within their scope of practice.	<ul style="list-style-type: none"><li>✓ physician</li><li>✓ psychologist</li><li>✓ PA</li><li>✓ RN</li><li>✓ LMSW</li><li>✓ LPC</li><li>✓ Marriage or family therapist</li><li>✓ SLP</li><li>✓ Audiologist</li><li>✓ OT</li><li>✓ PT</li><li>✓ Registered dietician</li></ul> <p><b><u>Limited scope assessments:</u></b> Educator with a degree in education Behavior analyst Therapeutic recreation specialist HS professional with BA</p> <p>BCBA (for ABA 97151) BCaBA (for ABA 97151)</p>
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# FY 25 - NEW Assessment Code

- DWIHN is considering replacing H0031 with 96110

96110	Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.)	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	<p>Mental Health Professional or licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker.</p> <p>Assessments of children with SED are done by a CMHP. Assessments of children ages 7 through 17 with SED must be provided by a CMHP trained in CAFAS. Assessments of children ages 4 through 6 with SED must be provided by a CMHP trained in PECFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA) Assessments of children with DD are done by a QIDP.</p>	<p>Physician Psychologist LMSW/LLMSW LPC/LLPC RN Marriage or family therapist PT OT SLP Behavior analyst (QIDP) Educator with a degree in education (QIDP) Audiologist (QIDP) Registered dietician (QIDP) Therapeutic recreational specialist (QIDP)</p> <p>BCBA BCaBA</p>
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# Hospital Discharge / Recidivism

## ☐ FY 24 / Q3 Performance Indicator Data

- **Indicator 4a: Children** - Hospital Discharge appointment within 7 days = 90.79% (Below Goal)
- **Indicator 10: Children** - Hospital Recidivism = 15.81% (Below Goal)

*See attachment*

## ☐ Barriers:

1. Brand new youth not connected to a CRSP hospitalized
2. Brand new youth not connected to a CRSP with multiple hospitalizations
3. Brand new youth was scheduled for an intake appointment that was not completed; however, case is still open with CRSP

## ☐ Question: How do CRSPs handle scenario #3?



# Hospital Discharge / Recidivism

## ☐ Interventions:

1. Updated Hospital Discharge Bulletin (24-007 v3) in March 2024 to include additional billing codes.
2. Developed Crisis Clinical Review Form for Children Providers to complete within 48 hours of a Crisis Event resulting in youth out of home. (Ex: Emergency Room, Inpatient, Partial, State Facility, JDF, etc).
3. DWIHN developed an internal report for Hospital Discharge cpt codes
  - Noticed there were no H0036 LI or H2021 LI billed on the report as of 8/1/24 (*There might be a 90 day lag time for claims billing*)
4. Crisis Plan Trainings and Crisis Plan Feedback Survey if under 85% for Children Providers. Crisis Plan data is available via Risk Matrix. *Refer to Crisis Plan memo from Feb 7, 2024.*

<https://forms.office.com/pages/responsepage.aspx?id=iBg7DZwdXU27IzmsLb1R389KpjtBff5Kr12IgWmRYPVUME41VUhTVFRFUkxGM0pERDgxTEJaSkYxWi4u>

## FY 24 / Q3 Crisis Plan Data:

- Child SED Providers = 78%
- Child IDD Providers = 81%



# Hospital Discharge / Recidivism

## ❑ Recommendations:

### 1. Update Crisis Plan Policy:

16. Children Crisis Clinical Review Form: CRSPs must complete the Children's Crisis Clinical Review form within 48hrs upon request from DWIHN and or when CRSP is informed of a member experiencing a crisis event resulting in member being placed out of the home. Examples of crisis events could include the emergency room, partial hospitalization, inpatient hospitalization, state facility hospitalization, crisis stabilization unit, crisis residential unit, juvenile detention facility, a shelter, homelessness, and or other out of home settings. The Children Crisis Clinical Review form is in place to ensure identified members' services are reviewed by the CRSP and there is ongoing coordination of care to discuss discharge planning needs for the youth and family. The Children Crisis Clinical Review Form is located on DWIHN Crisis Services - For Children Section and is to be completed and uploaded to the smartsheet for DWIHN Crisis, Children Initiative, and Utilization Management Departments to review on an ongoing basis. <https://www.dwihn.org/crisis-services>

### 2. Update PAR:

Include Crisis Screeners inform CRSP to complete Crisis Clinical Review Form



# Hospital Discharge / Recidivism

## ☐ Recommendations:

### 3. Update CRSP Re Engagement Disenrollment Policy

Include section regarding “Intake Period” of closing a case when member does not complete intake session, complete the CRSP Discharge Records.

DWIHN now has an internal report and can view CRSP Discharge Records and noticed CRSPs are not providing Members copies of discharge summaries consistently. (Ex: Member was not present).

**\*\*\*Reminder:** Policy was updated that CRSP Provider member a copy of the discharge summary.

**CRSP Discharge Records:** Prior to the member's disenrollment process, the CRSP is to complete the CRSP Discharge Record via MHWIN within 14 calendar days from when the member was discharged from the CRSP and a copy of the Discharge Summary uploaded to MHWIN, as well as a copy provided to the member that is being discharged and/or Guardian. ( The CRSP Discharge Records link is found in the Clinical Services section of the members chart within MHWIN). \*\*\* Note: This procedure is only to be completed for SED/SMI/IDD disability designations.



# Questions





# IPLT/QISC 1st Quarter Report



# HEDIS measure 1st quarter 2025 rates and Interventions

- ▶ Antidepressant Medication Management (AMM)
- ▶ Follow up after hospitalization from mental illness (FUH)
- ▶ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- ▶ Diabetes Screening for People with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)



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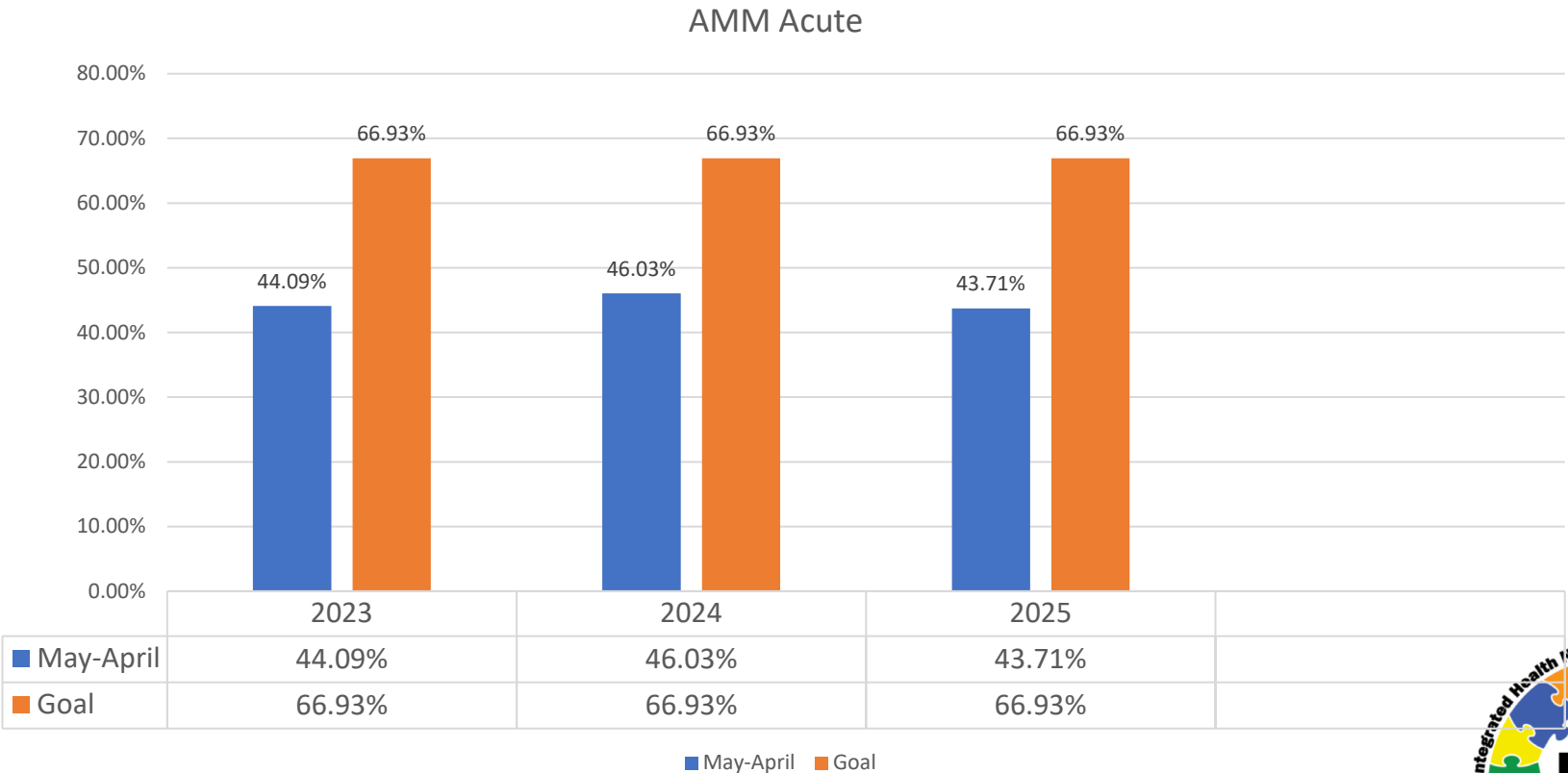
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Antidepressant Medication Management: AMM

Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported, Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

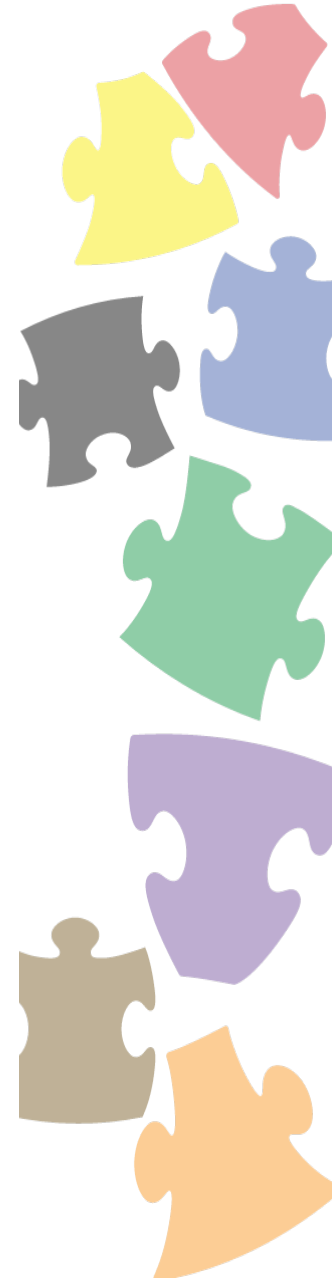
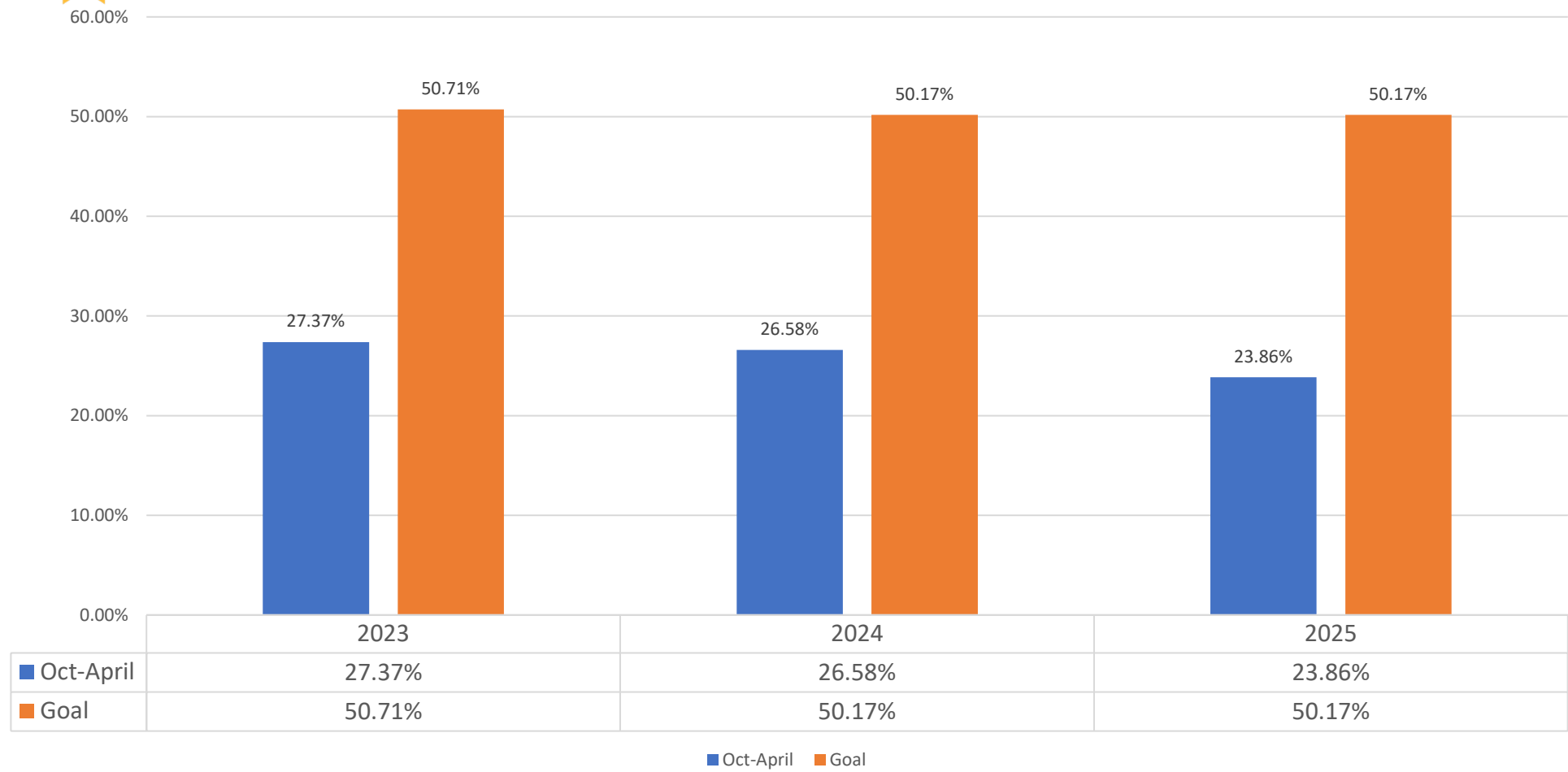
Acute Phase (12 weeks)





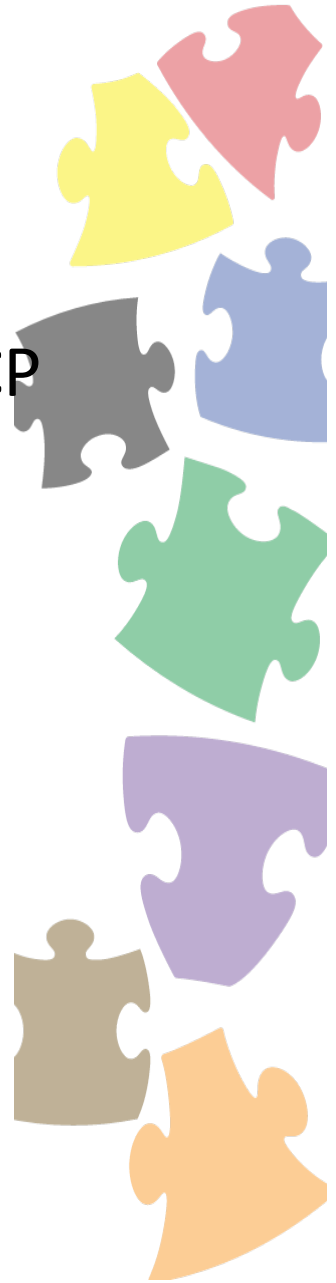


# Antidepressant Medication Management: Continuation Phase (4-9 months after acute phase)



# Interventions AMM

- Complex Case Mgt connecting to PCP, 81% of members had a PCP upon completion of CCM.
- 45 day meetings with CRSP Decrease by 3% for acute and continuation.
- Med Drop
  - 7/48 members in the Med drop program with diagnosis of depression.



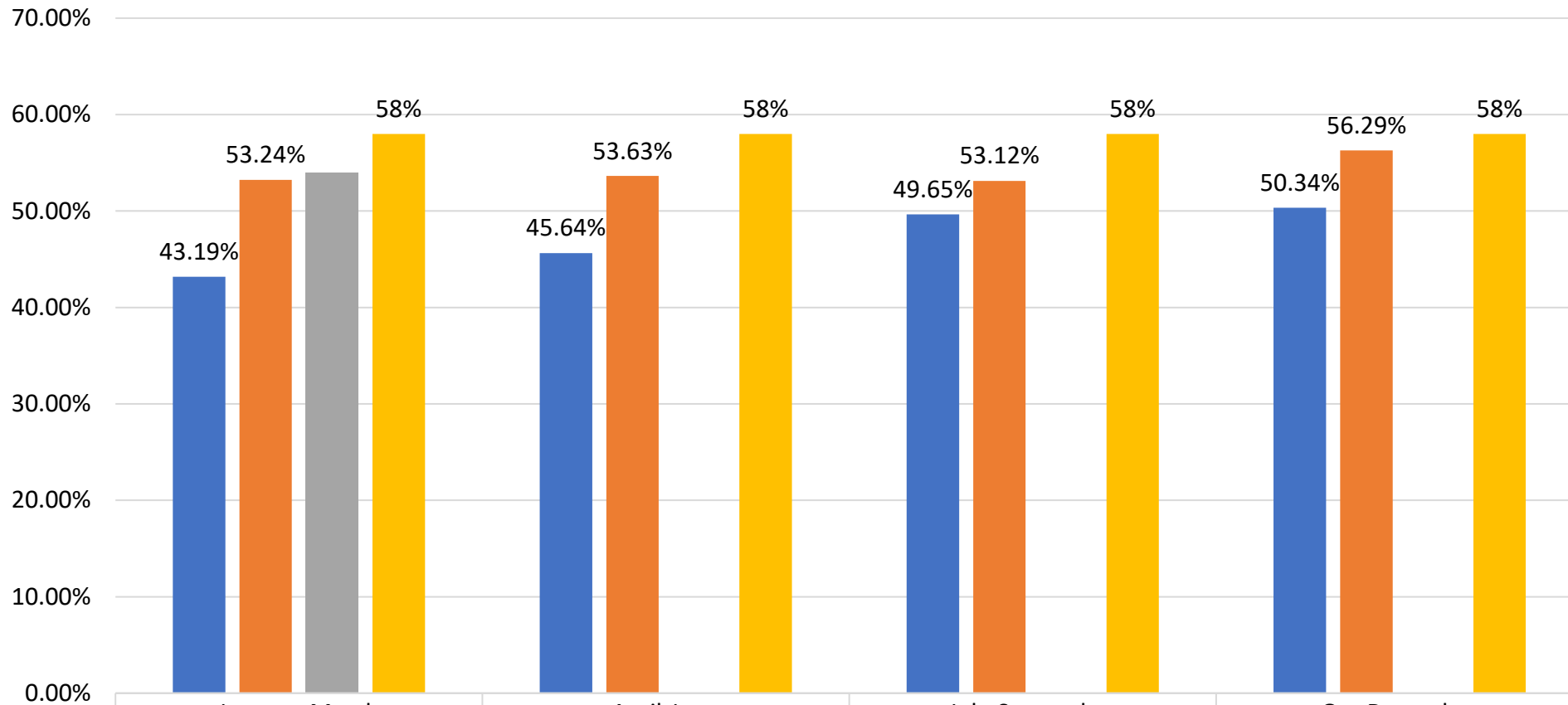
# Follow-up After Hospitalization From Mental Illness

Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients after psychiatric hospitalization can improve member outcomes, decrease the likelihood of re-hospitalization, and the overall cost of outpatient care.

MDHHS has set a goal for the 30-day follow-up: 58% for Adults and 79% for children.



## Adult 30 day

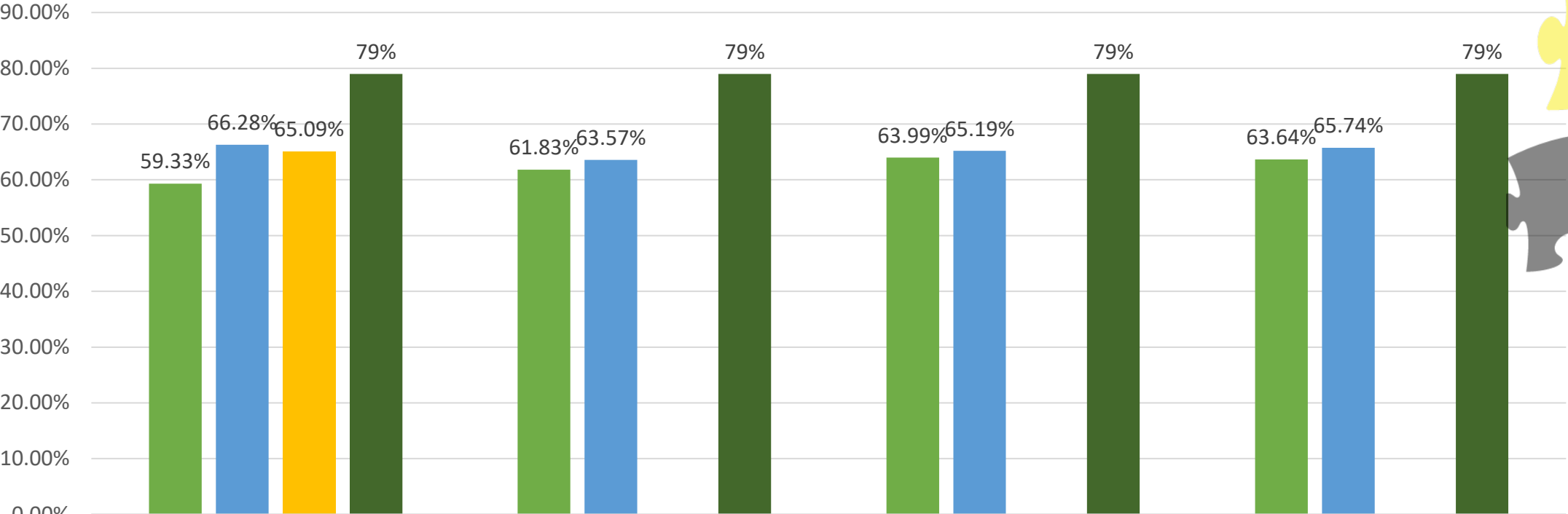


	January-March	April-June	July-September	Oct-December
2023	43.19%	45.64%	49.65%	50.34%
2024	53.24%	53.63%	53.12%	56.29%
2025	53.99%			
goal	58%	58%	58%	58%

2023 2024 2025 goal



Children 30 day

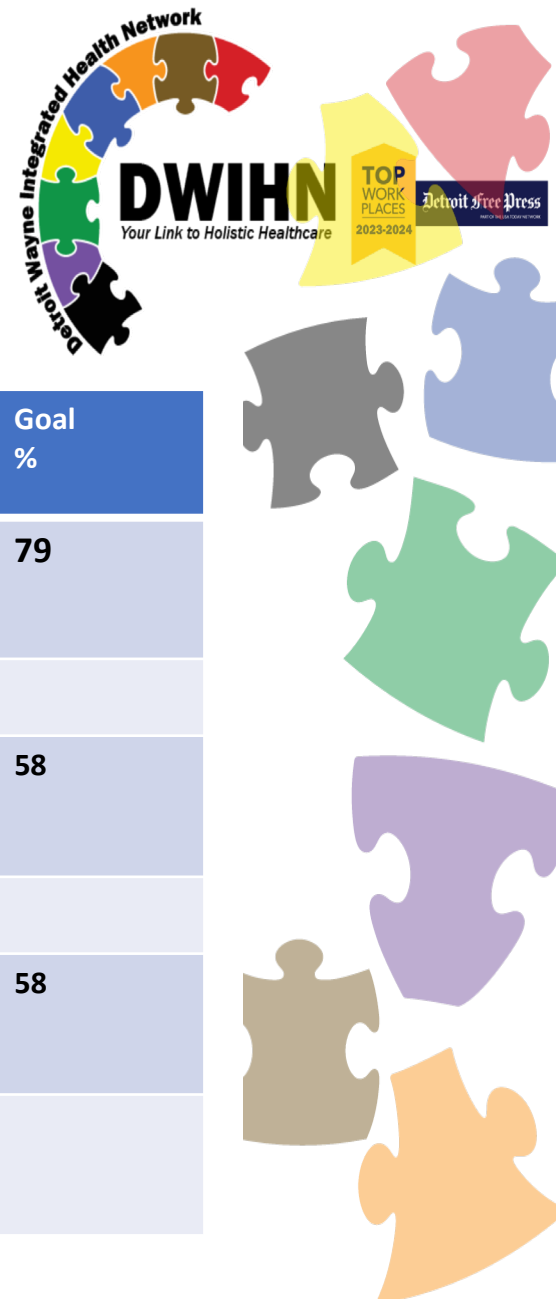


	January-March	April-June	July-September	October-December
2023	59.33%	61.83%	63.99%	63.64%
2024	66.28%	63.57%	65.19%	65.74%
2025	65.09%			
Goal	79%	79%	79%	79%

2023 2024 2025 Goal



# Follow up After Hospitalization From Mental Illness



7- day FUH age 6 and older

Measurement Period 4 <sup>th</sup> quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
6-17 1st quarter	355	149	206	46.98	<b>79</b>
2024 results	826	368	458	44.55	
18-64 41st quarter	2888	842	2046	32.59	<b>58</b>
2024 results	6944	2324	4620	33.47	
65+ 1st quarter	129	18	111	24.64	<b>58</b>
2024 results	278	64	214	23.02	

# Intervention FUH

- DWIHN offers transportation services- 20 people used the services in Q1
- Complex Case Management and Crisis services focusing on individuals hospitalized who do not have a CRSP- FY 2024 36% of individuals hospitalized did not have a CRSP. FY 25 24% of individuals did not have a CRSP. This is a decrease of 12%
- 45-day meetings to address FUH-83 CRSP meetings- FY 2132 hospitalizations 54.08 follow-up, FY 2025 54.76% follow-up.



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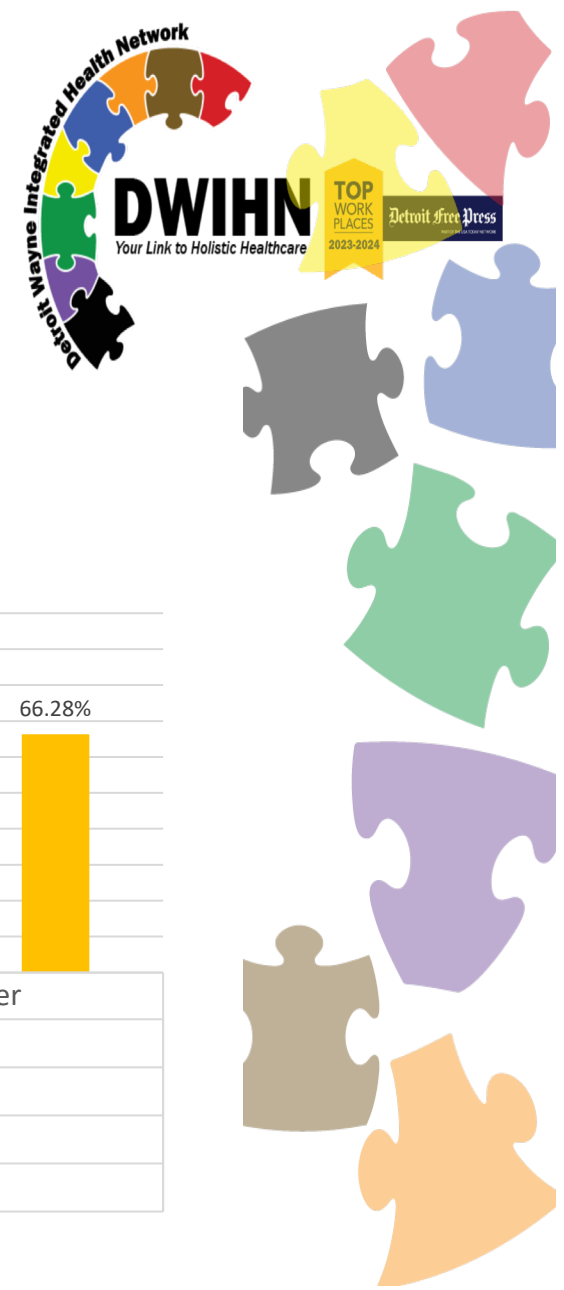
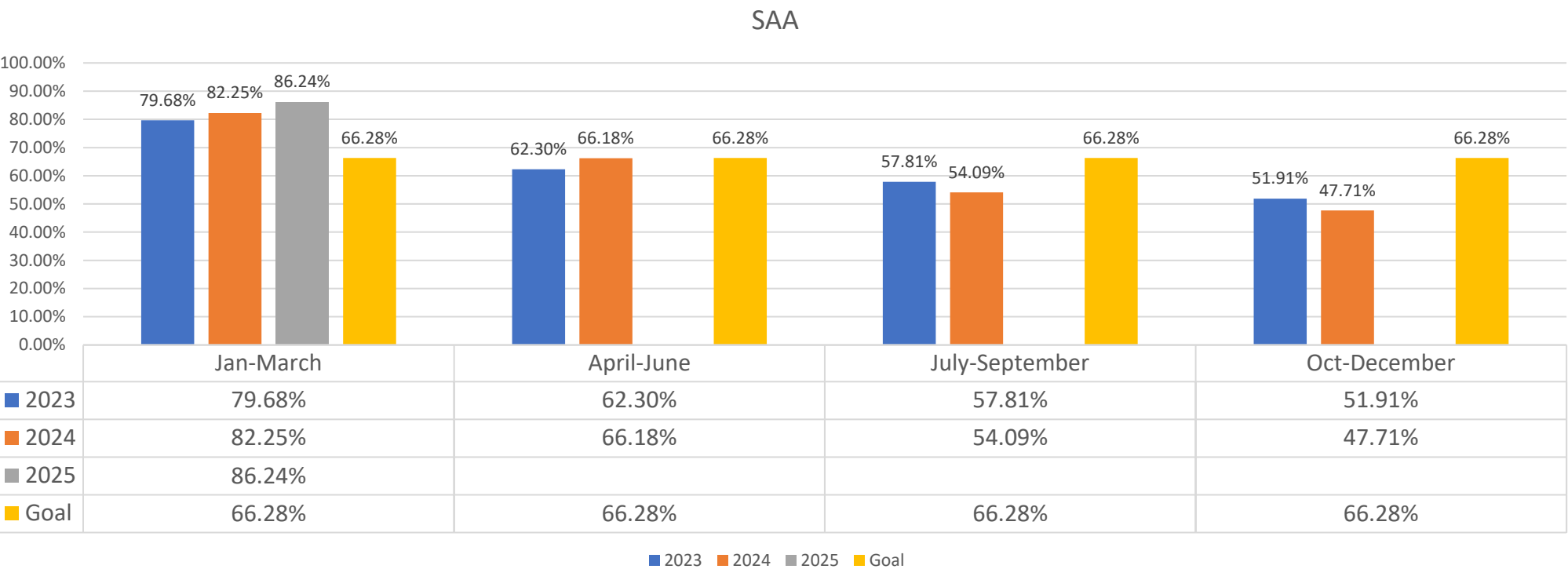


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# Adherence to Antipsychotic Medications for Individuals with Schizophrenia

## SAA

Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapses or hospitalization.





# Interventions for SAA

## FY 24 82.25%, FY 25 86.24%

- 45-day meetings to address SAA-83 CRSP meetings. 4% increase from 2024
- Med Drop-
  - 48 members served in first quarter 44 of those had an antipsychotic (largest population of meddrop are individuals on antipsychotics)



# Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

## SSD

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.<sup>1</sup> Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death.





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2023-2024

# Interventions SSD

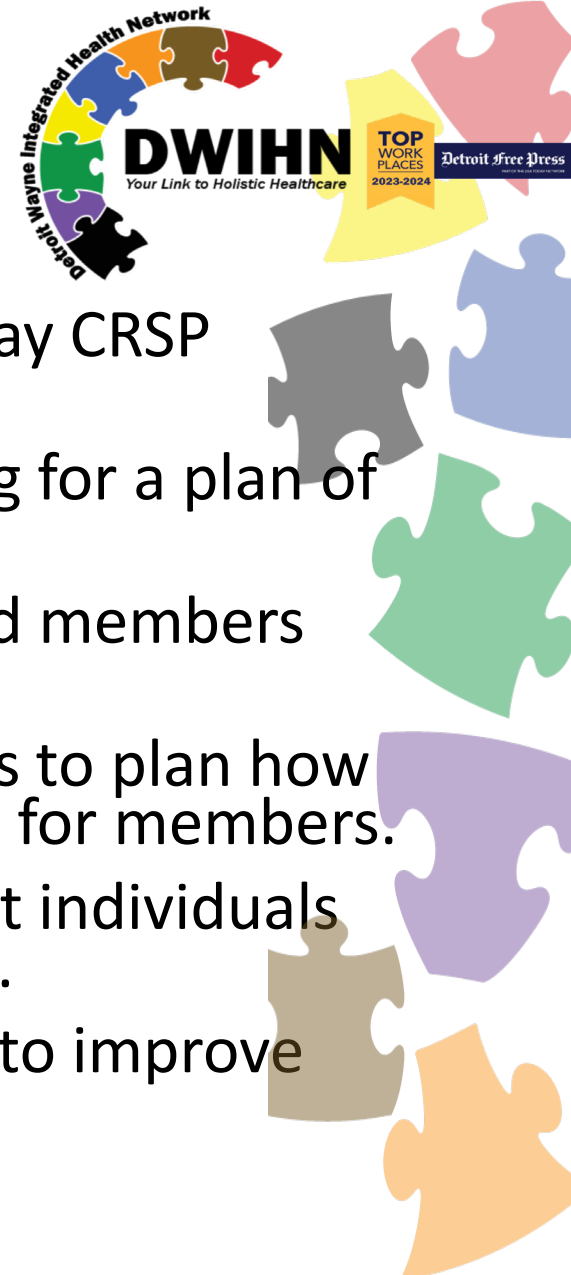
## FY 24 36.32%, FY 25 37.65%

- 45-day meetings to address SSD -83 CRSP meetings.
- New, Meeting with 2 FQHC to increase A1C testing 547 tests completed out of 1565, 34.95%.
- Complex Case Mgt connecting to PCP, 81% of members had a PCP upon completion of CCM



# Barriers to HEIDS measures

- DWIHN does not have access to all Medicare or private insurance claims. Medicare and private insurance pay for prescriptions, therapy, psychiatric appointments, and labs.
- DWIHN does have access to the MiHealth link claims, which account for roughly 4600 out of the 18,000 members with Medicaid/Medicare.
- Certain long-acting IM medications are not included in the measurement for Adherence to Antipsychotic Medications for Individuals with Schizophrenia.

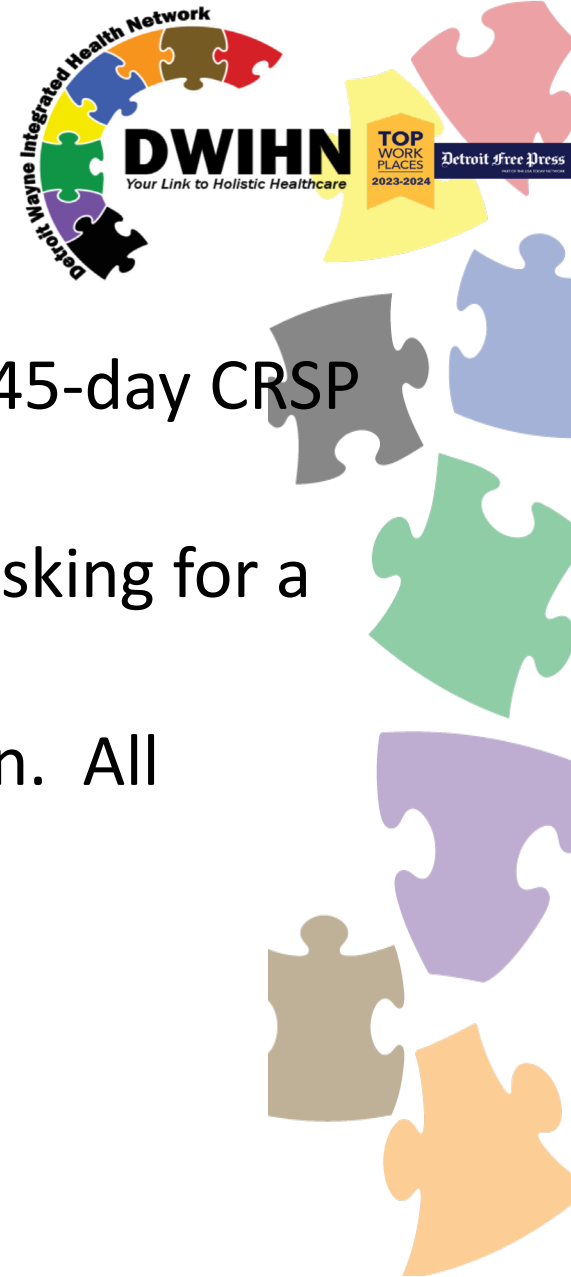


# New Interventions for FY 2025

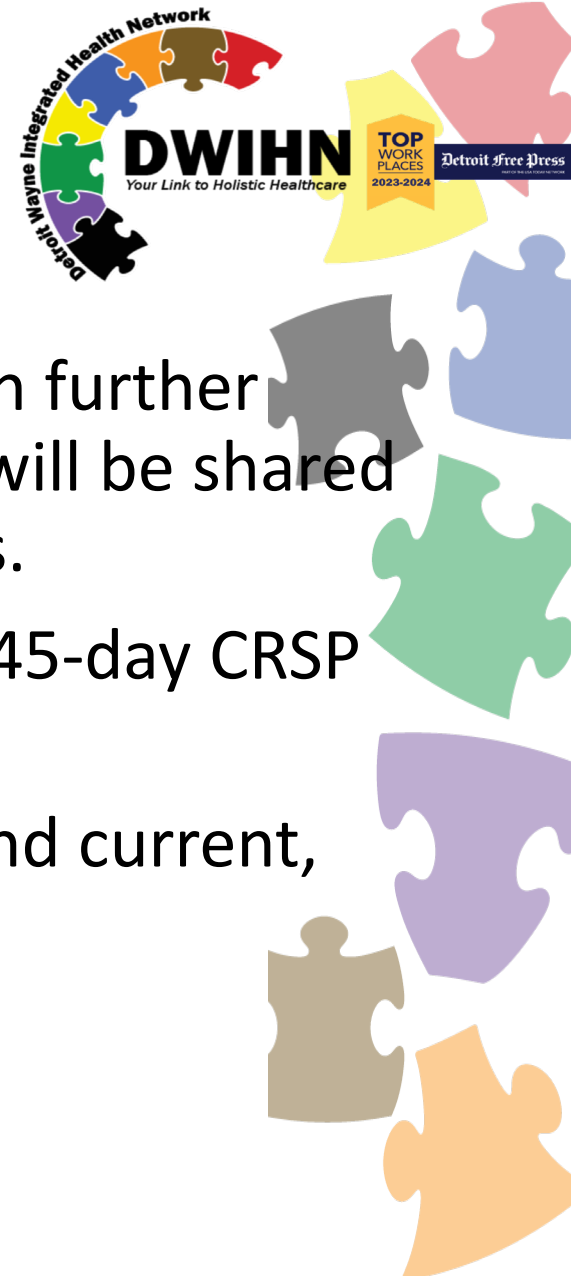
## Follow-up After Hospitalization

- All HEDIS measures that have a QIP are discussed at the 45-day CRSP meeting.
- Memos sent to CRSP providers with a history of scores, asking for a plan of action to address HEDIS scores.
- Complex Case Management rounding in the Crisis Clinic to aid members with linking to resources to decrease symptoms.
- HEDIS measures are incorporated into ICO and MHP meetings to plan how Health Plans and DWIHN will meet them in care coordination for members.
- DWIHN and Vital Data are building a platform that will predict individuals at high risk of hospitalization that all CRPS will have access to.
- Crisis team meetings with 4 CRSP who have hospital Liaisons to improve follow-up care.

# Improve medication compliance



- All HEDIS measures that have a QIP are discussed at the 45-day CRSP meeting.
- Memos sent to CRSP providers with a history of scores, asking for a plan of action to address HEDIS scores.
- Collaboration with all 8 MHP and ICO in care coordination. All medications are reconciled in meetings.
- Med Drop



# Improve Diabetes monitoring

- Working with 2 local FQHCs for diabetes testing and then further referral to a local diabetes clinic for more services. Data will be shared on the number of referrals and the number of follow-ups.
- All HEDIS measures that have a QIP are discussed at the 45-day CRSP meeting.
- Memos sent to CRSP providers with a history of scores and current, asking for a plan of action to address HEDIS scores.



Questions?

Educational Tools

Resources:

<https://dwihn.org/providers-HEDIS>

Self Help Tool

[https://dwihn.org/documents/myStrength\\_Flyer.pdf](https://dwihn.org/documents/myStrength_Flyer.pdf)

DWIHN mobile application, contains transportation resources

<https://dwihn.org/access-mymobileapp>



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