Quality Improvement Steering Committee (QISC)
Wednesday, August 31st, 2022
1:00 p.m. –2:30 p.m.
Via ZOOM LINK PLATFORM
Agenda

I.	Welcome & Introductions	Tania Greason
II.	DWIHN Updates	Dr. Shama Faheem
III.	Approval of QISC August 31, 2022 Agenda	Dr. Shama Faheem/Committee
IV.	Approval of QISC June, 2022 Minutes	Dr. Shama Faheem/Committee
V.	DWIHN Performance Improvement Projects (PIP's) a) Antidepressant Medication (AMM) b) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are using Antipsychotic Medications (SSD) c) Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) d) Follow-Up After Hospitalization for Mental Illness (FUH) e) Increasing Screening for Hepatitis C	Alicia Oliver
VI.	**Follow up Item:** IHC Complex Case Management Evaluation	Ashley Bond
VII.	PI# 2a Data Analysis Best Practices (Provider Discussion)	Justin Zeller/Tania Greason
VIII.	MMBIP "View Only" Module 4a Exceptions	Justin Zeller/Tania Greason
IX.	Adjournment	

Quality Improvement Steering Committee (QISC)
Wednesday, August 31st, 2022
1:00 p.m. –2:30 p.m.
Via ZOOM LINK PLATFORM
Meeting Minutes
Note Taker: Aline Hedwood

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

Member Present:
Alicia Oliver, April Siebert, Ashley Bond, Carl Hardin, Cassandra Phipps, Cheryl Fregolle, Cheryl Madeja, Delisa Marshall, Donna Coulter, Ebony Reynold, Fareeha Nadeem, Jessica Collins, John Rykert, June White, Justin Zeller, Dr. Leonard Rosen, Lindon Munro , Maria Stanfield, Marianne Lyons, Melissa Eldredge, Melissa Peters, Michele Vasconcellos, Michelle York, Ortheia Ward, Rotesa Baker, Dr. Shama Faheem, Shirley Hirsch, Starlit Smith, Tania Greason and Vicky Politowski.

Members Absent:
Allison Smith, Angela Harris, Benjamin Jones, Dr. Bill Hart, Blake Perry, Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Dalica Williams, Danielle Hall, Dhannetta Brown, Donna Smith, Eric Doeh, Jacqueline Davis, Jennifer Jennings, Jennifer Smith, Judy Davis, Latoya Garcia-Henry, Margaret Keyes-Howards, Manny Singla, Melissa Hallock, Melissa Moody, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Rakhari Boynton, Robert Spruce, Sandy Blackburn, Shana Norfolk, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Tiffany Thisse and Trent Stanford.

Staff Present: April Siebert, Tania Greason, Fareeha Nadeem, Justin Zeller, Starlit Smith, Tiffany Thisse and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: Tania asked the group to put their names, email addresses and organization into the chat box for proof of attendance.

3) Item: Approval of August 31, 2022 Agenda: approved with revisions by committee and Dr. Shama Faheem.

4) Item: Approval of June 28, 2022 Minutes: June 28, 2022 minutes approved as written by Dr. Shama Faheem and Committee

5) Item: Announcement/DWIHN Update: Dr. Shama Faheem, Chief Medical Officer

- DWIHN Care Center has moved to its next phase the facility plan has been designed and construction has started; expected to open in FY 2023. The center will have a 39-bed facility, children & adults crisis stabilization and crisis residential for adults.
- DWIHN has seen an increase in member enrollments for Behavior Health Homes and Opioid health homes.
- DWIHN has provided supplemental rate increases to our provider network. The supplemental increases are to assist providers in hiring incentives due to staff shortages.
- DWIHN administrative staff has received concerns from our provider network regarding the review of medical necessity, the Medicaid manual and MDHHS guidelines detail the process, stating that to authorize services, medical necessity must match the IPOS guidelines.

6) Item: DWIHN Performance Improvement Projects (PIP's) Alicia Oliver, IHC Clinical Specialist OBRA/PASSARR

a) Antidepressant Medication (AMM)
b) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are using Antipsychotic Medications (SSD)
c) Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
d) Follow-Up After Hospitalization for Mental Illness (FUH)
e) Increasing Screening for Hepatitis C

Goal: Review and approval of barriers and interventions for assigned PIP's.

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 # ___

Discussion		
Alicia Oliver provided an overview of the Performance Improvement Projects (PIPs) . The PIPs are assigned and initiated in order to provide the best care to the population that DWIHN serves. The HEDIS performance data, which is developed and maintained by NCQA, is designed to assure that employers, regulators, public purchasers, and consumers have the information they need to compare the performance of managed care plans. For additional information please review the PowerPoint presentation 'Quality Improvement HEDIS Measures" in the following highlighted areas below. The information presented to the QISC includes identified barriers and noted interventions: • SAA-data results/HEDIS measurement-adherence to antipsychotic medications for individuals with schizophrenia: percentage of members 18 to 64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. • AMM-medication compliance for members 18 years or older with a diagnosis of major depression on antidepressant medication for at least 84 days (12 weeks) effective acute phase treatment and medication compliance for members 18 years or older with a diagnosis of major depression on antidepressant medication for at least 180 days (6 months)effective continuation phase treatment. • SSD-improving diabetes monitoring for people with schizophrenia and bipolar disorder NCQA'S HEDIS measure diabetes screening for people with schizophrenia and/or bipolar disorder and measures the percentage of patients 18-64 years of age with schizophrenia or bipolar disorder who have been dispensed an antipsychotic medication and had a diabetes screening during the measurement year. • FUH - Follow-up after hospitalization for mental illness: 1) percentage of discharges for which members received follow-up within 30 days after discharge. 2) percentage of discharges for which members received follow-up within 7 days after discharge. • Increasing screening for Hepatitis C		

Noted barriers for all of the PIPs presented include the following: • Covid continues to be a barrier. The State of Michigan did not allow in-person face to face visits with our population until July 2021. Some remote workers did not have the equipment to work from home at the onset of Covid. • Telehealth continues to be a preferred form of contact. Not all clients are computer literate or have the equipment needed to perform the service. Some clients that have government issued phones are preferring to use their phone minutes for emergencies. Transportation continues to be a barrier for those that chose to attend their appointments face- to- face. The state continues to work on this issue. • Post Covid there is a shortage of mental health staff. The Covid vaccine is a requirement to work at some provider sites with few exceptions. Social workers are needed at many of the provider agencies. Providers are struggling with a large client population with very little staff to take on the numbers causing a gap in care for the DWIHN client population. • Post Covid, agencies are trying to reorganize.		
Provider Feedback	**Assigned To**	**Deadline**
Providers discussed additional barriers as follows: 1. Provider commented and discussed that caseloads are high and also excessive administrative paperwork is required. DWIHN has informed the provider network that the leadership team is in discussion with MDHHS regarding the case assignment overload, understaffing and additional paperwork that providers are required to complete. As received, additional information/feedback will be presented through this forum and additional provider meetings. 2. Telehealth services will end in October 2022 the state will resume pre-covid status and require providers to see clients face to face. 3. Some providers are requiring members to meet face to face, however, if members do not request to meet face to face the members/guardians must sign off with this request.		
Decision Made	**Assigned To**	**Deadline**
Dr. Faheem and the QISC members agreed to bring the PIPs (a-e) back to the committee within 3 months to review and discuss barriers and interventions identified.	Dr. Faheem and QISC	January, 2023
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the QISC members approve the continuation of the PIP's as noted above (a-e). For additional questions and follow-up, please contact Vicky or Alicia via email vpolitowski@dwihn.org and aoliver@dwihn.org	Dr. Faheem and QISC	Ongoing

7) **Item: IHC Complex Case Management (CCM) Evaluation FY 2021 Ashley Bond, IHC Clinical Specialist**
Goal: Review and approval of the CCM 2021 Evaluation (Updates)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: ☐ QI# ___ **X CC# 1** ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Ashley Bond, discussed with the QISC the updates to the CCM Evaluation for FY-2021. The updates are required by NCQA MBHO standards in which a new goal was added to include: ○ Improve participation in the number of members who attended two outpatient Behavioral Health service visits within 60 days. ○ Starting CCM services for members who were open for at least 60 days and closed as of October 2021 IHC has also adjusted timeframes for data evaluation which includes the PHQ and WHO DAS measures for the members who were open for at least 90 days; ER inpatient admission and Utilization of Out-Patient Services included all members open for 60 days and Emergency Room, Inpatient admit and Utilization of Out-Patient Services. Although IHC met its goal for FY-2021 a Causal Analysis was added to the evaluation to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal. For additional information please review the PowerPoint presentation "Updates to Complex Case Management Program Evaluation FY21" on the following highlighted areas below: • Goals • Timeframes • Causal Analysis • Satisfaction Surveys		
Provider Feedback	**Assigned To**	**Deadline**
Providers request that they are provided a copy of the CCM Evaluation FY-2021. Ashley Bond will provide a copy of the CCM Evaluation for including in the QISC meeting minutes.	**Ashley Bond**	September 30, 2022
Decision Made	**Assigned To**	**Deadline**
None		
Action Items	**Assigned To**	**Deadline**
The CCM Evaluation FY-2021 was reviewed and approved by Dr. Faheem and the QISC. The QISC was informed to contact Ashley Bond for additional questions via email abonds@dwihn.org	Dr. Faheem and QISC	Complete

8) Item: PI# 2a Data Analysis Best Practices (Provider Discussion) - Justin Zeller, QI Clinical Specialist & Tania Greason, QI Network Administrator
Goal: Review and update for MMBPI PI#2a
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Justin Zeller shared with the committee the following: • PI #2a demonstrated a 59.2 overall % for Q2. Q3 demonstrated a decline to 37.8%. • The biggest challenge for providers continues to be the lack of appointments available for members within 14 days timeframe due to staffing issues. • PI #2a 3rd quarter data is due to the MDHHS on September 30, 2022. • For PI# 2a, the logic pulls both the paid claim and the completed biopsychosocial. • For Q2, the state received an overall average score of 54.1%		
Provider Feedback	**Assigned To**	**Deadline**
The QISC discussed barriers that providers are facing which are not allowing for the quality of care and appropriate timely access members. Providers commented on the following: 1) Providers hiring more staff will increase access and provide needed ongoing services. 2) The caseload needs to be monitored and reasonable so that provider organizations are not at risk. 3) Providers are seeing candidates apply for jobs but applicants are not qualified; no shows for interviews. 4) When providers hire people they only stay for a few months, reporting a high caseload and too much paperwork. 5) Starting pay has also been an issue, DWIHN has initiated incentive payments to providers which should be used for hiring efforts.		
Decision Made	**Assigned To**	**Deadline**
DWIHN's QI, MCO and Access Team will continue to meet with CRSP providers every 30-45 days to discuss PI# 2a and calendar intake information and requirements.	DWIHN Assigned Units (MCO,CPI, QI)	Ongoing
Action Items	**Assigned To**	**Deadline**
Concerns and feedback will be discussed with DWIHN's leadership team. Information will be shared with the QISC as made available.	DWIHN Leadership Team	Ongoing

9) Item: MMBPI PI 4a View Only Module– Tania Greason
Goal: Review for requirements of PI# 4a (Exceptions)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: XQI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Tania Greason shared with the QISC members the following: • Providers are required to review their MMBPI data in MH_WIN. All providers should have staff at their organization that has access to the MMBPI "View Only" Module. If you and or staff do not have access or have questions, please reach out to QI via email to Justin Zeller or Tania Greason. • QI is waiting for updates for exceptions for Q3 (PI# 4a), Providers are to review their data and make exceptions where applicable. • Please make sure you are documenting exceptions in your progress notes that you have reached out to the member with three (3) attempts per policy. • Continue to engage members to meet their 7 days follow-up after inpatient psychiatric admissions. • Performance Measurement Validation Review (PMV) DWIHN received a draft report from HSAG on September 26, 2022, and received a 100% compliance score for PMV with two recommendations to include with PAR preadmission screening tool and providers documenting in their clinical records attempts for member engagement efforts.		
Provider Feedback	**Assigned To**	**Deadline**
No Additional Provider Feedback Provided.		
Decision Made	**Assigned To**	**Deadline**
CRSP providers to continue monitoring of MMBPI data. Providers are to contact QI (Justin Zeller) if they require access or TA for utilizing the MMBPI "View Only" Module.		
Action Items	**Assigned To**	**Deadline**
CRSP's are to review the MMBPI "View only Module" and document exceptions for 4a for Q3. Data is due to MDHHS on September 30, 2022.	Clinically Responsible Service Providers(CRSP).	September 12, 2022

New Business Next Meeting: Tuesday September 27, 2022.

Adjournment: 2:015 pm

ah/09/01/2022

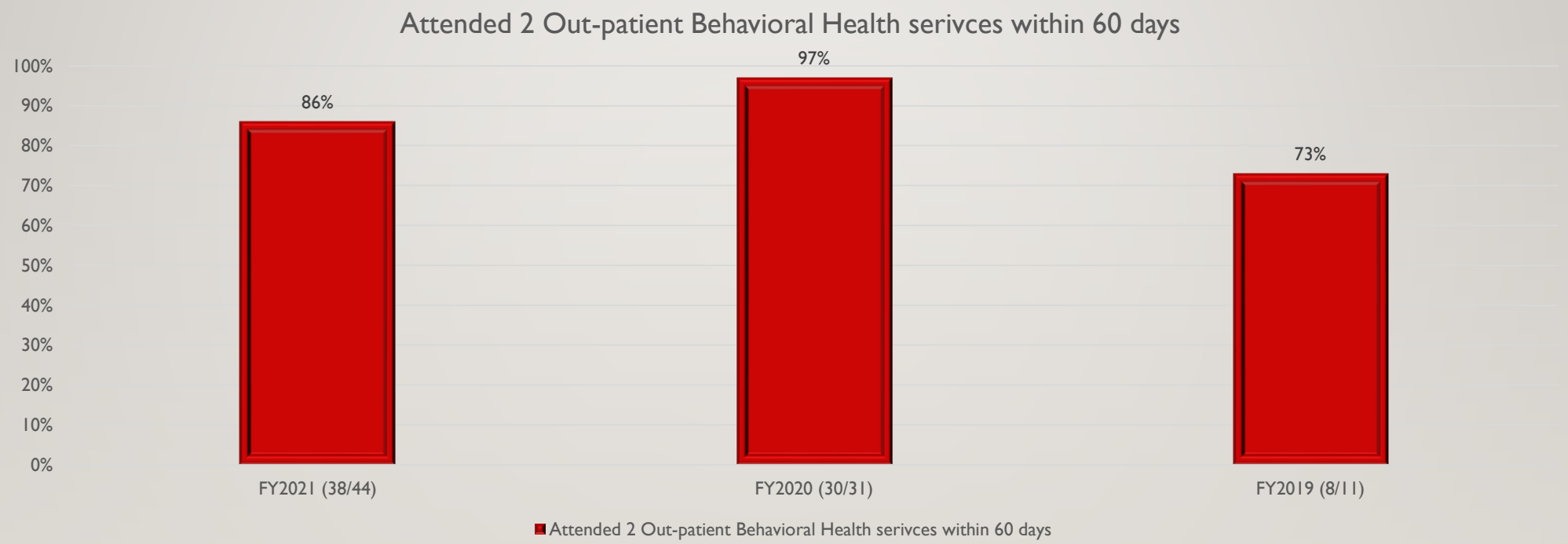
UPDATES TO COMPLEX CASE MANAGEMENT PROGRAM EVALUATION FY21

ASHLEY BOND MA, LPC

DETROIT WAYNE INTEGRATED HEALTH NETWORK

GOALS

- New goal: Improve participation in the number of members who attended two out patient Behavioral Health service visits within 60 days starting CCM services who were open for at least 60 days and closed as of October 2021 as evidenced by an overall 10% increase in participation (86%)


Attended 2 Out-patient Behavioral Health serivces within 60 days
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
86%
97%
73%
FY2021 (38/44)
FY2020 (30/31)
FY2019 (8/11)
Attended 2 Out-patient Behavioral Health serivces within 60 days

TIMEFRAMES

- PHQ and WHO-DAS

~Members were included who were open for at least 90 days

- Emergency Room, Inpatient admit and Utilization of Out-Patient Services

~Members were included who were open for at least 60 days

CAUSAL ANALYSIS

- Although we met our program goals for FY21, we added a Causal Analysis to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal year.
- A Causal Analysis was added for the following:
  - PHQ
  - WHO-DAS
  - ED and Hospital Admits
  - Out-Patient Services
  - Satisfaction Surveys

SATISFACTION SURVEYS

- Out of 42 members, 16 returned Satisfaction Surveys (38%)

- Elimination of neutral responses starting in FY23 to obtain members true opinions for negative and/or positive feedback
- Electronic Satisfaction Surveys

QUALITY IMPROVEMENT HEDIS MEASURES

Integrated Health

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of performance data developed and maintained by the National Committee for Quality Assurance (NCQA), and is the most widely used standardized performance measure in the managed care industry. HEDIS is part of an integrated system to establish accountability in managed care. It is designed to assure that employers, regulators, public purchasers, and consumers have the information they need to compare the performance of managed care plans.

MDHHS contracts with Health Services Advisory Group, Inc. (HSAG) to analyze Michigan Medicaid health plan HEDIS results objectively and evaluate each health plan's performance relative to national Medicaid percentiles.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

DWIHN has chosen to compare its rate results with the HSAQ Medicaid weighted average (MWA) of 10 health plans that provide managed care services to Michigan Medicaid Members.

DWIHN is in the process of purchasing Quality Compass to run customer reports that will report Healthcare Effectiveness Data and Information (HEDIS) percentile to determine where we fall, 25th, 50th, 75th or 90th percentile.

SAA IMPROVING ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

- Why it matters
- Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment, and incoherent speech.[1] Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.[2]

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

SAA-DATA RESULTS/HEDIS MEASUREMENT-ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA: PERCENTAGE OF MEMBERS 18 TO 64 YEARS OF AGE DURING THE MEASUREMENT YEAR WITH SCHIZOPHRENIA WHO WERE DISPENSED AND REMAINED ON AN ANTIPSYCHOTIC MEDICATION FOR AT LEAST 80 PERCENT OF THEIR TREATMENT PERIOD.

SAA-Data Results/HEDIS Measurement-Adherence to antipsychotic medications for individuals with schizophrenia: percentage of members 18 to 64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Time Period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to goal
1/1/2020-12/31/2020		4163	5247	79.34%		68.17% 2020 HEDIS Aggregate Report for Michigan Medicaid
1/1/2021-12/31/2021		2462	5304	46.42	68.1%	Waiting for 2021 HEDIS aggregate report

Numerator-The number of members who achieved a proportion of days covered of at least 80 percent for their antipsychotic medications during the measurement year.

Denominator-Medicaid members 18 to 64 years of age as of December 31 of the measurement year with schizophrenia.

- Michigan HSAG 2021, reports the adherence to antipsychotic medication average health plan result for 2020 was 68.17%, putting them in the 75th percentile for this measure. DWIHN result for 2020 was 79.34% which is above the 75th percentile. In 2021 DWIHN results have trended down to 46.92%. This is a 32.42 percentage point decrease. DWIHN has decided to keep this QIP active and work to get its result back to the 75th percentile and continue to compare its numbers to the Medicaid Weighted Average. DWIHN's goal is 68.17%.

AMM-MEDICATION COMPLIANCE FOR MEMBERS 18 YEARS OR OLDER WITH A DIAGNOSIS OF MAJOR DEPRESSION ON ANTIDEPRESSANT MEDICATION FOR AT LEAST 84 DAYS (12 WEEKS) EFFECTIVE ACUTE PHASE TREATMENT AND MEDICATION COMPLIANCE FOR MEMBERS 18 YEARS OR OLDER WITH A DIAGNOSIS OF MAJOR DEPRESSION ON ANTIDEPRESSANT MEDICATION FOR AT LEAST 180 DAYS (6 MONTHS) EFFECTIVE CONTINUATION PHASE TREATMENT

- Why it matters
- Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year.[1,2] Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects.[3]
- Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

AMM-DATA RESULTS/HEDIS MEASUREMENT-MEDICATION COMPLIANCE FOR MEMBERS 18 YEARS OR OLDER WITH A DIAGNOSIS OF MAJOR DEPRESSION ON ANTIDEPRESSANT MEDICATION FOR AT LEAST 84 DAYS (12 WEEKS). EFFECTIVE ACUTE PHASE TREATMENT

AMM Data Results/HEDIS Measurement-Medication Compliance for Members 18 years or Older with a Diagnosis of Major Depression on Antidepressant Medication for at least 84 Days (12 weeks). Effective Acute Phase Treatment

Time Period	Measurement	Numerator*	Denominator*	Rate	Goal	Comparison to goal
1/1/2020-12/31/2020		826	3066	26.94		59.28% 2020 HEDIS Aggregate Report for Michigan Medicaid
1/1/2021-12/31/2021		989	2396	41.28	59.28%	Waiting for 2021 HEDIS aggregate report

*Numerator-Number of members 18years of age or older with a diagnosis of major depression who were newly treated with an antidepressant medication and remained on an antidepressant medication for 84 days (12 weeks).

*Denominator-Number of members 18 years of age or older with a diagnosis of major depression who were newly treated with an antidepressant medication.

- Michigan HSAG 2021 reports the antidepressant medication management average health plan results for 2020 for effective acute phase treatment rate as 59.28% which is above the 75th percentile. DWIHN results for 2020 effective acute phase treatment rate, using vital data, was 26.94%. DWIHN results for 2021 effective acute phase treatment rate, using vital data was 41.28%. This is a 14.34 percentage point increase. DWIHN will continue to compare its numbers to the Michigan Weighted Average. DWIHN's goal is 59.28% for this measure.

AMM-DATA RESULTS/HEDIS MEASUREMENT-MEDICATION COMPLIANCE FOR MEMBERS 18 YEARS OR OLDER WITH A DIAGNOSIS OF MAJOR DEPRESSION ON ANTIDEPRESSANT MEDICATION FOR AT LEAST 180 DAYS (6 MONTHS) EFFECTIVE CONTINUATION PHASE TREATMENT

Time Period	Measurement	Numerator*	Denominator*	Rate	Goal	Comparison to goal
1/1/2020-12/31/2020		664	3066	21.66		42.98 2020 HEDIS Aggregate Report for Michigan Medicaid
1/1/2021-12/31/2021		320	2396	13.36	42.98%	Waiting for 2021 HEDIS Aggregate report

*Numerator-Number of members 18years of age or older with a diagnosis of major depression who were newly treated with an antidepressant medication and remained on an antidepressant medication for 180 days or more.

*Denominator-Number of members 18 years of age or older with a diagnosis of major depression who were newly treated with an antidepressant medication.

- Michigan HSAG 2021 reports the antidepressant medication management average health plan results for 2020 effective continuation phase treatment rate as 42.98%, putting them in the greater than 50th percentile. DWIHN results for 2020 effective continuation phase, using vital data, was 21.66%. DWIHN results for 2021 effective continuation phase, using vital data, was 13.36%. This is an 8.3 percentage point decrease. DWIHN will continue to compare its numbers to the Medicaid Weighted Average. DWIHN's goal is 42.98%

SSD-IMPROVING DIABETES MONITORING FOR PEOPLE WITH SCHIZOPHRENIA AND BIPOLAR DISORDER

NCQA'S HEDIS MEASURE DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA AND/OR BIPOLAR DISORDER MEASURES THE PERCENTAGE OF PATIENTS 18-64 YEARS OF AGE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO WERE DISPENSED AN ANTIPSYCHOTIC MEDICATION AND HAD A DIABETES SCREENING DURING THE MEASUREMENT YEAR

- Why it Matters

- Heart disease and diabetes are among the top 10 leading causes of death in the United States.[1] 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. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

SSD-IMPROVING DIABETES MONITORING FOR PEOPLE WITH SCHIZOPHRENIA AND BIPOLAR DISORDER

Data Results/ Measurement – Diabetes Screening for Schizophrenia and Bipolar Members on Antipsychotic Medication

Time period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to Goal and Statistical Significance
1/1/2020-12/31/2020		4891	7597	64.38		78.01 2020 HEDIS Aggregate Report for Michigan Medicaid
1/1/2021-12/31/2021		5228	8061	64.86	78.01	Waiting for 2021 report

*Numerator-Those enrollee/members who had an FBS or HbA1c who have a diagnosis of schizophrenia or bipolar disorder dispensed an antipsychotic medication that had diabetes screening during the measurement year meeting the eligibility criteria for the measure.

*Denominator-All enrollee/members with a diagnosis of schizophrenia or bipolar disorder who have been dispensed an antipsychotic medication meeting the eligibility criteria for the measure.

- Michigan HSAG 2021 reports the diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications, average health plan results as 78.01% which is above the 75th percentile. DWIHN results for 2020 diabetic screening was 64.38%. DWIHN results for 2021 was 64.86%. This is a 0.48 percentage point increase. DWIHN will continue to compare its numbers to the Medicaid Weighted Average. DWIHN's goal is 78.01%

FUH-FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

WHY IT MATTERS

In 2019, nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder.1 Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. 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.2,3,4

FUH FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

TWO RATES ARE REPORTED:

1. THE PERCENTAGE OF DISCHARGES FOR WHICH THE MEMBER RECEIVED FOLLOW-UP WITHIN 30 DAYS AFTER DISCHARGE

Time period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to Goal State of Michigan
1/1/2020-12/31/2020	6-17 years 18-64 years	323 1803	513 3699	62.96 48.74	70% 58%	70% 58%
1/1/2021-12/31/2021	6-17years 18-64 years	317 2606	478 5584	66.32 46.67	70% 58%	70% 58%
3/2022	6-17 years 18-64 years	No new numbers			70% 58%	70% 58%

- The State of Michigan specifications for this measure is 70% for children 6-17 and 58% for adults 18-64. DWIHN has chosen to use the State of Michigan measures as a comparison goal. DWIHN 2020 rate for 30 day for ages 6-17 is 62.96. DWIHN 2021 rate for 30 day for ages 6-17 is 66.32. This is a 3.36 percentage point increase.
- DWIHN 2020 rate for 30 days for ages 18-64 is 48.74. DWIHN rate for 30 days 2021 is 46.67. This is a 2.07 percentage point decrease. DWIHN will continue to compare its goal to the State of Michigan goal.

FUH FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
2. THE PERCENTAGE OF DISCHARGES FOR WHICH THE MEMBER RECEIVED FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE.

Time period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to Goal State of Michigan
1/1/2020-12/31/2020	6-17 years 18-64 years	212 1078	513 3699	41.33 29.14	45%	45%
1/1/2021-12/31/2021	6-17years 18-64 years	211 1582	478 5584	44.14 28.33	45%	
3/2022	6-17 years 18-64 years	No new numbers				

- DWIHN 2020 rate for 7 day for ages 6-17 is 41.33. DWIHN 2021 rate for 7day for ages 6-17 is 44.14. This is a 2.81 percentage point increase.
- DWIHN 2020 rate for 7 days for ages 18-64 is 29.14. DWIHN 2021 rate for 7 days for ages 18-64 is 28.33. This is a 0.81 percentage point increase. DWIHN will continue to compare its goal to the State of Michigan goal of 45%.

INCREASING SCREENING FOR HEPATITIS C

Why this matters

Screening for hepatitis C leads to the appropriate evaluation and treatment of individuals chronically infected with the hepatitis C virus and prevents the progression of liver disease, cancer, and death. Screening for hepatitis C is also cost effective.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

INCREASING SCREENING FOR HEPATITIS C

2021 rate of result average is 2.22%

Measurement Period	Measurement	Numerator	Denominator	Rate or Results
2021 Q1	***Baseline***	65	2685	2.42%
2021 Q2	Remeasurement 1	66	2911	2.26%
2021 Q3	Remeasurement 2	64	3084	2.07%
2021 Q4	Remeasurement 3	69	3250	2.12%

2022 data 0f result average 0.26%

Measurement Period	Measurement	Numerator	Denominator	Rate or Results
2022 Q1	Remeasurement 4	15	3239	0.46%
2022 Q 2	Remeasurement 5	2	3398	0.05%

- If we compare Q2 and Q2 of 2021 and 2022 there is a drastic decrease in the numbers.
- We have not identified a goal, nor a comparison goal. Our rate is declining. Per NCQA specialist, we should have 3 years to compare.
- IT is pulling 2020 data.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

Barriers to care have been identified:

Covid continues to be a barrier. The State of Michigan did not allow in person face to face visits with our population until July 2021. Some remote workers did not have equipment to work from home at the onset of Covid.

Telehealth continues to be a preferred form of contact. Not all clients are computer literate or have the equipment needed to perform the service. Some clients that have government issued phones are preferring to use their phone minutes for emergencies. Transportation continues to be a barrier for those that chose to attend their appointments face to face. The state continues to work on this issue.

Post Covid there is a shortage of mental health staff. The Covid vaccine is a requirement to work at some provider site with few exceptions. Social workers are needed at many of the provider agencies. Providers are struggling with a large client population with very little staff to take on the numbers causing a gap in care for DWIHN client population.

Post Covid, agencies are trying to reorganize.

Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

The CareConnect360 web portal:

* Contains data for ***paid Medicaid claims and encounters***, drawn from the MDHHS Data Warehouse.

* Supports effective planning and communication for the care coordination of physical and behavioral health conditions.

* Includes cross-system information such as: physical health, behavioral health, developmental disability, dental, long-term care and home help data.

IMPORTANT: Due to federal confidentiality requirements, claims/encounters from Substance Use Disorder (SUD) treatment providers covered by 42CFR Part 2 are not included in CareConnect360, unless expressly approved for limited users.