



Quality Improvement Steering Committee (QISC)
Tuesday, October 27, 2020
1:30 – 3:00 p.m.
Via BLUE JEAN PLATFORM
Agenda

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|-------|---|--|
| I. | Welcome | T. Greason |
| II. | Introductions | T. Greason |
| III. | Approval of October 27, 2020 Agenda | Dr. Hudson-Collins/T. Greason |
| IV. | Approval of Minutes: <ul style="list-style-type: none">○ August 25, 2020○ September 29, 2020 | Dr. Hudson-Collins/T. Greason |
| V. | DWIHN Updates | Dr. Hudson-Collins/A. Siebert |
| VI. | NCQA Updates | Gail Parker |
| VII. | BTAC Three Years Analysis FY 2017-20 (add on) | Fareeha Nadeem |
| VIII. | Customer Service (CS) Echo Survey Review/Recommendations <ul style="list-style-type: none">● Children● Adults | M. Keyes-Howard |
| IX. | Grievance Annual Summary FY 2019-20 CS (add on) | Barbara Hedgepeth |
| X. | Complexes Case Management (CCM) Program Description (add on) | Tina Forman |
| XI. | Performance Improvement Projects (PIP') <ul style="list-style-type: none">● Improving time to the Initiation of Autism Services (tabled)● Wellness/myStrength (tabled)● Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia | Ebony Lawson
Trent Sanford
Alicia Oliver |
| XII. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, October 27, 2020

1:30 p.m. – 3:00 p.m.

Via BLUE JEAN PLATFORM

Meeting Minutes

Note Taker: Aline Hedwood

Committee Chairs: Dr. Margaret Hudson-Collins and Tania Greason, Provider Network QI Administrator

Member Present:

Alicia Oliver, April Siebert, Cheryl Fregolle, Dhannette Brown, Eke Oluchi, Fareeha Nadeem, Gail Parker, Jessica Collins, John Rykert, Justin Zeller, Lanetia Norris, Michele Vasconcellos, Melissa Eldredge, Ortheia Ward, Kimberly Flowers, Tina Forman, Starlit Smith Barbara Hedgepeth, Ebony Lawson, Trent Sanford. Rotesa Baker, Tina Forman, Barbara Hedgepeth, Melissa Moody, Lucas Gogliotti and Tania Greason.

Members Absent:

Dr. Margaret-Hudson-Collins, Allison Lowery, Allison Smith, Angela Harris, Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Carla Spright-Mackey, Crystal Palmer, Darlene Owens, Donna Coulter, Donna Smith, Ebony Reynolds, Eric Doeh, John Pascaretti, Judy Davis, June White, Kau Gofan, Mignon Strong, Nasr Doss, Sandy Ware, Shirley Hirsch, Stacie Bowens, Dr. Sue Banks, June White, Robert Spruce and Virdell Thomas.

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

1) Item: Welcome: Tania Greason

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

3) Item: Approval of October 27, 2020 Agenda: approved by Dr. Margaret-Hudson Collins via email and group with revisions

4) Item: Approval of August and September 2020 Minutes:

- **August 2020 minutes** approved as written by Dr. Margaret Hudson-Collins via email 10.29.2020 and group with no noted revisions.
- **September 2020 minutes** approved as written by Dr. Margaret Hudson-Collins via email 10.29.2020 and group with no noted revisions.

5) Item: Announcement: Tania Greason & April Siebert

- Effective, October 31st Dr. Margaret Hudson-Collins, DWIHN 's Medical Director, has resigned. DWIHN has begun to search and interview for a replacement. The Committee was thankful to Dr. Hudson-Collins for her on-going work and commitment with the QISC.
- The QISC meetings for November and December, 2020 has been cancelled. The next meeting is scheduled for Tuesday, January 21, 2020 via Blue Jean Link. The committee will also review our membership and send letters of recommendations for additional stakeholders to attend the QISC meetings for Fiscal Year.



6) Item: NCQA Updates – Gail Parker

Goal: Update of NCQA Recerfication

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		
Gail Parker informed the committee that DWIHN’s NCQA recreditation process is underway. DWIHN is in receipt of the NCQA acceptance letter for the scheduling and uploading of required documentation. Our goal is to demonstrate and continue to improve our processes ensuring that the quality of service provided to individuals demonstrate both quality and safety standards. DWIHN is in the process of contracting with a new vendor that will allow for us to retrieve HEDIS data on an annual basis with real time progress and the ability to drill down to provider levels.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline

7) Item: BTAC Three Years Analysis FY 2017-20 - Fareeha Nadeem

Goal: Review of BTAC Three Year Analysis FY 2017-20

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

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

Decisions Made		
Fareeha Nadeem discussed with the committee that as part of the QAPIP Evaluation, a three-year analysis of the BTAC requirements by DWIHN’s CRSP Committees will include the overall total number of plans, usage of restrictive interventions, intrusive interventions, total number of medications, 911 calls and reporting of critical and sentinel events. This report will be based on reported provider data and will be presented for review, discussions and recommendations at the QISC meeting that will be held in January 2021.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
BTAC (3) Three Year analysis is will be presented to the QISC in January or February of 2021 for review and recommendations.	Fareeha Nadeem	February 2021



8) Item: CS Experience of Care and Health Outcomes (Echo) Child Survey report FY 2019-20 – Margaret Keyes-Howard

Goal: Review of the Echo Children

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

NCQA Standard(s)/Element #: **X QI# 5** CC# ___ UM # ___ CR # ___ RR # ___

Decisions Made		
<p>Margaret Keyes-Howard discussed the findings of the Experience of Care and Health Outcomes (Echo) Child Survey report. Per the request of the DWIHN, the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Child Survey* with parents/guardians of its minor-aged members. The purpose was to assess the experiences of families whose children has received mental health or substance use disorder services through DWIHN in the previous 12 months. The Center deployed the most current version, 3.0, for managed behavioral healthcare organizations (MBHOs) Highlights from the survey include the following: 1,532 parents/guardians of DWIHN members responded to the survey. 1,123 reported receiving services in the past year. Respondents were less likely to have a primary disability designation of severe mental illness (64%), compared to the sample (60%) and more likely to have a developmental disability (39%) than the sample (35%). A higher percentage of respondents’ children were receiving autism services (27%), compared to the sample (23%). DWIHN scored well on several measures, notably parents/guardians reporting receiving information on patient rights (95%), confidence in the privacy of their information (93%), and completely discussing the goals of their child’s treatment (93%). There were four measures with scores of less than 50%:</p> <ol style="list-style-type: none"> 1. Perceived improvement (25%); 2. Getting treatment quickly (42%); 3. Overall rating of counseling and treatment (49%); and 4. Amount helped (49%). <p>For additional information please review power pointe the “Experience of Care and Health Outcomes (ECHO) Child Survey Finding for 2020” on the highlighted areas below:</p> <ol style="list-style-type: none"> 1) Methodology 2) Survey Highlights 3) Survey Responses 4) Responses Profile 5) Echo Child Survey Scorecard 		
Discussion	Assigned To	Deadline
<p>The four (4) areas that scored below 50% will continue to be reviewed with the QISC for recommendations and feedback.</p>		



Action Items	Assigned To	Deadline
<p>The QISC agreed that the Experience of Care and Health Outcomes (Echo) Child Survey report be shared for discussion, recommendations and feedback. The committee will focus on the four (4) areas that scored below 50%. Information was submitted to Dr. Hudson-Collins on October 29th, 2020 with approval for continued review and recommendations of noted areas.</p> <p>I. The committee will review the report and bring back any recommendation by March, 2021.</p>	QISC	March, 2021

9) Item: CS Grievance Annual Summary FY 2019-20 - Barbara Hedgepeth

Goal: Review of Grievance Annual Summary Report

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

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

Decisions Made		
<p>Barbara Hedgepeth reviewed with the committee DWIHN’s grievance process. The Grievance process ensures that members are provided the opportunity to express dissatisfaction with their behavior health services. The intent of this process is also to promote consumers access to medically necessary high-quality care to behavior healthcare services. This process also supports and ensures that members are heard and empowered to be self-advocates. During the FY 2019-20 DWIHN had 54 grievances and 4 MI Health Link grievances during this period. All grievance was resolved within 90 days and the majority of the grievances was resolved to satisfaction of the grievance. For opportunity for improvement CS is offering education and training on the delivery of services for DWIHN members; education and technical assistance to DWIHN providers. This process will also identify quality improvement opportunities through reviewing of patterns and trends of reported grievances.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>It was suggested that CS bring the report back to the next QISC meeting in January or February of 2021 to review and analyze any patterns or trends as it relates to wait time etc. This analysis will allow for the QISC to make any recommendations.</p>	Customer Service	February, 2021



10) Item: Complex Case Management (CCM) Program Description – Tina Forman

Goal: Review of the CCM Program Description

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

NCQA Standard(s)/Element #: **X QI# 2** CC# UM # CR # RR #

Decisions Made		
<p>Tina Forman reviewed with the committee the CCM program description. DWIHN’s Complex Case Management program will be available to children/youth and adults who are eligible for the Medicaid, dual eligible members with both Medicaid and Medicare and including MI Health Link, SED and/or Autism Waiver benefits. Members involved in this program can carry the designation of severely mentally ill (SMI), intellectually/developmentally disabled (I/DD), have a substance use disorder (SUD), have a serious emotional disturbance (SED) or receiving services under the autism benefits available through Medicaid. However, participation in Complex Case Management (CCM) will not be dependent upon the health benefit available to the member.</p> <p>The goals for the CCM program are care coordination services and are not intended to replace the services that are provided by DWIHN Crisis providers. IHC work in conjunction with the service providers due to some members not being connected with a crisis provider or may not be engaged with a crisis.</p> <p>DWIHN wants to be able to improve any medical or behavior healthcare concerns that the member may have. IHC measures concerns by the scores on the PHQ-9 and on the World Organization Disability Assessment Scale (WODAS). These measures are accessed when a person enters CCM services and every 30 days until they are no longer receiving CCM services. IHC refers members to resources as needed; educating them with self-management tools; encouraging members to attend their outpatient services for both physical and behavior healthcare. For additional information please review presentation “Integrated Healthcare Care Initiative Complex Case Management Program Description” on the following areas below:</p> <ul style="list-style-type: none"> • The Nine Phases of Complex Case management • Evidence use to develop the CCM • Criteria for Identifying Members Who are Eligible for the Program • Services Offered • Tools and Sources Used to Identify Members for Complex Case Management • Access to Complex Case Management • Complex Case Management Process • Process for Outreach <p>The CCM leadership team will review the results of above and determine appropriate interventions to address opportunities for improvement, if applicable. The team will consider qualitative and quantitative data to identify patterns in feedback. Data from the CCM program will be presented to the IPLT and QISC at least annually.</p>		
Discussion	Assigned To	Deadline



Action Items	Assigned To	Deadline
The QISC has agreed to approve the CCM Program Description. Dr. Hudson-Collins reviewed and agreed to accept the CCM description on October 29,2020 (via email).		

11) Item: Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia - Alicia Oliver

Goal: Review of analysis/approval for continuation of PIP Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia

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

NCQA Standard(s)/Element #: X QI# 10 CC# ___ UM # ___ CR # ___ RR # ___

Decisions Made		
<p>Alicia Oliver reviewed the updated progress for the PIP Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia. DWIHN is focused on this measure as a means to assist clients with adherence to medication. 50 % of patients with schizophrenia are non-adherent during the first year after discharge. It is difficult for clinicians to be certain if a patient is taking his or her medication.</p> <p>There is a high risk of relapse (nearly 4 times greater) in non-adherent patients than those who adhere to treatment. Relapse is associated with increased rates of rehospitalization and increased social and occupational disability. Good adherence and persistence to antipsychotic medication is associated with reduced total costs.</p> <p>The antipsychotic medication for individuals with schizophrenia PIP is part of the DWIHN NCQA HEDIS measurement and accreditation. The information is evidence based in regards to intervention for members. Fifty percent of patients with schizophrenia are non-inherent during the first year after discharge. It's difficult for Clinicians to be certain if the member is taking their medication. DWMHA has developed an improvement plan that includes interventions targeted at members and providers. Each intervention is designed to address identified barriers.</p> <ul style="list-style-type: none"> • Reinforce with the providers the importance of a good clinician/ patient relationship in addressing the importance of disease management. Also addressing member's fear of taking medication as well as the risks and benefits of taking the medication • Offer support groups for member and family members. Goal of support group is to identify and modify cognitive and motivational barriers to adherence. These support groups sponsored by the National Alliance on Mental Illness (NAMI) as well as developed by DWIHN, will be promoted to members by the provider. • Educational Material also developed with referral information on NAMI along with telephone number and website information. • Information available on the website for family support groups as well as peer-to peer programs. <p>There is a high-risk of relapse its four times greater for non-inherent patients then those who are in treatment. Relapse is associated with increase rate of hospitalization and social and occupational disabilities. For additional information please review PowerPoint presentation "Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia "on the following highlighted areas below:</p> <ul style="list-style-type: none"> • Measure • Screening Method 		



<ul style="list-style-type: none"> • Barriers identified • Interventions put in place to monitor adverse metabolic effects • Impact to improvement • New Interventions 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>Information will be submitted to the QISC for review of recommendations during the QISC meeting in January or February of 2021. The committee agreed to continue with the PIP, as at this time, we have no 2020 numbers to determine if the interventions moved the numbers to our comparison goal of 64%. Dr. Hudson-Collins is in agreement as noted in documentation submitted to her attention on 10.29.2020.</p>	Alicia Oliver	February 2021.

New Business Next Meeting: Tuesday January 21, 2021 Via Blue Jean Link Platform.

Adjournment: 3:15 pm

ah/11/18/2020