



Quality Improvement Steering Committee (QISC)
Tuesday, June 29, 2021
10:30 a.m. – 12:00 p.m.
Via ZOOM PLATFORM
Agenda

- | | | |
|-------|---|------------------------------------|
| I. | Welcome | Tania Greason |
| II. | Introductions | Tania Greason |
| III. | DWIHN Updates | Dr. S. Faheem |
| IV. | Approval of QISC June 29, 2021 Agenda | Dr. S. Faheem & Committee |
| V. | Approval of QISC May 25, 2021 Minutes | Dr. S. Faheem Committee |
| VI. | Follow-up Items: | |
| | A. Managed Care Operations (MCO) Provider Survey 2021 | June White & Margaret Keyes-Howard |
| | B. ECHO Adult Survey | Margaret Keyes-Howard |
| | ○ Review of Barriers | |
| | ○ Recommended Interventions | |
| VII. | Behavior Treatment Advisory Committee (BTAC) | Fareeha Nadeem |
| | • Quarterly Data Analysis Report (Quarters 1 &2) | |
| | • Tracking of Critical/Sentinel Event Data | |
| VIII. | Quality Improvement | Tania Greason |
| | a. HSAG PMV Review | |
| | b. Data Analysis (Quarter 1 and 2 FY 2020-2021) | |
| IX. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, June 29, 2021

10:30 a.m. – 12:00 p.m.

Via ZOOM 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, Allison Smith April Siebert, Carl Hardin, Carla Spright-Mackey, Cheryl Fregolle, Cheryl Madeja, Fareeha Nadeem, Ebony Reynold, Jessica Collins, John Pascaretti, John Rykert, June White, Justin Zeller, Dr. Leonard Rosen, Lindon Munon, Margaret Keyes-Howards, Melissa Eldredge, Melissa Hallock, Melissa Moody, Michele Vasconcellos, Oluchi Eke, Ortheia Ward, Rhianna Pitts, Robert Spruce, Rotesa Baker, Sandy Blackburn, Dr. Shama Faheem, Shirley Hirsch, Starlit Smith, Tania Greason, Taquaryl Hunter and Trent Stanford.

Members Absent:

Angela Harris, Ashley Bond, Blake Perry, Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Cassandra Phipps, Cherie Stangis, Dhannetta Brown, Donna Coulter, Donna Smith, Eric Doeh, Jennifer Smith, Judy Davis, Latoya Garcia-Henry, Mignon Strong, Miriam Bielski, Nasr Doss, Sandy Blackburn, Dr. Sue Banks, Tiffany Hillen, Trent Stanford and Vickey Politowski.

Staff Present: April Siebert, Tania Greason, Justin Zeller, Fareeha Nadeem, Starlit Smith, Carla Spright-Mackey 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 as proof of attendance.

3) Item: Approval of June 29, 2021 Agenda: group approved with revisions

4) Item: Approval of May 25, 2021 Minutes: approved by Dr. Faheem and group with no noted revisions.



5) Item: Announcement/DWIHN Update: Dr. Shama Faheem

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		
<p>Dr. S. Faheem informed the group that DWIHN is currently exploring the implementation of a behavioral health home model. DWIHN is currently advocating with local agencies on becoming a lead entity under the current model with the State. We are also exploring mobile services as it relates to pre-crisis and crisis intervention, vaccinations etc. DWIHN is also working on the following initiatives:</p> <ul style="list-style-type: none"> ✚ DWIHN is working with MDHHS to regain confidence and will oversee the new behavioral health home model by selecting members and working with partners and providers to assist with directing and implementing services. ✚ Mobile services are required in behavior health areas were members are under served the programs will expand to crisis and outreach programs. ✚ Starting in August 2021, the QISC will begin to review DWIHN QAPIP's to note any barriers and needed interventions. DWIHN now utilizes Vital Data Technology (VDT) and will review the HEDIS outcomes for the VDT data. ✚ The ECHO children survey for FY 2020 was reviewed, recommendations by this group and QI were facilitated and provided to the CS team. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None Required		



6a) Item: Follow-up Items: - June White & Margaret Keyes-Howard

A. Managed Care Operations (MCO) Provider Survey 2021

Goal: Review of process for distribution of Provider Survey 2021

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

NCQA Standard(s)/Element #: X QI# 3 CC# _____ UM # _____ CR # _____ RR # _____

Decisions Made		
June White informed the workgroup that MCO will host an internal meeting this month to discuss the process for distributing the 2021 Provider Survey. The questions will be categorized for this year's survey to include areas of UM, Quality, IHC and CS services. The main questions will not be changed but will be categorized in the areas as noted above, this process will assist with the ability to analyze the data per category/unit. DWIHN staff will have the ability to analyze the data as it relates to their specific units. The final 2021 Provider survey is in the process of final completion and will be reviewed by DWIHN staff prior to sending to the provider network. In addition, these units are required to develop and analyze each section of reporting from the completed survey tool.		
Discussion	Assigned To	Deadline
Tania asked the group if they had the opportunity to complete any of the prior provider surveys and do they have any additional feedback.		
Action Items	Assigned To	Deadline
None Required		



6b) Item: ECHO Adult Survey - Margaret Keyes-Howard

- **Review of Barriers**
- **Recommended Interventions**

Goal: Review of the 2020 Adult Echo Survey

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

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

Decisions Made		
<p>Margaret Keyes-Howard discussed with the group the purpose of the ECHO surveys. The purpose of the survey is to assess the experience of adults who have received mental health or SUD services within the last 12 months. There are two versions of the survey which is designed to receive responses and feedback from adults and families that have children in services over the age of 18. The most current version 3.0 was submitted to our members served within the last 12 months. The ECHO survey is designated as a member experience survey and was developed by the consumer assessment of healthcare providers which is an agency for healthcare research. DWIHN adopted this tool and CS is in process of having simultaneously running surveys which will include over 8,000 members. Last year CS received over 1,500 responses back from the children survey and 1,200 from the adult survey.</p> <p>DWIHN is also working with Wayne State University to contact individuals who have not responded back to help them to complete the surveys by phone, translation if needed, or to elicit information for participation. The ECHO Adults 2022 survey will be launched within the next 15 days. CS will be working to review responses through October 2021. The QISC reviewed the areas in the ECHO survey where DWIHN failed low in scoring during the May 2021 meeting to discuss opportunities for services improvement and barriers for failing areas.</p> <p>In addition, for the children ECHO survey, Margaret (CS) and Cassandra (CI) have met and are in the stages of planning focus groups for improvement of children and family’s socialization stability. The next meeting will be held on July 13, 2021.</p>		
Discussion	Assigned To	Deadline
<ul style="list-style-type: none"> • The next step for the adults ECHO survey is to review the recommendations. • Provider questions: <ol style="list-style-type: none"> a) Is there a way to drill down providers individual measurements or results? b) Is there any way through the data DWIHN collects to determine which provider(s) has particular results and can you group all of those together and come up with a satisfactory survey response per provider? • DWIHN does information related to provider trends there is no guarantee that all the providers are going to be represented in the survey. 		
Action Items	Assigned To	Deadline



Tania asked did everyone received the analysis from May 2021 month meeting and the group will table this until August 2021 meeting to start conversations as it relates to identifying barriers and reviewing possible interventions.	QISC Members	September 30, 2021
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8) Item: Behavior Treatment Advisory Committee (BTAC) - Farheea Nadeem

- Quarterly Data Analysis Report (Quarters 1 &2)
- Tracking of Critical/Sentinel Event Data

Goal: Review of BTAC requirements and tracking of CE/SE data

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>Tracking of Critical/Sentinel Event Data: QI has placed an announcement on DWIHN’s internet documenting the requirement on how to report required categories for members that are on a behavior treatment plan. The announcement can be found under Provider/Resources/Meeting Training and Announcements/ CE/SE REPORTING REQUIREMENTS FOR MEMBERS ON BEHAVIOR TREATMENT PLANS. Please review the announcement as it will outline the requirements for reporting of CE/SE for members that are have a current BTP.</p>		
<p>Quarterly Data Analysis Report (Quarters 1 &2) Fareeha Nadeem provided a summary of the BTAC Quarterly Data Analysis Report for quarters 1 & 2. The Behavior Treatment Advisory Committee (BTAC) was developed in 2017. The Committee is comprised of DWIHN providers, members, DWIHN staff, Psychiatrist, Psychologist, and the Office of Recipient Rights and is responsible for the review and implementation of DWIHN’s network BTP Review Committees. The BTAC is also responsible for the evaluation of each assigned provider committee's overall effectiveness. Fareeha also informed the workgroup of the following:</p> <ul style="list-style-type: none"> ✚ DWIHN offered three (3) trainings on Behavior Treatment Procedures with MDHHS; ✚ DWIHN is in full compliance with Behavior Treatment Requirements, based on the recent HSW Review; ✚ DWIHN submits quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS; ✚ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines; ✚ Effective from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP); ✚ Twenty one Mental Health CRSP have established BTPRC and three have joint BTPRC; ✚ Behavior Treatment Category is <u>now</u> live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the four reportable sub-categories ✚ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring. Please review the presentation “Behavior Treatment Advisory Committee Summary of Data Analysis FY 2020-2021 Q1 and Q2” on the following highlighted areas: <ul style="list-style-type: none"> • Background • Accomplishments • Total BPT review • Reported 911 Call and Critical/Sentinel Events 		



<ul style="list-style-type: none"> • Restrictive & Intrusive Interventions • Use of Medication • Recommendations 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None Required.		



9) Item: Quality Improvement - Tania Greason

a. HSAG PMV Review

b. Data Analysis (Quarter 1 and 2 FY 2020-2021) (tabled until next meeting)

Goal: HSAG PMV Review

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

NCQA Standard(s)/Element #: X QI# 4 CC# ___ UM # ___ CR # ___ RR # ___

Decisions Made		
<p>To meet the PMV requirements, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), the EQRO for MDHHS, to conduct the PMV for each PIHP. HSAG validated the PIHPs' data collection and reporting processes used to calculate performance indicator rates DWIHN's HSAG PMV webinar review took place on June 16th, 2021. The PMV review was conducted remotely by HSAG. HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS, which began October 1, 2020, and ended December 31, 2020. It was noted during the review, that when members do not show for their 7-day FU appointment or new appointments that the information must be documented in MH-WIN noting outreach initiatives. The MH-WIN system was not capturing little to no detail from providers in regard to any follow-up conducted by the providers for members that no showed or cancelled as it related to Performance Indicator #1.</p>		
Discussion	Assigned To	Deadline
<ul style="list-style-type: none"> • Tania asked the providers are they writing and documenting outreach attempts in their clinical process notes? • Provider stated all their calls are documented in the clinical notes and not currently in MH-WIN. • Tania ask the group to review the reengagement policy on DWIHN's Website. • There will be a performance indicator workgroup meeting on July 30, 2021 at 1:30 pm – 3pm 		
Action Items	Assigned To	Deadline
<p>The results from the HSAG PMV Review will be shared with the QISC once received from HSAG.</p>	<p>QI</p>	<p>September 30, 2021</p>

New Business Next Meeting: Tuesday August 31, 2021 Via ZOOM Platform.

Adjournment: 12:09 pm

ah/07/12/2021



EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2020

Experience of Care and Health Outcomes
(ECHO) Adult Survey

WAYNE STATE
UNIVERSITY

THE CENTER FOR URBAN STUDIES



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Overview

Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Survey* with its members.

- The purpose was to assess the experiences of adults who have 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).

* The Survey was developed by the CAHPS (Consumer Assessment of Healthcare Providers and Systems) team at AHRQ (Agency for Healthcare Research and Quality) within the U.S. Department of Health & Human Services. More information available at <https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html>

Methodology

- DWIHN provided the Center with a randomly selected list of 5,999 members, out of the approximately 77,000 adults receiving services.
- The survey was administered via three modes:
 1. The Center mailed the members a paper survey.
 2. A link to the web version was included with the mailed invitation.
 3. One week after the paper survey was sent, staff from the Center's Computer Aided Telephone Interviewing (CATI) lab began calling members and asking them to complete the survey over the phone.
 - Trained and supervised interviewers made calls to potential respondents weekdays, evenings, and weekends.
- Respondents received a \$5 CVS gift and a chance to be randomly selected to receive one of three VISA cards (\$100, \$250, and \$500).

Methodology *(cont.)*

- Consistent with CAHPS guidance, the Center calculated the 16 ECHO Reporting Measures:
 - 10 single item measures
 - Each score indicates the percentage of respondents who selected the most positive category for a given item.
 - 5 composite measures
 - Each of these is an average of the scores of a number of single items.
 - 1 global rating of counseling and treatment
- Each of the measures is explained in the Detailed Findings: ECHO Reporting Measures section.

Survey Highlights

- 966 DWIHN members responded to the survey.
- 752 members reported receiving services in the past year (82% of the 915 who responded to this question).
- Respondents differed from the sample in that they:
 - were more likely to have a primary disability designation of severe mental illness (81%), compared to the sample (75%);
 - were less likely to have a guardian (10% vs. 15%); and
 - were more likely to be dual eligible (32%), compared to the sample (26%).

Survey Highlights *(cont.)*

- DWIHN scored well on several of the ECHO reporting measures, notably members reporting receiving information on patient rights (91%) and confidence in the privacy of their information (91%).
- There were three measures with scores of less than 50%:
 1. Perceived improvement (31%);
 2. Office wait (36%); and
 3. Getting treatment quickly (43%).
- Compared to 2017, more members reported treatment helped “**a lot**” and more rated their overall treatment a “**9**” or “**10**” (the highest rating).

Sample Profile

- DWIHN provided a random sample of 5,999 members, who were 18 years and older and had received services in the past year.

Characteristic	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,572	26.2%
Primary Disability Designation: Developmental Disability	789	13.2%
Primary Disability Designation: Severe Mental Illness	4,491	74.9%
Has Guardian	877	14.6%
No Valid Address	731	12.2%
At Least One non-Valid Phone Number	967	16.1%

Survey Response

- Overall, **966** responded to the survey, well over the targeted 600 completes.
- Over 4/5 of respondents said they had received counseling, treatment, or medicine in the last 12 months.

	<u>CATI</u>		<u>Mail</u>		<u>Web</u>		<u>Total</u>	
Respondents	N	%	N	%	N	%	N	%
Total	479	49.6%	455	47.1%	32	3.3%	966	100%

Reporting services in past 12 months	752	82.2%
Out of	915	

Note: Many mail respondents skipped answering Q1, which asked whether they had received services in the last 12 months..

Respondent Profile

Compared to the overall sample, the 966 respondents were:

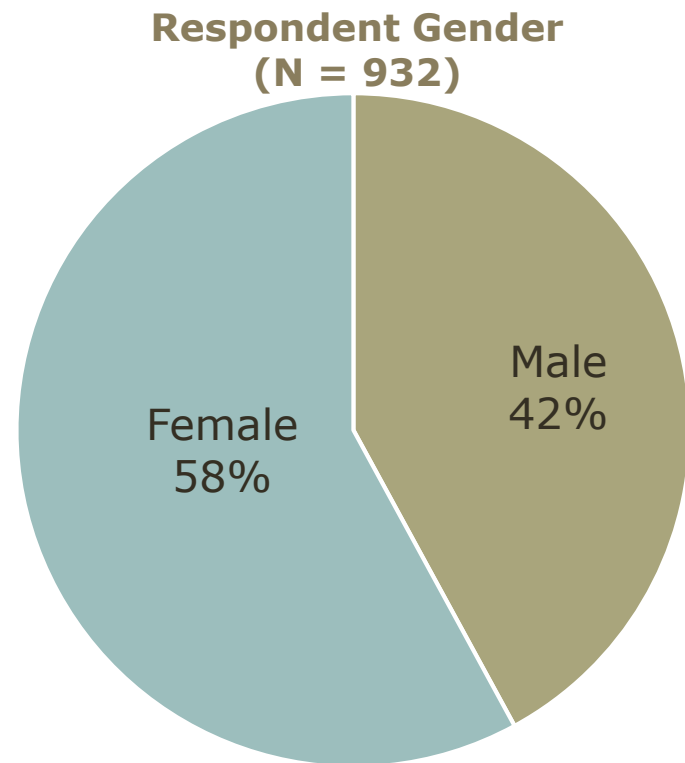
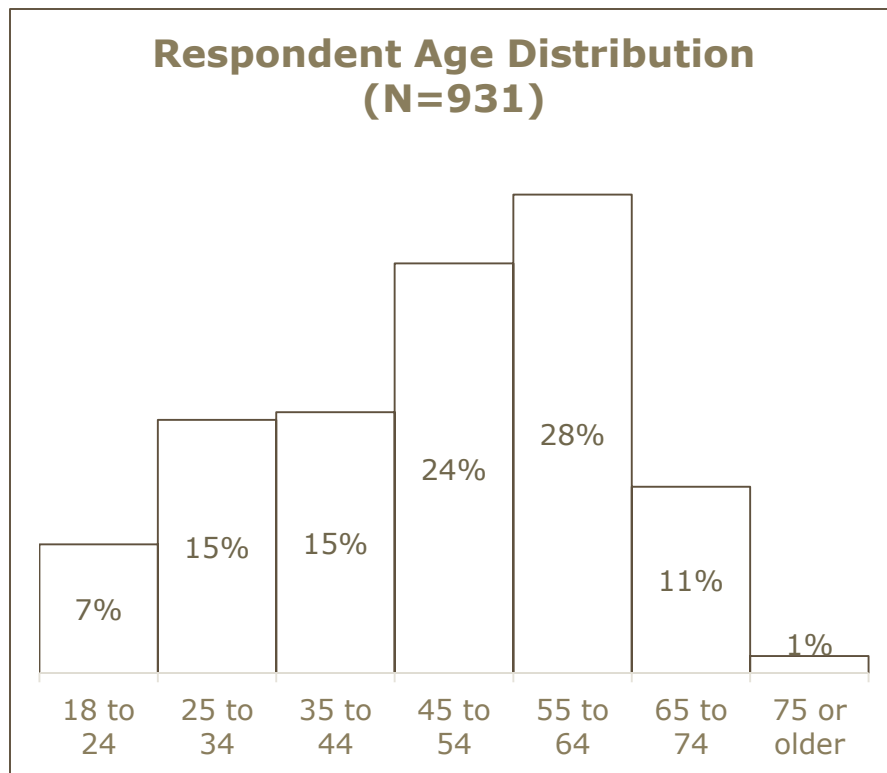
- More likely to be dual eligible for Medicare/Medicaid;
- More likely to have a primary disability designation of severe mental illness; and
- Less likely to have a guardian, compared to the sample.

There were 23 fewer Clinically Responsible Service Providers (CRSPs) represented in the respondent pool; however, the missing CRSPs each served 12 or fewer members in the sample.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,572	26.2%	312	32.3%
Primary Disability Designation: Severe Mental Illness	4,491	74.9%	780	80.7%
Has Guardian	877	14.6%	95	9.8%
CRSPs	63	100%	40	100%

Respondent Demographics: Age and Gender

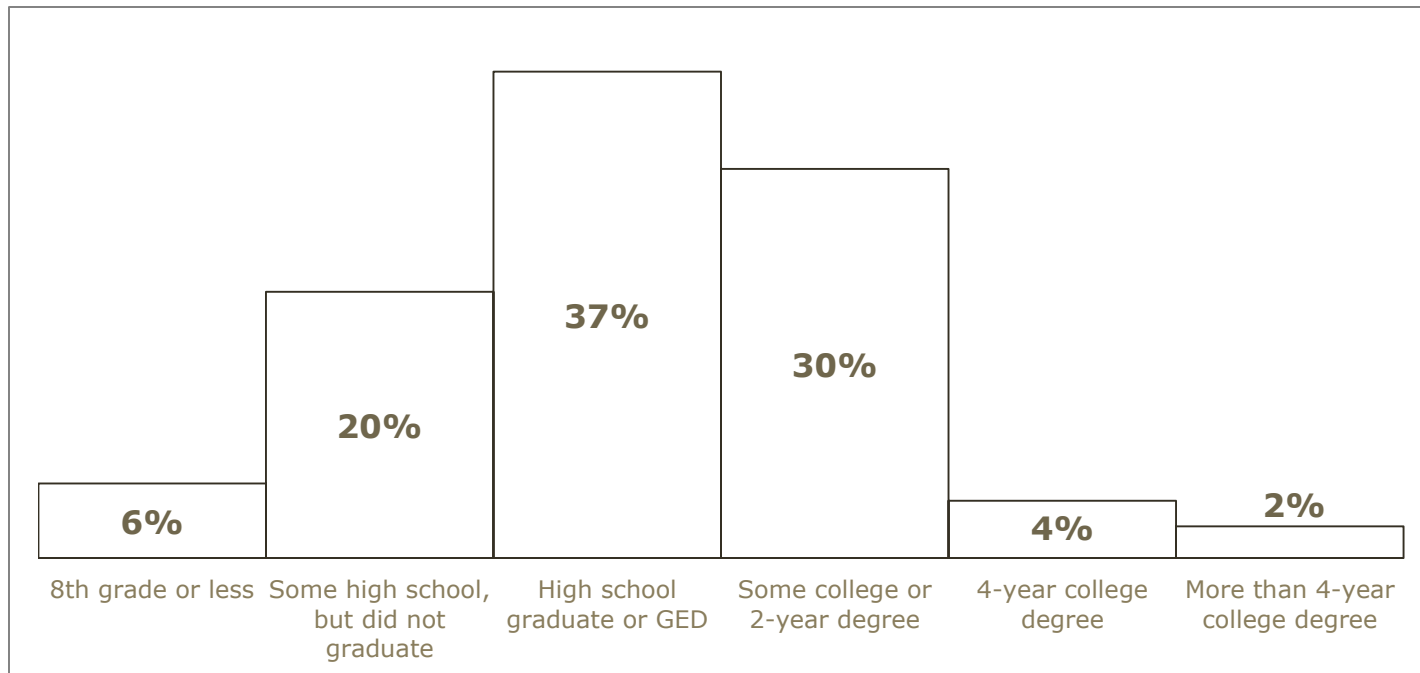
- Roughly half of respondents reported their ages to be between 45 and 64.
- Just under three-fifths of respondents identified as female.



Respondent Demographics: Education Level

- Nearly $\frac{3}{4}$ of respondents reported completing high school, with over one-third having attended at least some college.

What is the highest grade or level of school that you have completed? (N=912)



Respondent Demographics: Ethnicity and Race

- Roughly three-fifth of respondents of the 916 who reported their race identified as Black or African American and one-third as White. Less than 5% identified as Hispanic or Latino.

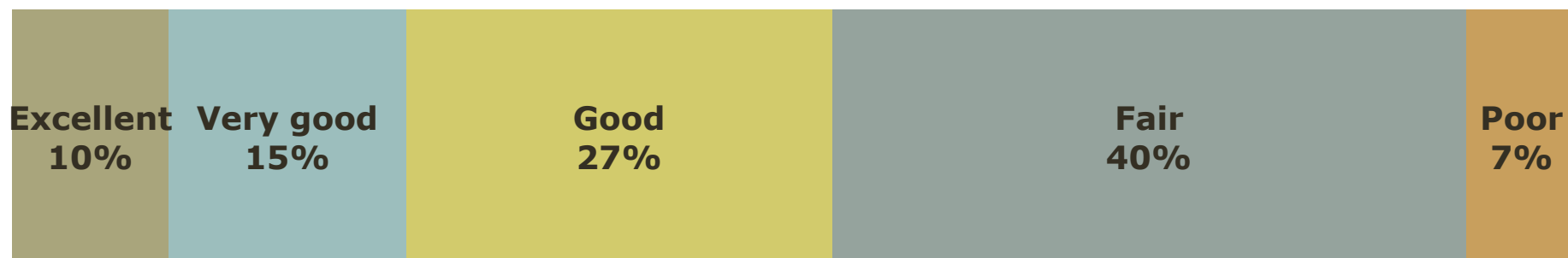
Are you of Hispanic or Latino origin or descent?	Number	Percentage
Yes	31	3.4%
No	878	96.6%

What is your race?	Number	Percentage
Black or African American	557	60.8%
White	313	34.2%
Other	55	6.0%
American Indian or Alaska Native	22	2.4%
Asian	10	1.1%
Native Hawaiian or Pacific Islander	2	0.2%

Respondent Demographics: Mental Health

- 10% rated their overall mental health as “excellent.” Slightly more than half rated their overall mental health as “good” or better.

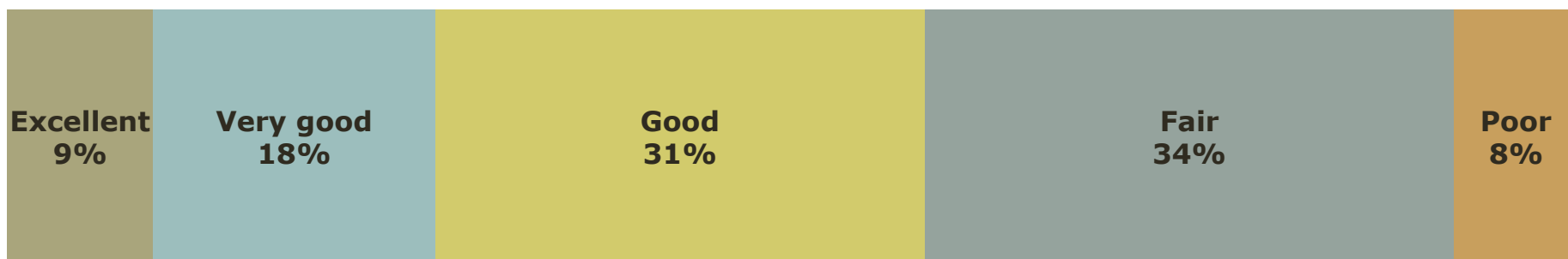
In general, how would you rate your overall mental health now?(N=731)



Respondent Demographics: Health

- 9% rated their overall health as “excellent.” Nearly three-fifths rated their overall health as “good” or better.

In general, how would you rate your overall health now?(N=928)



Help with the Survey

- More than one-fifth (n=105; 22.6%) of mail and web respondents indicated that someone had helped them complete the survey.
- 117 respondents shared one or more ways that someone had helped them with the survey:

How did that person help you?	<u>Respondents</u>	
	Number	Percentage
Read the questions to me	57	48.7%
Answered the questions for me	46	39.3%
Wrote down the answers I gave	44	37.6%
Translated the questions into my language	6	5.1%
Helped in some other way	10	8.5%

Note: For 46 surveys, someone answered the questions for the target respondent. These “proxy data” were removed from the data before analysis, per guidance in the CAHPS documentation.

ECHO Reporting Measures

Composite Measures	Getting treatment quickly	<u>43%</u>
	How well clinicians communicate	<u>68%</u>
	Getting treatment and information from the plan or MBHO	<u>57%</u>
	Perceived improvement	<u>31%</u>
	Information about treatment options	<u>71%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>51%</u>
Single Item Measures	Office wait	<u>36%</u>
	Told about medication side effects	<u>74%</u>
	Including family and friends	<u>60%</u>
	Information to manage condition	<u>81%</u>
	Patient rights information	<u>91%</u>
	Patient feels he or she could refuse treatment	<u>81%</u>
	Privacy	<u>91%</u>
	Cultural competency	<u>69%</u>
	Amount helped	<u>58%</u>
	Treatment after benefits are used up	<u>55%</u>

ECHO Reporting Measures, Comparison Across Years

Composite Measures and Global Rating	2020	2017
Getting treatment quickly	<u>43%</u>	37%
How well clinicians communicate	<u>68%</u>	65%
Getting treatment and information from the plan or MBHO	<u>57%</u>	53%
Perceived improvement	<u>31%</u>	29%
Information about treatment options	<u>71%</u>	70%
Global Rating: Treatment (Overall rating of counseling and treatment) *	<u>51%</u>	46%

Note: The difference between the Global Rating in 2020 (51%), compared to 2017 (46%) was found to be statistically significant, using a test of proportion, with $p < 0.05$.

ECHO Reporting Measures, Comparison Across Years

Single Item Measures	2020	2017
Office wait	<u>36%</u>	33%
Told about medication side effects	<u>74%</u>	75%
Including family and friends	<u>60%</u>	59%
Information to manage condition	<u>81%</u>	78%
Patient rights information	<u>91%</u>	91%
Patient feels he or she could refuse treatment	<u>81%</u>	78%
Privacy	<u>91%</u>	91%
Cultural competency	<u>69%</u>	76%
Amount helped*	<u>58%</u>	52%
Treatment after benefits are used up	<u>55%</u>	48%

Note: The difference between the Amount Helped in 2020 (58%), compared to 2017 (52%) was found to be statistically significant, using a test of proportion, with $p < 0.05$.

Statistical Significance Testing

- Statistical tests were conducted to identify differences by:
 - demographic characteristics (gender, race, age);
 - eligibility (Medicaid only or dual eligible for Medicaid and Medicare);
 - whether or not the member had a guardian;
 - primary disability designation;
 - service provider; and
 - survey mode.
- In conducting the tests, we excluded those with missing information and those who were part of subgroups with fewer than 30 people participating in the survey.
 - For example, when conducting the age subgroup analysis, those who did not indicate their age were not included, nor were respondents 75 or older as only 9 such respondents participated in the survey.
 - As such, the overall scores reported in this section will differ from those presented for the ECHO Reporting measures, which includes all respondents.

Statistical Significance Testing

Using a one-way ANOVA, several results had a statistically significant ($p < 0.05$) difference between subgroups:

Grouping	Items with Differences
Gender	Q12, Q20, Q21
Race	Q22
Age	Q5, Q34, Q28, Q19
Eligibility	Q7, Q33, Q20, Q23
Guardian Status	Q11
Primary Disability Designation	Q15, Q20, Q21, Q24, Q25
CRSP	Q31, Q20, Q10, Q29
Survey Mode	Q12, Q13, Q14, Q15, Q41, Q10, Q22, Q24

Statistically Significant Differences in Subgroups

By Gender

- Overall, 65% respondents reported that the people they went to for counseling or treatment **always** explained things in a way they could understand. 69% of female respondents reported this, compared to 59% of males.
- Male respondents were more likely to report that they were told about self help or support groups (76%) and given information about different kinds of treatment (78%), compared to female respondents (66% and 68%, respectively).

By Race

- 81% of respondents reported being given as much information as they wanted about what how to manage their condition. 85% of Black/African American respondents reported this, compared to two-thirds of those who listed more than one race and roughly three-quarters of respondents who identified as White or Other reported this.

Statistically Significant Differences in Subgroups (*cont.*)

By Age

- Those 18 to 24 had lower scores than the other age groups on several measures:
 - While, overall, 43% of respondents reported always seeing someone as soon as they wanted, only 21% of those 18 to 24 reported this.
 - 22% of them reported rated their problems or symptoms “**much better**”, compared to 29% overall.
 - 33% of them rated their counseling or treatment at “**9**” or “**10**”, compared to 52% overall.

By Eligibility

- 60% of those dual eligible reported that they **always** got an appointment as soon as they wanted, compared with 53% overall.
- Dual eligible respondents were more likely to report their ability to accomplish things was **much better**: 36% compared to 30% overall.
- Conversely, those who were not dual eligible were more likely to report having been told about self-help or support groups (73%) and being given information about patient rights (93%), compared to 70% and 91% overall.

Statistically Significant Differences in Subgroups (*cont.*)

By Guardian Status

- A lower percentage of people with guardians (50%) reported clinicians **always** listened carefully to them, compared to 66% overall.

By Primary Disability Designation

- Respondents with substance use disorders were more likely to report that they:
 - **always** felt safe with people they went to for counseling or treatment (96% compared to 78% overall);
 - were told about self-help or support groups (93% compared to 70% overall);
 - were given information about different kinds of counseling or treatment (93% compared to 72% overall); and
 - could refuse a specific type of medicine or treatment (100% compared to 81% overall).

Statistically Significant Differences in Subgroups (*cont.*)

By Primary Disability Designation (*cont.*)

- Respondents with developmental disabilities were *less* likely to report that they:
 - were told about self-help or support groups (57% compared to 70% overall);
 - were given information about different kinds of counseling or treatment (68% compared to 72% overall); and
 - could refuse a specific type of medicine or treatment (68% compared to 81% overall); and
 - that their privacy was protected (76% compared to 90% overall).

By CRSP

- There was variation across CRSPs on several of the items. On the four items that had statistically significant differences, the scores at different CRSPs had scores that varied between 25-44%.

Statistically Significant Differences in Subgroups (*cont.*)

By CRSP

- There was variation across CRSPs on several of the items. On the four items that had statistically significant differences, the scores at different CRSPs had scores that differed by 25-44%.
- Respondents with CRSP Hegira Programs were more likely than others to:
 - rate their ability to deal with daily problems as **much better** (44% compared to 35% overall);
 - report **always** being seen within 15 minutes of appointment (66% compared to 36% overall); and
 - report being helped **a lot** by counseling and treatment (71% compared to 58% overall).
- Respondents served by Central City Integrated Health were least likely to report **always** being seen within 15 minutes of appointment (22% compared to 36% overall).
- Neighborhood Service Organization clients were least likely to report their ability to deal with daily problems was **much** better (19% compared to 35% overall).

Statistically Significant Differences in Subgroups (*cont.*)

By Survey Mode

- Eight items had statistically significant differences among the different survey modes and CATI respondents had higher scores on seven of them. CATI respondents were more likely to report that:
 - the people they went to for counseling or treatment **always** explained things in a way they could understand (71% compared to 65% overall);
 - the people they went to for counseling or treatment **always** showed respect for what they had to say (79% compared to 73% overall);
 - the people they went to for counseling or treatment **always** spent enough time with them (69% compared to 64% overall);
 - they **always** felt safe with people they went to for counseling or treatment (83% compared to 78% overall);
 - getting help from customer service was **not a problem** (70% compared to 58% overall);
 - they were **always** seen within 15 minutes of their appointment (41% compared to 36% overall); and
 - they were given as much information as they wanted about managing their condition (86% compared to 81% overall).

Opportunities

Considering the findings from the survey, DWIHN has several potential areas to pursue for improvement, including working with:

- Service providers and members to explore the reasons why more members do not perceive improvements and whether their self-assessments reflect their clinicians' assessments;
- Service providers to identify barriers to, and potential improvements that would support, members being seen within 15 minutes of appointment time;
- Service providers and members to identify barriers to members being able to get treatment quickly, particularly as it pertains to getting help over the telephone; and
- Service providers to ensure all members, including those with DD or SUD, are confident in the privacy of their information and that those with guardians feel clinicians listen carefully to them.

DETAILED FINDINGS

ECHO Reporting Measures

Measure: Getting Treatment Quickly

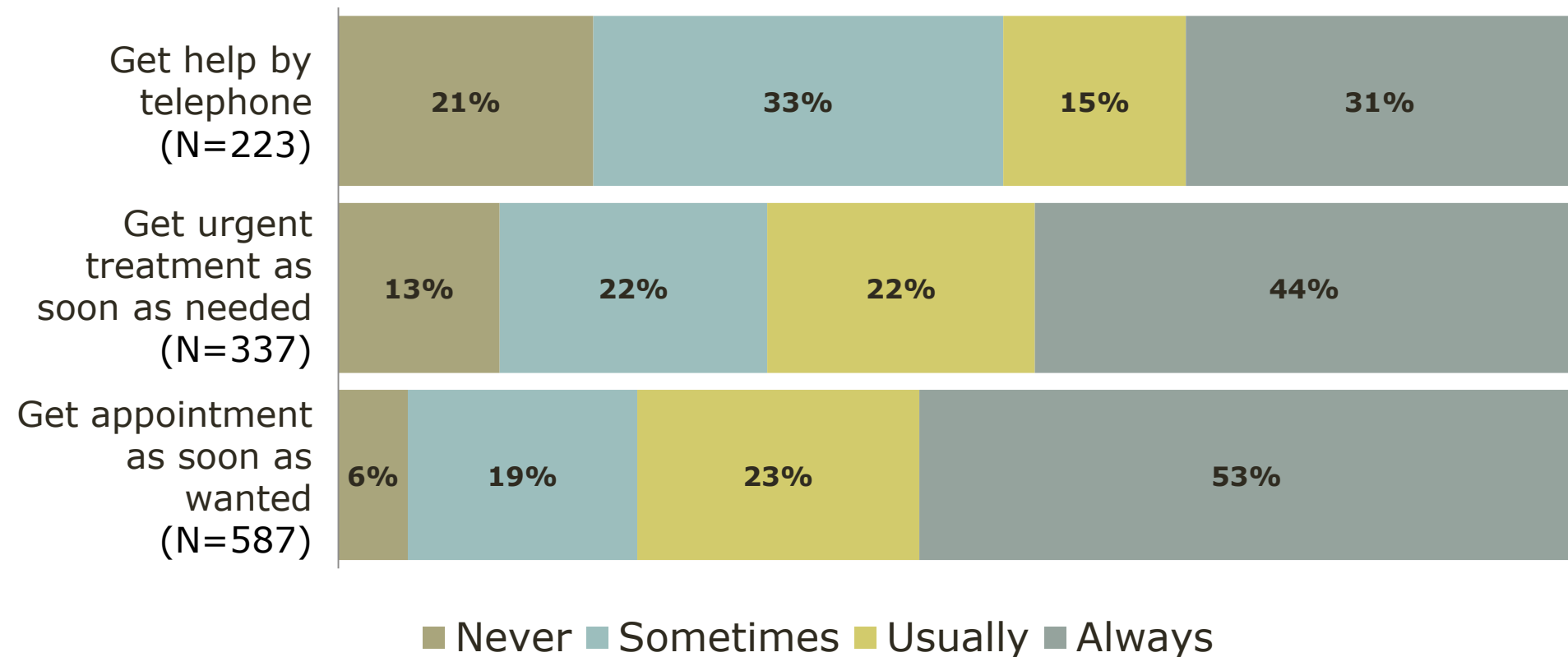
Getting treatment quickly: 43%

- This composite measure is based on these questions:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling you needed on the phone?	31%
Q5	In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	44%
Q7	In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	53%

- Score is the percentage of respondents who answered “Always.”

Detail: Getting Treatment Quickly



Measure: How Well Clinicians Communicate

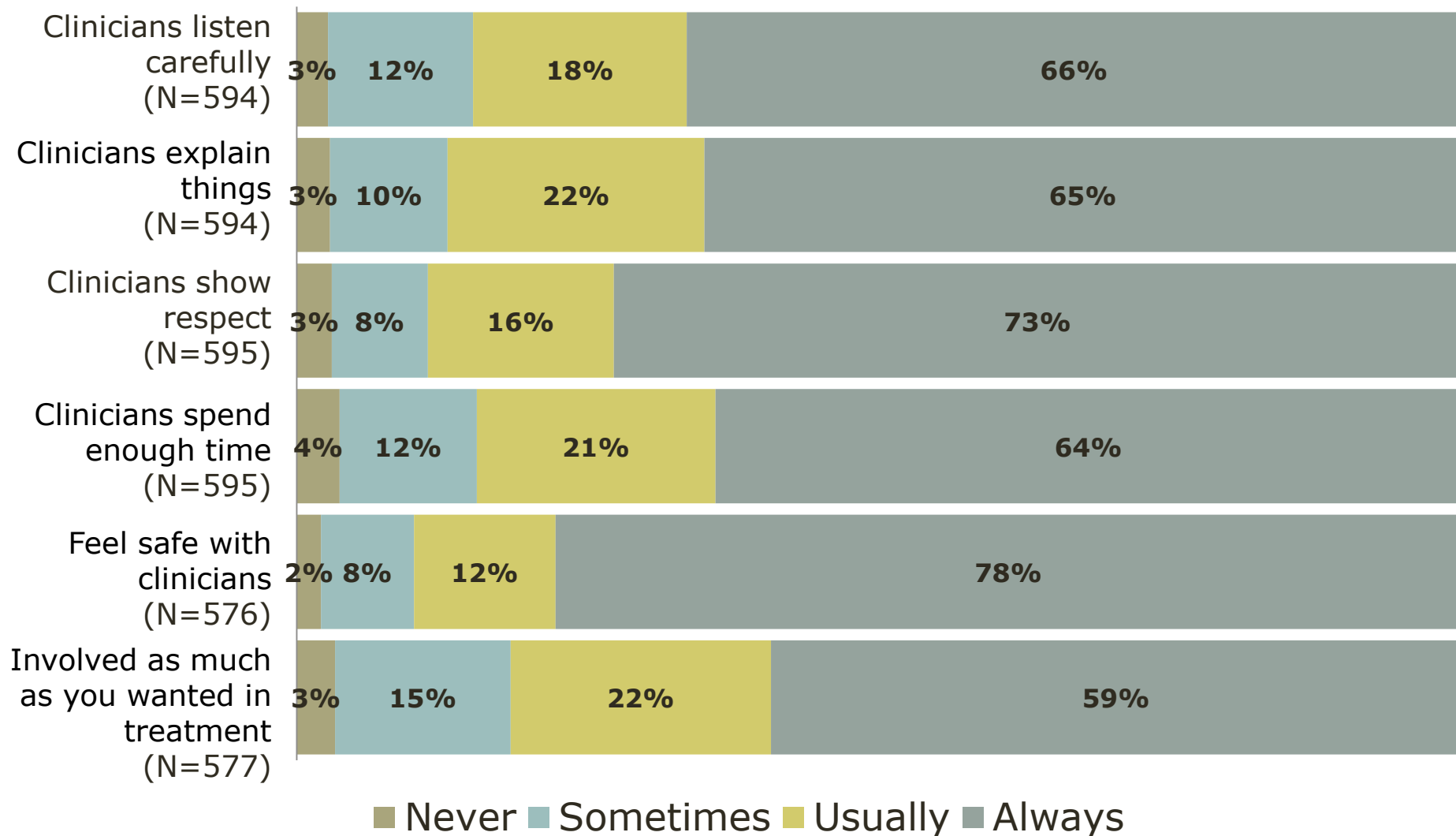
How Well Clinicians Communicate: 68%

- This composite measure is based on these questions:

	Question	Score
Q11	In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?	66%
Q12	In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?	65%
Q13	In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?	73%
Q14	In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	64%
Q15	In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?	78%
Q18	In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?	59%

- Score is the percentage of respondents who answered “Always.”

Detail: How Well Clinicians Communicate



Measure: Getting Treatment and Information from the Plan or MBHO

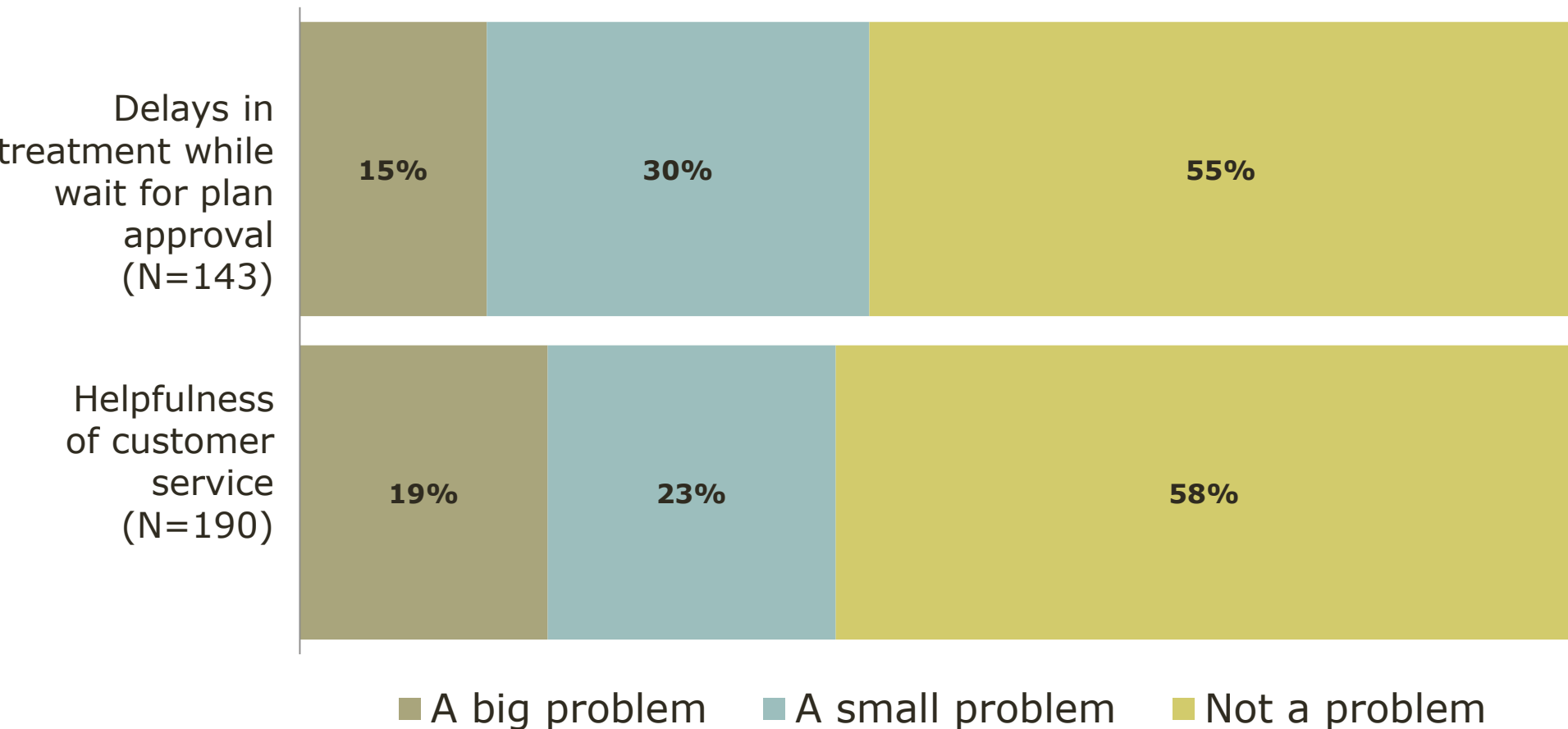
Getting Treatment and Information : 57%

- This composite measure is based on these questions:

	Question	Score
Q39	In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	55%
Q41	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?	58%

- Score is the percentage of respondents who answered “Not a problem.”

Detail: Getting Treatment and Information from the Plan or MBHO



Measure: Perceived Improvement

Perceived Improvement: 31%

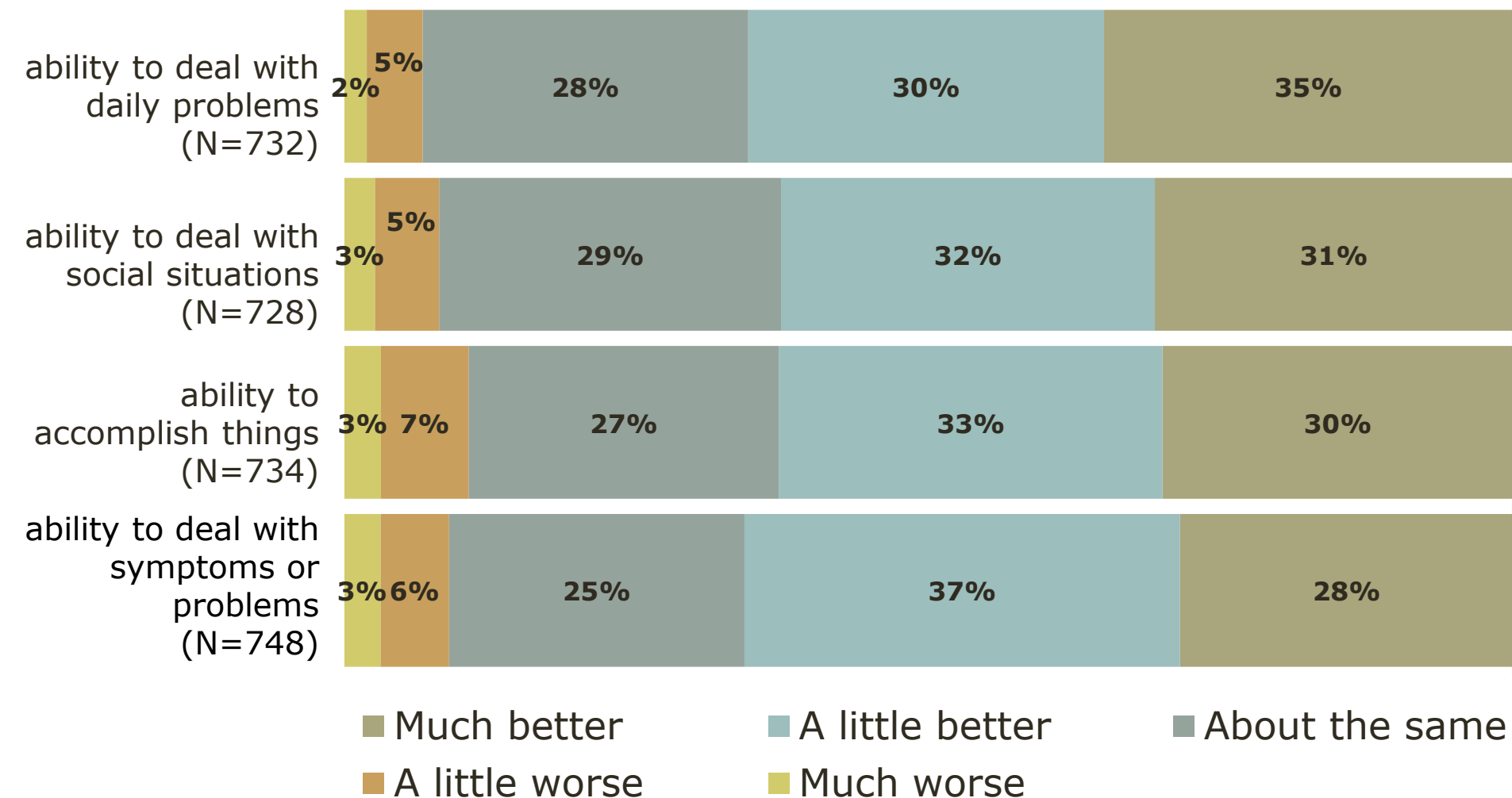
- This composite measure is based on these questions:

	Question	Score
Q31	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	35%
Q32	Compared to 12 months, how would you rate your ability to deal with social situations now?	31%
Q33	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	30%
Q34	Compared to 12 months ago, how would you rate your problems or symptoms now?	28%

- Score is the percentage of respondents who answered “Much better.”

Detail: Perceived Improvement

Compared to 12 months ago, how would you rate your...



Measure: Information About Treatment Options

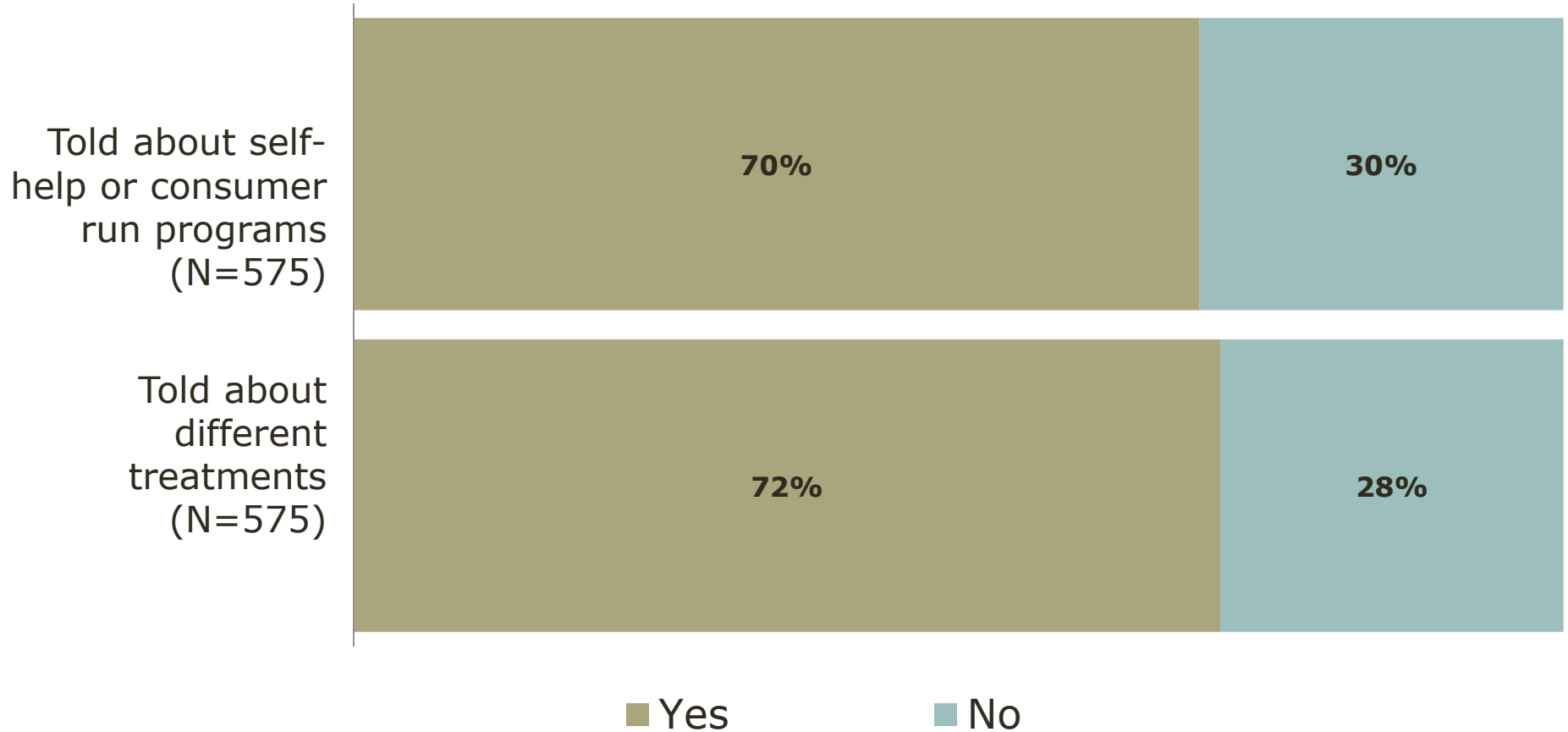
Information About Treatment Options: 71%

- This composite measure is based on these questions:

	Question	Score
Q20	In the last 12 months, were you told about self help or support groups, such as consumer run groups or 12 step programs?	70%
Q21	In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	72%

- Score is the percentage of respondents who answered “Yes.”

Detail: Information About Treatment Options

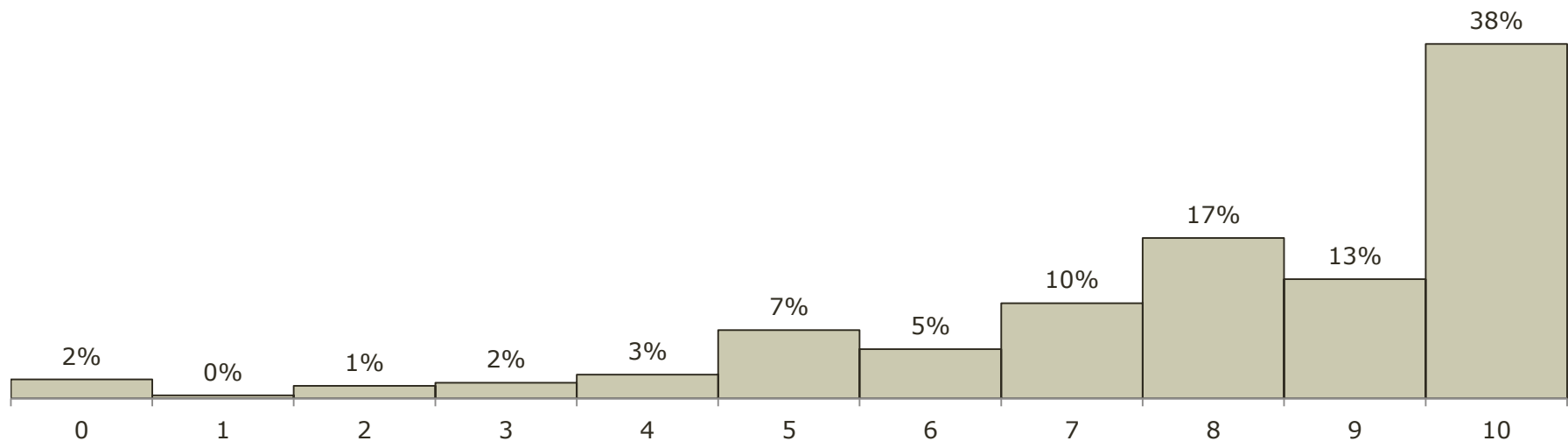


Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 51%

Score is the percentage of respondents who selected 9 or 10.

Q28 Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months? (N=580)

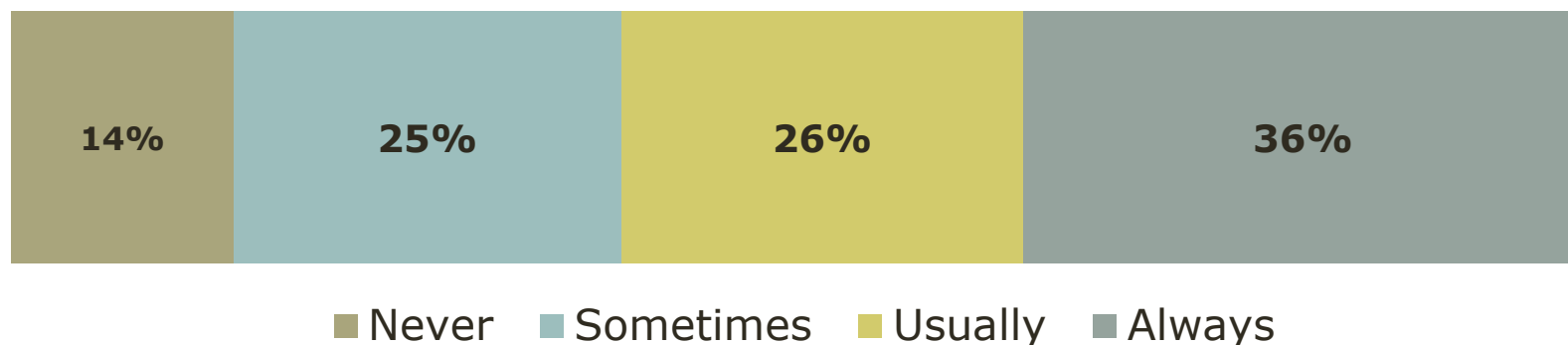


Measure: Office wait

Seen within 15 minutes of appointment time : 36%

Score is the percentage of respondents who answered “Always.”

Q10 In the last 12 months, how often were you seen within 15 minutes of your appointment? (N=595)



Measure: Told about medication side effects

Told about side effects of medication: 74%

Score is the percentage of respondents who answered “Yes.”

Q17 In the last 12 months, were you told what side effects of those medicines to watch for? (N=509)



Measure: Including family and friends

Talk about including family and friends in treatment: 60%

Score is the percentage of respondents who answered “Yes.”

Q19 In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment? (N=578)

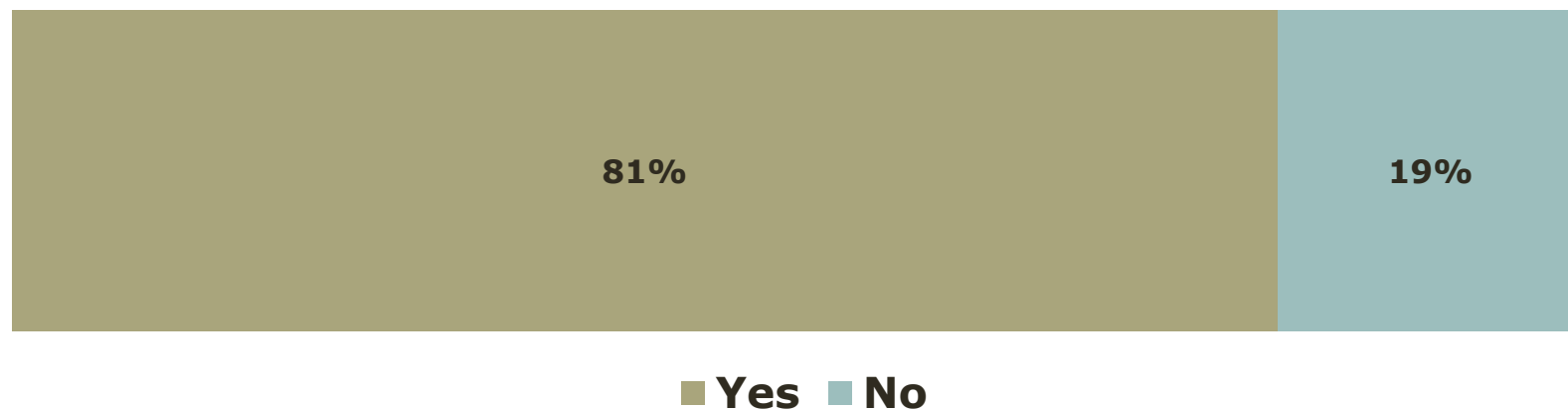


Measure: Information to manage condition

Given as much information as wanted to manage condition: 81%

Score is the percentage of respondents who answered “Yes.”

Q22 In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition? (N=572)

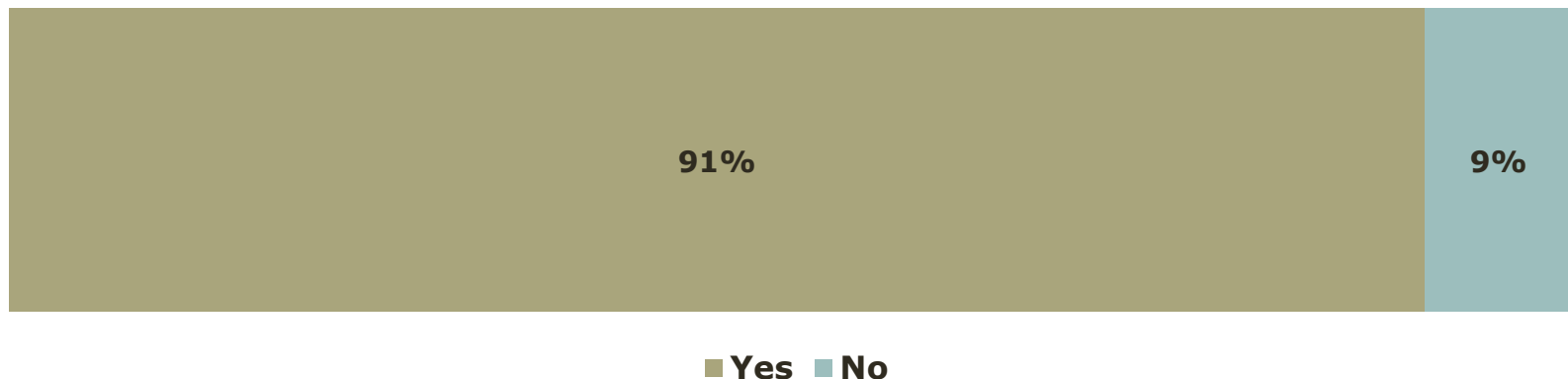


Measure: Patient rights information

Given information about rights as a patient: 91%

Score is the percentage of respondents who answered “Yes.”

Q23 In the last 12 months, were you given information about your rights as a patient? (N=571)

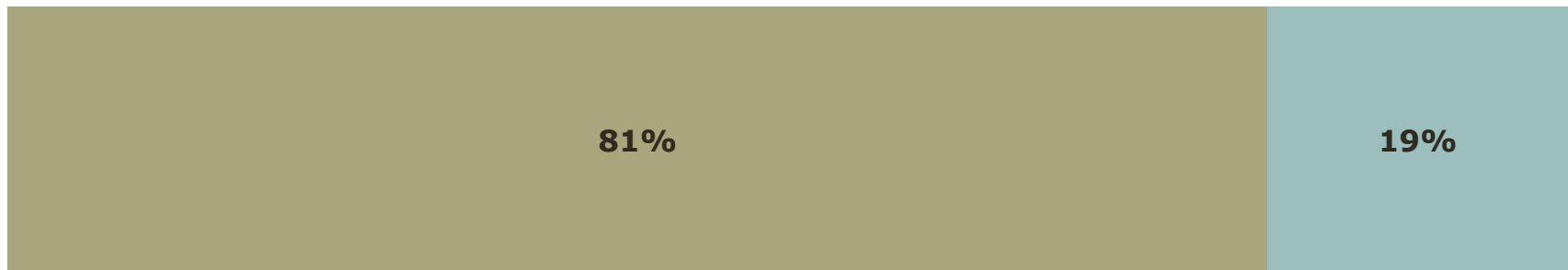


Measure: Patient feels he or she could refuse treatment

Patient feels that he or she could refuse a specific type of treatment: 81%

Score is the percentage of respondents who answered “Yes.”

Q24 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment? (N=570)



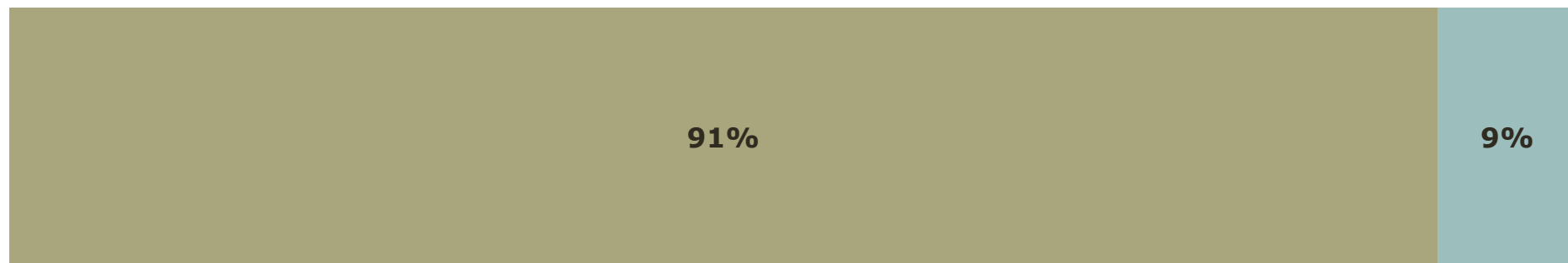
■ Yes ■ No

Measure: Privacy

**Confident about privacy of treatment information:
91%**

Score is the percentage of respondents who answered “No.”

In the last 12 months, as far as you know did anyone you went to for Q25 counseling or treatment share information with others that should have been kept private? (N=563)



■ No ■ Yes

Measure: Cultural Competency

Care responsive to cultural needs: 69%

Score is the percentage of respondents who answered “Yes.”

Q27 In the last 12 months, was the care you received responsive to those needs? (N=59)



Measure: Amount helped

Amount helped by treatment: 58%

Score is the percentage of respondents who answered “A lot.”

Q29 In the last 12 months, how much were you helped by the counseling or treatment you got? (N=731)

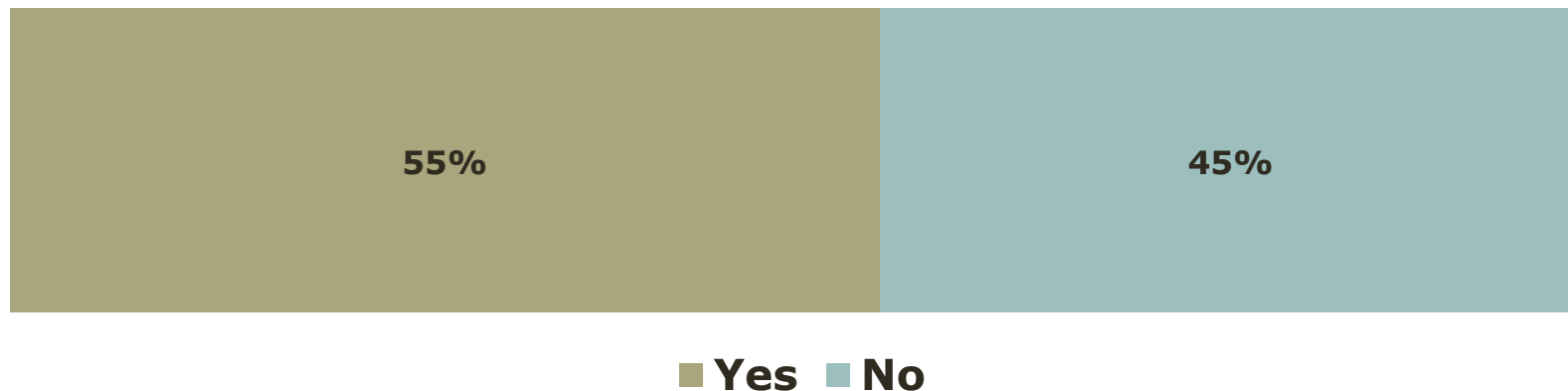


Measure: Treatment after benefits are used up

Plan provides information about how to get treatment after benefits are used up: 55%

Score is the percentage of respondents who answered “Yes.”

Q37 Were you told about other ways to get counseling, treatment, or medicine?
(N=74)



DETAILED FINDINGS

Statistically Significant Differences by Subgroup

Results Comparison by Gender

Items with Statistically Significant Results

- Q12 How often did the people you went to for counseling or treatment explain things in a way you could understand? (% Always)
- Q20 Were you told about self help or support groups? (% Yes)
- Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)

	Overall		Score Spread	Female		Male	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q12	578	65%	10%	350	69%	228	59%
Q20	559	70%	10%	340	66%	219	76%
Q21	560	72%	10%	342	68%	218	78%

Maximum
value

Minimum
Value

Results Comparison by Race

Items with Statistically Significant Results

Q22 Were you given as much information as you wanted about what you could do to manage your condition?

- Score is the percentage of respondents who answered “Yes.”

	Overall		Score Spread	Black/African American		White		More than one race		Other	
	N	Score		N	Score	N	Score	N	Score	N	Score
Q22	536	80%	18%	306	85%	187	75%	18	67%	25	76%

Maximum
value

Minimum
Value

Note: Too few Asian and American Indian/Alaska Native respondents (<30 each) participated to be included in this analysis.

Results Comparison by Age

Items with Statistically Significant Results

- Q5 When you needed counseling or treatment right away, how often did you see someone as soon as you wanted? (% Always)
- Q34 How would you rate your problems or symptoms now? (% Much better)
- Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)
- Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)

Results Comparison by Age

	Overall		Score Spread	18 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65 to 74	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q5	326	43%	31%	24	21%	53	32%	52	38%	84	52%	89	47%	24	46%
Q34	725	29%	23%	49	22%	92	33%	106	26%	190	26%	221	27%	67	45%
Q28	562	52%	24%	40	33%	72	42%	89	47%	144	56%	174	57%	43	56%
Q19	560	60%	22%	41	68%	73	62%	89	52%	142	65%	173	53%	42	74%

Note: Too respondents age 75 and older (<30) participated to be included in this analysis.

Maximum
value

Minimum
Value

Results Comparison by Eligibility

Items with Statistically Significant Results

- Q7 Not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? (% Always)
- Q33 How would you rate your ability to accomplish the things you want to do now? (% Much better)
- Q20 Were you told about self help or support groups? (% Yes)
- Q23 Were you given information about your rights as a patient? (% Yes)

	Overall		Score Spread	Dual eligible		Not dual eligible	
	N	Score		N	Score	N	Score
Q7	587	53%	10%	166	60%	421	50%
Q33	733	30%	9%	221	36%	512	27%
Q20	574	70%	9%	168	64%	406	73%
Q23	570	91%	7%	168	86%	402	93%

Results Comparison by Guardian Status

Items with Statistically Significant Results

Q11 How often did the people you went to for counseling or treatment listen carefully to you? (% Always)

	Overall		Score Spread	Guardian		No Guardian	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q11	594	66%	17%	32	50%	562	67%

Results Comparison by Primary Disability Designation

Items with Statistically Significant Results

- Q15 How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always)
- Q20 Were you told about self help or support groups? (% Yes)
- Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)
- Q24 Did you feel you could refuse a specific type of medicine or treatment? (% Yes)
- Q25 Did anyone you went to for counseling or treatment share information with others that should have been kept private? (% No)

Results Comparison by Primary Disability Designation

	Overall		Score Spread	Developmental Disability		Severe Mental Illness		Substance Use Disorder	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q15	566	78%	20%	23	91%	516	76%	27	96%
Q20	565	70%	36%	23	57%	515	69%	27	93%
Q21	565	72%	25%	22	68%	516	71%	27	93%
Q24	560	81%	32%	22	68%	511	80%	27	100%
Q25	553	90%	15%	21	76%	505	91%	27	85%

Maximum
value

Minimum
Value

Results Comparison by CRSP

Items with Statistically Significant Results

- | | |
|-----|--|
| Q31 | How would you rate your ability to deal with daily problems now? (% Much better) |
| Q20 | Were you told about self help or support groups? (% Yes) |
| Q10 | How often were you seen within 15 minutes of your appointment? (% Always) |
| Q29 | How much were you helped by the counseling or treatment you got? (% A lot) |

Results Comparison by CRSP

	Overall		Score	All Well-Being Services		Central City Integrated Health		Community Care Services		Development Centers, Inc.		The Guidance Center	
	N	Score	Spread	N	Score	N	Score	N	Score	N	Score	N	Score
Q31	626	35%	25%	25	40%	63	29%	70	40%	69	25%	42	24%
Q20	491	69%	27%	19	74%	50	70%	55	71%	55	62%	37	62%
Q10	509	36%	44%	22	27%	50	22%	59	37%	57	51%	37	49%
Q29	626	58%	32%	25	64%	63	52%	70	70%	67	63%	43	58%

	Hegira Programs, Inc.		Lincoln Behavioral Services		Neighborhood Service Organization		Northeast Guidance Center		Southwest Counseling Solutions		Team Wellness Center	
	N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q31	36	44%	88	35%	16	19%	49	27%	35	31%	120	43%
Q20	32	69%	67	85%	12	58%	37	76%	25	64%	93	68%
Q10	32	66%	71	31%	13	38%	37	24%	25	40%	97	27%
Q29	35	71%	89	52%	16	63%	49	39%	36	64%	121	58%

Note: Only CRSPs who had at least 30 clients participating in the survey were included in this analysis.

Maximum
value

Minimum
Value

Results Comparison by Survey Mode

Items with Statistically Significant Results

Q12	How often did the people you went to for counseling or treatment explain things in a way you could understand? (% Always)
Q13	How often did the people you went to for counseling or treatment show respect for what you had to say? (% Always)
Q14	How often did the people you went to for counseling or treatment spend enough time with you? (% Always)
Q15	How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always)
Q41	How much of a problem, if any, was it to get the help you needed when you called customer service? (% Not a problem)
Q10	How often were you seen within 15 minutes of your appointment? (% Always)
Q22	Were you given as much information as you wanted about what you could do to manage your condition? (% Yes)
Q24	Patient feels that he or she could refuse a specific type of treatment

Results Comparison by Primary Survey Mode

	Overall		Score Spread	CATI		Mail		Web	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q12	594	65%	12%	294	71%	274	59%	26	65%
Q13	595	73%	13%	295	79%	274	66%	26	73%
Q14	595	64%	10%	295	69%	274	59%	26	62%
Q15	576	78%	11%	292	83%	258	72%	26	77%
Q41	190	58%	22%	83	70%	98	48%	9	56%
Q10	595	36%	10%	295	41%	274	31%	26	31%
Q22	572	81%	21%	287	86%	259	76%	26	65%
Q24	570	81%	13%	288	85%	256	75%	26	88%

Maximum
value

Minimum
Value

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Behavior Treatment Advisory Committee Summary of Data Analysis FY 2020-2021 Q1 and Q2

*Prepared by: Fareeha Nadeem, M.A., LLP.
Clinical Specialist, Quality Improvement*



Background

- ❖ Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017;
- ❖ The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights;
- ❖ To review the implementation of network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness;

Background Continued....

- ❖ To review system-wide Behavior Treatment Plan Review Committee processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- ❖ To reviews system-wide Behavior Treatment Plan Review Committees' trends and patterns compared to performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events, and reductions or increase in the use of Behavior Treatment Plans.



ACCOMPLISHMENTS

- ❖ DWIHN offered three trainings on Behavior Treatment Procedures with MDHHS;
- ❖ DWIHN is in full compliance with Behavior Treatment Requirements, based on the recent HSW Review;
- ❖ DWIHN submits quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- ❖ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- ❖ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;

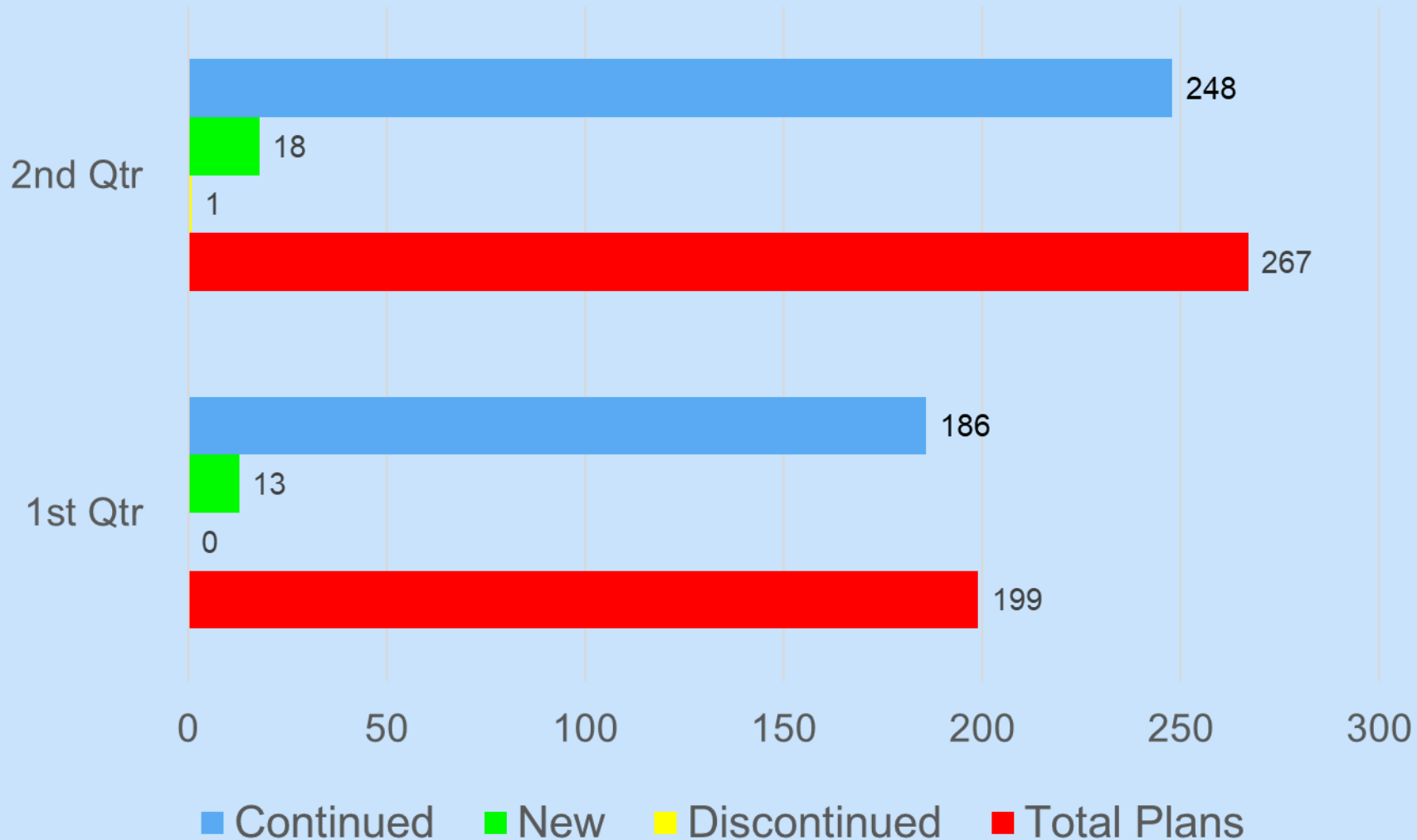


ACCOMPLISHMENTS Continued.....

- ❖ With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- ❖ Twenty one Mental Health CRSP have established BTPRC and three have joint BTPRC;
- ❖ Behavior Treatment Category is now live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the four reportable sub-categories. *(the four reportable sub- categories for the members on BTP Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management).*

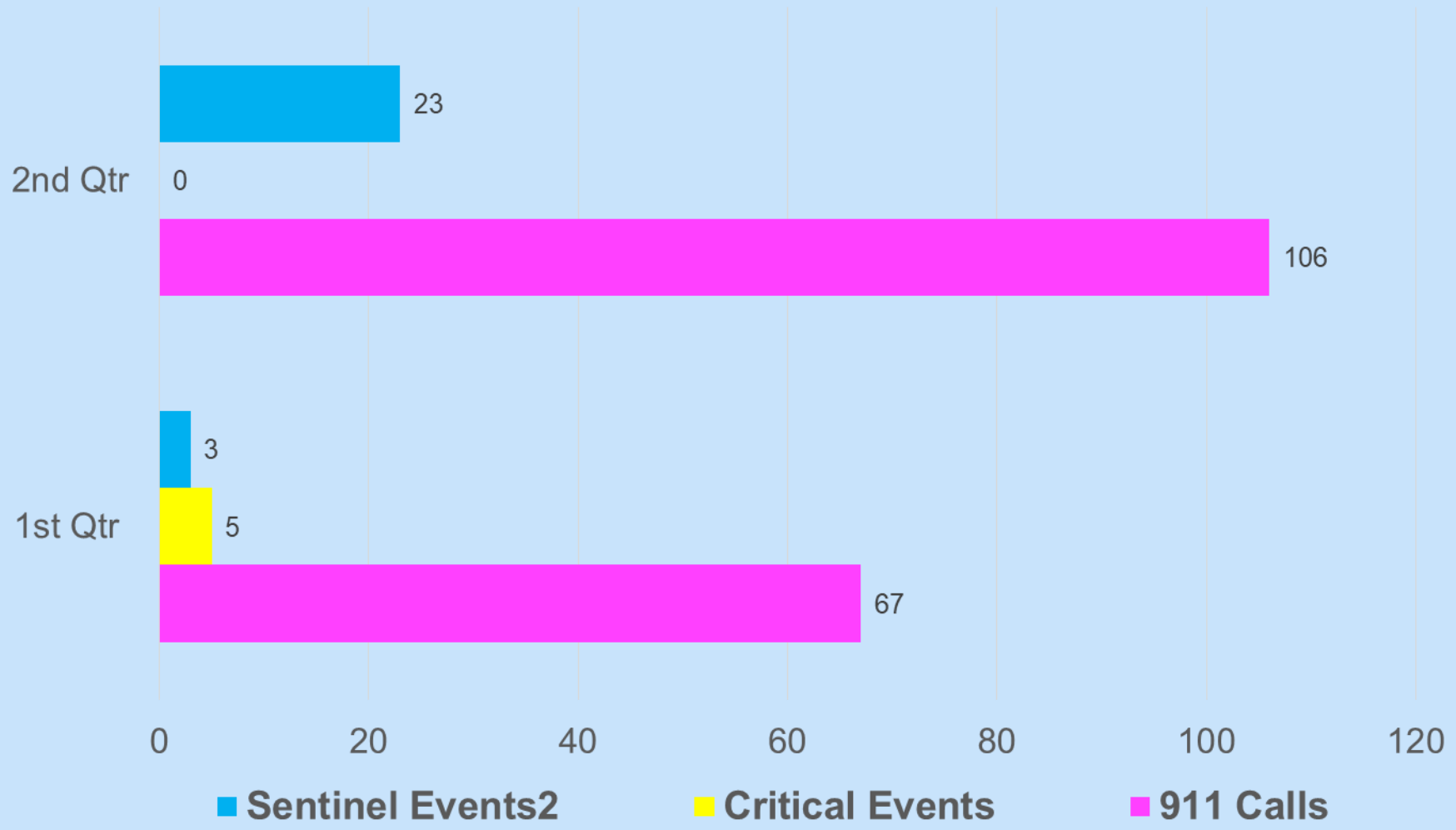


Total Behavior Treatment Plans Reviewed



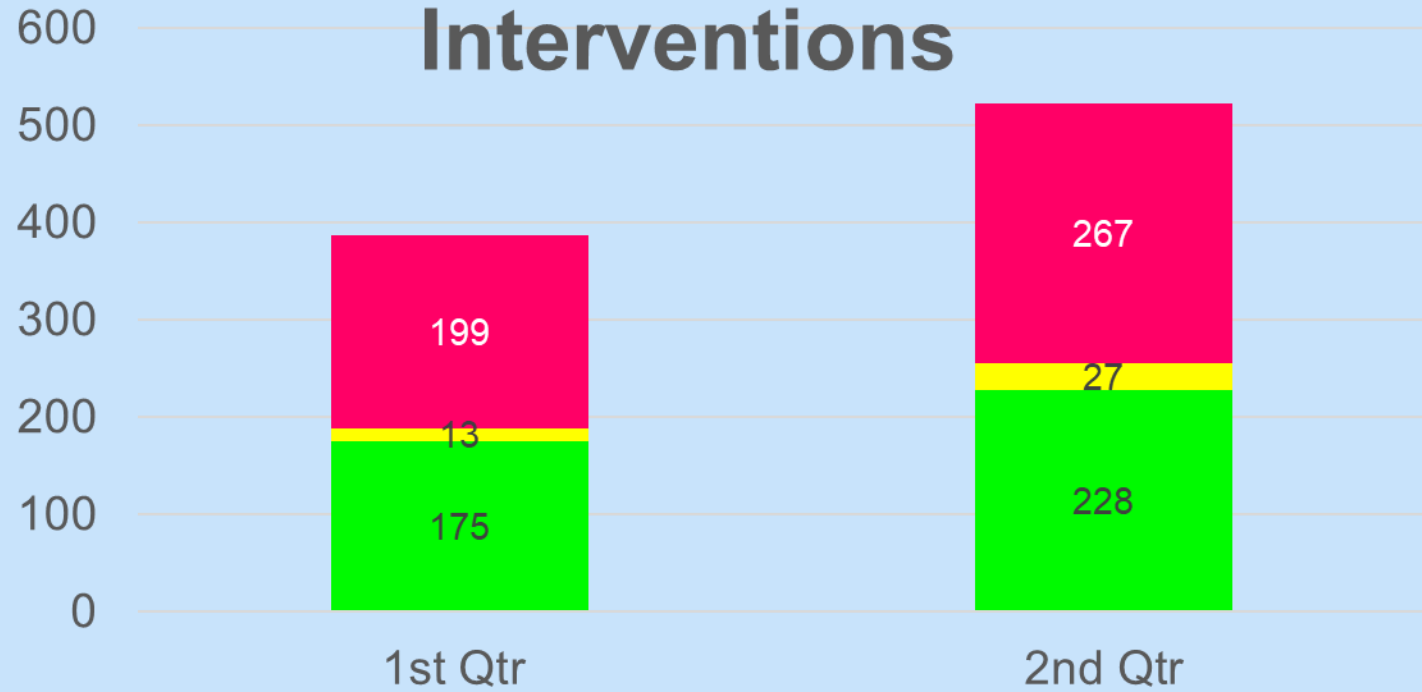


Reported 911 Calls and Critical/Sentinel Events



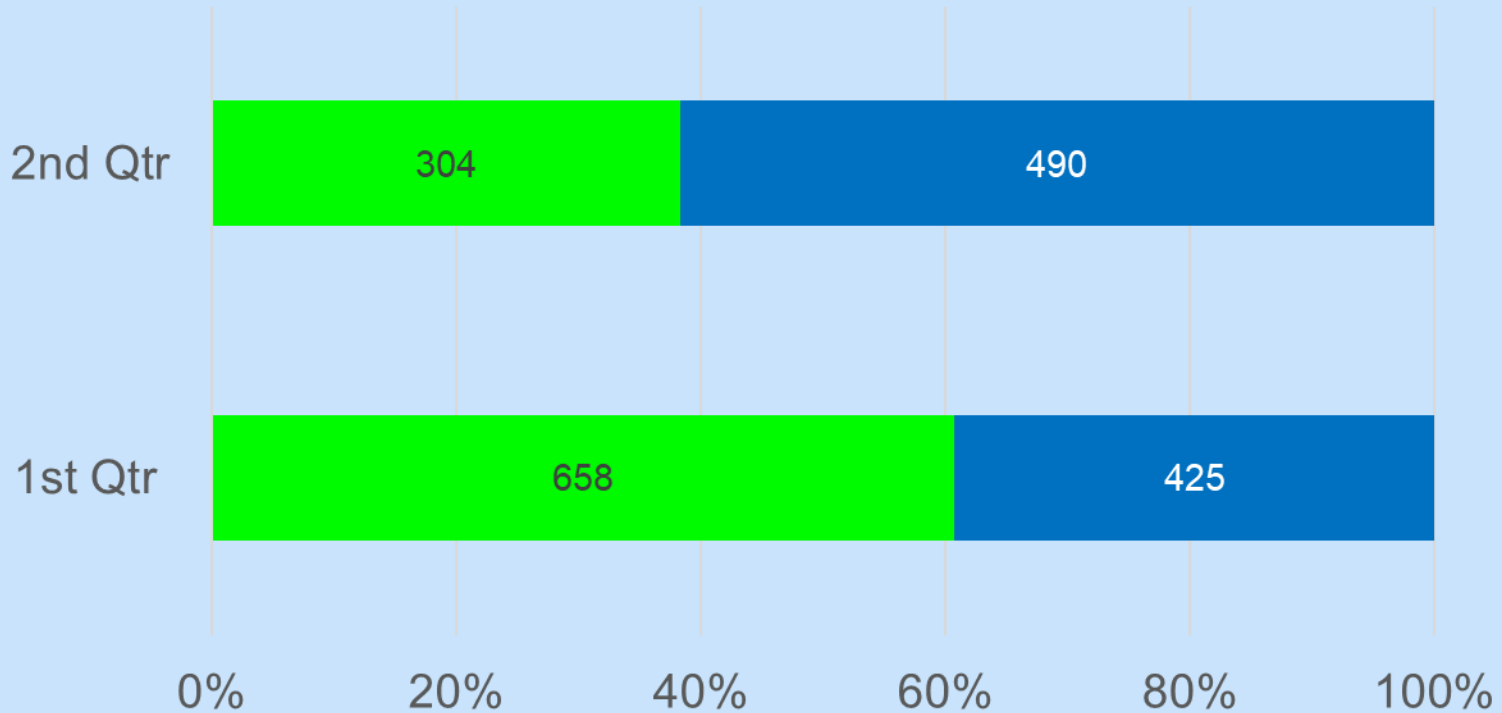


Restrictive and Intrusive Interventions



■ Restrictive ■ Intrusive ■ Positive Behavior Support

Use of Medication



■ Anti-Psychotic ■ Other-Psychotropic



RECOMMENDATIONS

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level and regular consultations;
- ❖ Revisions in the Behavior Treatment section of the Case Record Review Tool/Policy;
- ❖ Each CRSP ensures the service site has member's IPOS and ancillary plans, before the delivery of services;



RECOMMENDATIONS

- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;
- ❖ Adherence to MDHHS requirements to document Behavior Treatment Plan Review;
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;
- ❖ Improve the under-reporting of the required data of Behavior Treatment beneficiaries. *(The four reportable sub-categories for the members on BTP Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management).*

