



Quality Improvement Steering Committee (QISC)
Tuesday, September 29, 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 September 29, 2020 Agenda | Dr. Hudson-Collins/T.Greason |
| IV. | Approval of Minutes: <ul style="list-style-type: none">o July 30, 2020o August 29, 2020 | Dr. Hudson-Collins/T. Greason |
| V. | DWIHN Updates | Dr. Hudson-Collins/A. Siebert |
| VI. | NCQA Updates | Gail Parker |
| VII. | Children Initiatives Parent Support Partner QA Plan & Handbook | D. Martinez |
| VIII. | Performance Improvement Projects (PIP') <ul style="list-style-type: none">• Improving Adherence to Antipsychotic Meds for Individual with Schizophrenia• Wellness/myStrength• Improving time to the Initiation of Autism Services | Alicia Oliver
Trenton Sanford
E. Lawson |
| IX. | Customer Service Review and Recommendations <ul style="list-style-type: none">• Echo Survey• Members Experience Survey | Margaret Keyes-Howard |
| X. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, September 29, 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, Carla Spright-Mackey, Cheryl Fregolle, Crystal Palmer, Dhannette Brown, Eke Oluchi, Fareeha Nadeem, Gail Parker, Jessica Collins, John Rykert, June White, Justin Zeller, Lanetia Norris, Dr. Margaret-Hudson-Collins, Martinez Debora, Melissa Eldredge, Ortheia Ward, Robert Spruce, Starlit Smith, and Tania Greason.

Members Absent:

Dr. Margaret Hudson-Collins, Allison Lowery, Allison Smith, Angela Harris, Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Darlene Owens, Donna Coulter, Donna Smith, Ebony Reynolds, Eric Doeh, Jennifer Smith, John Pascaretti, Judy Davis, Kau Gofan, Kimberly Flowers, Michele Vasconcellos, Mignon Strong, Nasr Doss, Sandy Ware, Shirley Hirsch, Stacie Bowens, Dr. Sue Banks, Tina Forman, and Virdell Thomas.

Staff Present: April Siebert, Tania Greason, Carla Spright-Mackey, Fareeha Nadeem, Starlit Smith, Justin Zeller, and Aline Hedwood.

1) Item: Welcome: Tania Greason

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

3) Item: Approval of September 29, 2020 Agenda: Revised and approved by group as written

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

- **July 2020 minutes** approved by Dr. Hudson-Collins and group as written
- **August 2020 minutes** Will be reviewed and approved during the October 2020 meeting.
- **Report Approval by Dr. Hudson-Collins include the following from the August 29th, 2020 meeting.**
 - SUD Increasing the Screening of Members at Risk for Opioid Abuse QIP
 - MCO Annual Assessment of the Network Availability (continue to analyze and review recruitment efforts for the Adult/Child Psychiatrists, Clinical Psychologists and Physician Assistants).
 - MCO Annual Provider Survey Report (Recommendations include analysis and comparison for areas that score < 85% be reviewed for recommendations by the QISC)
 - Improving Diabetes Screening for people with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication



5a) Item: Announcement: April Siebert DWIHN has developed a Provider’s Telehealth Questionnaire for CRSP, Outpatient and SUD providers. The survey will be open on Monday September 28th . It is a requirement that providers complete and submit the survey by October 5th.

5b) Item: DWIHN Updates – Dr. Margaret Hudson-Collins

Goal:
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		
Dr. Margaret Hudson-Collins discussed the following updates: <ul style="list-style-type: none"> • DWIHN Covid-19 initiative has been very successful in the community. • DWIHN tested over a thousand members for Covid-19 in our contracted AFC Homes. • DWIHN has hired a new Chief Clinical Officer Melissa Moody. • DWIHN continues to have staff return to the Milwaukee office. • DWIHN is still in the development stages of locating a Crisis Center, currently reviewing buildings in the Detroit/Woodward Ave. area. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline



6) Item: NCQA Updates – Gail Parker

Goal:
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>Gail Parker provided an update for DWIHN's upcoming NCQA survey to include the following:</p> <ul style="list-style-type: none"> DWIHN is in the last few months of preparing for our NCQA re-accreditation survey. All supporting documentation for NCQA survey must be uploaded by February 16th, 2021. Two-Day NCQA remote Review of Appeals & Denials, CCM, and Credentialing Files is scheduled for April 5th and 6th, 2021. DWIHN policies and procedures that impact our provider network are placed on DWIHN's website for stockholder feedback before final approval. DWIHN will include in the NCQA review our understanding of the Quality Improvement Project (QIP) process (QI 10). We currently have approximately fourteen (14) active projects and will submit four (4). As a part of our provider's contract requirements the QIP include monitoring programs and improvement projects. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline

7) Item: Children Initiatives (CI) Parent Support Partner (PSP) QA Plan & Handbook – Martinez Debora, Southwest Solutions

Goal: Review and approval of the PSP
Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce
NCQA Standard(s)/Element #: **X QI# 7** CC# ___ UM # ___ CR # ___ RR # ___

Decisions Made		
<p>Southwest Solutions currently partners with DWIHN's Childrens Initiative Unit (CI) for the development of a consumer care plan that supplements the Michigan Department of Health and Human Services (MDHHS), Parent Support Partner Curriculum. The Parent Support Partner (PSP) Handbook provides guidance on delivering services and completing documentation. The FAFC PSP Handbook offers practical tips for providers/clinicians that work in the field as a PSP and as part of the clinical/wraparound team. Additionally, it discusses how to use supervision with staff supervisors. The Handbook is not intended to replace the workplace employee policies and procedures..</p> <p>Debora Martinez (Southwest Solutions) presented to the committee the tools and the handbook for review and committee approval. Ms. Martinez discussed the scope of the PSP focuses on the individual PSP engaging in performance monitoring using self-assessment tools based on MDHHS' PSP model, Medicaid Manual and the Association for Children's Mental Health (ACMH) PSP certification training. It also incorporates some elements of the Federation of Families for Children's Mental Health (FFCMH) self-assessment of PSP core competencies. When PSPs review and assess their skills they often gain insights into areas that may require additional training or</p>		



<p>coaching to increase confidence and competence. Self-reflection on your own actions in service delivery is considered a best practice for PSPs. Use of self-reflection allows the PSP to identify skills or issues that they wish to seek guidance from their supervisor, peers at the Family Alliance for Change (F AFC) monthly Peer-to-Peer Networking meetings and MDHHS/ACMH statewide coaching calls and technical assistance meetings. These meetings provide additional opportunities to learn new ways of completing PSP required activities to achieve the MDHHS/ACMH PSP logic model outcomes for families with complex needs. Ms. Martinez reiterated the purpose of the PSP handbook is to supplement for the MDHHS parent support partner curriculum. The PSP handbook covers the training process through MDHHS and the Associate of Children Mental Health. For additional information please review the “Children Initiatives (CI)Parent Support Partner (PSP) Handbook” presented today.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>The PSP QA Plan and Handbook were approved with no noted revisions per Dr. Hudson-Collins and the QISC.</p>		

8a) Item: DWIHN Performance Improvement Projects (PIP’s) Improving Adherence to Antipsychotic Meds for Individuals with Schizophrenia – A. Oliver

Goal: Review for recommendations of the Improving Adherence to Antipsychotic Meds for Individuals 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 provided a update of the <i>Improving Adherence to Antipsychotic Meds</i> for Individuals with Schizophrenia PIP. (DWIHN) has chosen to monitor the results of this HEDIS measure to include the percentage of members 19 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. The following were barriers that were identified by the IPLT and clinical literature:</p> <ul style="list-style-type: none"> • Relationship with physician • Lack of consistent treatment approach by physicians • Stigma of the disease • Disorganized thinking/cognitive impairment • Enrollee/member’s lack of insight about presence of illness or need to take to medication. • Lack of family and social support • Medication side effects and/or lack of treatment benefits • Patients forget to take their medications • Patients forget to re-fill their medications. • Lack of follow-up • Financial Problems 		



<p>DWIHN focus on this measure is to assist clients with adherence to medication and 50% of patients with schizophrenia are non-adherent during the first year after discharge. 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>For additional information please review IHC PowerPoint “Improving Adherence to Antipsychotic Meds for Individuals with Schizophrenia” for the following items below:</p> <ul style="list-style-type: none"> • Measure • Screening Method • Goals • Barriers Identified • Interventions put in place to monitor adverse metabolic effects • Impact to improvement • New Interventions 		
Discussion	Assigned To	Deadline
<p>Dr. Collins Question: does this PIP affect antidepressants and antipsychotics medications and where does the report make a distinction?</p> <p>Answer: It addresses both, Alicia has completed a performance improvement project to separate the distinction.</p> <p>Dr. Collins Question: were they separated because they were distinctly different types of side effects?</p> <p>Answer: Yes, the NCQA standards separated them and there are different side effects for each.</p>		
<p>Dr. Hudson-Collins voiced concern about the title of this PIP and stated it should be called Psychotropic Medication or Antipsychotic and Antidepressants because the current title includes antipsychotic only.</p>		
Action Items	Assigned To	Deadline
<p>Dr. Hudson-Collins recommends the title to include antidepressants because people are more compliant with antidepressants than antipsychotic with a noted difference as to how people respond. The current title of the PIP only suggests antipsychotic medications.</p>		
<p>Alicia Oliver will revise this PIP as recommended and present to the committee with suggested revisions for improvement.</p>	Alicia Oliver	October 28,2020



8b) Item: Wellness/My Strength PIP – T. Sanford (tabled)

Goal:
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		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Table for the October 27 th , 2020 meeting.		

8c) Item: Improving time to the Initiation of Autism Service – E. Lawson (tabled)

Goal:
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		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Table for the October 27 th , 2020 meeting		



9) Item: Customer Services (CS) Service Review and Recommendations – Margaret Keyes-Howard (tabled)

- Echo Survey
- Member Experience Survey

Goal:

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		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Table for the October 27 th , 2020 meeting		

New Business Next Meeting: Tuesday October 27, 2020 Via Blue Jean Link Platform.

Adjournment: 3:15 pm

ah/10/13/2020