



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, August 26, 2020

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|-----------------------|
| I. | Announcements | T. Greason/A. Seibert |
| II. | DWIHN Policy Review Process | A. Smith |
| III. | Need Assessment Survey | M. Keyes-Howard |
| IV. | Remote Provider Audits | S. Smith |
| V. | Medicaid Claims Verification Review (2 nd QTR.) | S. Smith |
| VI. | Substance Use Disorder (SUD) | J. Davis |
| VII. | Diabetic Screening Guidelines | A. Oliver |
| VIII. | Performance Improvement Projects (PIP's) <ul style="list-style-type: none">• Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using as Antipsychotic medication• 7 and 30 day Follow Up After Hospitalization• Hepatis A | A. Oliver |
| IX. | Mission Based Performance Indicator | J. Zeller |
| X. | Provider Feedback | T. Greason |
| XI. | Adjournment | |



Wednesday, August 26, 2020

Via [Blue Jean Platform](#)

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcement – A. Sibert/T. Greason

Goal: Discuss DWIHN’s Announcements

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert and Tania Greason informed the workgroup of the following:</p> <ul style="list-style-type: none"> • For attendance of this meeting please sign your name email address and organization into the chat box, also please mute your microphones until the question/answer sessions. • The Quality Operations Workgroup Advisory Committee meeting has been scheduled for every 4th Wednesday of each month from 9:30 am – 11:00 am remotely via Blue Jean Link. • Effective August 31, 2020 DWIHN has hired a new Chief Clinical Officer Melissa Moody. Ms. Moody has a tremendous amount of CMH experience and she will be a great asset to DWIHN. • DWIHN will be conducting AFC Homes Covid-19 testing for residential providers from September 1- 15, 2020. Testing will include AFC members and staff. Communication have been sent out to DWIHN Providers asking them to obtain required consent forms from members and/or guardians to participate in the testing. If you have any questions or have not received this communication please email Brook Blackwell, DWIHN Chief of Staff via email at bblackwell@dwihn.org. • DWIHN has received our validation of performance measures report from MDHHS for the HSAG audit that was conducted in July 2020. The preliminary report demonstrates that DWIHN has received reportable in <u>all</u> areas of MMBPI reporting for FY 2019-2020. 		
Action Items	Assigned To	Deadline
None Required		



2) Item: Policy Review Process – Allison Smith

Goal: Review of Policy Review Process

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>New and revised policies for stakeholder feedback are located on DWIHN’s website under the <i>Policy Tab/Provider Resource/Proposed Policies</i> section. In this section, stakeholders will find polices available for review 21 days after the posting submission. Each stakeholder will be provided an opportunity to take a survey providing feedback on posted policies. Allison Smith works with each of DWIHN’s subject matter experts’ for posting and reviewing each of the survey’s (feedback). Policies are aligned with MDHHS and changes are reviewed and determined based upon MDHHS guidelines. Posted changes will be announced and reviewed with stakeholders via Provider and Quality meetings. In addition, Allison also works with DWIHN’s MCO unit to send notifications to our provider network once policies have been finalized and posted.</p>		
Action Items	Assigned To	Deadline
None Required		

3) Item: Need Assessment Survey CS – Margaret Keyes-Howard

Goal: Review of the Needs Assessment Survey

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 # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>DW IHN is required by MDHHS to complete a need assessment survey no less than bi-annually. Margaret Keys- Howard informed the committee that DWIHN will begin the survey process in September of 2020. Final reports will be completed and submitted to MDHHS between February and March of 2021. To ensure that the reports and surveys are submitted to our stakeholders, DWIHN will be sending the surveys via US Mail and electronically. Margaret encouraged the providers, practitioners, participants and members to complete the survey in order for DWIHN to learn and review what is happening in our</p>		



<p>communities. Also, this year, there will be two (2) questions added that are related to the Covid-19 impact within our community and the availability of behavioral health resources.</p> <p>In addition, the Echo surveys for both adults and children have been submitted. CS will present the results and analysis with our stakeholders for input and feedback early next year.</p>		
Action Items	Assigned To	Deadline
<p>The 2020 Needs Assessment Survey will be completed by CS with final completion of reports between February and March of 2021. The Echo Survey for both adults and children results and analysis will be shared with DWIHN's committees by February, 2021.</p>	<p>Customer Service – Margaret Keys-Howard</p>	<p>March 2021</p>

4) Item: Remote Provider Audits – Starlit Smith

Goal: Review of Provider Remote Review Audits

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

NCQA Standard(s)/Element #: **X QI #11** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith shared with the workgroup the experience from the newly developed process of remote monitoring. The Quality Improvement (QI) Unit has had a number of barriers during the initial start of the remote review process, but has developed a streamline process for continuing to review our provider network. Starlit reiterated to be patient with DWIHN as we will be patient and understanding of our provider network during this process change. DWIHN is working diligently to review as many providers as possible by the end of this fiscal year. Please feel free to email or call Starlit Smith @ssmith@dwihn.org with any questions or discussion of areas that you feel the QI Unit can improve upon as it relates to our new monitoring process.</p>		
Action Items	Assigned To	Deadline
<p>QI to continue provider remote monitoring as required.</p>	<p>QI Monitoring Unit</p>	<p>On-going</p>



5) Item: Medicaid Claims Verification Review (2nd Qtr.) – Starlit Smith

Goal: Review of Medicaid Claims Verification Quarter 2

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

NCQA Standard(s)/Element #: **X QI #11** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Starlit Smith discussed with the workgroup that the Medicaid Claims Verification review started in July 2020. QI has submitted information for the 1 st and 2 nd quarters to selected providers. For this FY, the Medicaid Claims reviews are also conducted remotely due to Covid-19. Providers have been required to upload and submit their requested documentation to support the delivery of the claim via MH_WIN Secure email services. The final report will be completed by December 2020 information will be shared with the workgroup by February, 2021. Please feel free to email or call Starlit Smith @ssmith@dwihn.org with any questions or discussion of areas that you feel the QI Unit can improve upon as it relates to our new monitoring process.		
Action Items	Assigned To	Deadline
Medicaid Claims Verification analysis and report will be shared with the workgroup by February, 2021.	QI – Starlit Smith	February, 2021.

6) Item: Quarterly Case Records Review – Starlit Smith (add on)

Goal: Review of Quarterly Case Record Review

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

NCQA Standard(s)/Element #: **X QI #11** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Ms. Smith informed the group that Quarter 3 self-monitoring case record reviews will be submitted to selected providers by Monday August 30 th . Reviews must be completed by October 2, 2020.		
Action Items	Assigned To	Deadline
Quarter 3 (Self-Monitoring Record Clinical Reviews)	Selected Provider Network	October 2, 2020.



7) Item: Substance Use Disorder (SUD) Updates – Judy Davis

Goal: Review of SUD Updates

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Judy Davis shared with the group that DWIHN’s SUD unit will be conducting remote Specialty Reviews for providers that provide women specialty services. Communication has been submitted to the SUD provider network, identifying which SUD providers and services that will be included in the review process. If you have not received any communication please contact Judy Davis via email at jdavis1@dwihn.org.</p> <p>Communication was submitted to SUD providers in July 2020 indicating when SUD reports are due to DWIHN. It was noted in the communication that providers adhere to the due dates. DWIHN’s Narcan Drive-thru give away with “no questions asked” will be held on August 31, 2020 at 707 W. Milwaukee St., Detroit, MI 48202 from 8:00 am – 4:00 pm in parking lot D.</p> <p>The next DWIHN SUD Providers meeting is scheduled for September 23, 2020 from 9:30 am – 11:00 am.</p>		
Action Items	Assigned To	Deadline
None Required		

8) Item: Diabetic Screening Guidelines – Alicia Oliver

Goal: Review of Diabetic Screening Guidelines

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

NCQA Standard(s)/Element #: **X QI #11** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Alicia Oliver provided an overview of the Diabetic Screening Guidelines and discussed the importance of our guidelines for commitment to providing the best care for our members. The Diabetic Screening Guidelines are included as an attachment DWIHN’s Clinical Practice Guideline policy which is on DWIHN’s website/providers/forms guidelines and tools. For additional information please review handout “Screening Members with Schizophrenia and Bipolar Disorder on Atypical Antipsychotic Medications for Diabetes” and “DWIHN Clinical Practices Guidelines” policy on the following topics below:</p> <ol style="list-style-type: none"> 1) Eligibility Criteria 2) Screening for Diabetes 3) Treatment and Follow-up 		



4) Monitoring		
5) Clinical Guideline based on the articles		
Action Items	Assigned To	Deadline
None Required		

9) Item: Improving Diabetes Screening for People with Schizophrenia or Bipolar; 7 and 30 day Follow Up After Hospitalization and Hepatitis A

Goal: Overview of Performance Improvement Projects

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

NCQA Standard(s)/Element #: QI # ___ CC# 1 & 2 UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>Alicia Oliver shared with the workgroup the update for the PIPs “Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using as Antipsychotic medication, 7 and 30 Day Follow-Up After Hospitalization and Hepatitis A.</p> <p>Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder - 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. 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. DWIHN is contracted as the PIHP with eight of these eleven health plans and working collaboratively with the Medicaid health plans to improve performance on those measures that they both share. MDHHS has added a yearly monetary incentive to this measure. Thus, this is an important measure for DWIHN and the State of Michigan. (See handout for interventions and noted barriers).</p> <p>7 and 30 day Follow Up After Hospitalization DWIHN has focused on follow up after hospitalization within 7 or 30 days. This topic has the potential to improve the health of members with mental illness and reduce readmissions through increasing appropriate follow up care. (See handout for interventions and noted barriers).</p>		



<p>Hepatitis A DWIHN has been asked by the State of Michigan Department of Health and Human Services to make available a prevention initiative for the opioid treatment programs (OTP). DWIHN is working in collaboration with the Detroit Health Department (DHD) and the Wayne County Health Department (WCHD). Collaboration includes education on hepatitis A and offering the hepatitis A vaccine at the OTP (See handout for interventions and noted barriers).</p>		
Action Items	Assigned To	Deadline
Continue to monitor and provide feedback to the QOTAW.	A. Oliver	On-going

10) Item: Mission Based Performance Indicator/Plans of Correction (POC) – Justin Zeller

Goal: Review of MMBPI Data/POC Requirements

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 # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Justin Zeller discussed the “MMBPI View only Provider Module” that is available to the provider network. He encouraged providers to review their data in the module, monitoring will assist with ongoing QI Performance Indicator data reporting. DWIHN’s QI Unit will continue to submit requests to assigned providers for Plans of Corrections and review and updating of data as required prior to submitting to MDHHS.</p> <p>Justin also reviewed the process of the module with the providers and discussed that there are two separate reports for Q3 data, a period called “New Indicators” and a period called “Non-new Indicators. The new indicators provide a date range of April 16 – June 30, 2020 as this is the period in which MDHHS has required the PIHP’s to begin the new monitoring process for Indicators 2,2b and 3. Non-new Indicators reports are the other performance indicators that begin on April 1 – June 30, 2020 that have not been modified which include PI 1, 4, and 10. Providers were informed to reach out to Justin Zeller @ jzeller@dwihn.org with any questions and or required assistance.</p>		
Action Items	Assigned To	Deadline
Providers to continue to monitor and review “MMBPI View Only Provider Module” data for required Plan of Corrections and review of data prior to DWIHN submitting to MDHHS.	Providers	On-going.



11) Item: Performance Indicators Workgroup Next Meeting – Tania Greeson.

Goal: Discussion of the Performance Indicator Workgroup

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Tania Greeson informed the workgroup that the next Provider Performance Indicator Workgroup meeting is scheduled for October 22, 2020 via Blue Jean Link from 1:30 pm – 3:00 pm</p> <p>Tania has reached out to DWIHN’s SUD unit to assist with including SUD providers to the workgroup. If you would like to become of the Provider Performance Indicator workgroup please send Tania or Justin an email tgreason@dwihn.org or jzeller@dwihn.org.</p>		
Action Items	Assigned To	Deadline
None Required.		

Provider Questions/Comments

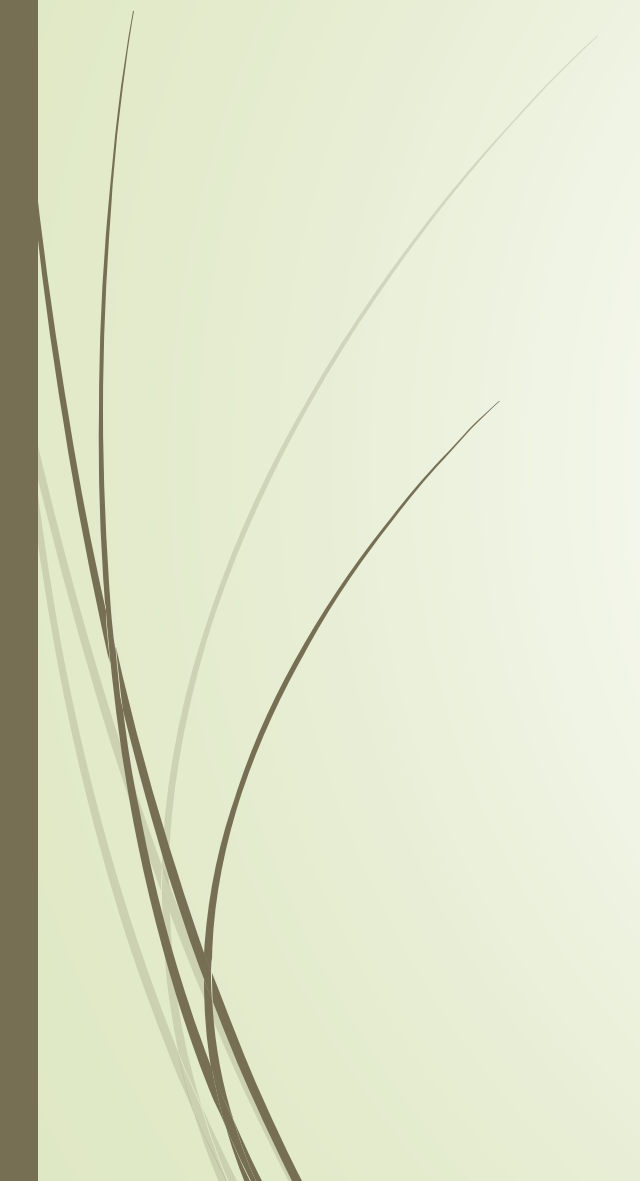

NEXT MEETING: Wednesday, September 26, 2020 via [Blue Jean Platform](#)

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Improving Adherence to Antipsychotic Medications for Individuals with Schizophrenia

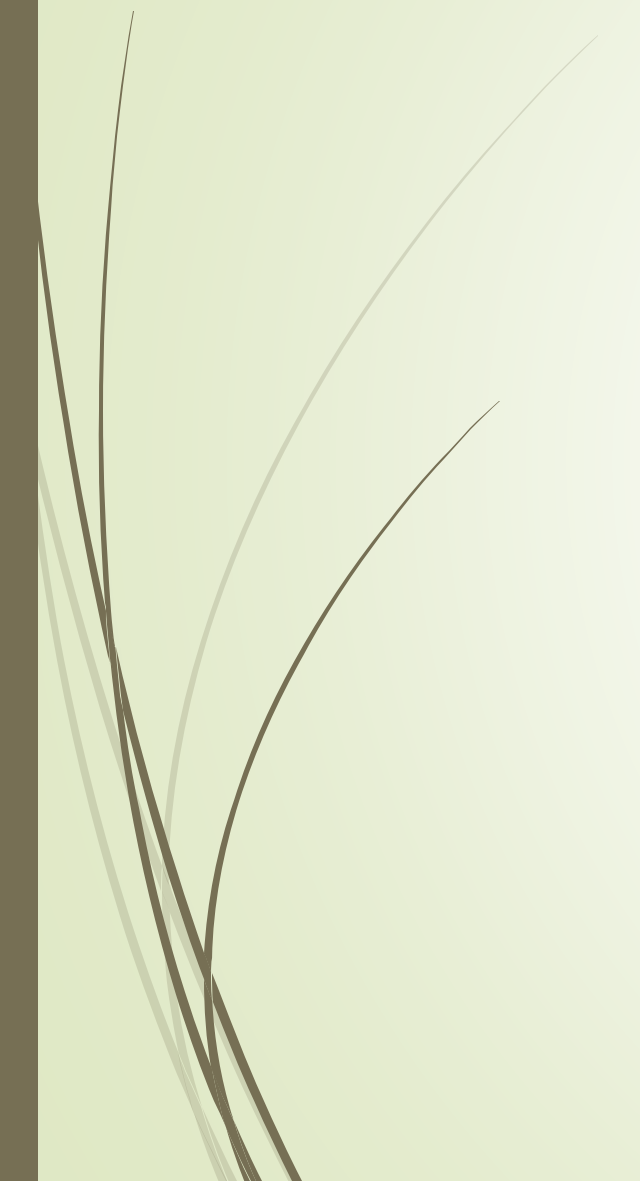

Alicia Oliver, MSN, RN




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. 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.



In 2019 DWIHN's had 74,999 enrollee/members, 40,385 or 54% have serious mental illness (SMI) and 14,085 or 18.3 percent have a diagnosis of schizophrenia. Working toward adherence to treatment plans including medication compliance is critical. During 2016, the Michigan Department of Health and Human Services (MDHHS) contracted with eleven health plans to provide managed care services to Michigan Medicaid enrollees.

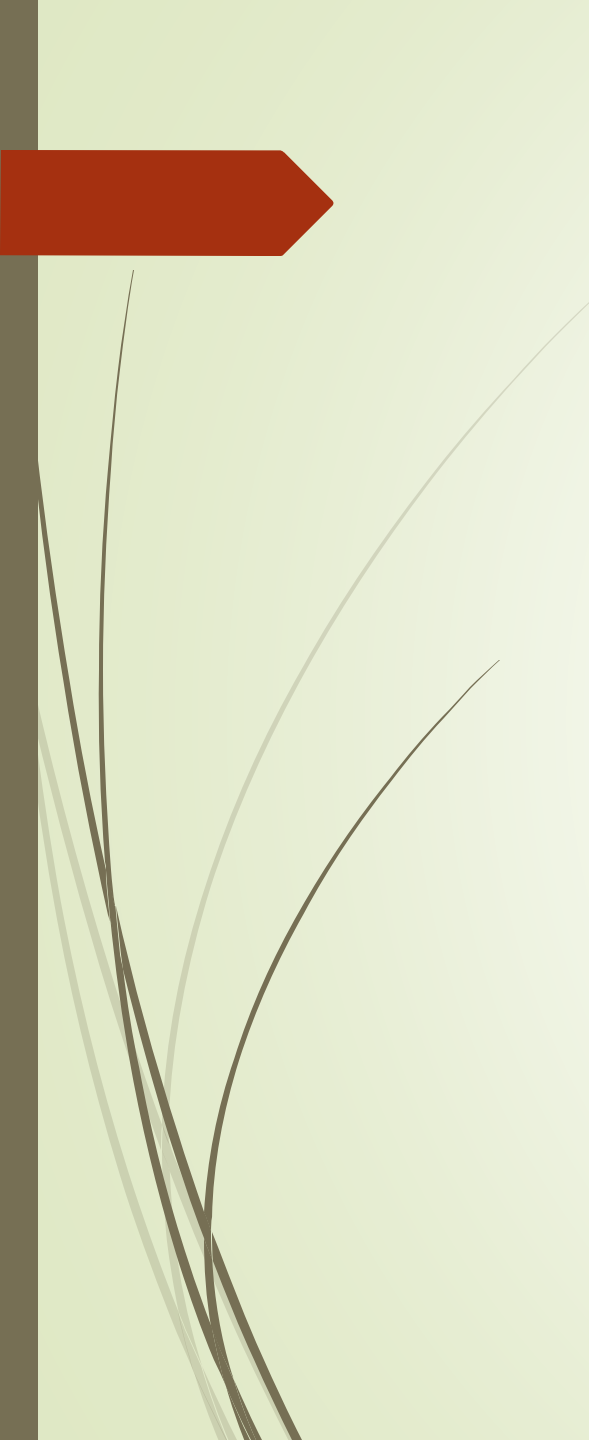


DWIHN is contracted as the PIHP with eight of these eleven health plans and working collaboratively with the Medicaid health plans to improve performance on those measures that they both share. MDHHS has added a yearly monetary incentive to this measure. Thus, this is an important measure for DWIHN and the State of Michigan.



The following were barriers that were identified by the IPLT and clinical literature:

- 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



Time Period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to goal
1/1/2017-12/31/2017	Re-measurement 2	2958	7319	40.42%	40%	MWA 61.16%
1/1/2018—12/31/2018	Remeasurement 3	3306	4762	69%	45%	MWA 63.18%
1/1/2019-12/31/2019	Remeasurement 4	2398	4510	53%	70%	MWA 64.91%

DWIHN saw an increase in this HEDIS measurement of 28.58 % for 2018.

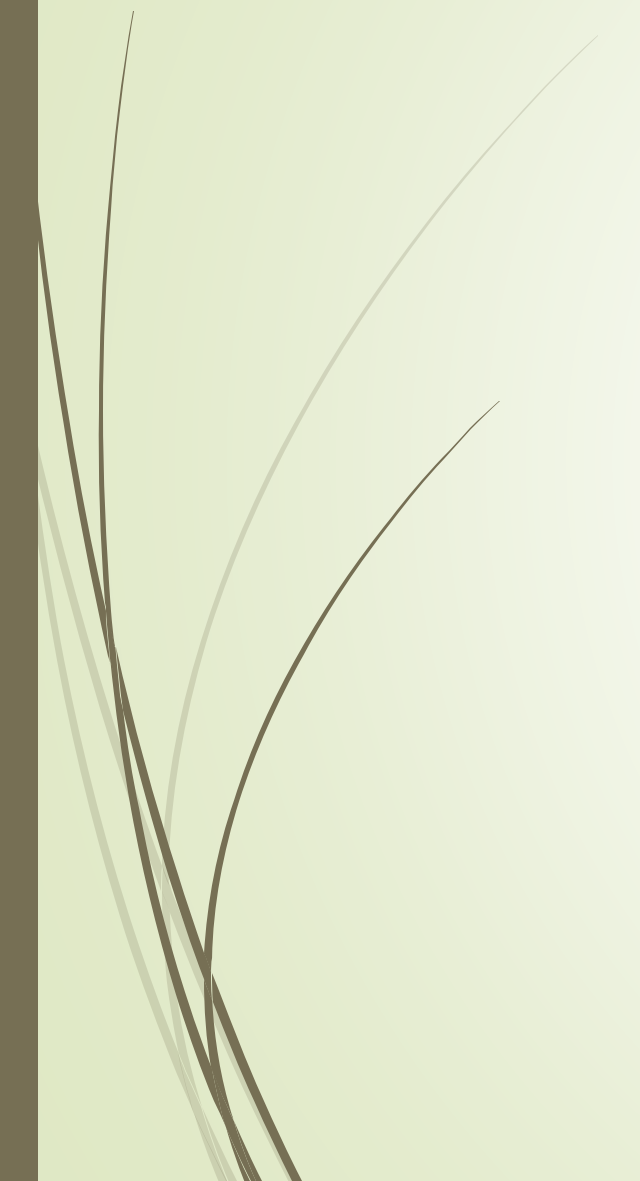

DWIHN saw a decrease in this HEDIS measure by 16% for 2019

2017 HEDIS Aggregate Report for Michigan Medicaid 61.16%

2018 HEDIS Aggregate Report for Michigan 63.18%

2019 HEDIS Aggregate Report for Michigan Medicaid 64.91%

***Michigan Weighted Average (MWA)**



The responsibility of medication adherence falls on the patient. Services to improve adherence are generally not reimbursed. In the outpatient setting, little incentive exists to improve the fundamental aspect of care. Patient education and ongoing communication are critical for patient understanding and medication adherence.



Interventions

Clients and providers educated regarding importance of medication adherence. Educational material provided.

Educational information posted on website on ways to remember to take medications.

Antipsychotic medication reconciliation tool shared with providers at presentations and on website.

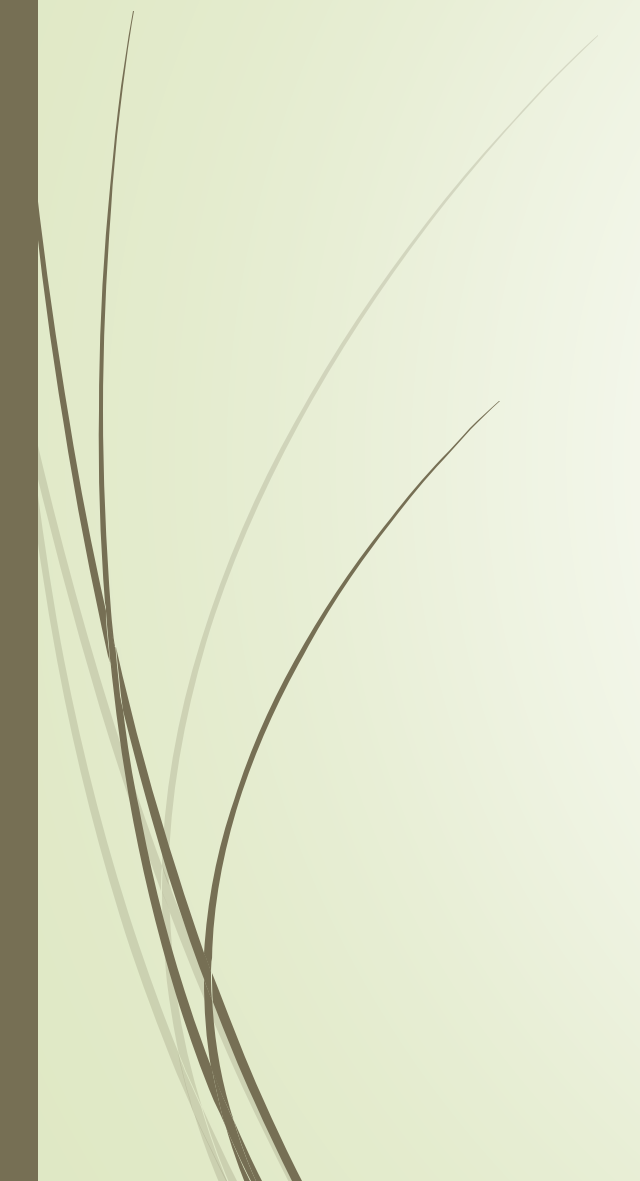

Several of Detroit Wayne Integrated Health Network providers started providing text messages, to clients that agree to have medication reminders and medication refill reminders.

DWIHN posted on their website, under members, tools for medication adherence. DWIHN has listed several pharmacies that offer email and text reminders on refills of prescriptions. Clients are able to click on the sign and request this service.

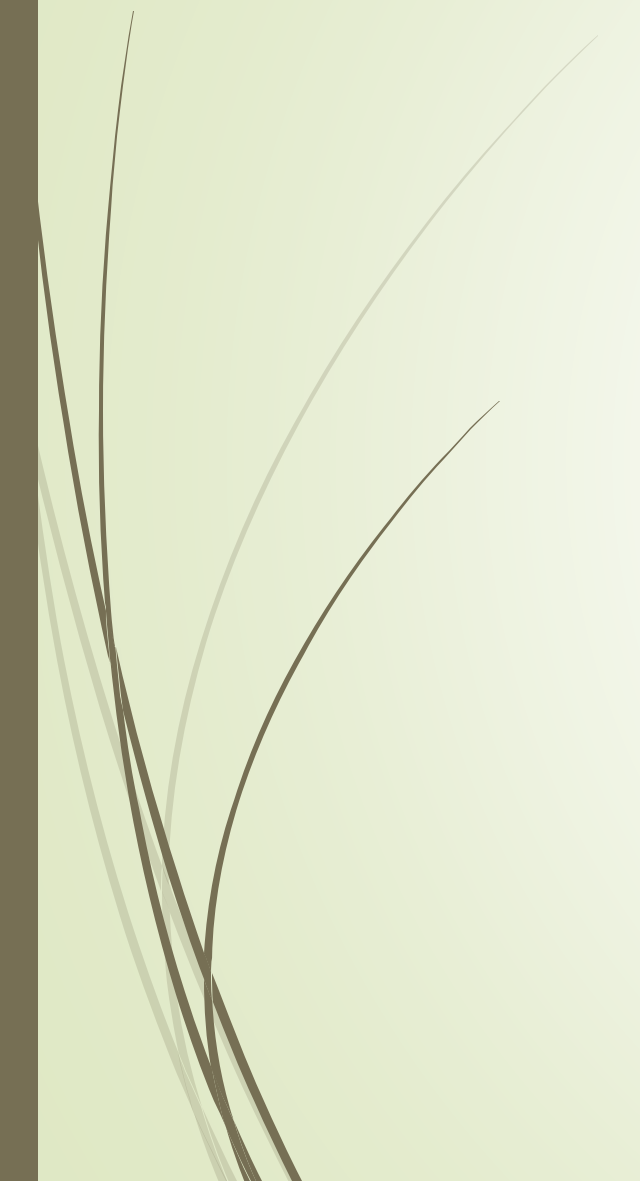



**Improving the Attendance at Follow up
Appointments with a Mental Health Professional
after Hospitalization for Mental Illness**

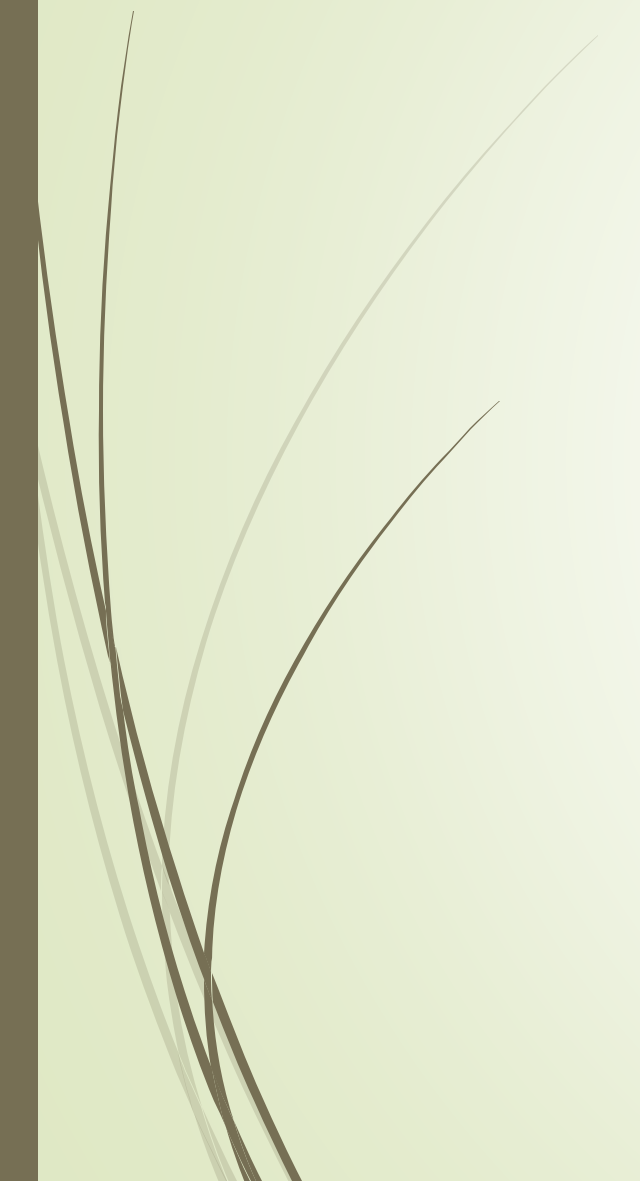

**7 Day and 30 day follow up after
hospitalization**



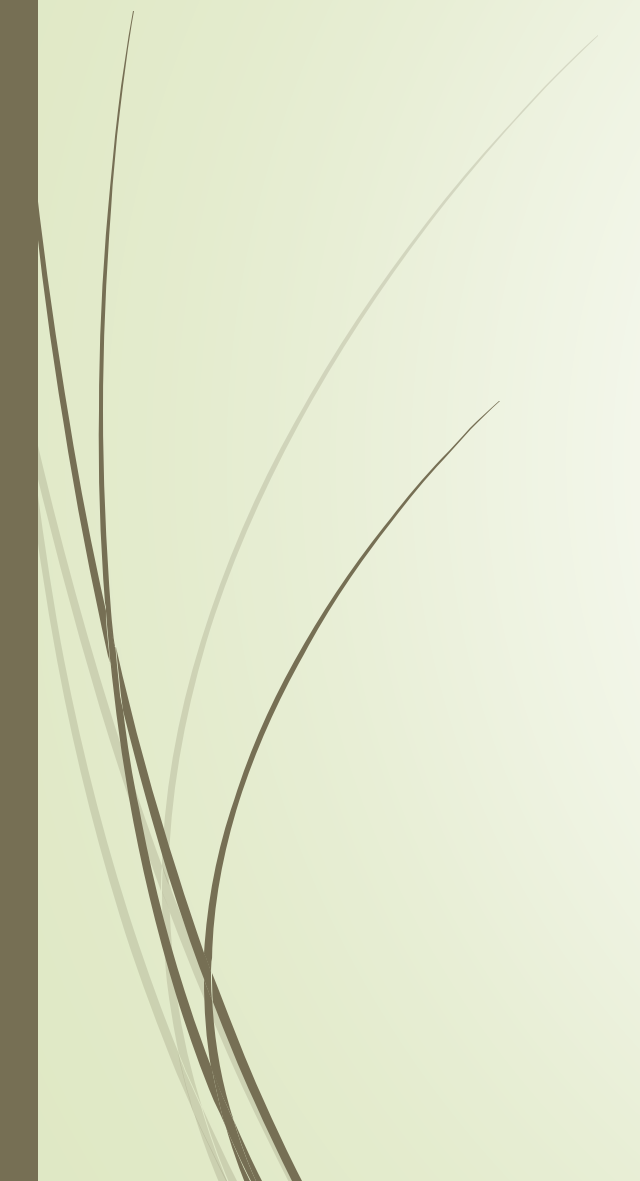

Detroit Wayne Integrated Health Network (DWIHN) has focused on follow up after hospitalization within 7 or 30 days. This topic has the potential to improve the health of members with mental illness and reduce readmissions through increasing appropriate follow up care.



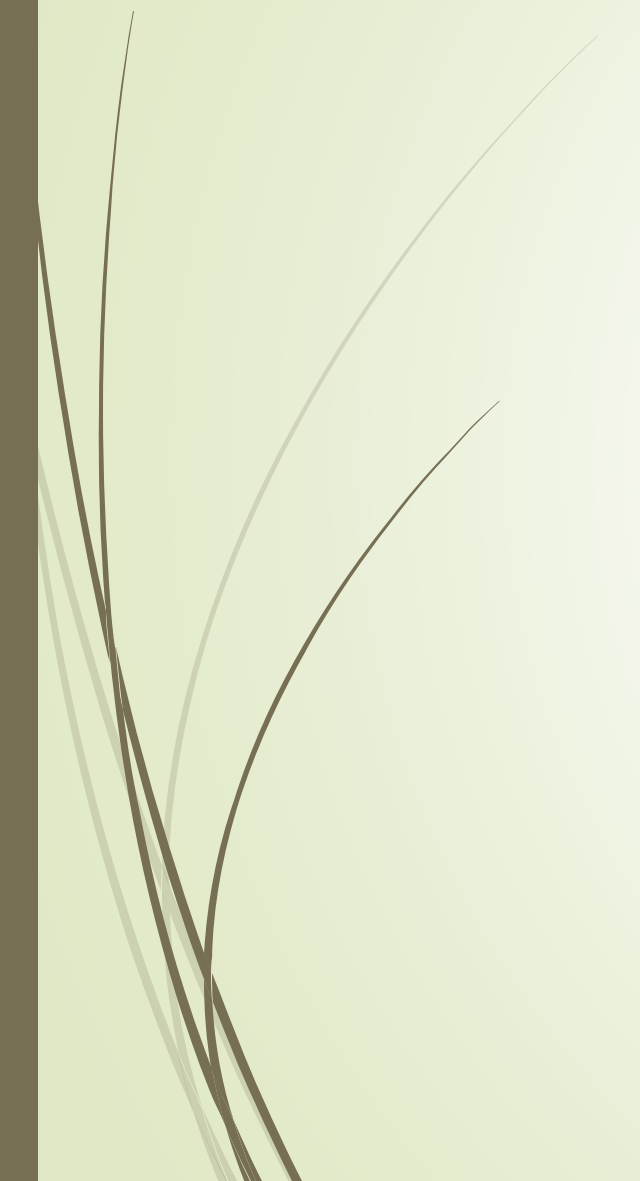

One big problem in healthcare is the rising cost of patient readmission. It will total \$528 million dollars in just this year per Kaiser Health News estimate.



DWIHN has an average of 200 clients that seek emergency behavioral health care every 3 days. Ninety eight percent of the visits are repeat visits within 2 or three days some even the same day.



Appropriate follow-up care after discharge from a psychiatric hospitalization is vital and of great importance to DWIHN). It can help reduce the risk of repeat hospitalization and identify patients in need of additional interventions before they reach a crisis point .



Patients' failure to keep appointments is a common problem. On average, patients miss approximately fifteen (15) percent of follow-up psychiatric appointments, but the percentage is much higher in some patient populations such as patients with socioeconomic difficulties. The realization that our population is unique in regards to high homeless rates and staggering unemployment possess a challenge.

<https://www.ncbi.nlm.nih.gov/>



The following were barriers that were identified by the IPLT and clinical literature:

- Members having difficulty getting an appointment within timeframes required. (Referral access)
- Members choosing not to schedule and/or keeping appointment (Member Knowledge)
- Members forgetting to schedule appointments and/or forgetting a scheduled appointment.
- Member not understanding process to notify provider if unable to keep appointment.
- Member lacks information regarding whom to follow-up with and where they are located and how to contact which can result in non-adherence to attending appointment.
- Transportation issues with either member not being able to schedule their own transportation with Medicaid vendor or Medicaid transportation vendor not showing up to pick up member for their appointment
- Members cannot afford gas or to pay for gas if they use their car or someone else provides the transportation.
- Member following up with their primary care provider instead of a behavioral health provider due to not understanding importance of following up with a behavioral health provider after an inpatient behavioral health admission.
- Appointment time conflicts by members with other responsibilities such as childcare, work, school
- Members not aware that compliance with aftercare can improve their treatment outcomes.
- Lack of coordination and continuity of care between inpatient and outpatient follow up services.
- Member not fully involved in discharge planning, as a result they are not engaged in follow-up.
- Practitioners and Providers do not understand the importance to seeing a member in follow-up within 7 days of discharge.
- Low health literacy. (Member knowledge and provider/practitioner knowledge.



- **Interventions**

- Well place is providing clients with FUH appointments within 30 days with a mental health practitioner.
- DWIHN created a follow up post hospital visit checklist for providers/practitioners to help providers prepare for visit as well as targeting key items to cover during visit.
- A reminder telephone call to members regarding scheduled follow up appointment.
- Education to the contracted providers on the importance of making appointments available for these members and educate contracted facilities about expectations that appointments be scheduled prior to discharge.

Time Period	Measurement	Numerator*	Denominator*	Rate	Goal	Comparison to goal
1/1/2018-12/31/2018	Measurement 7 day	3348	9357	35.78%	45%	below
1/1/2018-12/31/2018	Measurement 30 day	5886	9357	62.90%	75%	below
1/1/2019-12/31/2019	Re-Measurement 7 days	2144	8353	25.67%	45%	below
1/1/2019-12/31/2019	Re-measurement 30 days	4207	8353	50.37%	75%	below

DWIHN saw a decrease in this 7 day FUH HEDIS measurement for 2019 of 10.11 percentage points

DWIHN saw a decrease in the 30 day FUH HEDIS measure for 2019 of 12.53 percentage points.




New Interventions

- Appointments were not being scheduled with a mental health practitioner. Well place is now providing clients with 2 FUH appointments within 30 days and one of those appointments must be with a mental health practitioner. Memo addressed at quality ops meeting 5/11/2020.
- Telepsychiatry provided as an option to address non-adherence to follow up care.
- DWIHN care coordinators to visit newly hospitalized members to help with discharge planning. Determine barriers and stress the importance of Follow up after hospitalization visit. (before COVID)
- looping stream added to DWIHN larger provider lobbies, addressing importance of keeping follow up after hospitalization appointments, medication adherence and tips to remember to take medication.



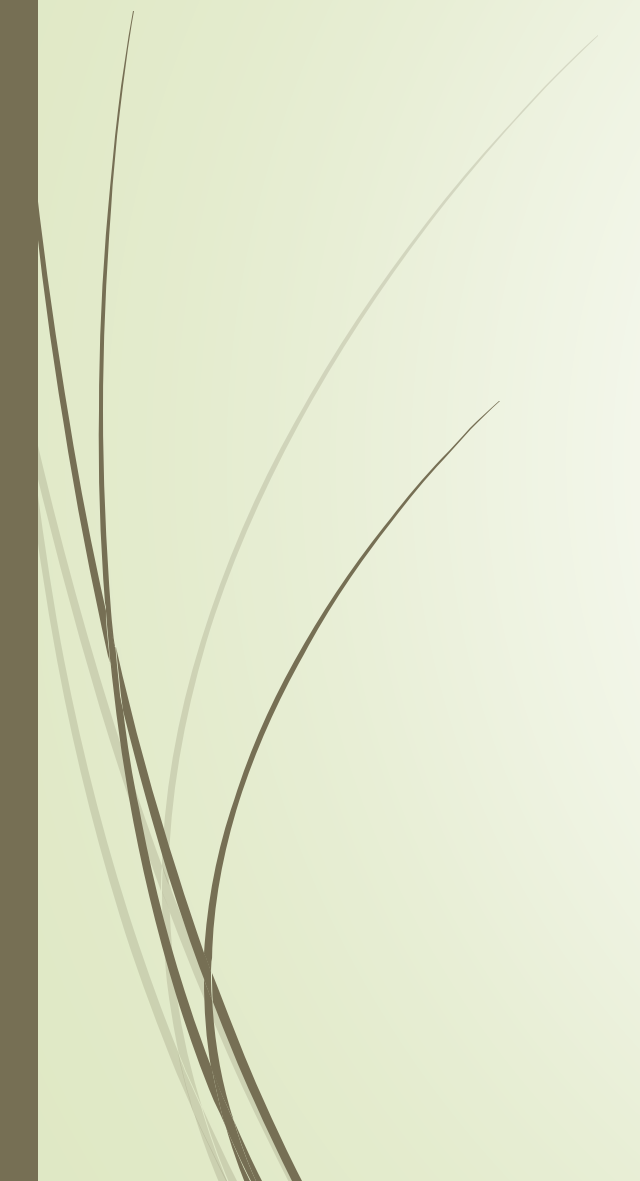

Overview of Hepatitis A

Alicia Oliver MSN, RN



Detroit Wayne Integrated Health Network (DWIHN) has been asked by the State of Michigan Department of Health and Human Services to make available a prevention initiative for the opioid treatment programs (OTP).

DWIHN is working in collaboration with the Detroit Health Department (DHD) and the Wayne County Health Department (WCHD). Collaboration includes education on hepatitis A and offering the hepatitis A vaccine at the OTP.



Hepatitis A is a highly contagious liver disease caused by the hepatitis A virus (HAV). HAV is spread from person to person through contact with the feces (stool) of people who are infected. This can happen if someone fails to wash their hands properly. You can also get the disease from contaminated food, water, or objects contaminated with HAV. Symptoms of hepatitis A can appear in 2 to 6 weeks after exposure and can last less than 2 months or as long as 6 months.



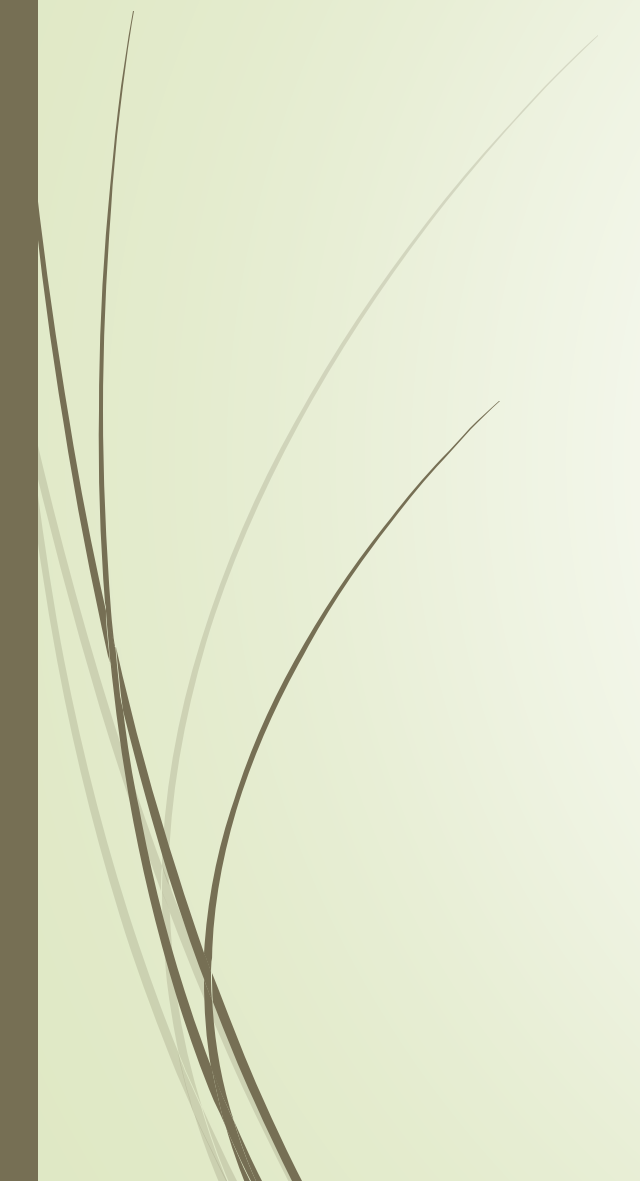

Symptoms of hepatitis A include:

- Fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain
- Severe stomach pains and diarrhea
- Jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).



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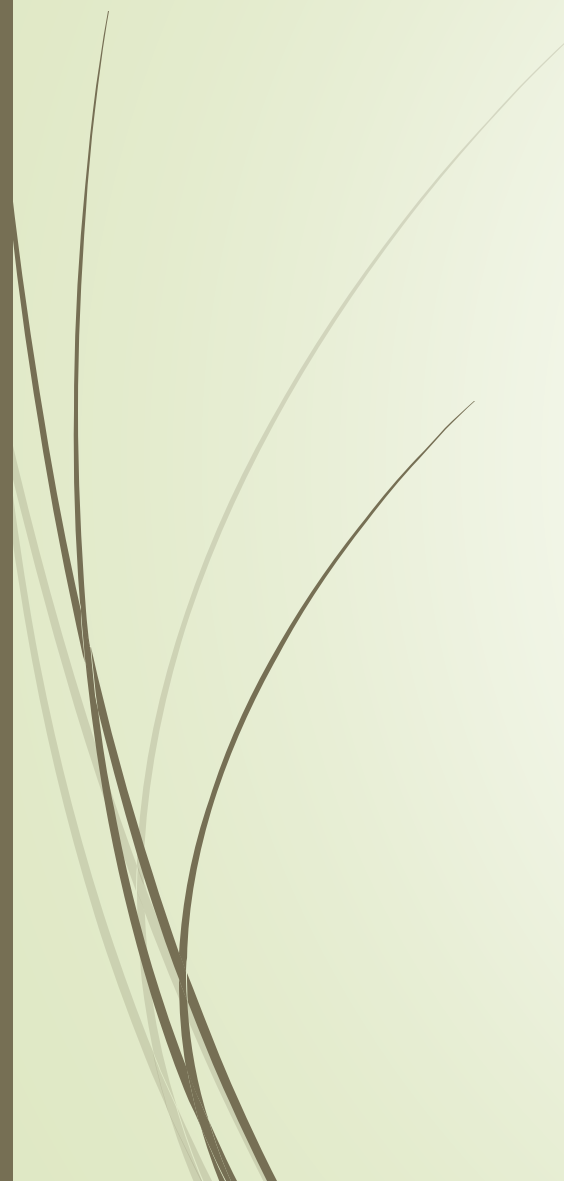


Controlling the outbreak consists of immunizing the at-risk population. According to the Department of Health and Human Services only 13% of Michigan adults have immunity to hepatitis A, either through vaccination or past infection.

- 
- **The CDC recommends getting to 80% vaccination coverage for the populations at highest risk of exposure:**

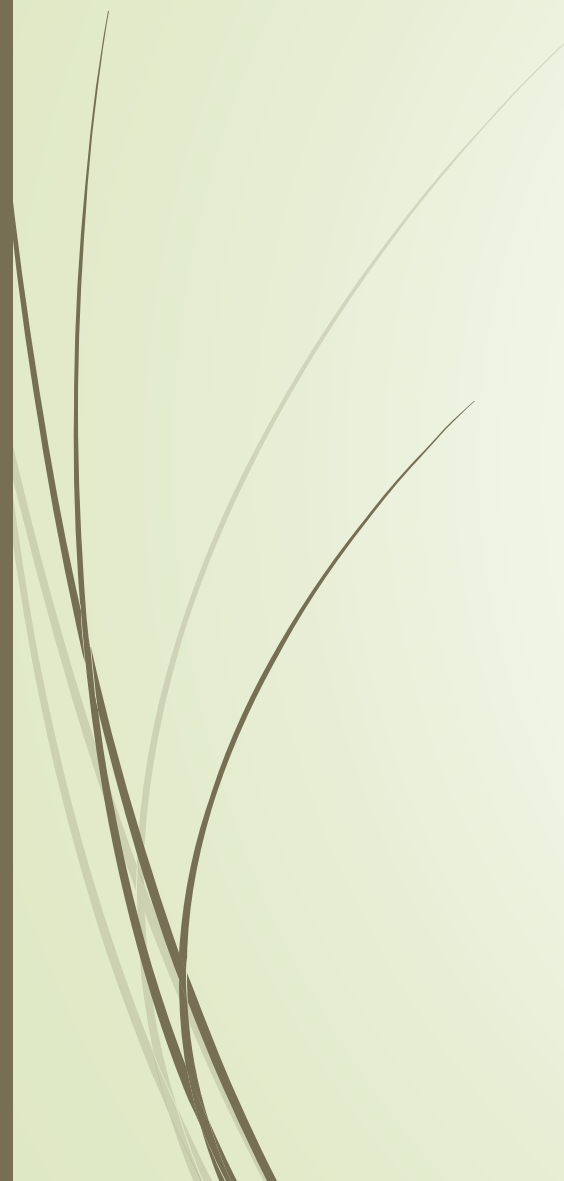
- Persons with history of substance use
- Currently homeless or in transient living
- Men who have sex with men
- History of incarceration
- Persons with underlying liver disease

Programs servicing the SUD population are considered to be in the high-risk category.



Cases	Hospitalizations	Deaths
913	733	28

**Michigan
Hepatitis A
Outbreak Cases
and Deaths as of
April 24, 2019**



Cases	Hospitalizations	Deaths
920	738	30

**Michigan Hepatitis A
Outbreak Cases and
Deaths as of February
5, 2020**



PROTECT YOURSELF AND GET
VACCINATED AGAINST HEPATITIS A

FIND A LOCAL CLINIC NEAR YOU TODAY

HEP A CLINIC CALENDAR



<https://www.michigan.gov/>



<https://www.waynecounty.com/>

<https://detroitmi.gov/departments/detroit-health-department>

<https://www.dwhn.org/>