



Quality Improvement Steering Committee (QISC)
Tuesday May 28, 2019
1:30 p.m. – 3:00 p.m.
Conference Room 400 A & B
Agenda

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|-------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| I. | Welcome | T. Greason |
| II. | Introductions | T. Greason |
| III. | Approval of April 2019 Minutes | T. Greason |
| IV. | Approval of May 2019 Agenda | |
| V. | Authority Updates | Dr. B. Butler |
| VI. | Performance Improvement Project (PIP's) <ul style="list-style-type: none">○ Improving Control of Blood Pressure | Alicia Oliver |
| VII. | Quality Improvement <ul style="list-style-type: none">a. PIHP MMBPI (1st Quarter)b. Needs Assessment | April Siebert & Tania Greason |
| VIII. | Other | |
| IX. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday May 28, 2019

1:30 p.m. – 3:00 p.m.

Conference Room 400 A & B

Meeting Minutes

Note Taker: Aline Hedwood

Committee Chairs: Barika Butler, Chief Medical Director and Tania Greason, Provider Network QI Administrator

Member Present:

April Siebert, Tania Greason, Alicia Oliver, Michele Vasconcellos, Ortheia Ward, Tina Forman, Chery Fregolle, Rotesa Baker, Sandra Ware, Gail Parker, Jessica Collins, and Melissa Eldredge.

Members Absent:

Barika Butler, M.D, Dana Lasenby, Starlit Smith, Kip Killer, Kimberly Flowers, Mignon Strong, Corine Mann, Nasr Doss, Tina Forman, Andre Johnson, Dhannetta Brown, Dorian Reed, Latoya Garica-Henry, Sarina Oden, Virdell Thomas, Winifred Williamson, Lezlee Adkisson, Jennifer Miller, Karen Sumpter, Steve Jamison, Bernard Hooper, Angela Harris, Dr. Bill Hart, Dr. Sue Banks, Felicia Simpson, Allison Smith, Gary Herman, Dr. Hubert Hubel, Jim Kelley, Judy Davis, Michael Hunter, Nakia Young, Donna Coulter, Robert Spruce, Sherri Ruza , Eric Doeh, Fareeha Nadeem, Justin Zellar and Ann Akinfewa.

Conference Call: Lorrain Taylor-Muhammad

Staff Present: April Siebert, Tania Greason, and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Approval of April 2019 Minutes: Approved by group

3) Item: Approval of May 2019 Agenda: Approved by group

4) Item: Authority Updates – None



5) Item: Performance Improvement Project (PIP's) - Alicia Oliver

Goal: Review of PIP Improving Control of Blood Pressure in Enrollee/Member shared by Harbor Healthcare and DWMHA

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 # ___

Decisions Made		
<p>Alicia Oliver provided an overview of the Performance Improvement Project (PIP) Improving Control of Blood Pressure in Enrollee/Member shared by Harbor Healthcare and Detroit Wayne Mental Health Authority (DWMHA)</p> <p>The goal of the PIP is for DWMHA along with Harbor Healthcare to identify fifty (50) shared individuals ages 18 to 64 with diagnosis of hypertension over a six-month period. DWMHA goals for this pilot is as follows:</p> <ol style="list-style-type: none"> a) Link enrollee/member with uncontrolled hypertension to a primary care provider for assessment and follow up. b) Improve patient outcomes achieved by receiving appropriate care for chronic hypertension and c) Reduce the uses of emergency services for uncontrolled hypertension and d) Improve enrollee/member compliance with antihypertensive medications and e) Enrollee/members blood pressure is under controlled <p>For additional information please review hand out “Improving Control of Blood Pressure in Enrollee/Member shared by Harbor Healthcare and DWMHA on the following:</p> <ul style="list-style-type: none"> • Goals • Outcome Analysis • Controlling Blood Pressure (see chart on page 1) • Michigan Medicaid Weighted Average (MWA) • Interventions from January 2017 and ongoing <p>Also review additional handouts:</p> <ul style="list-style-type: none"> • “HSAG Controlling High Blood Pressure” • “HSAG 201/8 MWA Performance Levels and Trend Results for Living with Illness” 		



Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
The recommendations are to sunset the Hypertension PIP and replace it with the Hepatitis A PIP. Review and approval will occur during the meeting scheduled for 6.25.2019 with Dr. Butler in attendance.	IHC	6.25.2019

6) Item: Quality Improvement – PHIP MMBPI 1st Quarter – Tania Greason

Goal: Review of Mission Michigan Based Performance Indicator Data – PIHP (Quarter 1)

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

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

Decisions Made		
<p>Tania Greason informed the committee that during the last QISC meeting in April 2019 QI presented information on the MMBPI (CMHSP) data for FY 2018-19. It was recommended from the committee that QI present on the MMBPI (PIHP) data for FY 2018-2019. The PIHP data includes all members that only have Medicaid benefits. Tania provided an overview of the DWMHA Performance Indicators for FY 2018-19 1st Quarter. Please review the PowerPoint “DWMHA Performance Indicator 2018-19 1st Quarter for information on MMBPI’s (PIHP) data and DWMHA overall percentage:</p> <ul style="list-style-type: none"> a) PI #1 adults and children receiving a preadmission screening for psychiatric inpatient care for whom the disposition was complete within 3 hours. Overall = 95.4% (Standard 95%) b) PI #2 this is the percent of new person receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service (adults and children combine). Overall = 97.3% (Standard 95%) c) PI #3, which is for ongoing services this, is the percent of new person starting any needed ongoing services within 14 Days of and non-emergent assessment professional. Overall = 95.3% (Standard 95%) d) PI #4a this is the percent of discharge for a psychiatric inpatient unit who seen for follow-up care within seven days. 56.2% (Standard 95%) e) PI #4b is for detox discharge for the substance abuse unit for receiving follow-up care within 7 days. 78.9% (Standard 95%) 		



<p>f) PI #10 this the percent of MI IDD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. Overall 15.09% (Standard 15%)</p> <p>g) DWMHA Next Steps -QI will continue to monitor areas that have not met the required standard which include the following:</p> <ul style="list-style-type: none"> • Creation of Provider Performance Indicator Workgroup if you will like to join please send your request via mail to tgreason@dwmha.com. • Monthly reports submitted to providers for cases that are not in compliance for review prior to submission to MDHHS. • Scheduled meeting with PCE to review Performance Indicator (PI) reporting module (June 13, 2019) • Obtain Corrective Action Plans (CAPS) for providers who fall below the respective standards • Require Plans of Improvement to account for members reported as outliers although the respective standards are met. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>The MMBPI (PIHP) for FY 2018-19 1st Quarter will be submitted for review to Dr. Butler during the 6.25.2019 QISC meeting for approval.</p>	<p>QI</p>	<p>On-going review/monitoring of MMBPI PIHP Data. 6.25.2019 review and approval from Dr. Butler.</p>



7) Item: Quality Improvement- Needs Assessment– April Siebert

Goal:

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

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

Decisions Made		
<p>April Siebert informed the committee that MDHHS Michigan Mental Health Code requires DWMHA to submit an Annual Needs Assessment based on DWMHA community needs. DWMHA submitted the 2018 Annual Needs Assessment as required to MDHHS on March 22, 2019.</p>		
<p>The Needs Assessment include the following areas:</p> <ul style="list-style-type: none"> • Estimated FTE Equivalent • Request for Service and Disposition of Requests • Waiting List <p>With the removal of the MCPN’s data reporting for the Estimated FTE’s lower FTE’e data was submitted for 2018. The MCPN’s would report for each provider, if a MCPN had the same providers the number of FTE’s would be duplicated. For additional information please review the power point presentation “DWMHA 2018 Needs Assessment Overview” for the following data:</p> <ul style="list-style-type: none"> • FY 2017-18 Estimated FTE Equivalent <ul style="list-style-type: none"> a) Total workforce in specialized residential setting b) Total workforce in other settings • FY 2016-16 Estimated FTE Equivalent <ul style="list-style-type: none"> a) Total workforce in specialized residential setting b) Total workforce in other settings <p>Based on feedback received from stakeholders including persons including persons served and family members, community organizations, mental health providers, and advocacy groups the following Priority Issues were identified.</p> <ul style="list-style-type: none"> • Priority Needs and Planned Action FY 2018 <ol style="list-style-type: none"> 1) Improve Member Engagement/Satisfaction 2) Enhance Crisis Response Capacity 3) Enhance Mental Illness Services to Justice Involved Members 4) Healthcare Integration 5) Expand ABA Services 		



<p>6) Improve health and safety 7) Increase Community Inclusion and Integration</p>		
Discussion	Assigned To	Deadline
<p>Question: Gail Parker asked how were the priority questions developed and selected?</p> <p>Answer: April Siebert informed the committee that the questions were developed based on feedback received from stakeholders including persons served and family members, community organizations, mental health providers, and advocacy groups the following Priority Issues were identified. QI was able to collect information to identify some of the issues and actions. Information and questions were developed during the DWMHA system transformation provider meetings, emails received from providers through system transformation, and quality operation workgroup meetings.</p>		
<p>Question: Michelle Vasconcellos asked is DWMHA going to utilize any of the identified priority needs as part as DWMHA’s strategic plan.</p> <p>Answer: April Siebert will review with Corine Mann regarding the request for utilizing the identified priority issues as part of the Strategic Plan.</p>		
<p>Jessica Collins from The Guidance Center brought up concern that there is currently a lack of CLS Community Living Supports (CLS) and respite providers for children</p>		
<p>Lorraine Taylor-Muhammad informed the committee that DWMHA is in the process of addressing the need of respite providers for our Children population.</p>		
Action Items	Assigned To	Deadline
<p>April Siebert to verify with Corine Mann the request of utilizing identified priority issues as part of DWMHA’s Strategic Plan.</p>	<p>April Siebert</p>	<p>7.23.2019</p>



8) 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		
<ul style="list-style-type: none"> Gail Parker stated that DWMHA NCQA Accreditation is scheduled for February of 2021. The look back period for most of the MBHO standards are 24 months. Many of the QIP's and PIP's are being reviewed at the QISC for recommendation and approval. There will be a NCQA holding place for all of the QISC meetings going forward. Gail Parker will provide an NCQA update during the QISC meetings going forward. Gail Parker also informed the committee that Mr. Brooks, DWMHA CEO, is trying to attract Medicaid partners to assist us with the holistic care approach and you all will be hearing more about this as DWMHA develop partners. We are also reviewing the concept of Behavioral Health Homes and will provide updates to the QISC as needed. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Add NCQA to QISC Agenda Topics	Tania Greason (QI)	On-going

New Business: Tuesday June 25, 2019, 4th Floor Conference Room 400 A & B.

Adjournment: 3:15 pm

ah/06.20.2019