



Quality Improvement Steering Committee (QISC)
Tuesday, September 28, 2021
10:30 a.m. – 12:00 p.m.
Via ZOOM PLATFORM
Agenda

- | | | |
|-------|---|---|
| I. | Welcome & Introductions | Tania Greason |
| II. | DWIHN Updates | Dr. Leonard Rosen |
| III. | Approval of QISC September 28, 2021 Agenda | Dr. Leonard Rosen/Committee |
| IV. | Approval of QISC June 29, 2021 & August 31, 2021 Minutes | Dr. Shama Faheem/Committee |
| V. | Reappointment Letters | Tania Greason |
| VI. | Review of Quality Improvement Projects: <ul style="list-style-type: none">• Improving Adherence to Antipsychotic medications for Individuals with Schizophrenia• Improving Diabetic Monitoring for people with Schizophrenia and/or Bipolar Disorder• Decreasing the Risk of Hepatitis, C | Alicia Oliver
Alicia Oliver
Alicia Oliver |
| VII. | NCIS Survey | Margaret Keyes-Howard |
| VIII. | Follow up Items: <ul style="list-style-type: none">a. ECHO Adultb. Review of Barriers & Recommended Intervention | Margaret Keyes-Howard |
| IX. | PI 2a Review | Tania Greason |
| X. | MMBIP “View Only” Module | Justin Zeller |
| XI. | HSAG (PMV) Review | Tania Greason |
| XII. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, September 28, 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, Angela Harris, April Siebert, Ashley Bond, Blake Perry, Carl Hardin, Carolyn Gauden, Cassandra Phipps, Cheryl Fregolle, Cheryl Madeja, Donna Coulter, Fareeha Nadeem, Ebony Reynold, Jessica Collins, Justin Zeller, Kim Batts, Dr. Leonard Rosen, Margaret Keyes-Howards, Melissa Eldredge, Michele Vasconcellos, Ortheia War, Rhianna Pitts, Robert Spruce Rotesa Baker, Starlit Smith, Tania Greason.

Members Absent:

Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Carla Spright-Mackey, Cherie Stangis, Dhannetta Brown, Donna Smith, Eric Doeh, Jennifer Smith, John Rykert, Judy Davis, June White, Latoya Garcia-Henry, Lindon Munro, Melissa Moody, Melissa Hallock, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Sandy Blackburn, Dr. Shama Faheem, Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vickey Politowski.

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

1) Item: Welcome: Tania Greason, Dr. Rosen will be chairing the QISC for the month of September.

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

3) Item: Approval of September 28, 2021 Agenda: approved by group with noted revision

4) Item: Approval of August & June 2021 Minutes:

- August 31, 2021 minutes were forwarded to Dr. Faheem and Committee and were approved with noted revisions.
- June 29, 2021 minutes will be submitted to the workgroup and Dr. Faheem for review via email.



5) **Item: Announcement/DWIHN Update:** In the absence of Dr. S. Faheem, Dr. L. Rosen will be chairing the September 2021 meeting.

6) **Item: QISC Reappointment Letter – Tania Greason**

Goal: Discuss QISC Reappointment process for FY 2022

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		
Tania Greason informed the workgroup that QI will forward reappointment letters to assigned committee members by October 1, 2021 via email. The length of service for the committee is for one (1) year. Members were asked to inform Tania Greason of their willingness to continue to serve on the committee by email (tgreason@dwihn.org).		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Please email Tania your response @ tgreason@dwihn.org of your willingness to continue to serve on the committee by email (tgreason@dwihn.org). If you have any questions, please feel free to contact Tania Greason with any additional questions.	Selected QISC Committee Members	



7a) Item: Review of DWIHN QIP's: Improving Adherence to Antipsychotic educations for Individuals with Schizophrenia – Alicia Oliver

Goal: Review identified barriers and interventions for the PIP: Improving Adherence to Antipsychotic educations 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 an overview of the Adherence to Antipsychotic Medications for Individuals with Schizophrenia PIP to the workgroup. DWIHN is focused on this HEDIS measure as a means to identify members needing assistance with adherence to antipsychotic medication. Per the National Association for Behavioral Healthcare (NABH) fifty percent (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. The eligibility includes HEDIS Measurement-Adherence to antipsychotic medications for individuals with schizophrenia: 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. “Review of QIP: Improving Adherence to Antipsychotic Medications for Individuals with Schizophrenia” on the following highlighted areas: Currently, DWIHN is reported at a</p> <ul style="list-style-type: none"> • Eligibility • Screening Method • Ongoing Interventions • Measurable Interventions • New Interventions • Barriers 		
Discussion	Assigned To	Deadline
<p>The data for the Adherence to Antipsychotic Medications PIP will be analyzed with the data baseline of 2020. This will allow for the HEDIS measurements to be consistent with the Vital Data Technology (VDT) that DWIHN has begun to utilize for HEDIS measurements, effective 2019. The PIP will be rewritten and revised to include using VDT data for the baseline measurement.</p>		
Action Items	Assigned To	Deadline
<p>The committee and Dr. Rosen agreed to analyze the Adherence to Antipsychotic Medications PIP using FY2020 as the baseline year. Information will be brought back to the QISC for review of identified interventions and barrier analysis.</p>	IHC (Alicia Oliver)	January 30, 2022



7b) Item: Review of DWIHN QIP's: Improving Diabetes Monitoring for people with Schizophrenia and/or Bipolar Disorder - Alicia Oliver

Goal:

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 shared with the workgroup an overview and status update for the Improving Diabetes Monitoring for People with Schizophrenia and/or Bipolar Disorder (SSD) PIP. The SSD PIP monitors individuals for side effects associated with schizophrenia. Through continued monitoring, DWIHN's IHC unit discovered that members who are on antipsychotic medications for bipolar disorder are lacking lab work being drawn which continues to put members at risk for developing metabolic complications such as diabetes and heart disease. Th eligibility for the SSD PIP is as follows: Diabetes Screening for People with Schizophrenia and/or Bipolar Disorder measures the percentage of patients 18-64 years of age with schizophrenia and/or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening during the measurement year. Currently DWIHN is reported at a 29.34% (September 2021 – Current). This is a significant decrease from the noted 64.38% for FY20. The largest barrier continues to be the compliance of members to follow through on getting lab test despite education and follow up reminders. COVID-19 was also noted as a barrier for FY2020-2021. Newly developed interventions for the SSD PIP include Memo's sent quarterly to providers expressing the importance of diabetic screening. Prescribing providers must provide their plan of action addressing this matter within two weeks of receipt of the memo from IHC. For additional information please review handouts "Review of Quality Improvement Project: Improving Diabetes Monitoring for people with Schizophrenia and/or Bipolar Disorder" on the following highlighted areas below:</p> <ul style="list-style-type: none"> • Eligibility • Screening Method • Ongoing Interventions • New Interventions • Barriers 		
Discussion		
<ul style="list-style-type: none"> • Provider stated medication errors should also be reviewed. 	Assigned To	Deadline



• Action Items	Assigned To	Deadline
<ul style="list-style-type: none"> Alicia Oliver will replace MCPN with medical health plan on IHC handout. The committee and Dr. Rosen agreed to analyze the SSD using FY2020 as the baseline year. Information will be brought back to the QISC for review of identified interventions and barrier analysis. 	IHC (Alicia Oliver)	February 28, 2022

7c) Item: Review of QIP's: Decreasing the Risk of Hepatitis, C – Alicia Oliver

Goal: Review of Decreasing the Risk of Hepatitis C PIP.

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 informed the committee that effective April of 2021, MDHHS has eliminated Hepatitis, C program. MDHHS was expecting DWIHN to expand hepatitis C testing to all adults; increase access to hepatitis C prevention through STD treatment and SUD and syringe service programs. HCV treatment for Medicaid enrollee as of April 1, 2021, Mavyret is the preferred Hepatitis C direct acting antiviral for Michigan Medicaid. The following information was also shared:</p> <ul style="list-style-type: none"> Any Medicaid enrolled prescriber can prescribe this medication with no prior approval required Medicaid patients requiring a different hepatitis C drug will need prior authorization, the PA does not include a specialist nor a sobriety requirement Documentation of patient sobriety no longer required <p>Treatment guidelines are on the MDHHS website.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>It was agreed upon by the committee and by Dr. Rosen to sunset the Decreasing of Risk of Hepatitis C. Information will be shared with IPLT to sunset.</p>	A. Oliver (IHC)	February 28, 2022.



8) Item: NCIS Survey Update – Margaret Keyes-Howard

Goal: Status update for NCIS 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 # ____

Decisions Made		
Margaret Keyes-Howard discussed with the group that the NCIS survey will be sent out in October or November of 2021. The survey will be sent out later this year due to the COVID-19 pandemic in which no of interviews were conducted for FY2020-21. DWIHN’s Customer Service (CS) Unit received information from MDHHS that there has been difficulty with completing the survey not only in Michigan but for other states as well. If members were not able to meet in person for an interview virtually or telephonically they were not able to participate in the survey. Margaret-Keyes Howard has submitted information to the Networks I/DD CRSP providers in which she has requested assistance with obtaining consents to participate in the survey. Also, Margaret will report back to the group as more information becomes available regarding requests related to completing the NCIS survey.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None required.		



9) Item: Follow up Items: Margaret Keyes-Howard

a. ECHO Adult Survey

Goal: Review to related ECHO Survey and noted barriers/recommendations

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

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

Decisions Made		
<p>Margaret Keyes-Howard discussed the FY 2020 ECHO adult survey data issue & concerns about perceived improvement in correlation with the member experience data as it relates to improvement and compliance. Discussion ensued regarding the areas in which DWIHN received low compliance scores. The committee was asked to provide feedback for any foreseen noted barriers and interventions. Below are the areas in which DWIHN received low scores:</p> <ul style="list-style-type: none"> • 43% receiving treatment quickly • 68% how well clinicians communicate with the person of DWIHN membership • 57% getting treatment information from the IPOS • 31% perceived improvement related to how the person feel how they have improved since the previous year within a 12-month period. <p>DWIHN’s CS Unit would like to explore how members that took the survey perceived improvement and how well the clinicians communicate with members served. Are members receiving information regarding their services that they will receive? CS is also reviewing issues regarding how members are getting treatment quickly and timely and what are the threshold to help the members feel more confident in the services that they receive. Considering the findings from the survey, DWIHN has several potential areas to pursue for improvement, including working with:</p> <ul style="list-style-type: none"> ○ 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. 		



Discussion	Assigned To	Deadline
Tania Greason suggested this group review 1 or 2 of the questions on the ECHO survey during each QISC meeting. The committee will receive questions prior to the next scheduled meeting to discuss barriers and improvement and what the providers organization has done to assist with these barriers.		
Action Items	Assigned To	Deadline
Tania and Margaret will create the questions and send them out to the committee. The committee will be tasked with meeting within their organizations for discussion. Information will be brought back to the QISC for further discussion.	QISC Committee Members	January 28, 2022

10) Item: PI# 2a Review – Tania Greason & April Siebert

Goal: Review of PI# 2a Provider 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 #

Decisions Made		
April Siebert and Tania Greason discussed with the committee the requirements for the Michigan Mission Based Performance Indicator (MMBPI) PI# 2a measure. PI# 2a measures <i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.</i> DWIHN is working with providers and DWIHN’s access center to increase the scores in this area. For Quarter 3, DWIHN scored 47% compliance which is lower than the state’s average of 68%. MDHHS has not set a standard for PI# 2a. Q3 MMBPI data will be submitted to MDHHS on September 30, 2021. DWIHN’s access center will refer members for services to providers within 24-48 hours of request, allowing for the provider to have enough time (14) days from the initial request to complete the biopsychosocial screening within 14 days. DWIHN’s re-engagement policy has been finalized and is posted on the website.		
April Siebert also stated DWIHN has reviewed and made required changes to the program logic (within MDHHS code book requirements). The access center is making changes to their procedures to capture when a member is consenting for treatment by ensuring the referrals get to the providers within 24-48 hours timeframe. DWIHN is also working to develop a provider appointment availability report with PCE this will allow the access center to see the number of open slots that are available for specific provider’s and improve the monitoring of reports to capture data in “real” time. DWIHN appreciates all of our provider network support and is aware of the staff shortages which continues to cause ongoing challenges.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
DWIHN QI team will continue to provide information and updates the QISC as needed regarding PI#2a.	QI Team	On-going



11) Item: MMBPI “View Only” Module – Justin Zeller & Tania Greason

Goal: Review the availability of the MMBPI “View Only” Module

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		
QI wanted to remind the committee that if requested through DWIHN’s IT Unit, providers have access to the MMBPI” view” only module. This module will allow providers to review their organizations performance indicators data prior to DWIHN submitting final data to MDHHS. Providers were informed to reach out to Tania and or Justin in DWIHN’s QI unit via email at tgreason@dwihn.org and jzellers@dwihn.org to gain access if they do not have access to the “view” only module to gain access.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Providers will review the “View Only” module and reach out to DWIHN’s QI unit to gain access as needed.	QISC (Providers)	January, 2022.

12) Item: HSAG (PMV) Review

Goal: Review of HSAG 2021 (PMV) Draft Report

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		
Tania Greason shared with the committee that DWIHN has received the draft copy of the HSAG (PMV) FY 2021 report. DWIHN is proud to announce that we have received a 100% compliance score in all areas with no plan of correction due. Tania thanked the providers for their assistance and continued efforts with working with the team to accomplish this great achievement. Once received, the final HSAG (PMV) report will be shared with the committee and posted on DWIHN’s website.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Final HSAG (PMV) report will be shared with the committee.	DWIGHN QI	January, 2022

New Business Next Meeting: Tuesday October 26, 2021 Via ZOOM Platform.

Adjournment: 12:011 pm

ah/10/07/2021



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:

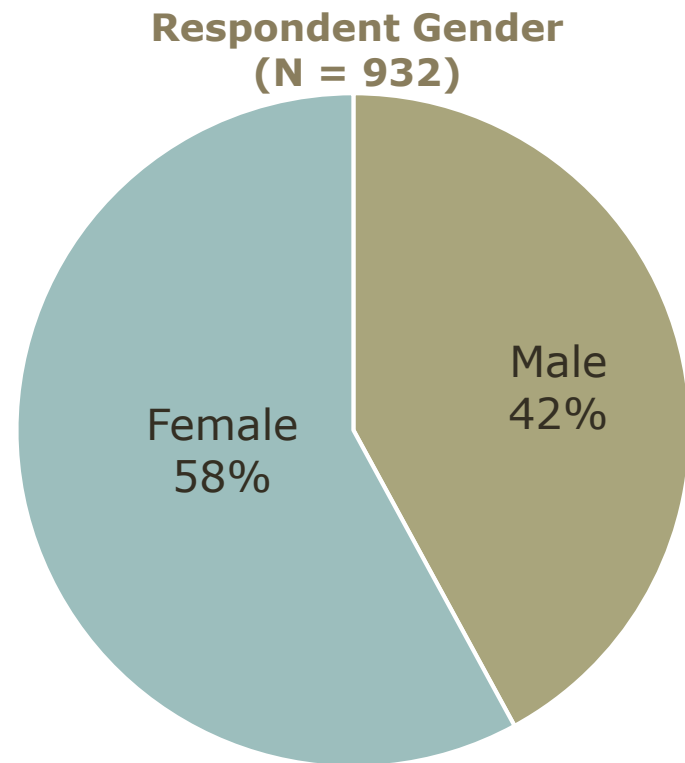
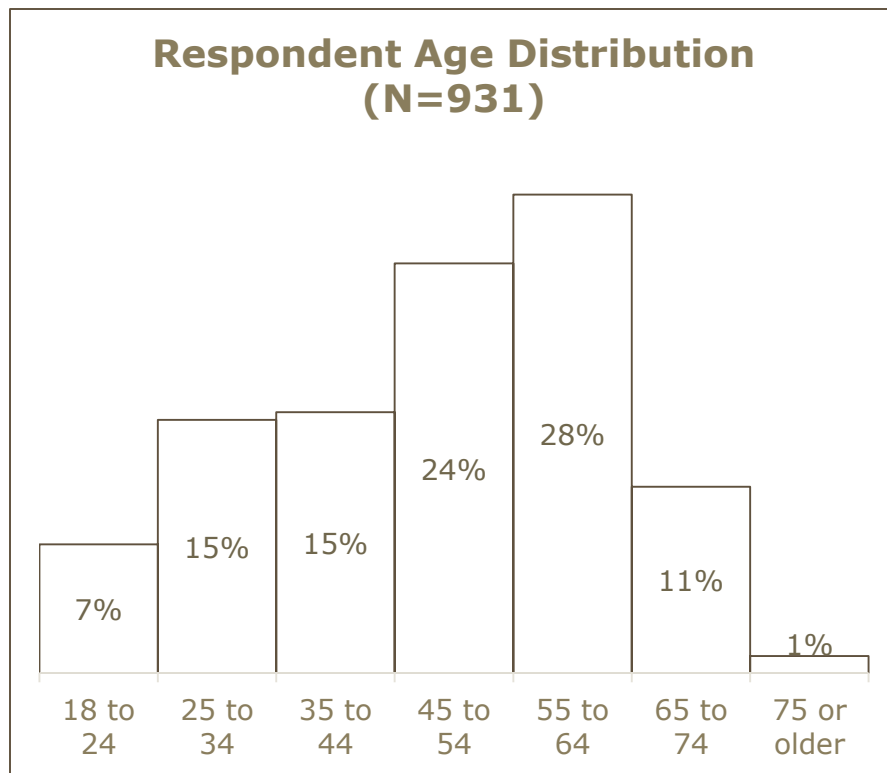
- More likely to be dual eligible for Medicare/Medicaid;
- More likely to have a primary disability designation of severe mental illness; and
- Less likely to have a guardian, compared to the sample.

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

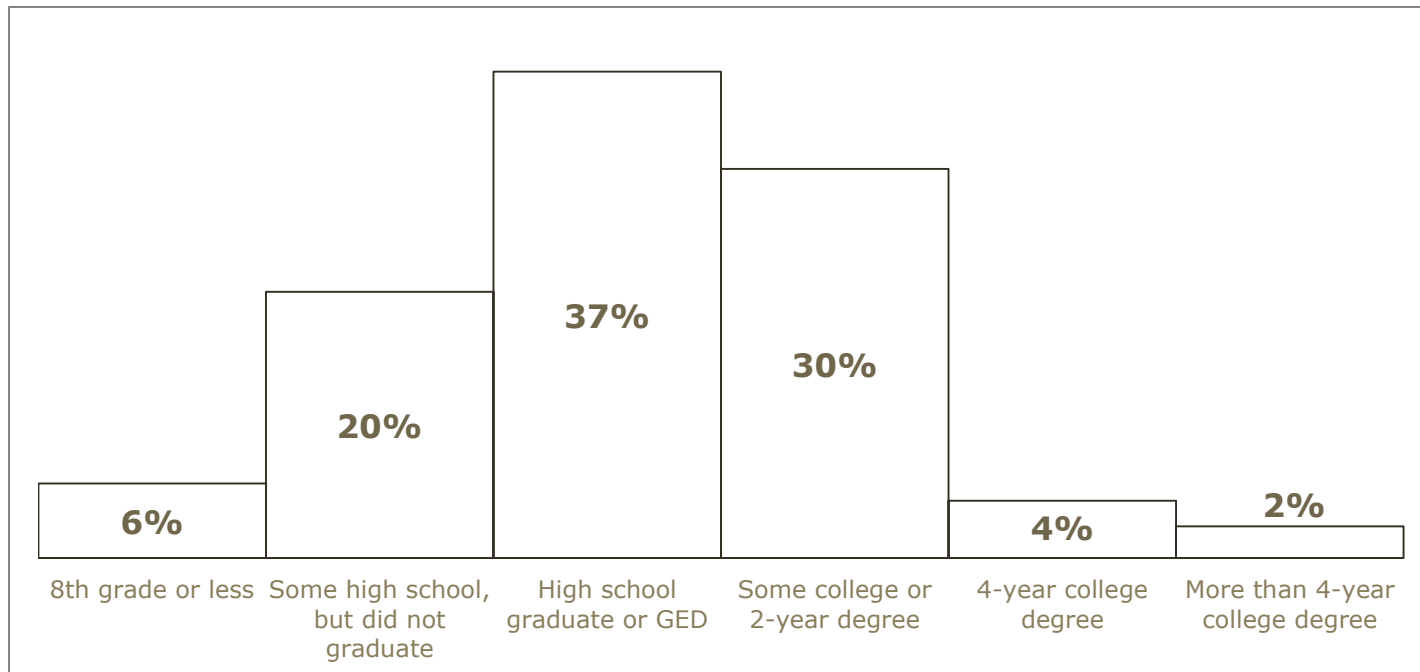
- Roughly half of respondents reported their ages to be between 45 and 64.
- Just under three-fifths of respondents identified as female.



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.

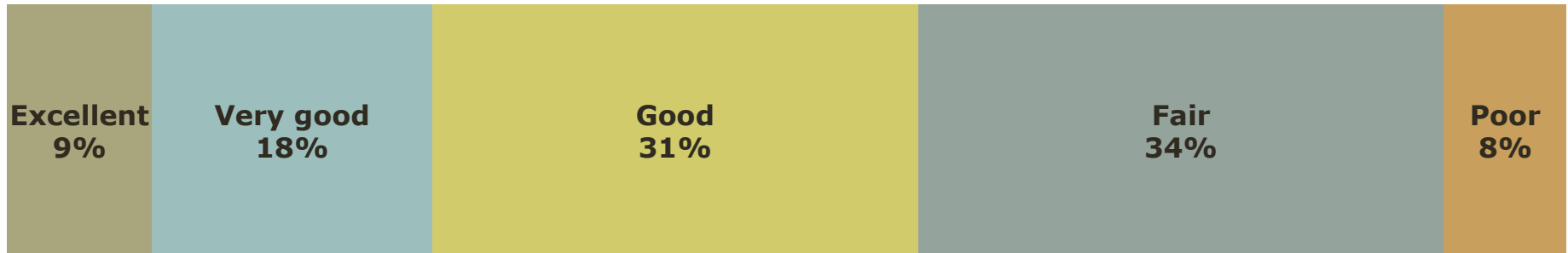
In general, how would you rate your overall mental health now?(N=731)



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>
	Office wait	<u>36%</u>
Single Item Measures	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

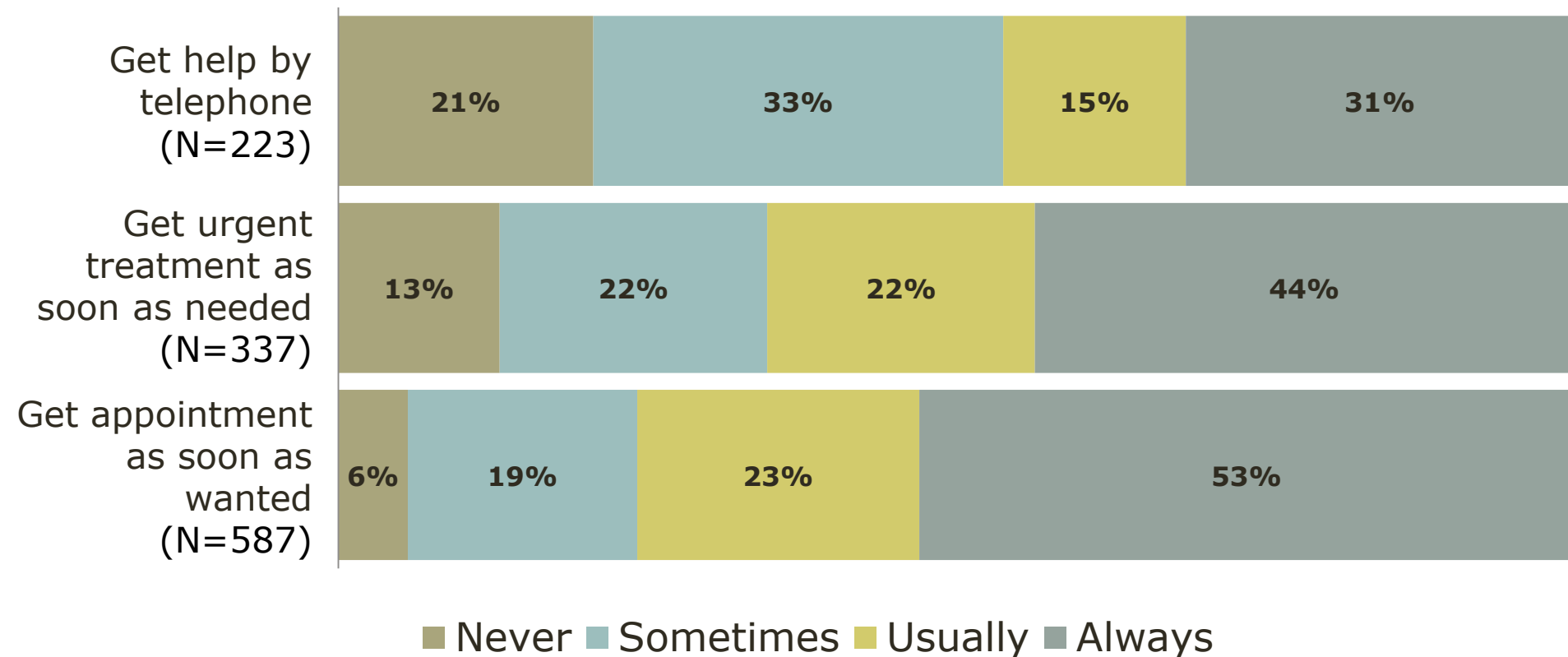
Getting treatment quickly: 43%

- 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

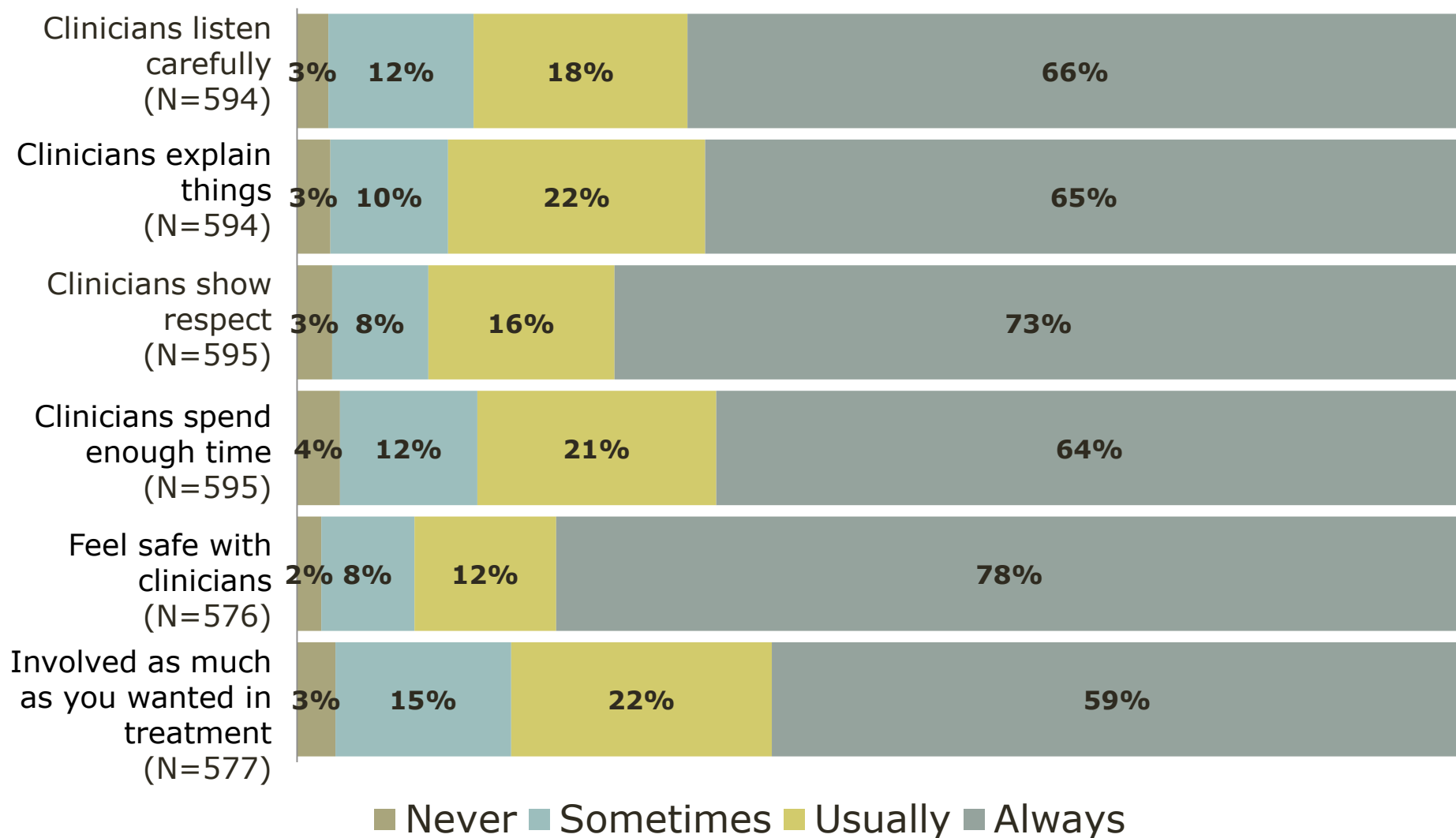
How Well Clinicians Communicate: 68%

- 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

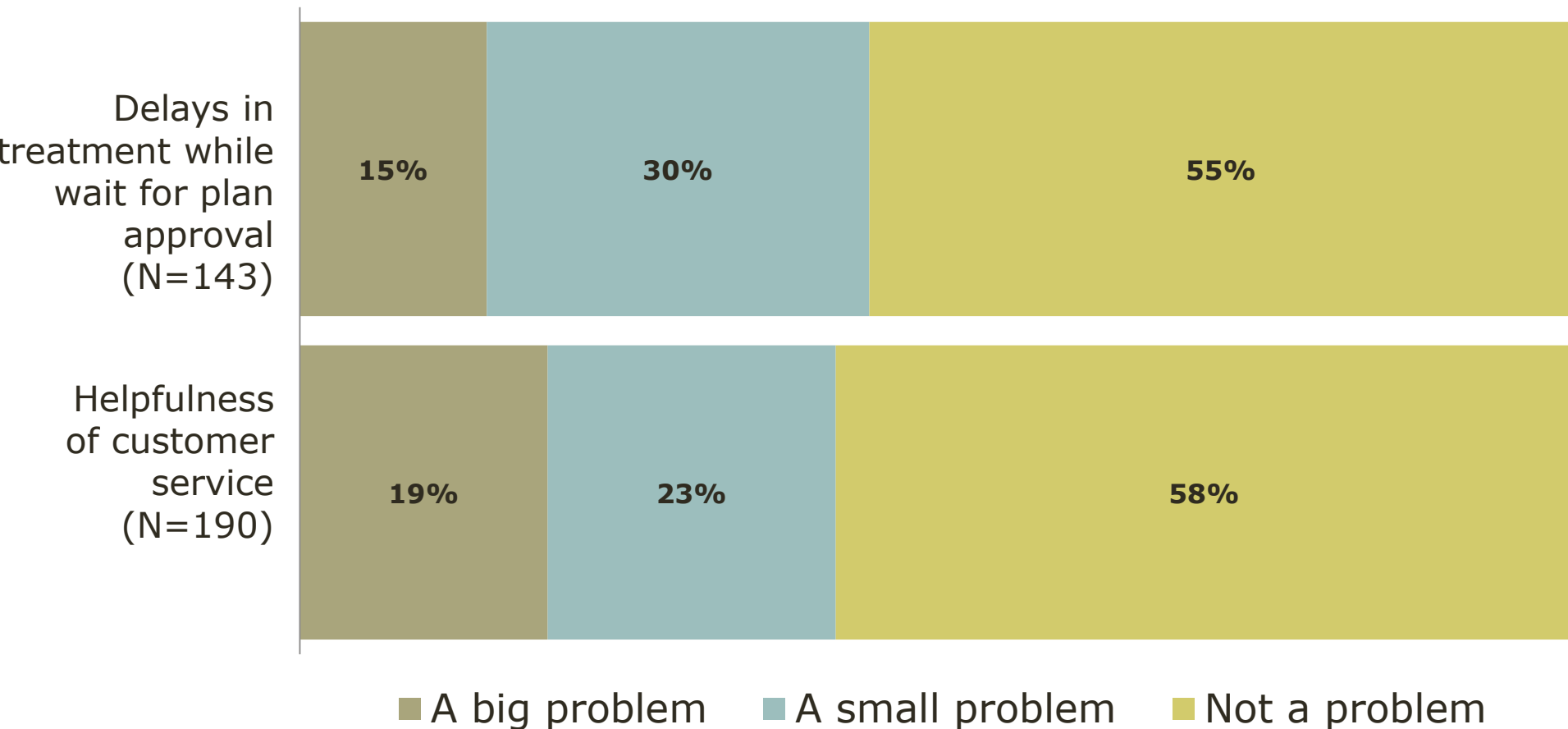
Getting Treatment and Information : 57%

- 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%

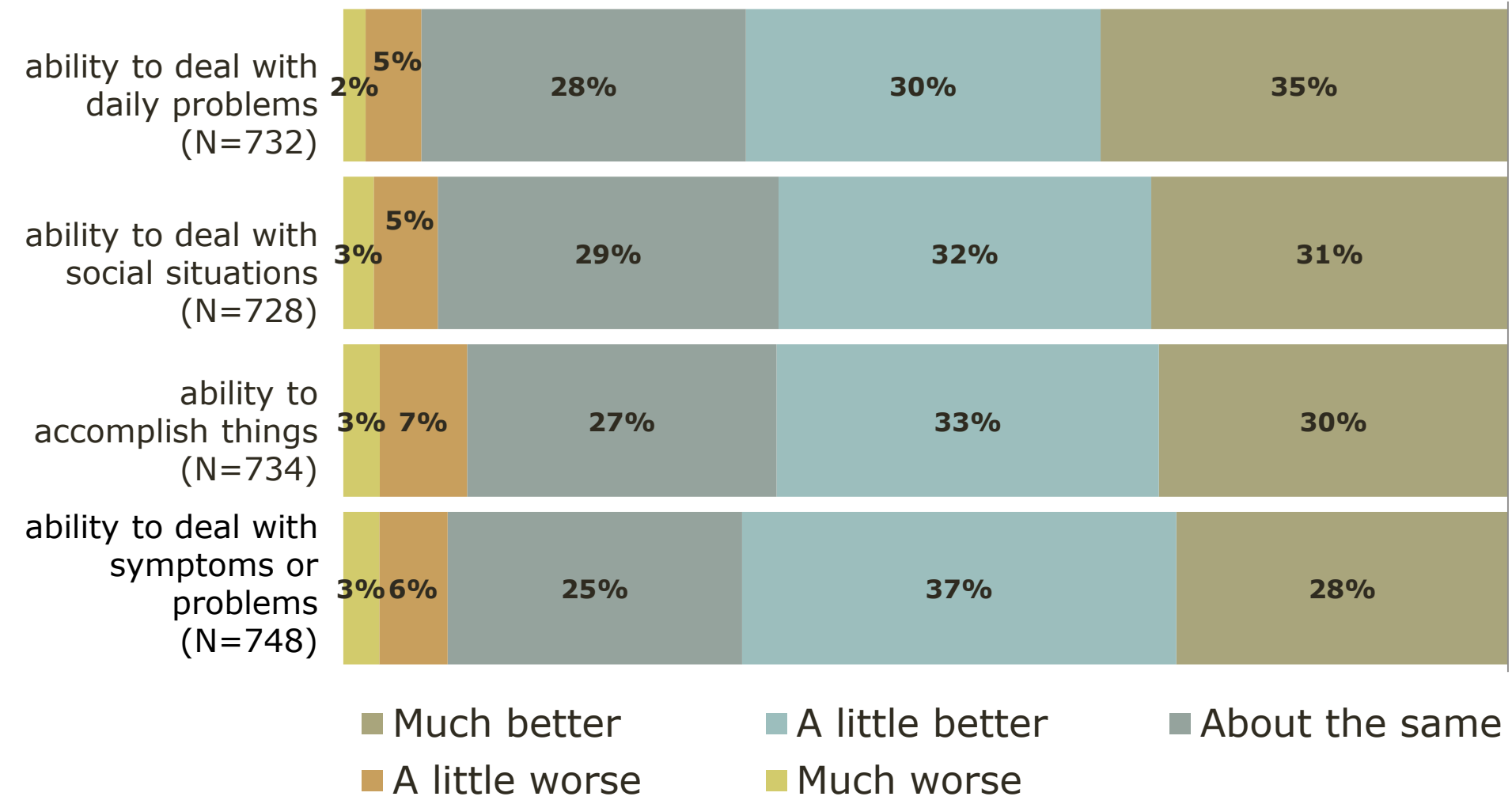
- This composite measure is based on these questions:

	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

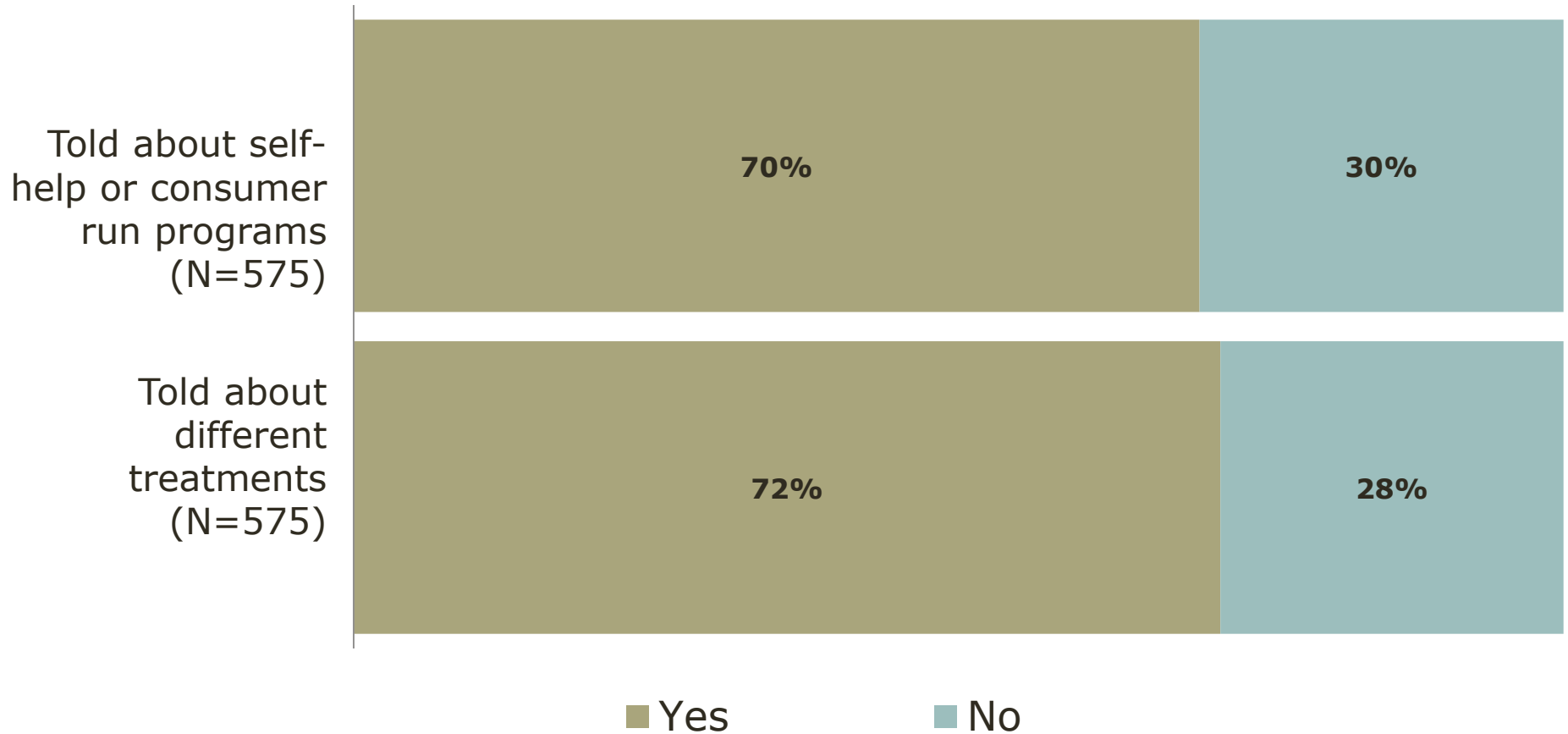
Information About Treatment Options: 71%

- 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

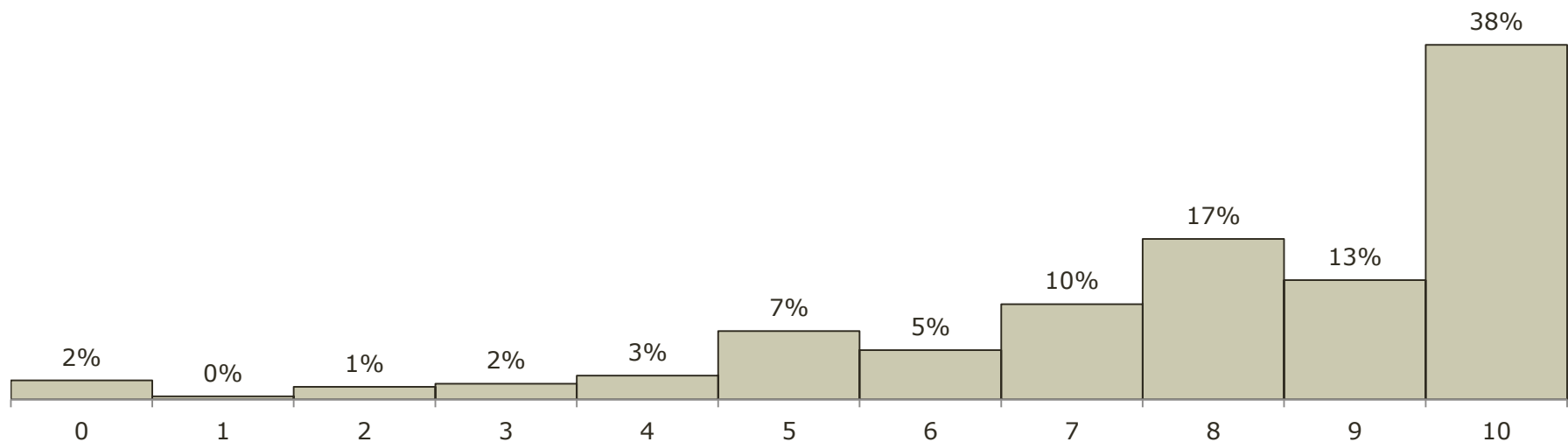


Measure: Global Rating - Treatment

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)

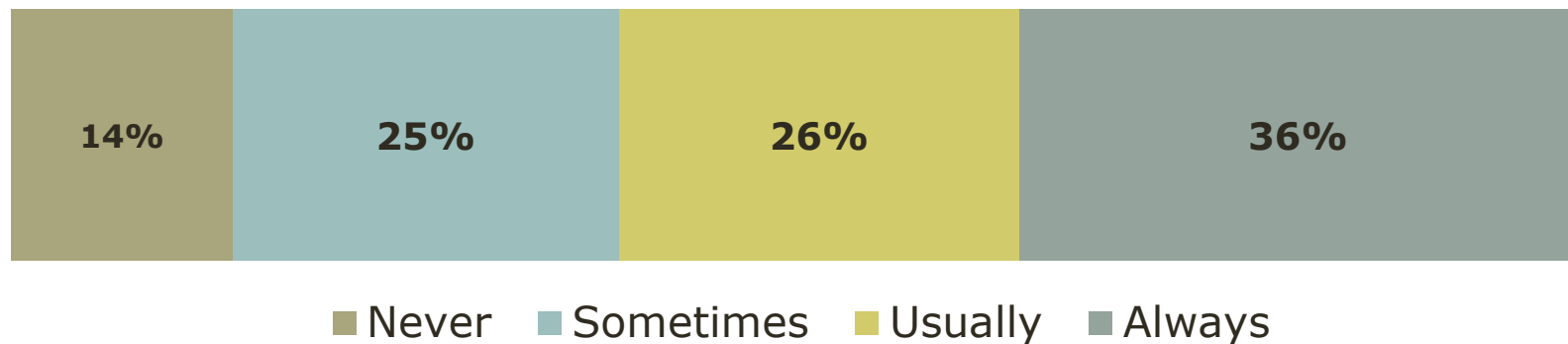


Measure: Office wait

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)

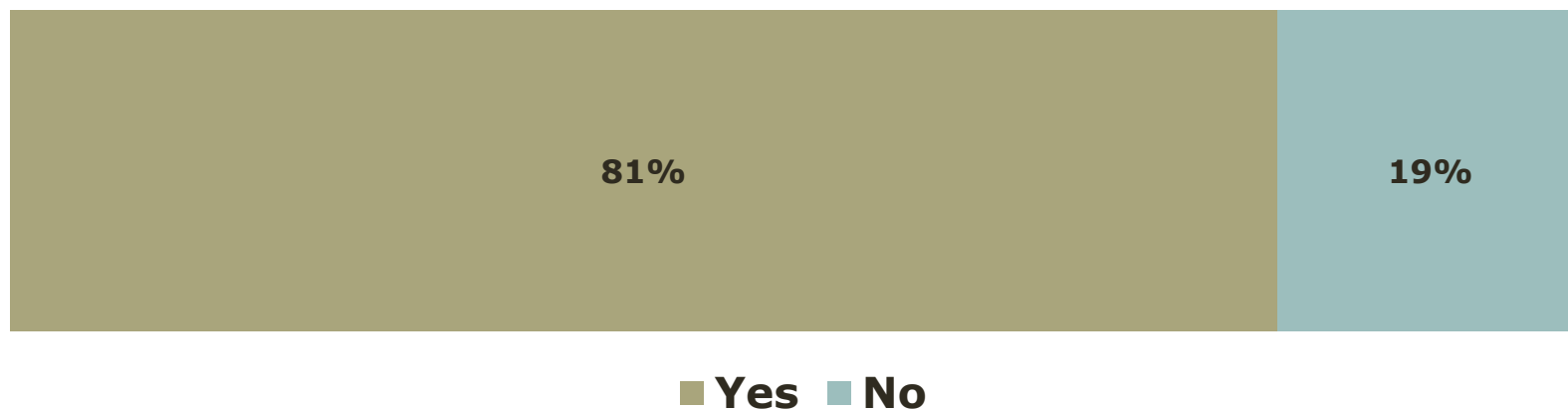


Measure: Information to manage condition

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)

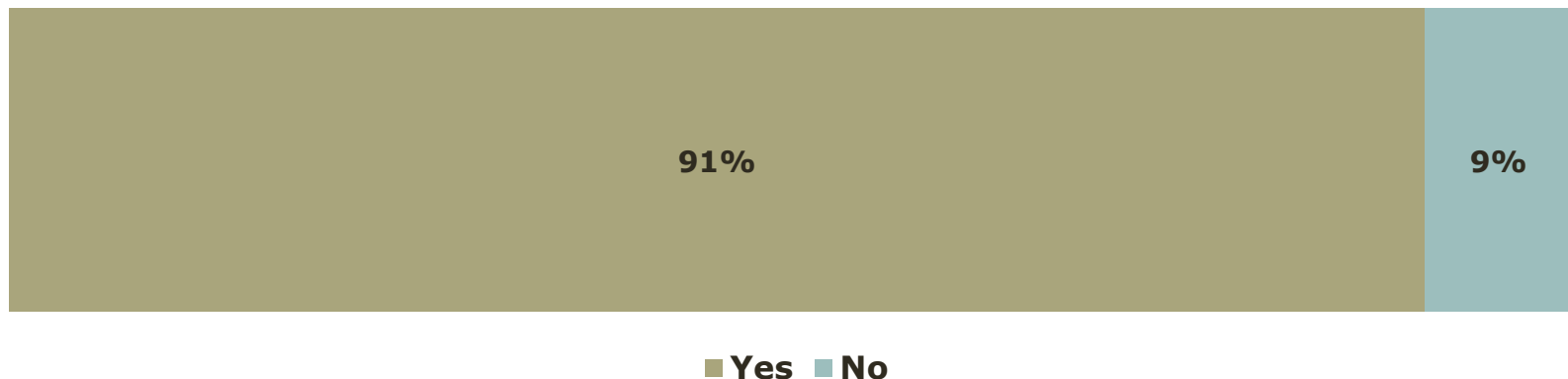


Measure: Patient rights information

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)

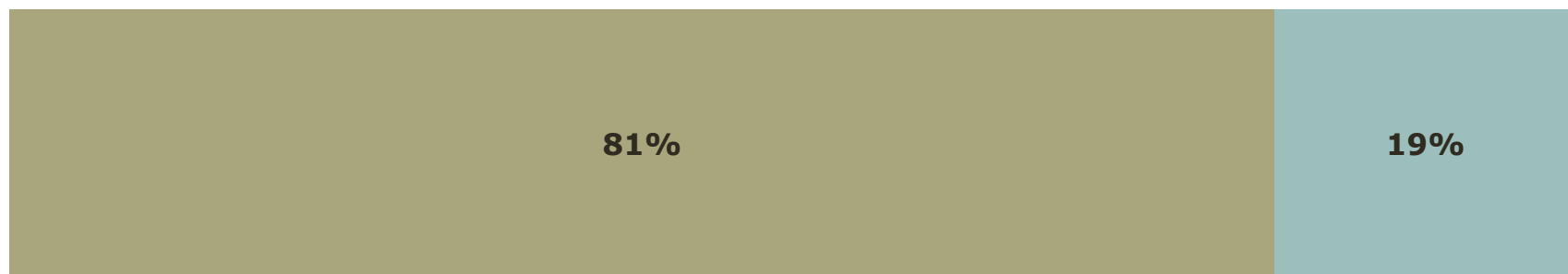


Measure: Patient feels he or she could refuse treatment

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)



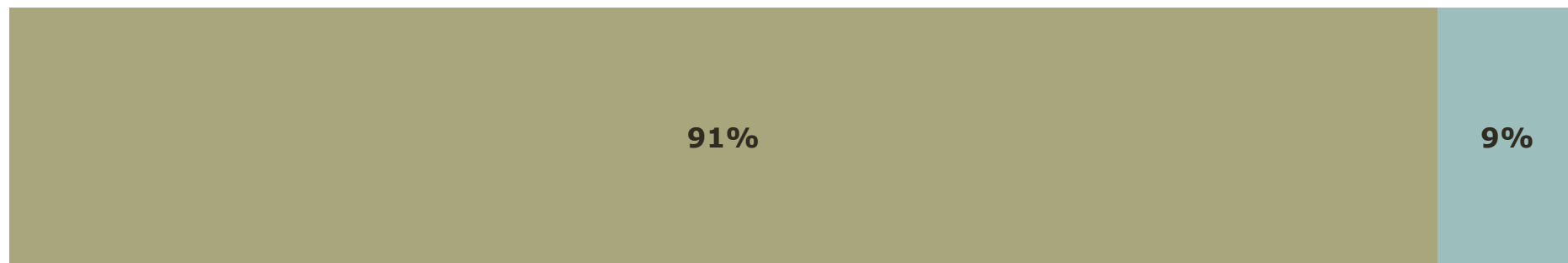
■ Yes ■ No

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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Alicia Oliver MSN, RN

Review of Quality Improvement Project: Improving Adherence to Antipsychotic Medications for Individuals with Schizophrenia

DWIHN is focused on this HEDIS measure as a means to identify members needing assistance with adherence to antipsychotic medication. Per the National Association for Behavioral Healthcare (NABH) fifty percent (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.

1. **Eligibility:** HEDIS Measurement-Adherence to antipsychotic medications for individuals with schizophrenia: 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.

Numerator-The number of members who achieved a proportion of days covered of at least 80 percent for their antipsychotic medications during the measurement year.

Denominator-Medicaid members 19 to 64 years of age as of December 31 of the measurement year with schizophrenia.

2. **Screening Method:** Data Collection: Programmed pull from claims/encounter files of all eligible members (pharmacy data)

Time Period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to goal
1/1/2019-12/31/2019	Remeasurement 4	2398	4510	53% 2019 HEDIS Aggregate Report for Michigan Medicaid 55.33%	70%	Below Decrease 16 percentage points
1/1/2020-12/31/2020	Remeasurement 5 Vital data	4163	5247	77.34% 2020 HEDIS Aggregate Report for Michigan 59.26%	70%	

3. Ongoing Interventions:

- Reinforce with the practitioners/providers the importance of a good clinician/ patient relationship in addressing the importance of disease management. Also addressing

member's fear of taking medication as well as the risks and benefits of taking the medication.

- Expectations discussed with practitioner/providers that they will assess enrollee/members financial status, insurance coverage during intake and apply for general fund money if medications are not covered or enrollee/member cannot afford co-pays.
- Share Medication Reconciliation tool with providers to ensure side effects addressed or feelings of stigma discussed. Also educate providers on how to discuss medication compliance without blame but instead setting expectations. Posted on DWIHN website.
- For patients without family or social support, connect them with community resources including peer support and/or Assertive Community Treatment (ACT) and/or Clubhouse.
- HEDIS measures run yearly and shared with providers to monitor outcomes of interventions and elicit feedback as to how interventions are working.
- Request that subsequent appointments be scheduled with the enrollee/member at each appointment and written out for enrollee/member.
- Provide education for Medicaid members on transportation assistance if needed.
- E-prescription reminder information added to DWIHN website under member tab, Case Managers asked to assist member in signing up for reminders.
- Company Med Drop contracted to deliver medication to members (provides medication education)

4. Measurable Interventions

- Population Health metrics (Vital Data)
- Detroit Wayne Integrated Health Network providers provided text messages and follow up telephone calls, to members that agreed to this method of communication. Clients were given medication reminders and refill reminders. 487 text messages sent, 3416 phone calls made.
- DWIHN has posted on their website under members, educational material, tools for medication adherence. DWIHN has listed several pharmacies that offer email and text reminders for refills of prescriptions.
- Jan.-Aug DWIHN website had 70,756 users, 68,587 new users, 118, 877 sessions and 268,256-page views. Thus, allowing for access to provider and member educational material and e-prescription membership.
- DWIHN assessment tracking shows 80% of biopsychosocial are current (DWIHN dashboard). The biopsychosocial addresses any gaps in care. Medication adherence is addressed on the biopsychosocial.

5. New Interventions

- Peer Health Coaches pilot program that assist clients with their health goals with a focus on medication adherence.
- Memo mailed to prescribers, DM and mult-imerication (address the importance of medication evaluation and education)

Recent Data

Time Period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to goal
1/1/2021-1/31/2021		281	292	96.23%		

Barriers

- Stigma of the disease, lack of follow up
- COVID (telehealth)



Alicia Oliver MSN, RN

Review of Quality Improvement Project: Improving Diabetes Monitoring for people with Schizophrenia and/or Bipolar Disorder

Monitoring individuals closely for side effects associated with psychotropics is crucial because heart disease and diabetes are among the top 10 leading causes of death in the United States (CDC)

1. **Eligibility:** Diabetes Screening for People with Schizophrenia and/or Bipolar Disorder measures the percentage of patients 18-64 years of age with schizophrenia and/or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening during the measurement year.

*Numerator-Those enrollee/members who had a FBS or HbA1c who have a diagnosis of schizophrenia or bipolar disorder dispensed an antipsychotic medication that had diabetes screening during the measurement year meeting the eligibility criteria for the measure.

*Denominator-All enrollee/members with a diagnosis of schizophrenia or bipolar disorder who have been dispensed an antipsychotic medication meeting the eligibility criteria for the measure.

2. **Screening Method:** Baseline labs, labs 12 weeks after treatment, and an annual assessment of a fasting blood sugar (FBS) or HbA1c.

Time period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to Goal and Statistical Significance
1/1/2019-12/31/2019	Re-measurement 3	2380	3094	76.92% 2019 HEDIS Aggregate Report for Michigan Medicaid 84.22%	85.00%	Below Decrease 4.52 percentage points
1/1/2020-12/31/2020	Re-measurement 4	4891	7597	64.38% 2020 HEDIS Aggregate Report for Michigan Medicaid 84.38% +0.16 percentage point increase	85%	

September 2021 year to date	Vital Data new measurement tool	943	3214	29.34%	83.2 Statically significant	
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3. Ongoing Interventions:

- Shared Hedis data with MCPN’s with request to share with contracted providers.
- Diabetes screening clinical guidelines presented to practitioners/providers/case manager
- Trained practitioner/providers/case manager on DWIHN self- management tool MyStrength and the MYStrength module on diabetes management, healthy eating and exercise.
- Clinical Guidelines and Quality Improvement project presented at Bi-monthly MCPN/DWIHN provider meeting.
- Client education to the importance of having labs drawn
- Text reminders to client regarding tests and appointments.
- Clinical Practice Guidelines posted on DWIHN website under clinical guidelines
- Monitoring for diabetes screening part of quality tool

4. New Interventions

Memo’s sent quarterly to prescribing providers that address importance of diabetic screening along with a list of their identified clients. Prescribing providers are asked to provide their plan of action addressing this medical matter within 2 weeks of receipt of the memo.

Integrated mobile unit that provides mental health and physical health services to our population. (Henry Ford and DWIHN)

5. Barriers

- The largest barrier continues to be the compliance of members to follow through on getting lab test despite education and follow up reminders.
- COVID

Michigan's Plan to Eliminate Hepatitis C

- Update providers and clients on Hepatitis C transmission and curative treatment
- Expand Hepatitis C testing to all adults, all pregnant women and anyone at risk
- Increase access to Hep C prevention through STD treatment, Substance use treatment and syringe service program.

HCV treatment for Medicaid enrollee as of April 1, 2021, Mavyret is the preferred Hepatitis C direct acting antiviral for Michigan Medicaid

- Any Medicaid enrolled prescriber can prescribe this medication with **no** prior approval required
- Medicaid patients requiring a different hepatitis C drug **will need** prior authorization, the PA does not include a specialist nor a sobriety requirement
- Documentation of patient sobriety no longer required
- Treatment guidelines on the MDHHS website

Information found on MDHHS website