



Quality Improvement Steering Committee (QISC)
Tuesday August 27, 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 July 2019 Minutes | T. Greason |
| IV. | Approval of August 2019 | Dr. B. Butler/Group |
| V. | Authority Updates | Dr. B. Butler |
| VI. | Behavior Treatment Advisory Committee (BTAC)
a) Quarterly Data Analysis Report (3 rd Quarter FY 2018-19)
b) Analysis of 911 Calls
c) Tracking of Critical/Sentinel Event Data | F. Nadeem |
| VII. | Need Assessment (Customer Service)
a) Review of noted recommendations
i. Review recommendations being addressed through DWMHA initiatives | M. Keyes-Howard |
| VIII. | Michigan Mission Based Performance Indicators (MMBPI)
a) HSAG – Performance Measurement Validation Review on | T. Greason |
| IX. | NCQA Updates | Gail Parker |
| X. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday August 27, 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:

Tania Greason, April Seibert, Cheryl Fregolle, Rotesa Baker, Gail Parker, Melissa Eldredge, Fareeha Nadeem, Allison Lowery, Sandra Ware, Dhannetta Brown, Michele Vasconcellos, Jessica Collins, and Margaret Keyes-Howard, John Carter.

Members Absent:

Barika Butler, Dana Lasenby, Starlit Smith, Kip Killer, Kimberly Flowers, Mignon Strong, Corine Mann, Nasr Doss, Andre Johnson, 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, Justin Zellar, Ann Akinfewa, Alicia Oliver, and Tina Forman.

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

1) Item: Welcome: Tania Greason

2) Item: Introduction: Group

3) Item: Approval of July 2019 Minutes: will be reviewed at next QISC in October 2019 with Dr. Butler present.

4) Item: Approval of August 2019 Agenda: Approved by the group.



5) Item: Authority Updates – Dr. Butler & Tania Greason

Goal: Provide update of DWMHA activities/initiatives

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		
DWMHA name will change to Detroit Wayne Integrated Health Network (DWIHN) effective October 1, 2019.		
The Research Advisory Committee (RAC) has been reconstituted and if anyone of would like to join the RAC please contact Gail Parker via email gparker@dwmha.com .		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Gail informed the committee that the Research Advisory Committee (RAC) will be included on the QISC agenda to discuss projects which was approved by other DWIHN committees.		

6) Item: Behavior Treatment Advisory Committee (BTAC) – Fareeha Nadeem

- a) Quarterly Data Analysis Report (3rd Quarter FY 2018-19)
- b) Analysis of 911 Calls
- c) Tracking of Critical/Sentinel Events Data

Goal: Review of BTAC Clinical Updates

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		
Fareeha Nadeem provided an overview and brief background of the BTAC which started in June of 2017. The BTAC consists of DWMHA network provider representatives and staff, including Psychologist, Psychiatrist, Office of Recipient Rights and members. Also, the BTAC is responsible for reviewing the Behavior Treatment Plan procedures and the evaluation of each assigned committee’s overall effectiveness and corrective action as necessary.		



<p>For additional information please review power point presentation “DWMHA Behavior Advisory Committee “for the following topics:</p> <ul style="list-style-type: none"> • Accomplishment of BTAC FY2017-18 • Functions of the DWMHA’s BTAC • Case Validation Review • The Data Analysis for Performance Monitoring • Total Behavior Treatment Plan Submitted • Plans Implementing Restrictive and Intrusive Interventions • 911 Calls/Critical Events • Use of Medication • Future Plans for the BTAC 		
Discussion	Assigned To	Deadline
<p>Provider Question: How come there was an increase for the intrusive interventions?</p> <p>Answer: DWMHA continues to review and assist members with weaning off of medication and review of intrusive interventions. All of the information regarding increase for intrusive interventions are submitted to the BTAC and MDHHS as required.</p>		
Action Items	Assigned To	Deadline
<p>Tania Greason informed the committee that the Critical and Sentential Events module has been reviewed and requests for updates have been submitted to IT for PCE follow up. Requests include adding a drop-down module identifying if a member is on a behavior treatment plan. Adding this feature will allow QI to compare data that is manually submitted from our provider network with data that is entered into the MH_WIN. Comparison will allow for more comprehensive reporting to MDHHS.</p> <p>BTAC report will be forwarded to Dr. Butler for review and approval (November 25, 2019)</p>	Tania Greason (QI)	November 25, 2019



7) Item: Needs Assessment – Margaret Keyes-Howard

A. Review of Noted Recommendations

i. Review recommendations being addressed through DWMHA initiatives

Goal: Review next steps for the Needs Assessment Summary

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 Keys informed the committee that during the previous QISC meetings there were a list of recommendations that were noted within the CS Needs Assessment Summary. Customer Service (CS) will continue surveying members to ensure satisfaction with these key surveys. Surveys will include the Echo survey (not complete CS is waiting for the final contract signing between Wayne State University and DWMHA) Both Adult and Children Echo surveys will be distributed in September and October of 2019. The purpose of the surveys is to ensure CS stay in compliance by ensuring the members survey is related to their satisfaction.</p> <p>Also, CS is starting to look at other evaluated materials that occurred with DWMHA members and ask the providers, when they are surveying member’s that the information comes back through DWMHA assigned committees.</p> <p>For additions information please review handout “The Identification of Priority Needs in Detroit Wayne County” on the following topics:</p> <ul style="list-style-type: none"> • Recommendation for highest priory needs • Treatment and Care • Increase Youth and Teen Services • Increase Access to Services • Increase SUD Services • Increase Need for Information and Education about Behavioral Health Services 		
Discussion	Assigned To	Deadline
<p>Margaret stated the next steps will include to review the Priority Needs that would be most beneficial to DWMHA. Information will be brought to the QISC committee for review and follow up.</p>		



Michelle recommended since that the committee review two services identified for each of the four identified categories.		
Action Items	Assigned To	Deadline
Next steps: <ol style="list-style-type: none"> I. Review the needs assessment recommendations because there are initiatives that DWMHA are currently working on. II. Decide as a committee the priority needs identified and approved. Dr. Butler to review the listing of recommendations for approval with the committee. 	QISC Committee/Dr. Butler	December 31, 2019

8) Item: Echo and Provider Survey Distribution – Margaret Keyes-Howard

Goal: Review the Echo and Provider Survey Distribution

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

NCQA Standard(s)/Element #: **QI# 6** CC# ___ UM # ___ CR # ___ RR # ___

Decisions Made	Assigned To	Deadline
<p>Margaret informed the committee that the Echo survey was distributed on July 25, 2019 to providers who were identified by their contractual agreement. The survey covers QI, UM Claims, ORR, MCO's and CS areas.</p> <p>Margaret also informed the committee that there will be a practitioner survey that will be distributed this fall. The survey will focus on providers relationships with they rank DWMHA relationship with CS, Well-placed, QI competency of the staff members and feedback on how DWMHA communicates.</p> <p>Only those practitioners who are licensed in DWMHA system will be able to participate in this survey and give feedback to DWMHA. CS is planning to distribute the survey by Thursday August 30, but no later than Tuesday September 3, 2019. All licensed (contracted practioners who do not receive the survey are to contact CS.</p> <p>Margaret also informed the group that the NCI survey will be distributed sometime in late October or early November 2019. Margaret will share information with committee once available. All survey information will be reviewed at the QISC to determine if PIP's or further interventions are required .</p>		
Discussion	Assigned To	Deadline
All information from the Echo, NCI and Provider Survey distribution will be forwarded to the committee to review of possible PIP's or required interventions.	Committee	December 31, 2019



Action Items	Assigned To	Deadline
Continue to monitor Survey's for member experience engagement.	CS	December 31, 2019

9) Item: Michigan Mission Based Performance Indicators (MMBPI) – Tania Greason

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>Tania Greason informed the committee that the HSAG (Performance Measurement Validation) review was completed on July 26, 2019. The final report of the review will be shared with the Committee. There were areas identified that DWMHA will continue to evaluate and monitor due to the Systems Transformation process. The review consisted of data for Quarter 1 FY 2018-2019.</p> <p>QI has developed an internal “Performance Indicator Validation Work Group” as well as an external work group to identify identified barriers and issues. The work groups will continue to meet and review areas cited. Areas cited will be brought back to the QISC for review and possible PIP’s interventions as applicable. Jacqueline Davis who is the Director of Crisis and Access Unit did meet with COPE for the adults at New Oakland, Children Center and the Guidance Center for Children and has work with the providers to make sure they are documenting Indicator # 1 (3-hour disposition) correctly. Also, it is requested that an additional section is allocated in MH-WIN allowing the children crisis screener to put a document or a note for any non-compliance issues, over the 3 hours disposition. Additional preliminary issues reported include:</p> <ul style="list-style-type: none"> • For PI #2 DWMHA received non-reported because the system was pulling and not using the requested date but was using the date to request a reschedule appointment. Furthermore, PCE has worked through that process and DWMHA data has been clean up. • For PI #3 service for intake Tania now have 14 days to get an ongoing service and what Tania found in the system is that the H0031 code for assessment is being counted as ongoing service so Tania had PCE to re-program the system so it would only pull for ongoing services. 		



Tania also informed the group that PCE has develop for DWMHA provider’s system a “view” only option allowing the providers to review their PI data in MH-WIN. This option will allow for the providers to review ongoing data at their organizations instead of waiting for QI to submit their data reports.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
I. Tania will send out an email on 9/20/2019 to let the providers now when they can review their own data in MH-WIN.	Tania Greason	October 1, 2019
II. Also, Tania will report data back to this committee for the 3 rd quarter PI’s data in October.		

10) Item: NCQA Updates – Gail Parker

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

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

Decisions Made		
Gail Parker informed the group that during the past months the departmental units at DWMHA has been uploading their documentation for the upcoming NCQA 2021 survey. This mock survey will allow for DWMHA to review and determine what our outcome would be if NCQA were to come to review us today. The QISC is one of the venues/committees in which a number of DWMHA activities has been brought through for NCQA requirements. Gail thanked the group for their input in those actives and helping DWMHA identify opportunities for improvement. Gail also stated that NCQA’s accreditation process is developed in order for us to demonstrate that we understand the quality improvement process which includes building a plan, working a plan and looking at what works or doesn’t works. We area also required to look for opportunities for improving and including our provider network with the accreditation process.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
DWMHA staff to continue to upload and prepare for the NCQA 2021 Review.	DWMHA Staff/Gail	February 2021.

New Business: Tuesday August 27, 2019, 4th Floor Conference Room 400 A & B.

Adjournment: 3:15 pm



ah/09.11.2019