



Quality Improvement Steering Committee (QISC)
Tuesday December 9, 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 Minutes November 25, 2010 | Team |
| | a. Minutes will be approved per the QISC members | |
| | b. Dr. Butler resigned effective December 9, 2019 | |
| IV. | Approval of December 2019 Agenda | Team |
| V. | Authority Updates | A. Siebert/T. Greason |
| VI. | Review of Committee Requirements/Commitment | A. Siebert |
| VII. | Need Assessment (Customer Services) | M. Hampton |
| | a) Review of noted recommendation | |
| | i. Supported family wrap around services its parents
Receiving services enroll children in holistic programming/care. | |
| VIII. | Performance Improvement Projects (PIP's) | A. Oliver |
| | a. Hepatitis A Vaccination – Follow up | |
| | b. Use of Multiple Antipsychotic Medications – Follow up | |
| IX. | Complex Case Management (CCM) Annual Report | P. Bourdaganis |
| X. | Research Advisory Committee | Dr. B. Butler |
| XI. | NCQA | G. Parker |
| XII. | Adjournment | |



Quality Improvement Steering Committee (QISC)

December 9, 2019

10:00 a.m. – 11:30 a.m.

Conference Room 400 A & B

Meeting Minutes

Note Taker: Aline Hedwood

Committee Chairs: Tania Greason, Provider Network QI Administrator

Member Present:

April Siebert, Tania Greason, Allison Lowery, Allison Smith, Dhannetta Brown, Gail Parker, Pamela Bourdganis, Michele Vasconcellos, Ortheia Ward, Rotesa Baker, Sandra Ware, Jennifer Smith, Kimberly Flowers and Latoya Garcia-Henry, J.C.

Members Absent:

Dana Lasenby, Starlit Smith, Eric Doeh, Alicia Oliver, Bernard Hooper, Carla Spight-Mackey, Fereeha Nadeem, Donna Coulter, Justin Zeller, Judy Davis, Mignon Strong, Nasr Doss, Robert Spruce, Tina Forman, June White, Andre Johnson, Angela Harris, Bill Hart, PhD., Donna Smith, Shirley Hirsch, Stacie Bowens, Dr. Sue Banks, Virdell Thomas, Jennifer Smith, Dr. B. Jones, Jessica Collins and John Carter.

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

1) Item: Welcome: Tania Greason

2) Item: Introduction: group

3) Item: Approval of November 25, 2019 minutes: Minutes were not approved by Dr. Butler, Dr. Butler resigned effective December 9, 2019. Minutes for November 25, 2019 and December 9, 2019 will be reviewed and approved per the QISC members on February 4, 2020.

4) Item: Approval of December 2019 Agenda: Group approved December 2019 Agenda



5) Item: Authority Updates – Tania Greason & April Siebert

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		
<ul style="list-style-type: none"> DWIHN Chief Medical Officer Dr. Barika Butler resigned effective December 9, 2019. DWIHN is in the process of interviewing and hiring a Chief Medical Officer to chair the QISC meetings. 		
Discussion		
	Assigned To	Deadline
Action Items		
	Assigned To	Deadline
Continue to interview and hire DWIHN’s Chief Medical Officer (CMO). The CMO will be a chair of the QISC meetings.	DWIHN Executive Team	January 31, 2020



6) Item: Review of QISC Requirments/Committee – April Siebert

Goal: Review of the QISC Requirements

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 prepared a PowerPoint in February of 2019 describing the purpose of the QISC meetings. The overview included the purpose of the Quality Improvement Steering Committee (QISC) meetings, QI plans with this committee, and QI goals and objectives.</p> <p>DWIHN has an organizational structure, which allows for a clear and appropriate administrative and evaluation of QAPIP. Tania informed the group that during the February 4, 2020 meeting, DWIHN reports, evaluations and feedback will be presented for approval and ongoing interventions and or required PIP's.</p> <p>The QISC is the decision-making body of the Quality Improvement Program and has the responsibility of the following:</p> <ol style="list-style-type: none"> a. Provide oversite to the QAPIP b. Provide recommendation and feedback on processes and improvement program planning implantation and program evaluation. c. Examine quantitative and qualitative advocated data to make recommendation for courses of action. <p>At the next meeting scheduled for February 2020, QI will present the QAPIP FY 2019 evaluation. The QAPIP is good for two years; however, QI must do an evaluation each year for the QAPIP to see identify areas and outcomes that require ongoing monitoring, improvements and possible PIP interventions. In addition, DWIHN want to ensure systemic communication and mechanism of procedures for use of adopting and communicating processes and outcome improvements. The evaluations from each required department will be reviewed and evaluated during the QISC meeting scheduled for February 2020. The QISC committee is comprised of stakeholders which include members served as well as DWIHN MI, SUD and IDD providers.</p>		



April stated to the group that their commitment to the QISC is very important because for DWIHN to move forward and in a positive direction, we will need stakeholder feedback and support in order to address areas that require continuous quality improvement interventions.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Per NCQA standards, the QISC must be chaired by DWIHN's CMO. Tania will send out confirmation of the February 4 th meeting to the QISC members once a CMO has been hired.	QI Unit	January 28, 2020

7) Item: Need Assessment (Children's Initiative) – Monica Hampton

a) **Review of noted recommendation**

i. **Support family wrap around services if parents receiving services enroll children in holistic programming/care.**

Goal: Review of Needs Assessment (Children Initiative)

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

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

Decisions Made		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Table until QISC February 4 th meeting.	M. Hampton (Children's Initiative)	February 2020.



8) Item: Performance Improvement Projects (PIP's) – Alicia Oliver

- a) **Hepatitis A Vaccination – follow up**
- b) **Use of Multiple Antipsychotic Medication – follow up**

Goal: Review and update status of PIPS's

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

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

Decisions Made		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Table until QISC February 4 th meeting	A. Oliver	February 2020



9) Item: Complex case Management (CCM) Annual Reports – Pamela Baurdganis

Goal: Review and approval of the CC Annual Report

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

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

Decisions Made		
<p>Pamela Baurdganis provided an overview of the IHC Complex Case Management (CCM) program description. The CCM program is for individuals who have multiple behavior health admissions and multiple medical admissions. The IHC department provides the opportunity for the member to become part of the CCM program, it is a voluntary program. The purpose of the program is to make connections and breakdown barriers that would not allow members to have reoccurring readmissions. The IHC department also assists the member with connecting with their primary care physician and encouraging the member to keep their medical appointments. In addition, the programs also connects the member with their Case Managers as well as community connection resources.</p> <p>For additional information please refer to handout “Integrated Health Care Initiatives Complex Case Management (CCM) Program Description” for the following:</p> <ul style="list-style-type: none"> • The ultimate goals of DWIHN’s CCM program • The Nine phases of CCM • Evidence use to develop the CCM program • Criteria for identifying members who are eligible for the program adults and children • Services offered • Technological tools used to identify members for CCM • Access to CCM • CCM process • Process for Outreach • DWIHN CCM assessment (and PHIP Care Coordinator) would assess and address (as applicable) the following with the member/enrollee: <ol style="list-style-type: none"> a) Members/members’ health status b) Clinical history including medications c) Activates of daily living 		



<p>d) Behavioral health status</p> <p>e) Social determinants of health (SDOH)</p> <ul style="list-style-type: none"> • Life Planning activates • Cultural and linguistic Needs • Visual and hearing Needs • Caregiver Resources • Available benefits • Intellectual/Developmental history • Diagnostic summary • Community Resources • Individual case management plan and goals • Identification of barriers • Referrals to available resources • Follow-up schedule • Development and communication of self-management plan • Assessing progress • Process for closing cases from CCM • Assessing the overall CCM program • References 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
The committee approved the CCM Annual Report. The report will be forwarded to PCC for review and approval on February 12, 2020.	IHC Unit	February 12, 2020



10) Item: NCQA Update – Gail Parker

Goal: NCQA update

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		
Gail informed the committee of the following NCQA tasks that have been completed: <ul style="list-style-type: none"> NCQA related policies are currently going through DWIHN’s approval flow process. DWIHN will present policies and procedures at the Quality Operations Technical Workgroup meetings and the MCO Providers meetings. Before the final approval of all DWIHN policies, providers will have the opportunity to give feedback on the DWIHN website. If you do not receive a notice from Policy Stat, please contact Allison Smith at asmith@dwihn.org. December of 2019 is when all required departments will complete their annual reviews to include in the annual QAPIP FY 2019 evaluation. The evaluations will be presented during the QISC meeting on February 4, 2020. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Present required evaluations for approval and required interventions at the next QISC meeting.	QI, UM, CS	February 4, 2020.

New Business Next Meeting: Tuesday February 4, 2019 4th Floor Conference Room 400 A & B.

Adjournment: 3:15 pm

ah/01/03/2020