



## Quality Improvement Steering Committee (QISC)

February 21, 2019

1:00 p.m. – 2:30 p.m.

Conference Room 400 A & B

### Agenda

- |       |  |                 |
|-------|--|-----------------|
| I.    | Welcome  | T. Greason      |
| II.   | Introductions  | T. Greason      |
| III.  | Approval of Agenda February 2019 Agenda  | T. Greason      |
| IV.   | Approval of Minutes January 2019   | Group           |
| V.    | Authority Updates  | Dr. B. Butler   |
| VI.   | QISC Meeting Purpose   | T. Greason      |
| VII.  | Provider Survey  | M. Keyes-Howard |
|       | a. FY 2017 – Analysis low compliance scores  |                 |
| VIII. | Performance Improvement Project(s)   | A. Oliver       |
|       | a. Improving adherence follow-up Appointments with a Mental Health Profession after Hospitalization for Mental Illness |                 |
| IX.   | QAPIP Work plan  | T. Greason      |
|       | a. Review FY 2018-19   |                 |
| X.    | Strategic Plan Update  | C. Mann         |
| XI.   | Adjournment  |                 |

**Quality Improvement Steering Committee (QISC)**

**February 21, 2019**

**1:00 p.m. – 2:30 p.m.**

**Conference Room 400 A & B**

**Meeting Minutes**

Note Taker: Aline Hedwood

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

**Member Present:**

Dr. Barika Butler, M.D., Tania Greason, April Siebert, Brad Klemm, Starlit Smith, Fareeha Nadeem, Gail Parker, Crystal Palmer, Rotesa Baker, Chery Fregolle, Allison Lowery, JC, Kip Kliber, Michele Vasconcellos, Migon Strong, and Sandra Ware.

**Members Absent:**

Dana Lasenby, Eric Doeh, Tina Forman, Allison Smith, Nakia Young, Sherri Ruza, Winifred Williamson, Dhanetta Brown, Karen Sumpter, Bernard Hooper, Lezlee Adkisson, Taquaryl Hunter, Steve Jamison, Natasha King, Melissa Elbridge, Jacquelyn Summerlin, Kimberly Flowers, Corine Mann, Nasr Doss, Andre Johnson, Angela Harris, Bill Hart, Dr. Sue Banks, Gray Herman, Hubert Hubel, M.D., Jim Kelley, Judy Davis, Michael Hunter, Ortheia Ward, Donna Coulter, Robert Spruce, Virdell Thomas, Dorian Reed, Latoya Garica-Henry and Sarina Oden

**Conference Call:** Lorrain Taylor-Muhammad

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

**1) Item: Welcome:** Tania Greason

**2) Item: Introductions –** Tania Greason

**3) Item: Approval of February 2019 Agenda**

**4.) Item: Minutes (January 2019) approved with noted revisions.**

**5) Authority Updates:**

- DWMHA Outreach Provider Meeting is scheduled for Thursday March 28, 2019 at Burton Manor.
- DWMHA Residential Provider Meeting scheduled on March 1, 2019 at Tabernacle Church.
- DWMHA PHQ-9 for Adolescence is now live in the system and the Authority is expecting everyone to use it when tracking.
- DWMHA Customer Services Provider meeting will be on Wednesday February 26, 2019 in the second floor training room from 2:00 p.m. – 4:00 p.m.
- Effective April 1, 2019 the Office Recipient Rights will start implementing contract sanctions for those folk attending recipient rights training more than 30 days of their hire dates.

**6) Item: QISC Meeting Purpose and Structure – Tania Greason**

**Goal: Review of QISC Structure and Purpose**

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

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

Decisions Made		
<p>Tania presented an overview of the QISC meeting goals and functions to the group. DWMHA quality improvement (QI) structure allows for clear and appropriate administration and evaluation of our QAPIP. The Quality Assessment and Performance Improvement Program (QAPIP) provides assurance that the DWMHA achievements are in alignment with healthcare reform, MDHHS and NCQA requirements. The QAPIP demonstrates to members, advocates, community organizations, health care providers and State policy makers that it has a distinct competency as a high performing, member-focused, quality-focused, and evidence-based efficient provider of mental health and substance use disorder services. The QISC is a decision making body meeting and we have the responsibility for providing oversight to the QAPIP, by providing recommendations for feedback on process improvement, program planning, implementation of program evaluation, quality advocate data and making recommendation for courses of action. The QISC is responsible for monitoring, planning, and implementing specific plans and response to recommendations identified by regulatory organizations. The QISC will ensure systemic communication and implementation of procedures for adopting communication outcomes and improvement. Provide leadership, practice improvement projects, and serve as a vehicle to communicate and coordinate quality improvement efforts throughout the QAPIP program structure. In addition the QISC will meet at least nine times out of the year, every 4<sup>th</sup> Tuesday of each month starting in April 2019.</p>		
Discussion	Assigned To	Deadline
<p><b>Question:</b> Dr. Butler asked how would information come to the QISC and is there a trigger for agenda items to be reviewed at these meeting, are there triggers that will provide recommendations for programs that are having an issue?</p> <p><b>Answer:</b> April Siebert stated there are certain areas though monitoring of deficiencies we will need to drill down and closely monitor to determine why we are not meeting that standard and this would be one of the reasons to bring it back to QISC for collaboration, feedback and review of interventions.</p> <p><b>Question:</b> Margaret Keys-Howard asked what mechanism pushes the PIP’s initiatives out for resolution.</p> <p><b>Answers:</b></p> <p>Tania Greason stated QISC will review PIP’s and programs for review and all PIP’s will be reviewed through the QISC and IPLT for review and approval.</p>		

April stated whatever outcomes, feedback, and recommendation QISC receives internally; QISC will report those recommendations back to PCC and IPLT.		
Action Items	Assigned To	Deadline
Dr. Butler suggested that at the next QISC meeting Tania bring the actual diagram of the DWMHA structure of the reporting meetings. Dr. Butler also suggested using the chart to better show by directional nature of the reporting.	Tania and April	4/23/2019

**7) Item: Customer Service (CS) ECHO Provider Survey FY 2017 – Margaret Keyes-Howard**

**Goal: Review of ECHO Provider Survey Findings**

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

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

Decisions Made		
<p>Margaret Keys-Howard provided an overview of the DWMHA Provider ECHO Survey for FY 2017. In 2017, CS distributed a massive provider satisfaction survey and actually sent it out to over 2000 people. In addition, CS looks at DWMHA Practitioners and Providers list through a listing of service providers. CS distributed the survey through Survey Monkey. CS received a little over 600 responses, which is less than a ¼ of the surveys distributed.</p> <p>In addition, CS submitted an executive level Provider Survey to approximately 400 contracted providers, for providers independently contracted with DWMHA as well had contracting with the MCPN’s during FY 2017. CS only received back approximately 70 responses. CS brought all three of these surveys to QISC with clear recommendations in 2017. CS requested that each DWMHA director include survey questions pertaining to NCQA, and HSAG. NCQA standards are driven from member experiences, which include UM, QI and CC sections. In addition, administration has decided to incorporate questions in the 2018 provider satisfaction survey related to the system transformation process.</p> <p>The survey went out electronically between the dates of November 12 -19, 2018 to 462 providers that had a linked email. In addition, there was a 94.16% email delivery rate, which means a little under 6% of people who CS submitted emails were not delivered and/or came back for some reason. Out of the 462 surveys, 152 surveys was completed which is about 35% response rate.</p>		

<p>Margaret stated the provider satisfaction survey has now been assigned to the MCO unit for FY 2018-19; however, CS will still be making recommendations and help with the facilitation of the provider survey moving forward. Margaret reported on the ECHO Survey to the QISC in December of 2017. Margaret recommend in the future for the QISC meetings or sub-committee meetings, we began to reconfigure and review past recommendations, CS unit made 20 recommendations from past QISC meetings.</p> <p>Margaret would like to recommend moving forward that we review our Surveys as it relates to other states and counties, by submitting to the Committee Advisory Health Plan (CAP) this process would allow us to review how we measure and compare to other organizations.</p>		
Discussion	Assigned To	Deadline
<p><b>Question:</b> Tania asked when the next Provider ECHO Survey (2019) be submitted.</p> <p><b>Answer:</b> Margaret informed the committee by the end of next week and the Children ECHO Survey should be rolled out late March 2019 and then for adults sometime this summer.</p>		
Action Items	Assigned To	Deadline
<p>Margaret suggested the group review the minutes of the previous QISC meetings regarding the low scoring on surveys and numerous recommendations that the CS unit made moving forward.</p>	Group	4.23.2019

**8) Item: PIP's Updates Hospitalization and Follow-up Appointments for Mental Illness – Alicia Oliver**

**Goal: Review of Hospitalization and Follow-up Appointments for Mental Illness**

**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 # \_\_\_

Decision Made	Assigned To	Deadline
<p>Alicia Oliver provided an overview of the HEDIS Measurement for hospitalization and follow-up appointments. Analysis include review of follow-up appointments after hospitalization for clients who are constantly going in and out of the hospital's emergency departments (ED) including how many clients are actually seen in the ED or admitted into the hospital on a daily bases. IHC unit pulls statistics every three days and found there are over 200 of our members that are newly admitted into the hospitals daily. The IHC unit completed an analysis for FY 2017 noting the 7 days follow-up appointments rates of 38.11% our goal is 45%. For follow-up appointments within 30 days, DWMHA received a 66.02% rate our goal is 75%. Alicia also noted that according to the CMT data for FY 18, DWMHA received a compliance score 56.6% for 7 day follow -up and 31% for the 30 day follow -up indicators.</p>		

<p>For additional information please review handout “Improving the Attendance at Follow up Appointments with a “Mental Health Professional after Hospitalization for Mental Illness” on:</p> <p><b>Measure</b></p> <ul style="list-style-type: none"> <li>a) HEDIS Measurement</li> <li>b) Two Rate are reported</li> </ul> <p><b>Why is Matter</b></p> <ul style="list-style-type: none"> <li>1) Results</li> <li>2) Follow-up within 7 days of ED visit</li> <li>3) Follow- up within 30 days of ED visit</li> </ul>		
<b>Discussion</b>		
<p><b>Question:</b> Dr. Butler asked how are we tying the ED visits into the hospitalizations and are these ED visits for a specified behavior health reason.</p> <p><b>Answer:</b> Alicia stated they are not tying them both together and it is for psychiatric reason and not for physical health reasons.</p>		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Continue to monitor indicator and PIP progress /interventions	Alicia Oliver	On Going

9) Item: QAPIP Work Plan – Tania Greason

Goal: Review of QAPIP Work Plan

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>Tania informed the committee members that the Quality Improvement (QI) unit is revising the QAPIP Work Plan to include specific interventions and required timelines. Tania has submitted information to each unit regarding the QAPIP and our requirement measurements for FY 2018-2019. There were low scores identified for Goal I – Customer Service (Assure Active member Engagement/Satisfaction), DWMHA overall score for this section was 48%.</p> <p>Tania asked the group how are we going to improve the scores for the Customer Service section as noted above. QI provided an overview of the work plan to the DWMHA PCC meeting in February of 2019. It was recommended that information including the 2018-2019 work plan detail interventions and barriers for each identified goal. The revised work plan will be submitted to PCC on March 15<sup>th</sup>.</p> <p>April stated once the work plan is complete it will be addendum to our QAPIP Program Description.</p>		
Discussion	Assigned To	Deadline
<p><b>Question:</b> Margaret inquired how we would report recommendations to this committee going forward. Due to the length of each PIP or standard presented, it may be over a fifteen-minute presentation.</p> <p><b>Answer:</b> Tania stated we would scale down the agenda, with one – two agenda topics at a time. We will also send out minutes prior to the meeting.</p>		
Action Items	Assigned To	Deadline
2018-2019 QI Work Plan Review - PCC Meeting	April Siebert/QI	March 15,2019

**10) Item: Strategic Plan Update – Corine Mann**

**Goal: Strategic Plan Update**

**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				
Tabled until next QISC meeting				
Action Items			Assigned To	Deadline
None				

**New Business:** None

**Next Meeting:** Friday March 29, 2019, 4th Floor Conference Room 400 A & B.

**Adjournment:** 3:20 pm

ah 03.28.2019