



Quality Improvement Steering Committee (QISC)
Tuesday July 23, 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 May & June 2019 Minutes | T. Greason |
| IV. | Approval of July 2019 Agenda | |
| V. | Authority Updates | Dr. B. Butler |
| VI. | Michigan Mission Based Performance Indicators (MMBPI) | T. Greason |
| | a) Quarter 2 | |
| | i. Analysis and noted areas of improvement | |
| VII. | Performance Improvement Project (PIP) | Alicia Oliver |
| | a. Improving Diabetes Screening for people with Schizophrenia or Bipolar Disorder | |
| | i. Review of interventions | |
| | ii. Review of evaluation for interventions | |
| VIII. | Need Assessment (Customer Services) | T. Greason/M. Keyes-Howard |
| | a) Review of noted recommendation | |
| | i. Review recommendation addressed through DWMHA initiatives | |
| IX. | NCQA Updates | Gail Parker |
| X. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday July 23, 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:

Dr. Barika Bulter, Tania Greason, Cheryl Fregolle, Rotesa Baker, Sandra Ware, Gail Parker, Melissa Eldredge, Fareeha Nadeem, Alicia Oliver, Allison Lowery, Sandra Ware, Gail Parker, John Carter and Tina Forman.

Members Absent:

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

Staff Present: Tania Greason, Fareeha Nadeem, and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: group

3) Item: Approval of May & June 2019 Minutes: May and June 2019 Minutes approved by Dr. Butler and group with corrections.

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



5) Item: Authority Updates – Fareeha Nadeem & 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		
<ul style="list-style-type: none"> Fareeha Nadeem informed the committee that there is a MDHHS Behavior Treatment Plan Training Day scheduled for August 8, 2019 from 9:00 am – 4:30 pm at DWMHA. The last day for registration is August 5th, if you have any questions please contact Fareeha Nadeem via email fnadeem@dwmha.com. 		
<ul style="list-style-type: none"> Tania Greason stated that Effective July 1, 2019 CLS will no longer be contracted as a MCPN with DWMHA, all services have been transferred to DWMHA for management with the exception of self-determination. CLS (MCPN) will continue to manage self-determination services to our members served. CLS will continue to provide services as outlined per their contract as provider. 		
<ul style="list-style-type: none"> Tania Greason informed the committee that HSAG reviewers will complete an on-site review Performance Measurement Validation (PMV) review on July 26, 2019. HSAG will complete an on-site review on September 9, 2019 Compliance Review. 		
Discussion		
	Assigned To	Deadline
Action Items		
	Assigned To	Deadline
None Required		



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

a) 2nd Quarter Review of MMBPI data

Goal: Review of MMBPI Indicator 2 data

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 2nd Quarter MMBPI data has been submitted to MDHHS on June 28, 2019. Tania provided an overview of the findings, DWMHA always reports out 90 - days after the end of the quarter, due to the 90-day claim lag. Quarter 2 data covers January, February, and March 2019.</p> <p>For additional information please review PowerPoint presentation “DWMHA – PHIP Performance Indicators FY 2018-19 2nd Quarter” for analysis and noted areas of improvement on Performance Indicators (PI’s) standards and overall scores on the following PI’s:</p> <ul style="list-style-type: none"> • PI # 1- The percent of all adults and children receiving a preadmission screening for psychiatric inpatient care for whom the disposition was completed within three hours (94.83) Standard 95% • PI #2 The percent of persons receiving initial assessment with 14 days of first request (97.84%) Standard 95% • PI # 3 The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional (95.30%) Standard 95% • PI #4(a) The percent of discharges from a psychiatric inpatient unit who are seen for follow up care within seven days. (88.34%) Standard 95% <ul style="list-style-type: none"> ○ Indicator 4 (a) has increased from 56.2 %from Quarter 1 to 88.3% Quarter 2. Noted increase is due to the Provider Indicator Workgroup and working with PCE programming to include exceptions. • PI #4(b) The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days. <ul style="list-style-type: none"> ○ Indicator 4 (b) has increased from 78.9% to 91.4%. Noted Increase is due to the Provider Indicator Workgroup and working with PCE programming to include exceptions. 		



<ul style="list-style-type: none"> PI #10 The percent of MI and DD Children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge (16.57%) Standard 15% or less <p>Next continued steps</p> <p>In addition, Tania has created a monthly Provider Performance Indicator Workgroup. The workgroup is scheduled to meet every other month. The next meeting is scheduled for Wednesday August 21, 2019 if you will like to attend please, let Tania or Aline know via email tgreason@dwmha.com or ahedwood@dwmha.com.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>Dr. Butler recommended that the committee continue to monitor MMBPI data and report findings to the QISC and appropriate DWMHA committees as outlined in the QAPIP. Indicator 4a and 4b will continually be monitored to report any significant changes noted for Quarter 3 reported by October 2019.</p>		October 22, 2019

- 7) Item: Performance Improvement Project (PIP) - Alicia Oliver**
- A. Improving Diabetes Screening for people with Schizophrenia or Bipolar Disorder**
 - i. Review of interventions
 - ii. Review of evaluation for interventions

Goal: Review and update

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

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

Decisions Made		
<p>Alicia Olivier provided an overview of QAPIPs Improving Diabetes monitoring of people with Schizophrenia and/or Bipolar Disorder presented to IPLT committee in September 2018. For additional information please review Alicia handout for discussion on:</p> <ul style="list-style-type: none"> Eligibility Screening Method Interventions 		



<ul style="list-style-type: none"> • Impact to improvement • What are the largest barrier? 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. Butler informed that the committee that Information and analysis for FY 19 will be provided to the QISC after review from the IPLT committee scheduled for September 2019.	Alicia Oliver	9/24/2019

8) Item: Needs Assessment – Tania Greason

Goal: Review of recommendations from the Needs Assessment CS Report

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>Tania Greason reviewed the Identification of Priority Needs in Detroit Wayne County (Customer Services Needs Assessment) presented by Margaret Keys-Howard during the June 2019 QISC meeting. The Customer Services Needs Assessment in June demonstrated and identified “The Priority Needs in Detroit Wayne County”. The report also identified and noted areas with recommendations for highest priority needs of our members served.</p> <p>Tania went through each of the areas and discussed the identified areas that DWMHA is currently working on for the identified initiatives. At the next QISC meeting, scheduled for August, 2019 or no later than September 24, 2019, when Margaret is available, the group can go through each area and make recommendations on: a) if the group would like to bring them back as PIP’s, QAPIP or b) what DWMHA will need to do for each of those areas. Then Tania will bring back the subject matter experts (SME) for the areas to review with the group and determine if the recommendations are being completed as outlined in the report. In addition, Tania created a spreadsheet that identifies each of the recommended areas that DWMHA has currently begun to review.</p>		
Discussion	Assigned To	Deadline
In collaborative effort amongst a multi-disciplined team of professionals the 2018 Needs Assessment Survey will be discussed, dissecting and presented to the Quality Improvement Steering Committee for recommendations, from this the report will be vetted for establishment of Process Improvement Plans, additionally be reviewed by the DWMHA Program and Compliance Committee for recommendations	Tania Greason/Committee	September 24, 2019
	Assigned To	Deadline



Action Items		
Dr. Butler agreed to send via email to the QISC committee the Identification of Priority Needs in Detroit Wayne County (Needs Assessment Report) 2018 along with the spreadsheet identifying areas for recommendations of the highest priority needs for the members we serve.	Tania Greason/Committee	September 24, 2019

9) Item: NCQA Updates – Tania Greason

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 committee of the following: <ul style="list-style-type: none"> • NCQA Progress Tracking Huddle for NCQA Standard is Tuesday August 27, 2019 • DWMHA will have our recertification survey in February of 2021. • NCQA look back period is 24 months which means as of last February 2019 is when the Authority processes has started period • Gail has been working with DWMHA staff to ensure that all required documentation is reviewed and uploaded in the 2018 NCQA file folder located on the S: Drive 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Continue to provide monthly updates to the QISC		

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

Adjournment: 3:15 pm

ah/08.12.2019