



Quality Improvement Steering Committee (QISC)
Tuesday June 25, 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 2019 Minutes | T. Greason |
| IV. | Approval of June 2019 Agenda | |
| V. | Authority Updates | Dr. B. Butler |
| VI. | Review of Agenda Topics Presented (May 2019) | Tania Greason |
| | a) Needs Assessment (Quality Improvement) | |
| | b) PIHP Quarter 1 | |
| | c) PIP Improving Control of Blood Pressure in Enrollee/Member | |
| VII. | Behavior Treatment Advisory Committee (BTAC) | Fareeha Nadeem |
| | a. Quarterly Data Analysis Report (2 nd Quarter FY 2018-19) | |
| VIII. | NCQA Updates | Gail Parker |
| IX. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday June 25, 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, Michele Vasconcellos, Chery Fregolle, Rotesa Baker, Sandra Ware, Gail Parker, Jessica Collins, Melissa Eldredge, Maragaret Keyes-Howard, Fareeha Nadeem, Sandar Ware, and John Carter.

Members Absent:

Dana Lasenby, Starlit Smith, Kip Killer, Kimberly Flowers, Mignon Strong, Corine Mann, Nasr Doss, Tina Forman, 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, Fareeha Nadeem, Justin Zellar and Ann Akinfewa, April Siebert

Conference Call: Dr. Barika Butler and Allison Lowery

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

1) Item: Welcome: Tania Greason

2) Item: Approval of May 2019 Minutes: Approved by the group and Dr. Butler

3) Item: Approval of June 2019 Agenda: Approved by the group and Dr. Butler



4) Item: Authority Updates – Dr. Barika Butler

Goal: June Update for Authority

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		
The CLS MCPN transition completion date is June 30 th . CLS services with the exception of members that are receiving Self Determination services will served through DWMHA. However, CLS will continue working with DWMHA as a contracted provider.		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None		

5) Item: Review of Agenda Topics Presented in May 2019 – Tania Greason

Goal: Review and approval of agenda topics for May 2019 (Dr. Butler Approval)

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>a) Needs Assessment (Quality Improvement): Dr. Butler reviewed the Needs Assessment overview presented during the May 2019 QISC. Dr. Butler had no additional comments to report to the committee.</p> <p>b) Michigan Mission Based Performance Indicator (MMBPI) PIHP Quarter 1 Data: Dr. Butler reviewed the MMBPI Indicator Data for Quarter 1 (PIHP). Information was presented during the May 2019 QISC. Dr. Butler discussed next steps with the committee which includes QI to continue to monitor areas that have not met the required standard and includes the continued Performance Indicator Workgroup, submitting monthly reports to providers for cases that are not in compliance and scheduled meetings and trainings with PCE for review of the Performance Indicator (PI) reporting module.</p>		



<p>c) PIP Improving Control of Blood Pressure in Enrollee/Member: Alicia Oliver provided an overview of the Performance Improvement Project (PIP) Improving Control of Blood Pressure in Enrollee/Member shared by Harbor Healthcare and Detroit Wayne Mental Health Authority (DWMHA) during the May 2019 QISC meeting. The recommendations are to sunset the Hypertension PIP and replace it with the Hepatitis A PIP. Dr. Butler believe that sun setting this PIP is appropriate and the next steps should be figuring out how DWMHA should farther use its findings across DWMHA network.</p>		
Discussion	Assigned To	Deadline
The recommendations are to sunset the Hypertension PIP and replace it with the Hepatitis A PIP.		
Action Items	Assigned To	Deadline
Sunset PIP Improving Control of Blood Pressure in Enrollee/Member	IHC	6-25-2019

6) Item: BTAC Quarterly Data Analysis 2nd Quarter Report FY 2018-19 – Fareeha Nadeem

Goal: Review of the BTAC Quarterly Data Analysis

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

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

Decisions Made		
<p>Fareeha Nadeem provided an overview of the Behavior Treatment Advisory Committee (BTAC) 2nd Quarterly Data Analysis Quarter 2. The BTAC started in June of 2017 and is comprised of Detroit Wayne Mental Health Authority (DWMHA) Provider Network representatives, DWMHA staff, including Psychologist, Psychiatrist, Office of Recipient Rights and members served. The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluate each committee’s overall effectiveness and corrective action as necessary.</p> <p>Accomplishments for the BTAC include DWMHA being in full compliance on Behavior Treatments Plan Reviews based upon the findings of The Michigan Department of Health and Human Services (MDHHS) follow-up site review on DWMHA in October 2018. Expedited Plan Review Process was developed and incorporated into DWMHA Policy. MDHHS conducted its first training on Technical Guidelines for DWMHA Behavior Treatment Policy and Procedures for network providers. Similarly, for the first time DWMHA started submitting quarterly data analysis reports on Behavior Treatment Plans reviewed in each quarter to MDHHS. DWMHA has also scheduled upcoming trainings by MDHHS scheduled for</p>		



<p>August 2019, Fareeha will forward notification of this training out to our providers, providers will also be able to register on line.</p> <p>For additional information please review PowerPoint presentation "DWMHA and MDHHS Behavior Treatment Advisory Committee (BTAC) Quarterly Data Analysis Report (2nd Quarter FY 2018-19) for the following topics:</p> <ul style="list-style-type: none"> • Functions of the DWMHA's BTAC • Accomplishment of the BTAC FY 2017-18 • Case Validation Review • Use of Data Trends • Data Analysis • Total Behavior Treatment Plans Submitted • Use of Restrictive and Intrusive Techniques • Use of Medication • 911 Calls and Sentinel Events • Future Plans for the BTAC • Recommendations 		
Discussion	Assigned To	Deadline
<p>Question: In regards to the upcoming training with MDHHS whom is that for?</p> <p>Answer: Fareeha response - the upcoming scheduled training is primarily for providers with BTP review committees and the DWMHA BTCA members.</p>		
<p>Question: Gail asked for use of medication in term of the restricted, intrusive is it behavior control and/or is the medication part of the member's treatment plan.</p> <p>Answer: Fereeha response - it is actually for both the restricted and intrusive.</p>		
Action Items	Assigned To	Deadline
<p>Tania Greason suggested that we complete a comparison of 911 calls for each quarter. QI will also review the CE/SE reporting module to review if the providers are reporting CE/SE for members that are on a BTP QI will also educate our provider network system in identifying individuals who are on a BTP for reporting CE/SE in MH_WIN. Dr. Butler was in agreement with the suggestion to review and complete a comparison of 911 calls and reporting of CE/SE events through the MH_WIN reporting module.</p>	QI	September 24, 2019



7) Item: Needs Assessment – Margaret Keyes-Howard

Goal: Review and approval of the 2018 Needs Assessment Survey Overview

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 2018 Needs Assessment Survey “The Identification of Priority Needs in Detroit Wayne County” please review report for the following topics:</p> <ul style="list-style-type: none"> • Methodology • Analysis of the Data • Respondents to the DWMHA 2018 Needs Assessment • Dissecting the Data • A Glimpse of Other Issues • Recommendations for Highest Priority Need: <ol style="list-style-type: none"> a) Treatment and care b) Housing and homelessness c) Increase access to services d) Increase youth and teen services e) Increase SUD services f) Increase need for information/educations about behavior health services • Next Steps • In Conclusion <p>In addition, Margaret will post this report on DWMHA website for review.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Tania stated, the group will review the 2018 Needs Assessment Survey to identify the recommendations noted. Several of the recommendations noted are activities that are currently being completed by	Tania Greason QISC Committee	September 2019



<p>DWMHA. Tania will bring to the next QISC meeting in July recommendations with notes for review of current activities being performed through DWMHA various initiatives.</p> <p>Tania asked the group to review the following needs assessment areas that was review by QISC in May 2019 for QI department before the next QISC meeting and bring recommendation.</p> <ul style="list-style-type: none">• Improve member engagement satisfaction• Crisis response capacity• Mental Illness Services to Justice Involved members• Healthcare Integration• Expand ABA Services• Improve Health and Safety• Increase community inclusion and integration		
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8) 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		
<p>Gail Parker informed the committee that unlike several accreditation bodies, NCQA’s requirements are for the organization to demonstrate and understand continues quality improvement projects (QPIP) including the processes and outcomes associated with each project.</p> <p>DWMHA had a number of major system transformation projects including initiatives that are currently being reviewed and completed. Gail informed the committee that the look back period for most NCQA standards are 24 months which would have begun in February of this year. One of the major projects that is required with the system transformation is the revision of the Provider Manual, we are working on, as a group to update the Provider Manual with a targeted completion date in July 2019.</p>		
Discussion		
<p>Questions: Tania asked how many PIP projects do DWMHA needs for NCQA accreditation. Answer: Gail stated DWMHA has improvement projects that we submit to NCQA and the Authority can submit up to nine projects that shows that the Authority understands the improvement process. In addition, DWMHA also is tasked with submitting improvement projects that shows significant changes within our system.</p>		
Action Items		
None Required		
Assigned To	Deadline	

New Business: Tuesday July 23, 2019, 4th Floor Conference Room 400 A & B.

Adjournment: 3:15 pm

ah/07.08.2019