



Quality Improvement Steering Committee (QISC)
Tuesday November 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 Minutes July 23, 2019 & August 27, 2019 | T. Greason |
| IV. | Approval of November 2019 Agenda | T. Greason |
| V. | Authority Updates | Dr. B. Butler |
| VI. | 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. | |
| VII. | Performance Improvement Projects (PIP's) | Alicia Oliver |
| | a. Hepatitis A Vaccination – Follow up | |
| | b. Use of Multiple Antipsychotic Medications – Follow up | |
| VIII. | NCQA Updates | Gail Parker |
| IX. | Research Advisory Committee | Dr. B. Butler |
| X. | Adjournment | |



Quality Improvement Steering Committee (QISC)

November 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:

April Seibert, Tania Greason, Alicia Oliver, Allison Smith, Crystal Palmer, Fareeha Nadeem, Gail Parker, Michele Vasconcellos, Chery Fregolle, Rotesa Baker, Sandra Ware, Judy Davis and Latoya Garcia-Henry.

Members Absent:

Dr. Barika Butler, Dana Lasenby, Starlit Smith, Eric Doeh, Allison Lowery, Bernard Hooper, Carla Spight-Mackey, Dhannetta Brown, Donna Coulter, Justin Zeller, Kimberly Flowers, Mignon Strong, Nasr Doss, Ortheia Ward, 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, and Jessica Collins.

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

1) Item: Welcome: Tania Greason

2) Item: Introduction: group

3) Item: Approval of July 23, 2019 and August 27, Minutes: Dr. Butler received and reviewed/approved minutes for July, and August 2019.

4) Item: Approval of November 2019 Agenda: Approved by the group with revisions



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		
<p>Behavior Treatment Advisory Committee (BTAC) – Fareeha Nadeem</p> <ol style="list-style-type: none"> DWIHN has submitted correspondence to all providers with behavior treatment plans review committees the requirements by MDHHS for AFC Homes and members who are on behavior treatment plans (BTP). The letter is also noted on the DWIHN’s website under “<u>Provider Support</u>”. DWIHN hosted a BTP Training Day on November 19, 2019 with MDHHS chief phycologist Mr. P. Pullins as the guest speaker. <p>A copy of the BTP Training presentation is on the DWIHN website.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None Required		

6) Item: Needs Assessment (Customer Service) – Monica Hampton

a) Review of noted recommendations

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

Goal: Review of noted recommendations from the family wrap around services

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		
Tabled until next QJSC December 2019 Meeting		



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

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

Goal: Review of updated PIP Information

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>a. Hepatitis A Vaccination:</p> <ul style="list-style-type: none"> Alicia Oliver informed the committee this PIP has been developed due to the increase in Hepatitis - A in the SUD community, which is a preventable disease and can be cured with a vaccination. Detroit/Wayne County Health Department and DWIHN has collaborated with the SUD population to help identify, train and provide the Hep-A vaccine to the SUD population. At the implementation of the PIP there were a total of 802 cases with 80% of the noted cases admitted to the hospital. In addition, with those hospitalizations there were 25 deaths. Therefore, DWIHN has begun to review our next steps to ensure our population stay healthy and are aware of the Hepatitis –A breakout. Hepatitis - A effects individuals who are substance abusers; people who are working in a facility with a person who may have the disease and individuals who prepare food and do not wash their hands. DWIHN currently have clinics that are inside of the SUD provider’s sites, the purpose of the clinics is to educate the population on Hepatitis - A along with the City of Detroit Health Department, which offers the Hep-A vaccination. City of Detroit health department and DWIHN SUD Provider’s clinics provides the Hep-A vaccination members. DWIHN along with the city of Detroit Health Department are completing education and screenings. Barriers include that there are not enough nurses to administrate the Hep-A vaccination throughout the identified clinics. 		



<p>For additional information please review the handout titled “Decreasing the Risk of Hepatitis –A” on the following topics:</p> <ul style="list-style-type: none"> • Hepatitis-A Cases in the United States • Michigan Hepatitis A 2016 thou 2019 Outbreak summary • Michigan Hepatitis an Outbreak Cases and Death as of April 24, 2019 • Performance Goal • Quantifiable Measure • Barriers Identified • Education Resources • Vaccine Administration Resources 		
<p>b. Use of Multiple Antipsychotic Medication: Alicia provided an overview stating the purpose that DWIHN’s Integrated Healthcare unit (IHC) selected the Use of Multiple Antipsychotic Medication PIP. The PIP was selected due to the large number of DWIHN members that are on 3 or more antipsychotics drugs. DWIHN currently sends out notices to the agencies that have clients on 3 or more antipsychotic medications and asked them to review their client’s prescription to evaluate if members medications can be reduced to 1 or 2 medications. The IHC unit has reviewed DWIHN’s population of individuals that are prescribed 2 or more antipsychotic medication within 60 days as well as individuals who are on 3 or more antipsychotic medication for 45 days.</p> <p>For additional information please review handout “Decreasing the Use of Multiples Antipsychotics” on:</p> <ul style="list-style-type: none"> • Common side effects • Use of two or more Antipsychotic for 60 days or more • Use of three or more Antipsychotic for 45 days or more • Barriers identified • Key Intervention Outcomes 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>IHC to continue to work with providers to continue to monitor members that are using Multiple Antipsychotic Medications. PIP to continue to review and monitor barriers identified and key intervention outcomes.</p>	<p>Alicia Oliver/IHC</p>	<p>On-going</p>



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

a. Quarter 3 Analysis

Goal: Review of MMBPI Quarter 3 Data

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 Greason informed the committee that Quarter 3 MMBPI data was submitted to the MDHHS on September 30, 2019. In addition, the 4th quarter data is due to MDHHS on January 2, 2020.</p> <p>Indicator # 1 - <i>The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours</i></p> <ul style="list-style-type: none"> Dispositions are completed by COPE for adults and New Oakland, Guidance Center, and Children Center for children. The standard is 95%, DWIHN received 95.3% with a total of 192 individuals out of compliance. <p>Indicator # 2 – <i>The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service</i></p> <ul style="list-style-type: none"> Standard is 95% , DWIHN received a compliance score of 96.7%. There was a total of 2,453 members that were identified as new members with a total of 80 individuals out of compliance. <p>Indicator # 3 - <i>Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional</i></p> <ul style="list-style-type: none"> Standard is 95%, DWIHN received a compliance score of 87.7% with 2245 new members that needed ongoing services and 275 individuals out of compliance. This methodology for this indicator has been revised for Quarter 4 to include zero days as the initial date of service. <p>Indicator # 4a - <i>Indicator # 4a- The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days</i></p> <ul style="list-style-type: none"> Standard is 95%, DWIHN received a compliance score of 96% with a total of 20 individuals that were out of compliances and 689 individuals noted as exceptions i.e. no show, reschedule. 		



<p>Indicator # 4b – Indicator # 4b - <i>The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days.</i></p> <ul style="list-style-type: none"> Standard is 95%, DWIHN received a compliance score of 95.3% with 32 individuals noted as out of compliance. <p>Indicator # 10 - <i>The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge</i></p> <ul style="list-style-type: none"> Standard is 15% or less readmission within 30 days, DWIHN received an overall score of 16.21% and did <u>not</u> met this standard. A total of 1993 members were discharged with a total of 323 individuals readmitted for Quarter 3. <p>Providers will continue to receive requests from the QI unit (Justin Zeller) for Corrective Actions Plans and or Root Cause Analysis for members that are continually readmitted. Providers are also requested to identify the following:</p> <ol style="list-style-type: none"> If they are assigned as the CRSP Why are the members continuously readmitted to the hospital? Provide a systemic improvement plan or corrective action plan (cap) explaining what they are going to do for idenfied members for those members going forward. <p>For additional information please review PowerPoint “DWIHN Michigan Mission Based Performance Indicator PHIP Quarter 1, 2, and 3 (2019)” on:</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>DWIHN providers will receive Corrective Action Plans and or requests for Root Cause Analysis for members that are continuously readmitted. DWIHN will develop an adhoc committee that will assist of UM and IHC staff to outline and review interventions that will assist providers with plans for monitoring and assisting members that continue to be readmitted.</p>	<p>QI Unit/IHC/UM</p>	<p>On-Going</p>



9) Item: NCQA Update – Gail Parker

Goal: Review NCQA Status

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"> Gail informed the committee that during the month of October 2019, Diane Holifield, NCQA Consultant completed a mock review with Complex Case Management (CCM), Credential (MCO) and Utilization Management (UM) files. Per the Mock review, evaluation determines that the CCM files were connected to a clinical responsible service provider for members that also have medical issues along with their behavior health diagnosis. The purpose of CCM is to get the member connected to the provider, assisting with long term care and goals. In addition, CCM files were noted to be well organized, the continued issue is that DWIHN does not have enough CCM referrals. Gail asked the committee if they are assigned as the CRSP and the member has been active with readmissions and needed ongoing care, please submit referrals to Pamela Bourdganis, DWIHN Complex Case Manager so the members can receive additional services. The Complex Case Management program is voluntary, but members can benefit from the program. UM cases were in good shape for the most part. One area of concern was with the Autism cases. In Autism when you have a member calling DWIHN customer services department appealing the denial of service from the psychologist a second opinion is necessary and most be timely. It was noted that the timeliness for the second opinions needed to be in accordance with required guidelines There were a few problems noted with the Credentialing files. Concerns were noted for accredited providers not having a credentialing committee with noted minutes and documentation. DWIHN, MCO Credentialing Unit, will call and begin to request and review files from required organizations which include review of minutes from the credentialing committee. 		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Continue to complete MOCK reviews and report findings with the assistance of Diane Holifield, NCQA Consultant.	Gail Parker	February, 2021



10) Item: Research Advisory Committee – Dr. B. Butler (tabled)

Goal: Review of the Research Advisory Committee

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		
Tabled until next meeting in December 9, 2019		

New Business: Tuesday December 9, 2019 4th Floor Conference Room 400 A & B.

Adjournment: 3:15 pm

ah/12/05/2019