Quality Improvement Steering Committee (QISC)
Tuesday, March 29, 2022
10:30 a.m. – 12:00 p.m.
Via ZOOM LINK PLATFORM
Agenda

I.	Welcome & Introductions	Tania Greason
II.	DWIHN Updates	Dr. Shama Faheem
III.	Approval of QISC March 29, 2022 Agenda	Dr. Shama Faheem/Committee
IV.	Approval of QISC January 25, 2021 and February 22, 2021 Minutes	Dr. Shama Faheem/Committee
V.	Utilization Management (UM) Evaluations FY 2020-21	Jennifer Miller
VI.	Integrated Healthcare (IHC) Complex Case Management Evaluation FY 2020-21	Ashley Bond
VII.	Quality Improvement Behavior Treatment Two-Year Analysis	Fareeha Nadeem
VIII.	PI 2a Review Data Analysis Best Practices (Providers Discussion)	Justin Zeller & Tania Greason
IX.	MMBIP "View Only" Module	Justin Zeller
X.	Adjournment	

Quality Improvement Steering Committee (QISC)
Tuesday, March 29, 2022
10:30 a.m. – 12:00 p.m.
Via ZOOM LINK PLATFORM
Meeting Minutes
Note Taker: Aline Hedwood

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, Provider Network QI Administrator

Member Present:
Alicia Oliver, Allison Smith, Angela Harris, April Siebert, Ashley Bond, Blake Perry, Carl Hardin, Cassandra Phipps, Cheryl Fregolle, Cheryl Madeja, Fareeha Nadeem, Ebony Reynold, Jacqueline Davis, Jennifer Jennings, Jennifer Miller, Jessica Collins, Justin Zeller, Lindon Munro, Melissa Eldredge, Michele Vasconcellos, Michelle York, Ortheia Ward, Rakhari Boynton, Rhianna Pitts, Robert Spruce, Rotesa Baker, Dr. Shama Faheem, Starlit Smith, B. P. (Member Advocate) and Tania Greason.

Members Absent:
Benjamin Jones, Dr. Bill Hart, Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Danielle Hall, Dhannetta Brown, Donna Coulter, Donna Smith, Eric Doeh, Jennifer Smith, John Rykert, June White, Judy Davis, Kim Batts, Latoya Garcia-Henry, Dr. Leonard Rosen, Margaret Keyes-Howards, Manny Singla, Melissa Hallock, Melissa Moody, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Sandy Blackburn, Dr. Shama Faheem, Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vickey Politowski.

Staff Present: April Siebert, Tania Greason, Justin Zeller, Fareeha Nadeem, Starlit Smith, and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: Tania asked the group to put their names, email addresses and organization into the chat box for proof of attendance.

3) Item: Approval of March 29, 2022 Agenda: Approved with revisions by group

4) Item: Approval of January 2021 and February 2021 Minutes:
- January 25, 2022 minutes group and Dr. Faheem approved with noted revisions
- February 22, 2022 minutes approved by Dr. Shama Faheem and group

5) Item: Announcement/DWIHN Update: Dr. Shama Faheem, Chief Medical Officer & Ebony Reynold, Clinical Officer

- MDHHS is currently under restructuring. They have aligned the physical and behavior health administration under one unit headed by Ms. Farah Hanley to oversee both the physical and mental health departments. In addition, they created a children bureau to oversee children services. DWIHN continues to advocate for the public mental health system to remain within the public health domain and have been having discussion regarding both Whiteford and Shirkey's bill. DWIHN has developed a work plan to enhance services for children by creating the "Putting Children First Initiative", DWIHN's Children Initiatives unit has been working on the Children's First Initiative in collaboration with our network providers.

- On March 30, 2022, DWIHN will review the changes made to its IPOS HCBS tool. A memo was sent to all the CRSP providers describing the required changes for the HCBS Final Rule and the requirements for updating the IPOS.

6) Item: Utilization Management (UM) Evaluation FY 2020-21 Jennifer Miller
Goal: Review and approve the UM Evaluation (2020-21)

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 1 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Jennifer Miller provided the review of the UM Evaluation Report for FY 2020-21 for committee approval. As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). DWIHN's Board of Directors is committed to the provision of effective, consistent and equitable behavioral health services that produce functional outcomes, as articulated in the Strategic Plan. The Board is also responsible for ensuring overall quality of the behavioral healthcare services delivered to Wayne County residents, including oversight of UM functions. UM Program Goals were aligned with and evaluated using the Strategic Plan Pillars of Access, Finance, Quality, Customer, Workforce Development and Advocacy. The UM Department consists of 31 staff with responsibility for reviewing authorization requests and making medical necessity determinations for the following Benefit programs and Levels of Care: Inpatient psychiatric treatment, Outpatient services, HAB Waiver, ASD Benefit, General Fund, Partial Hospital, Crisis Residential, Substance Use Disorder services, Autism, MI Health Link population, and the processing of denials and appeals associated with service requests. Jennifer discussed with the group the areas the pillars and the outcomes from each of the areas denoted within the evaluation. • Customer Pillar includes the review and evaluation of the Member Satisfaction Surveys, Cope Mobil Crisis Services, Cope Interventions (Pages 11-14). • Access Pillar includes review and evaluation for the HSW, ASD, CWP, SEDW programs also included is the evaluation for the Hospital Recidivism, Partial Hospitalization, Crisis Residential, State Hospitalization, Mi Health Link, Outpatient Services and SUD services. (Pages 18-42) • Finance Strategic Plan Pillar include the review analysis and assessment of over and underutilization of services. (Pages 46-48). • Quality Pillar includes the review of Timeliness of UM Decision Making, Denial and Appeal Category Analysis, Appropriately Licensed Professionals, Denials and Appeals, IRR, Prior Authorization Review Audits and Crisis Vendor COVID Related Practice. • Work Force Strategic Plan Pillar include the review and evaluation of the MCG Indicia and also the IRR analysis.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
The QISC and Dr. Faheem approved to move forward with the UM Annual Utilization Management Program Evaluation for FY 2021.		

7) Item: IHC Complex Case Management (CCM) Program Evaluation FY 2021 – Ashley Bond
Goal: Review and approval of the CCM Program Evaluation (2020-21)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 1 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Ashley Bond provided an overview of IHC CCM program evaluation FY 2021 for the committees' approval. The goal is for CCM to Improve medical and/or behavioral health concerns and increase overall functional status as well as improve overall quality of life as evidenced by a 10% improvement in PHQ scores and/or a 10% improvement in WHO-DAS scores at CCM closure. The program also is important in providing early interventions for members to prevent recurrent crisis or unnecessary hospitalizations as evidenced by 10% reduction in Emergency Department (ED) utilization and/or 10% reduction hospital admissions from 90 days prior to receiving CCM services to 90 days after receiving CCM services. DWIHN will focus on three (3) areas for improving during FY2022 are in the areas of reduction in Emergency Department utilization, increase in outpatient visits (at 60 days of CCM enrollment, 90 days of CCM enrollment and 60 days post case closure) and completion of Satisfaction Surveys. During FY22, Care Coordinators will mail out educational material to members about the benefits of attending Behavioral Health Outpatient appointments within 2-3 weeks after case closure. Care Coordinators will contact members around 30 days post case closure for follow up and contact members CRSP to increase outpatient visit participation. For additional information please review PowerPoint presentation "Complex Case Management Evaluation FY 2021" on the following highlighted areas below: • PHQ Scores • WHO-DAS scores • Emergency Department Utilization and Hospital Admissions • Utilization of Out-patient Services • Outpatient Utilization within 60 days • Outpatient Utilization post 60 days • Satisfaction Surveys • Complex Case Management Survey Questions • Member Comments • Comparison to Previous Reviews • Areas of Improvement		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
The QISC and Dr. Faheem approved to move forward with IHC CCM 2021 Program evaluation with noted revision to slide.		

8) Item: QI Behavior Treatment Advisory Committee (BTAC) Two Year Analysis – Fareeha Nadeem
Goal: Review and Approval of the BTAC Two Year Analysis
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 1 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Fareeha Nadeem provided an overview of the DWIHN's BTAC two-year analysis. BTAC review process issues, including approvals, disapprovals, and terminations of BTPs. QI submit the quarterly BTAC report to MDHHS as part of DWIHN contract obligation. For additional information please review PowerPoint "Behavior Treatment Advisory Committee Summary of Data Analysis Fiscal Years 2019-2021" on the following highlighted areas below: • BTAC Background • Challenges • Accomplishments • Total BTP reviewed • Reported of 911 Calls and critical and sentinel reports • Restrictive and Inclusive intervention • Use of Medication • Recommendations		
Discussion	**Assigned To**	**Deadline**
For the identified issue of 911 under reporting for critical and sentinel events will be added to the QOTAW agenda in April or May of 2022 to discuss with providers the requirement of reporting this information.		
Action Items	**Assigned To**	**Deadline**
The QISC and Dr. Faheem approved moving forward with the BTAC two-year analysis report.	Dr. Faheem and Committee	

9) Item: PI #2a Data Analysis – Tania Greason, QI Network Administrator
Goal: Review and analysis of PI#2a Data
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 1 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Tania Greason provided an update/overview of PI# 2a **Access/1st Request Timeliness** . DWIHN's QI, MCO, CPI and Children's Initiative Unit has been meeting with assigned providers and internally to continue to improve increasing the numbers for percentage of members that received a service within 14 days after a new request had been made. For the 1st quarter of 2022 DWIHN reported a score of 52.7% which is 7% increase from 4th quarter of 2021. In addition, DWIHN understand the providers are having staffing issues and is currently having meetings with the assigned providers to discuss/review ongoing identified barriers.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
DWIHN's QI, CPI and MCO units will continue to meet with providers no less than every 45 days to discuss/review identified barriers.	DWIHN MCO, QI and CPI	Ongoing

10) Item: MMBPI View Only Module – Tania Greason
Goal: Discuss MMBPI View Only
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Tania asked members to continue to review the MMBPI view-only module and update cases especially for PI #4a, PI #4b to update members with exceptions that the providers are going into MH_WIN and documenting in their notes the reasons if the members does not show up, cancel or reschedule appointments for their 7-day follow-up and providers are reaching out to those members as well.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**

New Business Next Meeting: Tuesday April 26, 2022 Via Zoom Link Platform.

Adjournment: 3:00 pm

ah/04/08/2022

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Annual Utilization Management Program Evaluation Fiscal Year 2021

UM Department

UM authorizes services in the following areas and Levels of Care that require prior authorization:

- Inpatient
- Partial Hospital
- Substance Use Disorder
- General Fund Services
- Outpatient
- Crisis Residential
- Autism Services
- Habilitation Waiver

Current Staffing: 31 FTEs; in FY 21 1 positions filled included an SUD Mental Health Technician, 2 UM Clinical Specialists

Utilization Management (UM) Program Evaluation FY 21

Elements:

- Evaluation of UM Program Description Goals by Strategic Plan Pillars
- UM Department Technology Recommendations and Opportunities for Improvement

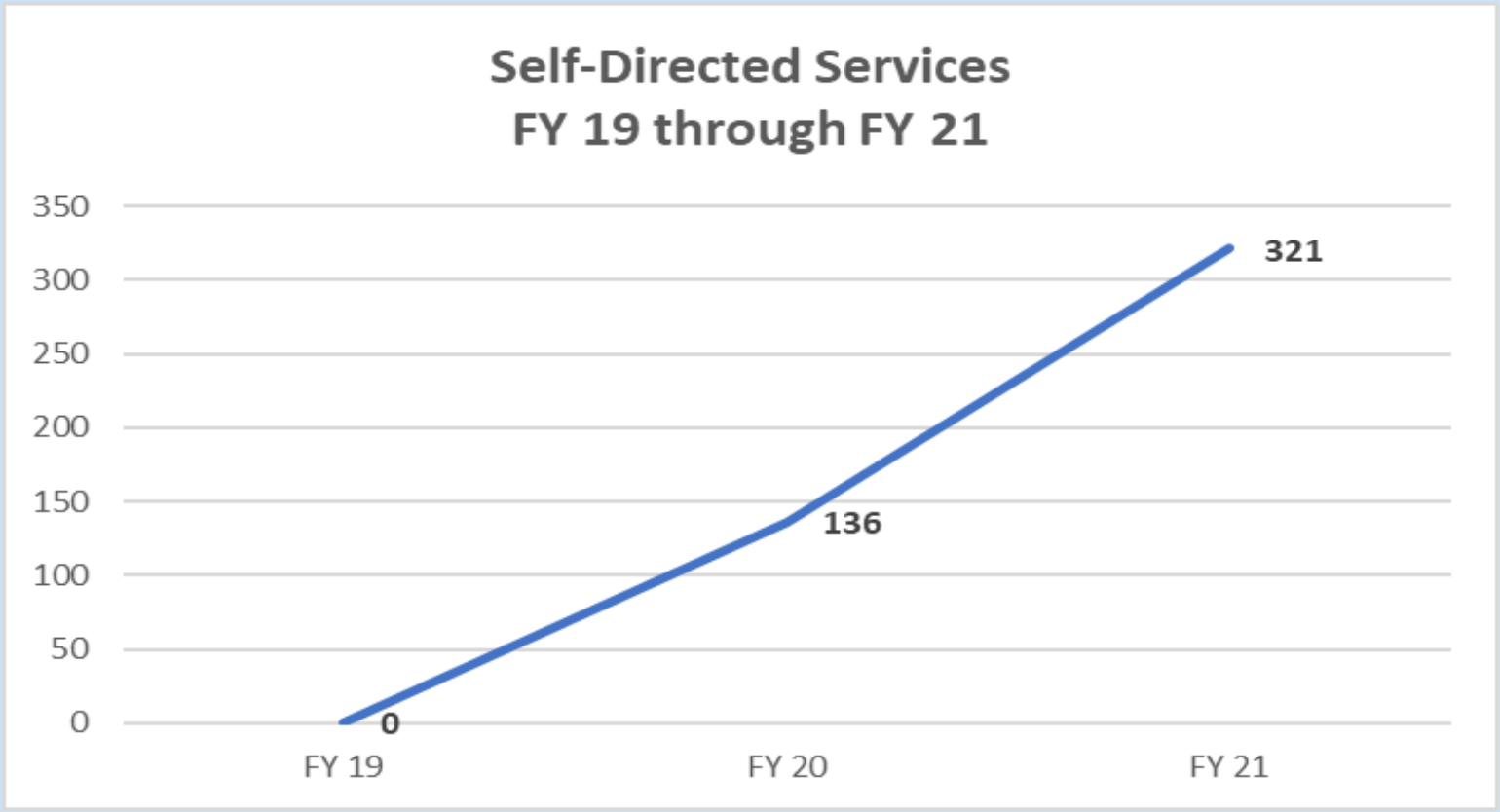
Utilization Management (UM) Program Evaluation

- UM Program Goals were aligned with and evaluated using the Strategic Plan Pillars of Access, Finance, Quality, Customer, Workforce Development and Advocacy

- There were 8 UM Program Goals in FY 21

- The next slides highlight accomplishments, key metrics and identify opportunities for improvement, (Not all goals /pillars will be addressed)

Customer Pillar – Make recommendations for improvement regarding service provision, Tx experience and outcomes



Self-Direction (Self-Directing services) moves away from professionally managed models of supports and services. It is the act of selecting, directing, and managing ones services and supports using an individual budget. DWIHN supported 321 individuals in FY 21. More than double the previous year. Source: MH-WIN 12/14/21

Customer Pillar - Utilizing Provider and Practitioner Satisfaction Surveys to make recommendations for improvement

- Provider Network Satisfaction with UM was conducted in FY 21. Twelve questions pertained specifically to UM and the authorization process.
- Review indicates that the 80% target on all questions has not been met since FY 19.
- Collaborative effort with UM, Residential Services, Crisis Services, network practitioners and UMC to address areas requiring improvement.

Access Pillar- Promote participation and use of Specialty Waiver Programs

- Per MDDHS, Habilitation Supports Waiver, 1084 slots are to be filled at 95%. Last year DWIHN met this 8/12 months.
- In FY 21, we improved and met this requirement 12/12 months.
- Monthly and Quarterly provider meetings to address barriers continue.
- UM provided targeted trainings to minimize returned applications from MDHHS

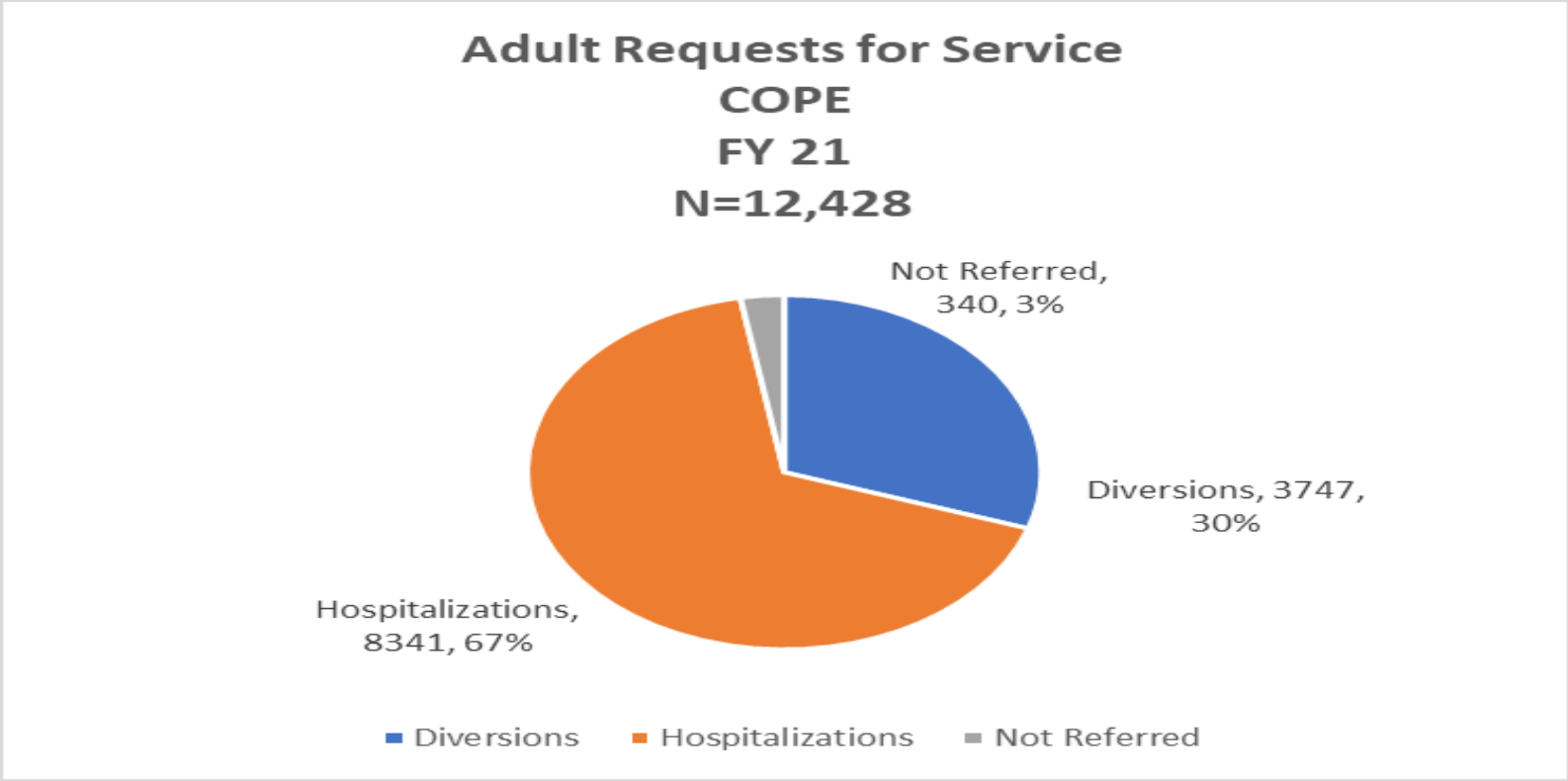
Access Pillar -Promote participation and use of Specialty Waiver Programs

- 2,074 cases opened in the Autism Spectrum Disorder Benefit; Last year's report indicated 1,710 cases.(364 more consumers served than FY 20); Referrals increased 19% to 1230 from 1035 last year. Timeliness of authorizations 99% in FY 21.

- 44 Children are enrolled in the Children's Waiver Program up from 36 served last year.(22% increase)

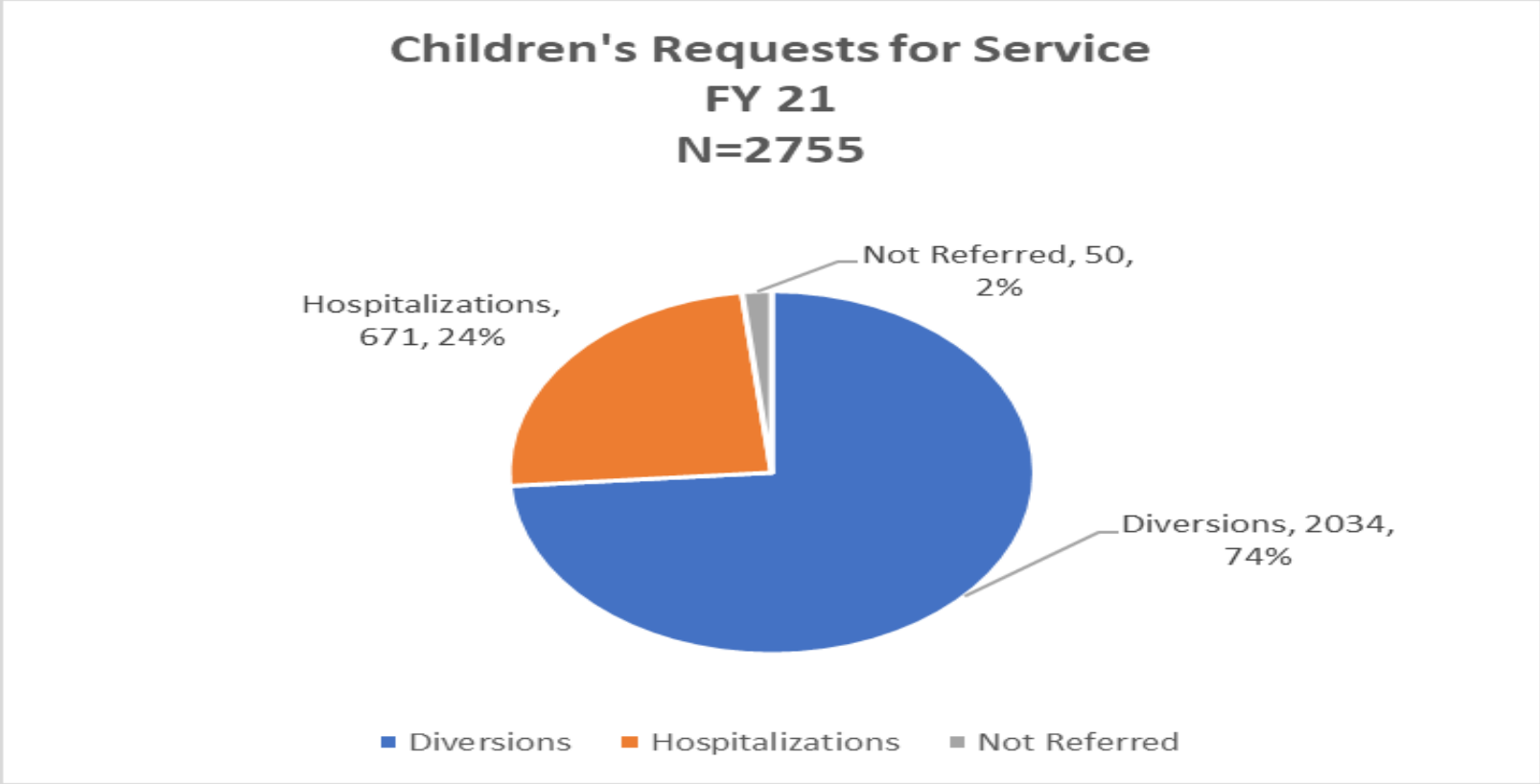
- DWIHN served 91 children and youth in the Children's SED Waiver in FY 21. Last year's report indicated 81 served in FY 20 (12% increase).

Access Pillar -Adult Crisis Requests for Service and Diversions



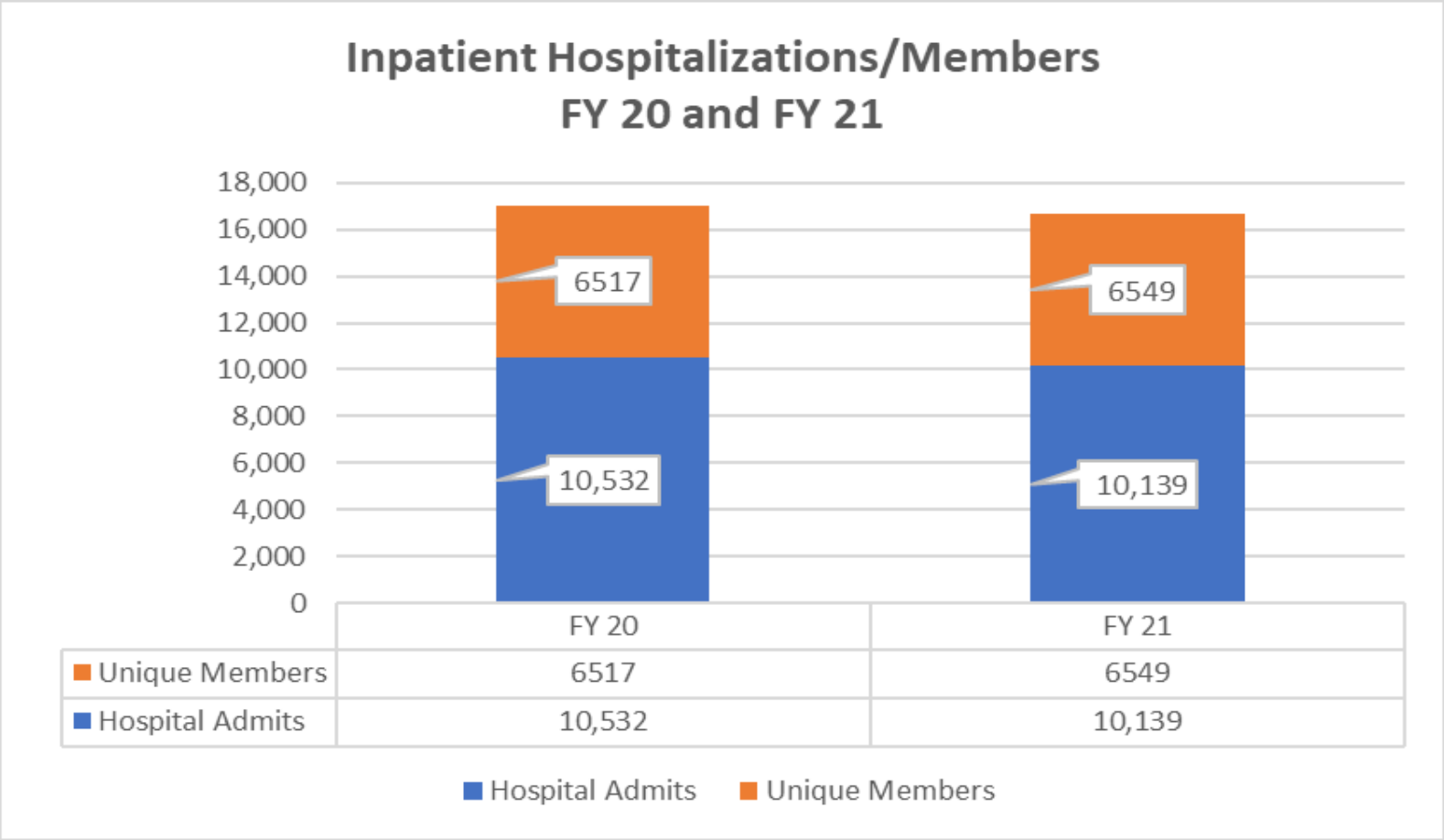
The above chart indicates that COPE screened 12,428 consumers. Sixty eight percent (68%) were hospitalized and the other 30% diverted to the other levels of care. Not referred are for categories not within the MH-WIN system. The volume is very similar to FY 20. *Source: MH-WIN 1/10/2022.*

Access Pillar -Children's Crisis Requests for Service and Diversions



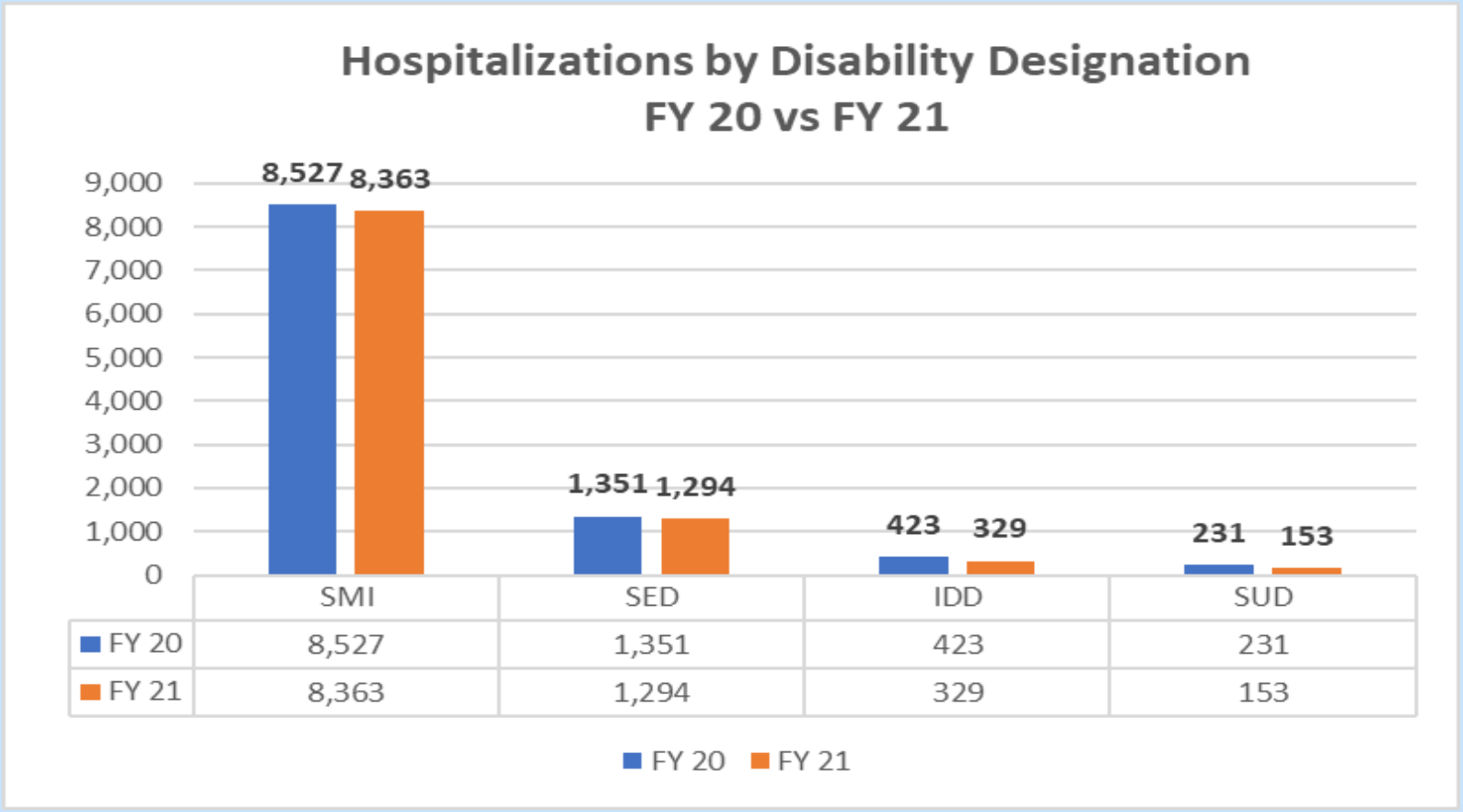
The chart above indicates screeners received 2755 requests for services, 74% (2034) were diverted to settings other than the hospital. 24%(671) were hospitalized. Not referred are for categories not within MH-WIN. Last year 69% were diverted. Source: *MH-WIN 1/10/2022.*

Access Pillar – Key Utilization Metric, Inpatient Hospitalizations, FY 20 and FY 21



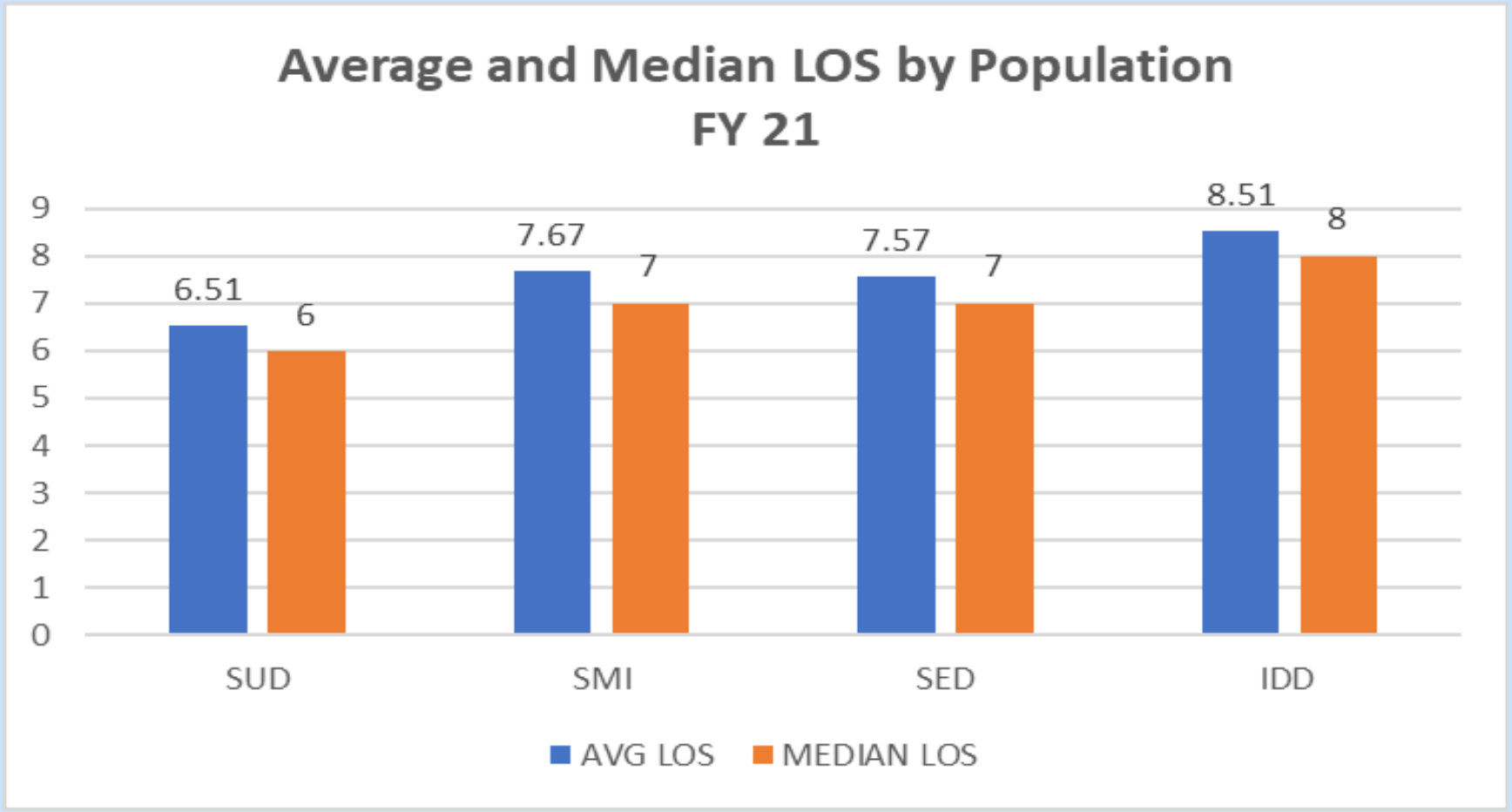
Source: Power BI Dashboard 2/2/2022

Access Pillar- Key Utilization Metric, Hospitalizations by Disability Designation



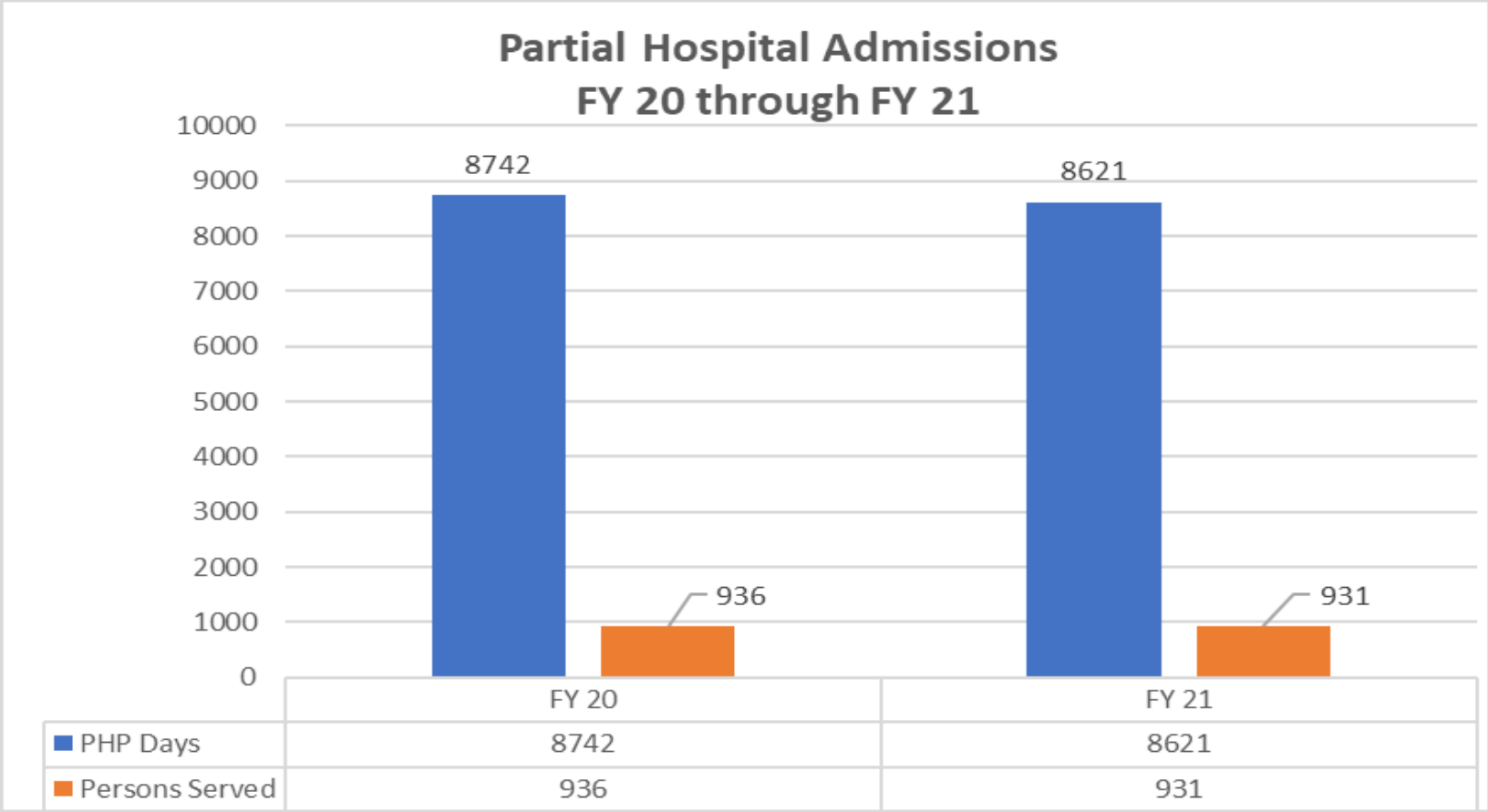
Source: Power BI Dashboard 2/2/2022

Access Pillar- Key Utilization Metric, Average and Median Length of Stay FY 21



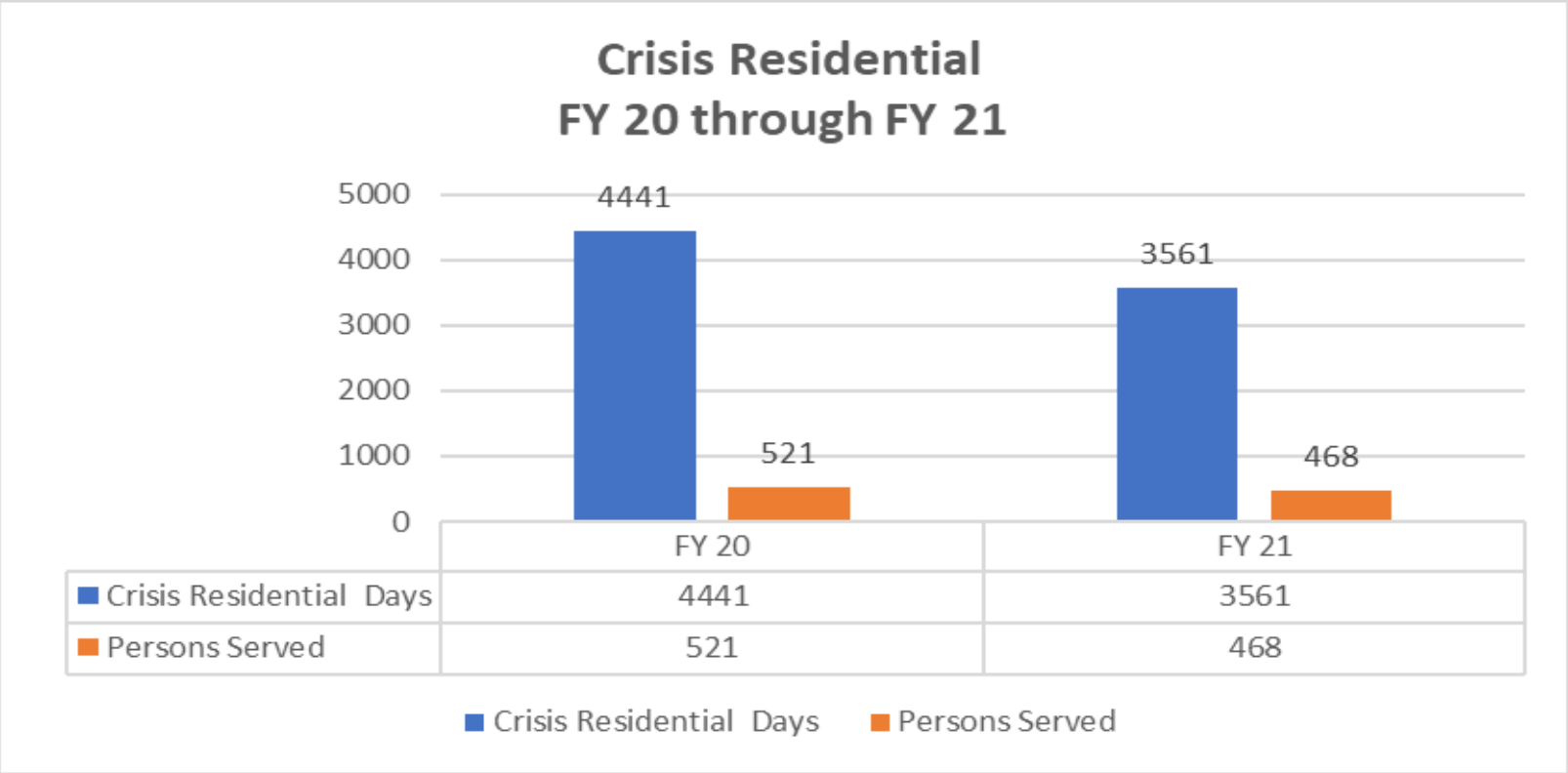
Source: Power BI Dashboard 2/2/2022

Access Pillar – Key Utilization Metric, Partial Hospitalizations



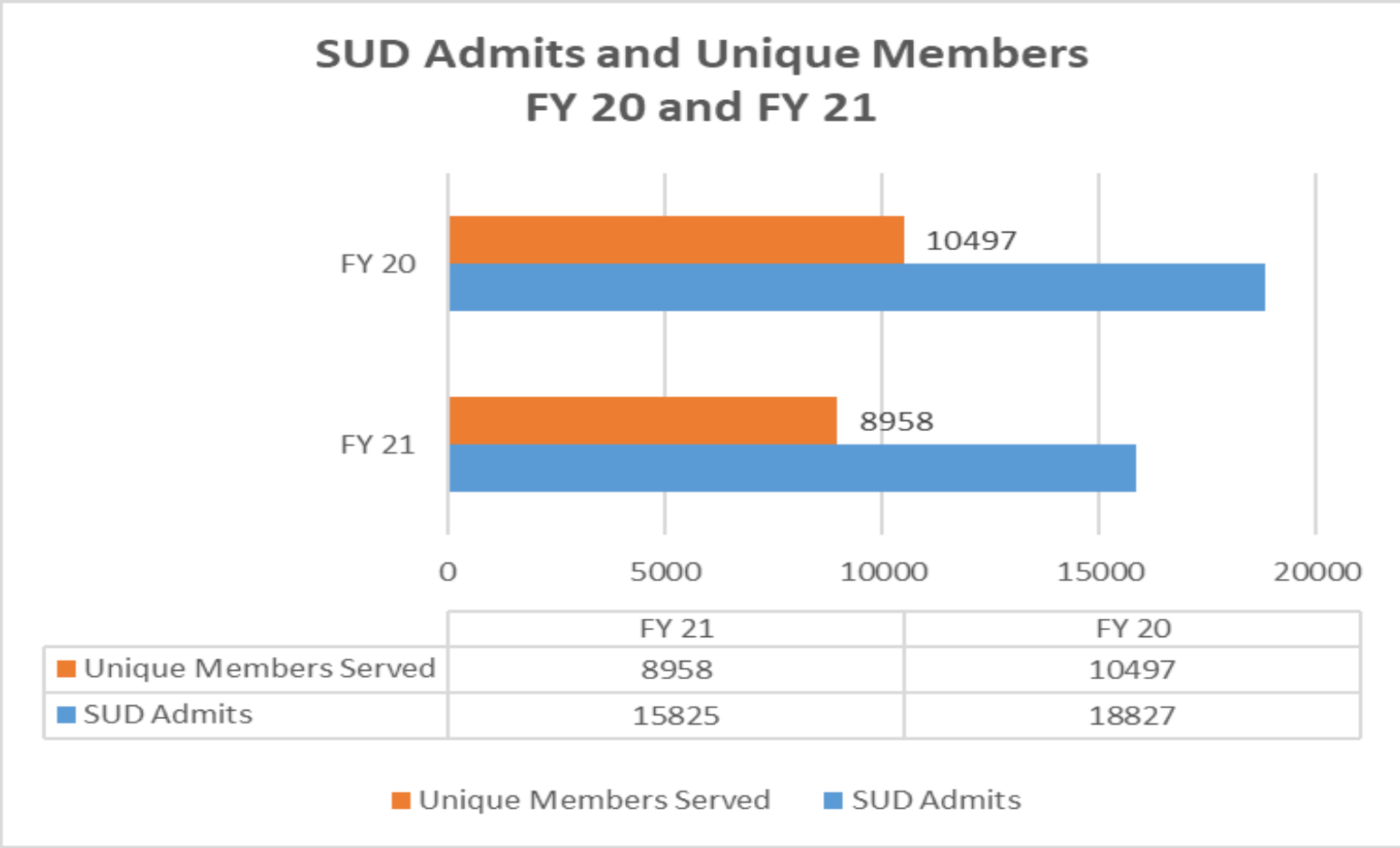
New Oakland Child-Adolescent & Family Center (NOFC) served 931 consumers in FY 21. This was only 5 consumers (under 1%) less than in FY 20. *Source: DWIHN Claims 1/12/22*

Access Pillar - Key Utilization Metric, Crisis Residential (Oakdale and Boulevard Crisis Residential and Safehaus)



The number of consumers who received Crisis Residential Services decreased 10% from 521 consumers served in FY 20 to 468 served in FY 21. Likewise, the number of days utilized decreased 19% from 4441 in FY 20 to 3561 in FY 21. *Source: DWIHN Claims 1/12/22*

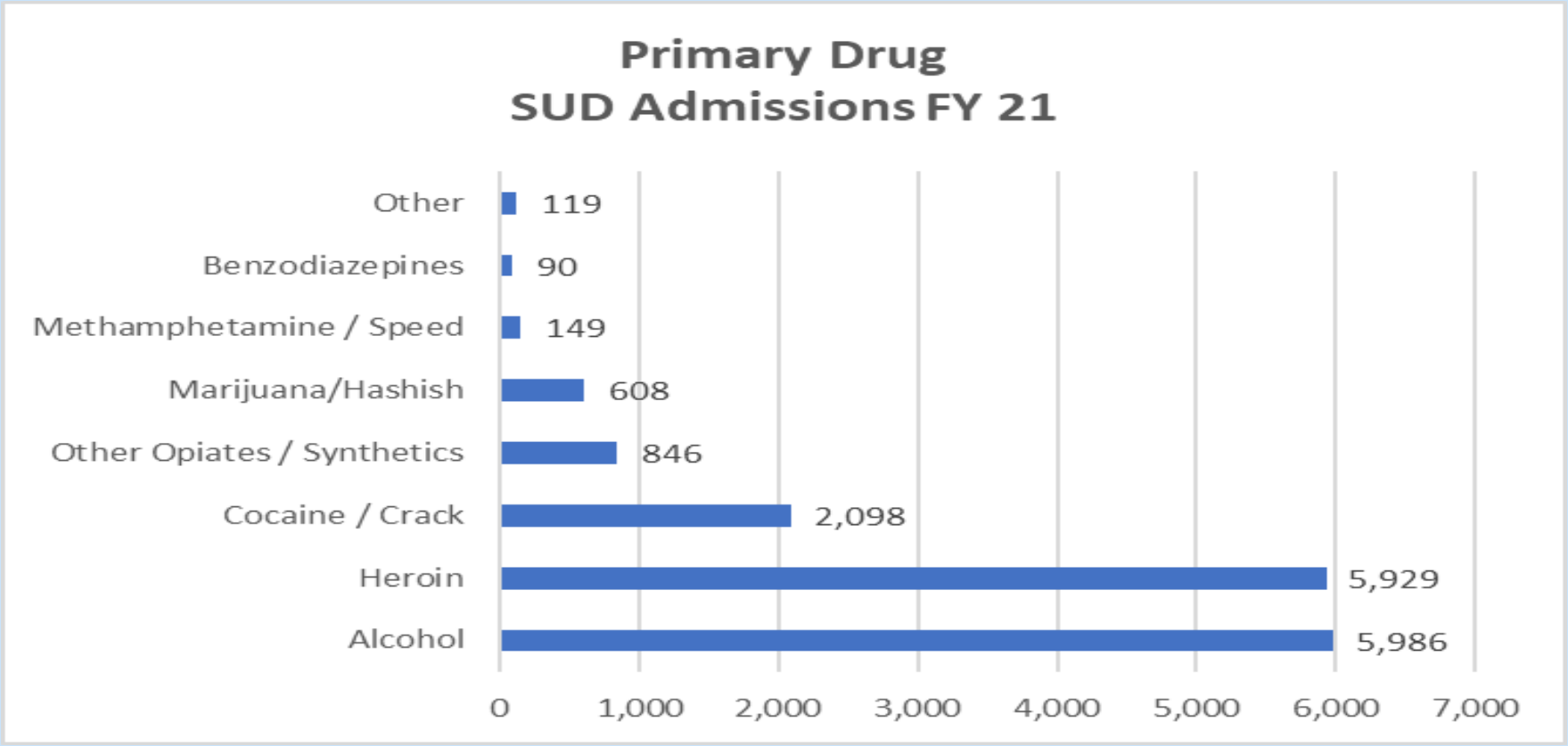
Access Pillar – SUD Admission Trends



	FY 21	FY 20
Unique Members Served	8958	10497
SUD Admits	15825	18827

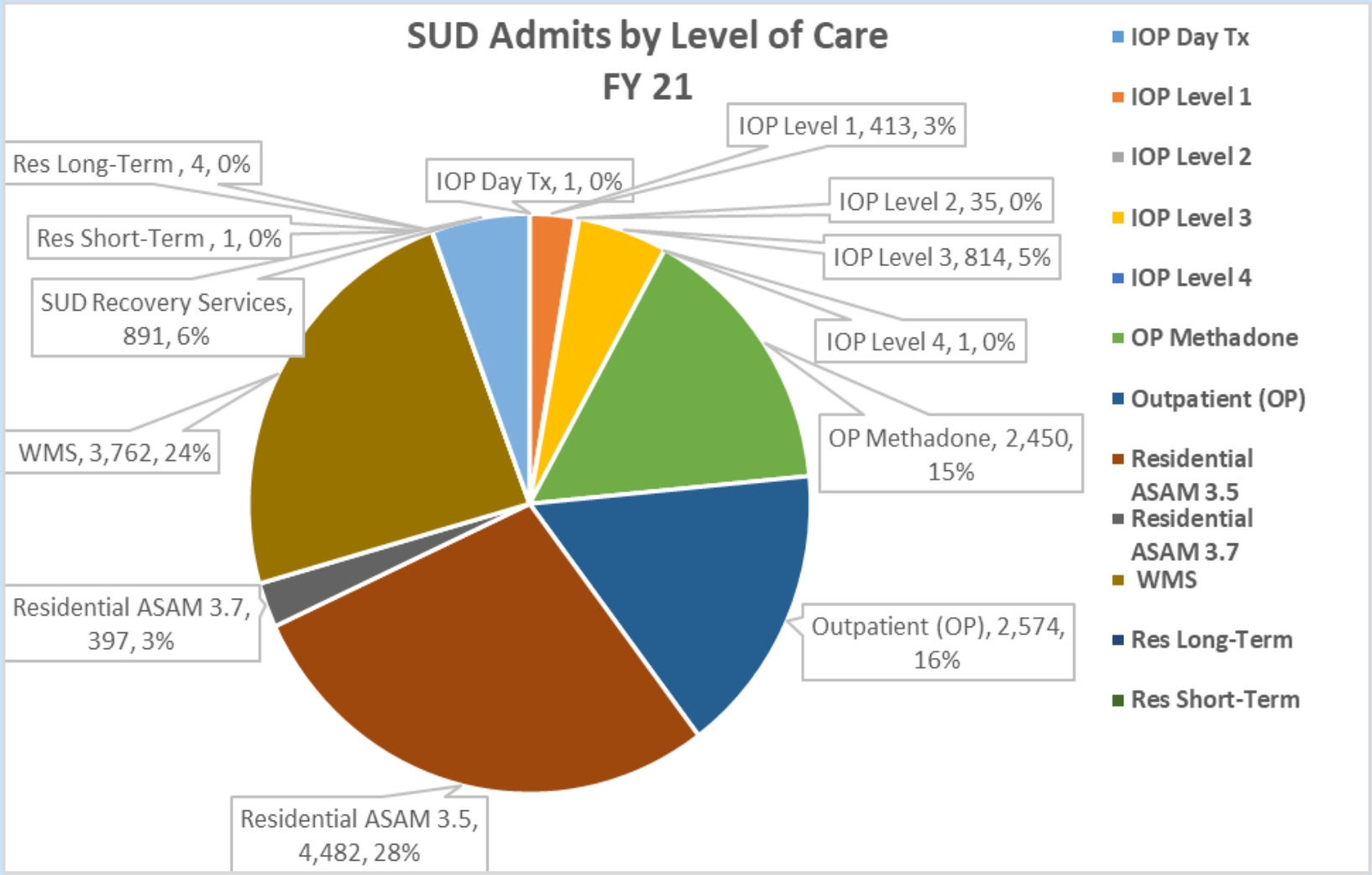
Source: MH-WIN Admission and Discharge Records 1/7/2022

Access Pillar – Primary Drug / SUD Admits



Thirty eight percent (38%) of the SUD admissions were for Alcohol, followed by 37% for Heroin, 13% for Crack/Cocaine, 5% Opiates, 4% Marijuana/Hashish and the remaining 1% each for Methamphetamine, Benzodiazepines, and Other. Source: MH-WIN 1/7/2022

Access Pillar – SUD Admission by Level of Care



Quality Pillar-Provide oversight of delegated UM functions

Monitoring compliance with UM timeframes for decision making

- All Delegated entities (COPE, New Oakland Family Centers, The Guidance Center, The Children's Center above 90% threshold for timeliness
- DWIHN SUD, Autism, and MI-Health Link determinations were also all above 90% threshold for timeliness.

Quality and Workforce Pillar - Assure fair and consistent UM review decisions

Continued use of Millman(MCG) Guidelines network wide for higher levels of care and Learning Management System(LMS) for Inter-rater reliability(IRR) :

- In FY 21, the Michigan Consortium for Healthcare Excellence, composed of all the PIHPs, entered in to a 3 year contract for use of the MCG Behavioral Healthcare Guidelines.
- DWIHN, Screening Entities and ACT teams use MCG Guidelines as they screen consumers for hospitalization.
- In FY 21, 146 staff received and passed interrater reliability studies using the LMS platform

New Technology Recommendations and other Priorities FY 22

Report Development and other

- Inpatient Recidivism, Over and Under Utilization, & Other Reporting
- Continue review with IT of available reporting via Power BI, MH-WIN and other sources to ensure agency and department needs met.
- Improve overall compliance, interrater reliability and quality of documentation of Preadmission Reviews, Continued Stay Reviews and discharge reporting.
- Achieve and fulfill requirements of HSAG Plan of Correction
- Maintain NCQA Accreditation and continual audit readiness for MDHHS and all regulatory bodies

Priorities FY 22 Continued

- DWIHN UM and all delegated entities to update and have an approved UM Program Description for FY 22-FY 24.
- Continue collaboration, technical assistance and support of provider network via trainings and routinely scheduled meetings.
- Improve overall provider satisfaction with UM related functions as evidenced by improvement in Provider Experience Survey

Complex Case Management Evaluation FY2021

ASHLEY BOND MA, LPC, NCC

DETROIT WAYNE INTEGRATED HEALTH NETWORK

- The ultimate goals of DWMHA's/DWIHN's Complex Case Management (CCM) Program are to:
- Improve medical and/or behavioral health concerns and increase overall functional status as well as improve overall quality of life as evidenced by a 10% improvement in PHQ scores and/or a 10% improvement in WHO-DAS scores at CCM closure.
- To provide early intervention for members appropriate for Complex Case Management to prevent recurrent crisis or unnecessary hospitalizations as evidenced by 10% reduction in Emergency Department (ED) utilization and/or 10% reduction hospital admissions from 90 days prior to receiving CCM services to 90 days after receiving CCM services.
- Increased participation in out-patient treatment as evidenced by a 10% increase in out-patient behavioral health services from 90 days prior to receiving CCM services to 90 days after receiving CCM services.
- Assist members to access community resources and obtain a better understanding of the physical and/or behavioral health conditions as evidenced by improved compliance with behavioral health and physical health appointments and decrease in ED visits and/or inpatient admissions.
- 80% or greater member satisfaction scores for members who have received CCM services.

PHQ Scores

- Depression symptoms were measured using the Patient Health Questionnaire (PHQ-9) for adults and Patient Health Questionnaire-Adolescent (PHQ-A) for children under 18
- This assessment is embedded in the CCM assessments and are completed upon the start of CCM services and every 30 days thereafter until CCM services end
- The higher the score on the PHQ-9/PHQ-A, the greater the symptoms of depression are present
- A decrease in PHQ score indicates an improvement in symptoms of depression

- Members baseline scores ranged from 2 to 22, with an average score of 10.5
- Members participating in CCM demonstrated an overall improvement in their PHQ scores, and the improvement increased the longer that the members participated in CCM services
- Average PHQ scores improved 10% from baseline at 30 days, 20% at 60 days and 27% at 90 days of receiving CCM services

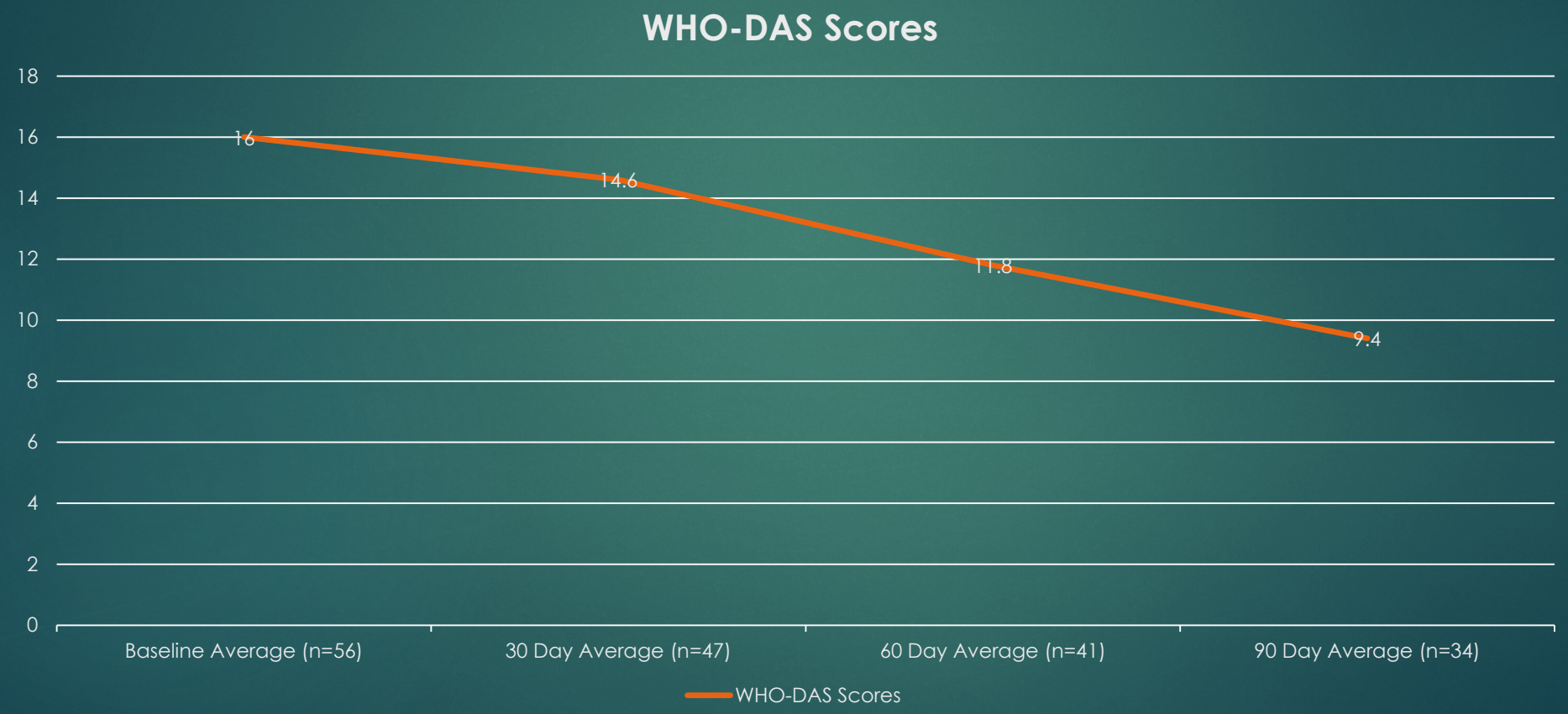

PHQ Scores
12
10
8
6
4
2
0
10.5
9.4
7.5
5.5
Baseline Average (n=57)
30-day Average (n=47)
60-day Average (n=41)
90-day Average (n=34)
PHQ Scores

WHO DAS Scores

- The WHO-DAS assessment is embedded in the CCM assessment and is completed when the assessment is completed at the start of CCM services and every 30 days thereafter until CCM services end
- The higher the score on the WHO-DAS, the greater the level of disability. A decrease in WHO-DAS score indicates an improvement in level of disability
- WHO-DAS scores were gathered from the CCM assessments that were completed at the start of CCM services and at 30, 60, and 90 days after starting CCM services
- Members WHO-DAS baseline scores ranged from 7 to 48, with an average score of 16

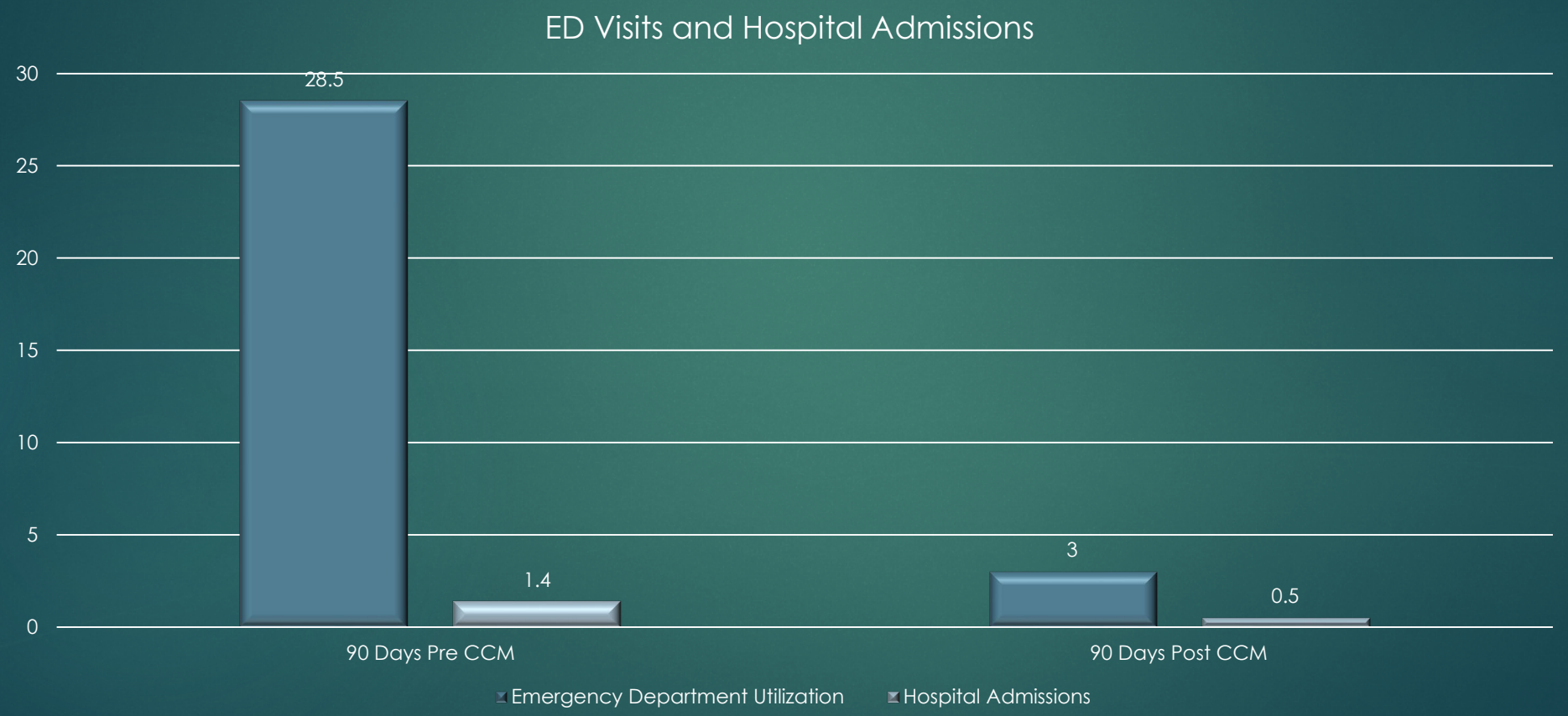
- Members participating in CCM services demonstrated overall improvement in their WHO-DAS scores, and the improvement increased the longer that the members participated in CCM services

- Average WHO-DAS scores improved 8.8% from baseline at 30 days, 17% at 60 days and 22% at 90 days of participating in CCM services


WHO-DAS Scores
18
16
14
12
10
8
6
4
2
0
16
14.6
11.8
9.4
Baseline Average (n=56)
30 Day Average (n=47)
60 Day Average (n=41)
90 Day Average (n=34)
WHO-DAS Scores

Emergency Department Utilization and Hospital Admissions

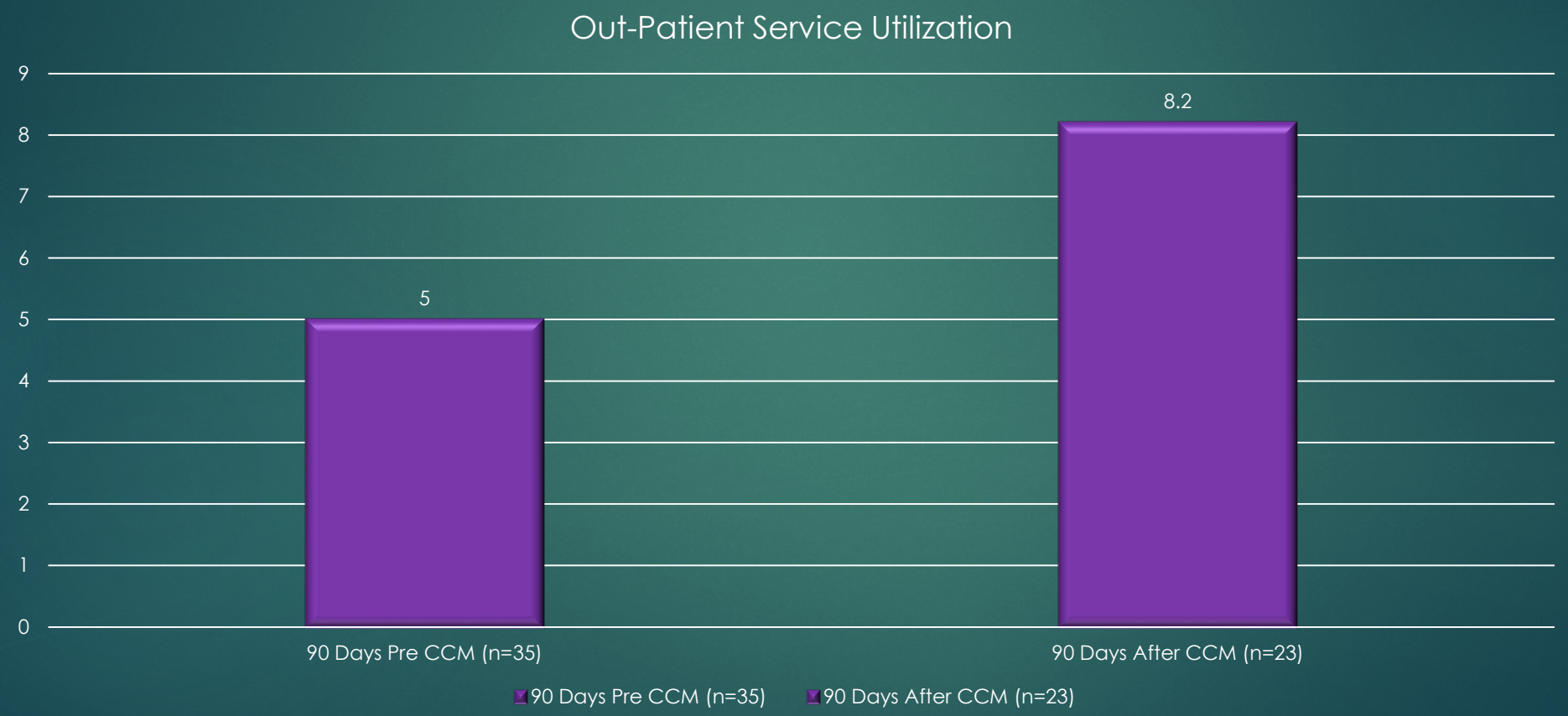
- DWIHN analyzed member Admission, Discharge and Transfer (ADT) alerts and DWIHN claims data to measure utilization of Emergency Department and Hospital Admissions 90 days prior to participating in CCM services and 90 days after starting CCM services
- Members participating in CCM services showed an average 48% reduction in Emergency Department utilization and average 74% reduction in Hospital Admissions from 90 days prior to 90 days after starting CCM services.
- Members had an average of 28 Emergency Department visits and 1.5 Hospital admissions during the 90 days prior to receiving CCM services and had an average of 12.5 Emergency Department visits and 0.5 Hospital admissions during the 90 days after starting CCM services


ED Visits and Hospital Admissions
30
25
20
15
10
5
0
28.5
1.4
3
0.5
90 Days Pre CCM
90 Days Post CCM
Emergency Department Utilization
Hospital Admissions

Utilization of Out-patient Services

- DWIHN analyzed members claims data for out-patient behavioral health service utilization 90 days prior to participating in CCM services and 90 days after starting CCM services.

- The average number of out-patient behavioral health services during the 90 days prior to CCM services was 5 and the average number of out-patient behavioral health services after starting CCM services was 8.2, which amounts to a 64% increase in out-patient services utilization


Out-Patient Service Utilization
9
8
7
6
5
4
3
2
1
0
5
8.2
90 Days Pre CCM (n=35)
90 Days After CCM (n=23)
90 Days Pre CCM (n=35)
90 Days After CCM (n=23)

Outpatient Utilization within 60 days

- DWIHN also measured the number of members who attended two out-patient behavioral health services within 60 days of starting CCM services.
- Of the 41 members that were available to participate in 2 out-patient services after starting CCM services, 36 members (87%) attended two out-patient behavioral health services within 60 days of starting CCM services.

Outpatient Utilization post 60 days

- For FY21 as an area of improvement, DWIHN measured the number of members who attended two out-patient behavioral health services within 60 days of the closure CCM services.

- 42% attended two out-patient behavioral health services within 60 days of CCM case closure.

Satisfaction Surveys

- Satisfaction surveys were offered to all members upon closure of Complex Case Management services. Members were informed that completion of the Survey was not mandatory, but that they were encouraged to complete the Survey to provide feedback regarding their experience receiving CCM services.

- Of the 60 CCM cases opened during FY2021, 42 members had Complex Case Management services closed during FY2021. 20 (48%) Satisfaction Surveys were completed and returned.

Complex Case Management Survey Questions

1. Did the PIHP Care Coordinator help you understand the plan of care?

2. Did the PIHP Care Coordinator assist and support you to get the care you needed?

3. Was the PIHP Care Coordinator attentive and help you work through problems?

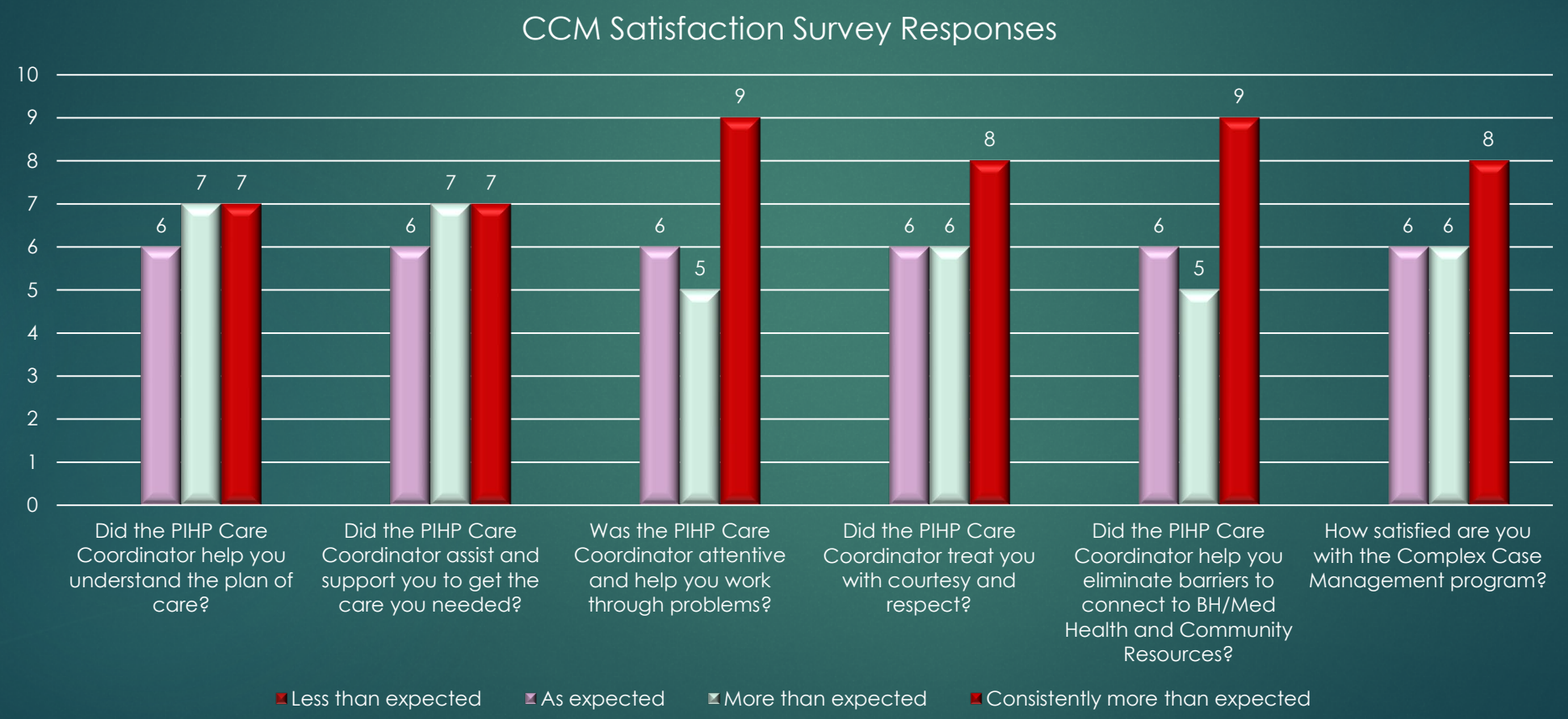
4. Did the PIHP Care Coordinator treat you with courtesy and respect?

5. Did the PIHP Care Coordinator help you eliminate barriers to connect with your Behavioral and Medical Health and Community Resources?

6. How satisfied are you with the Complex Case Management program?

- No members reported responses of ‘Less than expected’ to the Survey questions. Six members provided a response of ‘As expected’ to the first question. All other members provided responses of ‘More than expected’ and ‘Consistently more than expected’.

- The first and second questions had a 30% response of “As Expected”, 35% response of “More than expected” and a 35% response of “Consistently More than expected”. The third question had a 30% response of “As Expected”, 25% response of “More than expected” and a 30% response of “Consistently More than expected”. The fourth and fifth questions had a 30% response of “As Expected”, 30% response of “More than expected” and a 40% response of “Consistently More than expected”.


CCM Satisfaction Survey Responses
10
9
8
7
6
5
4
3
2
1
0
6
7
7
6
7
7
6
5
9
6
6
8
6
5
9
6
6
8
Did the PIHP Care Coordinator help you understand the plan of care?
Did the PIHP Care Coordinator assist and support you to get the care you needed?
Was the PIHP Care Coordinator attentive and help you work through problems?
Did the PIHP Care Coordinator treat you with courtesy and respect?
Did the PIHP Care Coordinator help you eliminate barriers to connect to BH/Med Health and Community Resources?
How satisfied are you with the Complex Case Management program?
Less than expected
As expected
More than expected
Consistently more than expected

Member Comments

- *"Ms. Lenette Spencer was excellent, she worked as a team with everyone and was helpful in various ways. She was very valuable, helpful, and excellent."*
- *"All I can say they have been very great with me. I can't ask no more than it has been good. Thank you very much "*
- *"Mrs. Scherie helped me out a lot. I really appreciate her help and what she did for me. I'm going to miss her. Thank you very much ."*
- *"I feel that she is cooperative and a very nice person and she cares"*
- *"Spectacular."*
- *"Thank you for your assistance, support and positive involvement."*
- *"I am very satisfied with Scherie's care and help. She is always very thoughtful, helpful and motivating"*

Comparison to Previous Reviews

- The results of the FY2021 analysis of CCM services can be compared to the results of analysis completed for FY2020 and FY2019. Comparisons can be made in the areas of PHQ scores, WHO-DAS scores, hospital admissions, behavioral health engagement, and Satisfaction Survey results

- These can be viewed in tables 6-10 as follows

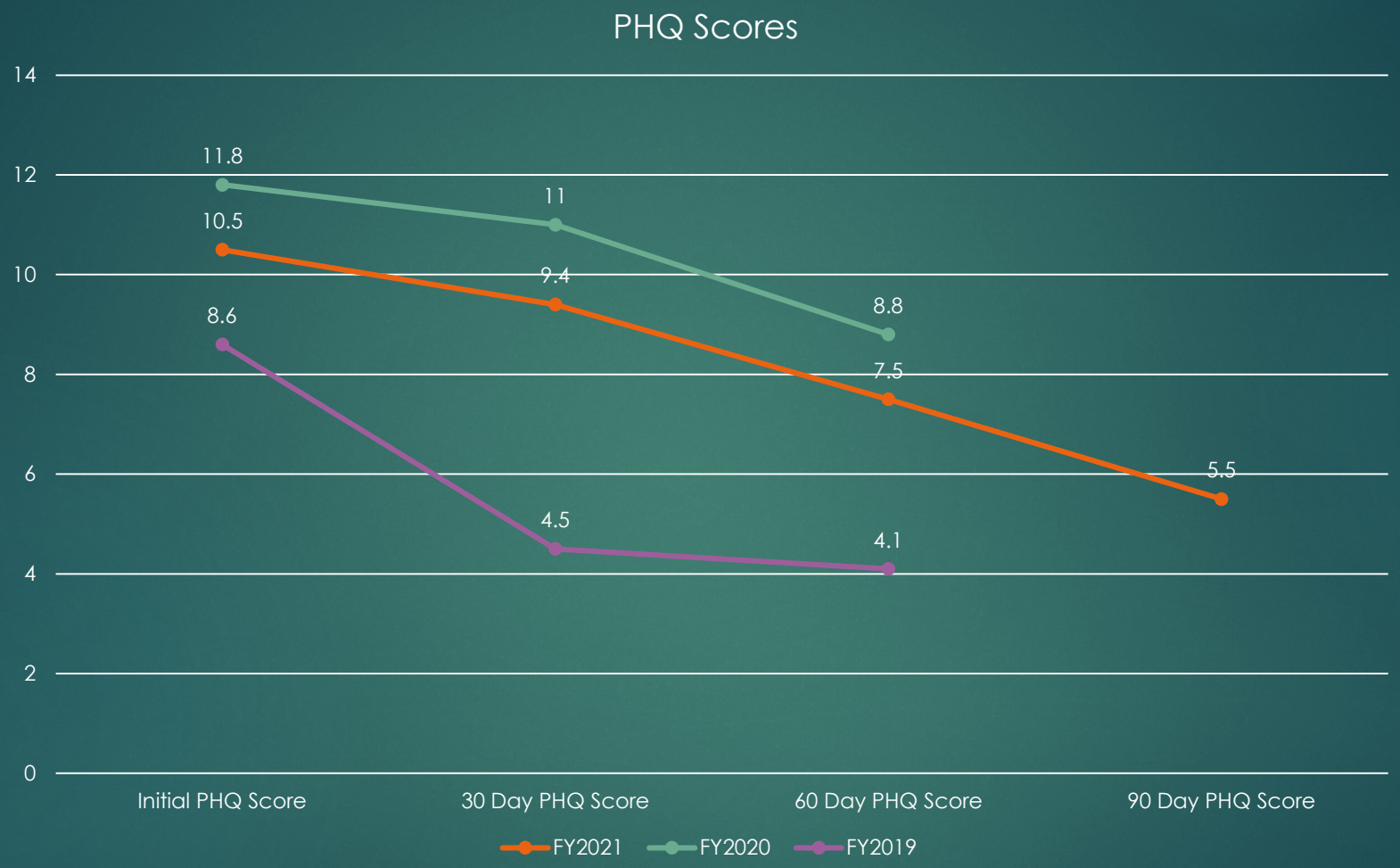

PHQ Scores
14
12
10
8
6
4
2
0
11.8
11
10.5
9.4
8.8
8.6
7.5
5.5
4.5
4.1
Initial PHQ Score
30 Day PHQ Score
60 Day PHQ Score
90 Day PHQ Score
FY2021
FY2020
FY2019

Table 6

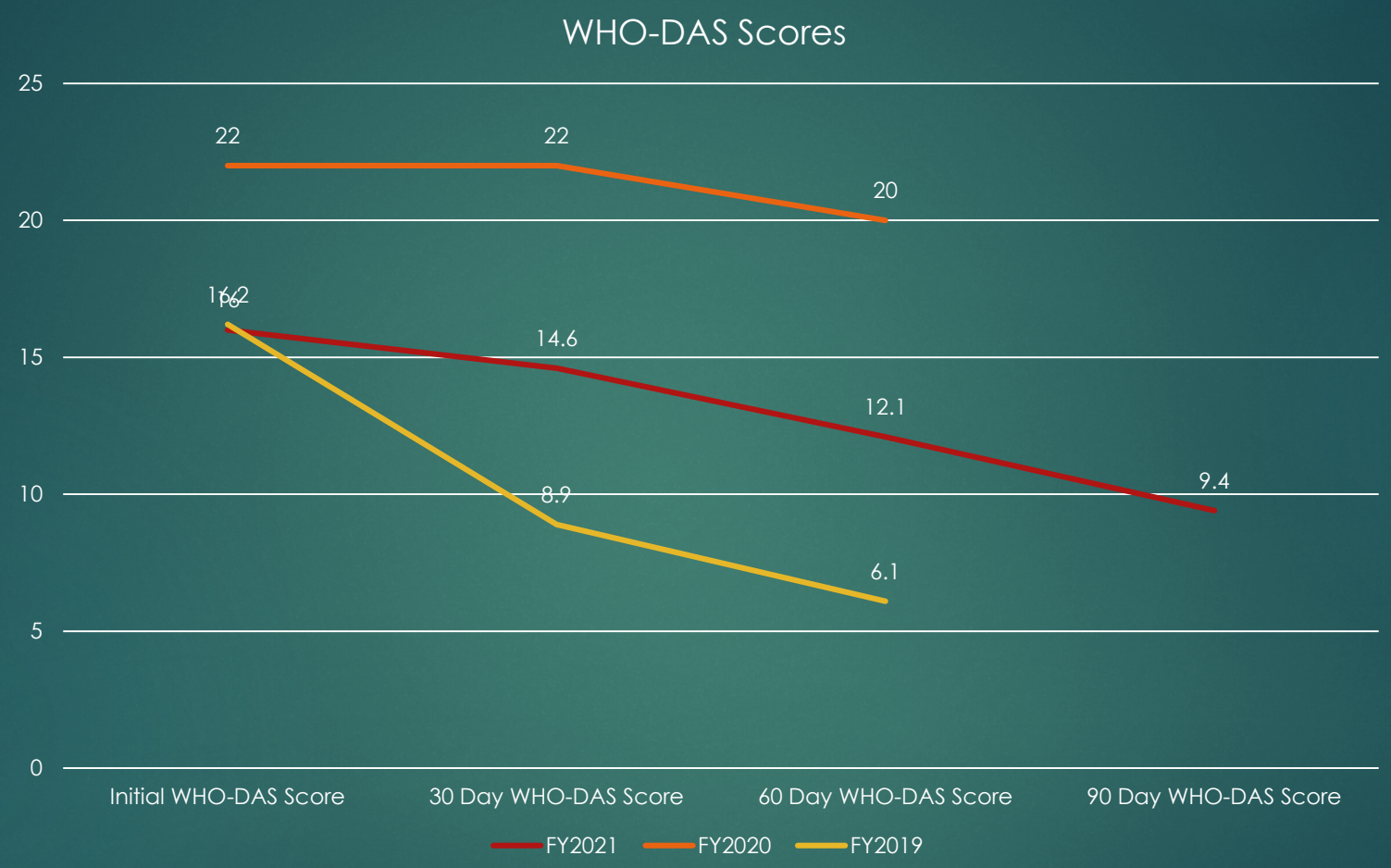

WHO-DAS Scores
25
20
15
10
5
0
22
22
20
16.2
14.6
12.1
9.4
8.9
6.1
Initial WHO-DAS Score
30 Day WHO-DAS Score
60 Day WHO-DAS Score
90 Day WHO-DAS Score
FY2021
FY2020
FY2019

Table 7

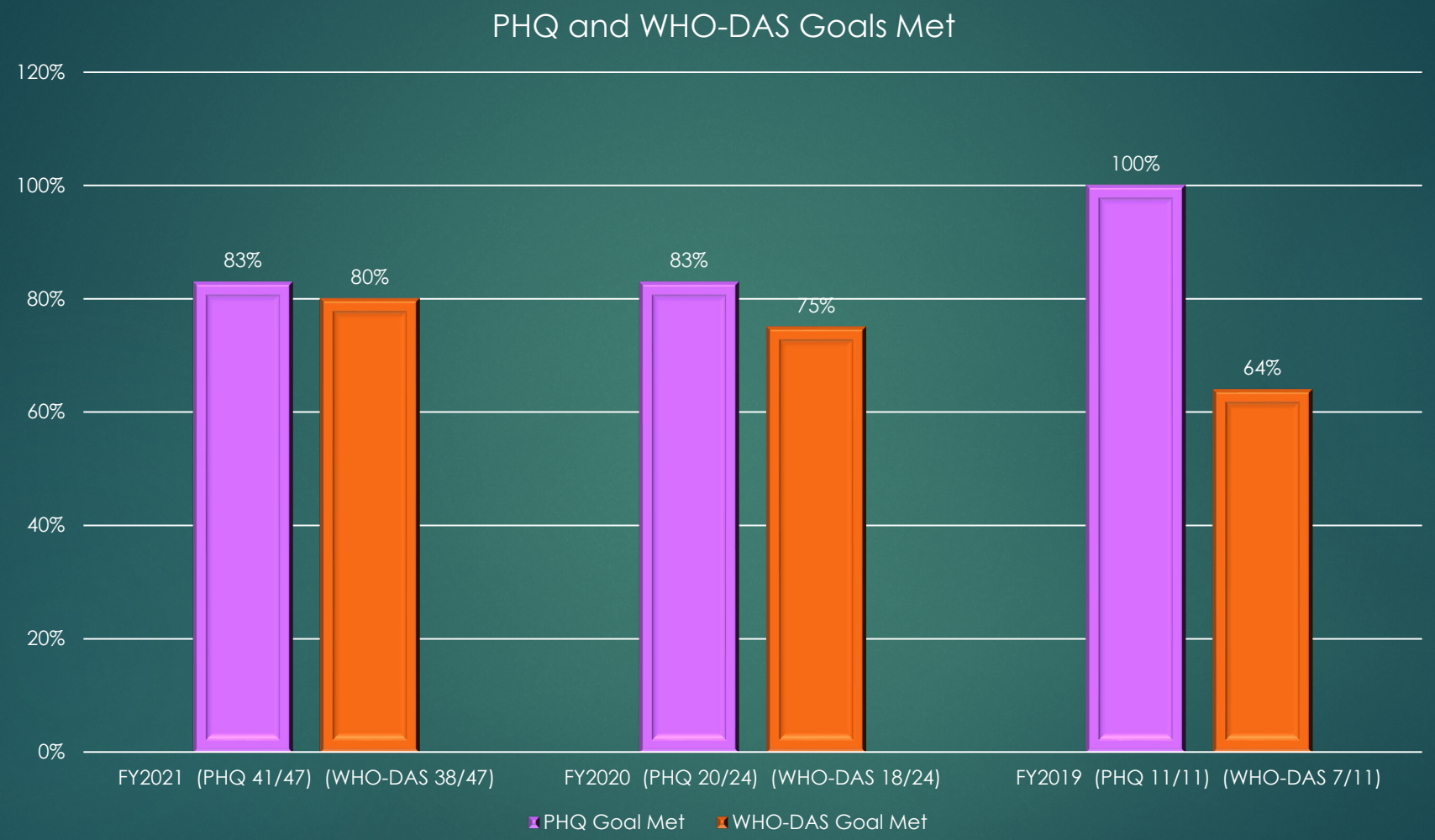

PHQ and WHO-DAS Goals Met
120%
100%
80%
60%
40%
20%
0%
83%
80%
83%
75%
100%
64%
FY2021 (PHQ 41/47) (WHO-DAS 38/47)
FY2020 (PHQ 20/24) (WHO-DAS 18/24)
FY2019 (PHQ 11/11) (WHO-DAS 7/11)
PHQ Goal Met
WHO-DAS Goal Met

Table 8

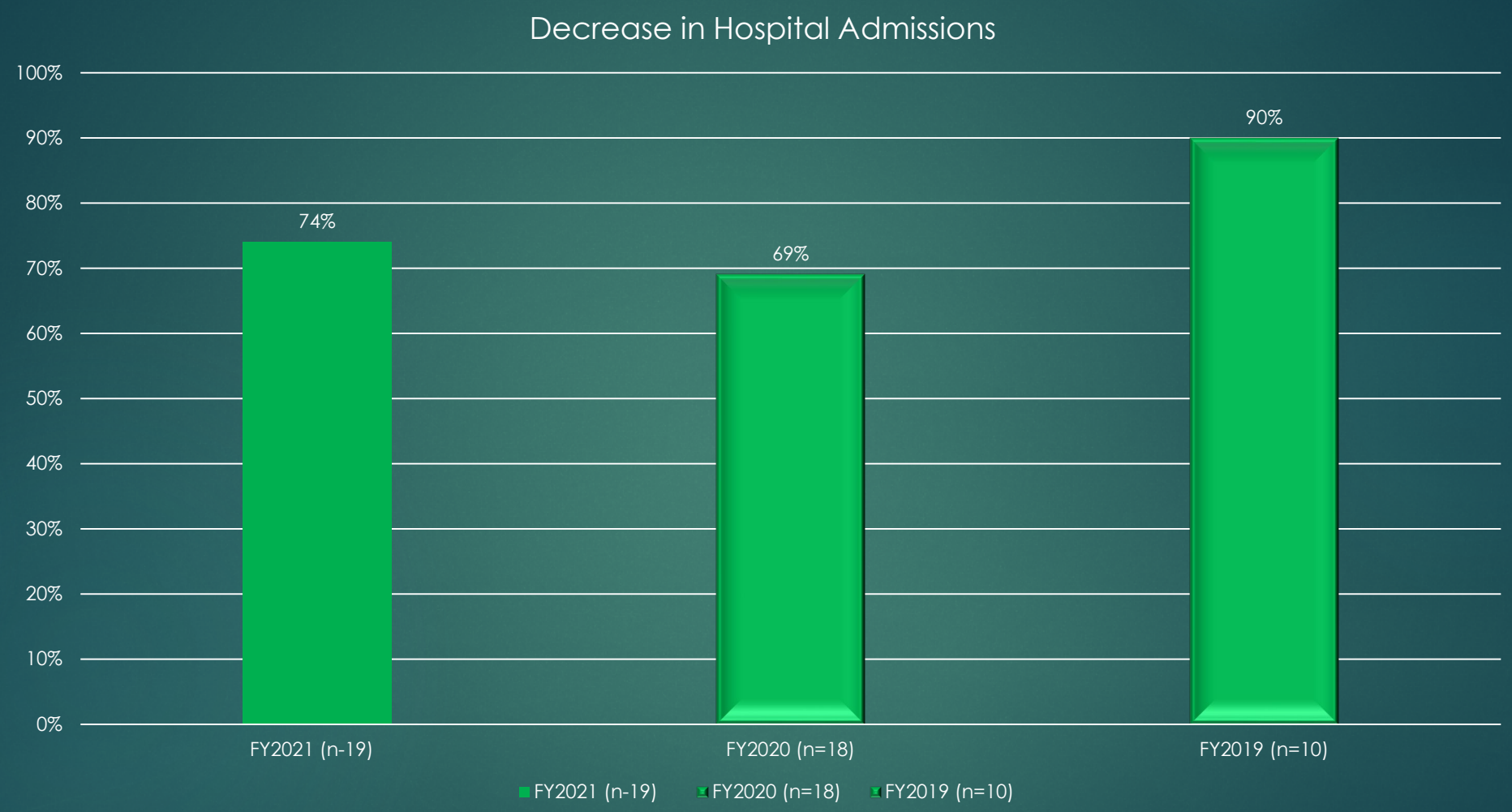

Decrease in Hospital Admissions
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
74%
69%
90%
FY2021 (n-19)
FY2020 (n=18)
FY2019 (n=10)
FY2021 (n-19)
FY2020 (n=18)
FY2019 (n=10)

Table 9

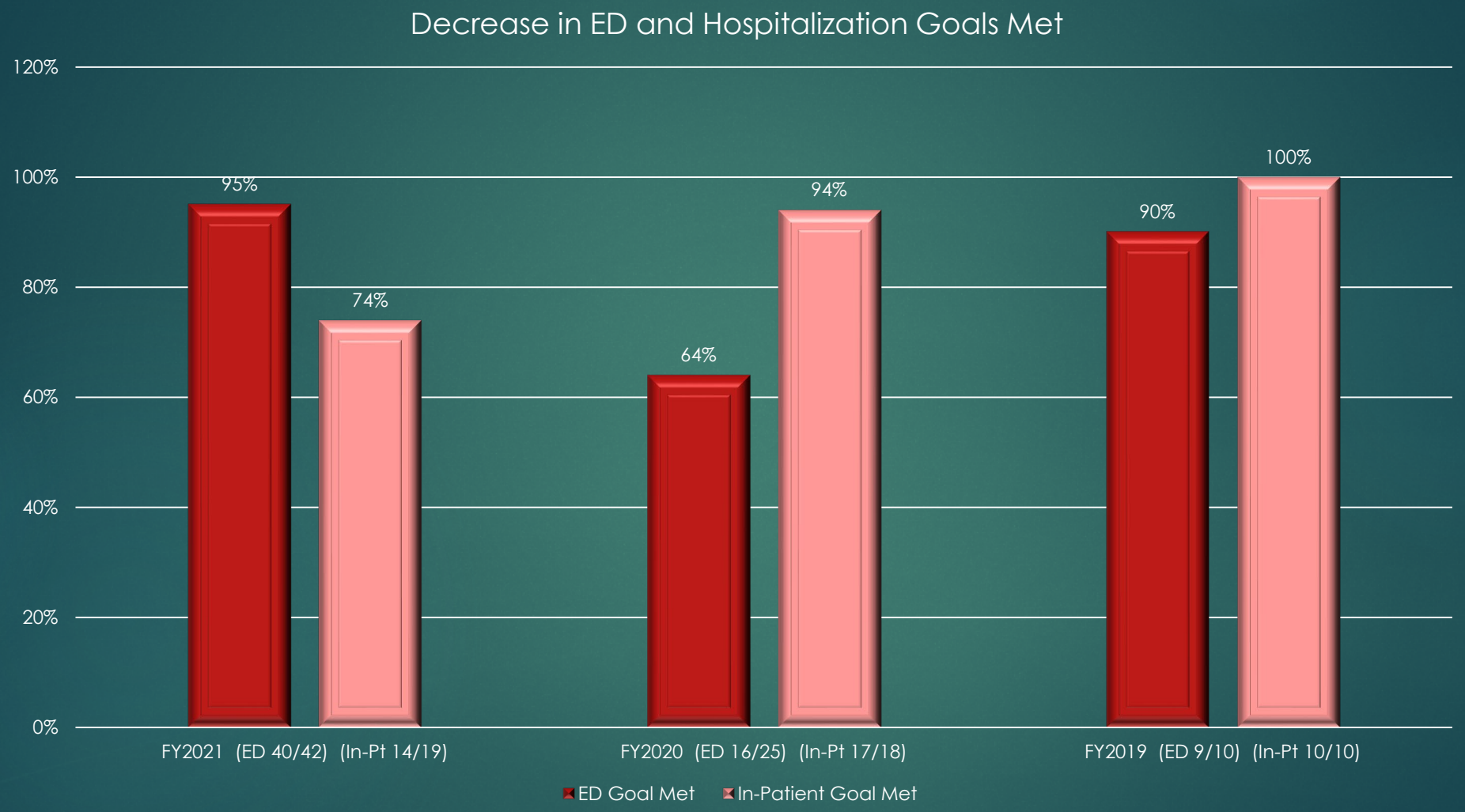

Decrease in ED and Hospitalization Goals Met
120%
100%
80%
60%
40%
20%
0%
95%
74%
64%
94%
90%
100%
FY2021 (ED 40/42) (In-Pt 14/19)
FY2020 (ED 16/25) (In-Pt 17/18)
FY2019 (ED 9/10) (In-Pt 10/10)
ED Goal Met
In-Patient Goal Met

Table 10

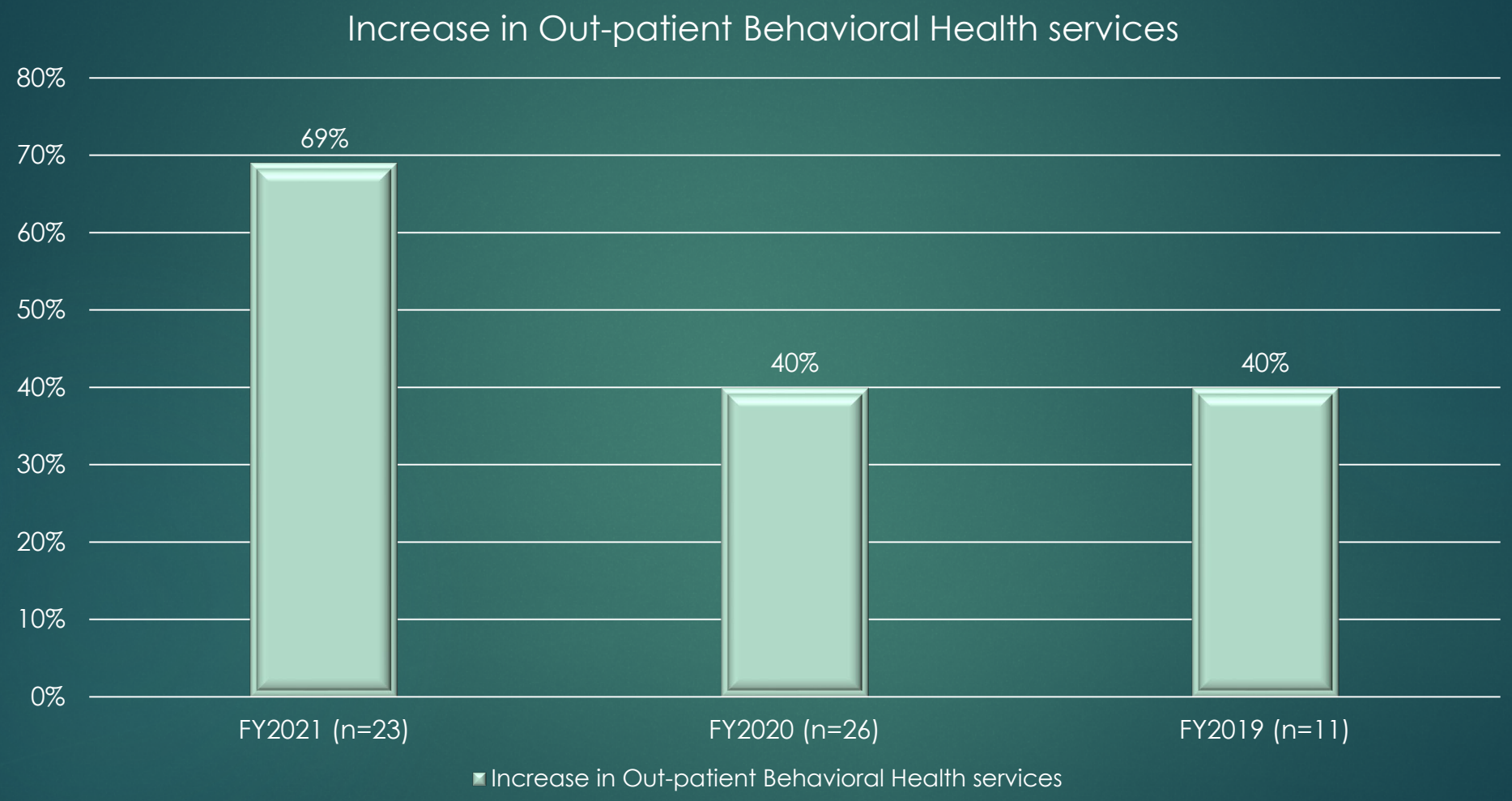

Increase in Out-patient Behavioral Health services
80%
70%
60%
50%
40%
30%
20%
10%
0%
69%
40%
40%
FY2021 (n=23)
FY2020 (n=26)
FY2019 (n=11)
Increase in Out-patient Behavioral Health services

Table 11

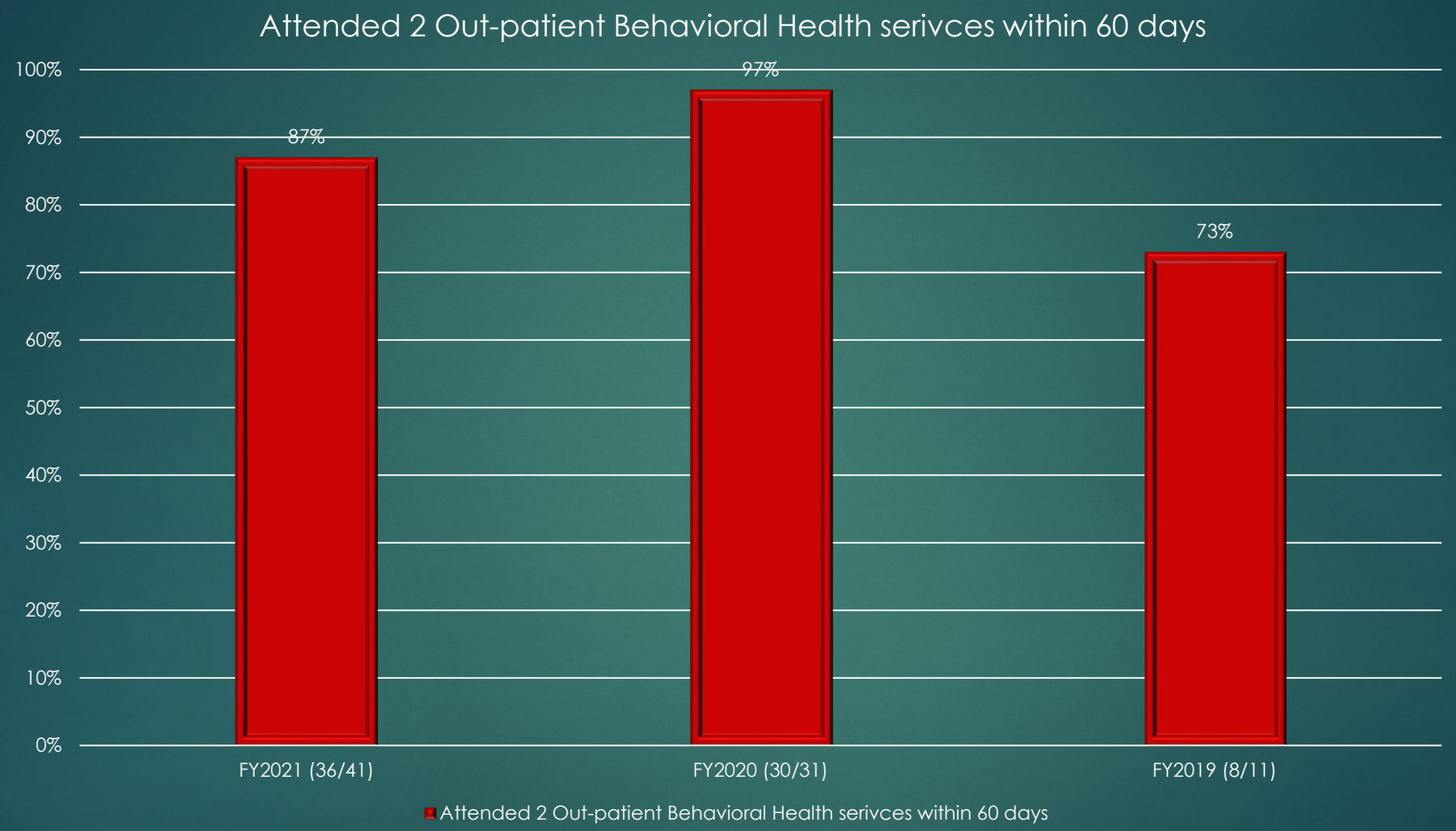

Attended 2 Out-patient Behavioral Health serivces within 60 days
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
87%
97%
73%
FY2021 (36/41)
FY2020 (30/31)
FY2019 (8/11)
Attended 2 Out-patient Behavioral Health serivces within 60 days

Table 12


Rates of Satisfaction on Satisfaction Survey
100%
100%
100%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
FY2021 (n=20)
FY2020 (n=12)
FY2019 (n=5)
Rates of Satisfaction on Satisfaction Survey

Table 13

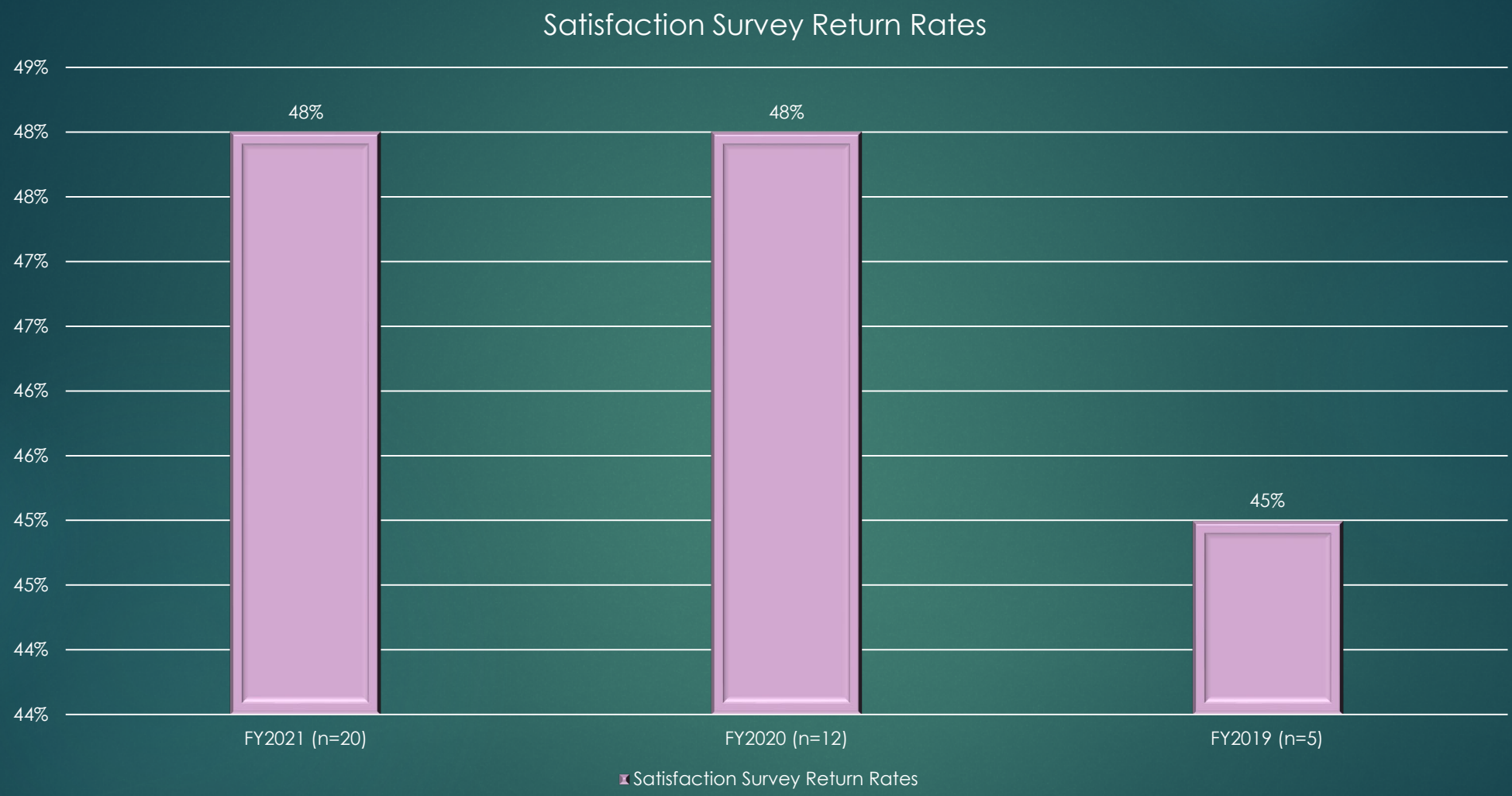

Satisfaction Survey Return Rates
49%
48%
48%
47%
47%
46%
46%
45%
45%
44%
44%
48%
48%
45%
FY2021 (n=20)
FY2020 (n=12)
FY2019 (n=5)
Satisfaction Survey Return Rates

Table 14

Areas of Improvement

- An area identified as an opportunity for improvement during FY2020 was reduction in Emergency Department utilization.
- During FY21, Care Coordinators emphasized the importance of familiarization with crisis plans, becoming more knowledgeable of managing conditions.
- Care Coordinators emphasized the importance participation at outpatient behavioral health appointments. Care Coordinators also worked with members to address barriers, connect members to service providers, and completed transition of care calls to members to ensure needs were met.
- As a result of these efforts, 95% of members who received CCM services met the goal of a 10% reduction in Emergency Department Utilization

- Three areas that DWIHN will focus on improving during FY2022 are in the areas of reduction in Emergency Department utilization, increase in outpatient visits (at 60 days of CCM enrollment, 90 days of CCM enrollment and 60 days post case closure) and completion of Satisfaction Surveys.

- During FY22, Care Coordinators will mail out educational material to members about the benefits of attending Behavioral Health Outpatient appointments within 2-3 weeks after case closure. Care Coordinators will contact members around 30 days post case closure for follow up and contact members CRSP to increase outpatient visit participation.

- Complex Case Management consistently works to make great connections with DWIHN's CRSP as a best practice to provide coordination of care for our members and ensure needs are met. These connections are also vital for fostering program enrollment rates. For FY2022, DWIHN would like to increase Complex Case Management Program enrollment by 20%.

- FY2022, DWIHN will continue offer a $10 Walmart Gift Card to all members who complete and return a CCM Satisfaction Survey. CCM Members will also receive a Graduation Letter with a Satisfaction Survey attached at case closure.

- In addition to verbal reminders, the Clinical Specialist of Complex Case Management will continue to contact any members who have not returned their satisfaction survey within 30 days to encourage telephonic completion

- In effort to increase member sustainability and engagement in out-patient behavioral health services after they are no longer receiving CCM services, the percentage of members who engage in at least two out-patient behavioral health services within 60 days of closure of CCM services will continue to be measured.

Behavior Treatment Advisory Committee
Summary of Data Analysis
Fiscal Years
2019-2021

Prepared by: Fareeha Nadeem, M.A., LLP.
Clinical Specialist, Quality Improvement

Background

- Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017.
- The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights.
- To review the implementation of twenty network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness.

Background Continued….

- To review system-wide Behavior Treatment Plan Review process issues, including approvals, disapprovals, and terminations of Behavior Treatment Plans.
- To reviews system-wide Behavior Treatment Plan Review Committees' trends and patterns compared to performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events.

CHALLENGES

- Need for the structure of formal review process at the systemic level;
- Expediated Review Process for Emergent Reviews;
- Adherence to MDHHS requirements for Restrictive and Intrusive interventions;
- System-wide Technical assistance and training on Behavior Treatment Procedure ;
- H 2000 authorization/approval guidelines;
- Under reporting of the five reportable categories for the members on Behavior Treatment Plans; *(Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested)*

CHALLENGES Continued…

- Adherence to MDHHS requirements to document Behavior Treatment Plan Review Committee meetings;
- Compliance with In-service training requirements for Restrictive and Intrusive interventions;
- Accuracy of required information on MDHHS data spreadsheets;
- Revisions in the Behavior Treatment section of the Case Record Review Tool/Policy.

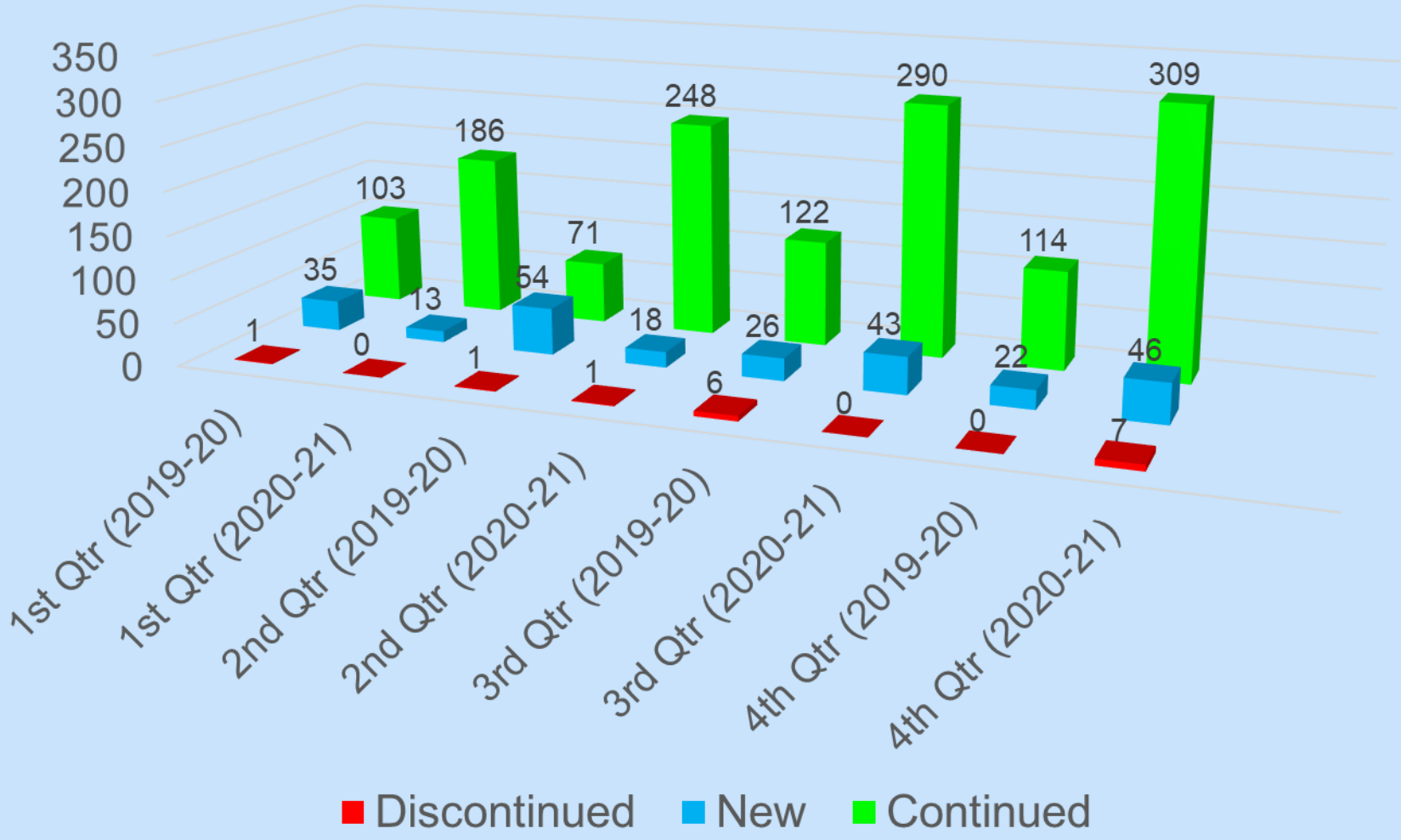
ACCOMPLISHMENTS

- DWIHN offered three trainings on Behavior Treatment Procedures with MDHHS;
- DWIHN started submitting quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;
- MDHHS Technical Requirements have been incorporated into DWIHN Policy and Case Record Review Tool (Periodic revisions are conducted);

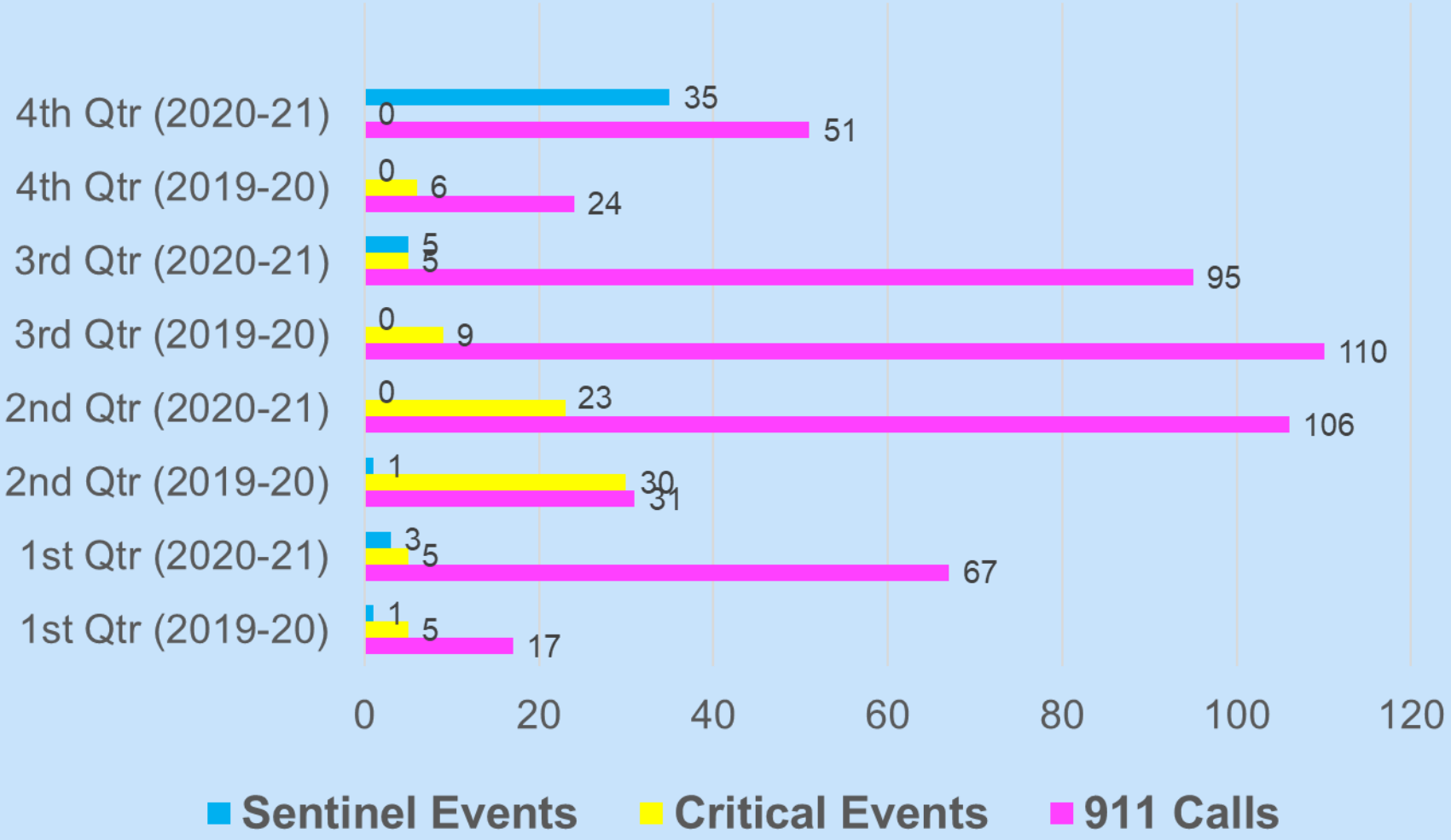
ACCOMPLISHMENTS Continued…..

- With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- Twenty Mental Health CRSP have established BTPRC and three have joint BTPRC;
- Behavior Treatment Category is now live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the five reportable categories. *(Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested)*

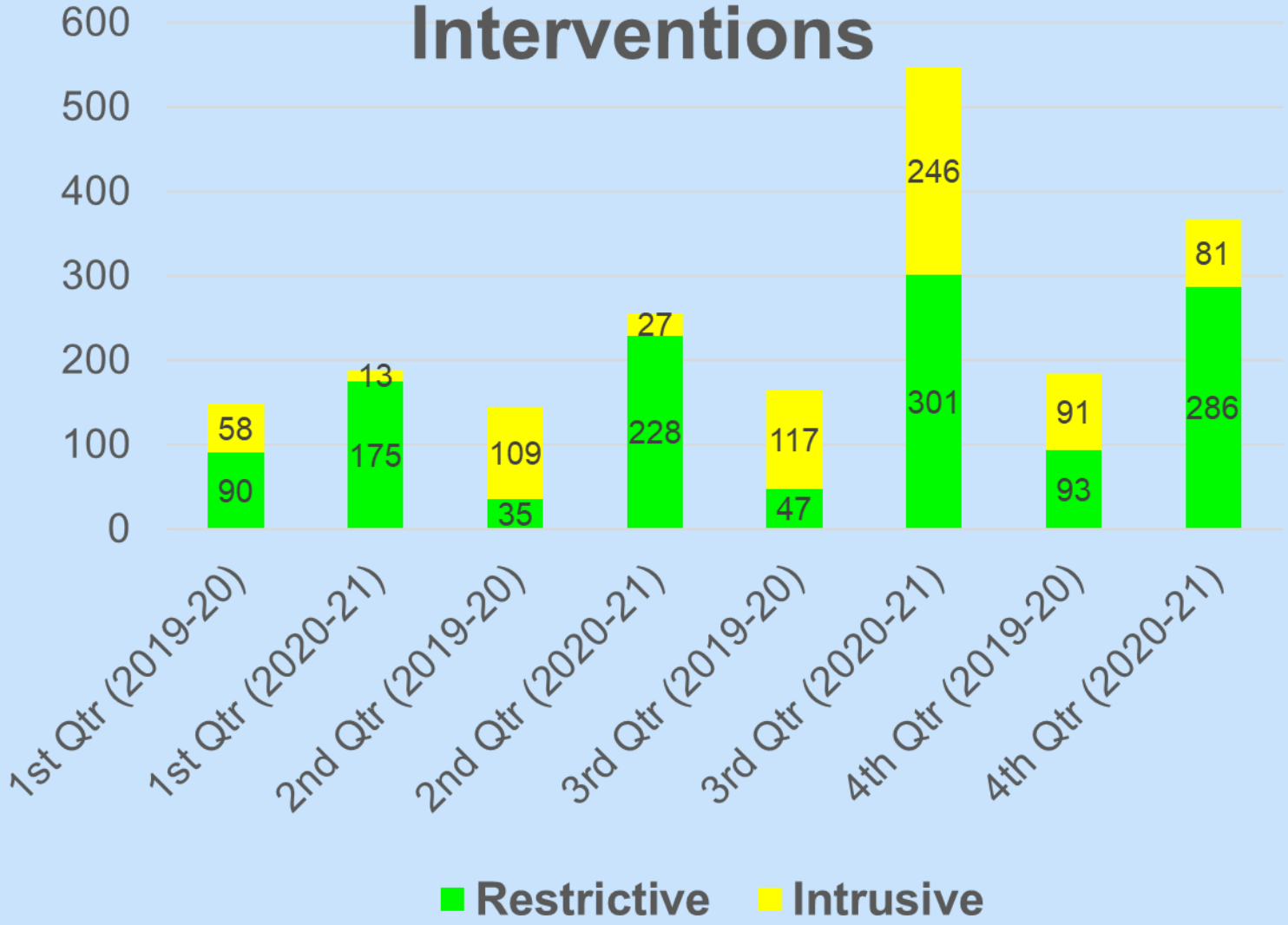
Total Behavior Treatment Plans Reviewed



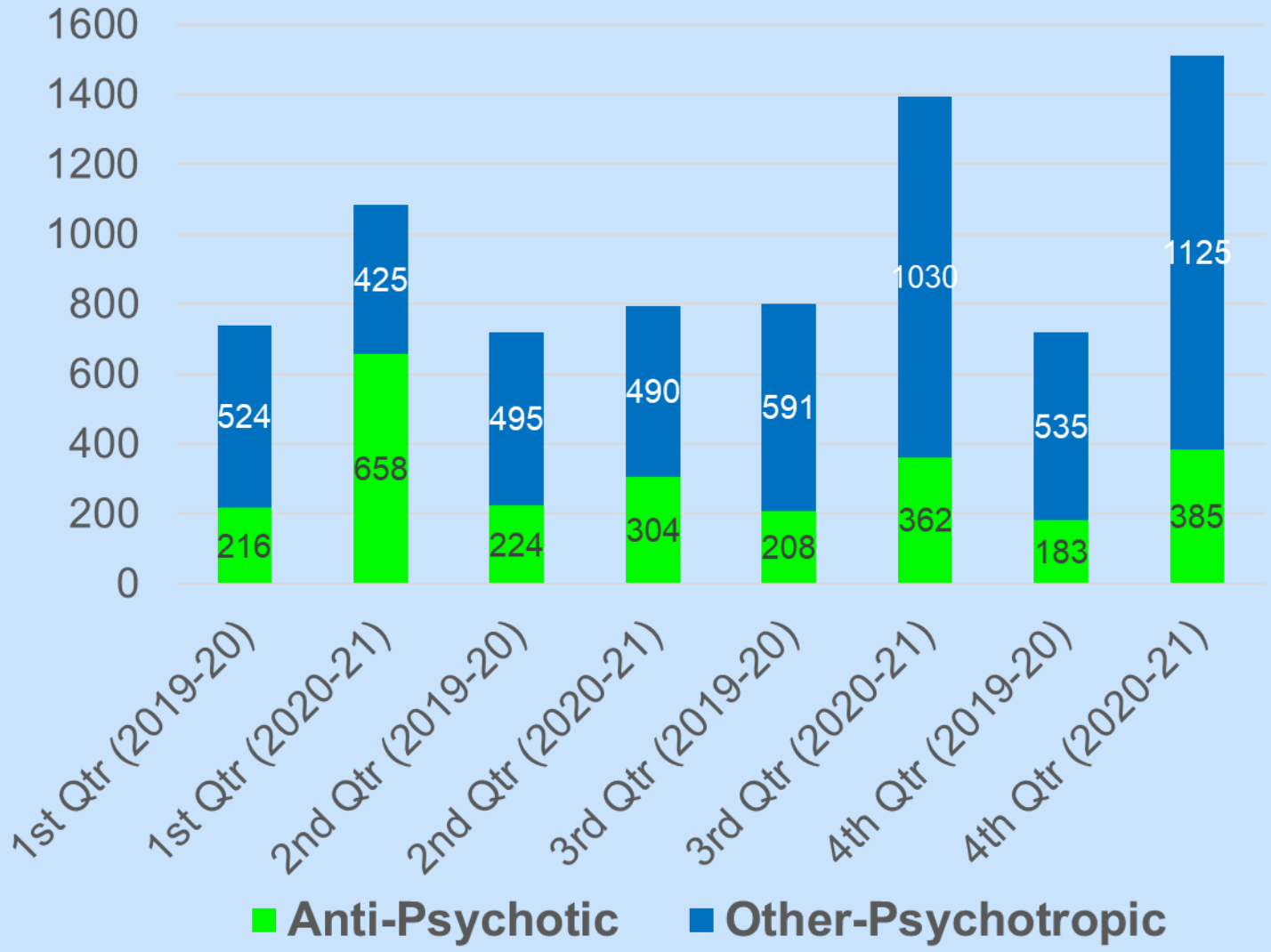
Reported 911 Calls and Critical/Sentinel Events



Restrictive and Intrusive Interventions



Use of Medication



RECOMMENDATIONS

- IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level;
- Regular consultations with network providers on the Technical Requirements of Behavior Treatment Plans;
- Each CRSP ensures the service site has member's IPOS and ancillary plans, before the delivery of services;

RECOMMENDATIONS

- Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;
- In-service training is provided by the appropriately licensed and credentialed clinician;
- Improve the under-reporting of the required data of Behavior Treatment beneficiaries. (Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested.)


THANK YOU