Quality Improvement Steering Committee (QISC)
Tuesday, April 26, 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 April 26, 2022 Agenda	Dr. Shama Faheem/Committee
IV.	Approval of QISC March 29, 2021 Minutes	Dr. Shama Faheem/Committee
V.	Utilization Management (UM) Program Description FY 2022 -2024	Jennifer Jennings
VI.	Customer Services	
	• NCI Survey Updates	Margaret Keyes-Howard
	• Peer Support/Mentor Data Collection	Delora Williams
VII.	PI 2a Review Data Analysis Best Practices	Tania Greason
VIII.	MMBIP "View Only" Module	Justin Zeller
IX.	Adjournment	

Quality Improvement Steering Committee (QISC)
Tuesday, April 26, 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, Cassandra Phipps, Cheryl Fregolle, D. Williams, Dhannetta Brown, Ebony Reynold, Jennifer Jennings, Jessica Collins, John Rykert , June White, Justin Zeller, Margaret Keyes-Howards, Manny Singla, Melissa Eldredge, Michele Vasconcellos, Michelle York, Ortheia Ward, Rhianna Pitts, Robert Spruce, B.P. (Member Advocate) Rotesa Baker, Dr. Shama Faheem, Shirley Hirsch, Starlit Smith, and Tania Greason.

Members Absent:
Benjamin Jones, Dr. Bill Hart, Carl Hardin, Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Cheryl Madeja Danielle Hall, Donna Coulter, Donna Smith, Eric Doeh, Fareeha Nadeem, Jacqueline Davis, Jennifer Smith, Judy Davis, Kim Batts, Latoya Garcia-Henry, Dr. Leonard Rosen, Lindon Munro, Melissa Hallock, Melissa Moody, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Rakhari Boynton, Sandy Blackburn, Dr. Shama Faheem, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vickey Politowski.

Staff Present: April Siebert, Tania Greason, Justin Zeller, 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 revision
- February 22, 2022 minute approved by Dr. Shama Faheem and group

5) Item: Announcement/DWIHN Update: Dr. Shama Faheem, Chief Medical Officer
Goal:

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		
Dr. Faheem informed the committee of the following announcements: • Construction on DWIHN Care Center and Administrative building will begin May 2022. • In FY 2023 DWIHN will launch its Crisis Center with a full spectrum of the crisis stabilization and residential services as well as sober living units. • DWIHN is working on the CCBHC grant and looking forward to improving gaps identified in terms of providing care to our most vulnerable population. • The Behavioral Health Home initiative started in April, 2022. • DWIHN continues working with MDHHS on the Opioid Health Homes initiative. • DWIHN has moved forward with the children initiative program "Putting Children First". DWIHN's CI unit is developing a workplan. • DWIHN continues to work on the clinical initiative "Med Drop" program with goals to decrease need for higher level care		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
None Required.		

6) Item: Utilization Management (UM) Program Description - Jennifer Jennings, UM Director
Goal: Review and approval of the UM Program Description FY2022-2024

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

NCQA Standard(s)/Element #: ☐ QI# ___ ☐ CC# ___**X UM #1** ☐CR # ___ ☐ RR # ___

Decisions Made		
Jennifer Jennings provided an overview of the UM program description for FY 2022-24. The UM program description is updated and reviewed for approval every two years with an effective date from October 1, 2022 – September 20, 2024. The program description is also aligned with DWIHN's strategic plan. Updates include the following: • Remove System Transformation (Section VIII) • Revision of Program Structure (Section IX) • New Program Goals (Section XI) • Remove Access Center as a Delegated Entity as it is now in house (Sections XIII-XVII) For additional information please review PowerPoint presentation" UM Program Descriptions FY October 1, 2022- September 30, 2024" on the following highlighted areas below: • Changes from FY 20-22 to FY23-24 UM Program Descriptions • Table of Contents • UM Department Structure • UM Program Goals • Access Pillar • Advocacy Pillar • Customer Service Pillar • Finance Pillar • Quality Pillar • Workforce Pillar		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
The UM Program FY 2022 – 24 description was approved by Dr. Faheem and the QISC.	Dr. Faheem and QISC	4.26.2022

7a) Item: Customer Services NCI Survey Update – Margaret Keyes-Howard, CS
Goal: Update from the NCI Survey
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 5 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Margaret Keyes-Howard discussed and provided an update for the 2022 NCI Survey. The NCI survey is completed annually. The final data from the survey is populated with persons receiving services within Wayne County. DWIHN data/outcomes is not separate in the analysis and report . CS has inquired about receiving the data electronically from Wayne State University to review the data specific to DWIHN. CS has started collecting information beginning in December 2019 - March 2020, over 300 members were contacted to participate in the survey. For FY2020 no final survey has been completed by Wayne State University due to the COVID pandemic and staffing issues. In November and December of 2021 CS has been collaborating with Wayne State University to complete the NCI 2021 surveys. Compared to FY 2019 they were a total of 48 states participated in the NCI surveys, for FY 2021 there were only 25 states participating in the NCI survey. Michigan represent 2/3 of the people represented in the NCI survey and Wayne county had a largest portion of the participants. CS have not received the final report for FY2021, when the report is available CS will share with the committee. CS shared some of the NCI Survey preliminary finding below: • 83% said during 2021 they talk to a case manager and felt secure in the conversation. • 37% reported begin more worry, anxious and needed more services. • 51% reported not having access to health provider using telehealth or were not able to go to services where in person service was not offered. • Out of 634 respondent only 89 people reported and 7% of the 89 reported having covid. • 31% of people in Michigan were using technically. • 6% would change were they live. • 15% made changes to the their home support. • 44% reported not going to in person to state program and 17% attended let hours. • 13% not working or quit their job and 5% reduce their work hours. • 55% felt isolated and visit family less. • 79% stop attending community events and 10% stop any in person activities.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Final report and analysis will be shared with the QISC for review of barriers and required interventions.	CS (Margaret Keyes-Howard)	August 2022

7b) Item: Customer Service Peer Support/Mentor Data Collection - Delora Williams
Goal:
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems X **Quality** ☐ Workforce
NCQA Standard(s)/Element #: XQI# 5 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Delora Williams shared with the committee the peer support initiatives. DWIHN's CS unit will begin to track and train peers online. The training initiative will include chat rooms pop up training to help peers improve on how to deliver services. DWIHN's CEO, Mr. Eric Doeh will be forwarding letter will be forwarded to providers requesting the QI directors and managers to assist DWIHN with entering accurate Peer information in MH_WIN, currently there is a need to update information. Information requested will include if Peers are certified or not with updating the peer's personal information address, phone/cell numbers and email address which is used to contact the peers for training and assist them with any additional information. Please feel free to reach out to Delora Williams at dwilliams@dwihn.org.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Providers to follow-up with request to update MH_WHIN with required peer information.	Assigned Providers	August 28th, 2022

8) Item: PI 2a Review Data Analysis Best Practices – Tania Greason

Goal: Review of PI# 2a Access/1st Request Timeliness

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

NCQA Standard(s)/Element #: XQI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
QI finalized the Q1 FY2022 report with a 52.82% . This is the highest rate score since 4th quarter of 2020, the children and adults DDI population has demonstrated the most significant increase. For Q2 FY 2022 preliminary data is at 58.36% overall compliance rate. DWIN's QI, Access, CPI and MCO units continue to work with providers and meet every 30-45 days to discuss barriers and needed interventions. The largest barrier continues to be related to staffing shortages. The state average for Q4 FY2021 is currently at 65% which is a decrease, in addition the other PIHP's numbers has been decreasing as well. To date, the state has not set a benchmark or standard for PI #2a		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Data and analysis for PI# 2a will be brought to the QISC for review of barriers and suggested interventions.	QISC	Ongoing

9) Item: MMBPI "*View Only*" Module - Justine Zeller, Clinical Specialist and Tania Greason, Network Administrator
Goal: Review and update of MMPI "View Only" module
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: XQI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Tania Greason reminded the QISC that the MMBPI "*View Only*" module is available in MH-WIN. This module allows providers access to view their data for analysis and review of interventions within each organization. If you do not have access or would like to schedule a TA session, please contact Justin Zeller in QI. For PI #4a and #4b follow up after inpatient psychiatric and after SUD services, providers are allowed to make exceptions, please review your data and make required exceptions for members that are no shows, cancel or reschedule their appointments. Justin will send reminder and indicator updates to providers no less than 30 days before the end of each reporting quarter, however providers are required to review their data and make appropriate updates no less than monthly.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Providers to review the View only Module for updating as required.	Assigned Providers	Ongoing

New Business Next Meeting: Tuesday May 31, 2022 Via Zoom Link Platform.

Adjournment: 2:25 pm

ah/05/03/2022

Utilization Management Program Description

October 1, 2022- September 30, 2024

Changes from FY 20-22 to FY23-24 UM Program Descriptions

- Remove System Transformation (Section VIII)
- Revision of Program Structure (Section IX)
- New Program Goals (Section XI)
- Remove Access Center as a Delegated Entity as it is now in house (Sections XIII-XVII)

Table of Contents

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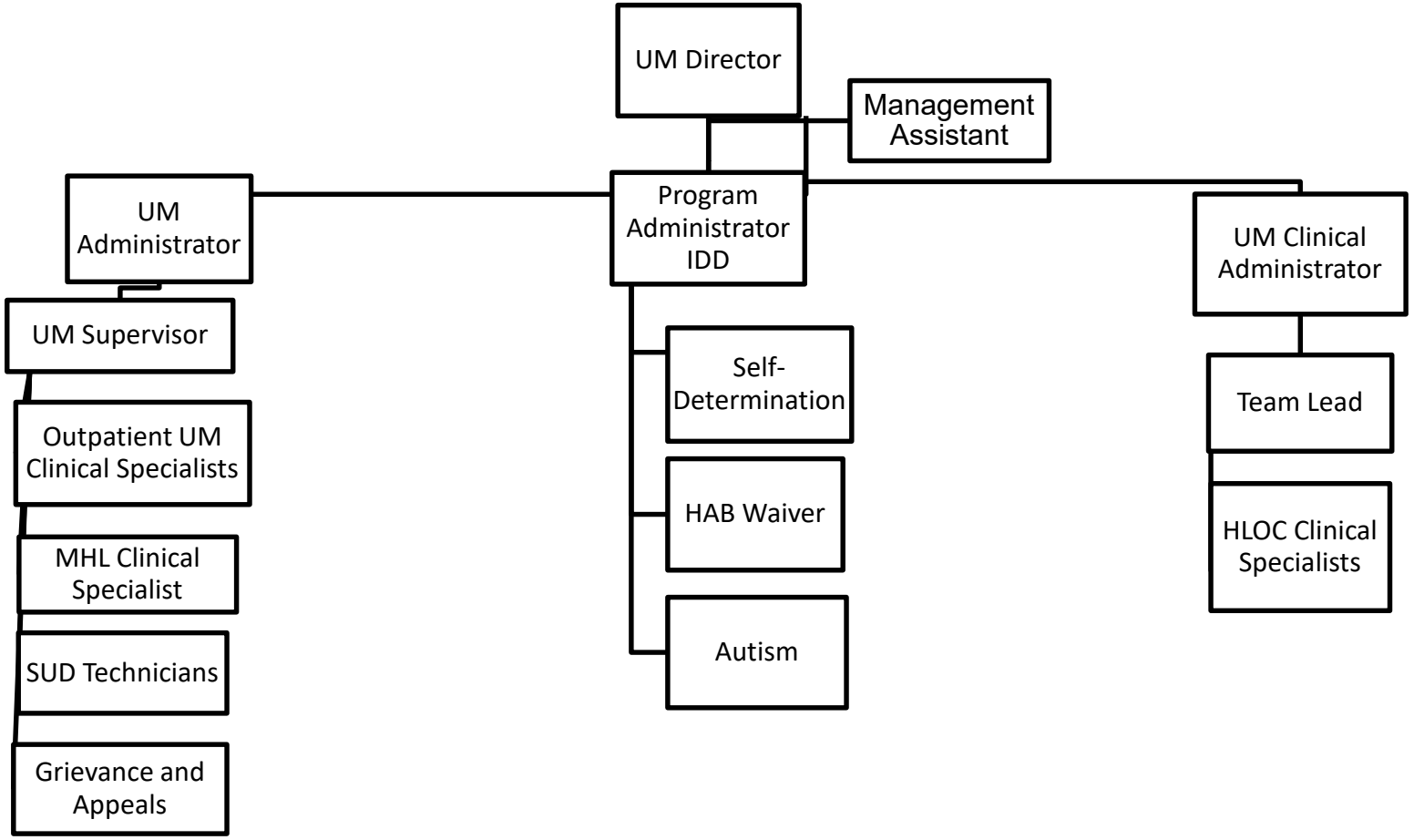
UM Department Structure



UM Program Goals

Access Pillar

UM Program Description Goal 1

Evaluate DWIHN's UM Program Description to assure effective and efficient utilization of behavioral health services identifying any barriers, analyzing metrics, utilization trends and quality of care concerns.

UM Program Description Goal 2

Monitor the use of specialty behavioral health waiver programs: Autism Spectrum Disorder (ASD) benefit, Habilitation and Supports Waiver (HAB), Children's Waiver Program (CWP) and Serious Emotional Disturbances Waiver (SED) through the development and on-going review of DWIHN policies and procedures and monthly monitoring reports.

UM Program Description Goal 3

Analyze populations served examining services received and services available to identify any gaps.

Advocacy Pillar

UM Program Description Goal 4

Promote need for enhanced use of Social Determinants of Health in making clinical decisions within standardized guidelines as part of the clinical review process.

Customer Pillar

UM Program Description Goal 5

Utilizing Provider and Practitioner Satisfaction Surveys related to service access and Utilization Management, make recommendations for improvement regarding service provision, treatment experiences and outcomes.

Utilization Program Description Goal 6

Enhance provider satisfaction by ensuring a more meaningful experience through use of customer service driven language to improve network relationships.

Finance Pillar

UM Program Description Goal 7

Promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding source and by monitoring over and underutilization of services using dashboards.

***Strategic Plan Goal D**: Develop a system that helps track over and under utilization*

Quality Pillar

UM Program Description Goal 8

Monitor the effectiveness of processes that promote clinical review procedures established from accrediting and regulatory agencies by evaluating the efficiency of targeted metrics during UM activities through interdepartmental collaboration.

UM Program Description Goal 9

Provide oversight of delegated UM functions through use of policies that reflect current practices, standardized/inter-rater reliability procedures and tools, pre-service, concurrent and post-service (retrospective) reviews, data reporting (i.e. timeliness of UM decisions and notifications), outcome measurements and remedial activities

Workforce Pillar

UM Program Description Goal 10

Develop standardized guidelines for intradepartmental, interdepartmental and network wide training based on clinical concepts and DWIHN policies and procedures that align with UM reviews and documentation criteria.