Quality Improvement Steering Committee (QISC)
Tuesday, June 28, 222
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 June 28, 2022 Agenda	Dr. Shama Faheem/Committee
IV.	Approval of QISC March 29, 2021 & April 26, 2022 Minutes	Dr. Shama Faheem/Committee
V.	DWIHN Performance Improvement Projects (PIP's)	
	a) Case Findings Opioid Misuse	Judy Davis
	b) Children's Metabolic Screening for Children on Antipsychotics	Cassandra Phipps
	c) Follow up for Children on ADHD medication	Cassandra Phipps
	d) Reducing Racial and Ethnic Disparity	Tania Greason
VI.	CS NCI Survey Update **(table**d)	Margaret Keyes-Howard
VII.	PI# 2a Data Analysis Best Practices (Provider Discussion)	Justin Zeller/Tania Greason
VIII.	MMBIP "View Only" Module	Justin Zeller/Tania Greason
IX.	Adjournment	

Quality Improvement Steering Committee (QISC)
Tuesday, June 28, 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, D. Marshall, Ebony Reynold, Jessica Collins, John Rykert , Judy Davis, Justin Zeller, Lindon Munro, Maria Stanfield, Manny Singla, Melissa Eldredge, Melissa Peters, Michele Vasconcellos, Michelle York, Ortheia Ward, Robert Spruce, Rotesa Baker, Dr. Shama Faheem, Shana Norfolk, Starlit Smith, Tania Greason and Tiffany Thisse.

Members Absent:
Benjamin Jones, Dr. Bill Hart, Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Cheryl Madeja, Danielle Hall, Dhannetta Brown, Donna Coulter, Donna Smith, Eric Doeh, Fareeha Nadeem, Jacqueline Davis, Jennifer Jennings, Jennifer Smith, June White, Kim Batts, Latoya Garcia-Henry, Dr. Leonard Rosen, Margaret Keyes-Howards, Melissa Hallock, Melissa Moody, Mignon Strong, Nasr Doss, Oluchi Eke, Rakhari Boynton, Sandy Blackburn, Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vicky Politowski.

Staff Present: April Siebert, Tania Greason, Justin Zeller, Starlit Smith, Tiffany Thisse 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 attendance.

3) Item: Approval of June 28, 2022 Agenda: approved as written by committee

4) Item: Approval of March 29 & April 26, 2022 Minutes:
- March 29, 2022 minutes approved as written by Dr. Shama Faheem and committee
- April 26, 2022 minutes approved as written by Dr. Shama Faheem and committee

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

- The groundbreaking for DWIHN's New Care Center was held on June 22, 2022 and construction has started. The Care Center will have 39 beds and include a crisis stabilization and crisis residential service.
- The Michigan Mission Based Performance Indicator (MMBPI) data for PI# 2a continues to be a systemic issue. DWIHN has been made aware of the CRSP's struggles with maintaining and hiring staff for intake assessments. DWIHN has developed incentives for CRSP's relative to Performance Indictor data as well as reviewing the required documentation/paperwork that is required for CMH services. DWIHN is advocating with MDHHS for decreasing the amount of paperwork required for receiving services. DWIHN is also reviewing the amount of required paperwork within our provider network to determine if we can streamline the requirement to assist with the noted barrier. Providers are encouraged to reach out to DWIHN with any ideas related to the workforce shortage, please reach out to Dr. Shaman Faheem via email sfaheem@dwihn.org.

6a) Item: DWIHN PIP's Case Findings Opioid Misuse - Judy Davis, SUD Director
Goal: Review of Barriers and Interventions

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Judy Davis, SUD Director, shared with the workgroup the causal/barrier analysis of the Performance Improvement Project (PIP): Case Findings OPIOD Misuse. SUD's goal is to increase the number of persons revived with DWIHN Provided Naloxone Kits in Wayne County MI (Naloxone Project) which utilized community education and distribution of Naloxone kits to promote the use of overdose-reversing drugs. Approximately 1,886 persons for over a five-year period in Wayne County have been revived with a kit provided by DWIHN. Measured interventions include the following: ○ Persons who were revived with the Naloxone/Narcan kits. ○ Persons referred for SUD from several health care environments and other community environments using the SBIRT screening tool to treatment services. ○ Persons that received services from our mobile units ○ Mobile Units were effective in engaging individuals in SBIRT screenings and in Substance Use Disorder treatment services. ○ DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment and peer services. ○ FY 21 and FY 22 ○ Screened FY 21, 1,328 and FY 22, 679 ○ Referrals to SUD treatment FY 21 89 and FY 22 419 For additional information please review PowerPoint presentation" PIP Substance Use Disorder Department" on the following highlighted areas below: a) Quality Improvement Activity b) Measured Interventions c) Interventions d) SBIRT Providers e) SBIRT Screening f) Naloxone		
Questions	**Assigned To**	**Deadline**
Questions: How are you able to track save lives? SUD keep a Naxlone kits log to help DWIIHN to document the statistics and keep track of replacement Naxlone kits when requested.	N/A – Answered during meeting	N/A

Action Items	Assigned To	Deadline
Dr. Faheem and the QISC members approved the continuation of the Case Findings Opioid Misuse PIP. Barriers will be reviewed at the September 2022 Meeting.	SUD – Judy Davis	September 30, 2022

6b) Item: DWIHN PIP Children's Metabolic Screening for Children on Antipsychotics- Cassandra Phipps, Children Initiatives (CI) Director
Goal: Review of Barriers and Interventions for the Children's Metabolic Screening for Children on Antipsychotics (APM)PIP
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: ☐ QI# ___ ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Cassandra Phipps reviewed with the workgroup the HEDIS goal for the *Children's Metabolic Screening for Children on Antipsychotics* (APM) PIP. The HEDIS goal is for Children Providers to improve compliance with meeting the minimum requirement for the HEDIS Measure APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (including Blood Glucose and Cholesterol lab work). ○ **APMC1 (age 1 to 11) - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Blood Glucose & Cholesterol)** **Goal = 50%** ○ **APMC2 (age 12 to 17) - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Blood Glucose & Cholesterol)** ○ **Goal = 50%** Proposed Interventions and noted barriers were presented to the QISC members for review and approval. The Children's Metabolic Screening for Children on Antipsychotics PIP was also presented and approved by DWIHN's IPLT in February and May 2022. Currently, DWIHN's Integrated Health Care (IHC) and CI Units are reviewing with Vital Data Technology (VDT), DWIHN's HEDIS Vendor, our data validity. For additional information please review PowerPoint presentation "HEDIS MEASURES ADD – Follow-Up Care for Children Prescribed ADHD Medication" on the following highlighted areas below: • HEDIS Goals • Improving Practices leadership team (IPLT) • Baseline Data • Proposed Interventions • Updates • Barriers • Next Steps		
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the QISC approved the noted barriers and interventions and the continuation for the APM PIP. The data will be presented to the QISC after the validity process with VDT has been completed.	CI – Cassandra Phipps	October 30, 2022

6c) Item: DWIHN PIP Follow up for Children on ADHD Medication - Cassandra Phipps, CI Director
Goal: Review of Barriers and Interventions for the Follow-Up for Children on ADHD Medication (ADD)
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 10 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Cassandra Phipps reviewed with the workgroup the HEDIS goal for the ADD PIP. The goal is for Children Providers to improve compliance with meeting the minimum requirement for the HEDIS Measure ADD – Follow-Up Care for Children Prescribed ADHD Medication. ○ **ADD – Follow-Up Care for Children Prescribed ADHD Medication (Initial Doctor Visit):** **Initial Doctor Visit = 50%** Member attend an outpatient visit with a practitioner who has prescribing authority within 30 days of the prescription being dispensed. ○ **ADD – Follow-Up Care for Children Prescribed ADHD Medication (Continuation Doctor Visit):** **Continuation Doctor Visit = 50%** Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase. Children's Initiative (CI) reviewed the HEDIS Measures Goal with the Improving Practices Leadership Team (IPLT): February 2022 and May 2022 for approval of the PIP and also to receive additional feedback regarding the data/analysis. CI reviewed the baseline data with the workgroup for FY 2020, children ages 1-11 scored 15.92% and adolescents ages 12-17 scored 27%. There was a slight increase for ages 1-11 score 19.34% and ages 12-17 scored 29.35%. For FY2022 the data has not been finalized due to the CI and IHC working with Vital Data to review accuracy. For additional information please review PowerPoint presentation "HEDIS MEASURES APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics" on the following highlighted areas below: • HEDIS Goal • Improving Practices Leadership Team (LPLT) • Baseline Data (Year 2020 –21) • Baseline Data (Year 2022) • Proposed Interventions • Updates • Barriers • Next Steps		

Questions	Assigned To	Deadline
Question: How does the data get into the vital data system is it base off the claims received from the providers? Yes, providers outside of DWIHN has a year to submit their claims and DWIHN is reducing it to 60 days, Medicaid and Medicare allows a year which may cause a delay in the system data.	N/A - Answered during meeting.	N/A
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the QISC approved the noted barriers and interventions and the continuation for the ADD PIP. The data will be presented to the QISC after the validity process with VDT has been completed.	CI – Cassandra Phipps	October 30, 2022

6d) Item: DWIHN PIP Reducing Racial and Ethnic Disparity - Tania Greason, QI System Administrator
Goal: Overview of Reducing the Racial Disparity of African Americans seen for Follow-Up Care within 7-Days of Discharge from a Psychiatric Inpatient Unit
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 11 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Tania Greason reviewed with the committee the External Quality Reviews (EQR) requirement. DWIHN has three(3) HSAG EQR reviews in which we are under contract with MDHHS. The Performance Improvement Project (PIP) for FY-2022 is newly developed for the PIHP's to review and report on racial disparities that are found within the CMH system. DWIHN has identified existing racial or ethnic disparities within our provider network for populations served. Based on our review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data for PI# 4a - *The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days.* The analysis of the data has revealed a racial disparity with the African American population as compared to the White population served. QI found that the follow- up care for after hospitalization for mental illness help improve readmissions within our system. The data for FY-2021 demonstrates that there is a 4.50% racial and ethnic disparity gap with African Americans members keeping their 7-day follow up appointment as compared to the white population served. DWIHN wants to reduce the racial and ethics disparity with African American and support the percentage of discharges from a psychiatric in-patient unit for follow up care within 7 days. Provider are able to submit their data to DWIHN excluding exceptions if the members does not show up or make an appt outside of the 7-day window. For the purpose of this project we will not exclude exceptions, allowing for our project to demonstrate a true picture of members receiving services. For additional information please review PowerPoint presentation" Racial Disparities Follow-Up After Hospitalization" on the following highlighted areas below: • Performance Improvement Project (PIP) • Racial Disparities Follow up hospitalizations (FUH) • Service Project • 2021 Follow-Up After Hospitalization in 7 Days by Population • Meaningful/Measurable Interventions		
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the QISC approved the PIP - Reducing the Racial Disparity of African Americans PIP seen for Follow-Up Care within 7 days of Discharge from a Psychiatric Inpatient Unit with no noted corrections The barriers and noted interventions will be discussed and shared with the QISC members for analysis as made available. Remeasurement 1 period will be during FY-2023.	QI – Tania Greason and Justin Zeller	Ongoing

7) Item: PI #2a Data Analysis Best Practices (Provider Discussion) – Tania Greason, QI Network Administrator
Goal: Review 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# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Effective FY- 2020 MDHHS requires that when a "new" member presents for intake services that a biopsychosocial screening must be completed within 14 days, not excluding exceptions. DWIHN continues to meet internally as well with our CRSP providers for increasing our compliance with this measure. The Q2 data (January – March 2022) is due to MDHHS on June 30, 2022. Currently for PI #2a DWIHN is at an overall compliance score of 58.90% There is no threshold or benchmark set for PI #2a. The state's average PHIP score for Q1 was at 65%. To date for Q3 (April – June 2022 DWIHN is 32.12% compliance which is a significant decrease from Q2. When meeting with our provider network, it has been noted that staffing is the main barrier. DWIHN's Executive Leadership Team has been meeting and assisting with additional funding to include incentives and assistance with transportation to assist with this issue.		
Action Items	**Assigned To**	**Deadline**
QI, MCO, CPI and DWIHN's Access Units will continue to meet with providers for collaboration efforts. Information will be shared with the QISC as made available.	QI, MCO, CPI and DWIHN's Access Units	Ongoing.

8) Item: MMBPI "View Only" Module – Tania Greason, QI Network Administrator
Goal: Review of the MMBPI Module
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 # ___

Discussion		
The MMBPI "View Only" module is a standing QISC agenda item. Each provider has the ability to review their PI data for trends and analysis. All providers have had a PI session training with Justin Zeller. If your organization does not have access to the MMBPI "View only" Module or need additional training, please reach out to QI Justin Zeller or Tania Greason. It is very important that providers are reviewing their data and making exceptions for members who are not showing up and scheduling outside of their 7-day follow-up appts. Rescheduling members appt because of staffing issues is not an exception. Also, providers must follow the DWIHN's engagement policy allowing for reaching out and documenting attempts for member engagement. In addition, CS will discuss the PHIP disenrollment process at the Quality Operation Advisory Workgroup meeting Wednesday July 29, 2022.		
Action Items	**Assigned To**	**Deadline**
Providers are to continue to monitor their data through the MH-WIN MMBPI "View only Module". If providers need additional assistance, please reach out to the QI team Justin Zeller – jzeller@dwihn.org or Tania Greason – tgreason@dwihn.org	Assigned Providers	Ongoing

New Business Next Meeting: Wednesday August 31, 2022 Via Zoom Link Platform.

Adjournment: 12:15 pm

ah/07/18/2022

Performance Improvement Project

Substance Use Disorder Department

Quality Improvement Activity

To increase in Number of Persons Revived with DWIHN Provided Naloxone Kits in Wayne County MI (Naloxone Project) which utilized community education and distribution of Naloxone kits to promote the use of overdose-reversing drugs. Approximately 1,886 persons for over a five-year period in Wayne County have been revived with a kit provided by DWIHN

Measured Interventions

- Persons who were revived with the Naloxone/Narcan kits.
- Persons referred for OUD from several health care environments and other community environments using the SBIRT screening tool to treatment services.
- Persons that received services from our mobile units

Measured Interventions Cont'd

- Mobile Units were effective in engaging individuals in SBIRT screenings and in Substance Use Disorder treatment services.
- DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment and peer services.
- FY 21 and FY 22
- Screened FY 21, 1,328 and FY 22, 679
- Referrals to SUD treatment FY 21 89 and FY 22 419

Interventions

- Continue to utilize billboards located in high traffic areas throughout Wayne County, promoting the Access Center number, increasing awareness and educating the community on DWIHN SUD services.
- Conduct Screening, Brief Intervention, Referral to Treatment (SBIRT) with peer recovery coaches. Peer Recovery Coaches (PRC) can use their Motivational Interviewing (MI) skills to communicate to the identified members regarding the risks of continued opioid misuse as well as the benefits of screening for treatment and recovery.

Interventions Cont'd

- Continue to provide SBIRT screenings and referrals to treatment services via mobile care units.
- The SUD Department/SUD Providers/Coalitions will continue to conduct SUD educational presentations and inform the public on available resources.

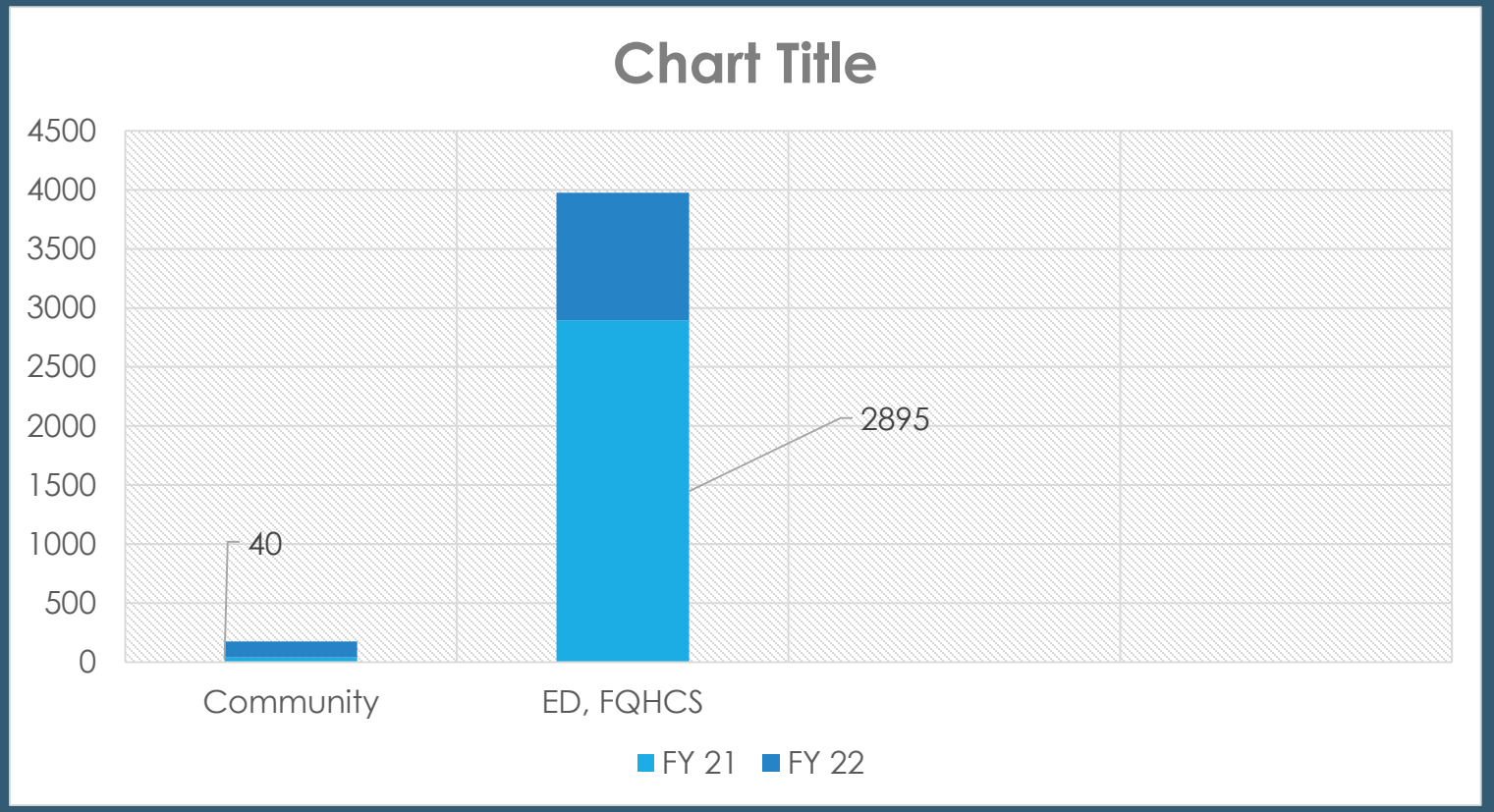
Interventions Cont'd

- DWIHN conducts SUD conferences to educate the public, and provide trainings to educate and inform.
- DWIHN providers conduct prescription talks at school assemblies.
- DWIHN disseminates Deterra bags that deactivates unused medications and is eco-friendly to landfills
- DWIHN has purchased permanent prescription drop off boxes for local law enforcement to dispose
- Ride Along with police to provide outreach services and educate commercial sex workers in the community
- Continue barbershop tour initiative and include beauty salons, faith-based organizations, bars and trap houses.

SBIRT Providers

- Detroit Recovery Project
- Elmhurst Home
- Hegira
- Sobriety House

SBIRT Screenings



Naloxone

- FY 21 DWIHN distributed 1,403 Naloxone Kits
- FY 22 DWIHN distributed 3,789 Naloxone Kits
- FY 21 there were 145 Saved lives
- FY 22 There were 89 Saved lives

Questions??

HEDIS MEASURES

ADD – FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

Presented By: CHILDREN'S INITIATIVE DEPARTMENT

HEDIS GOAL:

The **goal** is for Children Providers to improve compliance with meeting the minimum requirement for the HEDIS Measure **ADD – Follow-Up Care for Children Prescribed ADHD Medication.**

ADD – Follow-Up Care for Children Prescribed ADHD Medication (Initial Doctor Visit):

- **Initial Doctor Visit = 50%**

Member attend an outpatient visit with a practitioner who has prescribing authority within 30 days of the prescription being dispensed.

ADD – Follow-Up Care for Children Prescribed ADHD Medication (Continuation Doctor Visit):

- **Continuation Doctor Visit = 50%**

Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

IMPROVING PRACTICES LEADERSHIP TEAM (IPLT)

Children's Initiative Department reviewed the HEDIS Measures Goal with the Improving Practices Leadership Team (IPLT): February 2022 and May 2022

- Approval of the Plan
- Looking for additional feedback regarding the data / analysis to consider

BASELINE DATA:

- **Year 2020 (Goal = 50%)**

Type	Eligible	Compliant	Non Compliant	Total
Initial	964	102	862	10.58%
Continuation	820	71	749	8.66%

- **Year 2021 (Goal = 50%)**

Type	Eligible	Compliant	Non Compliant	Total
Initial	736	116	620	15.76%
Continuation	416	26	390	6.25%

- **Year 2022 / Jan – June 2022 (Goal = 50%)**

Type	Eligible	Compliant	Non Compliant	Total
Initial	171	4	167	2.34%
Continuation	165	0	165	0%

PROPOSED INTERVENTIONS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- DWIHN Integrated Health Department develop a Hedis Measure Scorecard to monitor data quarterly.
- DWIHN Integrated Health Department present Hedis Measure Scorecard at CRSP meeting in March 2022.
- DWIHN Children's Initiative Department present Hedis Measures during Cross System Management (CSM) meeting in February 2022
- DWIHN Children's Initiative Department present Hedis Measures during Children System Transformation (CST) meeting in February 2022
- DWIHN Children's Initiative Department add Hedis Measures to the Access Pillar for improving Coordination of Care of services
- DWIHN Children's Initiative Department assess progress / barriers quarterly with Providers.

UPDATES:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- HEDIS Measures expectations was presented at various meetings:
  - IPLT (2/1/2022, 5/3/2022)
  - CRSP Meeting
  - System of Care (SOC) Pediatric Workgroup (4/21/2022)
  - Children System Transformation Meeting (CST): 3/25/2022
  - Cross System Management Meeting (CSM): 2/23/2022, 6/23/2022
  - Integrated Health Department facilitated HEDIS Measures Meetings: 3/18/2022 (Children Providers), 1/26/2022 (Quality Directors)
  - Dr. Faheem-Chief Medical Officer presented to Chief Medical Officers 5/2/2022
- DWIHN Integrated Health Department developed instructions on how Providers can view their own scorecard.
- Children's Initiative Director and Chief Medical Officer (Dr. Faheem) sent an informational memo to Children Providers explaining children HEDIS measures on 4/1/2022.
- Provided Quality Department baseline data for 2020 and 2021 on 4/27/2022
- Included HEDIS Measures as an action plan in the Mental Health Care: Putting Children First Initiative

BARRIERS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- Challenge with HEDIS Measures data transferring into Vital Data system. As of June 2022 data was not available for 2022.
- Feedback from SOC Pediatric Integrated Health Care Workgroup:
  - Challenge with families consistently following up with primary care doctor
  - Various Electronic Health Records at the different Children Providers with tracking coordination of care
  - Physicians would prefer to send medical records to provide coordination of care rather than complete written forms
  - Families unable to do more than 1 Medicaid service on the same day

NEXT STEPS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- Present HEDIS Measures at the next QISC meeting 6/28/2022
- Collect HEDIS Measures data in Vital Data system for Jan – June 2022
  - Share data results with Providers and continue to assess for barriers
- Continue SOC Pediatric Integrated Health Care Workgroup to resolve barriers
  - Work with Providers to review Coordination of Care request letters to reduce written responses from doctors
  - For families that struggle with attending doctor appointments Providers can refer to Michigan Federally Qualified Health Centers (MFQHC)

QUESTIONS:

- Any questions?

HEDIS MEASURES

APM - METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

Presented By: CHILDREN'S INITIATIVE DEPARTMENT

HEDIS GOAL:

The **goal** is for Children Providers to improve compliance with meeting the minimum requirement for the Hedis Measure **APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (including Blood Glucose and Cholesteral labwork).**

- **APMC1 (age 1 to 11) - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Blood Glucose & Cholesterol)**
  - **Goal = 50%**
- **APMC2 (age 12 to 17) - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Blood Glucose & Cholesterol)**
  - **Goal = 50%**

IMPROVING PRACTICES LEADERSHIP TEAM (IPLT)

Children's Initiative Department reviewed the HEDIS Measures Goal with the Improving Practices Leadership Team (IPLT): February 2022 and May 2022

- Approval of the Plan
- Looking for additional feedback regarding the data / analysis to consider

BASELINE DATA (YEAR 2020 – 2021):

APMC1 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 to 11):

APMC2 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 12 to 17):

Year 2020: Goal = 50%

Type	Eligible	Compliant	Non Compliant	Total
APMC1	589	94	495	15.96%
APMC2	1211	327	884	27%

Year 2020: Goal = 50%

Type	Eligible	Compliant	Non Compliant	Total
APMC1	517	100	417	19.34%
APMC2	1155	339	816	29.35%

BASELINE DATA (YEAR 2022):

APMC1 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 to 11):

APMC2 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 12 to 17):

Year 2022 / Jan – Jun 2022: Goal = 50%

Type	Eligible	Compliant	Non Compliant	Total
APMC1	392	14	378	3.57%
APMC2	840	63	777	7.5%

PROPOSED INTERVENTIONS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- DWIHN Integrated Health Department develop a Hedis Measure Scorecard to monitor data quarterly.
- DWIHN Integrated Health Department present Hedis Measure Scorecard at CRSP meeting in March 2022.
- DWIHN Children's Initiative Department present Hedis Measures during Cross System Management (CSM) meeting in February 2022
- DWIHN Children's Initiative Department present Hedis Measures during Children System Transformation (CST) meeting in February 2022
- DWIHN Children's Initiative Department add Hedis Measures to the Access Pillar for improving Coordination of Care of services
- DWIHN Children's Initiative Department access progress / barriers quarterly with Providers.

UPDATES:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- HEDIS Measures expectations was presented at various meetings:
  - IPLT (2/1/2022, 5/3/2022)
  - CRSP Meeting
  - System of Care (SOC) Pediatric Workgroup (4/21/2022)
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  - Dr. Faheem-Chief Medical Officer presented to Chief Medical Officers 5/2/2022
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- Children's Initiative Director and Chief Medical Officer (Dr. Faheem) sent an informational memo to Children Providers explaining children HEDIS measures on 4/1/2022.
- Provided Quality Department baseline data for 2020 and 2021 on 4/27/2022
- Included HEDIS Measures as an action plan in the Mental Health Care: Putting Children First Initiative

BARRIERS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- Challenge with HEDIS Measures data transferring into Vital Data system. As of June 2022 data was not available.
- Feedback from SOC Pediatric Integrated Health Care Workgroup:
  - Challenge with families consistently following up with primary care doctor
  - Various Electronic Health Records at the different Children Providers with tracking coordination of care
  - Physicians would prefer to send medical records to provide coordination of care rather than complete written forms
  - Families unable to do more than 1 Medicaid service on the same day

NEXT STEPS:

ADD – Follow-Up Care for Children Prescribed ADHD Medication

- Collect HEDIS Measures data in Vital Data system for Jan – June 2022
  - Share data results with Providers and continue to assess for barriers
- Continue SOC Pediatric Integrated Health Care Workgroup to resolve barriers
  - Work with Providers to review Coordination of Care request letters to reduce written responses from doctors
  - For families that struggle with attending doctor appointments Providers can refer to Michigan Federally Qualified Health Centers (MFQHC)

QUESTIONS:

- Any questions?

Racial Disparities Follow-Up After Hospitalization

Performance Improvement Project

- DWIHN recognizes that follow-up care after hospitalization for mental illness helps improve health outcomes and prevent readmissions.
- Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment.
- Culturally appropriate interventions that link individuals in inpatient settings to outpatient follow-up are needed for the reduction of racial disparities with outpatient mental health treatment following psychiatric inpatient admissions.

Racial Disparities FUH

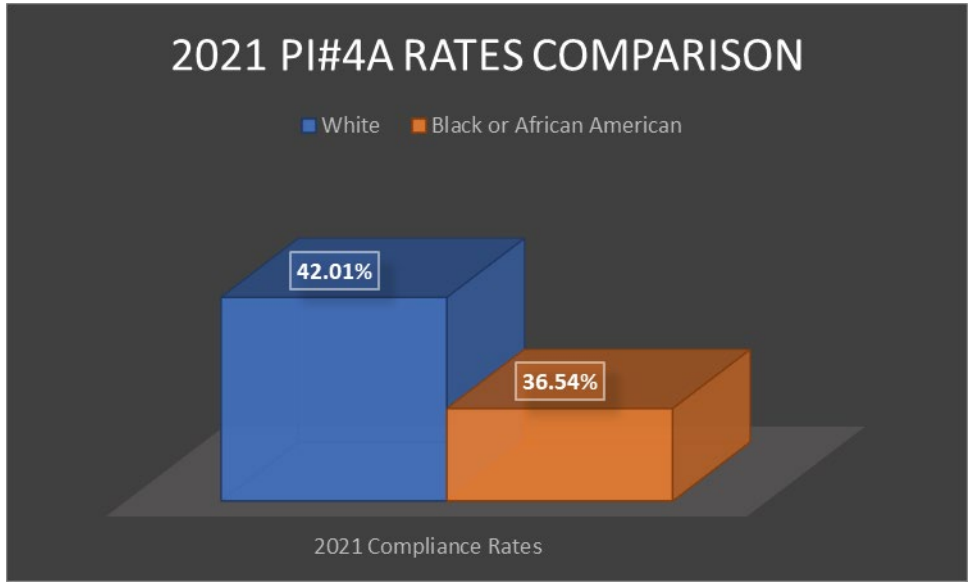
- Reduce racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days.

Service Project

- The Michigan Mission Based Performance Indicator reporting data for #4a- The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days. This project eliminated the exceptions in the data to show the true follow-up number. MDHHS also informed DWIHN that the exceptions would be removed within the PIP's time frame.
- Data analysis revealed a racial disparity with the African American population as compared to the White population served.
- The data demonstrates that there is a 5.47 percentage point difference of African American members keeping their 7-day follow-up appointment compared to White members.

2021 Follow-Up After Hospitalization in 7 Days by Population

Population	Total Events	Compliant Events	Non Compliant Events	Exception Events	2021 Compliance Rates
White	907	381	8	518	42.01%
Black or African American	2263	827	47	1389	36.54%



Meaningful/Measurable Interventions

- "Hospital Discharge Liaison"- helping with discharge appointments for inpatient members. Referred by DWIHN UM Clinical Specialist. Crisis Alert population is the targeted population.
  - Pilot from 5/1/22-6/1/22
  - Thirteen referrals so far and met appointment at 70% rate so far. UM clinical specialist. Identify case and refer to Latraya. This is a method to address real time interventions.
  - Liaison can discuss with the identified individuals at the CRSP.
- Intervention involving Access Center when scheduling an appointment.
  - Involving member in discharge planning
- Educating providers of the disparities and identifying barriers (i.e. transportation, technology, staff etc.)
  - Hospital Liaison meeting topic
  - Education of members (targeting education)
    - Survey members as to potential barriers (member experience?)

Questions