



## Quality Improvement Steering Committee (QISC)

March 28, 2023

10:30am – 12:00pm

Via Zoom Link Platform

### Agenda

- |  |                         |
|--|-------------------------|
| I. Welcome   | T. Greason              |
| II. Authority Updates  | S. Faheem               |
| III. Approval of Agenda                                      | S. Faheem/Committee     |
| IV. Approval of Minutes<br>✚ January 31, 2023(Tabled)        | Dr. S. Faheem/Committee |
| V. QAPIP Effectiveness                                       |                         |
| Quality Improvement  |                         |
| ✚ BTAC SFY2022 Analysis                                      | F. Nadeem               |
| ✚ CE/SE SFY2023 QI Analysis                                  | C. Spight-Mackey        |
| Integrated Health Updates                                    |                         |
| ✚ Complex Case Management FY22                               | A. Bond                 |
| ✚ CCM Satisfaction Survey (Tabled)                           | A. Bond                 |
| Children's Initiative  | C. Phipps               |
| ✚ Follow-Up Care for Children ADHD Medication (ADD) (Tabled) |                         |
| Customer Service   |                         |
| ✚ Customer Service Quarterly Report                          | M. Vasconcellos         |
| ✚ ECHO Review Update   | M. Keyes-Howard         |
| ✚ Member Experience Summary                                  | M. Keyes-Howard         |
| VI. Adjournment  |                         |



## Quality Improvement Steering Committee (QISC)

March 28, 2023

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

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

**1) Item: Welcome:** Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

**2) Item: Authority Updates: Dr. Faheem shared the following updates:** Dr. Faheem informed the committee that the Quality Team has been working with MDHHS in regard to the Home and Community Based Services (HCBS) required deadlines and also with assisting with the transitions of members that are in residential settings that have been found to be non-compliant. The team has also been working on sending the surveys to the listed members. Dr. Faheem also gave a brief status update on the crisis center as construction continues, we are still in early stages, with hopes for a Fall opening. It was previously announced that a Chief of Crisis has been hired with Rebecca Marconi has been hired as the director for that location.

**3) Item: Approval of Agenda:** Agenda for March 28, 2023, meeting was approved by the committee.

**4) Item: Approval of Minutes: (Tabled)** Tania will send out the minutes for January 2023 and February 2023 meetings to the committee for review and approve.



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: BTAC SFY2022 Analysis

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

NCQA Standard(s)/Element #: QI # 1  CC# \_\_\_\_\_  UM # \_\_\_\_\_  CR # \_\_\_\_\_  RR # \_\_\_\_\_

Discussion		
<p>Fareeha Nadeem presented the BTAC SFY2022 analysis to include the following:</p> <ul style="list-style-type: none"> <li>• The Background information for BTAC Analysis.</li> <li>• Some of the major challenges over the past few years.</li> <li>• Some of the major accomplishments.</li> <li>• An overview of FY 2021-2022 as well as data for fiscal year 2022 including: Total Behavior Treatment Plans Reviewed, reported 911 calls and Critical/Sentinel Events, Reported Number of Medications, and Restrictive and Intrusive Interventions.</li> <li>• Some recommendations include the following:               <ul style="list-style-type: none"> <li>○ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level.</li> <li>○ Regular consultations with network providers on the Technical Requirements of Behavior Treatment Plans.</li> <li>○ Each CRSP ensures the service site has member’s IPOS and ancillary plans, before the delivery of services.</li> <li>○ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits.</li> </ul> </li> </ul> <p>For additional information please review PowerPoint presentation “BTAC Annual Data Analysis FY 2021-2022)”</p>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions/ Concerns:</b></p> <ol style="list-style-type: none"> <li>1. For the 911 calls for this fiscal year, will we be able to track calls to 988, or is it just specifically for 911?</li> <li>2. Can you tell me what is the number 988 for?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Understanding is that calls are automatically passed to 911 from the 988 calls.</li> <li>2. You can call the number 988 as opposed to 911 where you can get through quicker for any type of emergency or anything that would be related to needing some assistance with behavior. 988 moves the NSPL from a standalone call line to part of a crisis services system. The objective of 988 is to expand and broaden the purpose of services. The National Suicide Prevention Lifeline current number (1-800-273-8255) is <u>not</u> going away. Dialing either number will route callers to the same services, no matter which number they use.</li> </ol>		



States/territories are charged with implementing 988 and ensuring 988 centers meet NSPL requirements.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the BTAC Annual Data Analysis (FY 2021-2022) as written.	Dr. S. Faheem and QISC	March 28, 2023



**5) Item: QAPI Effectiveness - Quality Improvement**

**Goal: CE/SE Q1 1 SFY2023 Analysis**

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

**NCQA Standard(s)/Element #:** QI # 1 CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Carla Spight-Mackey presented the CE/SE Q1 Analysis to include the following:</p> <ul style="list-style-type: none"> <li>• The first quarter aggregate data report from October 1, 2022 – December 31, 2022, which included:               <ul style="list-style-type: none"> <li>○ The total number of critical events: Arrest, Behavior Treatment, Deaths, Environmental Emergencies, etc.</li> <li>○ The total number of preventable events including Physical health issues (Injures, Overdoses, SUD Deaths, Accidental Deaths, etc.), Behavioral health issues (Suicide Attempts, Behavior, etc.).</li> </ul> </li> <li>• After in-depth reviews and discussions, the QPI team along with the SEC/PRC Committee made recommendations for additional training in areas of Fall Risk, Choking Hazards/Responses, and Tube Feeding to be added to the VCE training for all DWIHN contracted providers front line staff.</li> <li>• Trends and Patterns identified including preventable events that have the following issues:               <ul style="list-style-type: none"> <li>○ Incomplete assessments</li> <li>○ IPOS not being followed.</li> <li>○ SUD issues not addressed in plans.</li> <li>○ Behavior treatment plans not properly implemented (psychologist not training according to MDHHS requirements)</li> <li>○ Staff not trained on how to implement the plan by appropriately credentialed staff.</li> <li>○ Staff supervised by inappropriately licensed clinician.</li> <li>○ IPOS contradicts diagnostic need.</li> </ul> </li> <li>• To address some of the concerns found, the Critical/Sentinel Event Manual was revised.</li> </ul> <p>For additional information please review PowerPoint presentation “CE-SE FIRST QUARTER AGGREGATE DATA AND TRENDS.docx”</p>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
No provider Feedback.		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Dr. S. Faheem and the QISC approved the SFY Q1 CE/SE Analysis	Dr. S. Faheem and QISC	March 28, 2023



**5) Item: QAPIP Effectiveness - Integrated Health Updates**

**Goal: Complex Case Management Evaluation FY22**

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

**NCQA Standard(s)/Element #:** QI  **CC# 1**  UM # \_\_\_\_\_  CR # \_\_\_\_\_  RR # \_\_\_\_\_

Discussion		
<p>Ashley Bond shared the Complex Case Management Evaluation for FY22 to include the following:</p> <ul style="list-style-type: none"> <li>• The ultimate goals of DWIHN’s Complex Case Management (CMM) Program.</li> <li>• PHQ Scores</li> <li>• WHO DAS Scores</li> <li>• Emergency Department Utilization and Hospital Admissions</li> <li>• Utilization of Out-patient Services</li> <li>• Outpatient Utilization post 60 days</li> <li>• Satisfaction Surveys</li> <li>• CCM Survey Questions</li> <li>• CCM Satisfaction Survey Responses</li> <li>• Member Comments</li> <li>• Comparison to Previous Reviews:               <ul style="list-style-type: none"> <li>○ PHQ Scores</li> <li>○ WHO DAS Scores</li> <li>○ PHQ and WHO DAS Score Goals Met</li> <li>○ Decrease in Hospital Admissions</li> <li>○ Decrease in ED and Hospitalization Goal Met</li> <li>○ Increase in Out-patient Behavioral Health Services</li> <li>○ Rates of Satisfaction-on-Satisfaction Survey remaining at 100 percent for the past three fiscal years.</li> <li>○ Increase on Satisfaction Survey Return Rates</li> </ul> </li> <li>• Areas of Improvement               <ul style="list-style-type: none"> <li>○ Reduction in Emergency Department Utilization</li> <li>○ Satisfaction Surveys</li> <li>○ Outpatient Behavioral Health Services</li> </ul> </li> </ul> <p>For additional information please review PowerPoint presentation “CCM Evaluation FY2022.pptx”</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the Complex Case Management Evaluation FY22	Dr. S. Faheem and QISC	March 28, 2023



**5) Item: QAPIP Effectiveness – Customer Service**

**Goal: Customer Service Quarterly Report**

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

**NCQA Standard(s)/Element #:** **QI #4** CC# \_\_\_\_\_ UM # \_\_\_\_\_ CR # \_\_\_\_\_ RR # \_\_\_\_\_

Discussion		
<p>Michele Vasconcellos presented the Customer Service Quarterly Report Q1 to include the following:</p> <p>The Member Experience Report that reviews the ECHO surveys has been provided as an attachment and gives an overview of what DWIHN collects and analyzes for Member Experience feedback. We have seen improvements over the years in adults totaling upwards of 48% improvements in the categories and 24% improvement in the data for the two years showing 2020, 2021. The 2022 data is preliminary and will be available around June with a final report being completed by August 2023. Although the scores may appear low, external factors of social determinants are a huge factor in these satisfaction ratings. While national comparable data is limited, DWIHN has collected and analyzed the following:</p> <ul style="list-style-type: none"> <li>• DWIHN Customer Service Call Center Activity:             <ul style="list-style-type: none"> <li>○ Reception/Switchboard Number of Calls and Abandonment Rate</li> <li>○ Customer Service Call Center Number of Calls and Abandonment Rate</li> </ul> </li> <li>• Family Support Subsidy Activity:             <ul style="list-style-type: none"> <li>○ Family Subsidy Calls</li> <li>○ Family Support Subsidy Applications Received</li> <li>○ Family Support Subsidy Applications Processed</li> </ul> </li> <li>• Grievances Activity:             <ul style="list-style-type: none"> <li>○ Complaint and Grievance Related Communications                 <ul style="list-style-type: none"> <li>▪ Complaint/Grievance Calls</li> </ul> </li> <li>○ Grievance Processed Quarterly Comparison                 <ul style="list-style-type: none"> <li>▪ Grievances Received</li> <li>▪ Grievances Resolved</li> </ul> </li> <li>○ Grievance Issues by Category</li> <li>○ MI Health Link (Demonstration Project) Grievances</li> <li>○ Appeals Advance and Adequate Notices</li> </ul> </li> <li>• Local Appeals Activity             <ul style="list-style-type: none"> <li>○ Appeals Communications                 <ul style="list-style-type: none"> <li>▪ Appeals Communications Received</li> </ul> </li> <li>○ Appeals Filed                 <ul style="list-style-type: none"> <li>▪ Appeals Received</li> </ul> </li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>▪ Appeals Resolved             <ul style="list-style-type: none"> <li>○ DWIHN State Fair Hearings</li> <li>○ MI Health Link (Demonstration Project) Appeals and State Fair Hearings</li> </ul> </li> <li>• QI &amp; Performance Monitoring Activity</li> <li>• Member Engagement Activity</li> </ul> <p>For additional information please review PowerPoint presentation “Customer Service PCC 1st Quarter 2023 FINAL Summary (1).pdf”</p>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
No Provider Feedback.		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Dr. Faheem and the QISC approved the Customer Service PCC 1st Quarter 2023 FINAL Summary	Dr. S. Faheem and QISC	March 28, 2023





5) Item: QAPIP Effectiveness – Customer Service

Goal: / Member Experience Examining FY22 Summary

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

NCQA Standard(s)/Element #: **QI #4** CC# \_\_\_\_\_  UM # \_\_\_\_\_  CR # \_\_\_\_\_  RR # \_\_\_\_\_

Discussion		
<p>Margaret Keyes-Howard presented Member Experience Examining FY2022 Summary to include the following:</p> <ul style="list-style-type: none"> <li>• Member Experience Activity</li> <li>• Summary of the ECHO Adult Surveys               <ul style="list-style-type: none"> <li>○ Overall Treatment (Up 5% Improved)</li> <li>○ Seen w/in 15 min at office visit (Up 11% Improved)</li> <li>○ Told about Meds and Side Effects (Up 5% Improved)</li> <li>○ Including engaging family in Treatment (Up 1% Improved)</li> <li>○ Info on Managing Condition (Remains Above 75%)</li> <li>○ Given Info on Rights (Above 85%)</li> <li>○ Member feels can refuse treatment (Up 6% Improved)</li> <li>○ Confident on Privacy (Up 2% Highest Score 93%)</li> <li>○ Cultural Needs Met (Down 7% Room for Improvement)</li> <li>○ Helped by Treatment (Up 5% Improved)</li> </ul> </li> <li>• Summary of ECHO Children’s Surveys               <ul style="list-style-type: none"> <li>○ Overall Treatment (Up 5% Still Needs Improvement)</li> <li>○ Seen within 15 min (Up 8% Still Needs Improvement)</li> <li>○ Given Treatment Options (Up 1%)</li> <li>○ Told about Side Effects of Meds (Up 4%)</li> <li>○ Given info on Managing Condition (Up 1%)</li> <li>○ Given info on Rights (Down 3% -above 90%)</li> <li>○ Felt like Treatment could be refused (Down 3% - Still at 85%)</li> <li>○ Confident of child’s Privacy (Up 2%)</li> <li>○ Cultural Needs Met (Down 8% at 74%)</li> <li>○ Treatment Helped Child (Up 2%)</li> <li>○ Information about other options after benefits are depleted (Down 5%)</li> <li>○ Goal for child’s Treatment discussed (Up 1%)</li> </ul> </li> <li>• Member Experience Summary               <ul style="list-style-type: none"> <li>○ Who we serve.                   <ul style="list-style-type: none"> <li>▪ Persons served fiscal year 2022.</li> </ul> </li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>○ Knowing who we serve</li> <li>○ Variable Factor: Social Determinants</li> <li>○ Some Findings</li> <li>○ ECHO Findings</li> <li>○ Grievance Data</li> <li>○ Potential Opportunities</li> </ul> <p>For additional information please review “Member Experience Examining FY22 Summary”</p>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
No Provider Feedback.		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Dr. Faheem and the QISC approved the Member Experience Examining FY22 Summary.	Dr. S. Faheem and QISC	March 28, 2023

# Behavior Treatment Advisory Committee

## Summary of Data Analysis

### FY 2021-2022



*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 network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness;



# BACKGROUND Continued...

- ❖ To review system-wide Behavior Treatment Plan Review Committee processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- ❖ To reviews system-wide performance indicators for the open Behavior Treatment Plans such as emergency psychiatric hospitalization, use of law enforcement, 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;





# ACCOMPLISHMENTS Continued...

- ❖ MDHHS Technical Requirements have been incorporated into DWIHN Policy and Case Record Review Tool (Periodic revisions are conducted);
- ❖ 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;



# ACCOMPLISHMENTS Continued....

- ❖ 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*)



## FY2021-2022

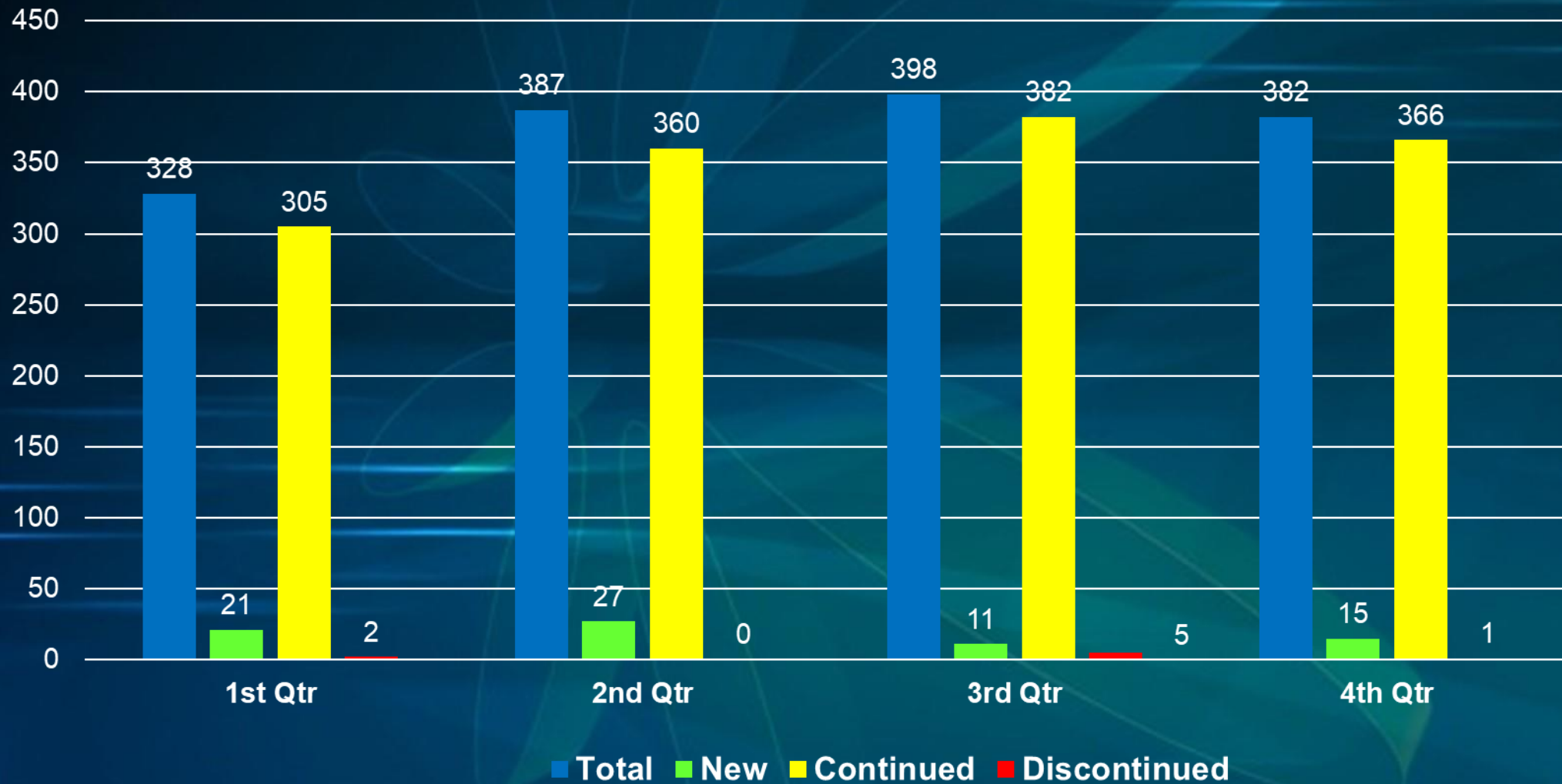
- During FY 2021-2022, DWIHN BTAC staff provided three system-wide trainings on Technical Requirements of Behavior Treatment Plan Review Committee (BTPRC) Processes. A total of 1215 staff throughout the provider network participated in these trainings. All trainings were conducted via the Zoom platform. The first training was focused solely on MDHHS requirements for Behavior Treatment whereas the second and the third training focused on the Behavior Treatment requirements as part of IPOS writing.

# FY2021-2022 Continued...

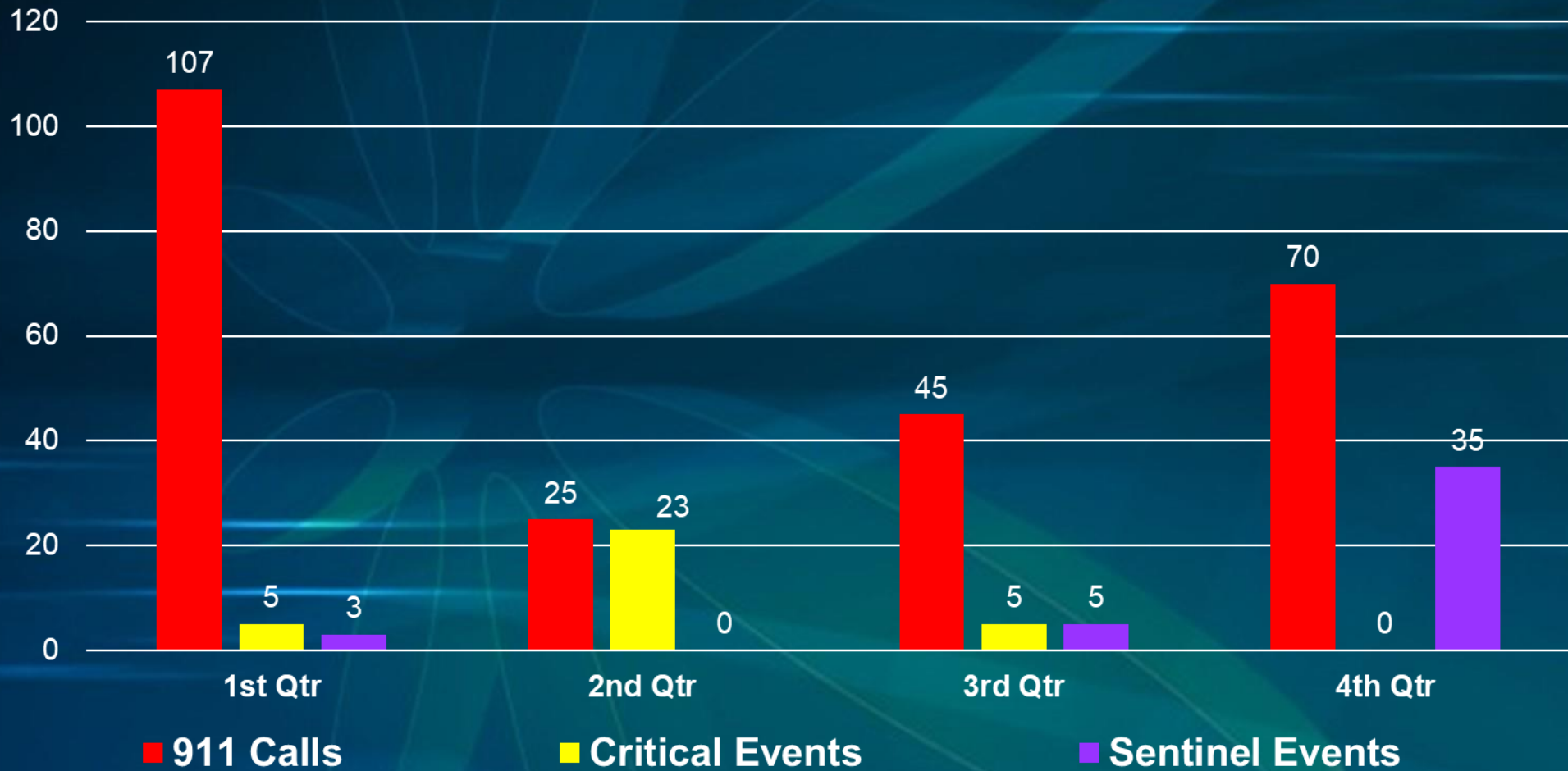
- DWIHN is in full compliance with PIHP Administrative Review Procedures of Behavior Treatment (B.1) for the fourth consecutive year based on the findings of MDHHS Habilitative Supports Waiver 1915(c) Review.
- DWIHN staff continues to serve on MDHHS Behavior Treatment Advisory Group.
- 1495 Open cases.
- During FY2022, the network providers presented fourteen (14) complex cases.



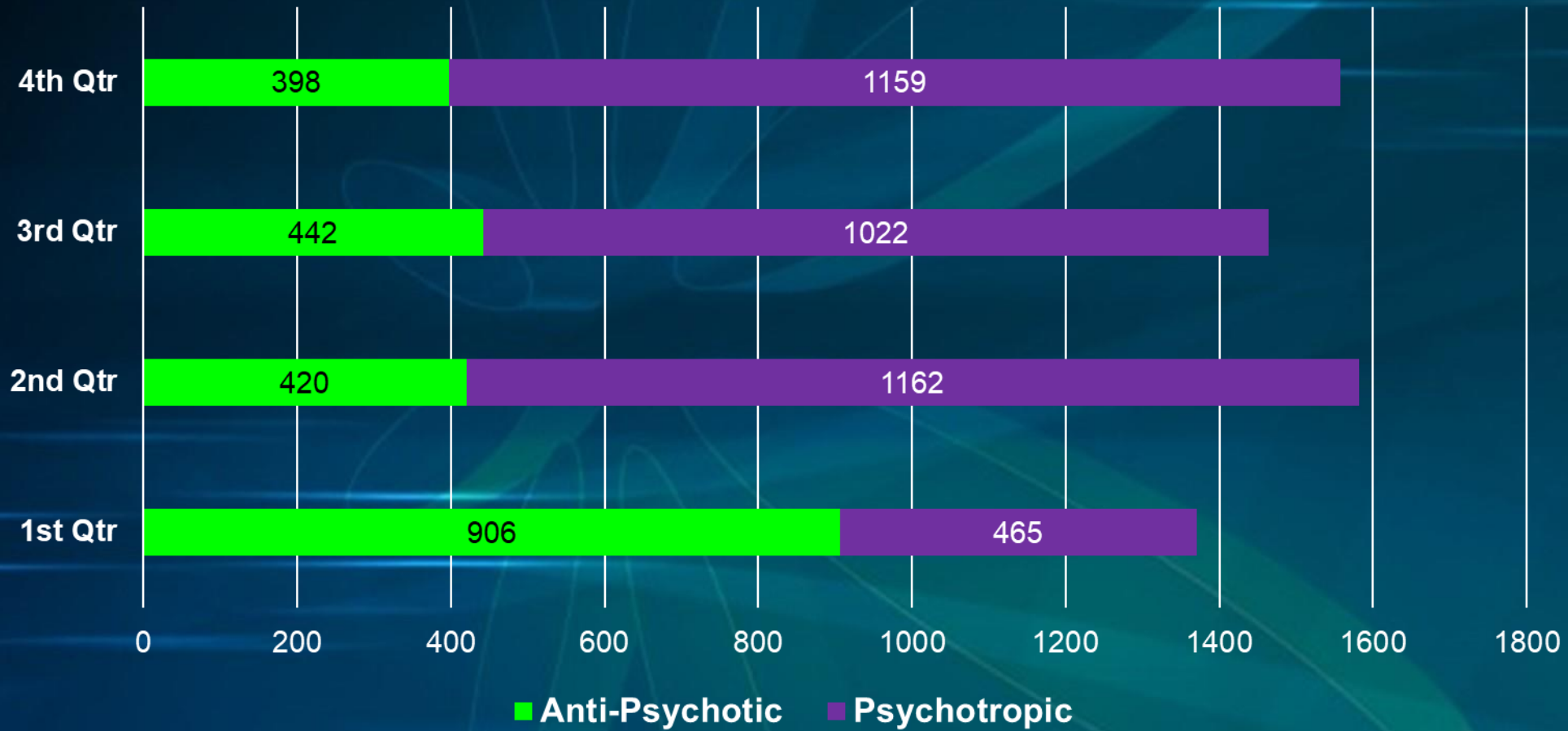
# Total Behavior Treatment Plans Reviewed



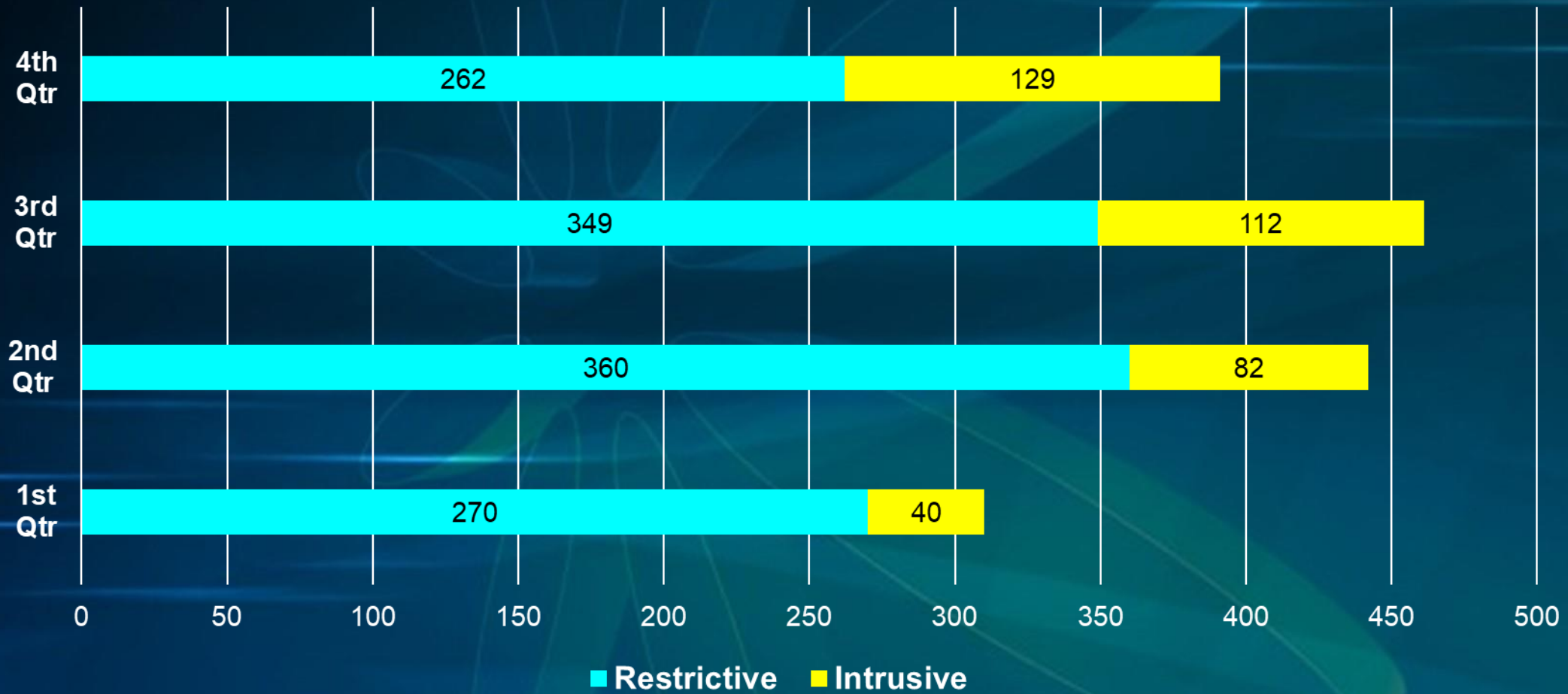
# Reported 911 Calls and Critical/Sentinel Events



# Reported Number of Medications



# Restrictive and Intrusive Interventions





# RECOMMENDATIONS

The following are the opportunities for systemic review and change:

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ 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.)*
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;



# RECOMMENDATIONS Continued....

- ❖ 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;
- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;





**THANK YOU**



## FIRST QUARTER DATA

OCTOBER 1, 2022 – DECEMBER 31, 2022

QUANTITATIVE DATA BY CATEGORY	10/1/2022 – 12/31/2022
<b>ARREST</b>	<b>2</b>
<b>BEHAVIOR TREATMENT (New 2020/2021)</b>	<b>9</b>
<b>DEATHS</b>	<b>90</b>
<b>ENVIRONMENTAL EMERGENCIES</b>	<b>0</b>
<b>Injuries Requiring ER</b>	<b>22</b>
<b>Injuries Requiring Hospitalization</b>	<b>10</b>
<b>Medication Errors</b>	<b>2</b>
<b>Physical Illness Requiring ER</b>	<b>19</b>
<b>Physical Illness Requiring Hospitalization</b>	<b>26</b>
<b>Serious Challenging Behavior</b>	<b>53</b>
<b>OTHER/ADMINISTRATIVE</b>	<b>19</b>
<b>TOTAL</b>	<b>252</b>

### PREVENTABLE EVENTS:

#### PHYSICAL HEALTH ISSUES: TOTAL - 17

Injuries -	9
Overdoses -	3
SUD Deaths	2
Accidental Deaths (Choking and Freezing)	2
Suicide	1

#### BEHAVIORAL HEALTH ISSUES: TOTAL - 95

##### TOTAL

Serious Challenging -	30 - Suicide Attempts
Serious Challenging	21 – Behavior
Serious Challenging	1 – Injury
Requiring Hospitalizations -	23 – Admissions
Self-Injury	2
Assault	2
Assault on Staff	6
ULOA	10

##### CRSP BREAKDOWN

The Guidance Center	21
Starfish	17
TEAM	15
ACC	13
Wayne Center	6
Hegira	6
CLS	4
CNS	3
Development Center	3
The Children’s Center	2
CCIH	2
Assured Family	2
NSO	1



During FY 2022/2023 first quarter reviews of Critical/Sentinel Events, the preventable events shown above were identified. After in-depth reviews and discussions, the QPI team along with the SEC/PRC Committee made recommendations for additional training in areas of Fall Risk, Choking Hazards/Responses, and Tube Feeding to be added to the VCE training for all DWIHN contracted providers front line staff. This training was to include video training already available through YouTube; questions would need to be developed similar to other trainings already on the DWC training website. Included in this recommendation is the updating of the Fall Risk protocols previously established given the high rate of turnover since the COVID-19 pandemic. The Fall Risk program is scheduled for review and updating during the third quarter due to the current audit schedules and staffing needs.

### **QUALITATIVE DATA – TRENDS AND PATTERNS**

Through the rigorous review of individual cases, the QPIT members identified several trends including preventable events that have the following issues:

- incomplete assessments,
- IPOS not being followed,
- SUD issues not addressed in plans
- Behavior treatment plans not properly implemented (psychologist not training according to MDHHS requirements)
- staff not trained on how to implement the plan by appropriately credentialed staff
- staff supervised by inappropriately licensed clinician
- IPOS contradicts diagnostic need.

In order to address some of the concerns found, the Critical/Sentinel Event Manual was revised and included streamlined input/reporting of root cause analysis and Plans of Action by network providers. Updating of Policies and Procedures for Reporting of Critical/Sentinel Events and Deaths was also completed.

During the first quarter, the QPIT team initiated separate on-going internal DWIHN meetings with SUD Management and Clinical Practice Improvement on serious/difficult cases and made recommendations to Outcomes Improvement Committee and Med Drop services as appropriate. In addition to these meetings, the QPIT members held technical assistance meetings with providers based on individual and system case findings. Finally, QPIT members collaborate with MCO and the Performance Indicators team to address those hospitalizations and causes in order to reduce or eliminate the frequency/need. The results thus far have demonstrated improvements on both the quality and quantity of care and training for members and staff.

As we move forward through this FY, the QPIT members, in collaboration with the Clinical Practice Improvement department and SUD will be updating and revising the Fall Risk protocols, Choking Hazards, IPOS identification of SUD needs at the onset of treatment, and Tube feeding.



# Complex Case Management Evaluation FY2022

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

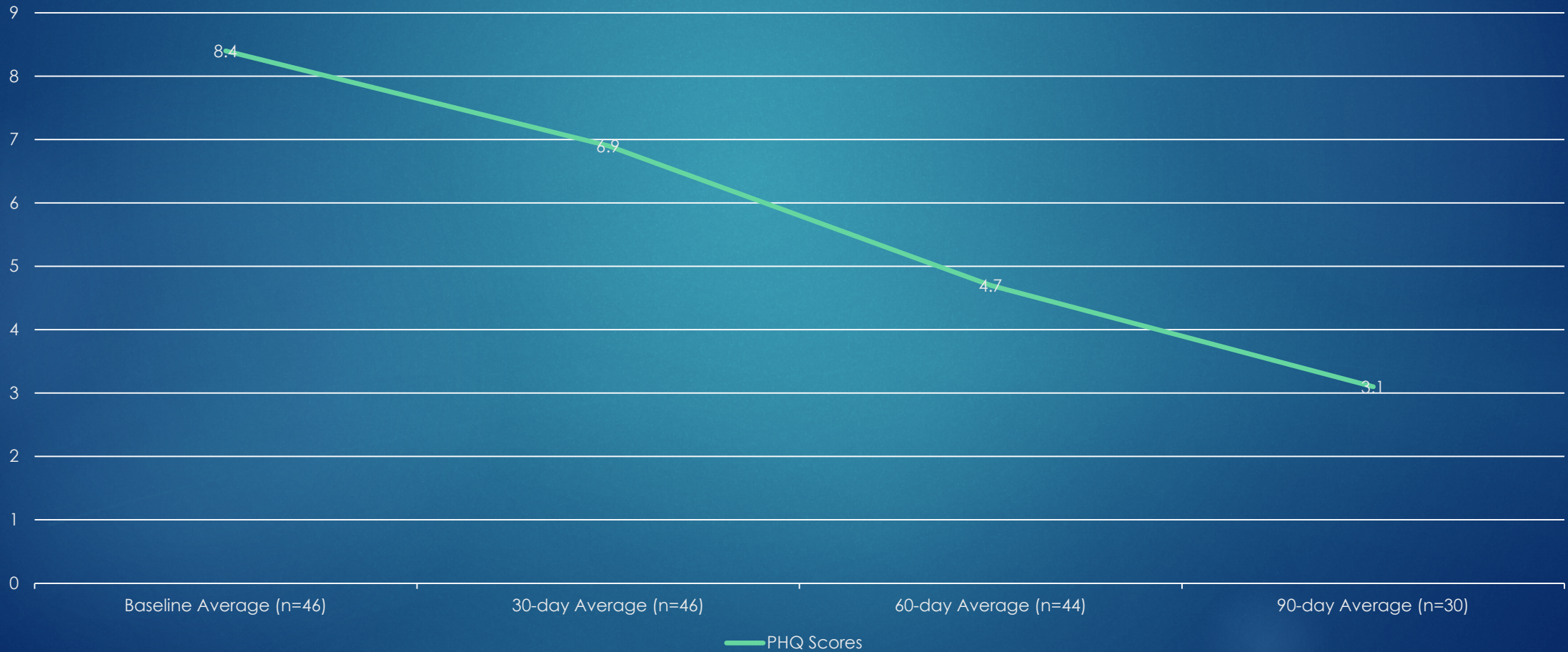
- ▶ Depression symptoms were measured using the Patient Health Questionnaire (PHQ-9) for adults and Patient Health Questionnaire-Adolescent (PHQ-A) for children under 18
- ▶ This assessment is embedded in the CCM assessments and are completed upon the start of CCM services and every 30 days thereafter 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 0 to 18, with an average score of 8.4.
- ▶ 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 18% from baseline at 30 days, 31% at 60 days and 34% at 90 days of receiving CCM services



### PHQ Scores





# WHO DAS Scores

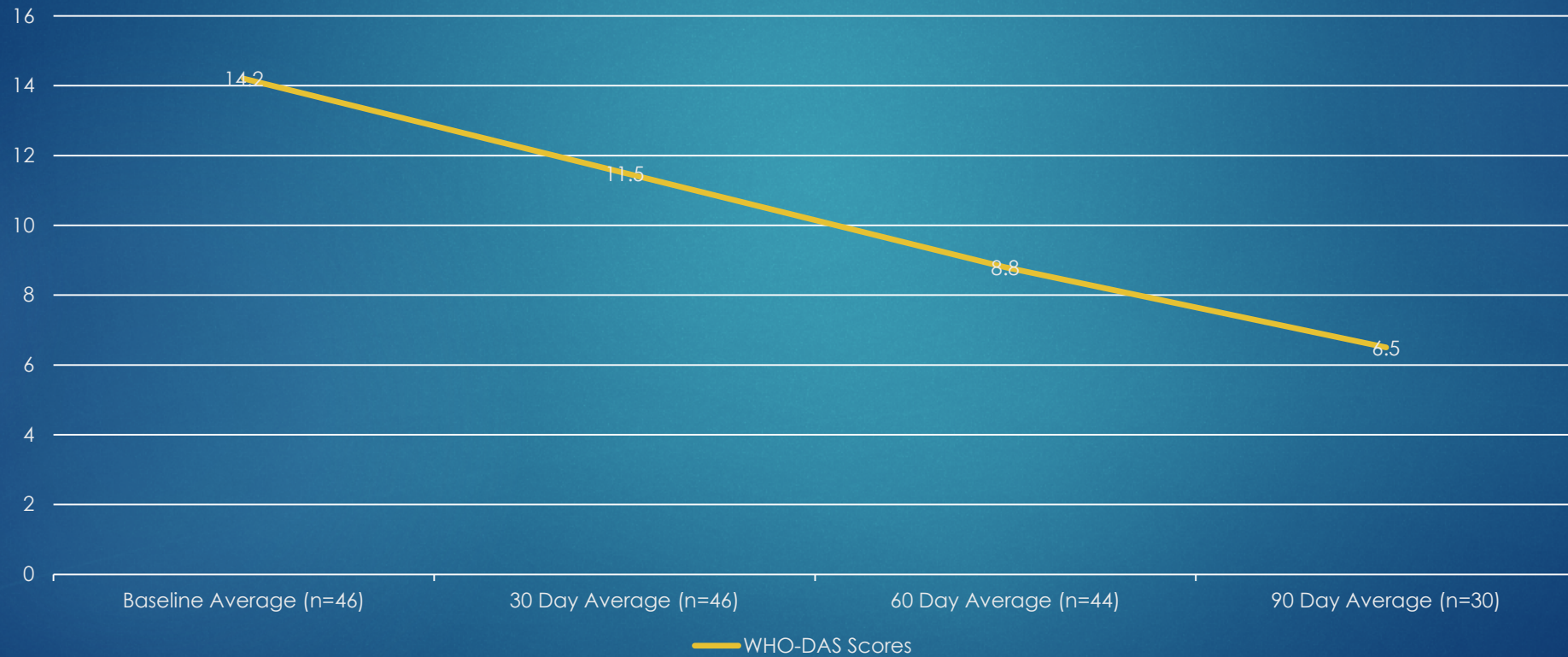
- ▶ The WHO-DAS assessment is embedded in the CCM assessment and is completed when the assessment is completed at the start of CCM services and every 30 days thereafter until CCM services end
- ▶ The higher the score on the WHO-DAS, the greater the level of disability. A decrease in WHO-DAS score indicates 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 8 to 41, with an average score of 14.2



- ▶ 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 19% from baseline at 30 days, 23% at 60 days and 26% at 90 days of participating in CCM services



## WHO-DAS Scores



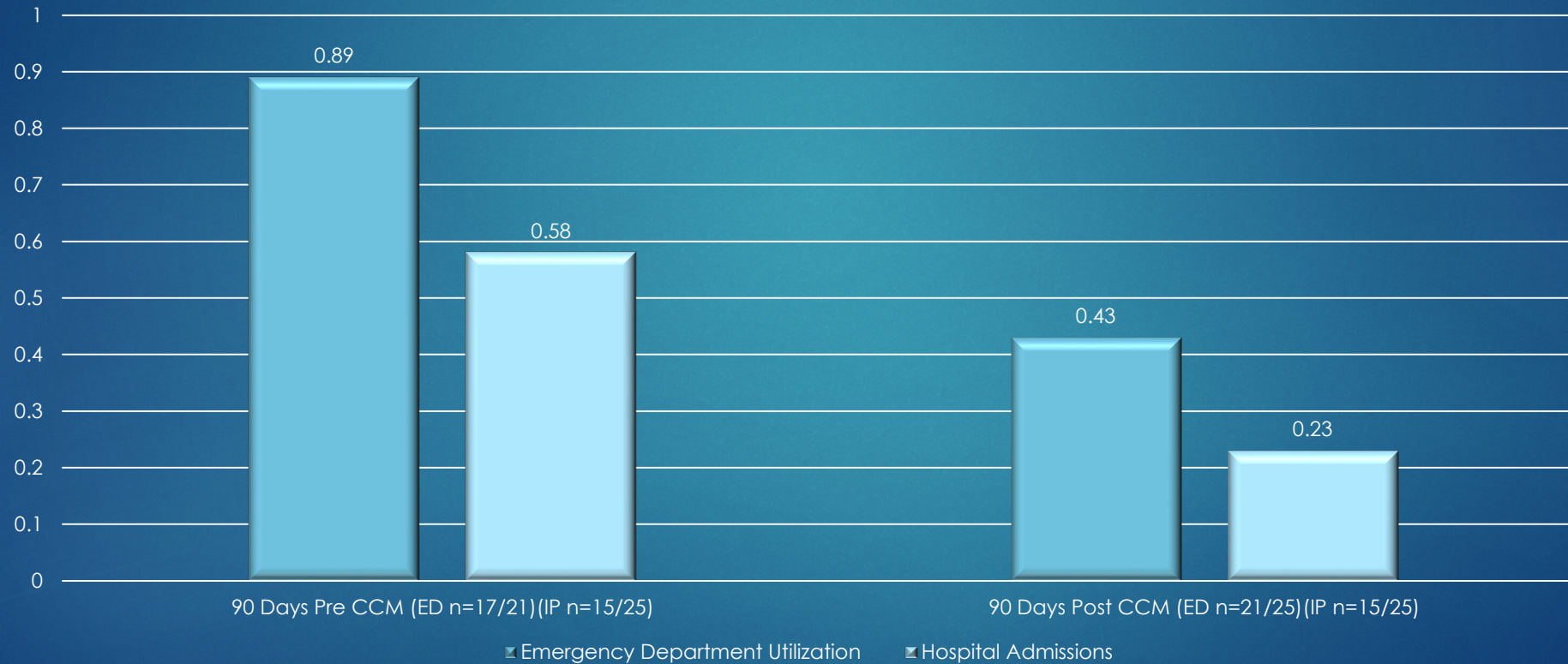


# Emergency Department Utilization and Hospital Admissions

- ▶ 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 50% reduction in Emergency Department utilization and average 60% reduction in Hospital Admissions from 90 days prior to 90 days after starting CCM services.
- ▶ Members had an average of .89 Emergency Department visits and .58 Hospital admissions during the 90 days prior to receiving CCM services and had an average of .43 Emergency Department visits and 0.23 Hospital admissions during the 90 days after starting CCM services



## ED Visits and Hospital Admissions



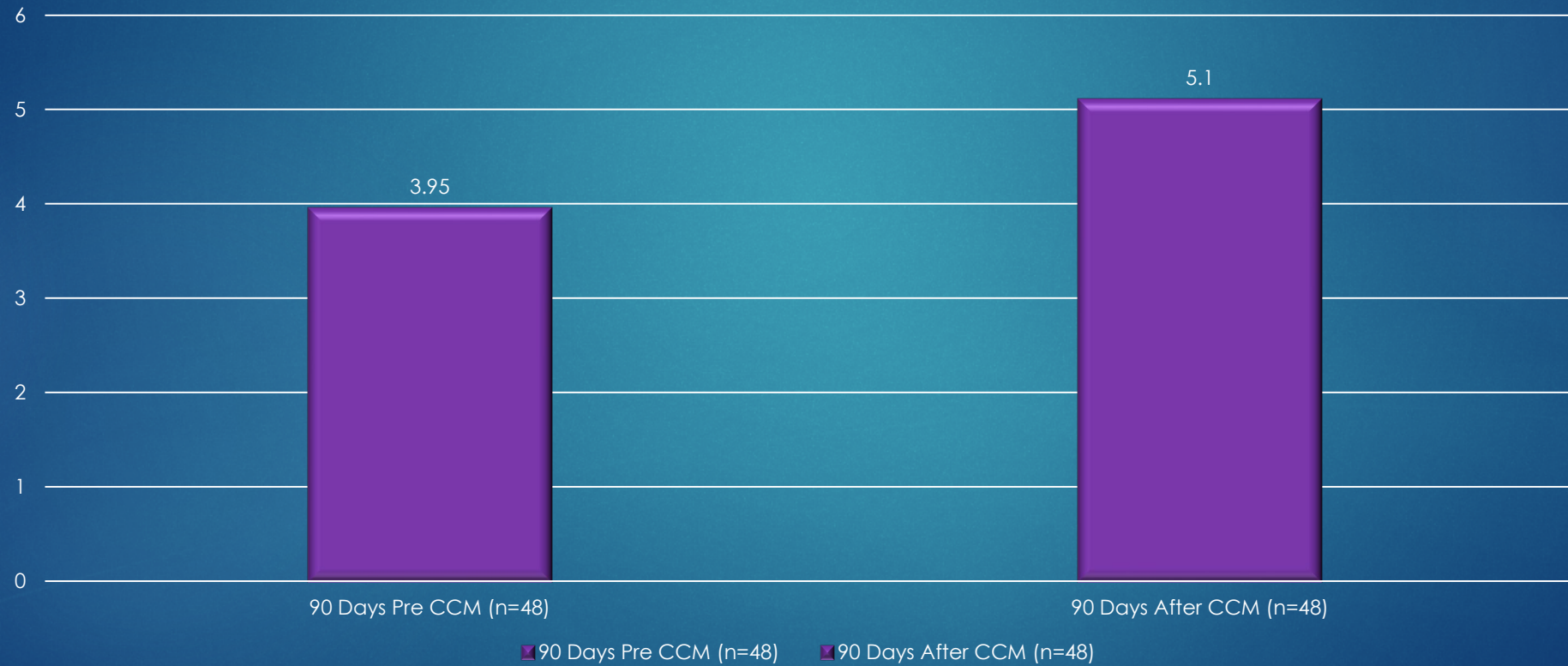


# Utilization of Out-patient Services

- ▶ 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 3.95 and the average number of out-patient behavioral health services after starting CCM services was 5.1, which amounts to a 29% increase in out-patient services utilization



## Out-Patient Service Utilization





# Outpatient Utilization within 60 days

13

- ▶ DWIHN also measured the number of members who attended two out-patient behavioral health services within 60 days of starting CCM services.
- ▶ Of the 48 members that were available to participate in 2 out-patient services after starting CCM services, 36 members (75%) attended two out-patient behavioral health services within 60 days of starting CCM services.



# Outpatient Utilization post 60 days

14

- ▶ 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.
- ▶ 66% 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 74 CCM cases opened during FY2022, 58 members had Complex Case Management services closed during FY2022. 32 (55%) Satisfaction Surveys were completed and returned.



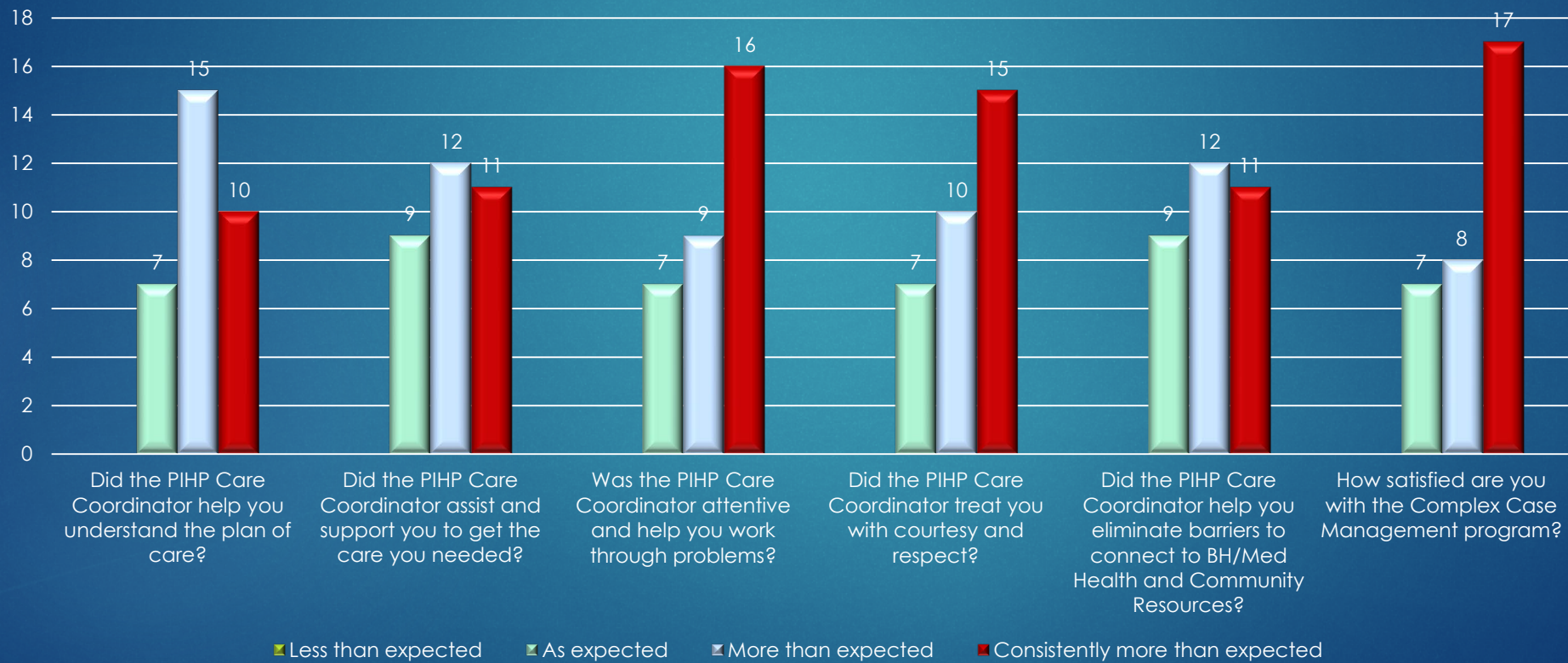
# Complex Case Management Survey Questions

- 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?*

	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6
Less Than Expected	0%	0%	0%	0%	0%	0%
As Expected	22%	28%	22%	22%	28%	22%
More Than Expected	47%	38%	28%	31%	38%	25%
Consistently More	31%	34%	50%	47%	34%	53%



## CCM Satisfaction Survey Responses





# Member Comments

19

- ▶ *“ She has (Lenette) always been there for me and help me through my problems. I really appreciate what you guys have done and what you offer.”*
- ▶ *“She (Scherie) was really great! ”*
- ▶ *“Scherie was awesome and helped a lot.”*
- ▶ *“When my daughter was in the hospital Lenette always reached out to me. She checked on how I was doing, and how she was doing. Lenette is very passionate about her job.”*
- ▶ *“Thank you so much.”*
- ▶ *“Scherie has been awesome! People have been giving me the run around, she is always there. She’s magical”*
- ▶ *“Mrs. Spencer went above and beyond.”*
- ▶ *“So very helpful!”*
- ▶ *“I appreciate you guys and the whole team.”*
- ▶ *“She (Scherie) was great!”*
- ▶ *“Spectacular!”*



# Comparison to Previous Reviews

- ▶ The results of the FY2022 analysis of CCM services can be compared to the results of analysis completed for FY2021 and FY2020. 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



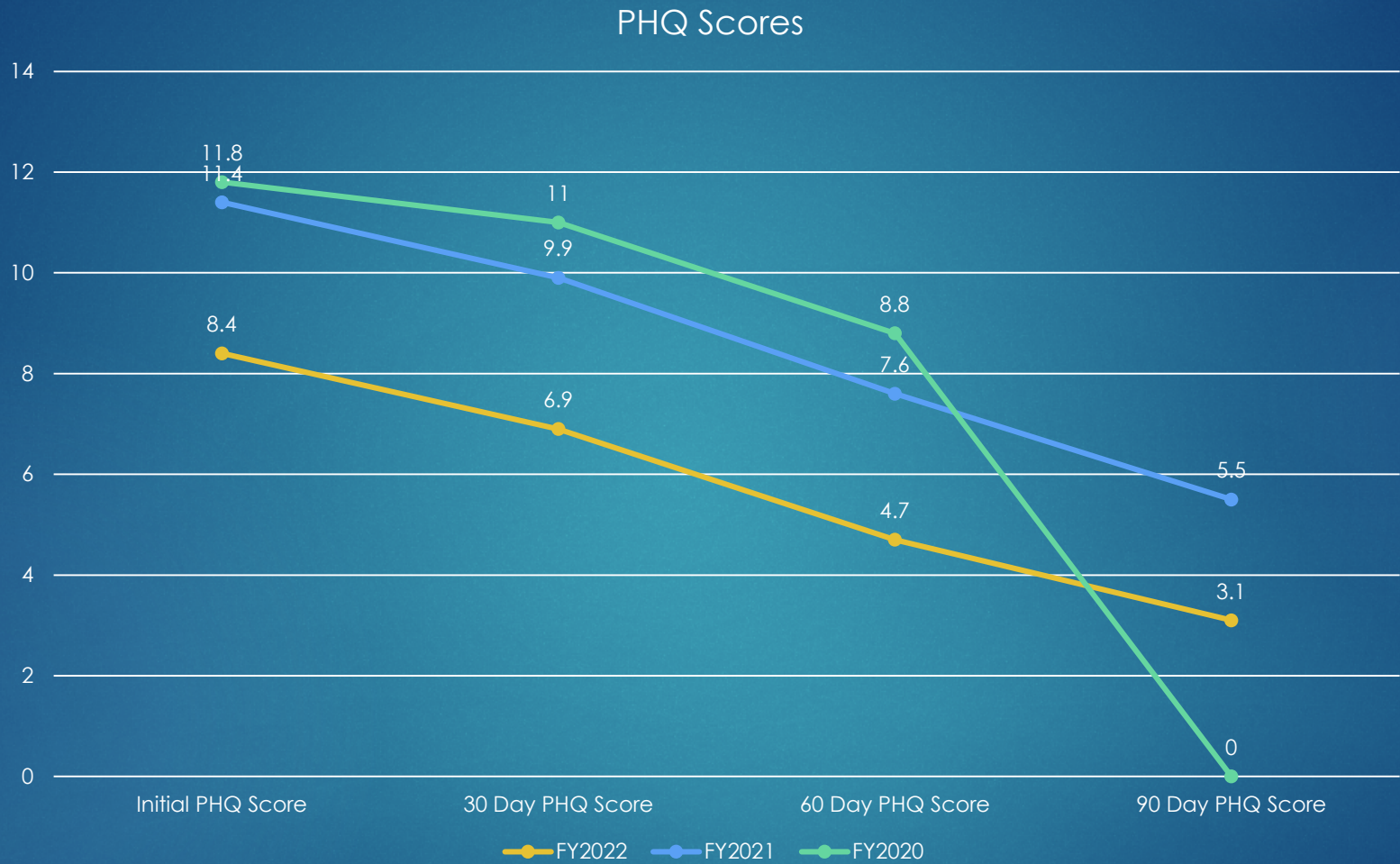


Table 6



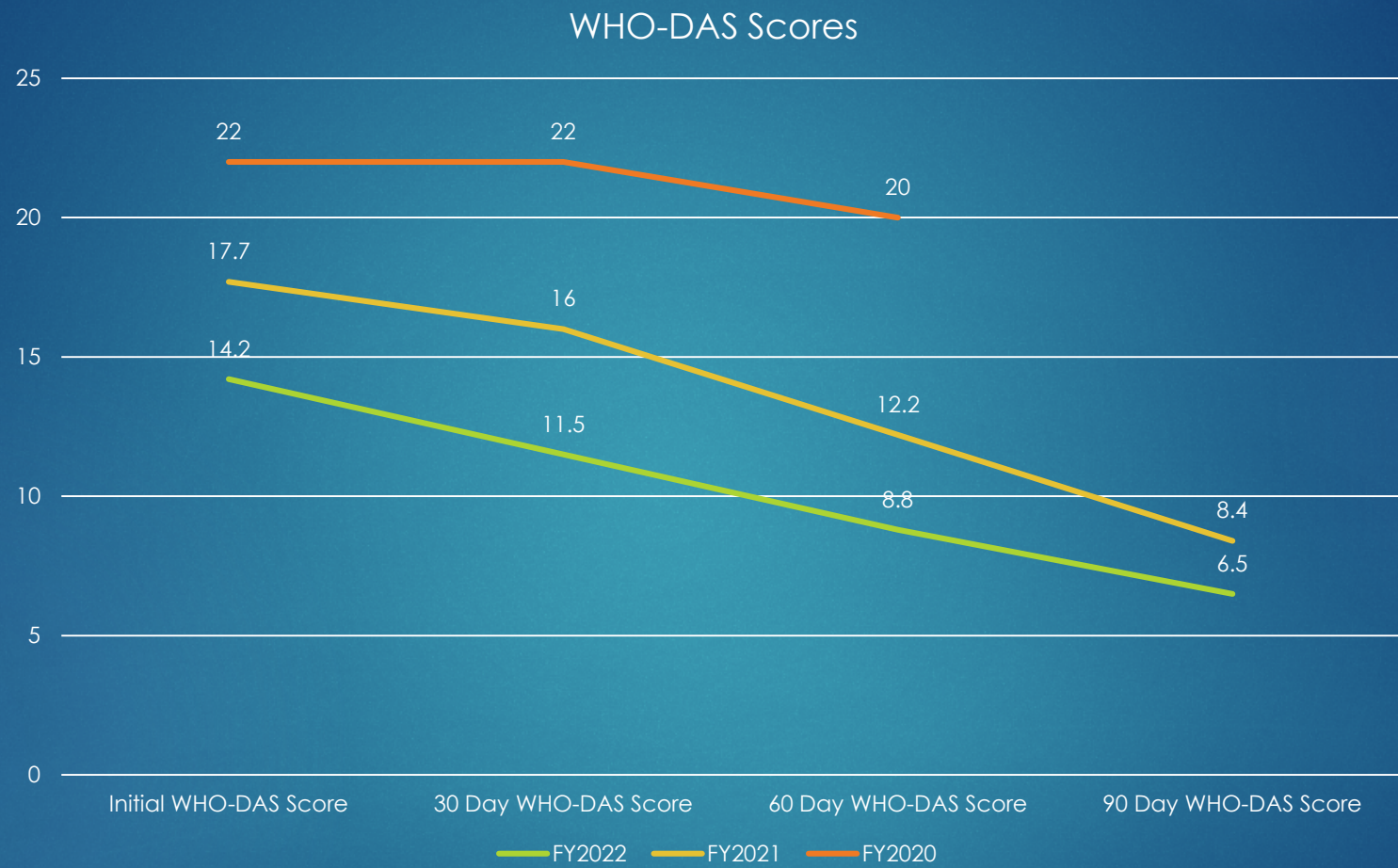


Table 7



### PHQ and WHO-DAS Goals Met

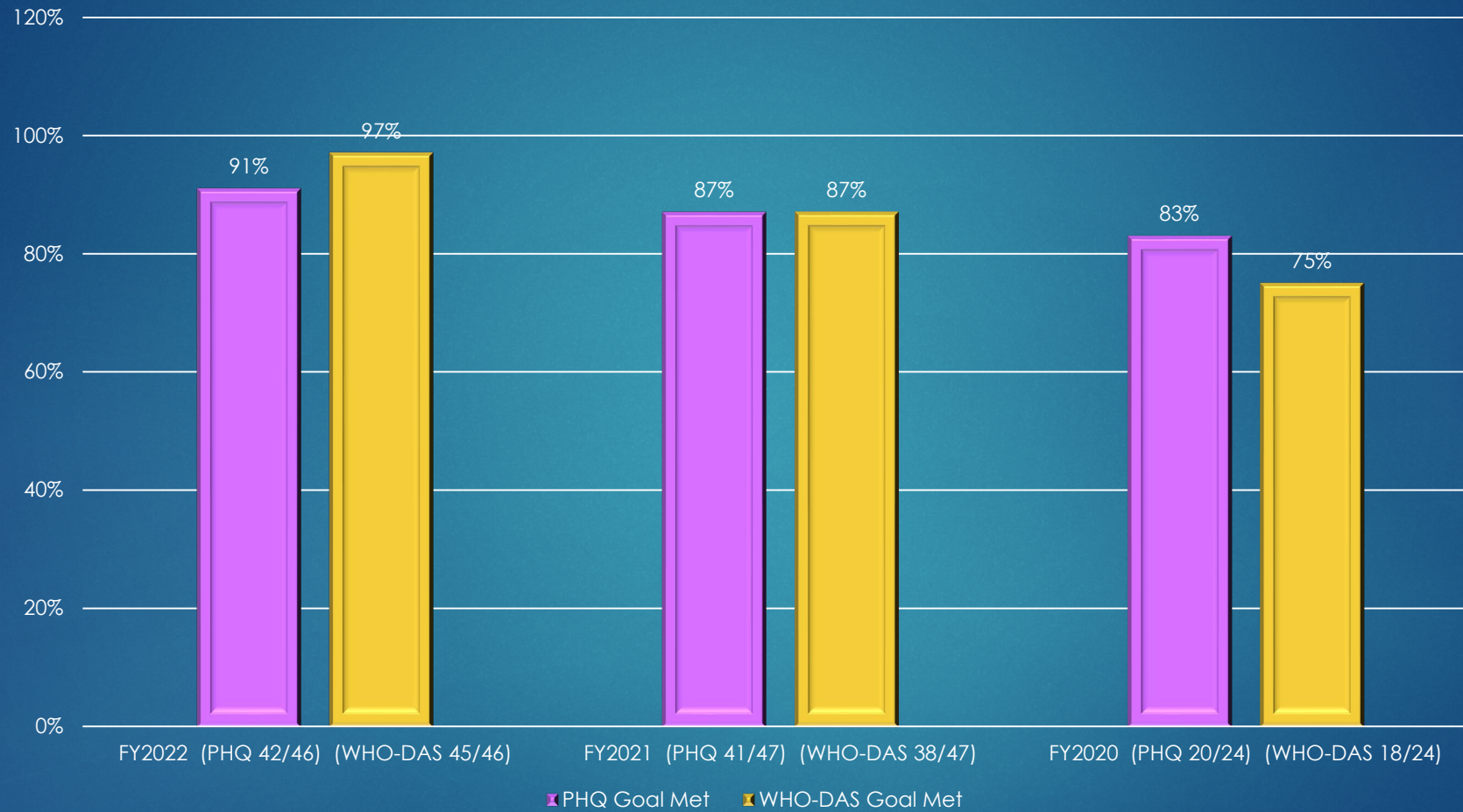


Table 8



### Decrease in Hospital Admissions

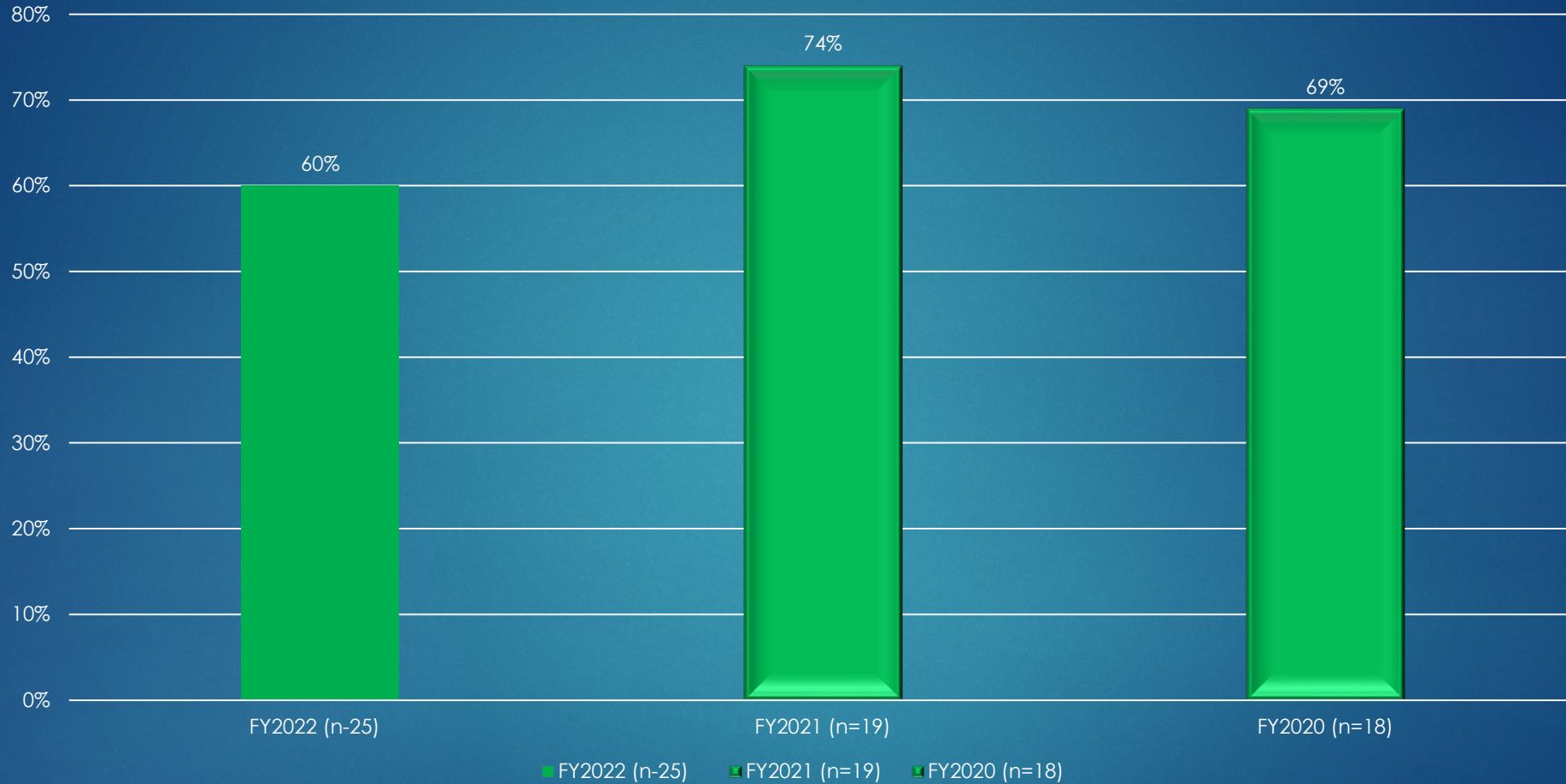


Table 9



### Decrease in ED and Hospitalization Goals Met

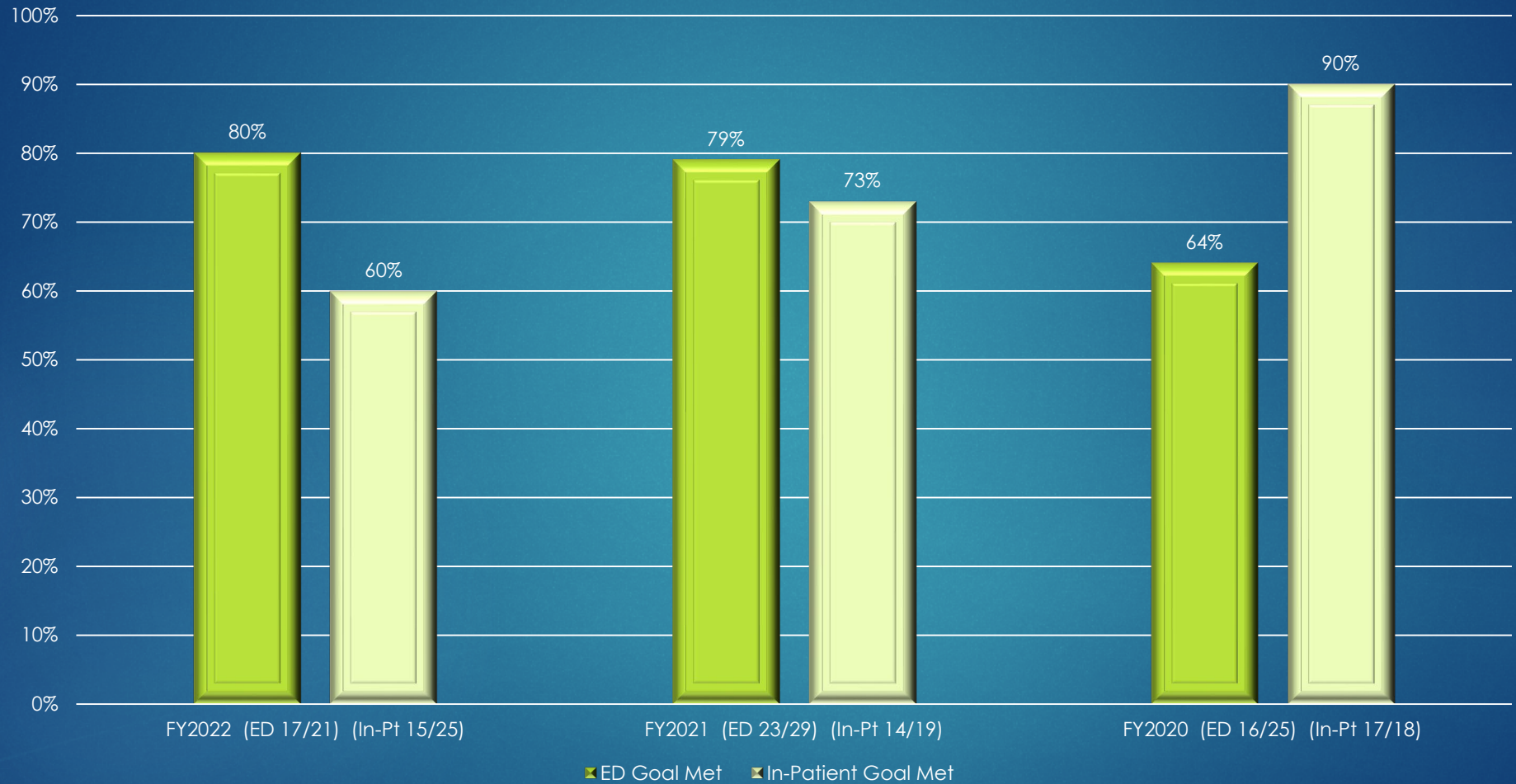


Table 10



### Increase in Out-patient Behavioral Health services

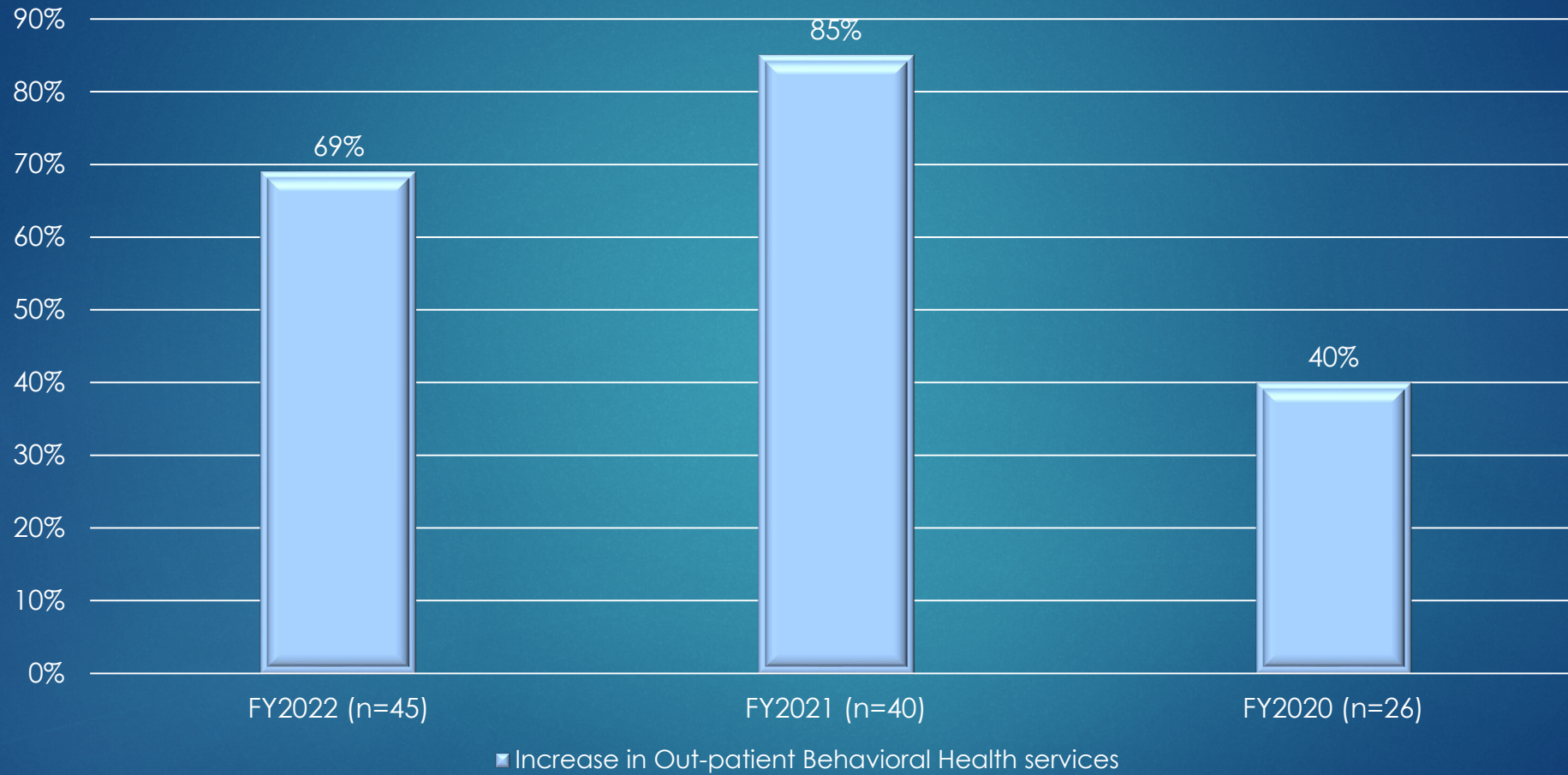


Table 11



### Attended 2 Out-patient Behavioral Health services within 60 days

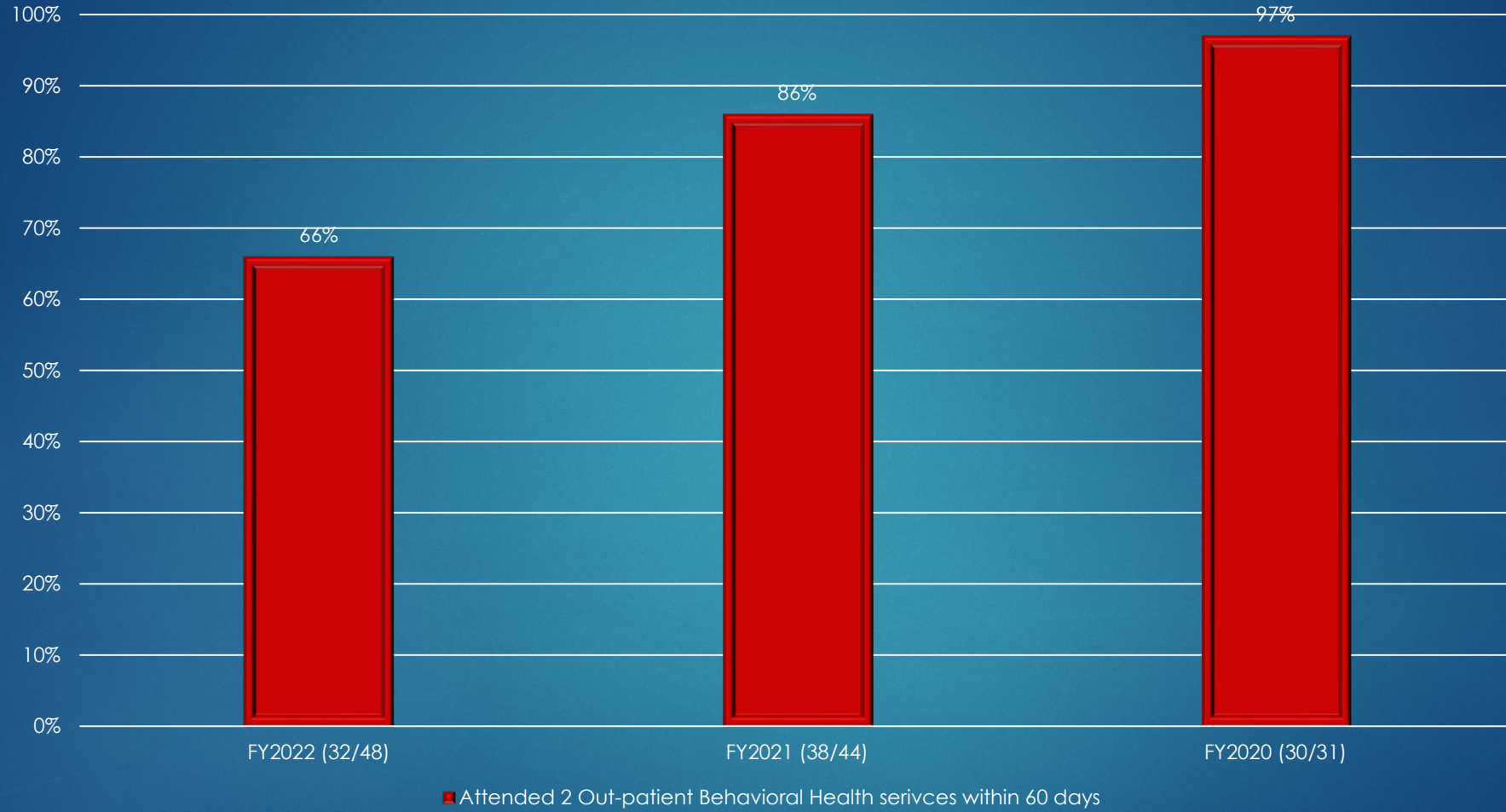
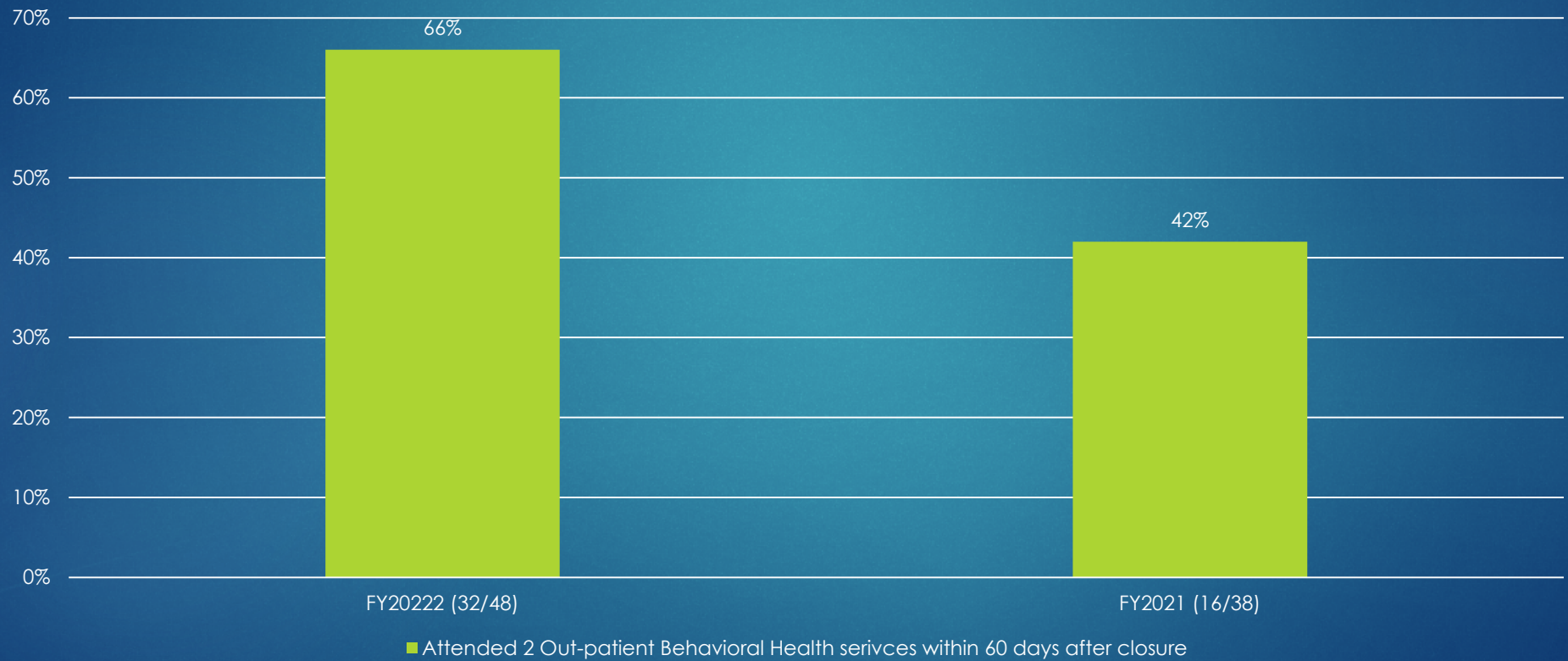


Table 12



### Attended 2 Out-patient Behavioral Health services within 60 days after closure





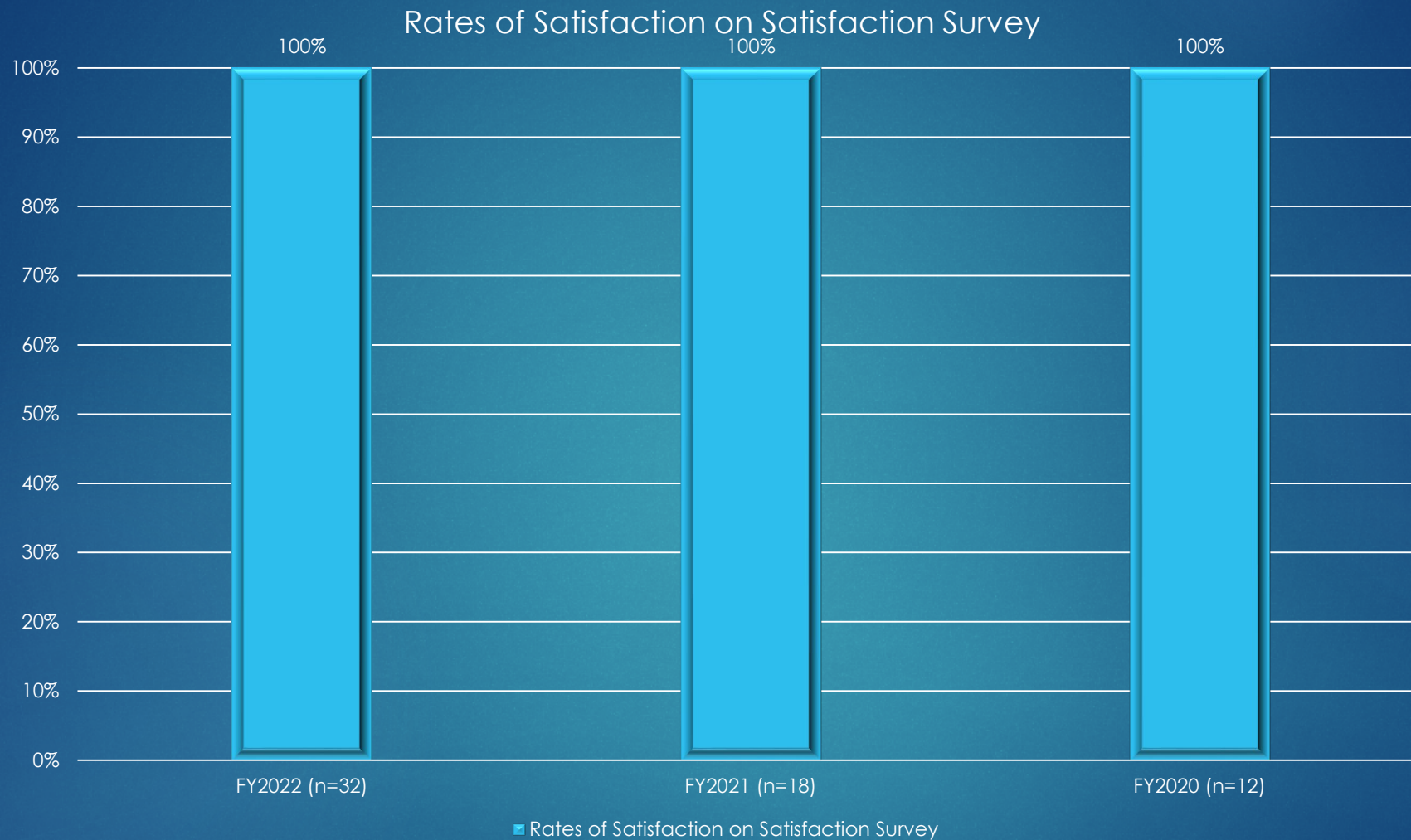


Table 13



### Satisfaction Survey Return Rates

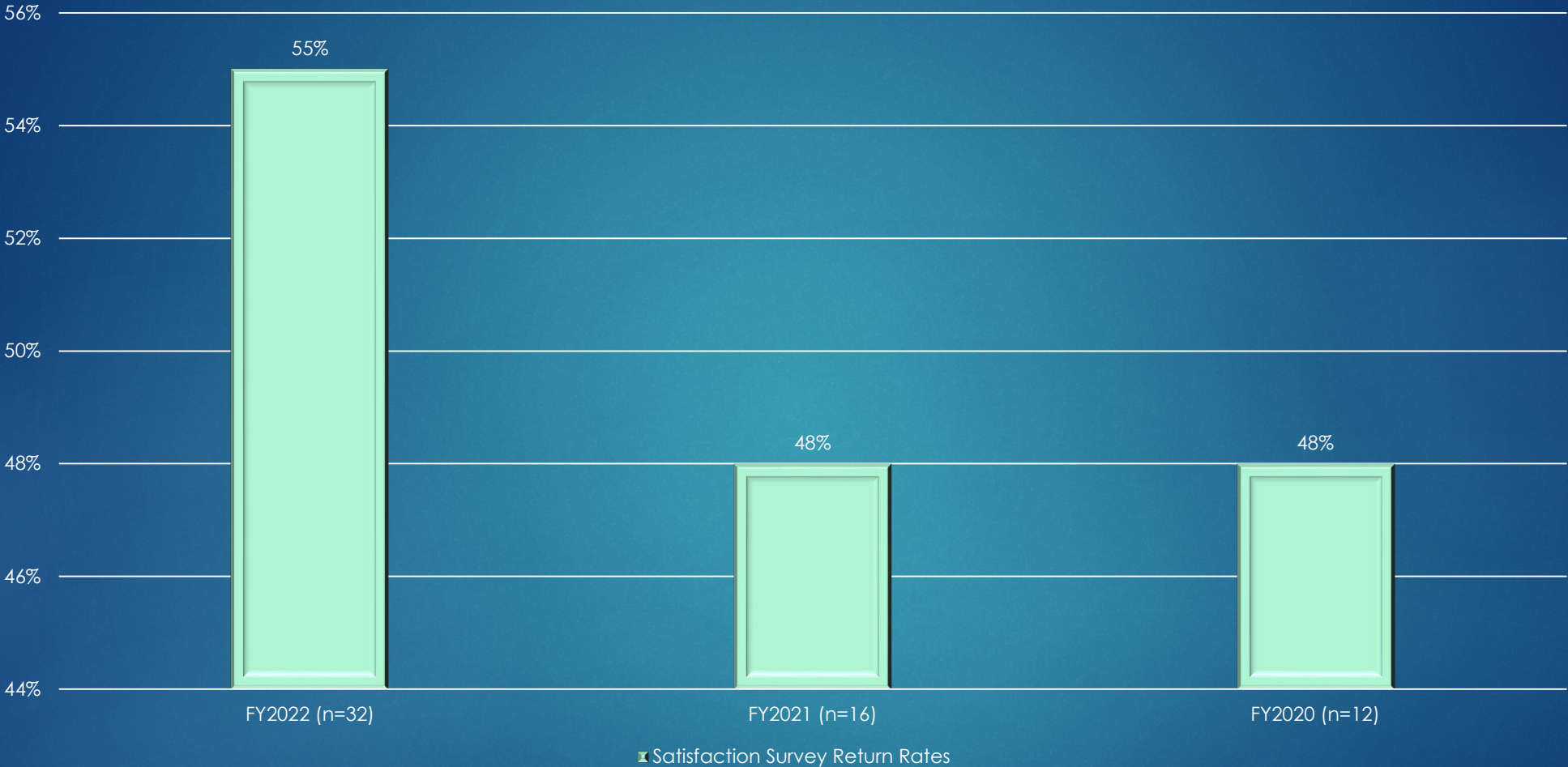


Table 14



# Areas of Improvement

31

Reduction in Emergency Department utilization

Satisfaction Surveys

Outpatient Behavioral Health Services



# DWIHN Population Assessment and Analysis of Complex Case Management Activities and Resources FY22

ASHLEY BOND MA, LPC, NCC

DETROIT WAYNE INTEGRATED HEALTH NETWORK





# Population Assessment

- ▶ DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.
- ▶ We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff.
- ▶ This information is gathered annually

# Primary Care Physician

- ▶ During FY22, DWIHN provided services to a total of 75,839 members. This is an increase of 2,490 (3.4%) from FY21
- ▶ Only 66% of members had an identified Primary Care Physician in 2022. This is a decrease from 68% of members in 2021 and from 69% of members in 2021 who had an identified Primary Care Physician. *(Table 1)*



# Identified Primary Care Physician

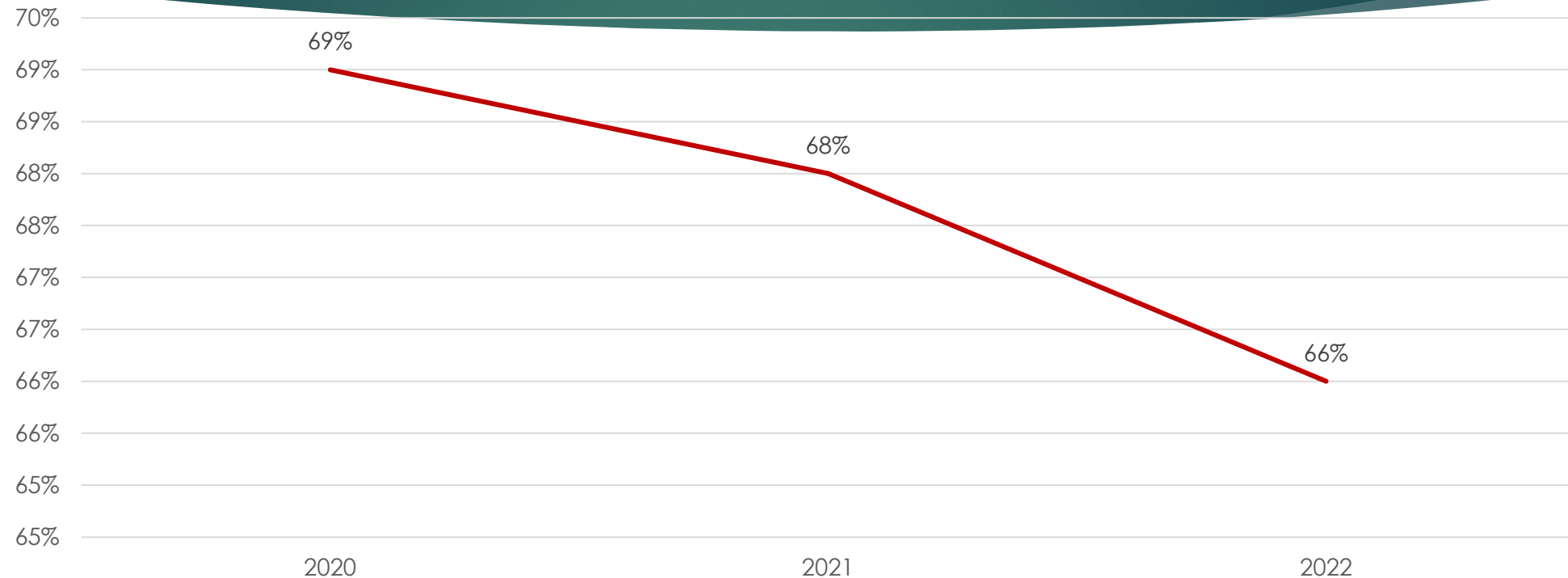


Table 1

\* Data derived from Risk Matrix

# Gender

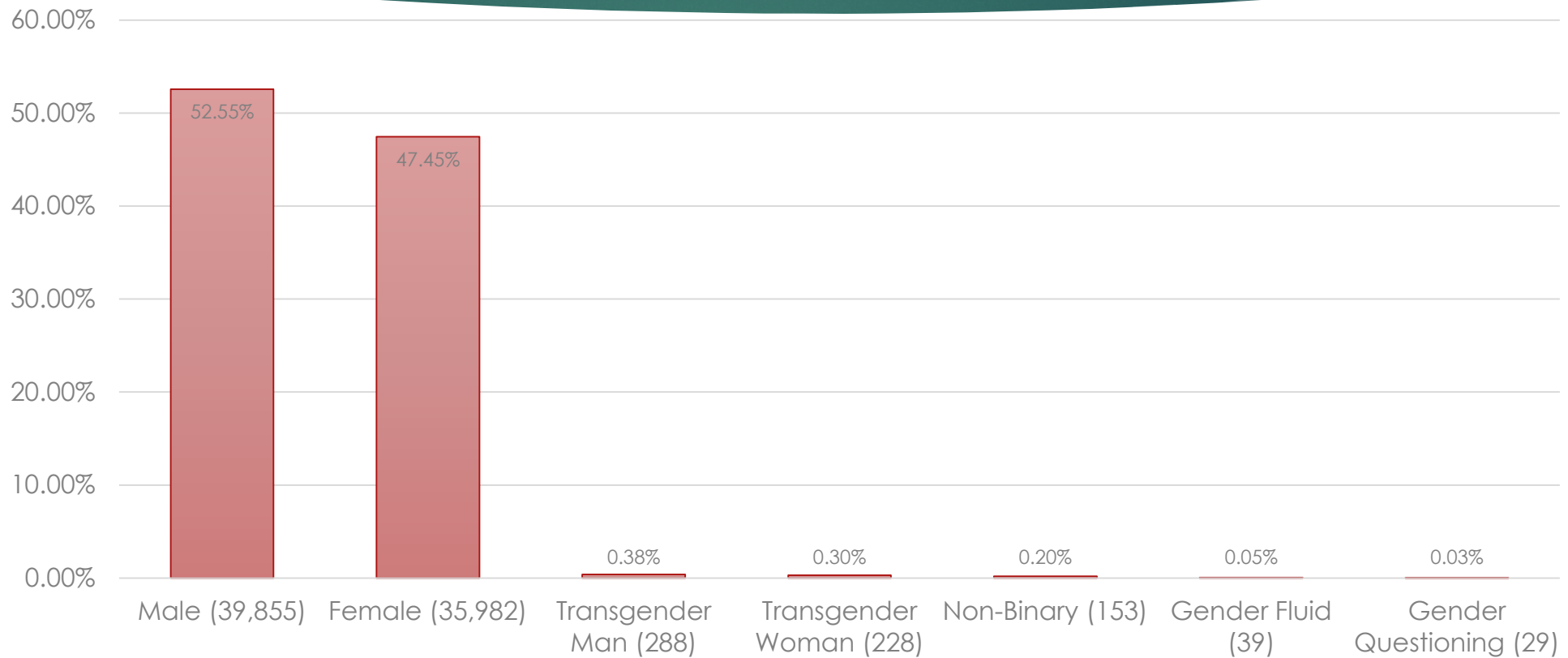


Table 2

\* Data derived from Risk Matrix



# Age Range

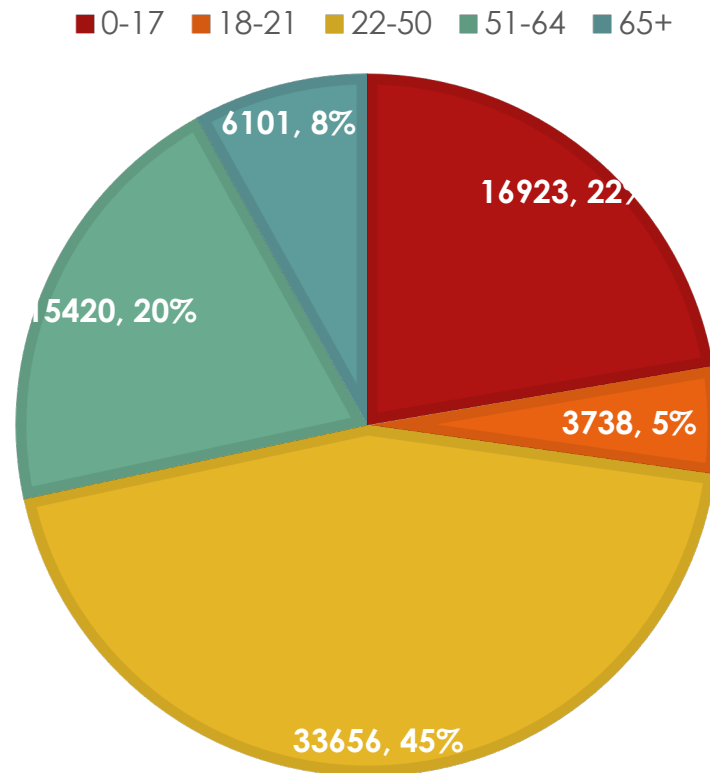


Table 3

\*Data derived from Risk Matrix

# Ethnic Background

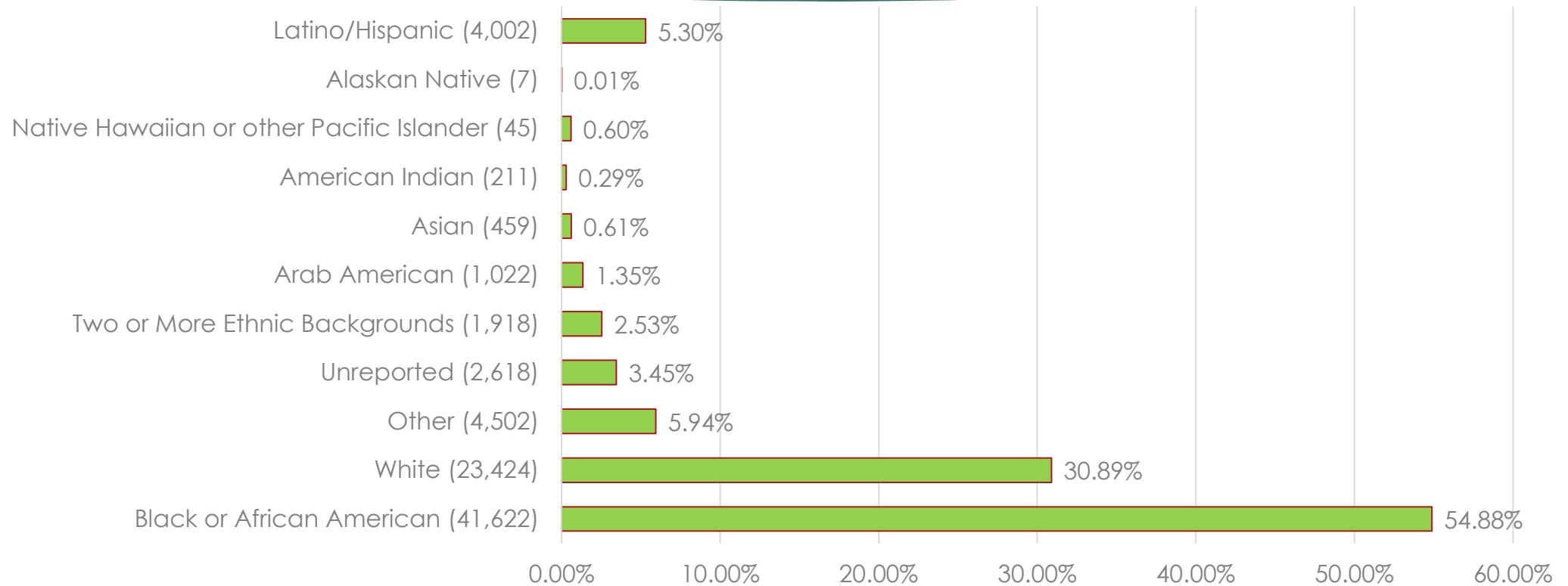


Table 4

\*Data derived from Risk Matrix



# Primary Language

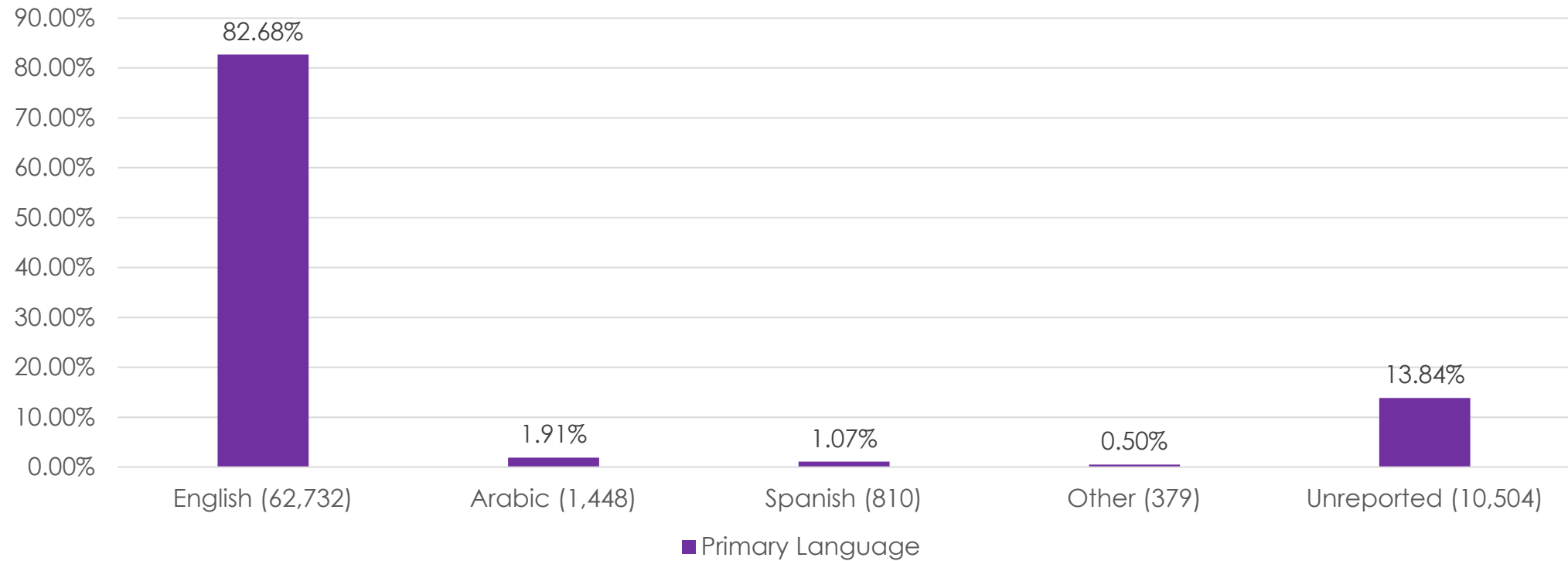


Table 5

\*Data derived from Risk Matrix

# Disability Designation

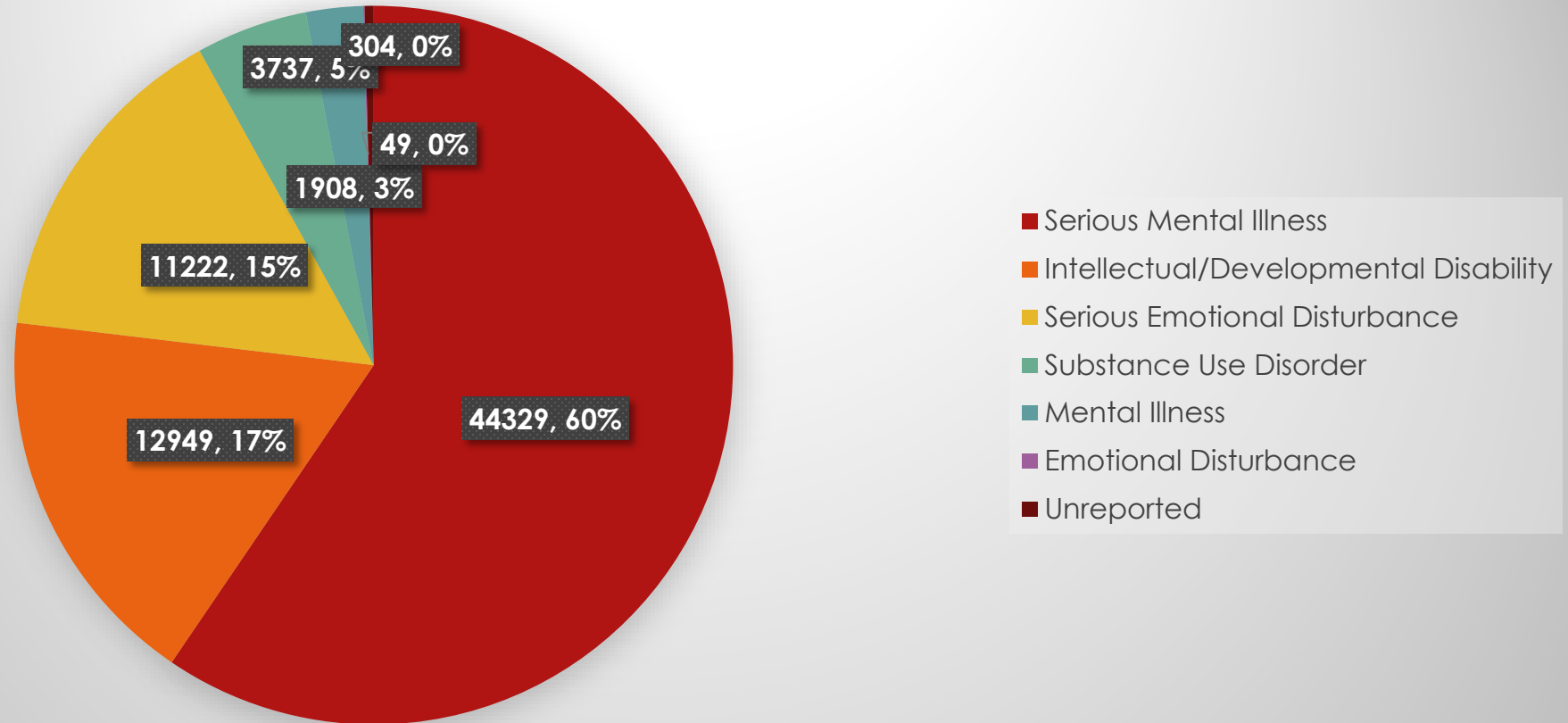


Table 6

\*Data derived from Risk Matrix



# Residency

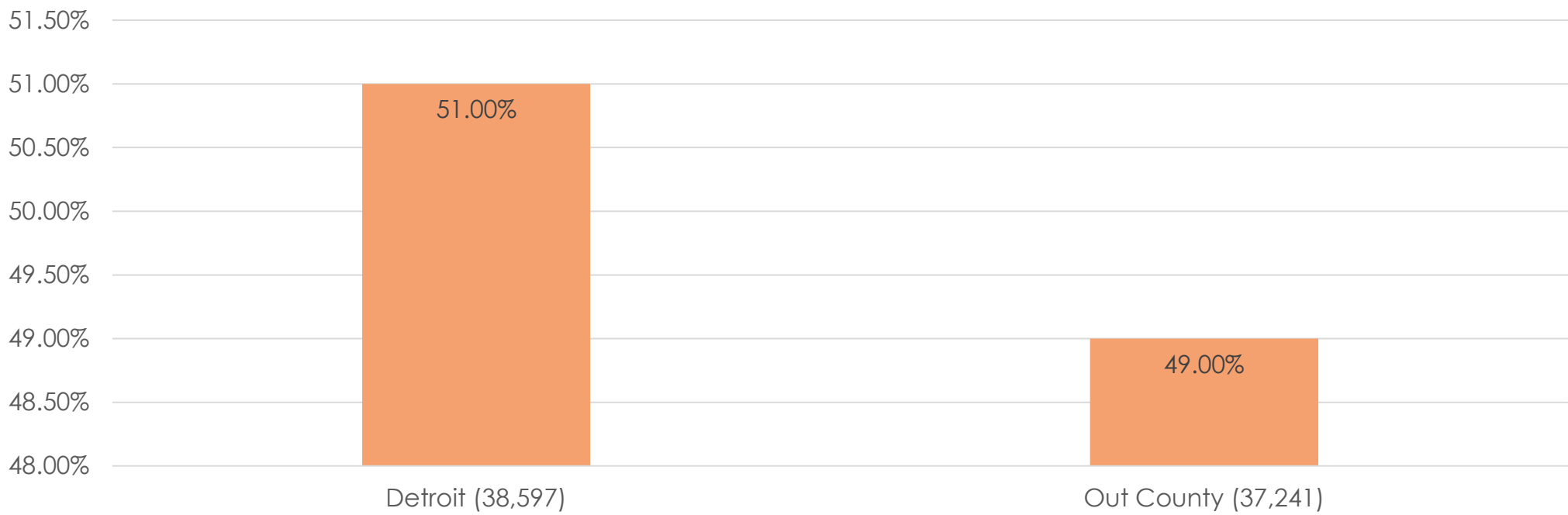


Table 7

\*Data derived form Risk Matrix

# Insurance

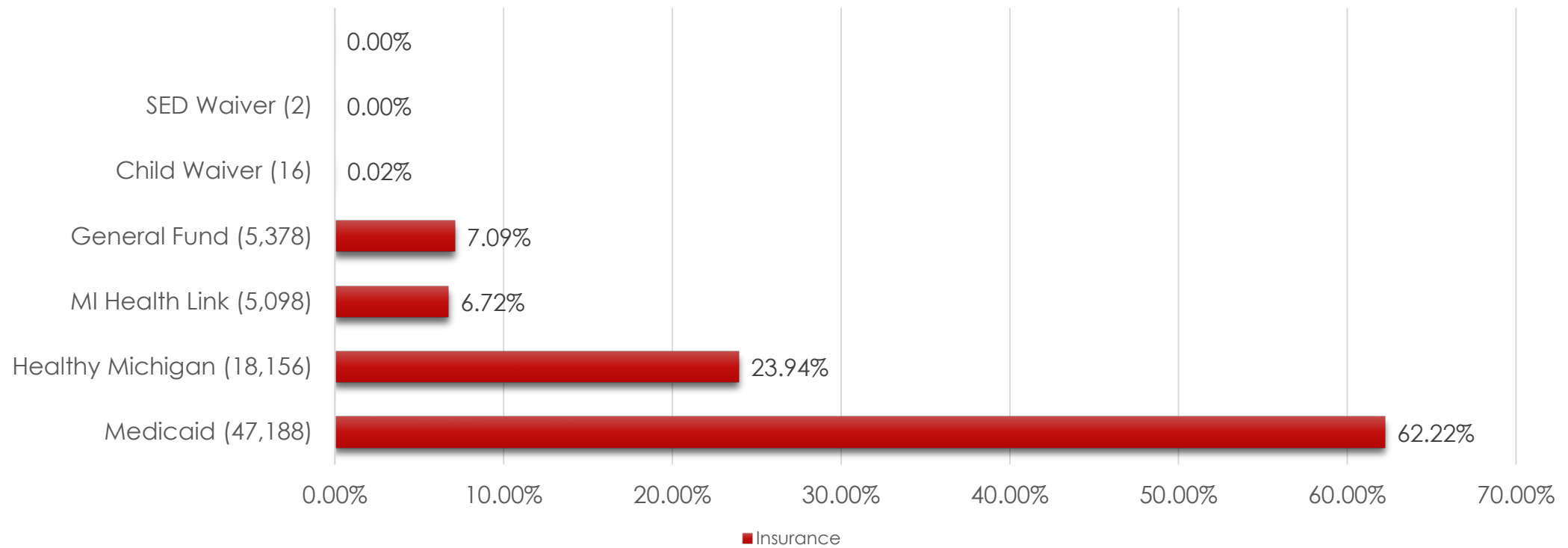


Table 8

\*Data derived from Risk Matrix



# Member Language Unreported

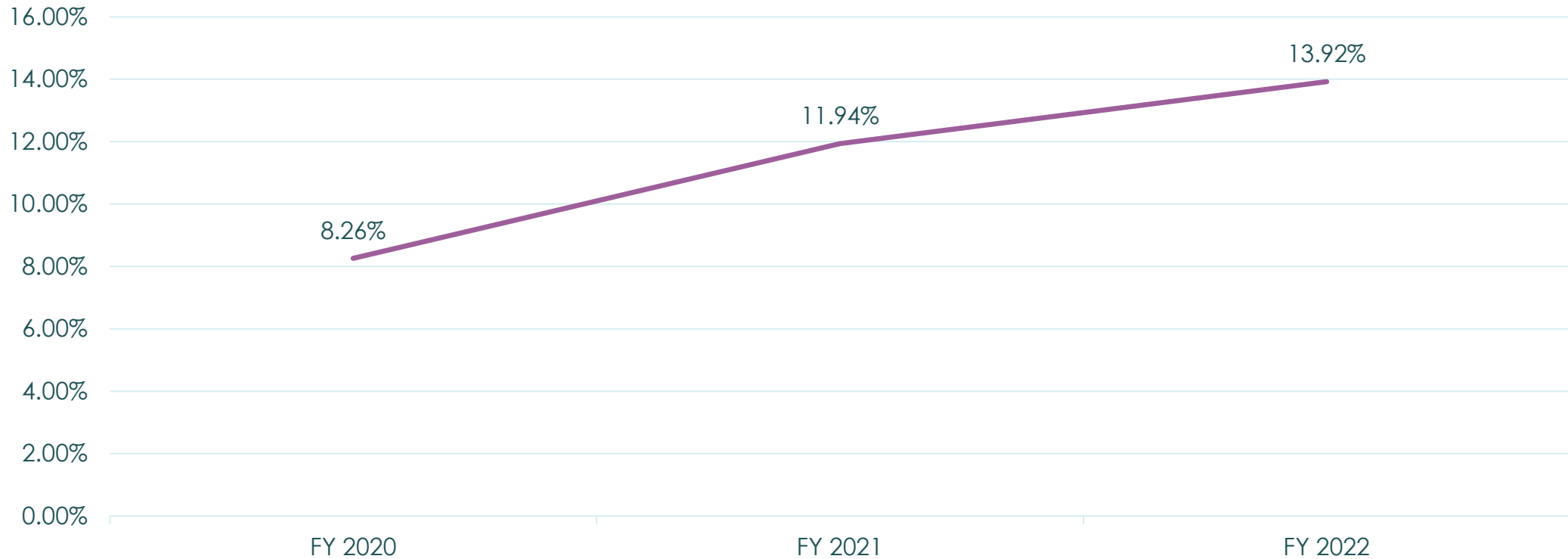


Table 9

\*Data derived from Risk Matrix

# English Primary Spoken Language

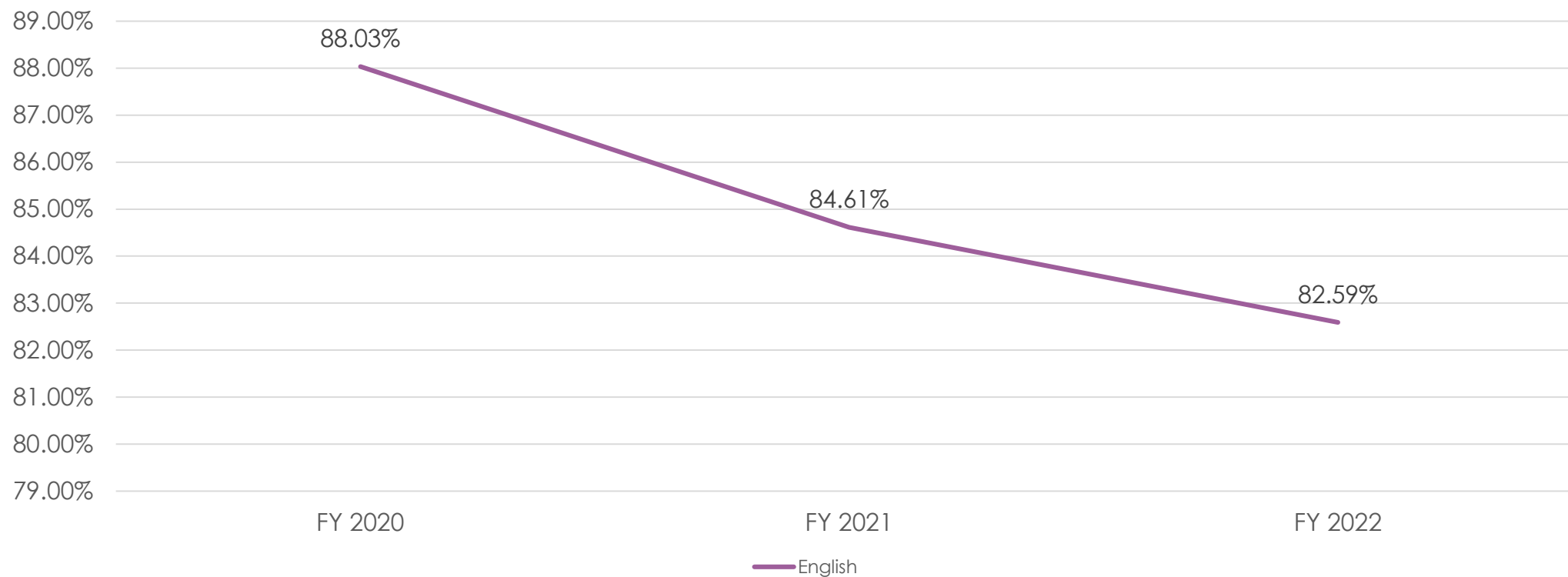


Table 10

\*Data derived from Risk Matrix



# Two or More Ethnic Backgrounds

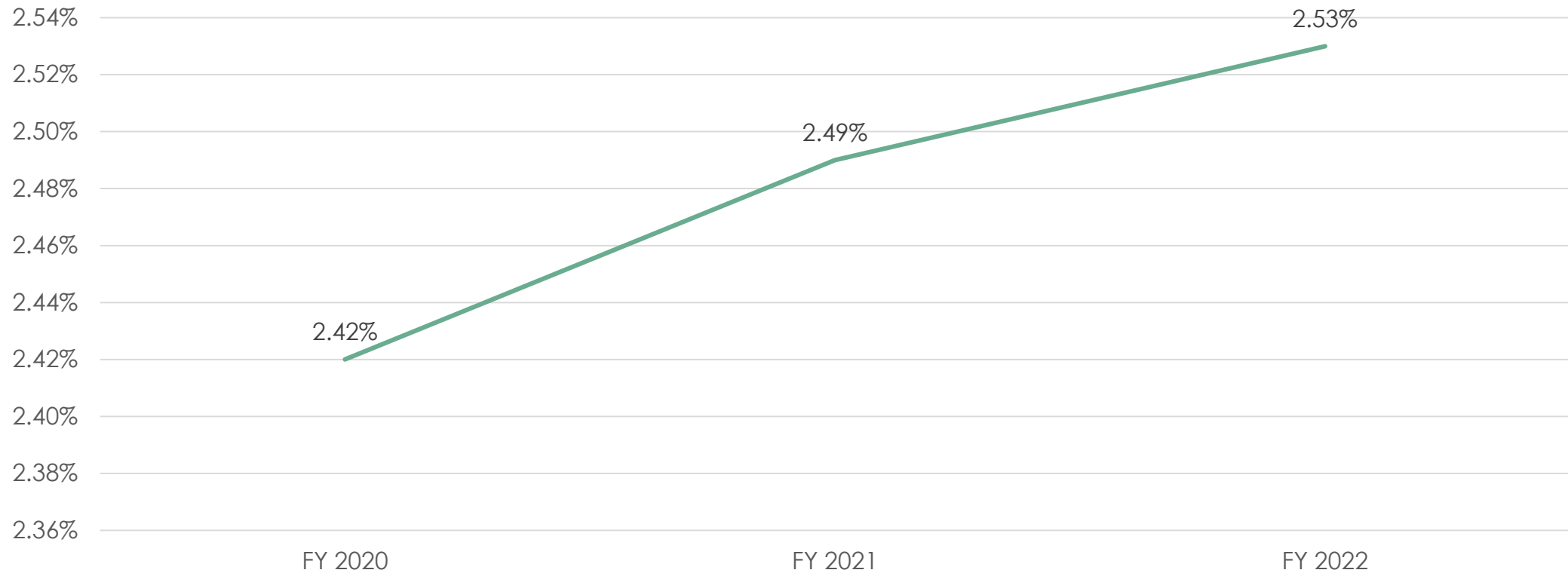


Table 11

\*Data derived from Risk Matrix

# Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

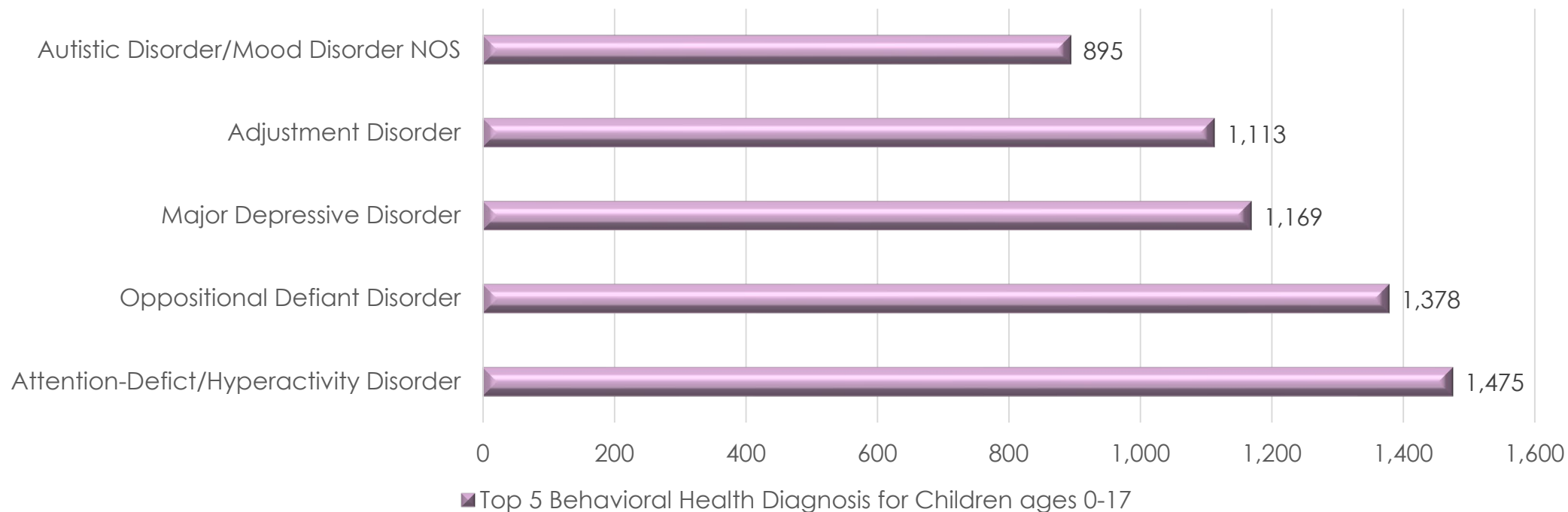


Table 12

\* Data derived from IT-MHWIN Chart



# Top Medical Diagnosis for Children

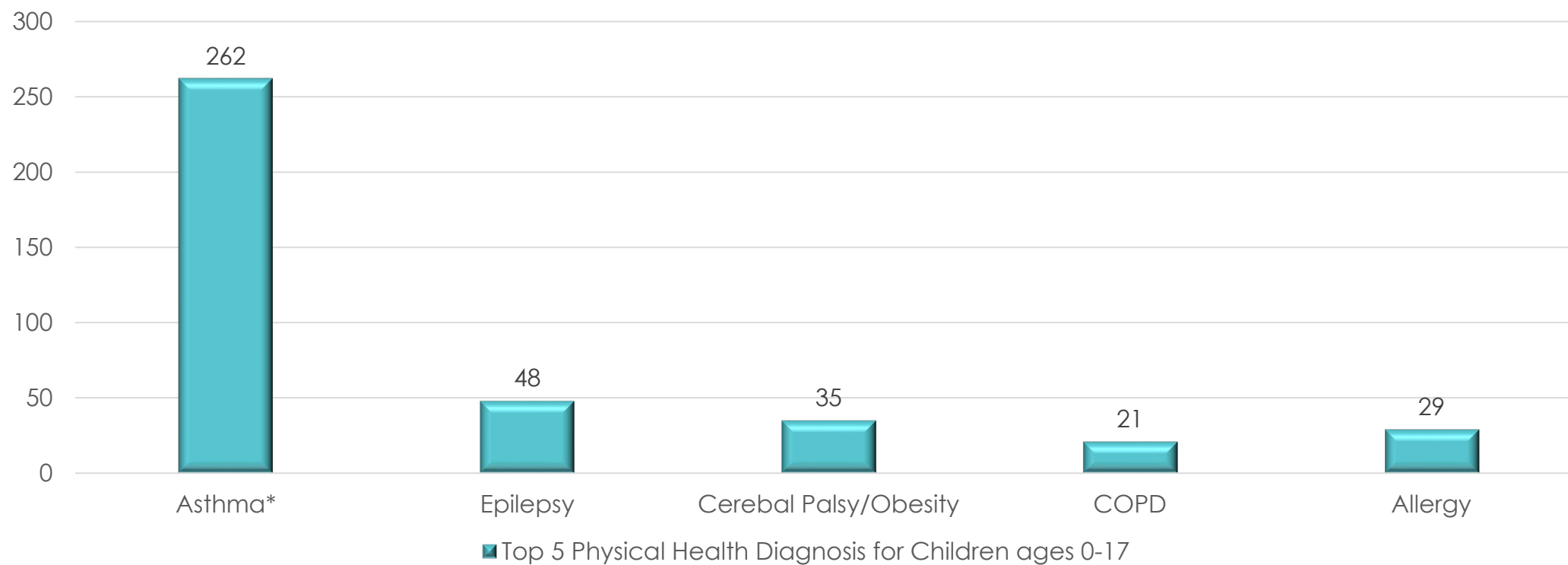


Table 13

\*Data pulled from IT/MHWIN

# Top Behavioral Health Diagnosis for Adults

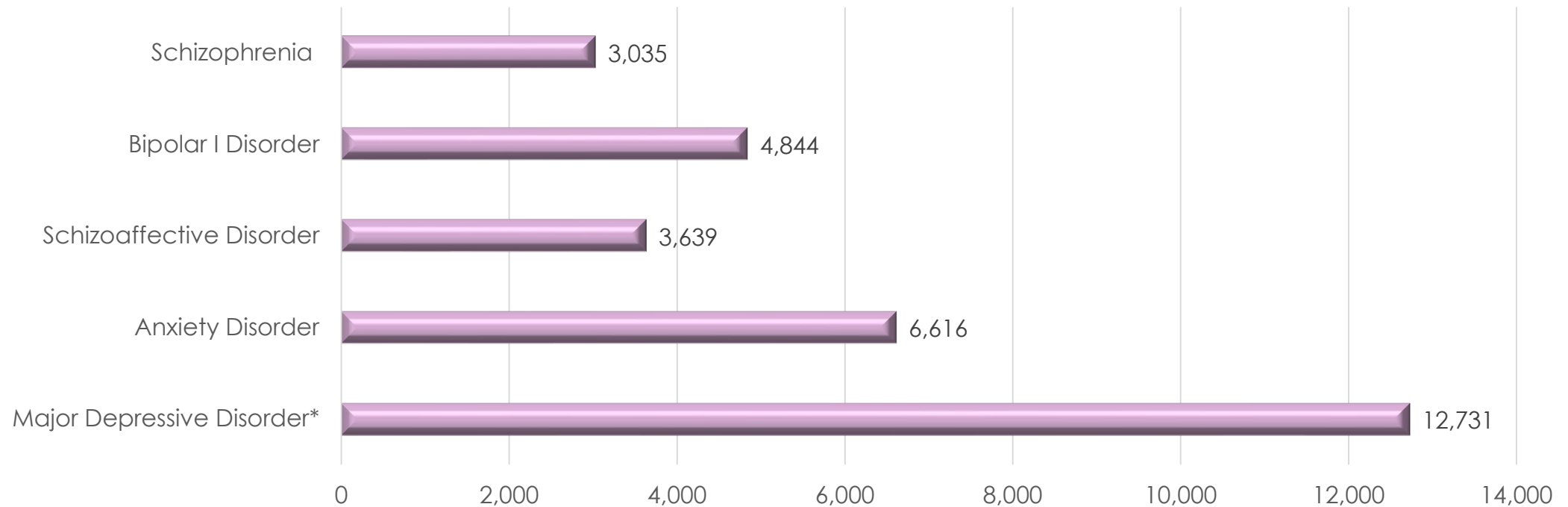


Table 14

\*Data pulled from IT/MHWIN



# Top Medical Diagnosis for Adults

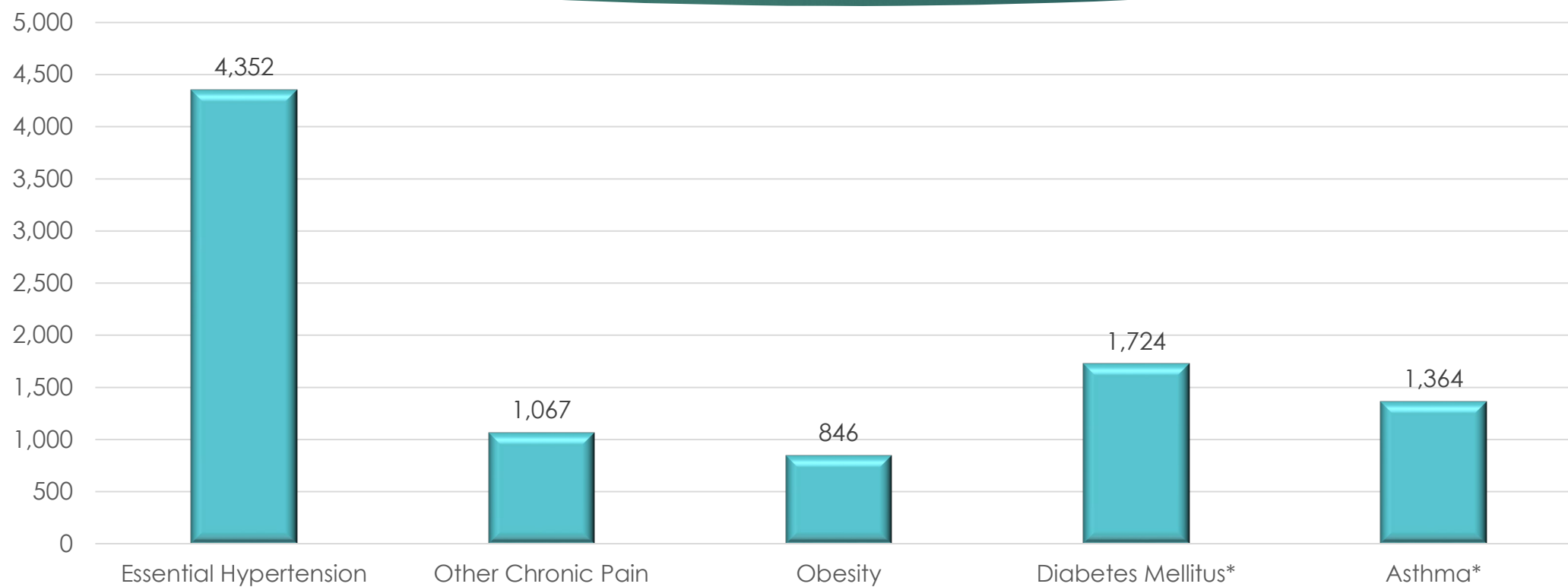


Table 15

\*Data pulled from IT/MHWIN

# SUD Diagnosis

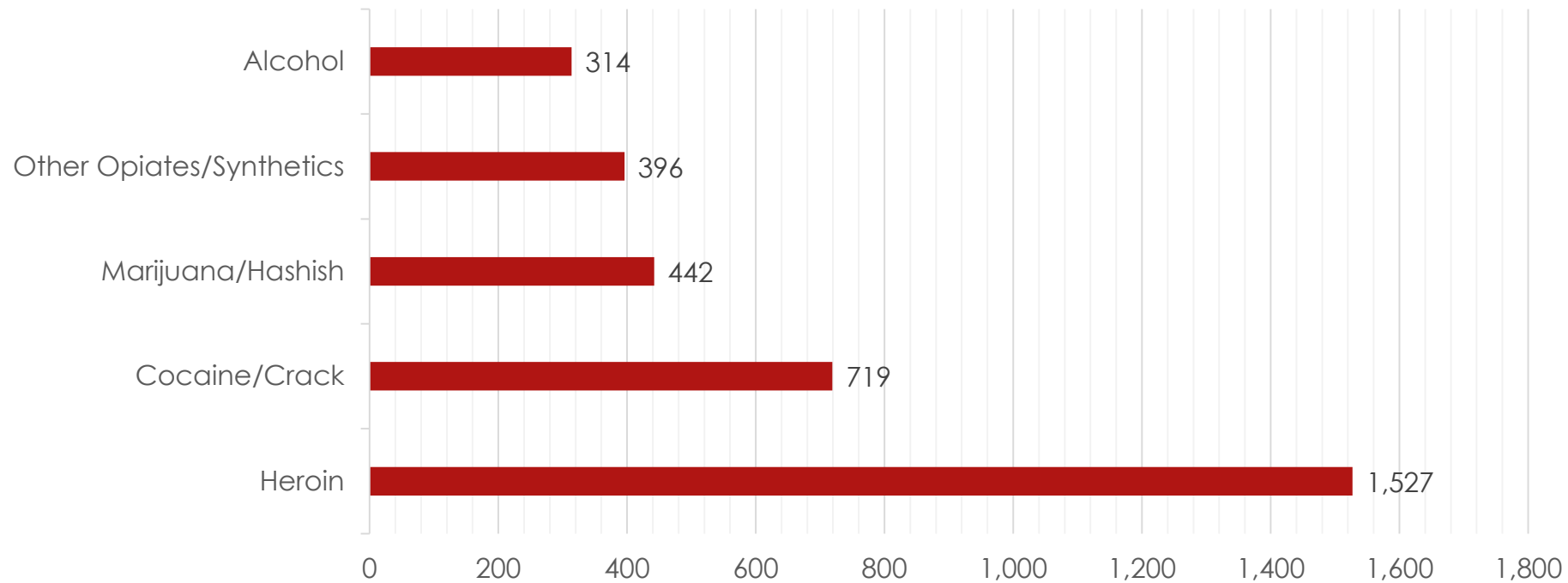


Table 16  
Information derived from IT data/Report



# Diagnosis Comparisons

<u>Top 5 Behavioral Health Dx Children</u> <u>2022</u>	<u>Top 5 Behavioral Health Dx Children</u> <u>2021</u>
1. Attention Deficit/Hyperactivity Disorder	1. Attention Deficit/Hyperactivity Disorder
2. Oppositional Defiant Disorder	2. Oppositional Defiant Disorder
3. Major Depressive Disorder	3. Major Depressive Disorder
4. Adjustment Disorder	4. Adjustment Disorder
5. Mood Disorder/Autistic Disorder	5. Mood Disorder

Table 17

<u>Top 5 Medical Dx Children 2022</u>	<u>Top 5 Medical Dx Children 2021</u>
1. Asthma	1. Asthma
2. Epilepsy	2. Other Seasonal Allergic Rhinitis
3. Cerebral Palsy/Obesity	3. Headache
4. Allergy	4. Other Seizures
5. COPD	5. Eczema

Table 18

<b><u>Top 5 Behavioral Health Dx Adults 2022</u></b>	<b><u>Top 5 Behavioral Health Dx Adults 2021</u></b>
1. Major Depressive Disorder	1. Major Depressive Disorder
2. Anxiety Disorder	2. Anxiety Disorder
3. Bipolar I Disorder	3. Schizoaffective Disorder
4. Schizoaffective Disorder	4. Alcohol Dependence
5. Schizophrenia	5. Opioid Dependence

Table 19



<u>Top 5 SPMI Dx Adults 2022</u>	<u>Top 5 SPMI Dx Adults 2021</u>
1. Major Depressive Disorder	1. Major Depressive Disorder
2. Anxiety Disorder	2. Anxiety Disorder
3. Bipolar I Disorder	3. Bipolar I Disorder
4. Schizoaffective Disorder	4. Schizoaffective Disorder
5. Schizophrenia	5. Post-Traumatic Stress Disorder

Table 20

<u>Top 5 Medical Dx Adults 2022</u>	<u>Top 5 Medical Dx Adults 2022</u>
1. Essential Hypertension	1. Essential Hypertension
2. Diabetes Mellitus	2. Other Chronic Pain
3. Asthma	3. Pure Hypercholesterolemia, unspecified
4. Chronic Pain	4. Diabetes Mellitus
5. Obesity	5. Asthma

Table 21

# MI percentile ranks for Asthma

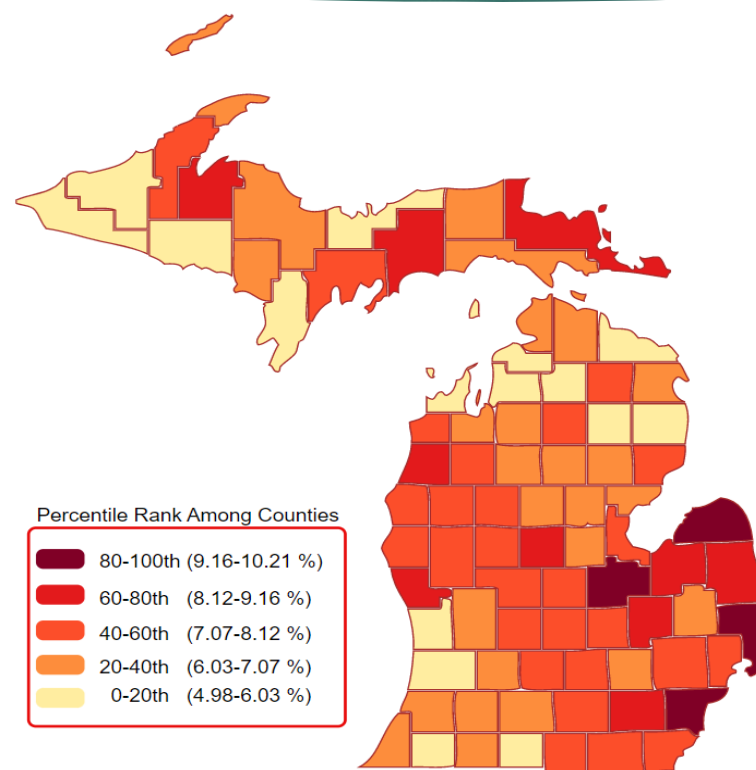


Table 22

\*Data derived from CC360



# State of Michigan for Health Outcomes and Health Factors

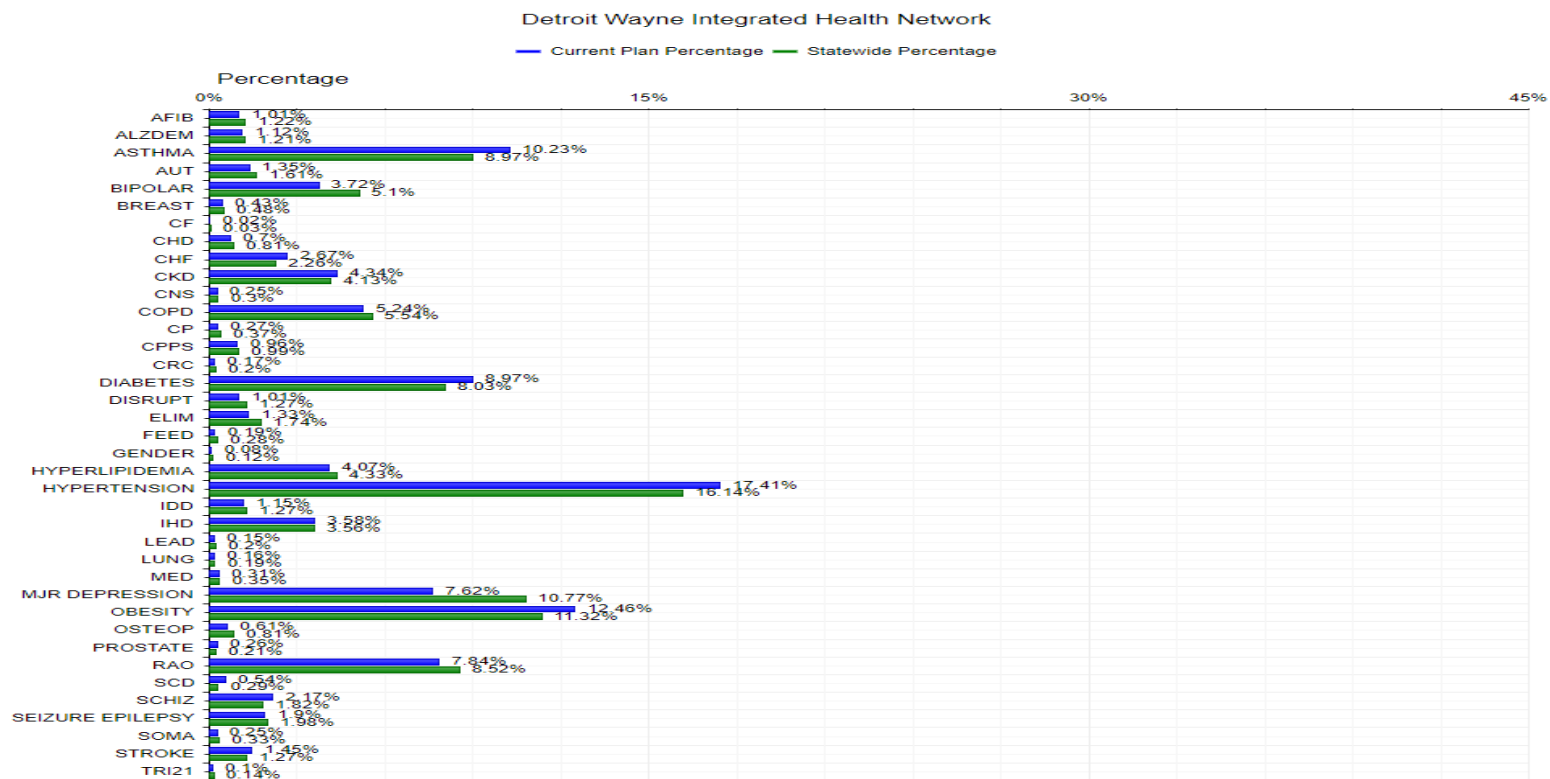


Table 23

\*Data derived from CC360

# 2022 County Health Rankings Report

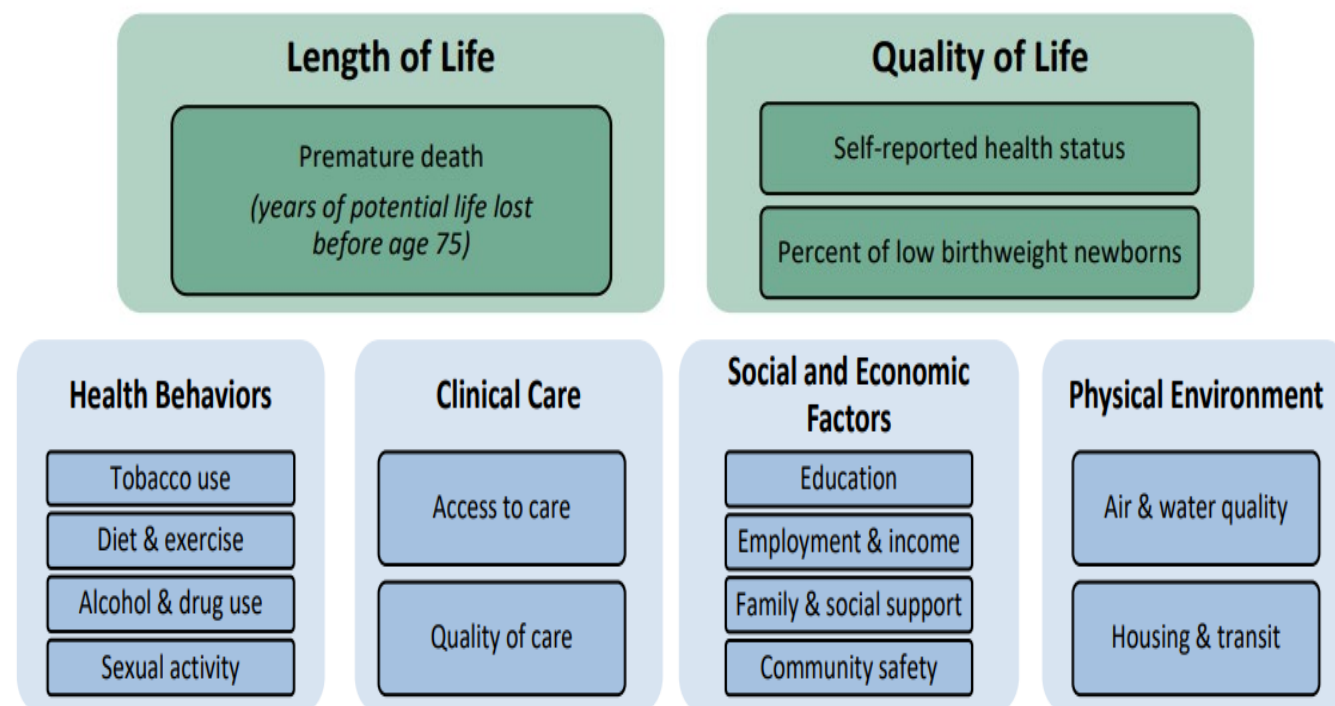


Table 24

\* Data derived from 2022 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

# 2022 County Health Rankings Report Continued

Social Determinants of Health Percentages

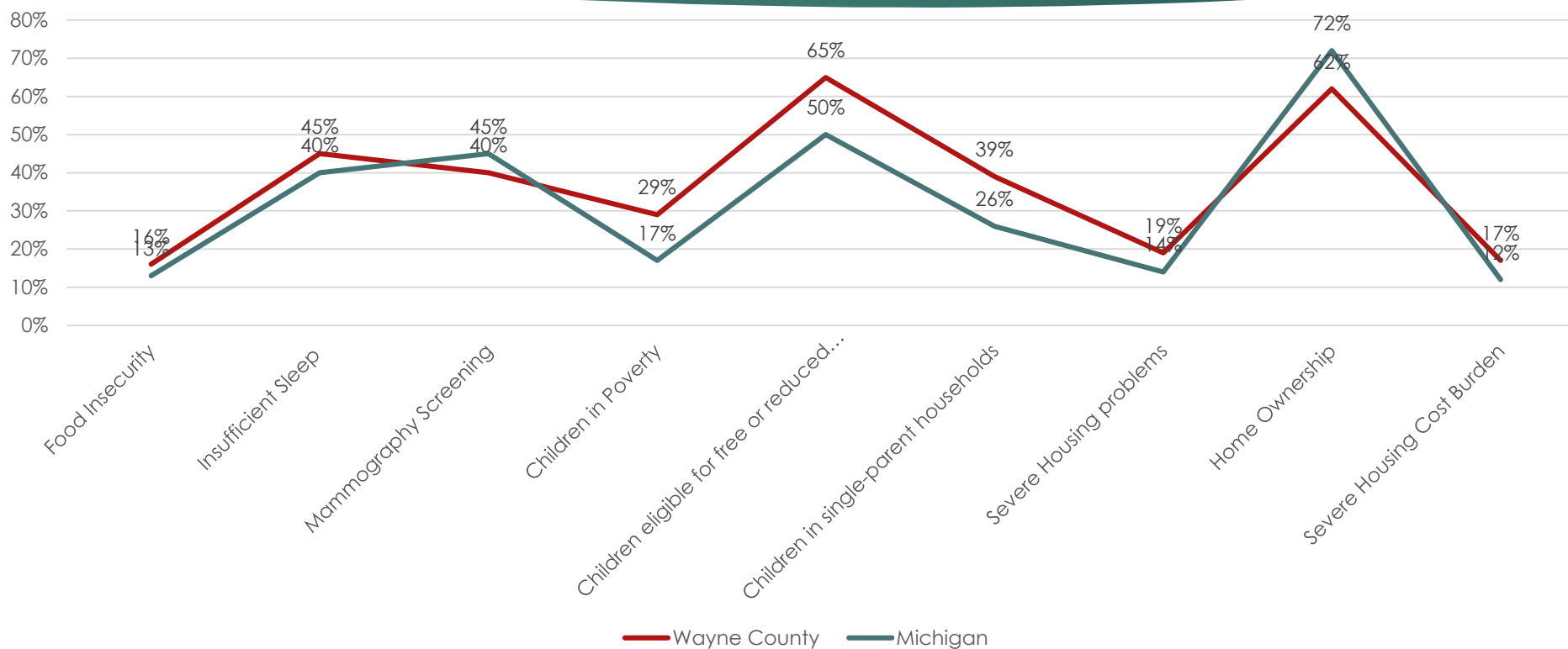


Table 25

\* Data derived from 2022 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute



### Social Determinants of Health Statistics

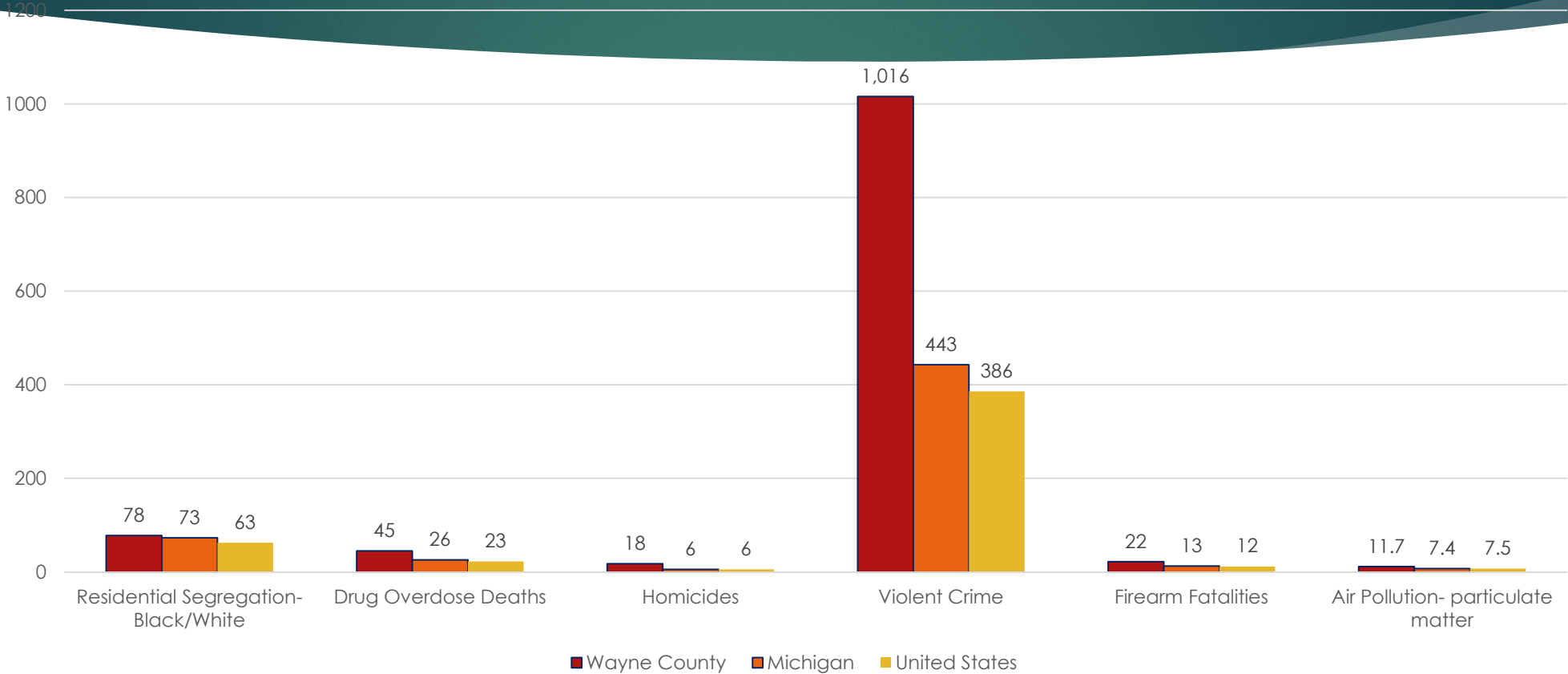


Table 26

\* Data derived from 2022 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

# Analysis of Complex Case Management Activities and Resources

- ▶ DWIHN utilizes the information included in the above Population Assessment to review and update complex case management activities and resources to ensure that member needs are addressed.
- ▶ DWIHN Care Coordinators who provide Complex Case Management services will ensure that all members that receive Complex Case Management services are referred to or connected with a Primary Care Physician.
- ▶ DWIHN Care Coordinators participate in annual Cultural Competency training to maintain and increase their knowledge and skills in working with diverse groups of people.

- ▶ DWIHN offers both verbal and written translation services for members in need of such services. Care Coordinator staff are aware of how to access such services for members served in Complex Case Management.
- ▶ DWIHN Care Coordinators are knowledgeable of State and Federal entitlement programs and assist members in accessing insurance benefits and entitlements as needed.



- ▶ A significant number of DWIHN members who are offered Complex Case Management services decline the services. Anecdotal reports from members as to why they decline Complex Case Management services are that they already have Case Managers, along with other behavioral health care professionals, involved in their care.
- ▶ Care Coordinator staff will continue to attend and participate in a Motivational Interviewing Cohort series offered by the Community Mental Health Association of Michigan

- ▶ DWIHN Care Coordinator staff attended trainings on Pain Management: Interdisciplinary Approaches and Prescription Drug Abuse and Opioid Epidemic offered by Detroit Wayne Connect. SOGIE trainings series was also attended offered by Ruth Ellis Center
- ▶ To assist in addressing the Social Determinants of Health DWHIN Care Coordinator staff are knowledgeable of multiple community resources to address member needs, including in the areas of transportation, housing, food, utilities, healthcare, and dental services.

## DWIHN CUSTOMER SERVICE 1st QUARTER 2023 SUMMARY

### I. DWIHN CUSTOMER SERVICE CALL CENTER ACTIVITY:

#### Reception/Switchboard

	1 <sup>st</sup> Quarter FY22/23		1 <sup>st</sup> Quarter FY21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/Switchboard	4,139	1.2%	5,049	0.5%

#### Customer Service Call Center

	1 <sup>st</sup> Quarter F22/23		1 <sup>st</sup> Quarter FY21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	1,696	4.9%	2,449	13.4%

The standard for the Abandonment rate is (< 5%).

### II. Family Support Subsidy Activity:

	1 <sup>st</sup> Quarter FY 22/23	1st Quarter FY21/22
Family Subsidy Calls	1,692	1,452
Family Support Subsidy Applications Received	292	277
Family Support Subsidy Applications Processed	194	270



### III. Grievances Activity:

#### Complaint and Grievance Related Communications

	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Complaint/Grievance Calls	717	94	

*Note began to track all communications, calls. Emails and mail mid FY 21/22*

#### Grievance Processed Quarterly Comparison

Grievances	1 <sup>st</sup> Quarter	1 <sup>st</sup> Quarter 21/22	
Grievances Received	25	17	
Grievances Resolved	12	13	

#### Grievance Issues by Category

Category	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Access to Staff	2	3	
Access to Services*	10	2	
Clinical Issues	1	1	
Customer Service	2	4	
Delivery of Service*	6	11	
Enrollment/Disenrollment	1	1	
Environmental	0	0	
Financial	0	1	
Interpersonal*	6	6	
Org Determ & Recon Process	0	0	
Program Issues	0	0	
Quality of Care	0	1	
Transportation	0	0	
Other	1	0	
Wait Time	0	0	
<b>Overall Total</b>	<b>29</b>	<b>31</b>	

*Note: A grievance may contain more than one issue.*

*3 top areas of complaint, Access to Services. Delivery of Services and Interpersonal*

## MI Health Link (Demonstration Project) Grievances

Grievance	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	0	0
Meridian Complete	0	0
Molina	2	0
<b>Overall Total</b>	<b>2</b>	<b>0</b>

## Appeals Advance and Adequate Notices

Notice Group	1 <sup>st</sup> Quarter 22/23 Advance Notices	1 <sup>st</sup> Quarter 22/23 Adequate Notices	1 <sup>st</sup> Quarter 21/22 Advance Notices	1 <sup>st</sup> Quarter 21/22 Adequate Notices
MI	896	3897	338	3384
ABA	95	319	88	118
SUD	13	389	157	64
IDD	211	738	132	408
<b>Overall Total</b>	<b>1,215</b>	<b>5,343</b>	<b>709</b>	<b>3,974</b>

*Adequate Notice: Written statement advising beneficiary of a decision to deny or limit of Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.*

*Advance Notice: Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.*

## Local Appeals Activity

### Appeals Communications

	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22
Appeals Communications Received	198	99

### Appeals Filed

Appeals	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22
Appeals Received	10	9
Appeals Resolved	11	10

## DWIHN State Fair Hearings

SFH	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Received	1	1	
Scheduled	0	1	
Dismissed or Withdrawn	0	0	
Transferred out	0	0	
Upheld by MDHHS	0	0	
Pending	0	0	

## MI Health Link (Demonstration Project) Appeals and State Fair Hearings (Results are the same for both Fiscal year 1<sup>st</sup> Quarters)

ICO	Local Appeals	Medicaid Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### V. QI & Performance Monitoring Activity:

The Customer Service Performance Monitoring unit continued to prepare for the FY 23 audit of the CRSP regarding the Customer Service standards. The unit had been diligently interviewing candidates to fill the vacant position. A new hire was selected on February 20<sup>th</sup> and is currently going through training.

Customer Service conducted its Quarterly CS Provider meeting with CS CRSP staff in February.

Staff updated policies and procedures and provided various educational forums with the provider network to keep them abreast of Customer Service MDHHS changes and NCQA requirements.

### VI. Member Engagement Activity:

With the continuance of COVID, the unit maintained its efforts to engage members with the implementation of collaborative venues and initiatives. The newly appointed Manager of this division, Margaret Keyes Howard has focused on process improvements efforts and initiatives that will enhance member engagement via social and community outreach, education, advocacy, peer development, and surveying member experiences.



## VII. Member Experience Activity:

Customer Service continued to assess member experience via various survey activity. DWIHN's partnership with Wayne State University School for Urban Studies, assisted in the administering of the ECHO Adult and Children's member satisfaction tool.

**The following is a Summary of the ECHO Adult and Children's Surveys:**

### ADULT ECHO

<b>CATEGORY</b>	<b>2021 RESULTS</b>	<b>2020 RESULTS</b>	<b>2017 RESULTS</b>	<b>STATUS</b>
Overall Treatment	51% Satisfied	51% Satisfied	46% Satisfied	<b>UP 5%</b> Improved
Seen w/in 15 Min @ office visit	44% Satisfied	36% Satisfied	33% Satisfied	<b>UP 11%</b> Improved
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**CHILDREN's TWO YEAR - ECHO SURVEY /Snapshot View**

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The chart accounts for a total of **24% improvement in overall areas** for the global treatment of care categories for respondents to the ECHO®, 961 parents or named guardians fully completed the entire survey in 2021. The Children's 2022 ECHO® Survey is in progress at the release of this report.

## Summation

The Member Experience Report that looks at the ECHO surveys has been provided as an attachment and gives an overview of what DWIHN is far as Member Experience feedback.

We have seen improvements over the years in adults totaling upwards of 48% improvements in the categories and 24% improvement in the data for the two years showing 2020, 2021. The 2022 data is preliminary will be available around June and a final report around August.

Although the scores may appear low, external factors of social determinants are a huge factor in these satisfaction ratings. While national comparable data is limited, DWIHN is

looking at ways to better understand and analyzed the data. This data cannot be looked at without considering the multi-dimensional components of severe poverty, and level of severely chronic mental ill persons we serve. In essence we are serving the poorest and sickest.

It should also be noted that a rating of 50% satisfaction does not mean that the other 50% of respondents are dissatisfied, because we do not include in that number persons who are sometimes satisfied, rather those people are who are always or mostly satisfied with their various experiences.

DWIHN is working on understanding how to effectively use member feedback and process improvement planning with a focus on improving patient outcomes.

We realize our members are challenged by meeting their basic needs, the satisfaction score is an extrapolation of not only their mental health, but whether they feel safe, have a desirable place to live, have food security, are mobile, are socially engaged while being compliant to both the mental health regimen and treatment as well as their physical health. It is DWIHN's role to understand the complexities of our members and exploring further research, and tools to better understand and interpret satisfaction amongst our members. We, do not view ourselves as failing we are stretching with limited data, limited research in the broad perspective of member experience within the behavioral health setting and we are trying to find ranks to look at how we can overcome these barriers to realize better outcomes in 2024 and 2025.

***Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service  
2/27/2023***





# Examining Member Experience Outcomes

Summary FY 2022



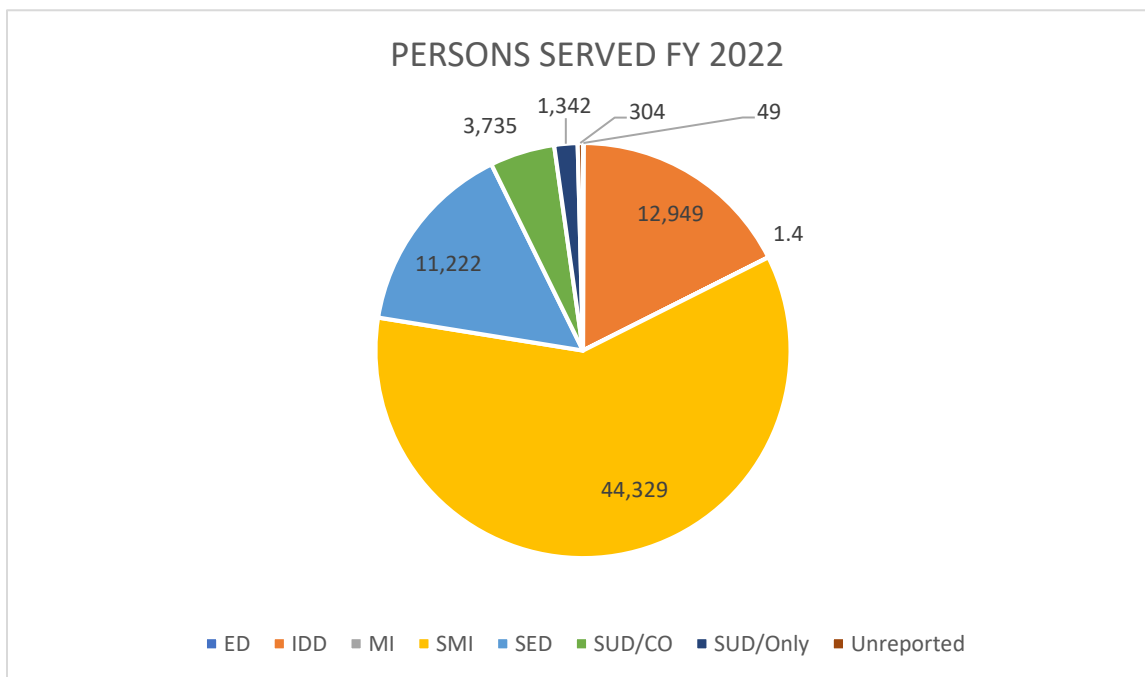
Submitted By: Margaret T. Keyes-Howard, M.A.

February 24, 2023

Member Experience is the total sum of all touch points experienced by the members we serve. At Detroit Wayne Integrated Health Network (DWIHN), we explore all avenues of opportunities to engage members and to assess what they experience during the various ways they interact with our system. While our system is vast it is also promising and hopeful as we endeavor to focus on a holistic approach to healthcare. We utilize various tools and measurements to collect a realistic view of the member’s recovery journey and analyze these outcomes for improving the system. This report is a summary and cross-walk of data collected and analyzed related to member’s feedback. Along with the data in this report, we recognize the concept of perceived improvement, gaps in care, opportunities for enhancing the system and some next step - recommendations toward ensuring a more positive, welcoming, recovery- supported environment for all DWIHN members.

**WHO WE SERVE:**

DWIHN serves a diverse population with complex behavioral and physical health needs, (shown below), the chart depicts a general demographic of unduplicated services for members receiving behavioral health care treatment by diagnosis during fiscal year 2022.



Disability Designation Persons Served % Persons Served Emotional Disturbance 49 0.06% Intellectual/Developmental Disability 12,949 17.07% Mental Illness 1,908 2.52% Serious Emotional Disturbance 11,222 14.80% Serious Mental Illness 44,329 58.45% Substance Use Disorder 3,735 4.92% Substance Use Disorder Only 1,342 1.77% Unreported 304 0.40% Total 75,838

## **KNOWING WHO WE SERVE:**

Knowing who we serve is important as we digest feedback from our members. More than 85% of the population we treat has a chronic and serious mental illness, therefore, merely identifying benchmarks in satisfaction amongst this population is more than just rationalizing the data. Satisfaction data is integrally tied to perceived improvement rather than based on measurables we commonly use in measuring core data sets used in clinical or performance indicators. Perception of satisfaction is a less tangible matter, because it broad and usually hinges on multi-faceted complex variables. Systemic trends in satisfaction surveys are not as easily identified because of this subjective variable. For instance, two members could actually experience the same treatment exactly, but one person's experience could be completely perfect and rated with high satisfaction, while the other's person's experience could be quite the opposite, conditional perception is a huge factor in this.

## **VARIABLE FACTOR: SOCIAL DETERMINANTS:**

Persons with Mental Illness have higher mortality rates and are heavily challenged by conditions in their environment. These determinants strongly impact perception of satisfaction. DWIHN is reviewing data as expressed by the ECHO® and other sources in consideration of these determinants which are identified by five (5) primary domains of care, Access to Quality Healthcare, Issues of Poverty/Economic Stability, Educational Access/Equity, Environmental Conditions like affordable housing and living conditions and finally, social inclusion/community participation.

Social Determinants cannot be ignored when analyzing satisfaction data specifically in our population base. According to the U.S. Census Bureau (2021 Data) 20% of Wayne County citizens are below the poverty line, many of the persons we serve are therefore challenged significantly either as a result of poverty or due to their inability to maintain work as a result of the chronicity of their behavioral health diagnosis. This course significantly parlays into concerns that according recent studies which correlate poverty and higher rates of mental health disorders, more severe conditions as well as less happiness within those populations are noted. Such research is fairly new however, it is anecdotally understood amongst practitioner's and at DWIHN, so what we are seeing in significant numbers with our members is a multidimensional phenomenon. Therefore using standard comparison data is not really giving us insight to the root fact of serving severely ill, and often impoverished populations, particularly after the precedent of the Pandemic overlay that was experienced by us all.

## **SOME FINDINGS:**

The Member Experience Unit was established to begin the regimented review of information, data and feedback received from DWIHN members. In 2017 the unit managed a baseline survey called the ECHO® Adult Survey. ECHO® is a trademark name of a behavioral health tool approved to be appropriate for accreditation purposes by NCQA. The ECHO® surveys are becoming one of the most utilized surveys in behavioral systems across the nation, which has recently also established a data base tool for participants to begin to share data. The 2017 survey was administered to get a



baseline of some broad areas of satisfaction while also looking at feedback that would offer us insight into our standing around Quality of Care, Access, Service and Attitude, and (member's) Relationship with Practitioner/Provider. The survey provided general insight and the Member Experience unit begin to look for greater opportunities for identifying strengths and weakness within the system. Since the initial baseline Adult ECHO® DWIHN has repeated the survey for 2020, 2021, and 2022 data is in progress now. The full reports of the Adult ECHO® remains an important mainstay of satisfaction feedback from DWIHN members. Below a chart of categories show general detail on the steady improvements made in specific areas identified in 2017 and as compared in the past two years.

While many scores may appear to be low, the value of the score is reflective of a percentage of the persons surveyed in most cases the feedback results in more than half participants consider they are satisfied, always or most of the time. Results on satisfaction drastically increase if we include members who are sometimes satisfied as opposed to imagining, that the existing balance of respondents are all dissatisfied, this would be a misnomer as it relates to the ECHO® data.

### ECHO FINDINGS AT A GLANCE:

#### ADULT SNAPSHOT OVER THREE YEARS

<b>CATEGORY</b>	<b>2021 RESULTS</b>	<b>2020 RESULTS</b>	<b>2017 RESULTS</b>	<b>STATUS</b>
Overall Treatment	51% Satisfied	51% Satisfied	46% Satisfied	<b>UP 5%</b> Improved
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With nearly 1,000 adults participating in the 2021 ECHO® survey the graph above shows the areas of treatment that has room for improvement and areas above the 70% Satisfaction where DWIHN service providers are considered doing very well. The last column or / Status category demonstrates **a cumulative 43% increase** toward improvements made by DWIHN within these categories, from 2020 to 2021. Note, data from 2022 ECHO® is incomplete at this reporting juncture.

In addition to the ECHO® Adult Survey roll out, in 2020 DWIHN also initiated a roll out of the e Children’s Version of the survey which addressed families and guardians of children under 18. The baseline established additional insight for are infant, youth, and adolescent population.

#### CHILDREN’S TWO YEAR - ECHO SURVEY /Snapshot View

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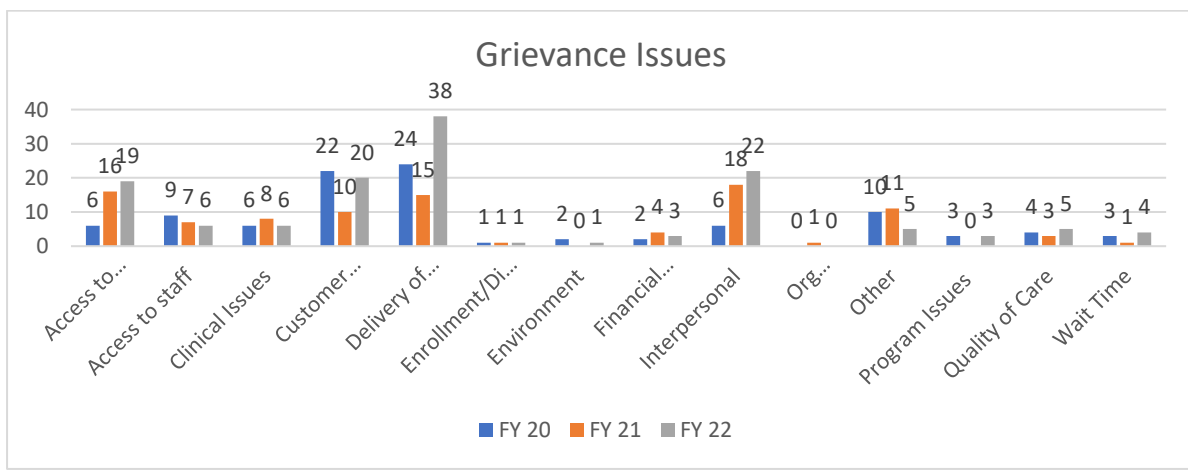
The chart accounts for a total of **24% improvement in overall areas** for the global treatment of care categories for respondents to the ECHO®, 961 parents or named guardians fully completed the entire survey in 2021. The Children’s 2022 ECHO® Survey is in progress at the release of this report.

Overall for both the Adult and Children’s Annual ECHO® surveys DWIHN scored very well in several categories. Those notably include from information on Confidence of Child’s Privacy, (95%), Rights (92%), Told about Side-effects of Rx (83%) and 94% related to having been Informed About the Goals of their Child’s Treatment. Other of the measures continue to need further investigation and continued analysis.

**GRIEVANCE DATA:**

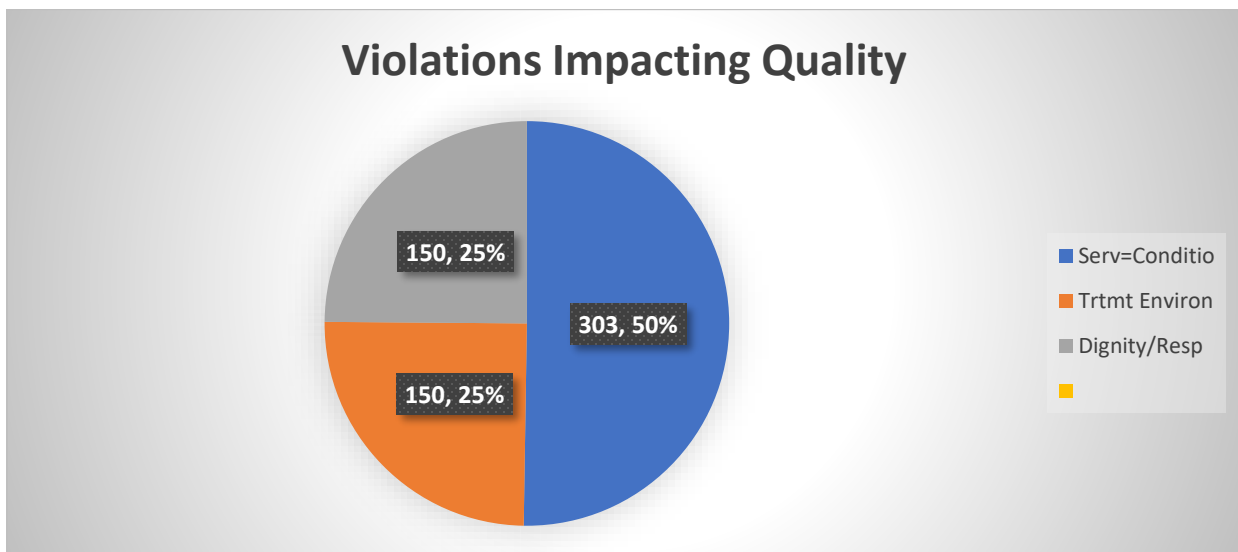
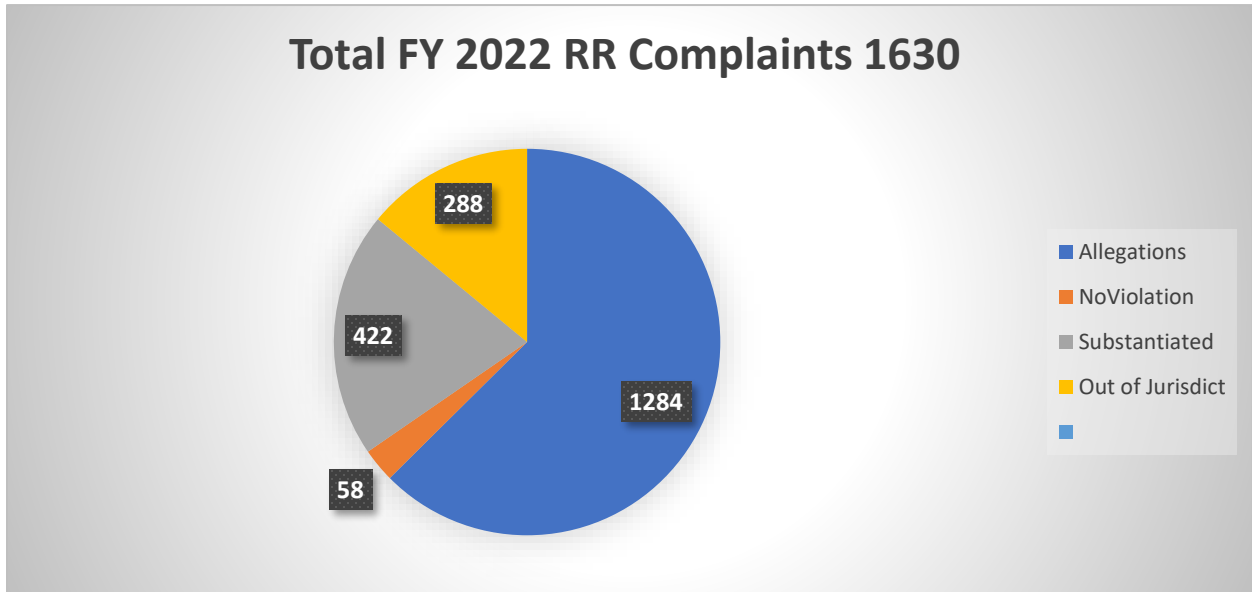
DWIHN uses this data and other initiatives to determine priority actions and improvements to better engage members and stakeholders. Analyzing the data helps to forecast the direction and future of DWIHN’s public behavioral health system by enhancing and developing policy, initiating process improvement plans, funding new programs and services to enhance our system of care. It also serves as a source to identify opportunities for improvement in the quality and delivery of behavioral health service within the DWIHN system. It is DWIHN’s goal to educate members as well as providers on the importance of promoting expressions of member dissatisfaction as a means of identifying continuous quality improvements in our delivery of behavioral health care services. It supports staff in better understanding of the member’s experience. Using the data along with other information a team examines through an analysis of trends and occurrences with particular attention to systemic issues such as access, quality, treatment services, environment and communication with practitioner. The Due Process action and availability of the process to members helps to support ones recovery and ensures that member are heard. It empowers individuals receiving services to become self-advocates and provides input for making the system better for everyone.

The results in the graph below include responses from members who received services in fiscal year 2022. There was a total of 205 grievances reported within the last three fiscal years. Grievances originated with either the Service Provider or DWIHN. As the graph below indicates with the gray bar, the greatest number of grievances were reported in FY 2022. More grievances give better insight to how members are navigating the system. These complaints give us an overview to determine patterns. As a matter of general analysis we see a sharp increase in the delivery of services category, but relatively inconsistent with other matters of satisfaction our members do not have significant complaint levels with any other service or experience.



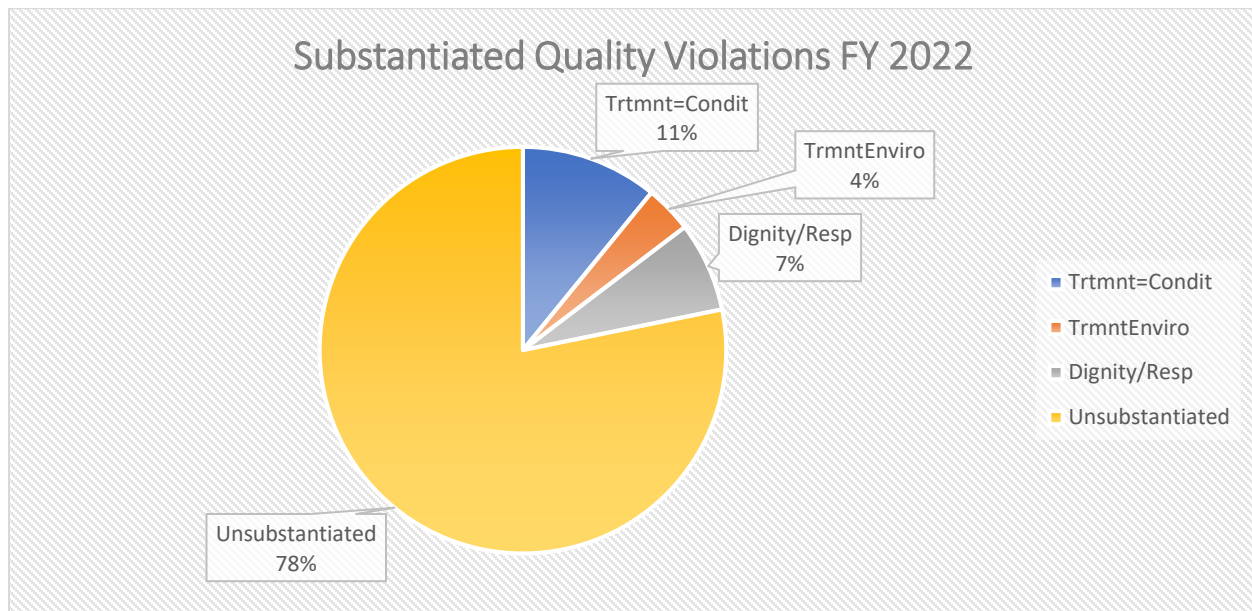


Conversely while grievances remain less frequent the DWIHN's Office of Recipient Rights continues to investigate complaint with a total of 1630 reported in FY 2022.



Investigations pursuant to the mental health code include categories related to Mental Health Services being suited to the recipient's condition (303), Safe, Sanitary and Humane Environments (150), Dignity and Respect (150).

Substantiated cases in those categories are reflected in the next pie chart, at 84 cases, 29, and 55 respectively, therefore **78% of reported violations in these categories were unsubstantiated.**



A crosswalk of these findings provides a glimpse of information while also supplying several opportunities for improvement. In consideration of the impactful correlation of Social Determinants around our population and the results of our initial study we can convey that while members may be satisfied around services generally DWIHN has yet to dig deep enough into the prospect of member feedback and research should be continued as well as expanded. While FY 2021 DWIHN entered into several plans to improve services, many of them do not firmly engage with the feedback received from members. A more in-depth process of member experience during the next several months could prove to be a worthwhile exploration in establishing not only how the member satisfaction data will be collected but also how DWIHN as system will begin to explore concepts around member perception and the effects training may have on members.

#### **POTENTIAL OPPORTUNITIES:**

- Continue with Annual Surveys and participate in data base exchanges on ECHO® results to begin to benchmark national comparisons utilizing CAHPS
- Research comparable data sources in behavioral health for Medicaid recipients check evaluative opportunities on benchmarking with Health Plans in similar categories.
- Create a basic Member Satisfaction Tool to be used by Service Providers that digs deeper into the social determinant factors of their members to help shape resources and care around the population. Results to be submitted to DWIHN. Overlay with epidemiological studies on Wayne County.
- Create a Peer Tool to be used by designated peer agents working in the system.

- Engage in a member study where members are trained by Peers to develop their strengths and to have more defined PCP that specifies their personal goals along with a plan that helps them to measure their satisfaction based on non-external factors, but rather that goals. Proposed LTSS study for this endeavor.
- Monitor uses of Member Mobile Data App for relevant information.
- Continue to use, share and market MyStrength® tool to members.
- SEC/PR cases seek input from members related to their crisis experience post situation for study purposes.
- Integrate Peer trainers to assist in the QI cycle examining measures toward improvement goals and prioritizing opportunities for members to give feed back into that cycle.
- Create Member Experience Feedback Consortium to tackle life issues
- Consider creation of resource center for members/ Peer reps could help navigate issues around housing, transportation, food insecurity, substance use prevention.
- Create member wellness center, offer nutrition programs, smoking cessation, walking programs, physicals, oral health programs, “living room” setting ran by Peers.
- Address/assess literacy issues amongst members to increase communication abilities between member and practitioner.
- Review Root Cause Analysis Data and Incident Reports to correlate statistics that offer a more expansive view of the member’s experience.
- Continue implementation of Call Center surveys for persons accessing services
- Elevate member experience feedback by team review of grievances around quality or access of care.
- Continue multi-discipline conversations to help resolve systemic issues
- Create a Think Tank of Solution oriented persons to discuss member feedback engaging members, families and stakeholders.

In closing this summary is intended to initiate serious continuation for planning around the expansion of resources in better understanding the member’s experience. Comparable data sources are limited and do not fairly engage issues related to DWIHN’s members social determinants. While DWIHN’s QI cycle engages in improving scores, our data does not drill down to individual’s (to protect anonymity), so some of our data is disconnected to specific members, problems as specific providers, or otherwise issues that can be pinpointed. Therefore, more studies are needed to better enable DWIHN to understanding satisfaction more fully. Finally exploring concepts of perceived improvement amongst members must be further investigated. A wholistic approach to better serving our members needs would be to consider filling the gaps with process improvement planning that includes more training to provider’s, involving peers at the direct service level, and to support a culture where empathetic responses are rewarded throughout the system. DWIHN must develop a system which links member satisfaction to direct care and better health outcomes. DWIHN could achieve this by implementing the following;

- ✓ Create a Culture which rewards documented Improve Planning on every level of system.
- ✓ Engage Human Resource Staff toward the development and recognition of trained staff.



- ✓ Design and Implement Practical Strategies that gather feedback from Members and appropriately create resources to tackle issues discovered.
- ✓ Enhance Customer Service Structure, training, tool kits.
- ✓ Tackle low literacy and LEP gaps throughout system.
- ✓ Sure-up Cultural gaps, more training, and utilization of diverse trained Peers.
- ✓ Broader Training for the organization and system to realize importance of Member Feedback/Satisfaction.
- ✓ Adopted Empathetic Practices \* documented research shows this is one of the most valuable ways to equalized social determinants, which ultimately improves recipient's outcomes, increases interpersonal trust, increases adherence to treatments, which increases better clinical results and usually increases satisfaction of care with participants.