



Quality Improvement Steering Committee (QISC)

April 25, 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 | Dr. S. Faheem/Committee |
| ✚ January 31, 2023 | |
| ✚ February 28, 2023 | |
| V. Follow-up Items | |
| ✚ None | |
| VI. QAPIP Effectiveness | |
| DWIHN's Access Call Center | |
| ✚ Access of Timeliness Reporting | Y. Bostic |
| Integrated Health | |
| ✚ Population Assessment FY22 | A. Bond |
| Children's Initiative | |
| ✚ ADD Measure | C. Phipps |
| ✚ APM Measure | C. Phipps |
| Customer Service | |
| ✚ Member Experience | M. Keyes-Howard |
| VII. Adjournment | |



Quality Improvement Steering Committee (QISC)

April 25, 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. She welcomed everyone to the committee and introduced new members, Shelley Nelson and Angel McGhee to the committee.
- 2) Item: Authority Updates: Dr. Faheem shared the following updates:** Dr. Faheem gave an update on the construction of our Milwaukee location; they are still anticipating a fall opening. Dr. Faheem also mentioned that DWIHN has hired for three positions, including the site director. Over the next 1 to 2 months, more positions will be opening including the nursing administrator and another unit administrator. DWIHN is also looking at various other projects to minimize the gap in services, whether the gaps are related to shortages of inpatient beds, services for people who are homeless or services for people who are in jail.
- 3) Item: Approval of Agenda:** The Agenda for April 25, 2023 was approved by Dr. S. Faheem and the QISC.
- 4) Item: Approval of Minutes:** The Minutes for January and February 2023 were approved by Dr. S. Faheem and the QISC.
- 5) Item: Follow-up Items:** None.



6) Item: QAPIP Effectiveness – DWIHN’s Access Call Center

Goal: Access of Timeliness Reporting

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>Yvonne Bostic shared with the committee the Access of Timeliness Reporting to include the following:</p> <ul style="list-style-type: none"> • No show-cancelled/ Appointment scheduled outside of 14 days (DD, SED, SMI) for the 2nd Quarter of fiscal year 22-23. <ul style="list-style-type: none"> ○ Total number of Screenings completed by Access Call Center: 4,038 ○ Total number of Appointments scheduled by Access Call Center: 3,802 ○ Scheduled outside of 14 days (caller request 414, no network 86, no provider 274): 774. ○ No show/ cancelled: 851. ○ Total number of requests for Hospital Discharge appointments scheduled: 2,536. ○ Total number of Hospital Discharge appointments scheduled: 2,180. ○ Hospital Discharge appointments out of compliance: 69. <p>DWIHN continues to meet with the Clinically Responsible Providers (CRSP’s) every 30-45 days in efforts for continuation and discussion as it relates to Performance Indicator # 2a (<i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>).</p> <p>The CRSP meetings are assisting with DWIHN’s overall compliance scores remaining in the high 40 percentile. Providers continue to express the barriers of staff work shortages, especially with the Children populations.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
Access of Timeliness Reporting will continue to be discussed with the QISC to review and determine if additional interventions can be implemented to assist with PI# 2a.	DWIHN Access (Yvonne Bostic)	Ongoing



6) Item: QAPIP Effectiveness – Integrated Health

Goal: Population Assessment FY22

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

NCQA Standard(s)/Element #: QI CC# _____ UM # _____ CR # _____ RR # _____

Discussion		
<p>Ashley Bond shared FY22 Population Assessment to include the following:</p> <p>DWIIHN 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.</p> <p>DWIIHN utilizes the information included in the Population Assessment to review and update complex case management activities and resources to ensure that member needs are addressed. Our 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 also participate in annual Cultural Competency training to maintain and increase their knowledge and skills in working with diverse groups of people.</p> <p>For additional information, please review the “DWIHN Population Assessment FY22.pptx”</p>		
Provider Feedback	Assigned To	Deadline
No provider Feedback.		
Action Items	Assigned To	Deadline
Dr. S. Faheem and the QISC approved the Population Assessment FY22 report.	Dr. S. Faheem and QISC	April 25, 2023



6) Item: QAPIP Effectiveness – Children’s Initiative

Goal: APM Measure/ ADD Measure

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

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

Discussion		
<p>Cassandra Phipps shared with the committee HEDIS Measures for the APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics and ADD – Follow-Up Care for Children Prescribed ADHD Medication to include the following:</p> <p>APM Measure: Approximately 14% to 20% of children and adolescents have a diagnosable mental illness with an annual cost of about \$247 billion. Common child related psychiatric disorders that would warrant antipsychotic medications include Tourette’s syndrome, Autistic Disorder, Schizophrenia, and bipolar disorder. Antipsychotic medications to treat these symptoms and disorders are:</p> <ul style="list-style-type: none"> ○ Haldol ○ Mellaril ○ Risperdal ○ Abilify ○ Seroquel ○ Zyprexa ○ Geodon <p>Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child’s risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications. Opportunities for improvement include the following:</p> <p><u>As of October 2022 – Improving Practices Leadership Team (IPLT):</u></p> <ul style="list-style-type: none"> ○ Review data per Provider and follow up with Provider regarding action steps. ○ Continue System of Care Pediatric Integrated Health Care Workgroup to resolve barriers. ○ Next year increase goal from 50% ○ Educate families on this HEDIS measure (ex: Flyer) ○ Discuss HEDIS Measure during Provider MDHHS Performance Measure meetings. ○ Discuss at the Medical Director meetings. <p>For additional information please review the “HEDIS Plan - APM Measure 4.3.23 IPLT Feedback.pptx”</p>		



<p>ADD – Follow-Up Care for Children Prescribed ADHD Medication Measure: ADHD Medication Statistics include the following: Attitude Magazine (July 2022):</p> <ul style="list-style-type: none"> ○ ADHD is among the most common neurodevelopmental disorders of childhood, per the DSM-5. ○ While figures vary, the worldwide ADHD prevalence in children is estimated at about 5%. <p>Centers for Disease Control and Prevention (CDC) 2016 Study:</p> <ul style="list-style-type: none"> ○ About 6.1 million children in the United States (9.4 percent) between ages 2 to 17 are estimated to have ever been diagnosed with attention deficit hyperactivity disorder (ADHD or ADD). <ul style="list-style-type: none"> ▪ 388,000 (2.4%) of young children aged 2 to 5 years old ▪ 2.4 million (9.6%) of school-age children aged 6 to 11 years old. ▪ 3.3 million (13.6%) of adolescents aged 12 to 17 years old. <p>Trends in the Parent Report of Health Care Provider Diagnosed and Medicated ADHD” 2014:</p> <ul style="list-style-type: none"> ○ 6.1% of children in the United States are believed to be taking ADHD medication. When managed appropriately medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. <p>Cassandra Phipps shared with the group that the goal for Children Providers is to improve compliance with meeting the minimum requirement for the HEDIS Measure ADD – Follow-Up Care for Children Prescribed ADHD Medication. Opportunities for improvement include the following: <u>As of October 2022 – Improving Practices Leadership Team (IPLT):</u></p> <ul style="list-style-type: none"> • Review data per Provider and follow up with Provider regarding action steps. • Continue System of Care Pediatric Integrated Health Care Workgroup to resolve barriers. • Next year increase goal from 50% • Educate families on this HEDIS measure (ex: Flyer) • Discuss HEDIS Measure during Provider MDHHS Performance Measure meetings. • Discuss at the Medical Director meeting on 10/14/22. <p>For additional information please review the “HEDIS Plan – ADD Measure 4.3.23 IPLT Feedback.pptx”</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ul style="list-style-type: none"> • If there's been a decrease, could it have anything to do with like the manufacturer type issues that's been going on, not being able to locate the medications? <p>Answers:</p> <ul style="list-style-type: none"> • That is very true. That is a big challenge right now, where the medical ADHD medications are not as prevalent and are not in stock. 		
Action Items	Assigned To	Deadline
Dr. S. Faheem and the QISC approved the HEDIS APM and ADD Performance Improvement Plans.	Dr. S. Faheem and QISC	April 25, 2023



6) Item: QAPIP Effectiveness – Customer Service

Goal: Member Experience

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 shared with the committee the Member Experience Report FY22 findings to include the following:</p> <ul style="list-style-type: none"> • Persons served fiscal year 2022. • Variable Factor: Social Determinants • Some findings related to the ECHO: <ul style="list-style-type: none"> ▪ Summary of the ECHO Adult Surveys <ul style="list-style-type: none"> ○ Overall Treatment (Up 5% Improved) ○ Seen w/in 15 min at office visit (Up 11% Improved) ○ Told about Meds and Side Effects (Up 5% Improved) ○ Including engaging family in Treatment (Up 1% Improved) ○ Info on Managing Condition (Remains Above 75%) ○ Given Info on Rights (Above 85%) ○ Member feels can refuse treatment (Up 6% Improved) ○ Confident on Privacy (Up 2% Highest Score 93%) ○ Cultural Needs Met (Down 7% Room for Improvement) ○ Helped by Treatment (Up 5% Improved) ▪ Summary of ECHO Children’s Surveys <ul style="list-style-type: none"> ○ Overall Treatment (Up 5% Still Needs Improvement) ○ Seen within 15 min (Up 8% Still Needs Improvement) ○ Given Treatment Options (Up 1%) ○ Told about Side Effects of Meds (Up 4%) ○ Given info on Managing Condition (Up 1%) ○ Given info on Rights (Down 3% -above 90%) ○ Felt like Treatment could be refused (Down 3% - Still at 85%) ○ Confident of child’s Privacy (Up 2%) ○ Cultural Needs Met (Down 8% at 74%) ○ Treatment Helped Child (Up 2%) ○ Information about other options after benefits are depleted (Down 5%) ○ Goal for child’s Treatment discussed (Up 1%) • Grievance Data <ul style="list-style-type: none"> ○ Grievance Issues 		



<ul style="list-style-type: none"> ○ Total FY 2022 RR Complaints 1630 ○ Violations Impacting Quality ○ Substantiated Quality Violations FY 2022 <p>Potential Opportunities include developing 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.</p> <p>For additional information, please review the Member Experience Examining FY22 Summary report. Additional information to include noted barriers and interventions will be brought back to this committee for review and input.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
Additional information and barrier analysis will be brought back to the QISC for additional feedback.	DWIHN CS – Margaret Keyes-Howard and QISC	September 30, 2023

New Business Next Meeting: May 30, 2023
Adjournment: April 25, 2023

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

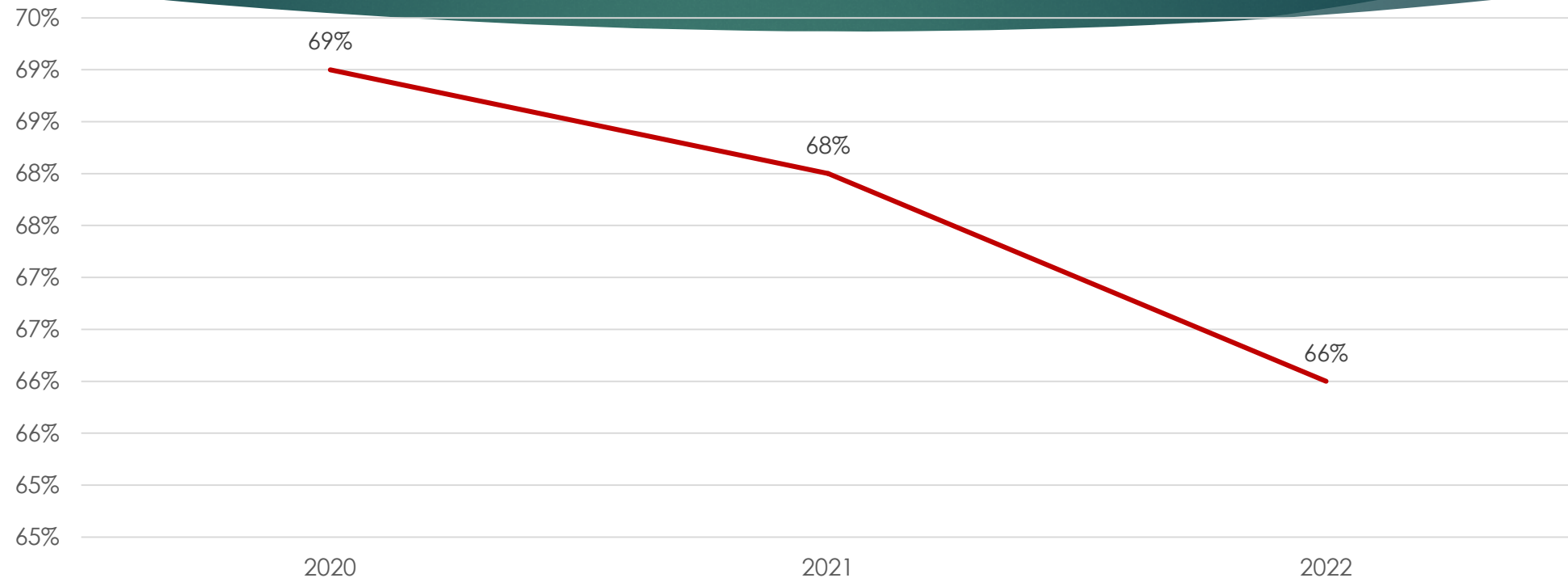


Table 1

* Data derived from Risk Matrix

Gender

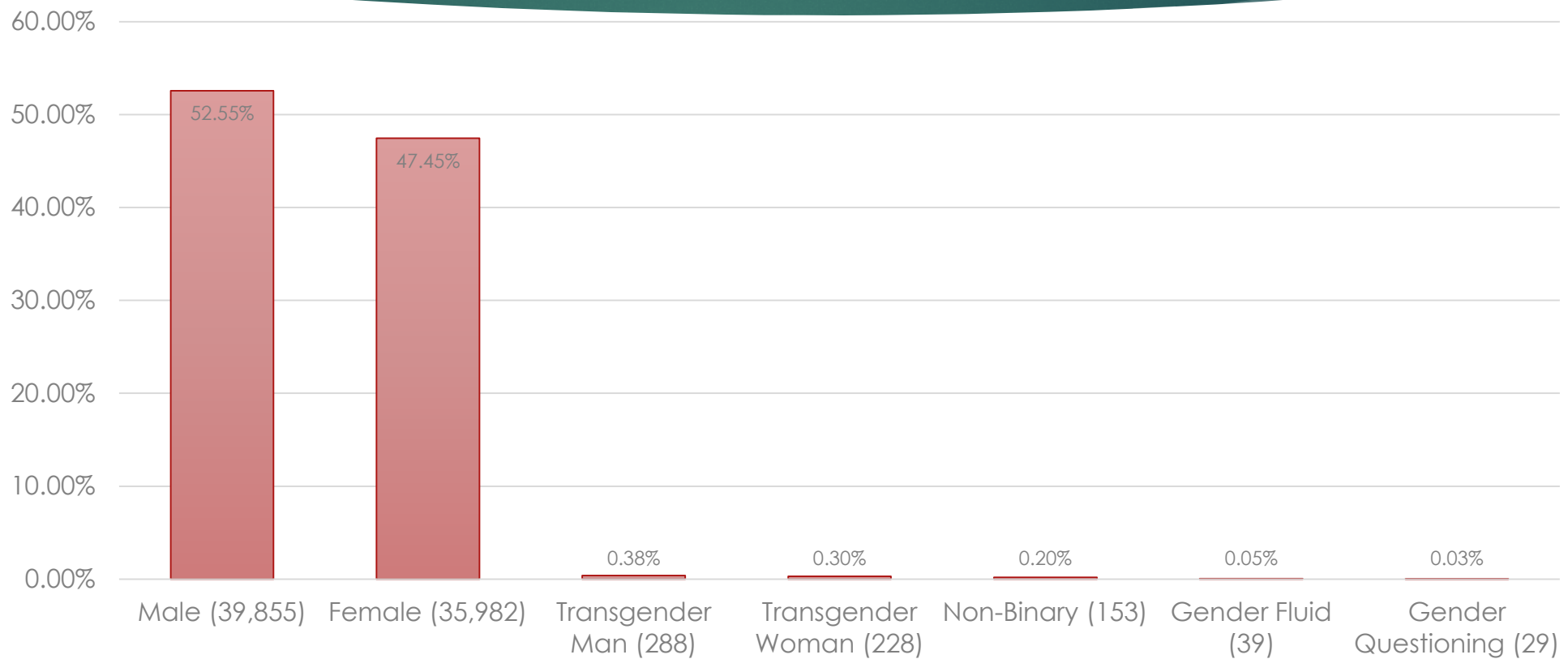


Table 2

* Data derived from Risk Matrix

Age Range

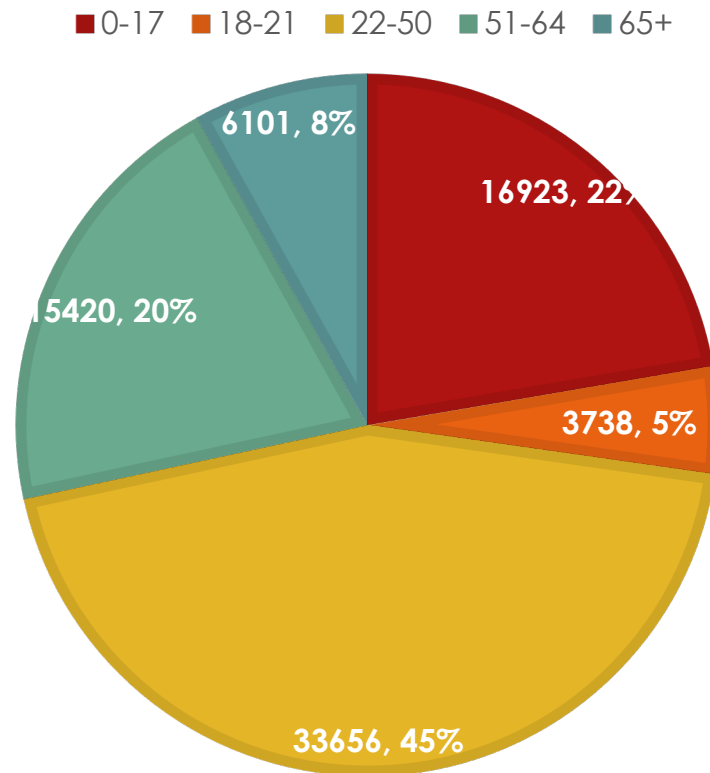


Table 3

*Data derived from Risk Matrix

Ethnic Background

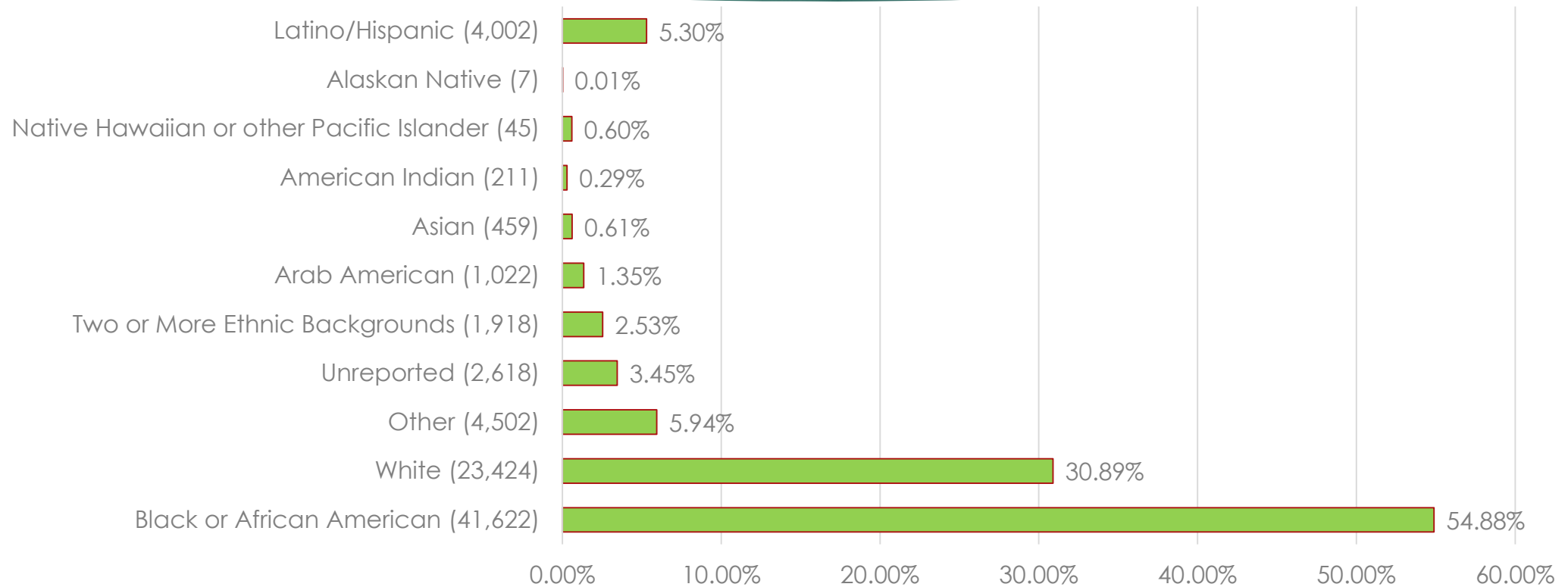


Table 4

*Data derived from Risk Matrix

Primary Language

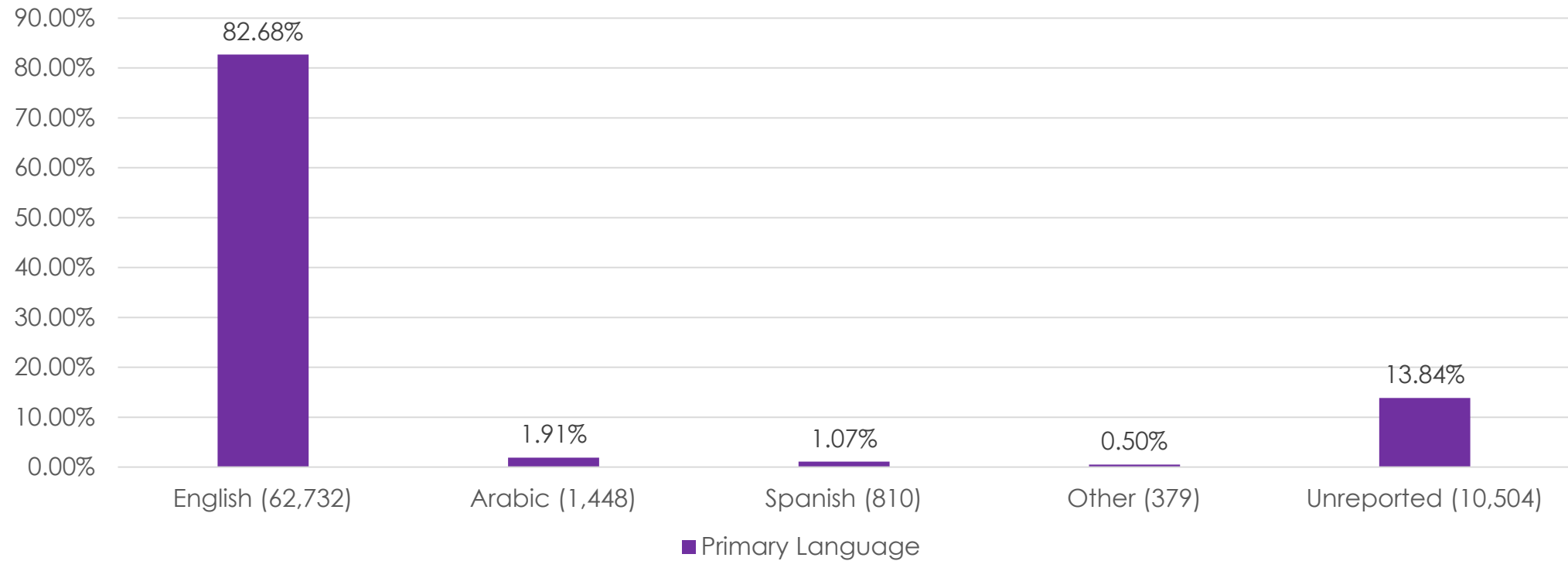


Table 5

*Data derived from Risk Matrix

Disability Designation

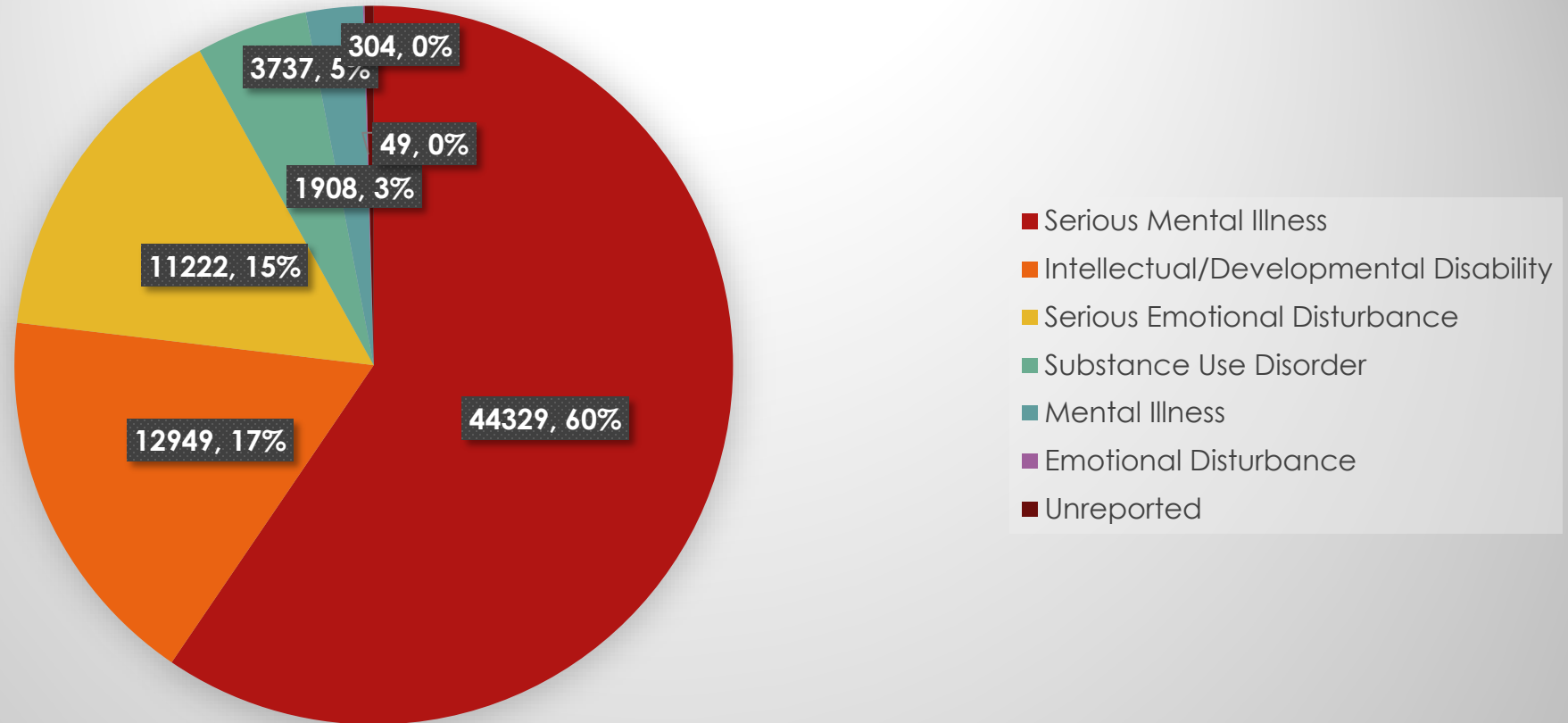


Table 6

*Data derived from Risk Matrix

Residency

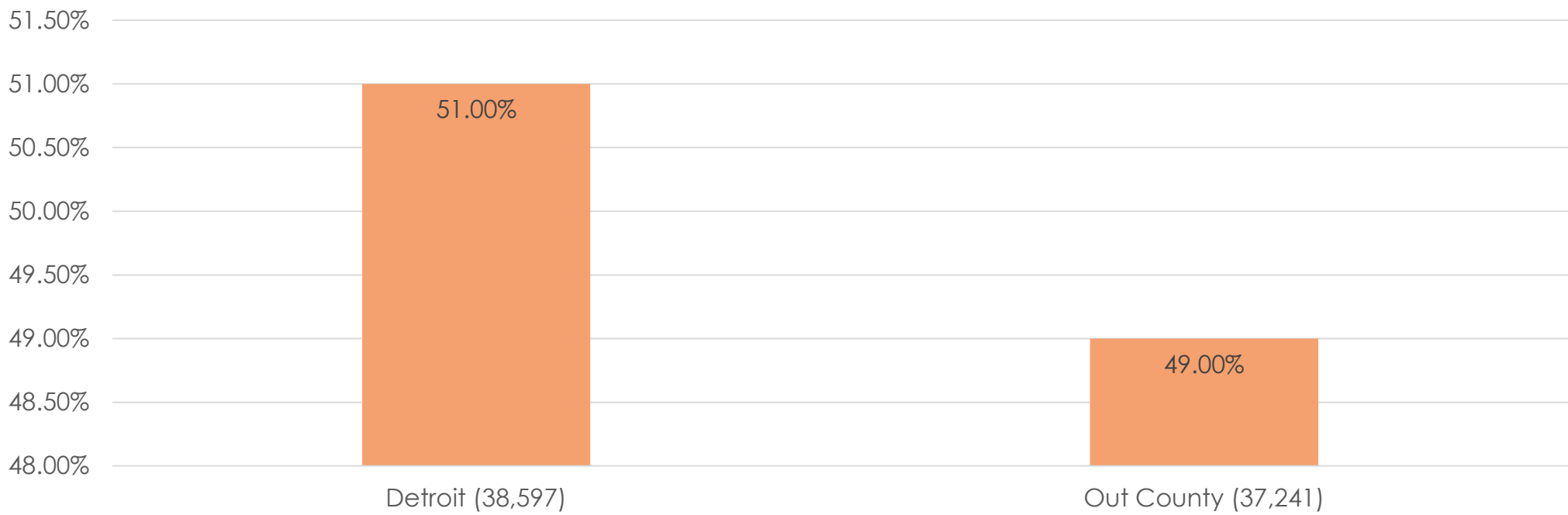


Table 7

*Data derived form Risk Matrix

Insurance

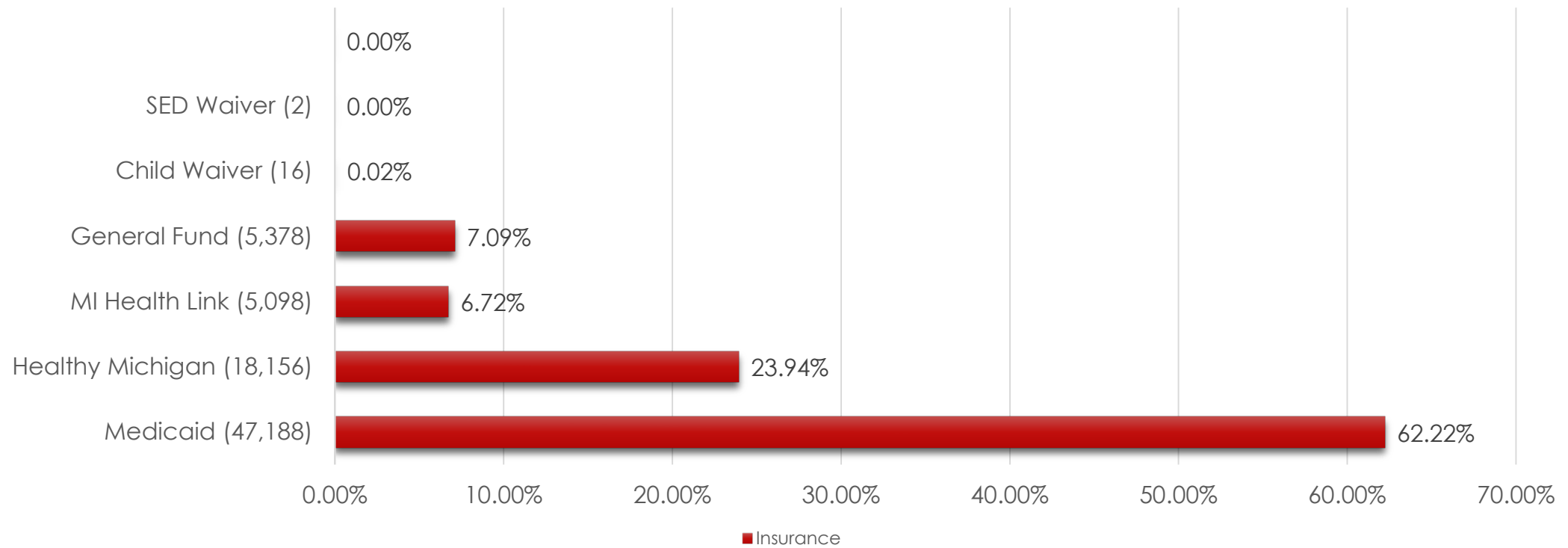


Table 8

*Data derived from Risk Matrix

Member Language Unreported

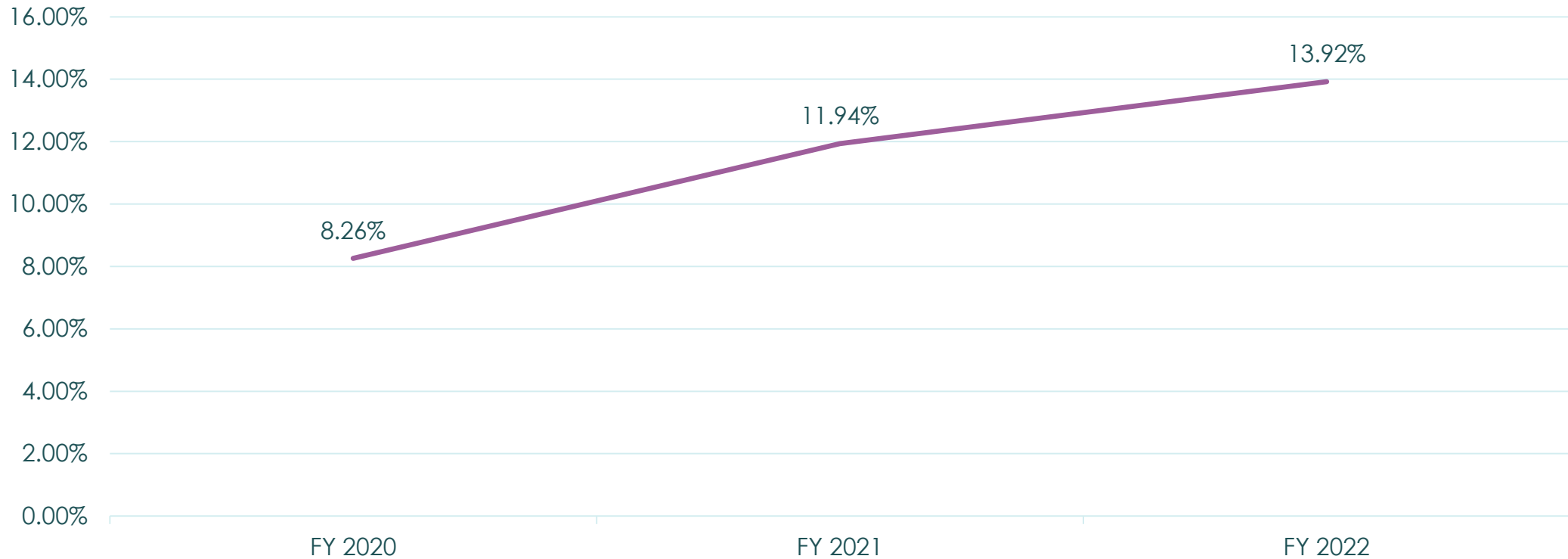


Table 9

*Data derived from Risk Matrix

English Primary Spoken Language



Table 10

*Data derived from Risk Matrix

Two or More Ethnic Backgrounds

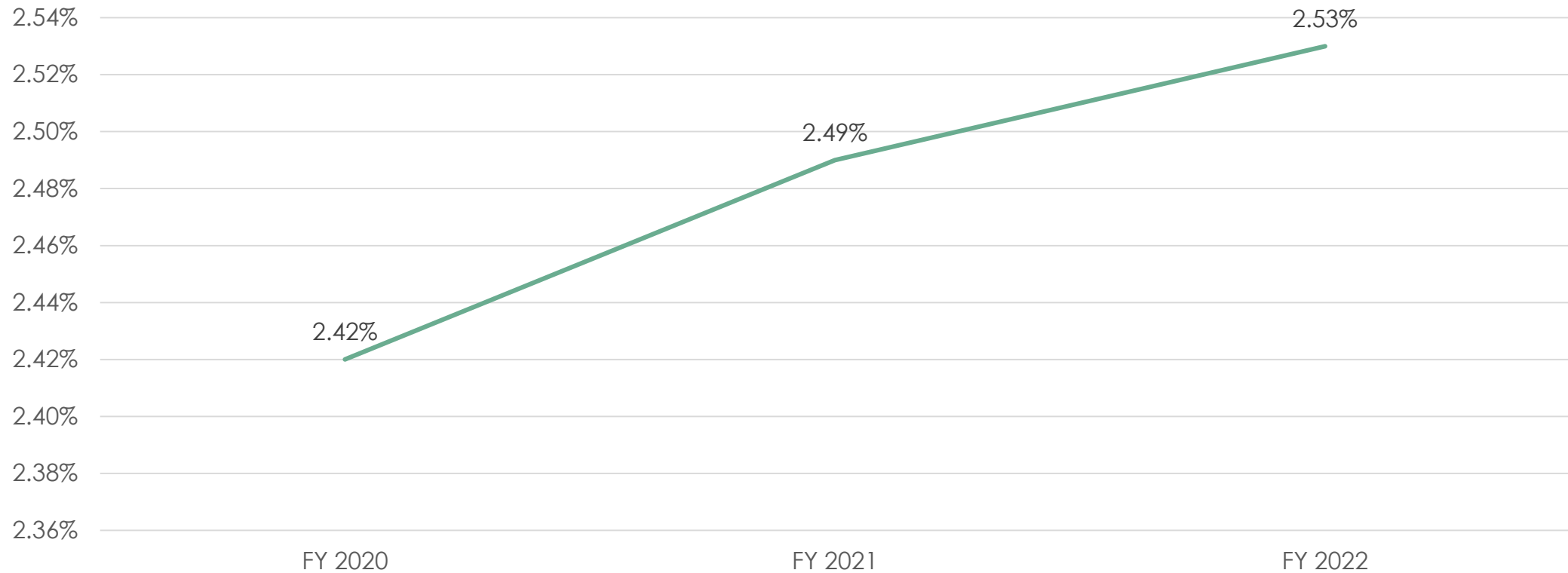


Table 11

*Data derived from Risk Matrix

Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

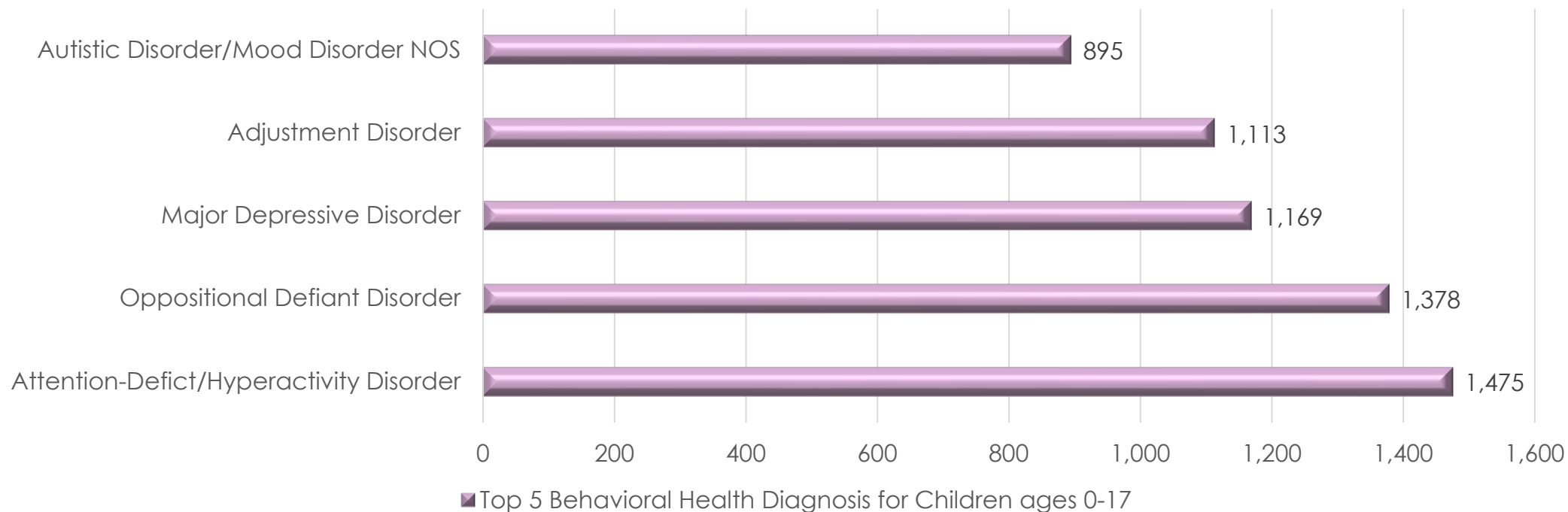


Table 12

* Data derived from IT-MHWIN Chart

Top Medical Diagnosis for Children

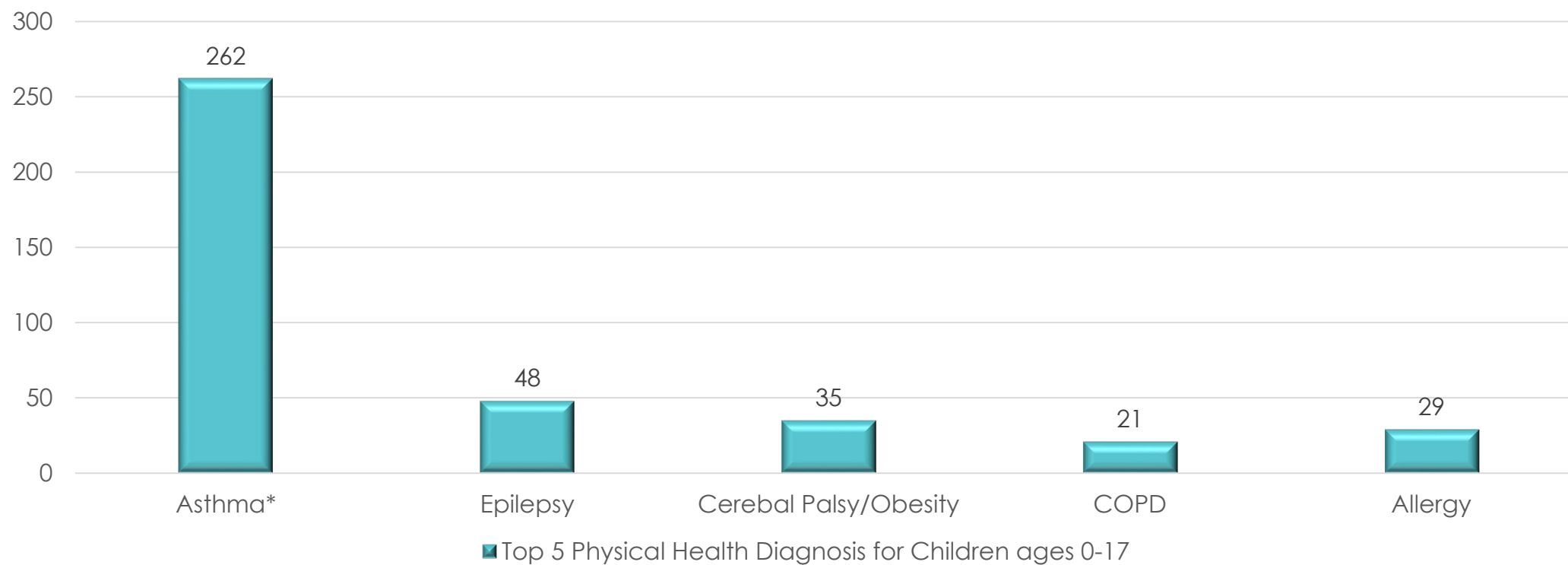


Table 13

*Data pulled from IT/MHWIN

Top Behavioral Health Diagnosis for Adults

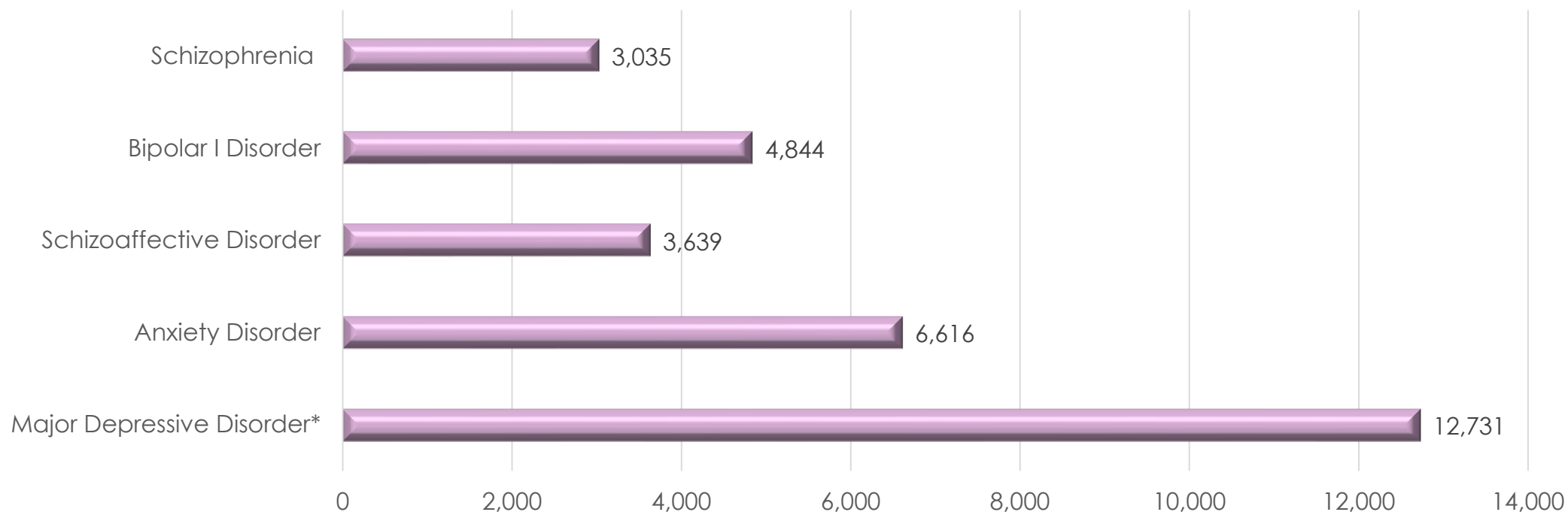


Table 14

*Data pulled from IT/MHWIN

Top Medical Diagnosis for Adults

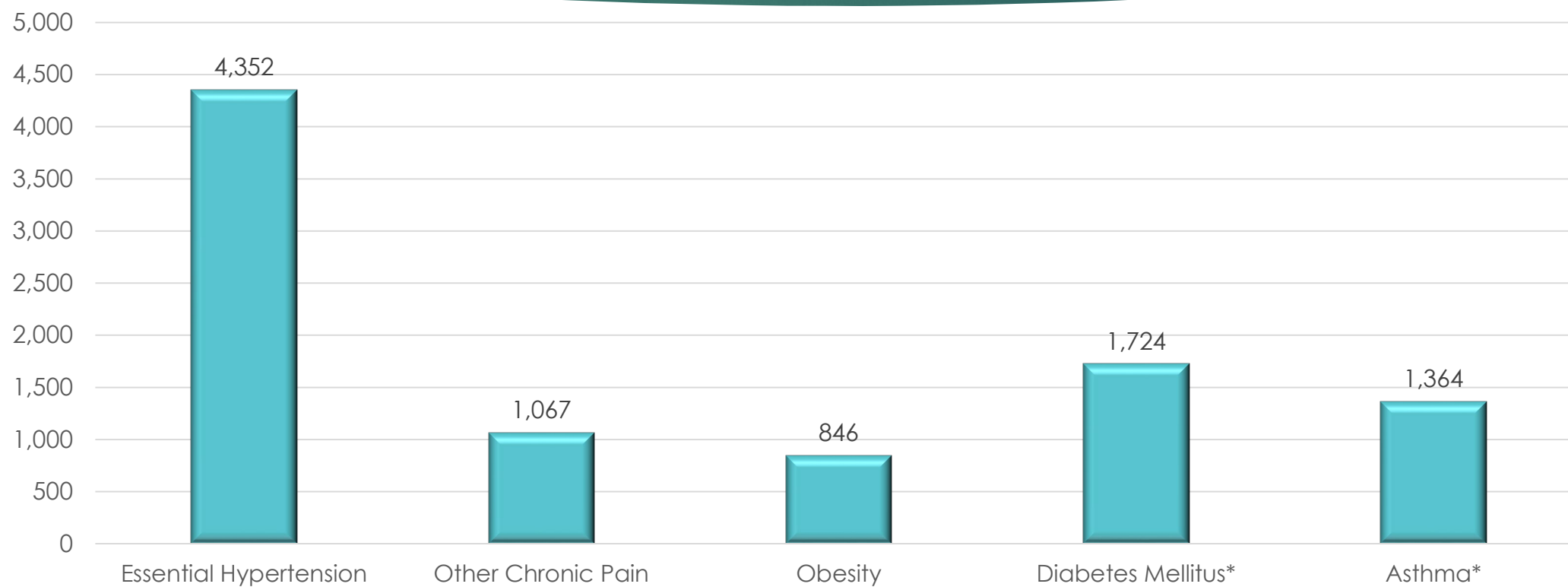


Table 15

*Data pulled from IT/MHWIN

SUD Diagnosis

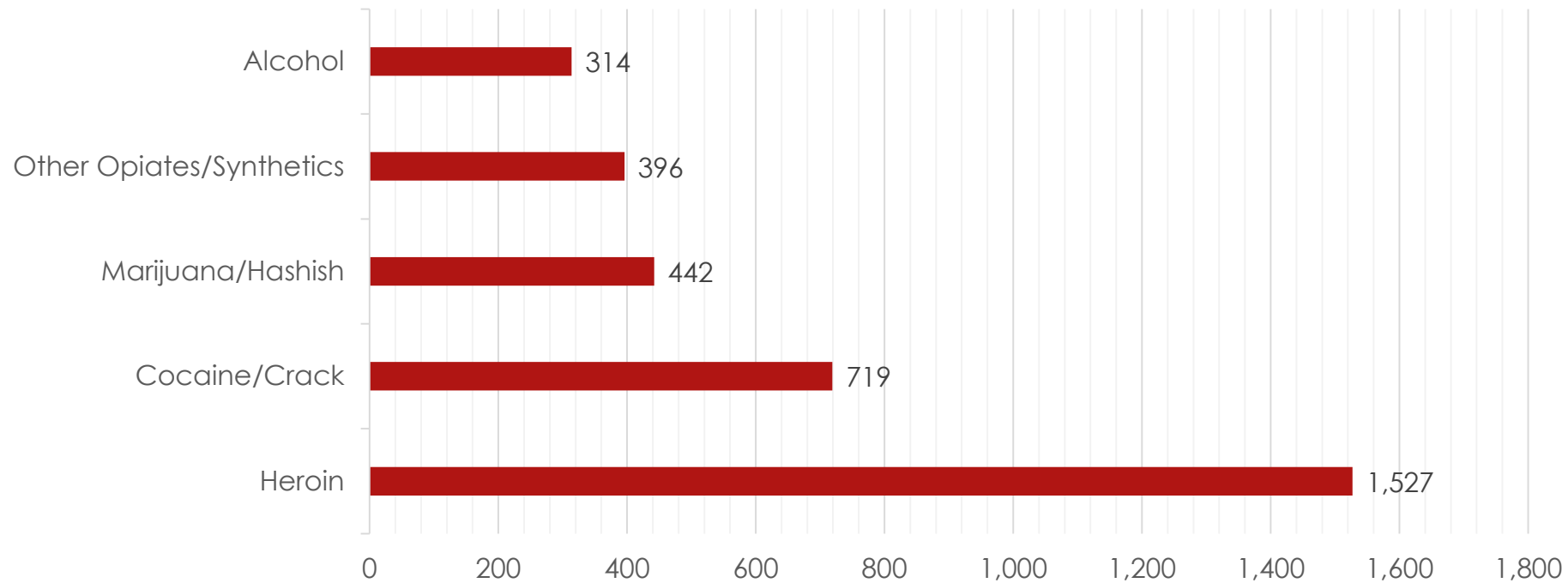


Table 16
Information derived from IT data/Report

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

<u>Top 5 Behavioral Health Dx Adults 2022</u>	<u>Top 5 Behavioral Health Dx Adults 2021</u>
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

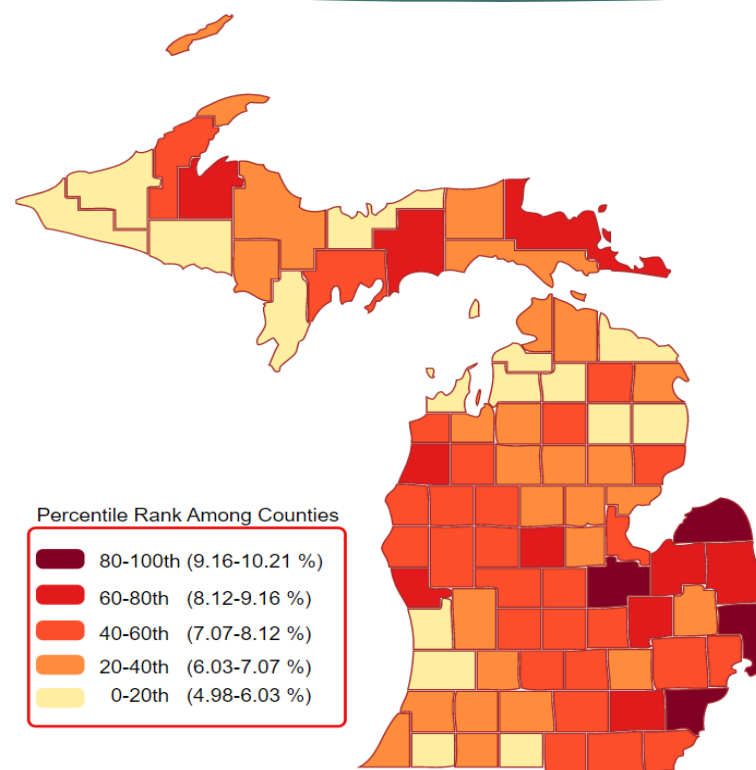


Table 22

*Data derived from CC360

State of Michigan for Health Outcomes and Health Factors

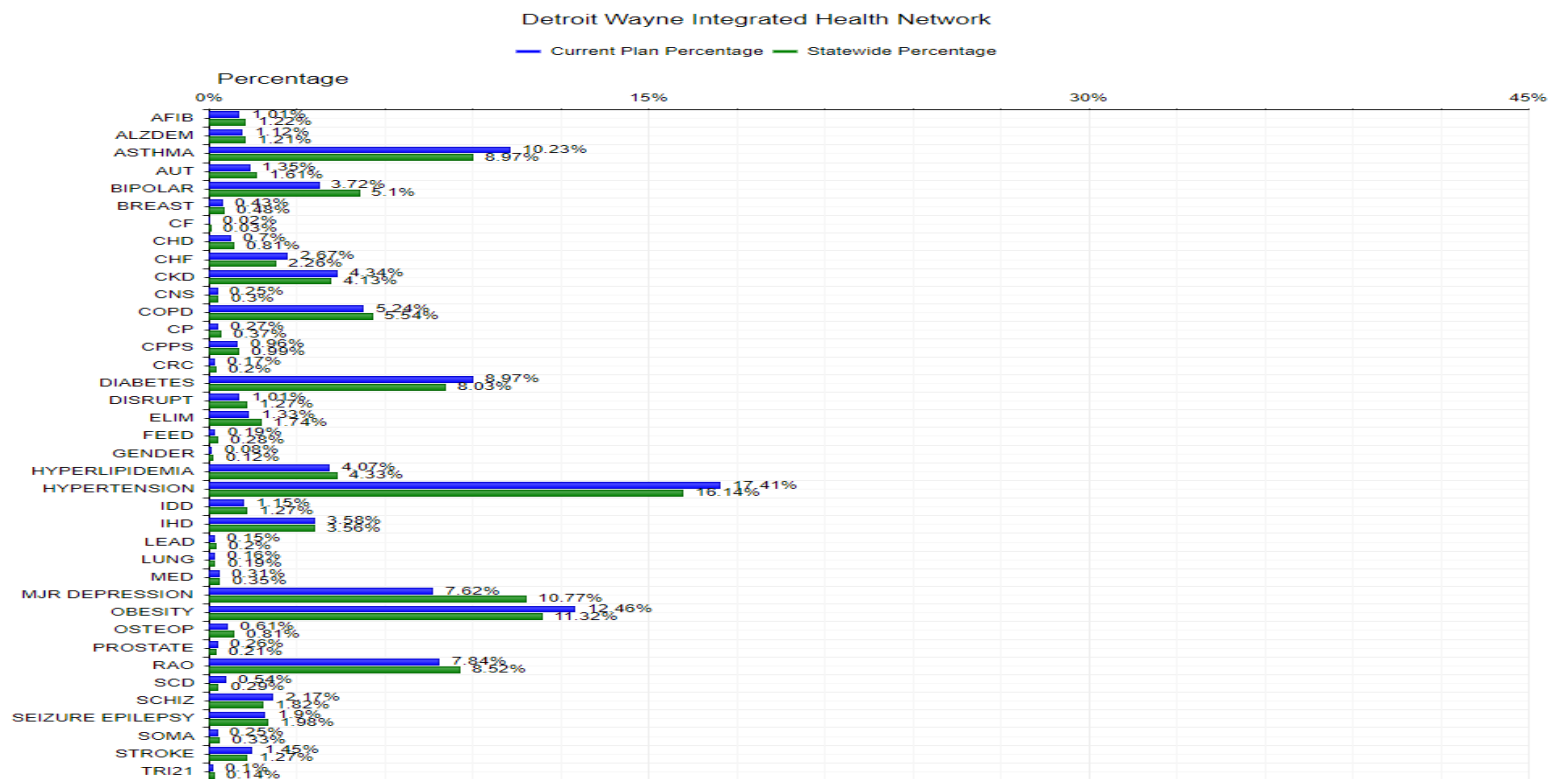


Table 23
*Data derived from CC360

2022 County Health Rankings Report

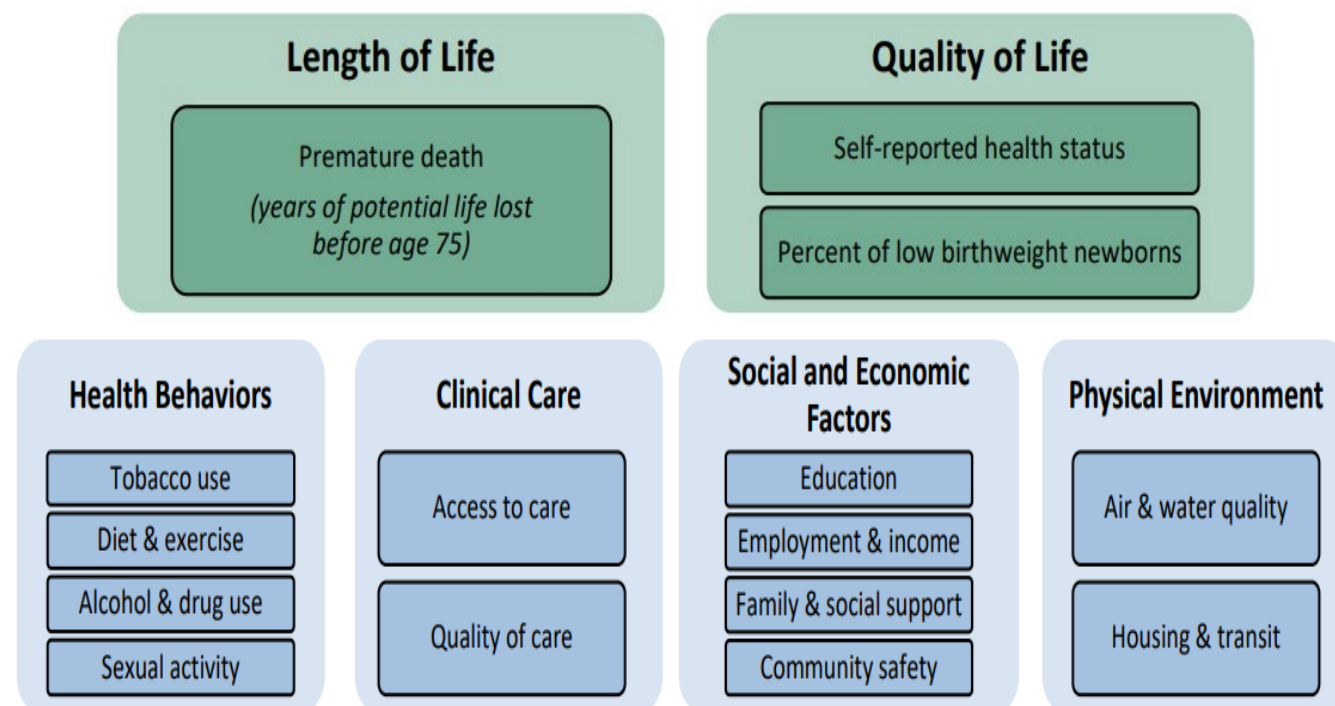


Table 24

* 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

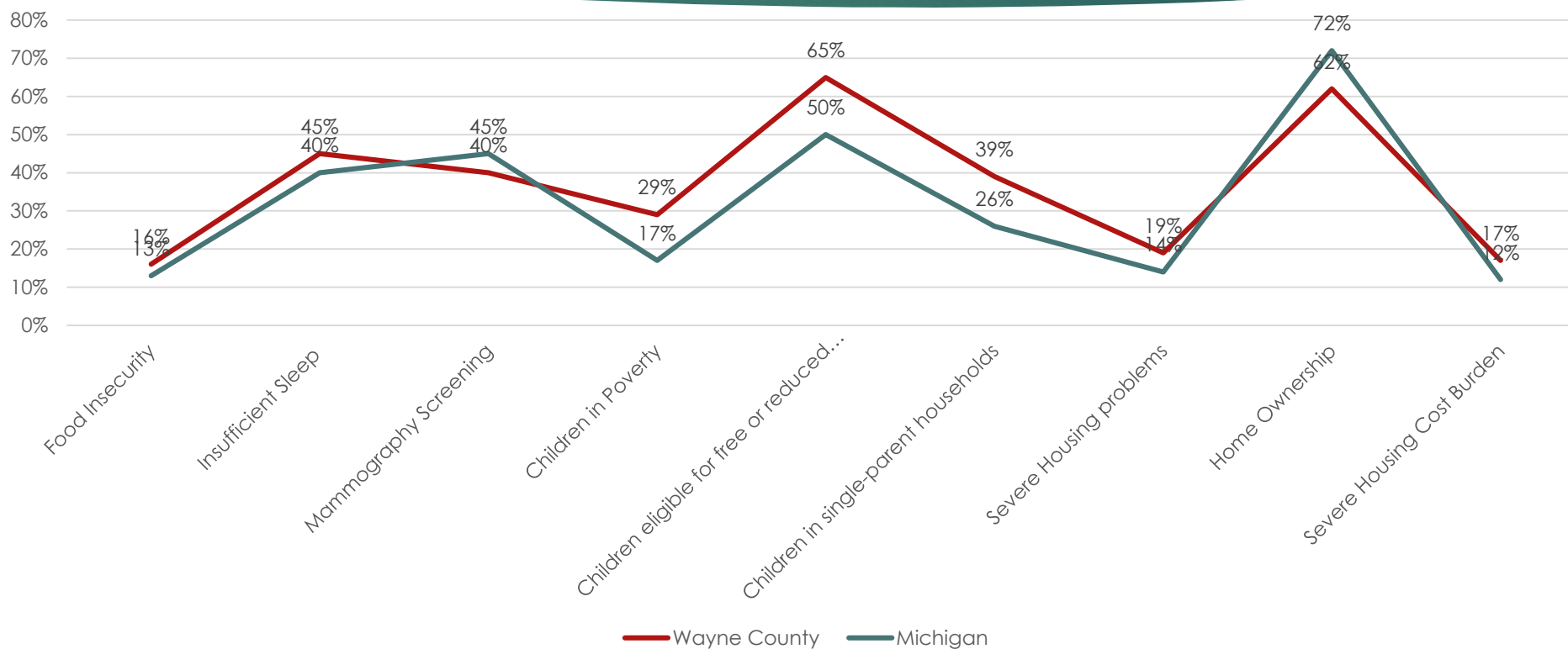


Table 25

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

Social Determinants of Health Statistics

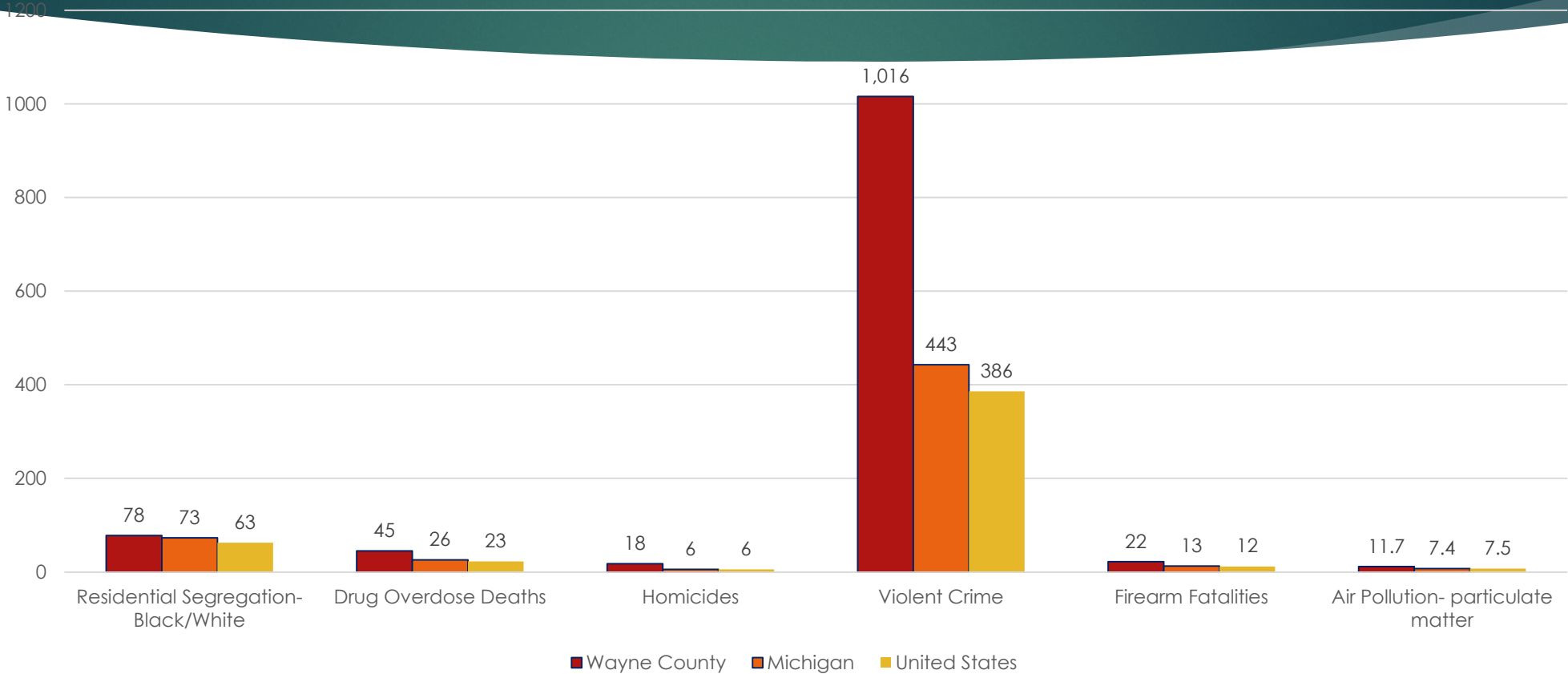


Table 26

* 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.

HEDIS MEASURES

ADD – FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

Presented By: CHILDREN'S INITIATIVE DEPARTMENT

4/3/2023



ADHD MEDICATION STATISTICS:

□ **Attitude Magazine (July 2022):**

- ADHD is among the most common neurodevelopmental disorders of childhood, per the DSM-5.
- While figures vary, the worldwide ADHD prevalence in children is estimated at about 5%.

□ **Centers for Disease Control and Prevention (CDC) 2016 Study:**

- About 6.1 million children in the United States (9.4 percent) between ages 2 to 17 are estimated to have ever been diagnosed with attention deficit hyperactivity disorder (ADHD or ADD).
 - 388,000 (2.4%) of young children aged 2 to 5 years old
 - 2.4 million (9.6%) of school-age children aged 6 to 11 years old
 - 3.3 million (13.6%) of adolescents aged 12 to 17 years old



ADHD MEDICATION STATISTICS:

- **“Trends in the Parent Report of Health Care Provider Diagnosed and Medicated ADHD” 2014:**
 - 6.1% of children in the United States are believed to be taking ADHD medication. When managed appropriately medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration.



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% (As of October 2022 the goal changed to 46.1%)**

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% (As of October 2022 the goal changed to 62.04%)**

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.



KEY NOTES:

- The number of eligible youth member varies throughout the year
- The date range is from February – March
- Data is measured annually
- The goal changed from 50% to 46.1% effective October 2022 for Measurement # 1
- The goal changed from 50% to 62.04% effective October 2022 for Measurement # 2





BASELINE DATA:

- Quantifiable Measure #1: Percentage of members taking ADHD medication completed initial doctor visit

Measurement Period	Type	Compliant Members	Eligible Members	Goal	Total
3/1/2020 – 2/28/2021 (FY 2021)	Baseline	145	1117	46.1%	12.98%
3/1/2021 – 2/28/2022 (FY 2022)	Remeasurement 1	393	678	46.1%	56.3%
3/1/2022 – 2/28/2023 (FY 2023)	Remeasurement 2	246	456	46.1%	53.95%

- Quantifiable Measure #2: Percentage of members taking ADHD medication completed continuation doctor visits

Measurement Period	Type	Compliant Members	Eligible Members	Goal	Total
3/1/2020 – 2/28/2021 (FY 2021)	Baseline	59	454	62.04%	13%
3/1/2021 – 2/28/2022 (FY 2022)	Remeasurement 1	42	60	62.04%	63.25%
3/1/2022 – 2/28/2023 (FY 2023)	Remeasurement 2	51	69	62.04%	73.91%



DATA SUMMARY:

- **Quantifiable Measure #1: Percentage of members taking ADHD medication completed initial doctor visit**

Remeasurement 1: There was an increase of 43.32% from the baseline data of 12.98%.

Remeasurement 2: There was an increase of 40.97% from the baseline data of 12.98%

- **Quantifiable Measure #2: Percentage of members taking ADHD medication completed continuation doctor visits**

Remeasurement 1: There was an increase of 50.25% from the baseline data of 13%.

Remeasurement 2: There was an increase of 60.91% from the baseline data of 13%



BARRIERS:

- ❑ **Challenge with HEDIS Measures data transferring into Vital Data system. As of June 2022 data was not available for 2022.**
- ❑ **Unsure which Physician is prescribing the ADHD medication (Psychiatrist or Primary Care Doctor)**
- ❑ **Feedback from System of Care 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**



INTERVENTIONS:

- ❑ **Jan 2022:** Presented ADHD Medication HEDIS Measure to Quality Directors on 1/26/2022
- ❑ **Feb 2022:** Presented ADHD Medication HEDIS Measure at the Improving Practices Leadership Team (IPLT) meeting.
- ❑ **Feb 2022:** Presented ADHD Medication HEDIS Measure progress, barriers, interventions at the Cross System Management Meeting on 2/23/2022.
- ❑ **March 2022:** Presented ADHD Medication HEDIS Measure progress, barriers, interventions at the Cross System Management Meeting on 3/23/2022. Trained Providers on how to access the HEDIS scorecard via MHWIHN system to view data.
- ❑ **April 2022:** Distributed Children HEDIS memo on 4/1/2022 that explained the ADHD Medication HEDIS Measure expectations.
- ❑ **May 2022:** Presented ADHD Medication HEDIS Measure at the Improving Practices Leadership Team (IPLT) meeting.
- ❑ **June 2022:** Included the ADHD Medication HEDIS Measure in the System of Care Pediatric Integrated Healthcare Work Plan.
- ❑ **June 2022:** Presented ADHD Medication HEDIS Measure progress, barriers, interventions at the Cross System Management Meeting on 6/23/2022.



OPPORTUNITIES FOR IMPROVEMENT:

As of October 2022 – Improving Practices Leadership Team (IPLT):

- ❑ Review data per Provider and follow up with Provider regarding action steps
- ❑ Continue System of Care Pediatric Integrated Health Care Workgroup to resolve barriers
- ❑ Next year increase goal from 50%
- ❑ Educate families on this HEDIS measure (ex: Flyer)
- ❑ Discuss HEDIS Measure during Provider MDHHS Performance Measure meetings
- ❑ Discuss at the Medical Director meeting on 10/14/22



OPPORTUNITIES FOR IMPROVEMENT:

As of April 2023 – Improving Practices Leadership Team (IPLT):

- ❑ **ADD medication is a controlled substance and to be prescribed monthly. Consider why the number of eligible youth receiving ADD medication is decreasing? Review the raw data for eligible youth completing initial doctor visit and compare to the eligible youth with ongoing doctor visits to determine which youth are dropping off the list. Review raw data for Prescriber information.**
- ❑ **Propose the Initial doctor visit goal increase from 46.01% to 55%**
- ❑ **Review this Quality Improvement Plan at next NCQA meeting on 4/20/2023**
- ❑ **Present at Quality Improvement Steering Committee (QISC) on 4/25/2023**

QUESTIONS:

- Any questions?



HEDIS MEASURES

APM - METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

Presented By: CHILDREN'S INITIATIVE DEPARTMENT

4.3.2023



ANTIPSYCHOTICS MEDICATION STATISTICS:

- ❑ Approximately 14% to 20% of children and adolescents have a diagnosable mental illness with an annual cost of about \$247 billion.
- ❑ Common child related psychiatric disorders that would warrant antipsychotic medications include: Tourette's syndrome, Autistic Disorder, Schizophrenia, and Bipolar Disorder.
- ❑ Antipsychotic medications to treat these symptoms and disorders are:
 - Haldol
 - Mellaril
 - Risperdal
 - Abilify
 - Seroquel
 - Zyprexa
 - Geodon
- ❑ Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

BEST PRACTICES:

- ❖ At least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol.
- ❖ If the medications are dispensed on different dates, even if it's the same medication, test both blood glucose with either a glucose or HbA1c test, and cholesterol with either a cholesterol or LDL-C test.
- ❖ Measure baseline lipid profiles, fasting blood glucose level and body mass index.
- ❖ Ordering a blood glucose and cholesterol test every year and building care gap alerts in the electronic medical record.
- ❖ Testing blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits.
- ❖ Measure any abnormal involuntary movements before starting an antipsychotic medication, at regular intervals during treatment and while tapering medication
- ❖ Frequently monitor for side effects
- ❖ When prescribing antipsychotics consider a "start low and go slow" approach to find the lowest effective evidence-based dose

Educate members and caregivers about the:

- Increased risk of metabolic health complications from antipsychotic medications.
- Importance of screening blood glucose and cholesterol levels.

Behavioral health providers:

- Ordering blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP and within 1 month of changing a member's medication.
- Reach out to caregivers who cancel appointments and assist with rescheduling as soon as possible



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1. Patten, S.B., W. Waheed, L. Bresee. 2012. “A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents.” *Canadian Journal of Psychiatry* 57:717–21.
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3. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. “Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents.” *Journal of the American Medical Association*
4. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. “Antipsychotic medication use among children and risk of diabetes mellitus.” *Pediatrics* 128(6):1135–41.
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6. https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/health_care_performance_measures/hedis/metabolic_monitoring_children_adolescents_antipsychotics.htm
7. Harrison, J., Cluxton-Keller F., and Gross, D. 2012. “Antipsychotic Medication Prescribing Trends in Children and Adolescents.” *J Pediatr Health Care* 26(2): 139-145

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 Cholesterol 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%**



KEY NOTES:

- The number of eligible youth member varies throughout the year
- The date range is from January – December
- Data is measured quarterly
- The goal changed from 50% to 23.36% effective October 2022 for Measurement # 1
- The goal changed from 50% to 32.71% effective October 2022 for Measurement # 2





BASELINE DATA:

- Quantifiable Measure #1: Percentage of youth ages 1 to 11 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels (APMC1)

Measurement Period	Type	Compliant Members	Eligible Members	Goal	Total
1/1/2019 – 12/31/2020 (FY 2020)	Baseline	94	589	23.36%	15.96%
1/1/2020 – 2/28/2021 (FY 2021)	Remeasurement 1	100	517	23.36%	19.34%
1/1/2021 – 2/28/2022 (FY 2022)	Remeasurement 2	30	177	23.36%	16.95%

- Quantifiable Measure #2: Percentage of youth ages 12 to 17 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels (APMC2)

Measurement Period	Type	Compliant Members	Eligible Members	Goal	Total
1/1/2019 – 12/31/2020 (FY 2020)	Baseline	327	1211	32.7%	27%
1/1/2020 – 2/28/2021 (FY 2021)	Remeasurement 1	339	1155	32.7%	29.35%
1/1/2021 – 2/28/2022 (FY 2022)	Remeasurement 2	127	376	32.7%	33.78%



DATA SUMMARY:

- **Quantifiable Measure #1: Percentage of youth ages 1 to 11 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels (APMC1)**

Remeasurement 1: There was a 3.44% increase from the baseline data of 15.96%

Remeasurement 2: There was a .99% increase from the baseline data of 15.96%

- **Quantifiable Measure #2: Percentage of youth ages 12 to 17 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels (APMC2)**

Remeasurement 1: There was a 2.35% increase from the baseline data of 27%

Remeasurement 2: There was a 6.78% increase from the baseline data of 27%



BARRIERS:

APM – Metabolic Monitoring for Children and Adolescents on Antipsychotics

- ❑ Challenge with HEDIS Measures data transferring into Vital Data system. As of June 2022 data was not available.**
- ❑ With telepsychiatry families are not going directly into the doctor office.**
- ❑ Cholesterol levels are not checked as consistently as glucose levels**
- ❑ 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**
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INTERVENTIONS:

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As of October 2022 – Improving Practices Leadership Team (IPLT):

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- ❑ Discuss at the Medical Director meetings



OPPORTUNITIES FOR IMPROVEMENT:

As of April 2023 – Improving Practices Leadership Team (IPLT):

- ❑ For youth ages 1 to 11 does the Diagnosis support youth receiving antipsychotic medication?
- ❑ What are barriers for youth ages 1 to 11 getting blood work completed? (Ex: Are youth requiring additional staffing for bloodwork)
- ❑ Review this Quality Improvement Plan at next NCQA meeting on 4/20/2023
- ❑ Present at Quality Improvement Steering Committee (QISC) on 4/25/2023

QUESTIONS:

- Any questions?





Examining Member Experience Outcomes

Summary FY 2022



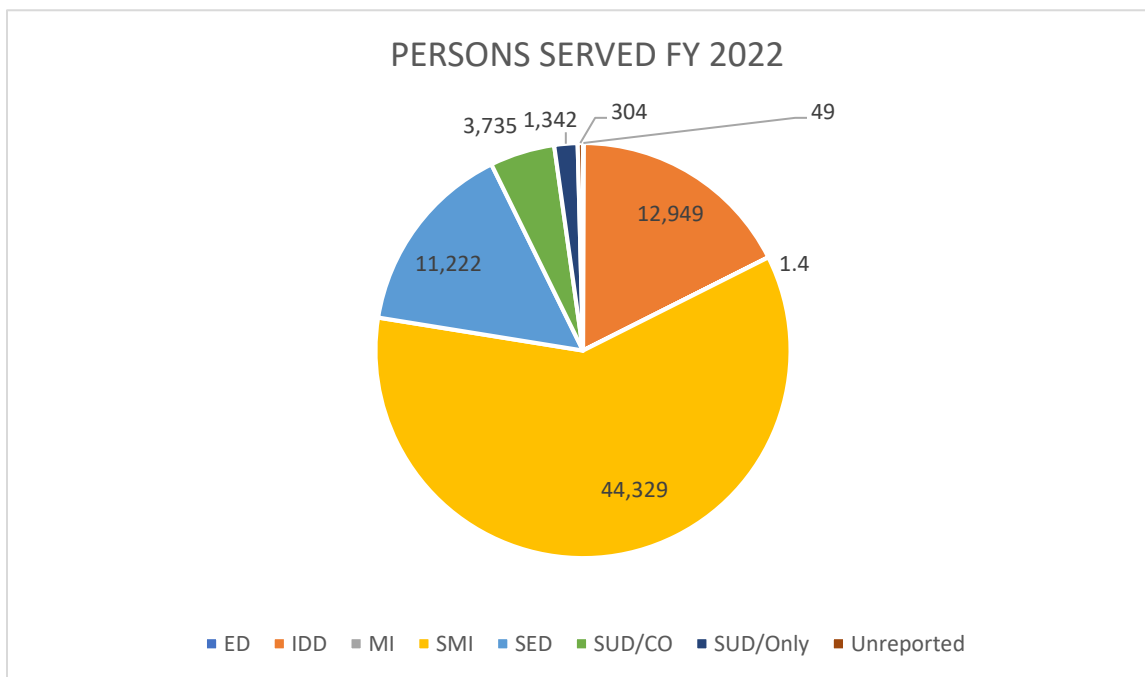
Submitted By: Margaret T. Keyes-Howard, M.A.

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

CATEGORY	2021 RESULTS	2020 RESULTS	2017 RESULTS	STATUS
Overall Treatment	51% Satisfied	51% Satisfied	46% Satisfied	UP 5% Improved
Seen w/in 15 Min @ office visit	44% Satisfied	36% Satisfied	33% Satisfied	UP 11% Improved
Told About Meds and Side-effects	79% Satisfied	74% Satisfied	75% Satisfied	UP 5% Improved
Incl. engaging Family in Treatment	60% Satisfied	60% Satisfied	59% Satisfied	Up 1% Improved
Info on Managing Condition	75% Satisfied	81% Satisfied	78% Satisfied	Remains Above 75%
Given Info on Rights	88% Satisfied	88% Satisfied	91% Satisfied	Above 85%
Member feels can refuse treatment	84% Satisfied	81% Satisfied	78% Satisfied	UP 6% Improved
Confident on Privacy	93% Satisfied	91% Satisfied	91% Satisfied	Up 2% Highest Score 93%
Cultural Needs Met	69% Satisfied	69% Satisfied	76% Satisfied	Down -7% Room for Improvement
Helped by Treatment	57% Satisfied	58% Satisfied	52% Satisfied	Up 5% Improved
Info on Treatment after benefits depleted	56% Satisfied	55% Satisfied	48% Satisfied	UP 8% 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

CATEGORY	2021 RESULTS	2020 RESULTS	STATUS
Overall Treatment	54%	49%	Up 5% Still Needs Improvement
Seen within 15 min	63%	55%	Up 8% Still Needs Improvement
Given Treatment Options	76%	75%	Up 1%
Told about Side Effects of Medications	83%	79%	Up 4%
Given Info on Managing Condition	79%	78%	Up 1%
Given Info on Rights	92%	95%	Down 3% - above 90%
Felt like Treatment could be refused	85%	88%	Down 3% - still at 85%
Confident of Child’s Privacy	95%	93%	Up 2% Good Job!
Cultural Needs Met	74%	82%	Down 8% @ 74% but not good enough
Treatment Helped Child	51%	49%	Up 2% Needs Improvement
Informed about other options after benefits are depleted	53%	58%	Down 5% Needs Improvement
Goals for Child’s Treatment discussed	94%	93%	Up 1% Looks really good

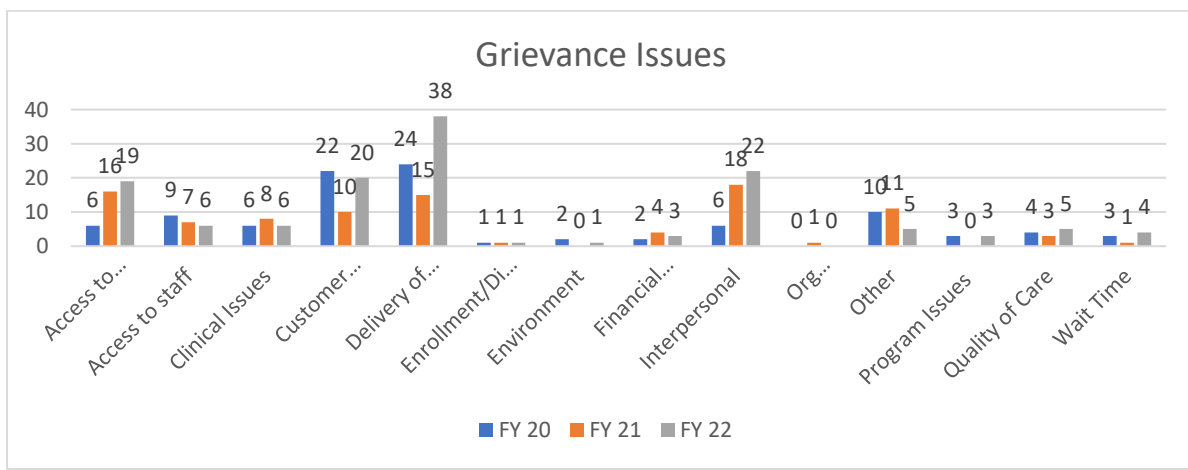
The chart accounts for a total of **24% improvement in overall areas** for the global treatment of care categories for respondents to the ECHO®, 961 parents or named guardians fully completed the entire survey in 2021. The Children’s 2022 ECHO® Survey is in progress at the release of this report.

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.

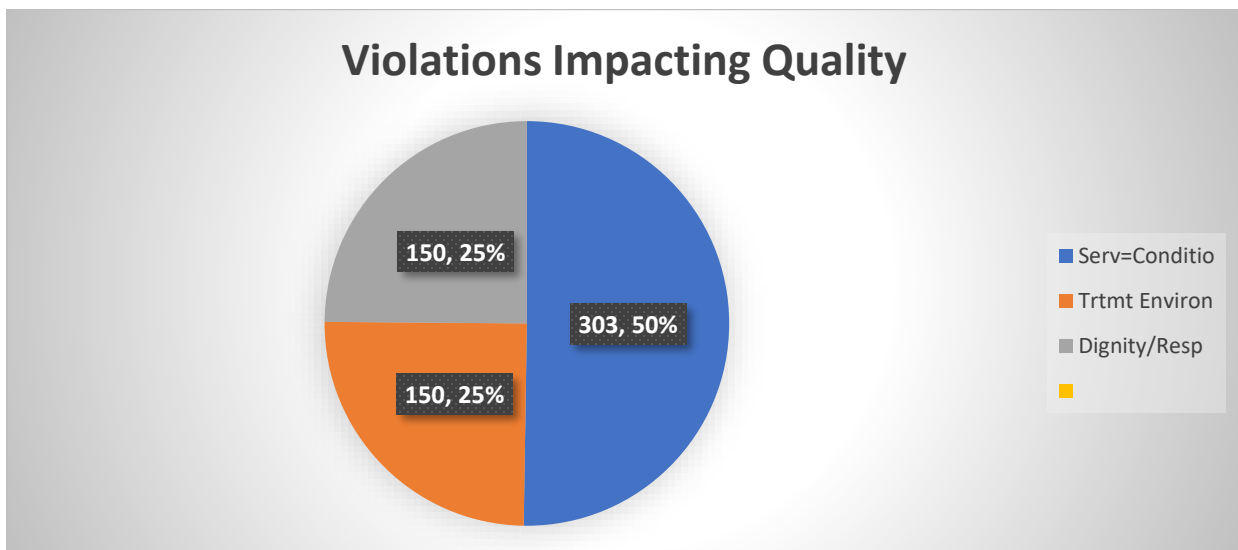
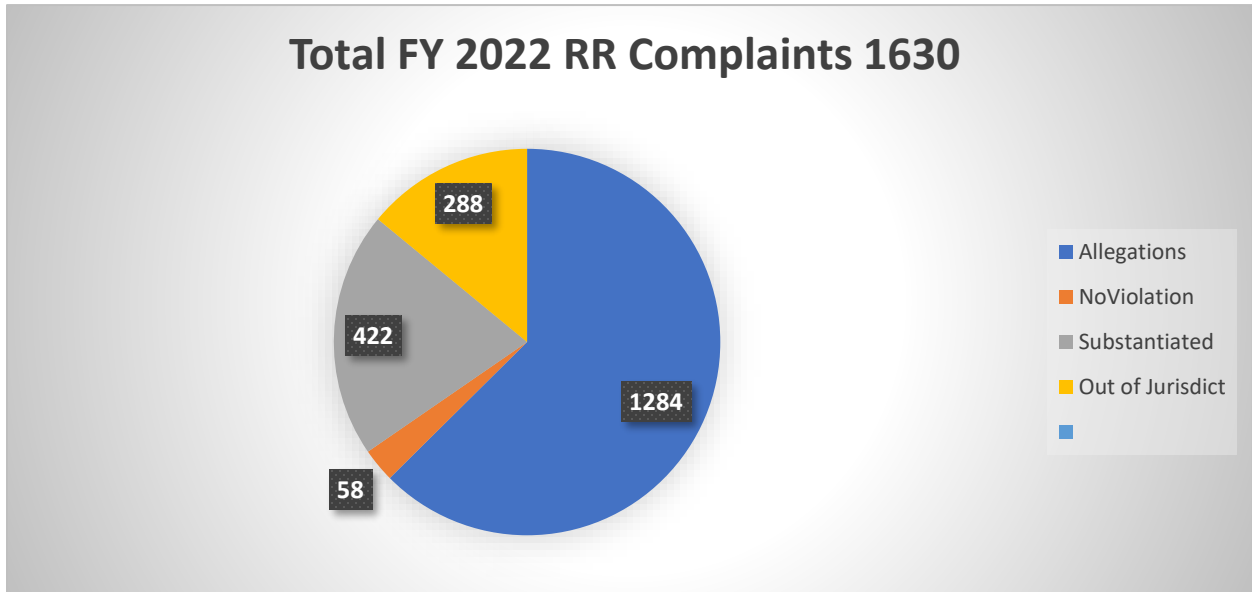
GRIEVANCE DATA:

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.

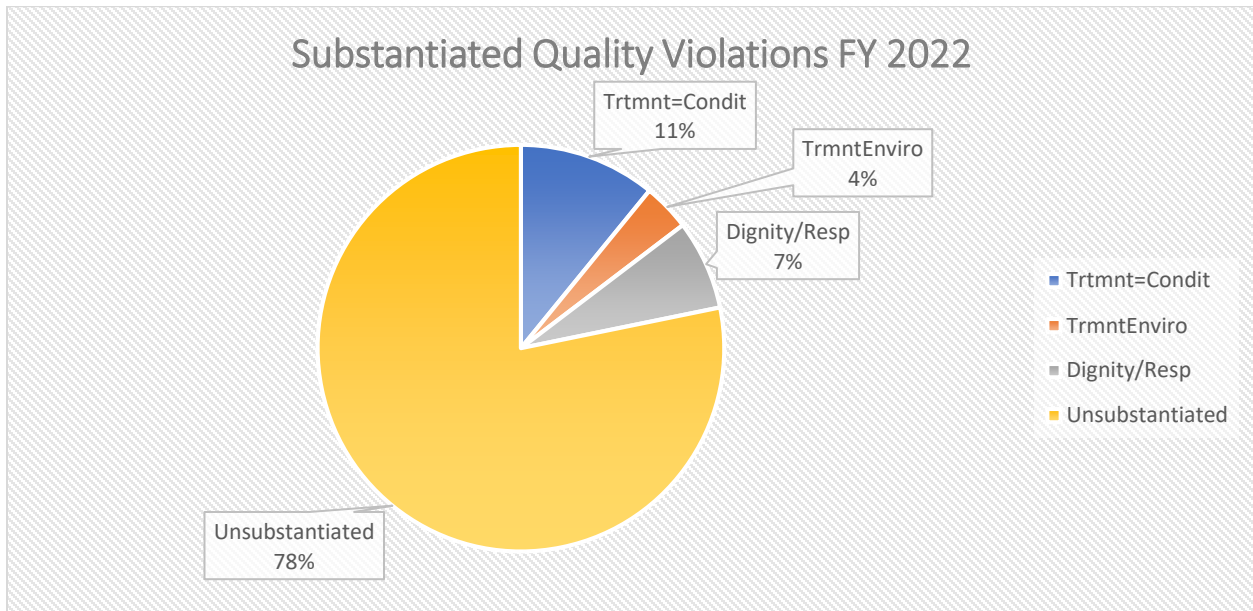


Conversely while grievances remain less frequent the DWIHN's Office of Recipient Rights continues to investigate complaint with a total of 1630 reported in FY 2022.



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.