



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, March 29, 2023
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

- | | | |
|------|--|-------------------------|
| I. | Announcements | T. Greason |
| II. | Substance Use Disorder (SUD) | J. Davis/G. Lindsey |
| III. | Recipient Rights | C. Witcher |
| IV. | QAPIP Effectiveness | |
| | Customer Service | |
| | a. Grievances Process | D. Johnson |
| | b. Local Appeals Procedure for Members | D. Johnson |
| | c. Peer Support | D. Williams |
| | Crisis Access | |
| | d. Emergency Post-Stabilization | D. West |
| | Quality Improvement | |
| | e. HCBS Transition | D. Dobija/W. Sabado |
| | f. HCBS Survey | E. Gillespie |
| | g. CE/SE Reporting | |
| | o Q1 CE/SE Analysis | C. Mackey/S. Applewhite |
| | Integrated Health | |
| | h. Population Assessment FY 2022 | A. Bond |
| | i. Complex Case Management FY 2022 | A. Bond |
| | j. CCM Satisfaction Survey | A. Bond |
| V. | Adjournment | |



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Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) **Item: Announcements:** Tania mentioned updates on our 707 location, Starlit Smith on leave and Danielle Dobija taking her place. Tania also welcomed Tiffani Harris, the new Performance Monitor for the Quality Improvement Team.

2) **Item: Substance Use Disorder (SUD) – Gregory Lindsey**

Goal: Updates from SUD

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

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

Discussion		
Gregory Lindsey provided the workgroup with the following SUD updates: <ul style="list-style-type: none"> • There are several upcoming conferences: <ul style="list-style-type: none"> ○ The Netcon Conference being held in Los Angeles, California on May 1st – May 3rd. ○ The Prescription and Illicit Drugs Summit happening on April 10th – April 13th in Atlanta, Georgia. 		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None.		



3) Item: Recipient Rights – Chad Witcher, Prevention Manager

Goal: Updates from ORR

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>Chad Witcher provided the workgroup with the following:</p> <ul style="list-style-type: none"> • He did a recap of the important pieces of the death reporting process. <p><i>“Within 24 hours <u>of your knowledge</u> of a Member’s death (After primary source verification with the Medical Examiner, Hospital, or Funeral Home) contact the Office of Recipient Rights (ORR) to receive a death log number.”</i></p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: QAPIP Effectiveness – Customer Service

Goal: Grievances Process/ Local Appeals Procedure for Members

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>Dorian Johnson presented the following to the workgroup:</p> <ul style="list-style-type: none"> • Grievance Process Reminders: <ul style="list-style-type: none"> ○ The final Response to Grievance letters are to be sent within two calendar days from receiving approval from DWIHN. Remember to complete the Grievance review checklist with each new grievance. ○ It is the expectation of our provider partners that when enrollees or individuals receiving services approach staff regarding issues that they may have for service delivery, customer service, interpersonal, wait time issues, etc., they are offered the opportunity to file a grievance. • Local Appeal Procedures for Members/Enrollees with Medicaid <ul style="list-style-type: none"> ○ If DWIHN or MOAHR (Michigan Office of Administrative Hearing and Rules) overturns a decision to deny or limit an authorization, it is the expectation that services be authorized as soon as the member’s condition requires by no more than 72 hours from the time notification is received. DWIHN’s Customer Service and Utilization Management Departments have collaborated to create a stop gap measure to enter a limited authorization to cover the member until the CRSP can submit and request full authorization so that the member does not experience any lack of services. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: QAPIP Effectiveness – Crisis Access

Goal: Emergency Post-Stabilization

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>Daniel West provided the following updates:</p> <ul style="list-style-type: none"> • Emergency Post-stabilization is a new policy that is being administered. <ul style="list-style-type: none"> ○ The Policy is to ensure access to behavioral health services along the crisis services continuum to all persons in need of emergency and post-stabilization services. ○ The purpose of this policy is to provide clarity for behavioral health emergencies involving Serious Mental Illness (SMI), Intellectual/Developmental Disabilities (I/DD), Serious Emotional Disturbance (SED) and Substance Use Disorder (SUD) as it relates to the PIHP provider network for Detroit Wayne Integrated Health Network (DWIHN) and its provider network of Community Mental Health Service Program (CMHSP) providers. ○ The policy also lists out the entire process and Standards. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: QAPIP Effectiveness – Quality Improvement

Goal: HCBS Transition

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>William Sabado provided the following update to the work group:</p> <ul style="list-style-type: none"> • Out of the 58 individuals that were listed on the Non Responders list, 21 individuals chose pathway 4, which is to move to a new home and retain their HCBS Services. Two (2) are still going through a brokering process, a total of 23-24 individuals chose pathway number 4. • Reporting that we continue to work through the person-centered process working with the CRSP, working with their guardian and their support to review options. Twenty (20) of the members have chosen to follow pathway option number #3, which is their choice to suspend HCBS Services and funding and to remain with their residential provider. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: QAPIP Effectiveness – Quality Improvement

Goal: HCBS Surveys

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

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

Discussion		
Eugene Gillespie discussed the following: <ul style="list-style-type: none"> • The HCBS surveys will be going out quarterly, three months. • A test email was sent out to make sure all email addresses were accurate. • The second batch of emails will go out on Friday once everything is corrected, and those will be sent out through the Lansing system called Quadrant. • The HCBS surveys will go out in April of 2023. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



4) Item: QAPIP Effectiveness – Quality Improvement

Goal: Q1 CE/SE 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 discussed the following:</p> <ul style="list-style-type: none"> • The first quarter aggregate data report from October 1, 2022 – December 31, 2022, includes the following: <ul style="list-style-type: none"> ○ The total number of critical events: Arrest, Behavior Treatment, Deaths, Environmental Emergencies, etc. ○ The total number of preventable events including: Physical health issues (Injures, Overdoses, SUD Deaths, Accidental Deaths, etc.), Behavioral health issues (Suicide Attempts, Behavior, etc.). • 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. • Trends and Patterns identified including preventable events that have the following issues: <ul style="list-style-type: none"> ○ 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 <p>In order to address some of the concerns found, the Critical/Sentinel Event Manual was revised and has been uploaded to DWIHN’s Website under Provider/Quality Improvement section.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
N/A		
Action Items	Assigned To	Deadline
None.		



4) Item: QAPIP Effectiveness – Integrated Health

Goal: Population Assessment FY 2022

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 the following from the Population Assessment FY 2022 report:</p> <ul style="list-style-type: none"> ○ 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. ○ DWIHN 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. ○ 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. ○ This information is gathered annually. <p>Please review the handout entitled “ DWIHN Population Assessment FY2022” .</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



4) Item: QAPIP Effectiveness – Integrated Health

Goal: Complex Case Management (CCM) Evaluation FY 2022

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 CCM Evaluation FY2022 with the group</p> <p>The ultimate goals of DWMHA’s/DWIHN’s Complex Case Management (CCM) Program are to:</p> <ul style="list-style-type: none"> • 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. <p>Areas of Improvement:</p> <ul style="list-style-type: none"> ○ Reduction in Emergency Department Utilization ○ Satisfaction Surveys ○ Outpatient Behavioral Health Services <p>Please review the attached PP entitled “ CCM Evaluation FY2022) for comparison results and an overall evaluation of the program.</p>		
Provider Feedback	Assigned To	Deadline
No Provider feedback.		
Decision Made	Assigned To	Deadline
None		
Action Items	Assigned To	Deadline
None.		



4) Item: QAPIP Effectiveness – Integrated Health

Goal: CCM Satisfaction Survey

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 with the workgroup the following information for submitting the CCM Satisfaction Survey:</p> <ul style="list-style-type: none"> • A look at the Complex Case Management Survey: <ul style="list-style-type: none"> ○ The literature on the survey was changed to better the responses. The mutual response was eliminated to be able to get a positive or negative feedback instead of the neutral. The responses were changed to Slightly Agree/Disagree or Strongly Agree/Disagree. 		
Provider Feedback	Assigned To	Deadline
<p>Questions/ Concerns:</p> <p style="padding-left: 20px;">1. When does this survey go out?</p> <p>Answers:</p> <p style="padding-left: 20px;">1. When the members call for the Complex Case Management an email is sent out with the survey.</p>		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



4) Item: QAPIP Effectiveness

Goal: Peer CEUs , Delora Williams, Customer Service

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>Delora Williams shared following with the workgroup:</p> <ul style="list-style-type: none"> • The State of Michigan made a few changes, any Peers that completed the exam in January, their CU’s will start in 2024. • Watch for the CU trainings that are going out through emails. If you are not receiving the emails, please notify Delora Williams, DWIHN CS Department. Letters are also provided through the mail for the trainings. • Any Staff interested in becoming a Peer may also feel free to notify Delora Williams. • Upcoming Virtual Trainings for Peer Certification happening April 17th – April 21st, June 12th – 16th, July 10th – July 14th, September 11th – September 15th, and November 13th – November 17th. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		

New Business Next Meeting: 04/26/23

Adjournment: 03/29/2023

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

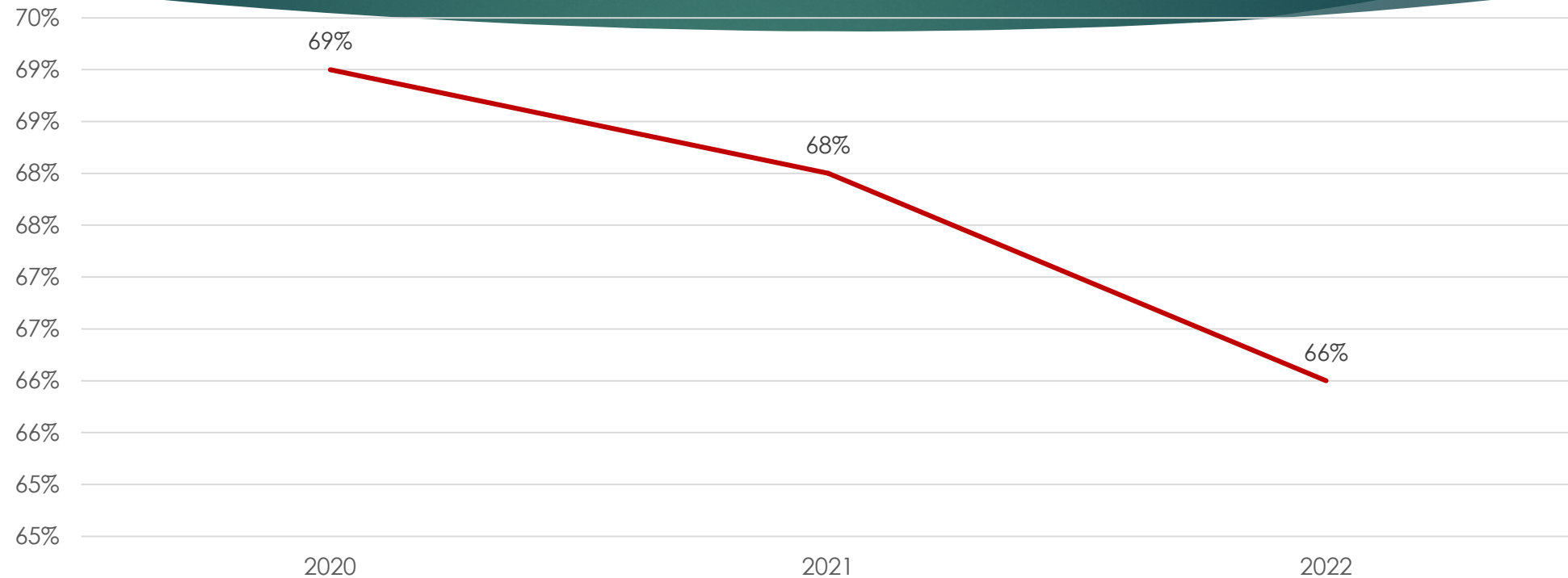


Table 1

* Data derived from Risk Matrix

Gender

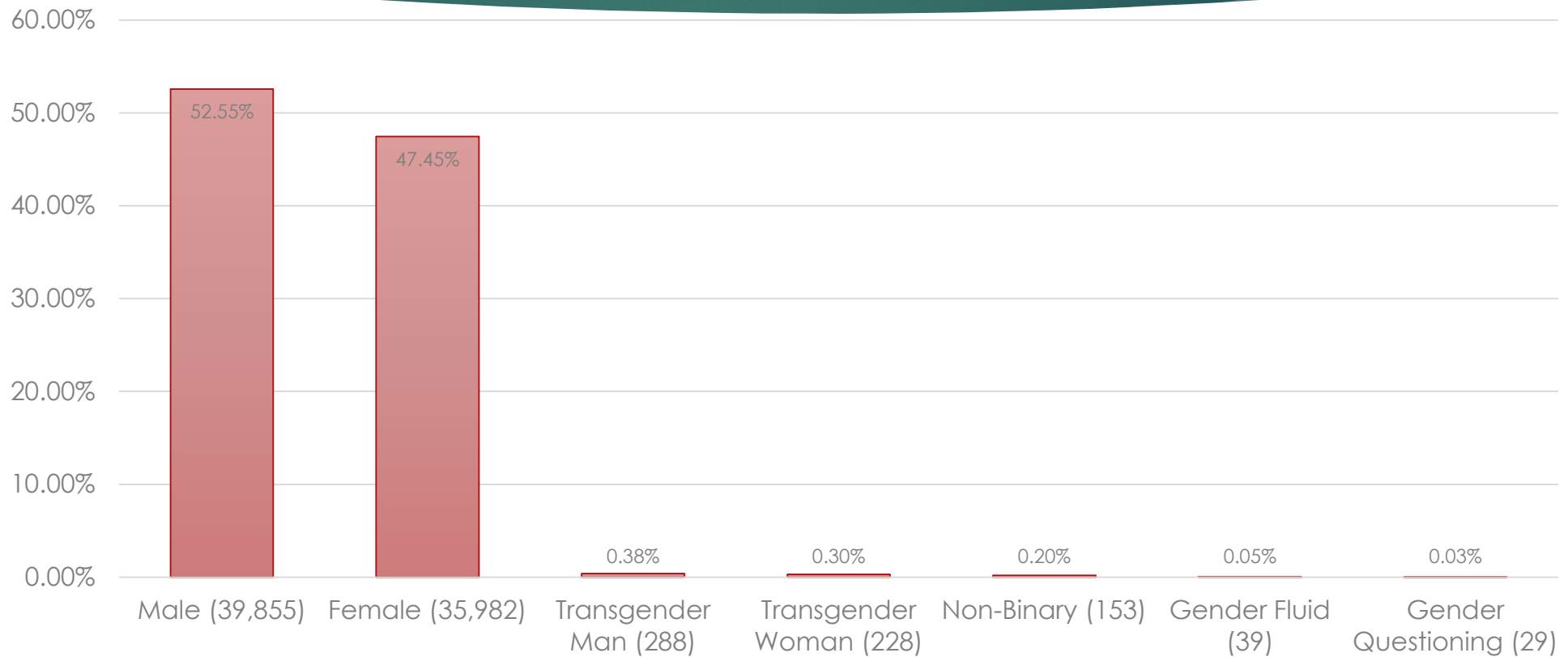


Table 2

* Data derived from Risk Matrix

Age Range

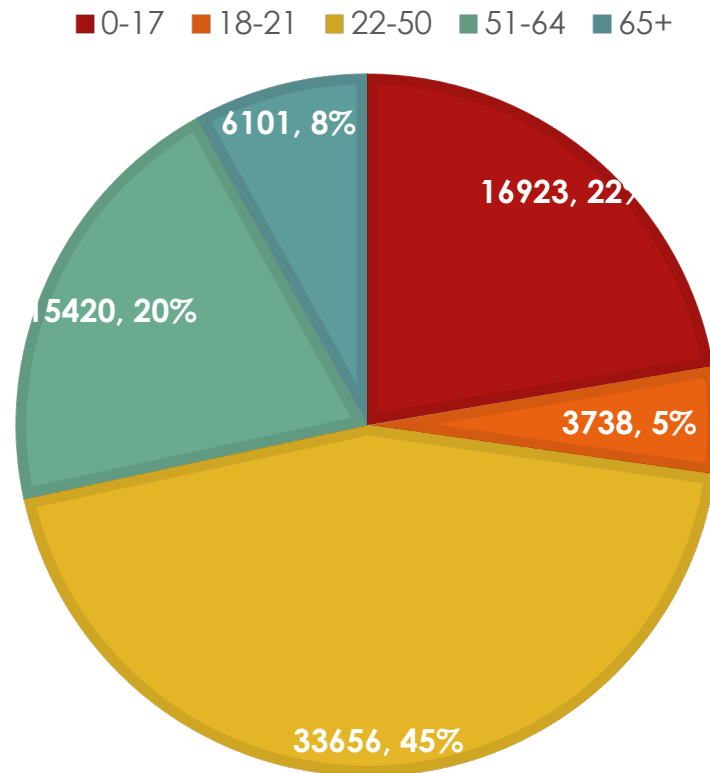


Table 3

*Data derived from Risk Matrix

Ethnic Background

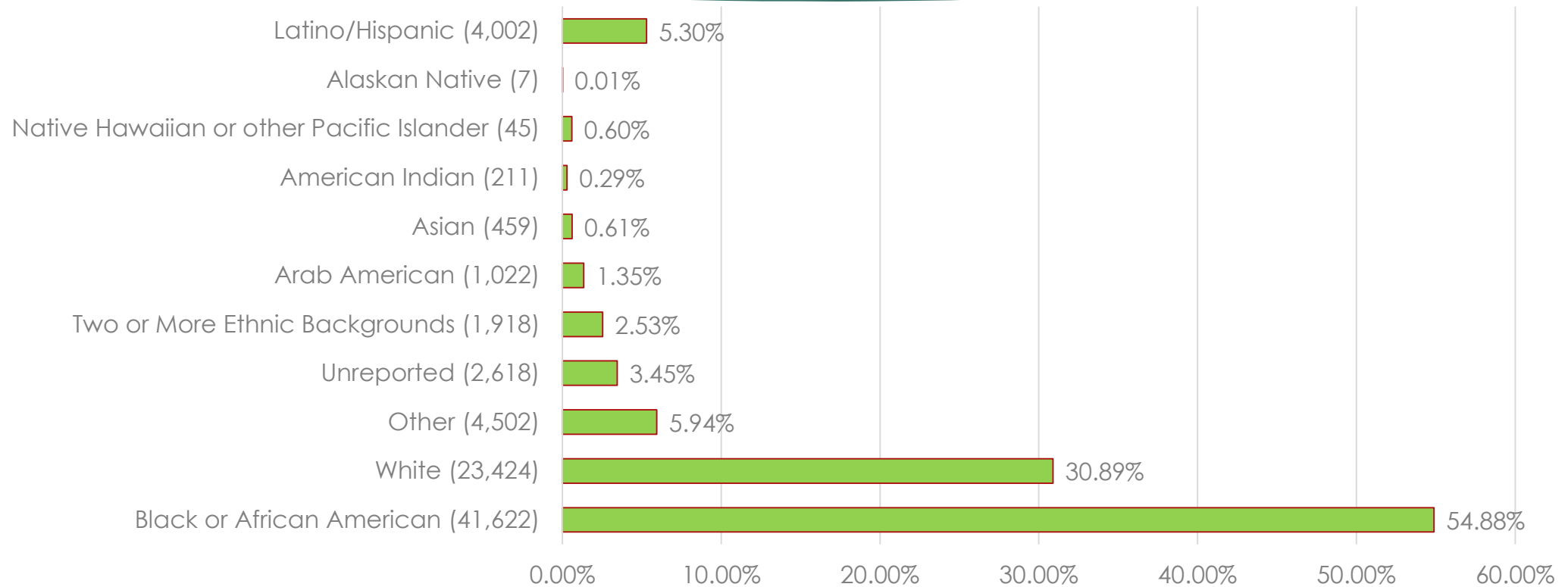


Table 4

*Data derived from Risk Matrix

Primary Language

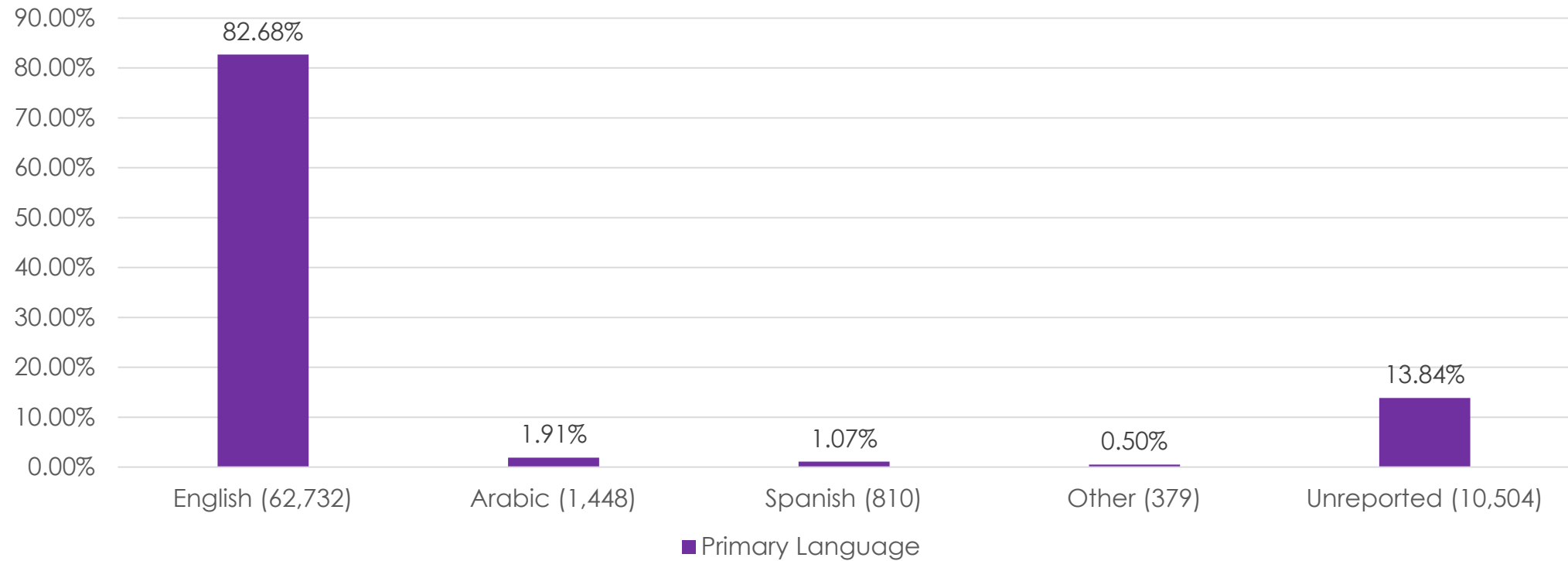


Table 5

*Data derived from Risk Matrix

Disability Designation

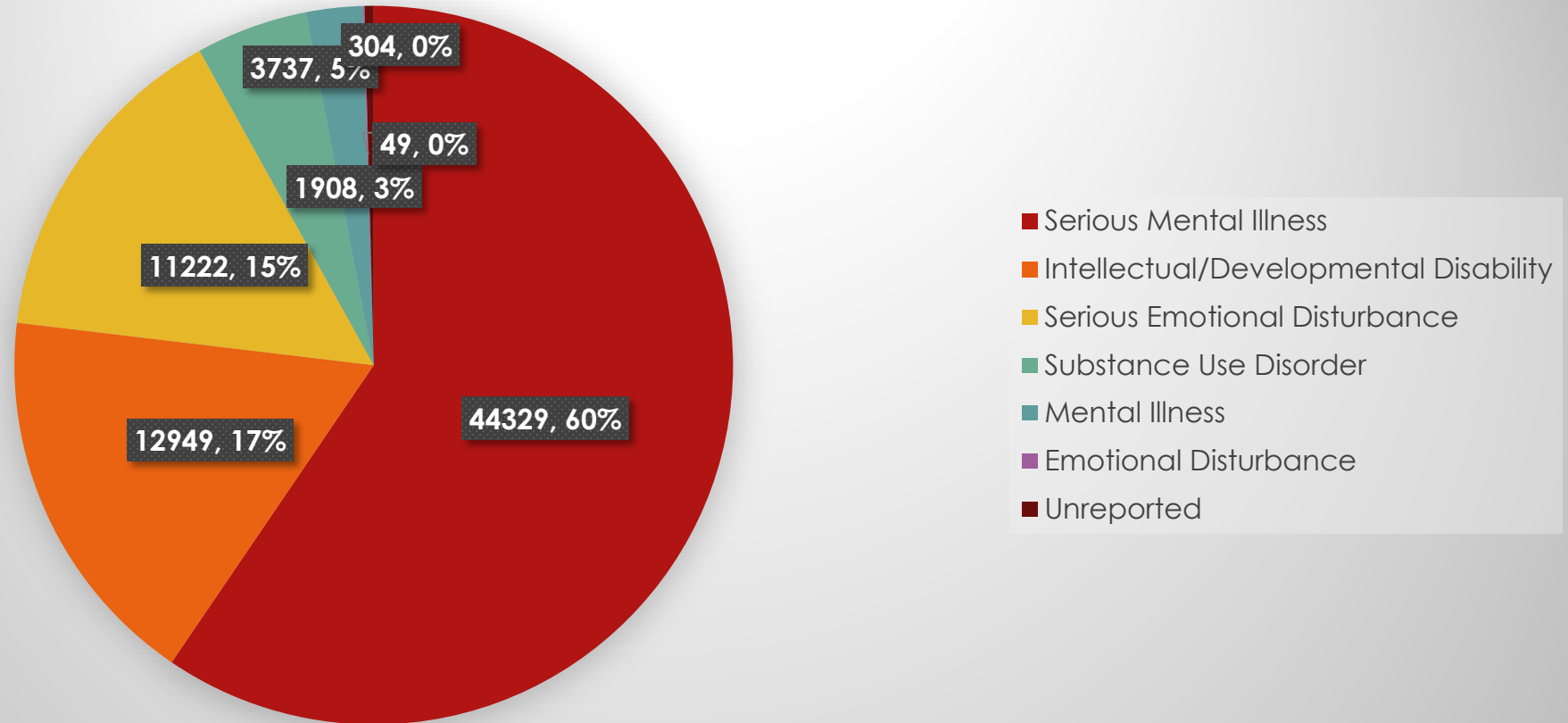


Table 6

*Data derived from Risk Matrix

Residency

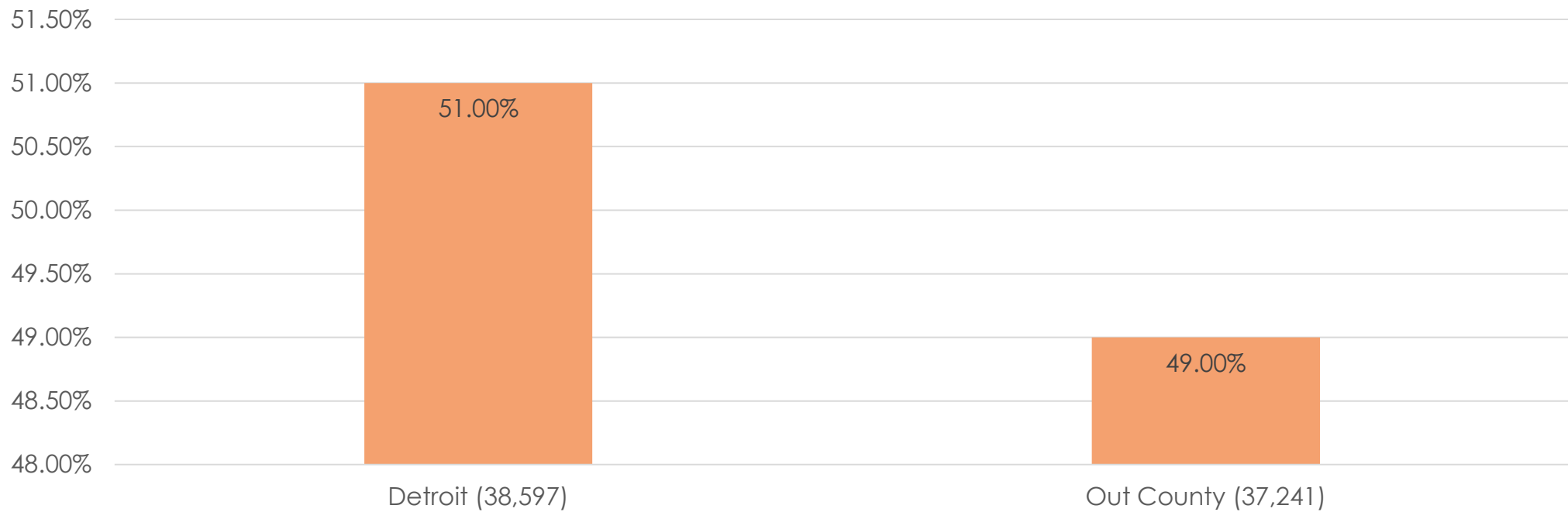


Table 7

*Data derived form Risk Matrix

Insurance

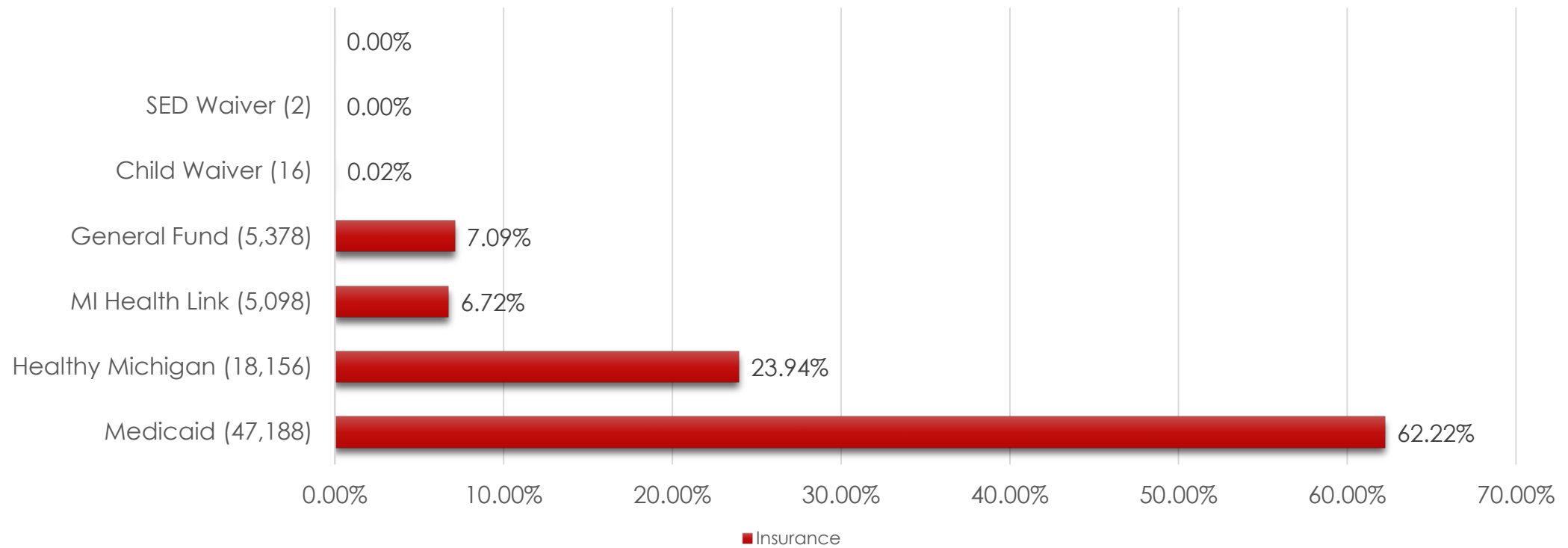


Table 8

*Data derived from Risk Matrix

Member Language Unreported

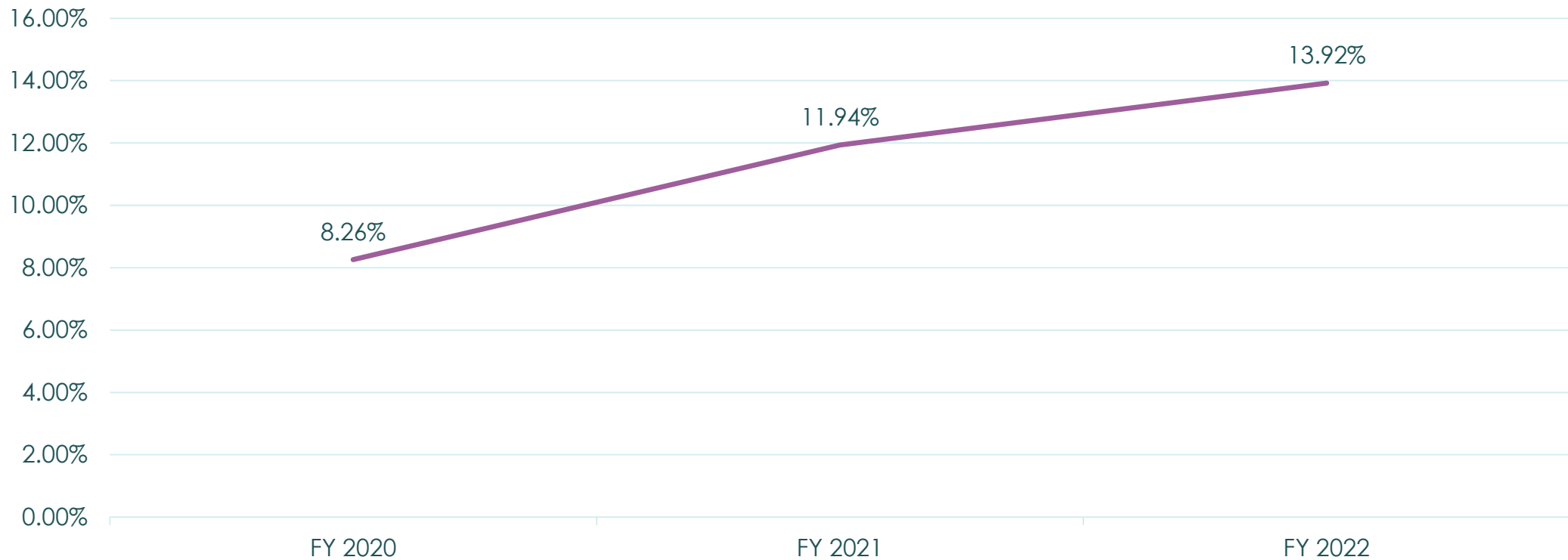


Table 9

*Data derived from Risk Matrix

English Primary Spoken Language



Table 10

*Data derived from Risk Matrix

Two or More Ethnic Backgrounds

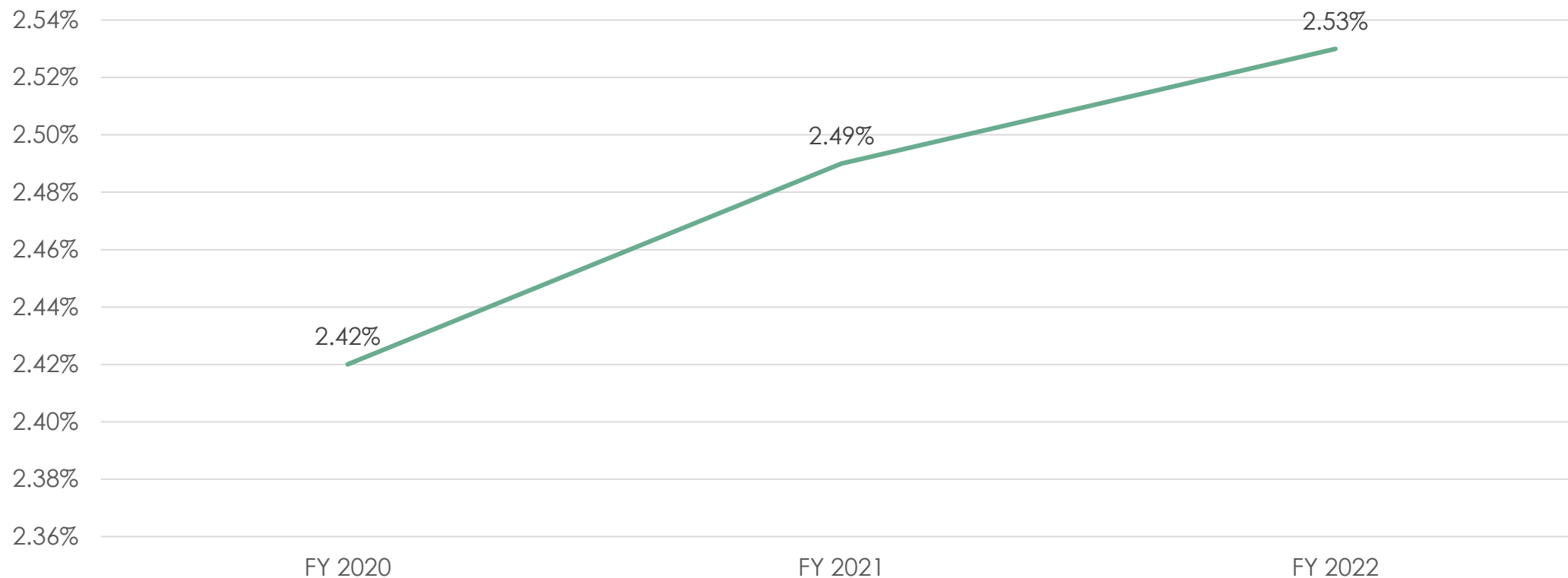


Table 11

*Data derived from Risk Matrix

Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

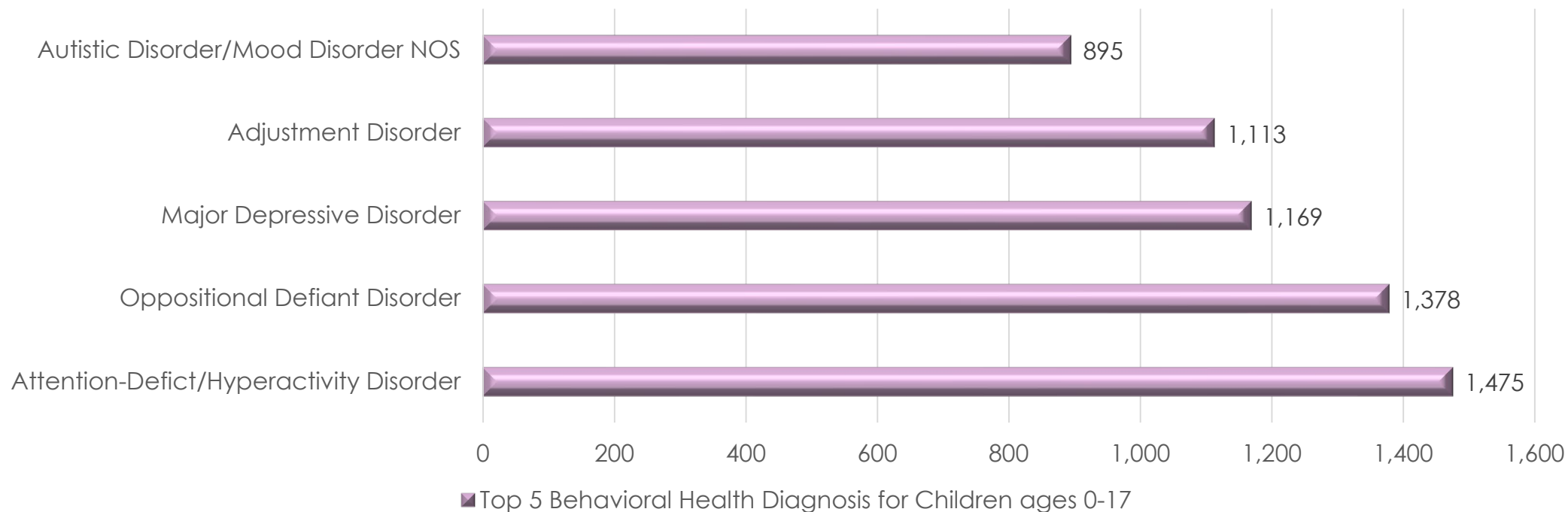


Table 12

* Data derived from IT-MHWIN Chart

Top Medical Diagnosis for Children

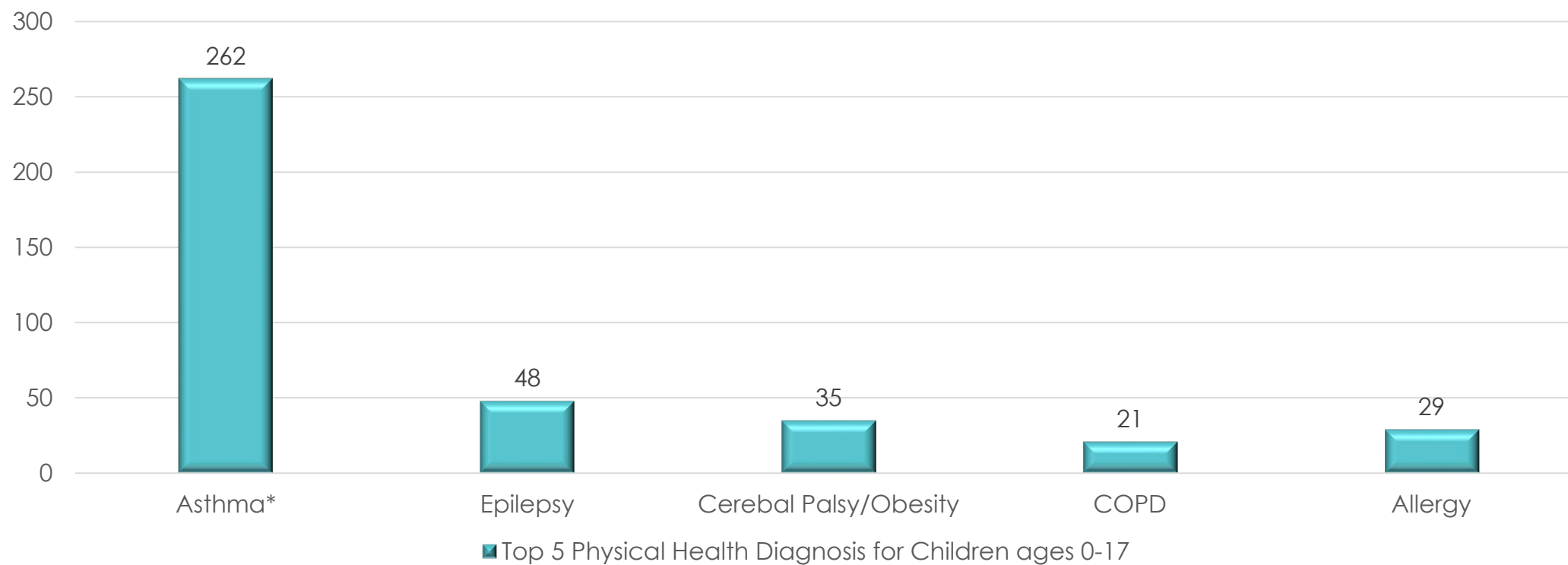


Table 13

*Data pulled from IT/MHWIN

Top Behavioral Health Diagnosis for Adults

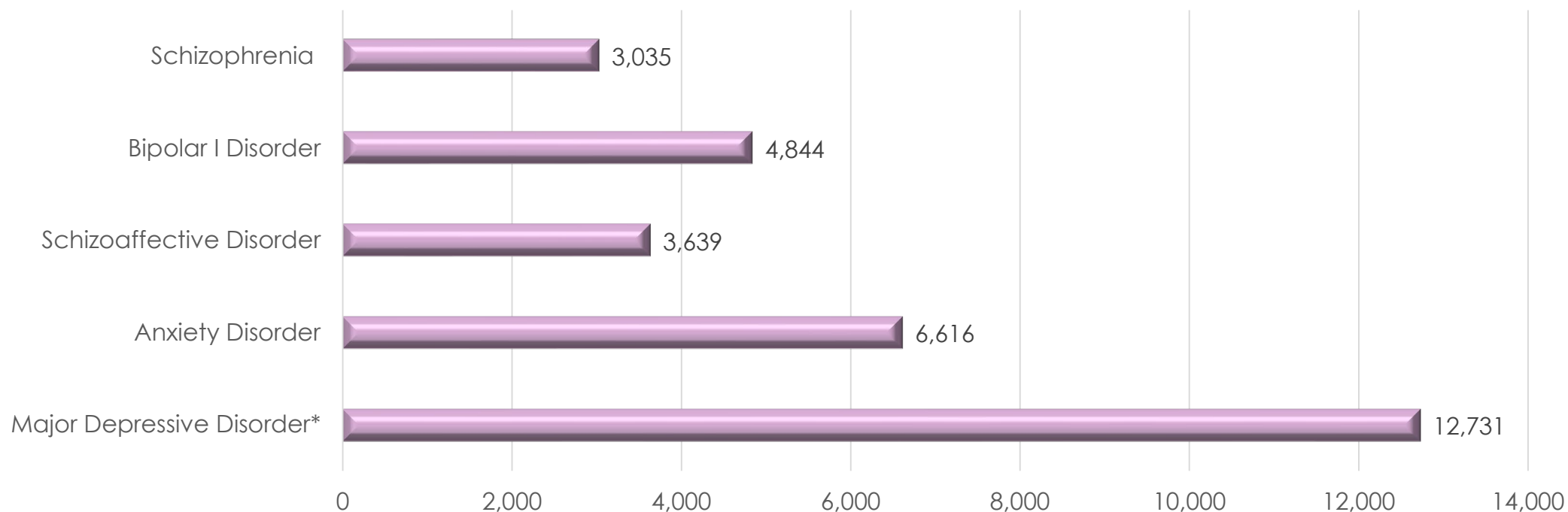


Table 14

*Data pulled from IT/MHWIN

Top Medical Diagnosis for Adults

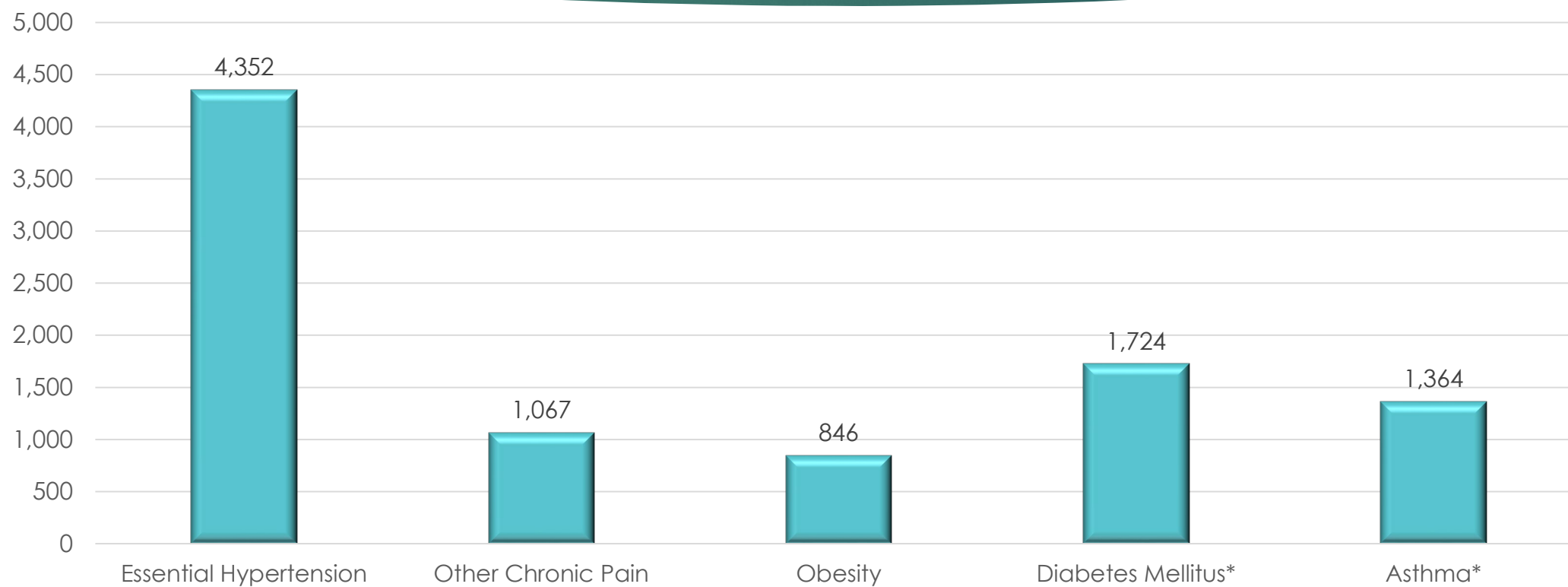


Table 15

*Data pulled from IT/MHWIN

SUD Diagnosis

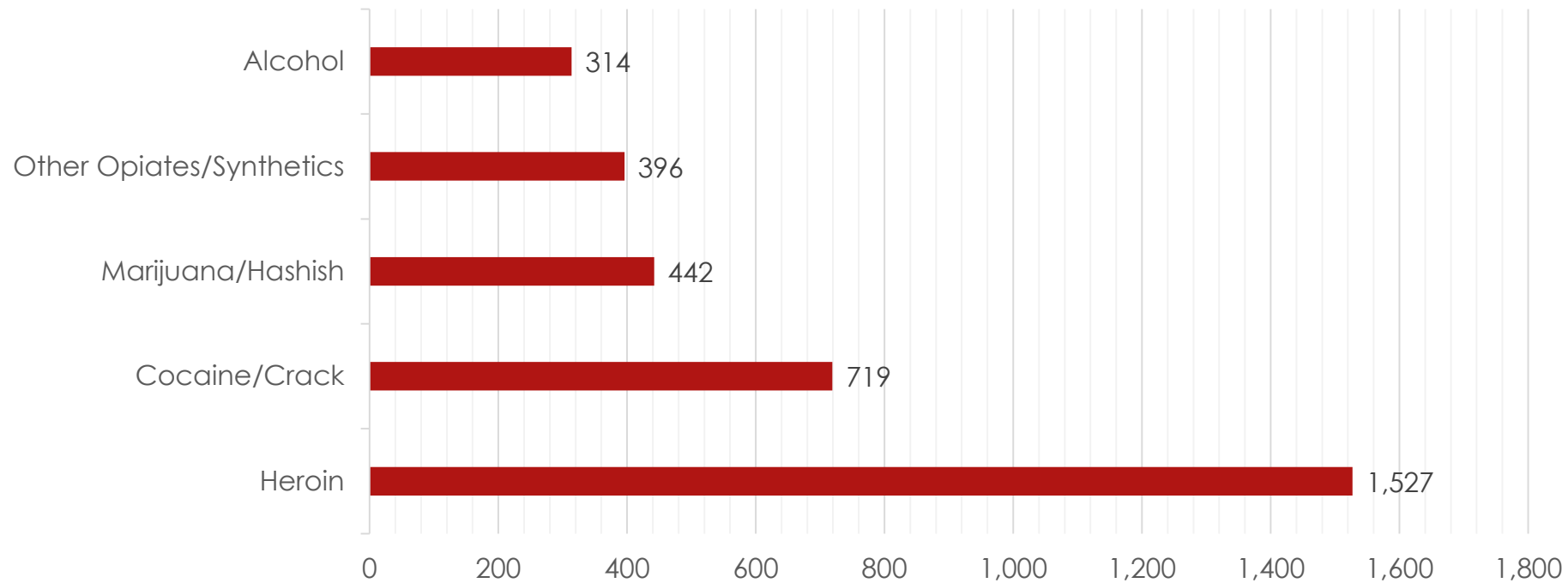


Table 16
Information derived from IT data/Report

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

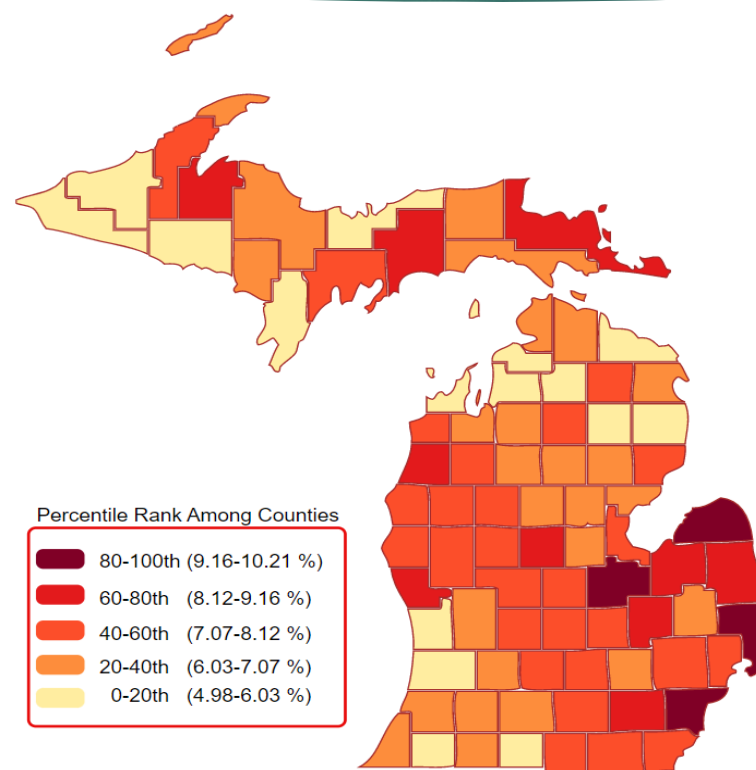


Table 22

*Data derived from CC360

State of Michigan for Health Outcomes and Health Factors

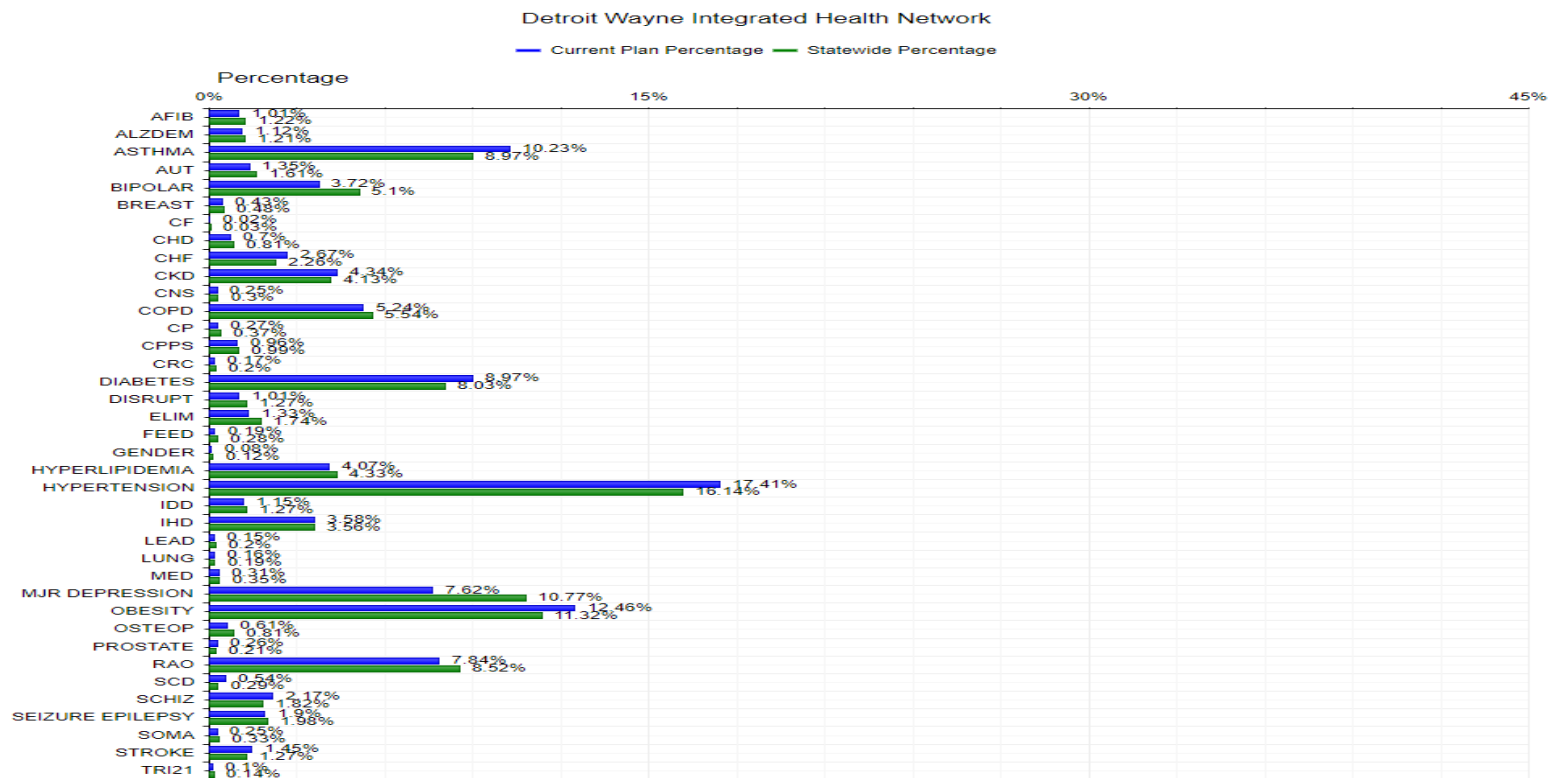


Table 23
*Data derived from CC360

2022 County Health Rankings Report

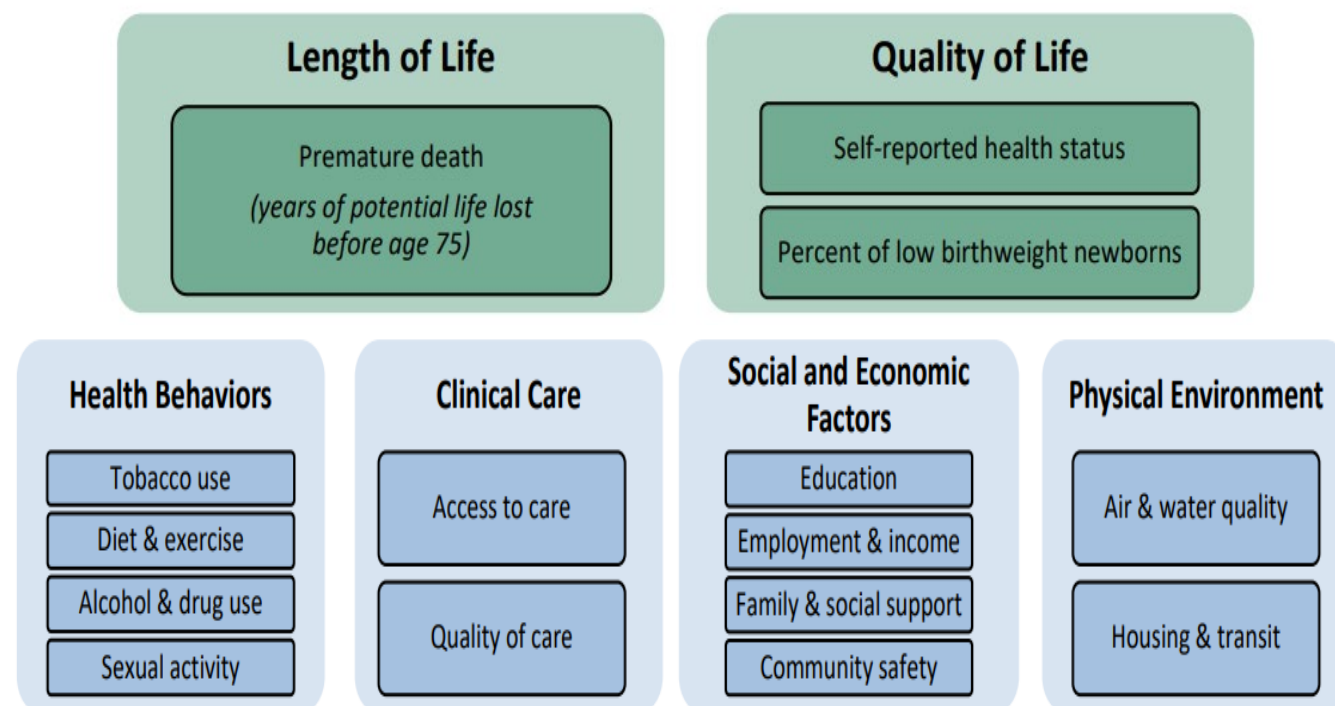


Table 24

* 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

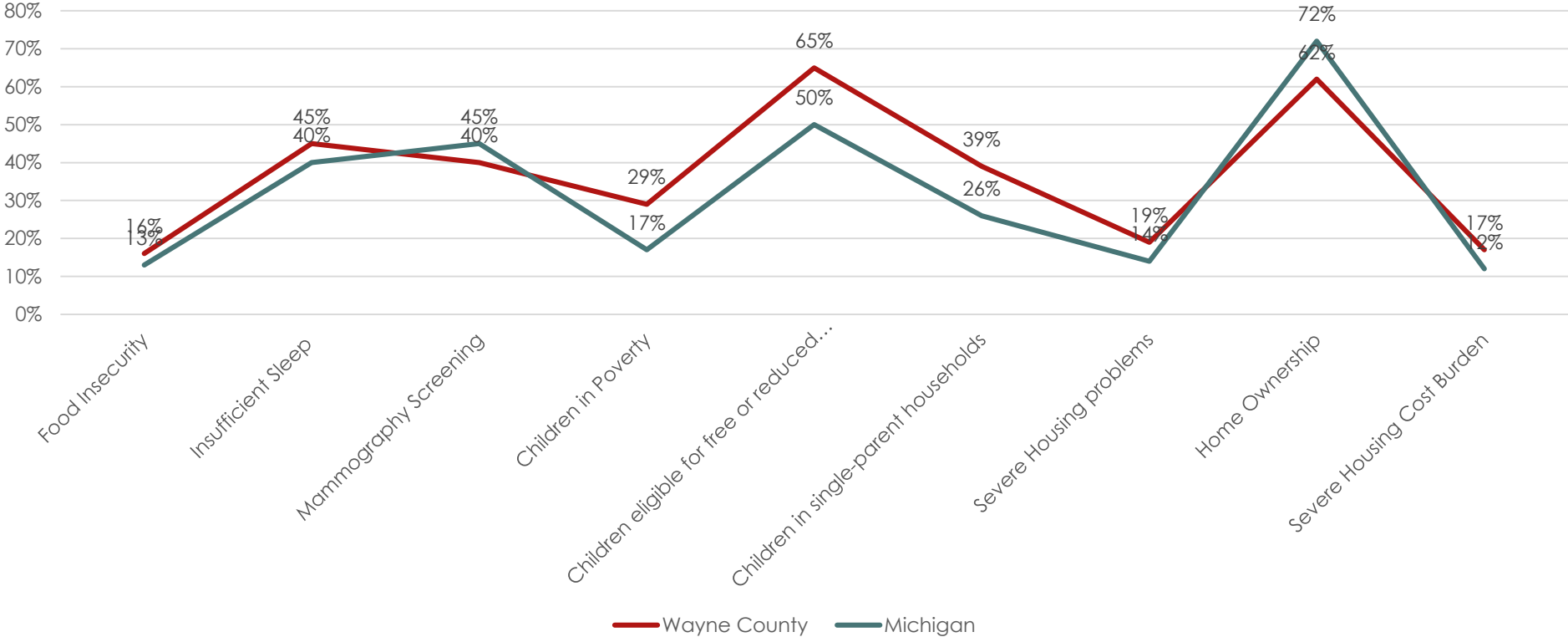


Table 25

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

Social Determinants of Health Statistics

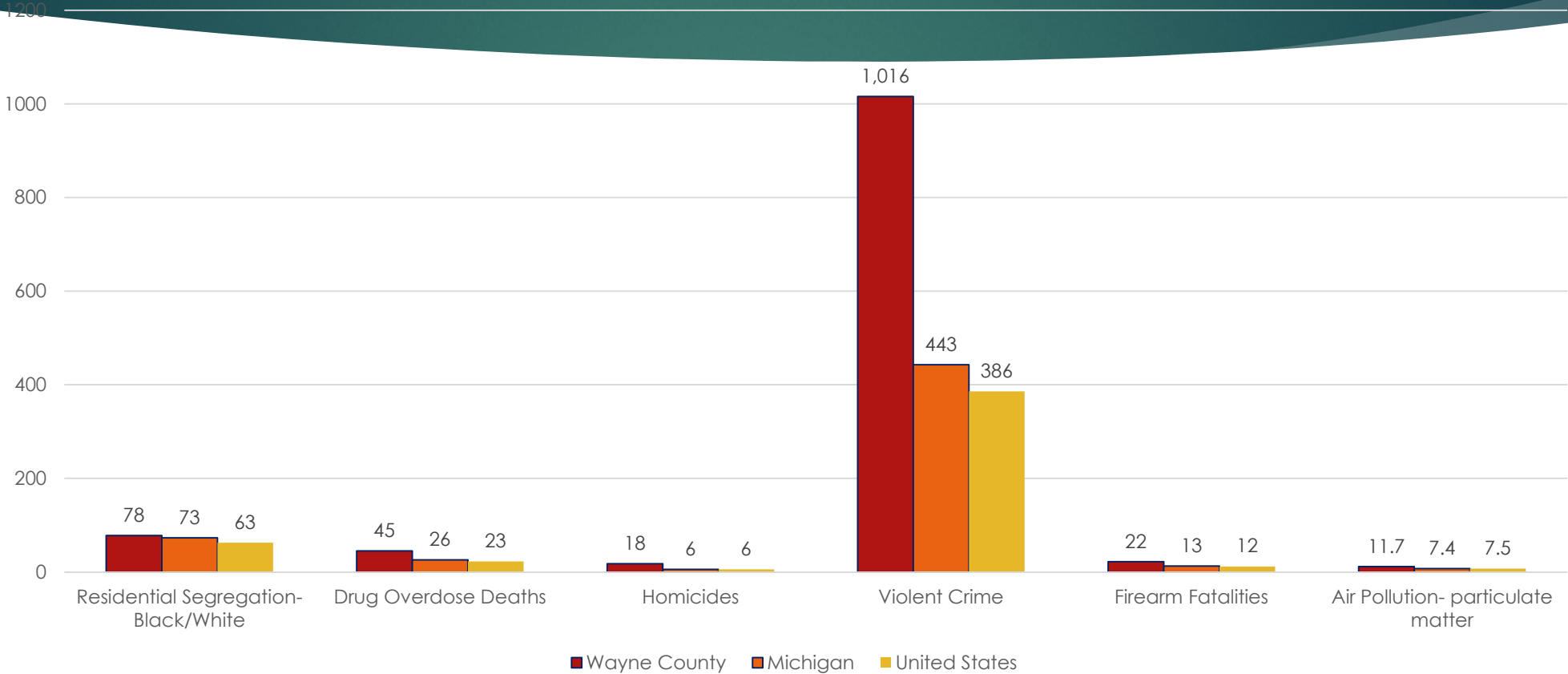


Table 26

* 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.

Complex Case Management Evaluation FY2022

ASHLEY BOND MA, LPC, NCC

DETROIT WAYNE INTEGRATED HEALTH NETWORK



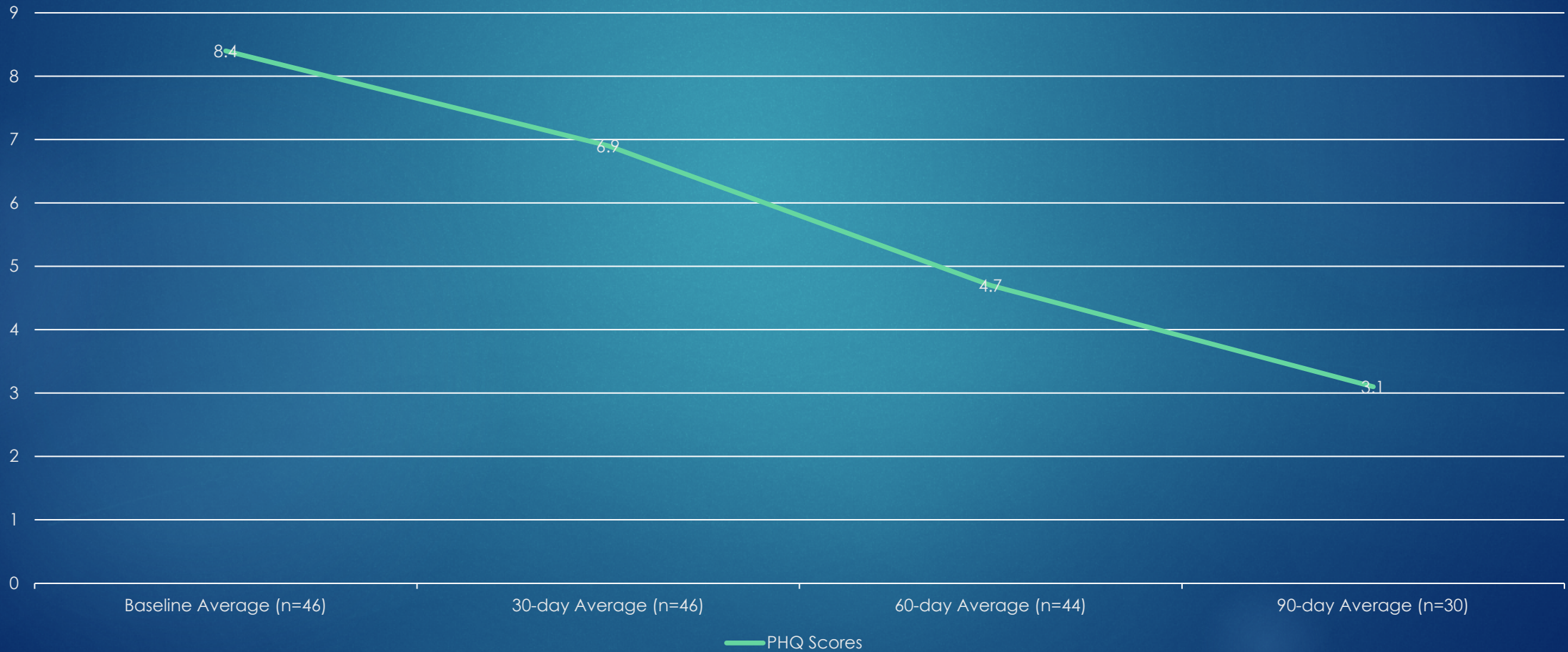
- ▶ The ultimate goals of DWMHA's/DWIHN's Complex Case Management (CCM) Program are to:
- ▶ Improve medical and/or behavioral health concerns and increase overall functional status as well as improve overall quality of life as evidenced by a 10% improvement in PHQ scores and/or a 10% improvement in WHO-DAS 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

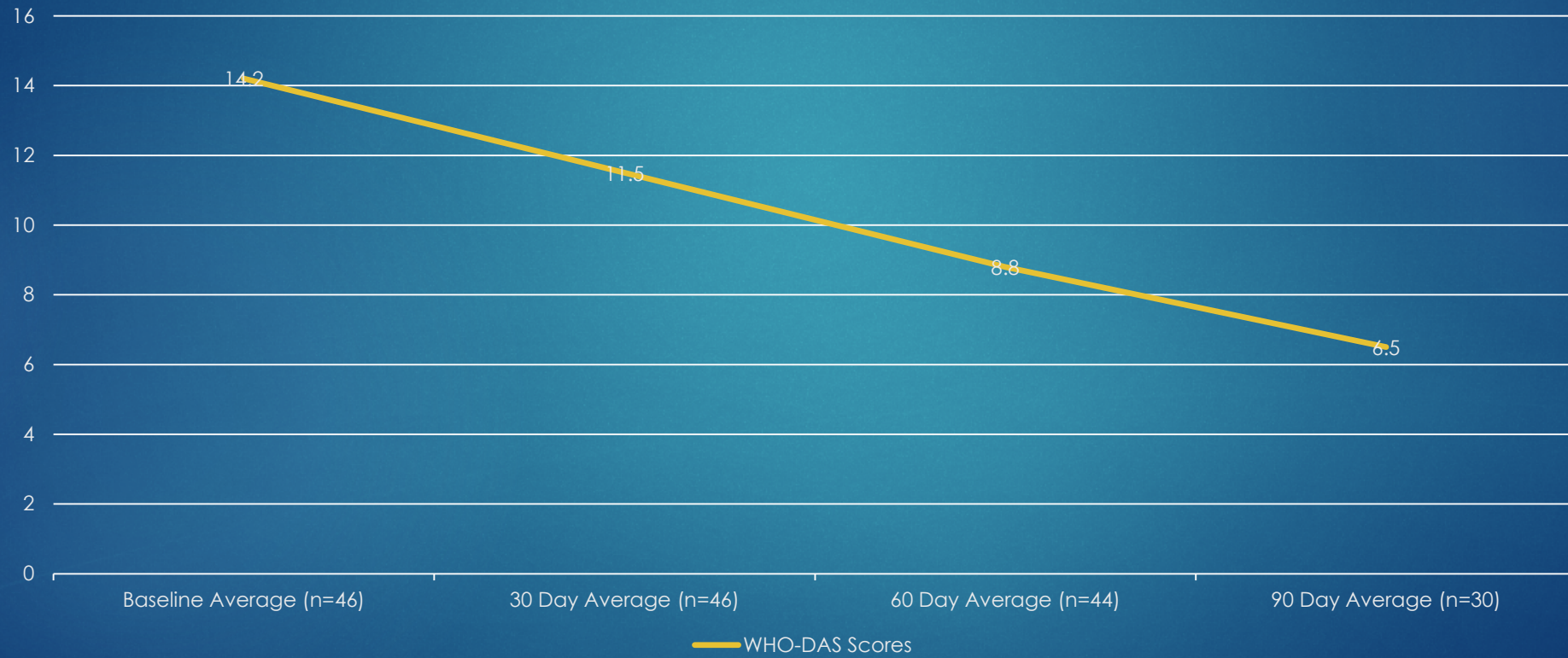


WHO DAS Scores

- ▶ 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

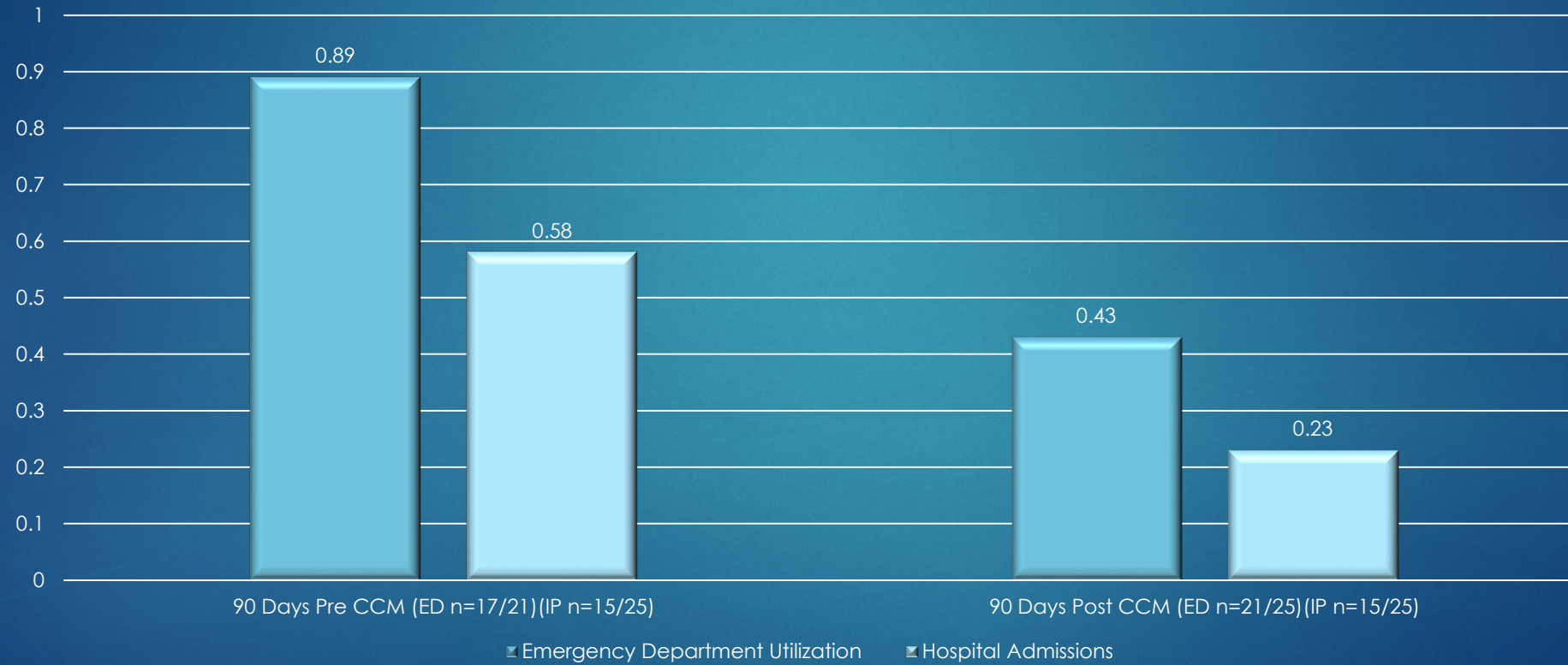
WHO-DAS Scores



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

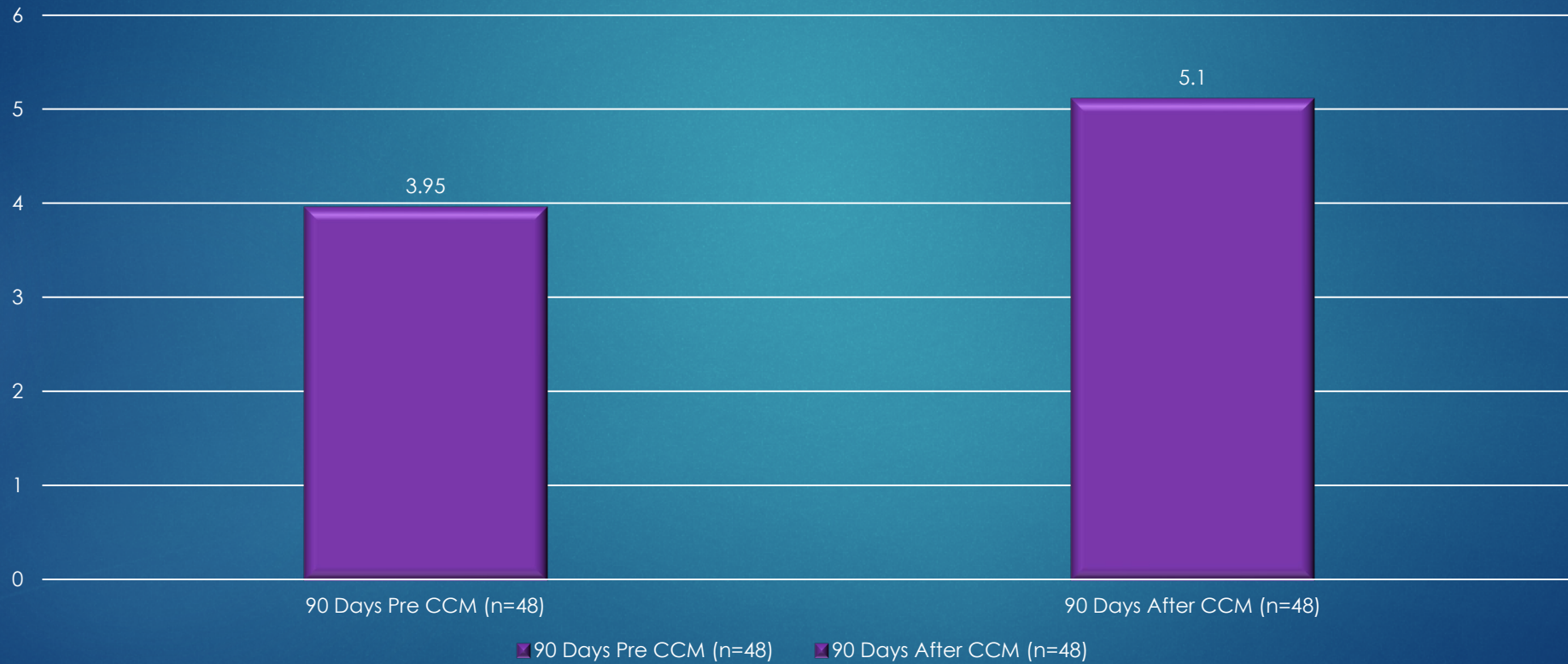
ED Visits and Hospital Admissions



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

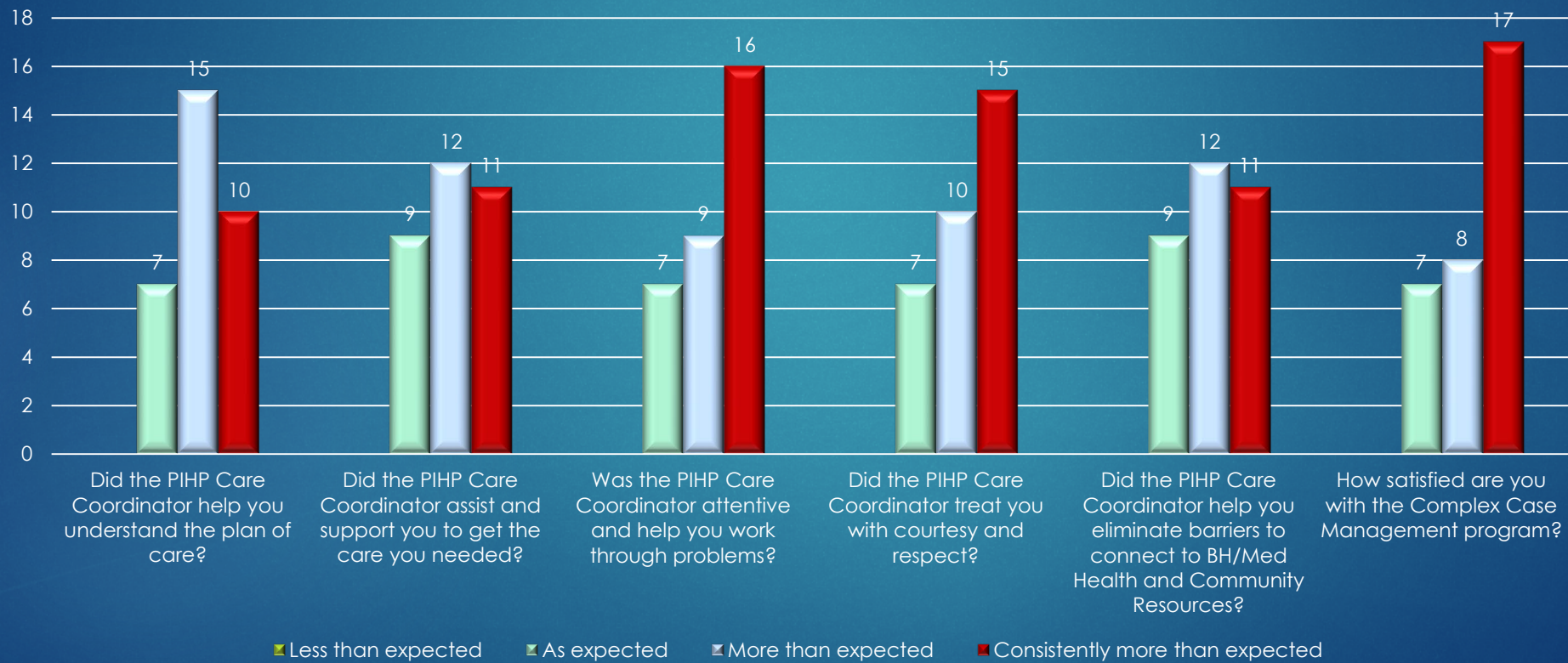
- ▶ Satisfaction surveys were offered to all members upon closure of Complex Case Management services. Members were informed that completion of the Survey was not mandatory, but that they were encouraged to complete the Survey to provide feedback regarding their experience receiving CCM services.
- ▶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

- ▶ *“ 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

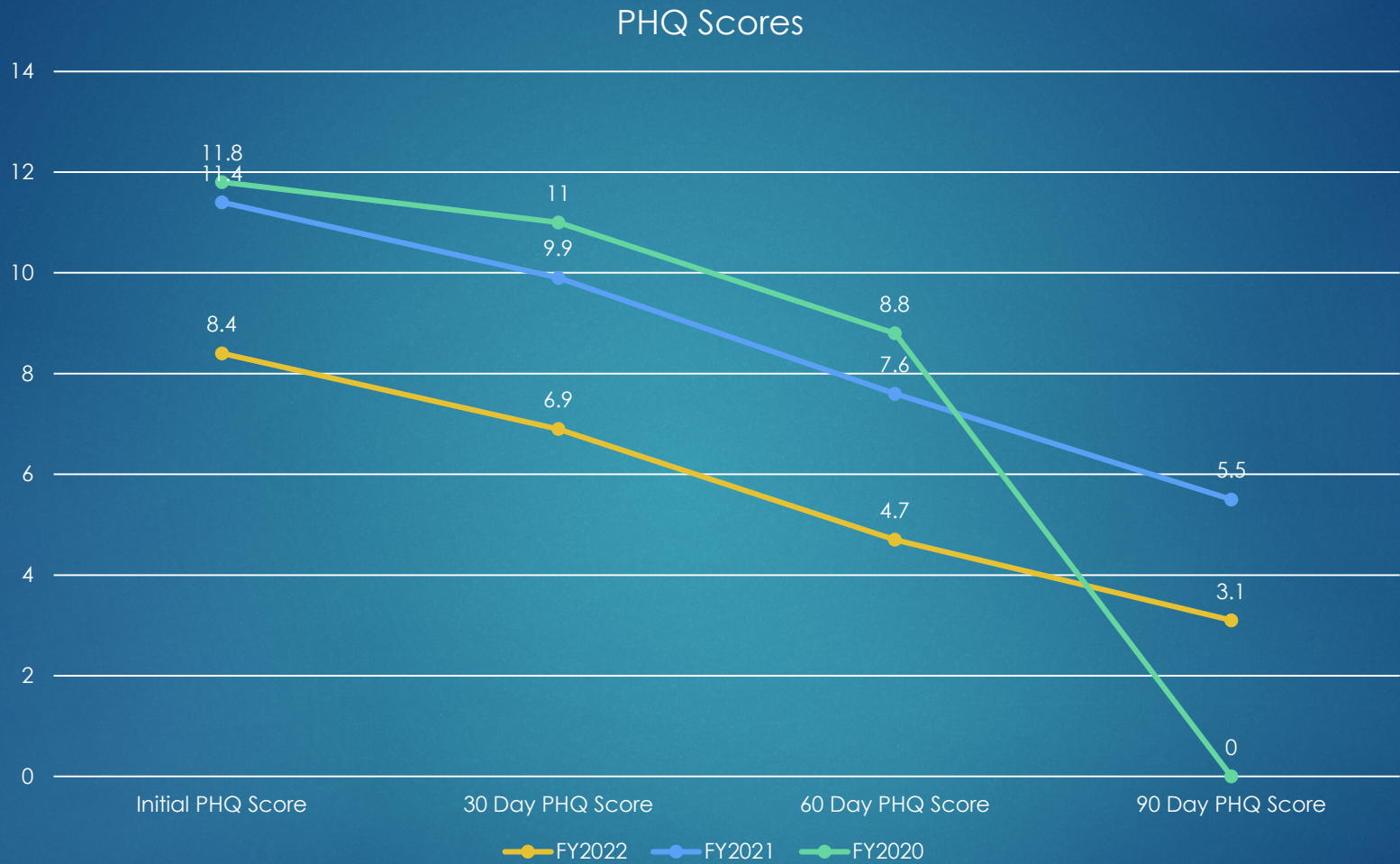


Table 6

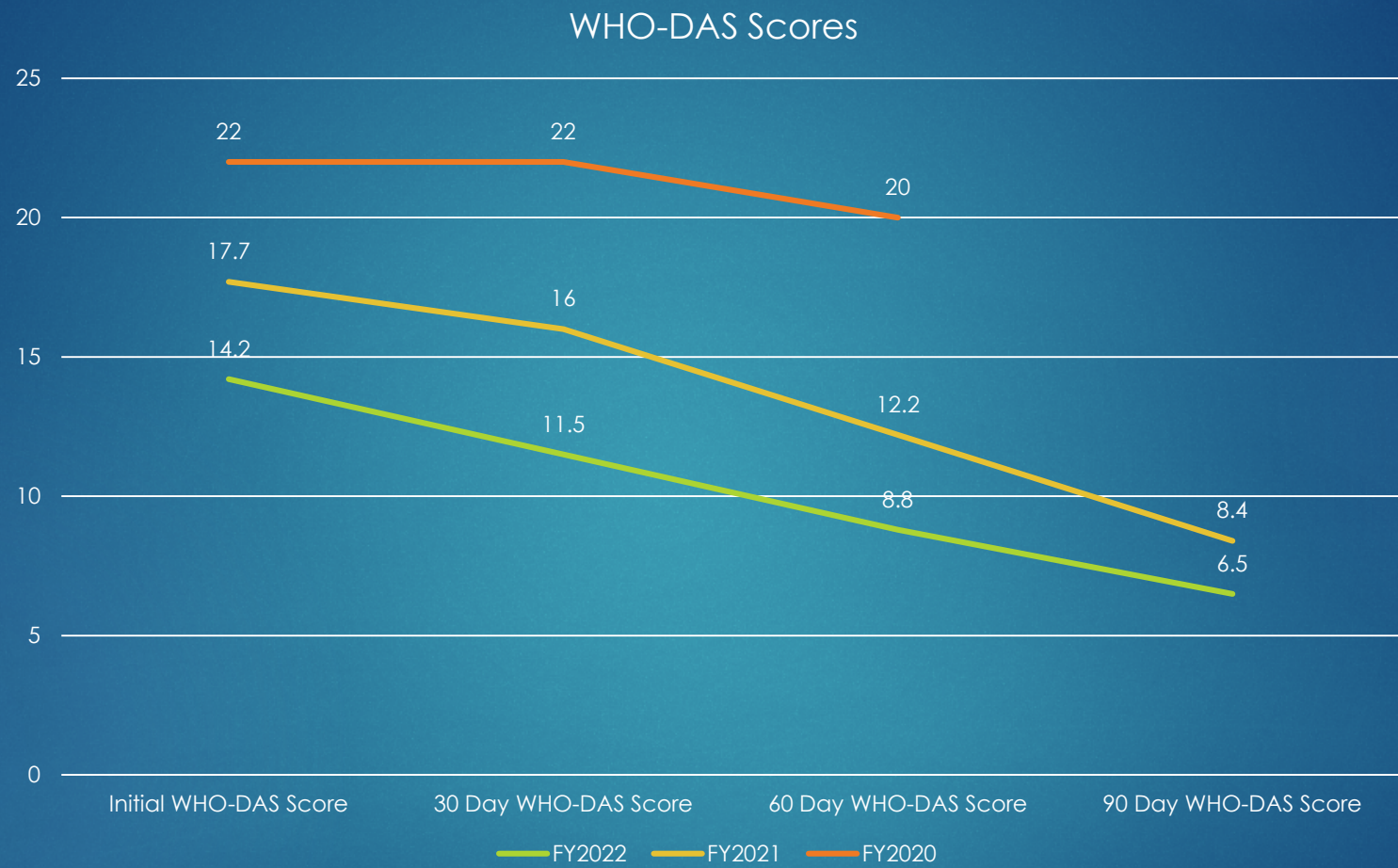


Table 7

PHQ and WHO-DAS Goals Met

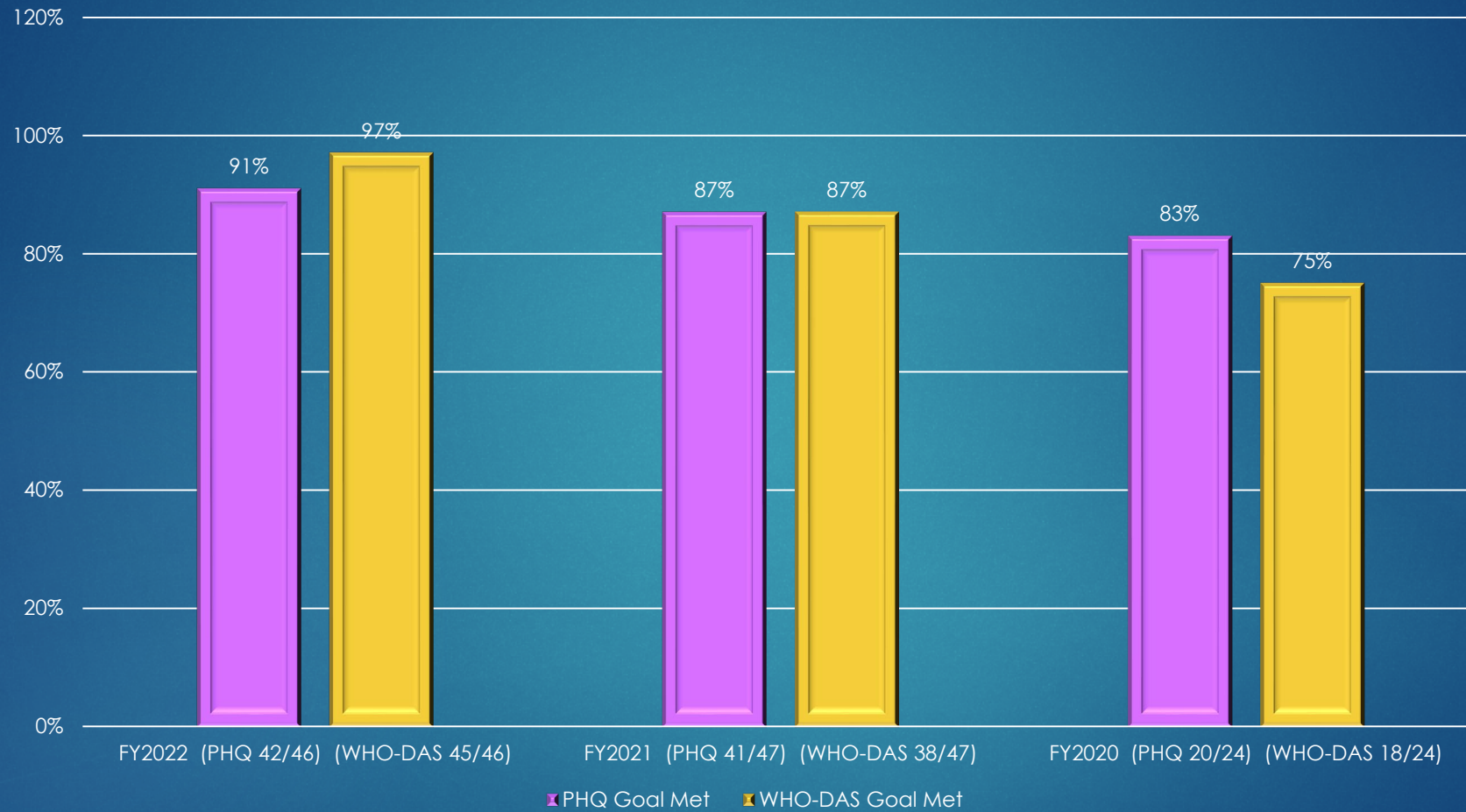


Table 8

Decrease in Hospital Admissions

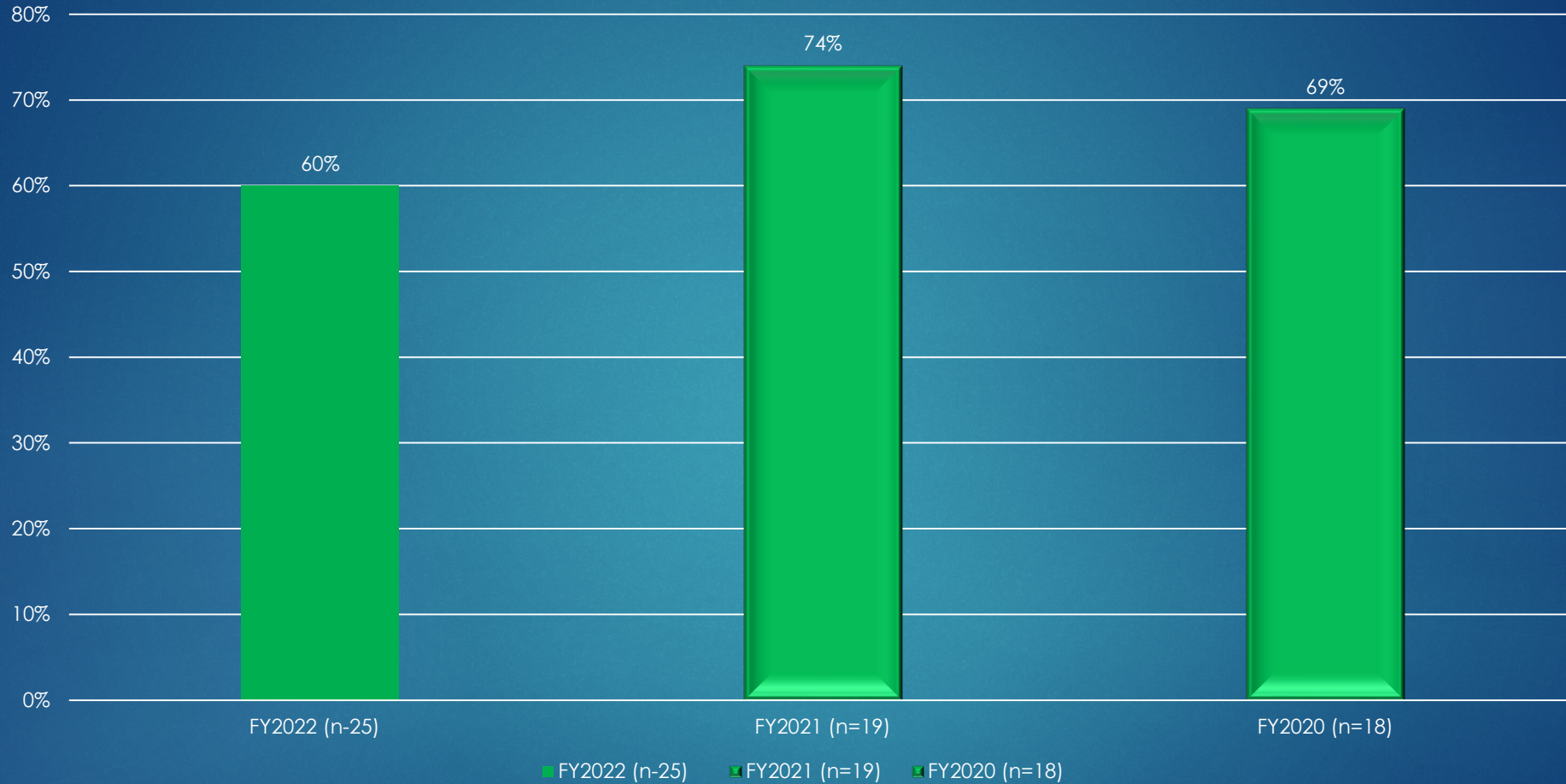


Table 9

Decrease in ED and Hospitalization Goals Met

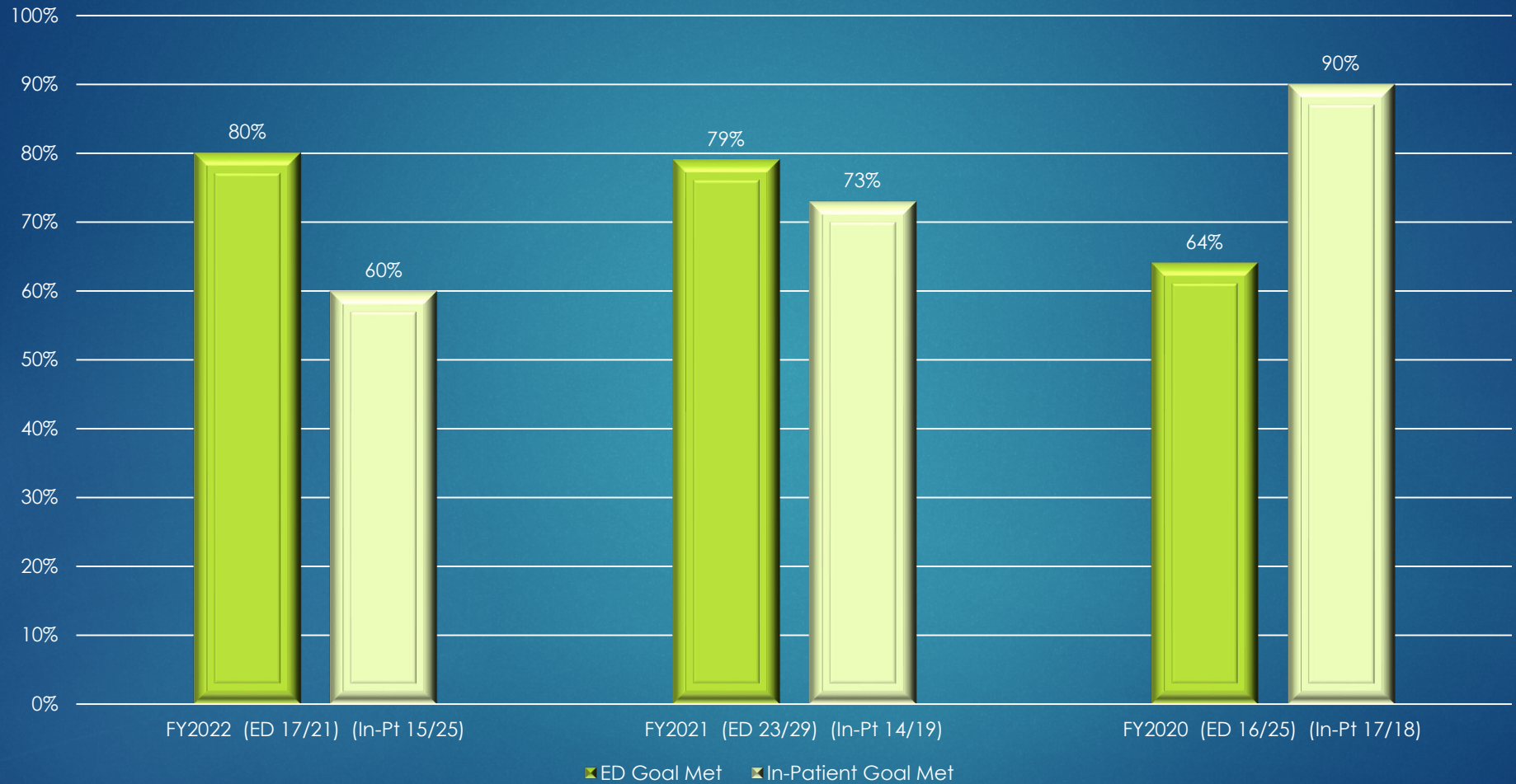


Table 10

Increase in Out-patient Behavioral Health services

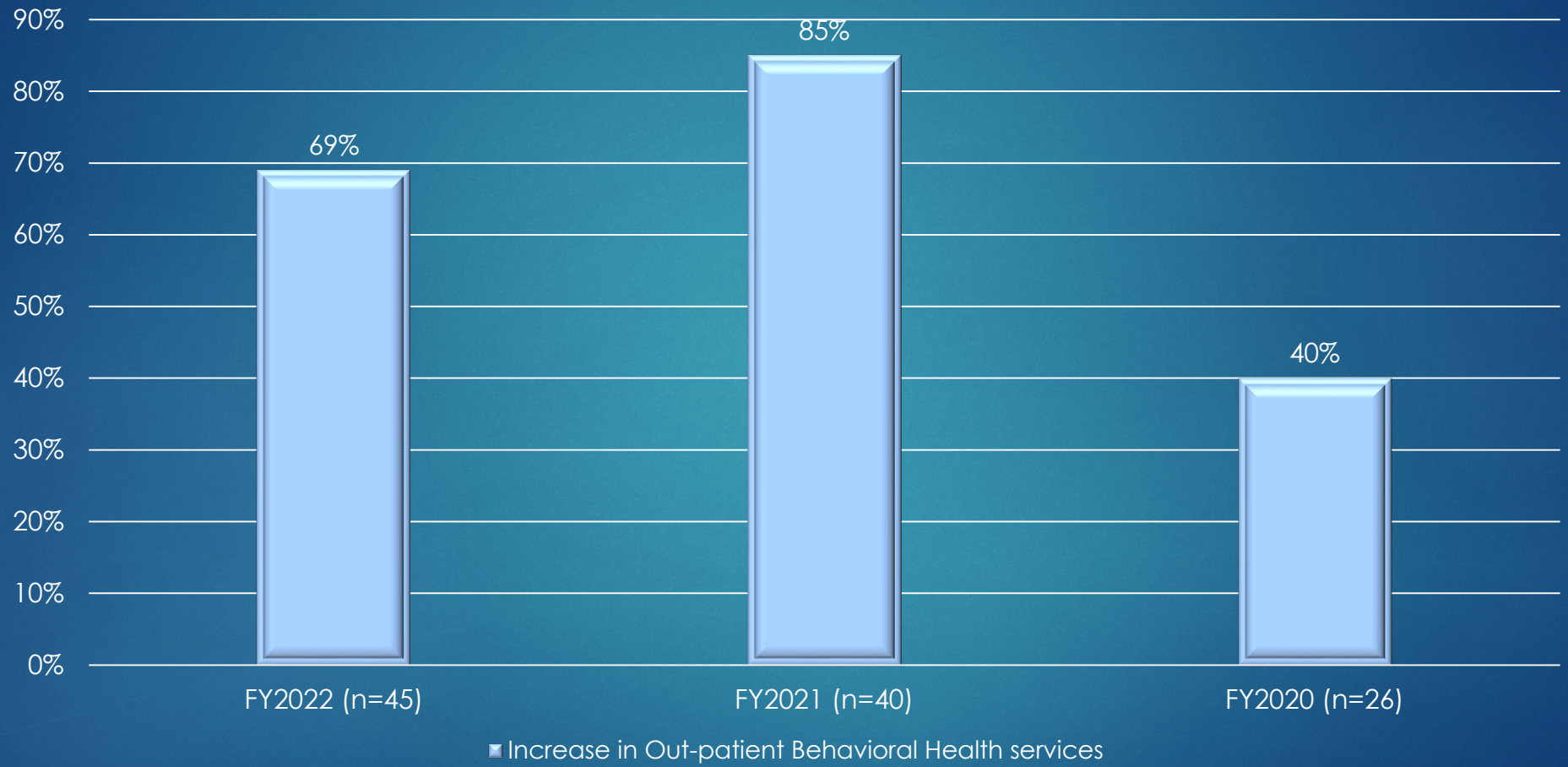


Table 11

Attended 2 Out-patient Behavioral Health services within 60 days

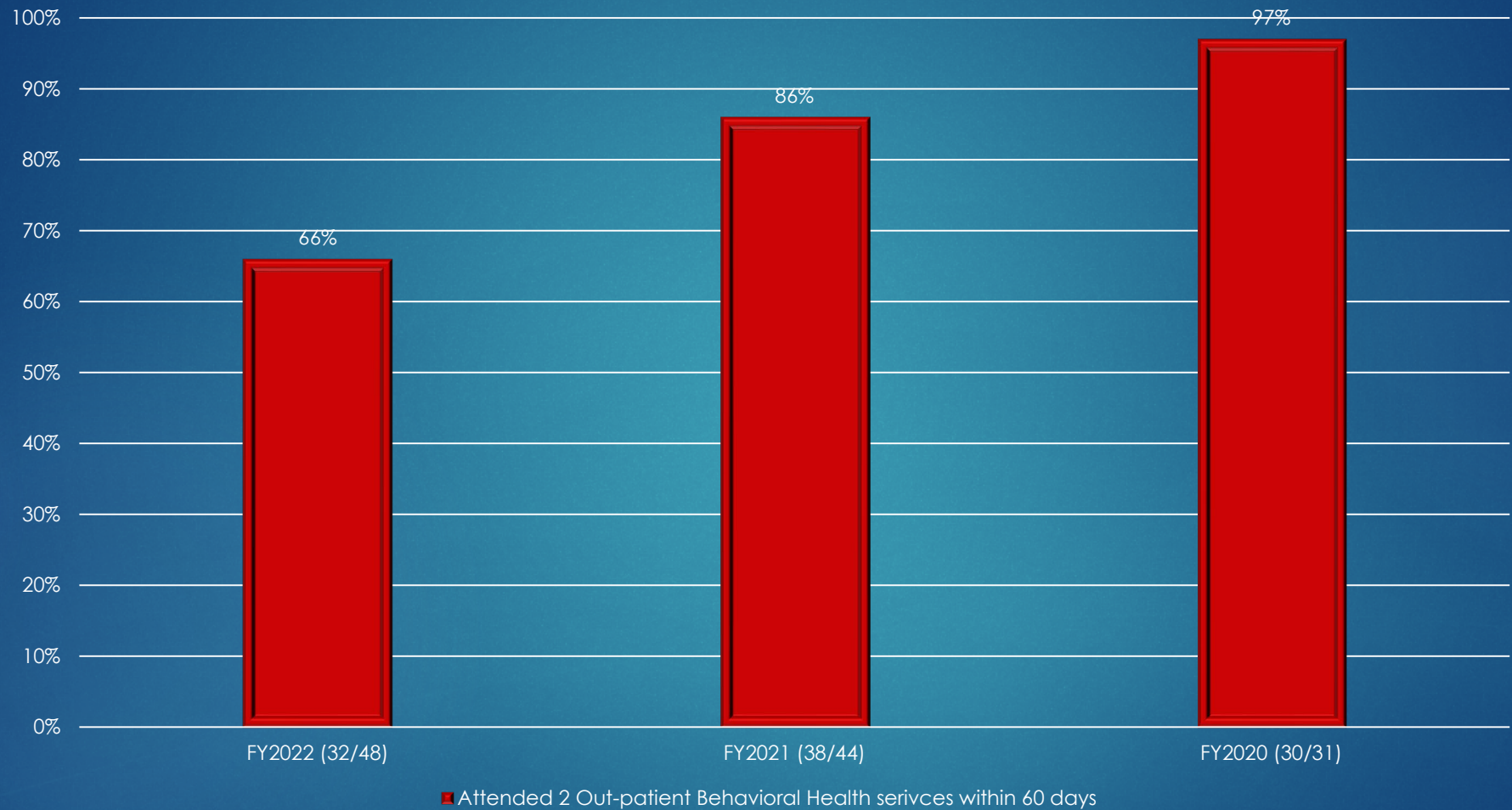
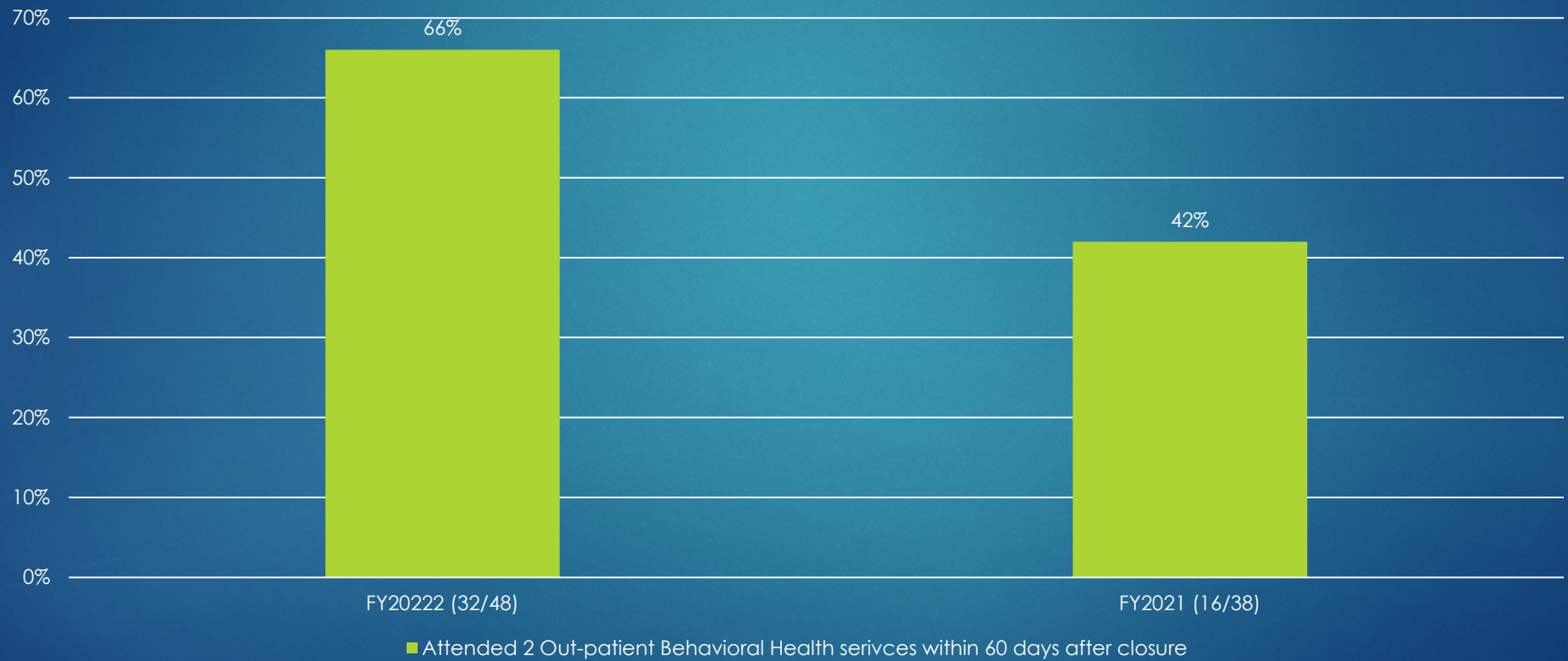


Table 12

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



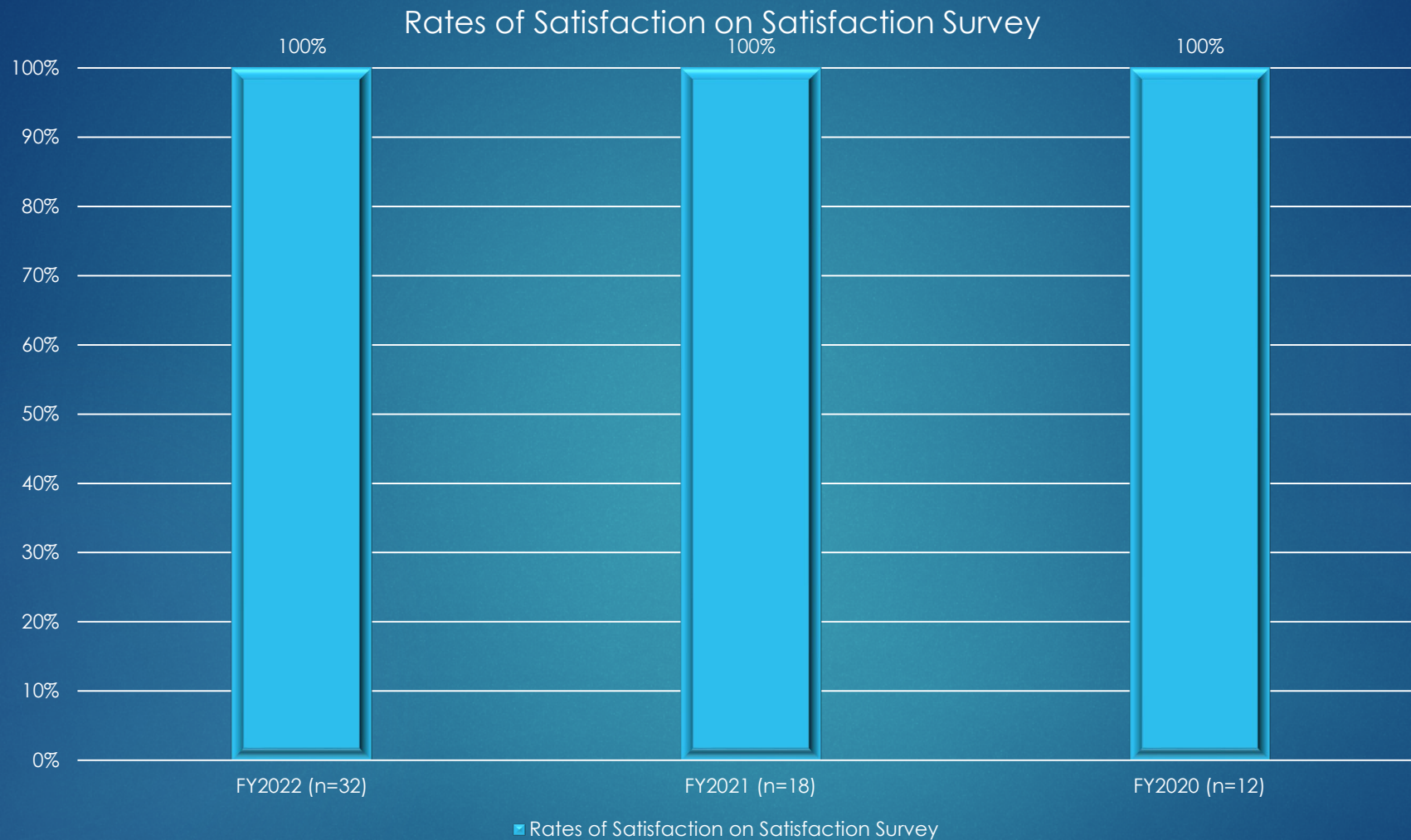


Table 13

Satisfaction Survey Return Rates

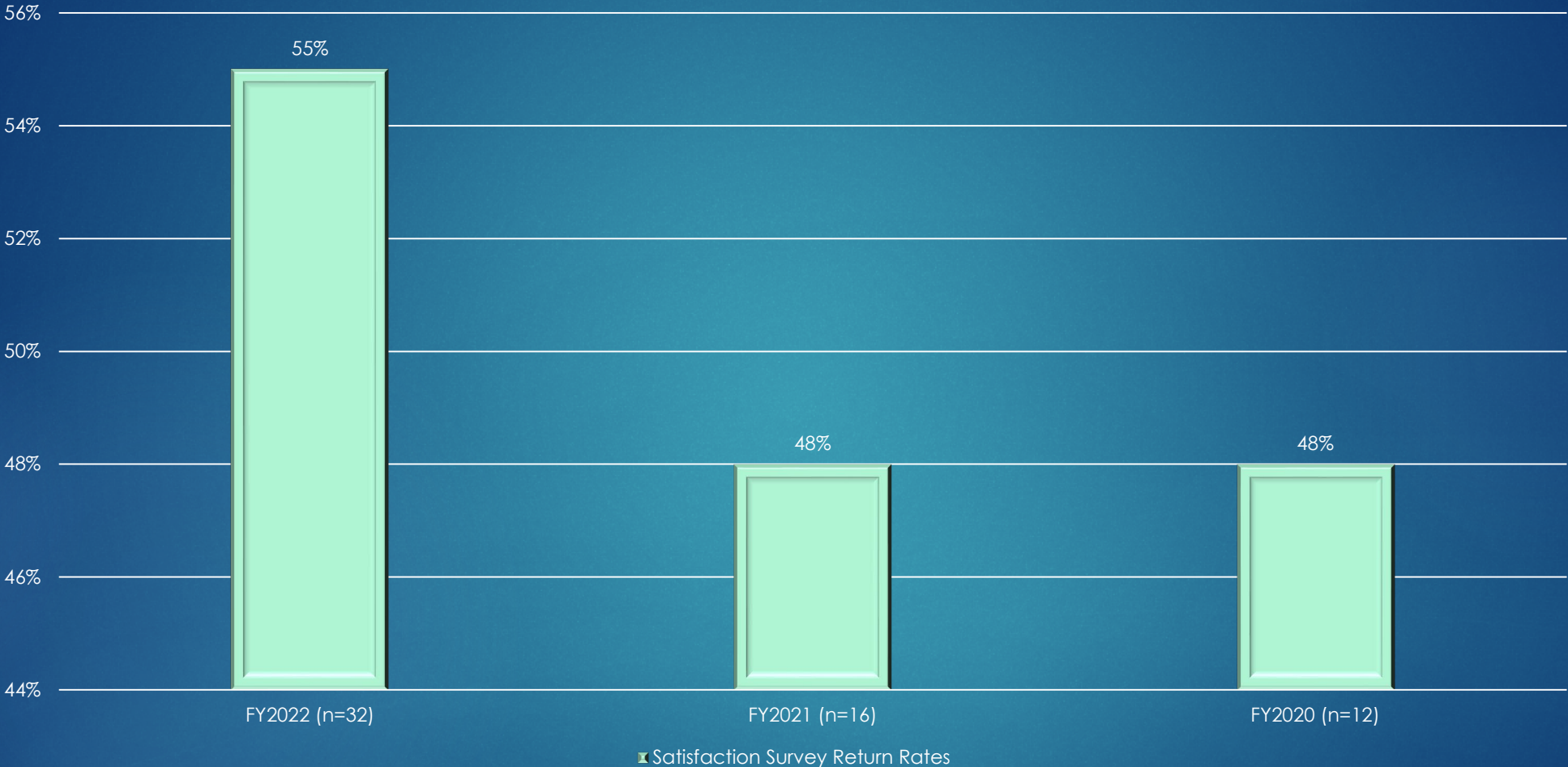


Table 14

Areas of Improvement

31

Reduction in Emergency Department utilization

Satisfaction Surveys

Outpatient Behavioral Health Services

Enrollee Satisfaction Survey



Detroit Wayne Integrated Health Network
707 Milwaukee, Detroit, MI 48207
Phone #: 313-344-9099 Fax #: 313-989-9529

The Complex Case Management Team would like to thank you for allowing us to assist with your care needs. Please complete this satisfaction survey to share your experiences while participating in the program. We are committed to providing quality care and services for our members. Your feedback is essential to us. Once again, thank you!

Complex Case Management Team

1. The Care Coordinator helped me understand the Plan of Care

-
- Slightly Disagree Strongly Disagree Slightly Agree Strongly Agree

2. The Care Coordinator assisted and supported me to get the care I needed

-
- Slightly Disagree Strongly Disagree Slightly Agree Strongly Agree

3. The Care Coordinator was attentive and helped me work through my problems

-
- Slightly Disagree Strongly Disagree Slightly Agree Strongly Agree

4. The Care Coordinator treated me with courtesy and respect

- Slightly Disagree Strongly Disagree Slightly Agree Strongly Agree

5. The Care Coordinator helped me eliminate barriers to connect with my Behavior Health/Medical Health Providers and access to Community Resources

- Slightly Disagree Strongly Agree Slightly Agree Strongly Agree

6. I am satisfied with the Complex Case Management Program

- Slightly Disagree Strongly Agree Slightly Agree Strongly Agree

Additional Comments:
