



## Quality Improvement Steering Committee (QISC)

March 26, 2024

10:30am – 12:00pm

Via Zoom Link Platform

### Agenda

- |  |                         |
|--|-------------------------|
| I. Welcome   | T. Greason              |
| II. Authority Updates  | S. Faheem               |
| III. Approval of Agenda  | S. Faheem/Committee     |
| IV. Approval of Minutes<br>✚ January 30, 2024  | Dr. S. Faheem/Committee |
| V. QAPIP Effectiveness   |                         |
| ✚ Utilization Management   |                         |
| • FY2023 UM Annual Evaluation  | L. Wayna                |
| • UM Utilization Data  | L. Wayna                |
| ✚ Quality Improvement  |                         |
| • Reducing the Racial Disparity of African Americans Seen for Follow-up Care w/ 7days of discharge from a Psychiatric Inpatient Unit (PIP) |                         |
| ▪ Crisis Access (Hospital Liaison)   | D. West                 |
| ▪ Customer Service (Survey)  | M. Keyes-Howard         |
| VI. Adjournment  |                         |



## Quality Improvement Steering Committee (QISC)

March 26, 2024

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

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

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

**2) Item: Authority Updates:** Dr. Faheem shared the following updates:

**3) Item: Approval of Agenda:** Agenda for January 30<sup>th</sup>, 2024 Meeting Approved by Dr. Faheem and the QISC.

**4) Item: Approval of Minutes:** QISC Meeting Minutes for January 30<sup>th</sup> Approved by Dr. Faheem and the QISC.



**5) Item: QAPIP Effectiveness**  
**Goal: Utilization Management**

**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>Leigh Wayna, Director of Utilization Management discussed for review and approval the FY2023 UM Evaluation to include the following:</p> <ul style="list-style-type: none"> <li>• Demographics comparison of FY2022 and FY2023               <ul style="list-style-type: none"> <li>✚ During FY2022 DWIHN had a total of 75,944 members served (Unique); compared to 76,549 for FY2023.</li> </ul> </li> <li>• Status of Utilization Management Goals FY2023</li> <li>• Strategic Plan Pillars               <ul style="list-style-type: none"> <li>○ Customer Service Pillar Goals                   <ul style="list-style-type: none"> <li>✚ All the Customer Service Pillar Goals were met for FY2023.</li> </ul> </li> <li>○ Access Pillar Goals                   <ul style="list-style-type: none"> <li>✚ All the Access Pillar Goals were met for FY2023                       <ul style="list-style-type: none"> <li>▪ HSW Enrollment FY2023                           <ul style="list-style-type: none"> <li>○ The HSW enrollment for FY2023 to current is at 100%. This is a significant improvement from FY2022.</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Finance Pillar Goals                   <ul style="list-style-type: none"> <li>✚ Partially Met - During FY23, it appeared that many services were being underutilized. This was attributed to agencies having a lack of understanding of the use of the SUG guidelines. Many CRSP agencies were implementing standard practices of requesting authorization for the exact number of services covered by the SUG to provide flexibility for the member to utilize up to that amount. Going into FY 24 this is something the UM Department will be working with the CRSP agencies to address.</li> </ul> </li> <li>○ Workforce Pillar Goals                   <ul style="list-style-type: none"> <li>✚ All the Workforce Pillar Goals were met for FY2023                       <ul style="list-style-type: none"> <li>▪ FY2023 Interrater Reliability Testing Summary                           <ul style="list-style-type: none"> <li>○ The IRR successfully passed for FY2023.</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Quality Pillar Goals                   <ul style="list-style-type: none"> <li>✚ Partial Met - For FY 2023 it was discovered that the previous method for tracking timeliness of UM Reviews was slightly inaccurate</li> </ul> </li> <li>○ Goals for FY2024 include the following:                   <ul style="list-style-type: none"> <li>○ Increase Compliance of timeliness of authorization dispositions to 90%</li> <li>○ Address the over/under utilization trends with the provider network.</li> <li>○ Achieve MMBPI 15% of less hospital recidivism quarterly standard for adults and children.</li> <li>○ Maintain membership in “Statewide PIHP UM Workgroup”.</li> </ul> </li> </ul> </li> </ul>		



Provider Feedback	Assigned To	Deadline
No provider feedback		
Action Items	Assigned To	Deadline
The FY2023 Utilization Management Evaluation was approved as written by Dr. S. Faheem and the committee	QISC	March 26, 2024



5) Item: QAPIP Effectiveness

Goal: Quality Improvement - Crisis Access (Hospital Liaison)

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

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

Discussion		
<p>Daniel West, Director of Crisis Access discussed and reviewed the following interventions for the Performance Improvement Project " Reducing the Racial Disparity of African Americans seen for Follow-Up Care within 7-Days of Discharge from a Psychiatric Inpatient Unit"</p> <p><b>DWIIHN Liaison Discharge Planning</b></p> <ul style="list-style-type: none"> <li>• DWIHN Liaisons conducted 61 face-to-face visits in February, and 62% of members kept their hospital discharge appointment.</li> <li>• PI#4a 1<sup>st</sup> and 2<sup>nd</sup> Quarter</li> <li>• PI#4a Events w/ No CRSP at Admission</li> <li>• PI#10 per CRSP October-February</li> <li>• Recidivism</li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Adult Crisis Encounters, In February, there was a 12% increase in requests for service (RFS) and a 10% decrease in hospitalizations for adults.</li> <li>• Adult Re-direction by level of care</li> <li>• Child Re-direction by Level of Care</li> </ul> <p>Dan discussed additional Crisis Service activities that will assist and provide interventions for the Racial Disparity Performance Improvement Project which includes the following:</p> <ul style="list-style-type: none"> <li>• Continue working with Adult/Children’s Initiatives on handoffs and follow up</li> <li>• Can now schedule discharge appointments in MHWIN, team trained</li> <li>• Team/CCIH trained and will be seeing members this week, similar process</li> <li>• Exploring PAR audit content with Quality and UM, revising clinical update section of PAR.</li> <li>• Continued inpatient meetings with Quality/UM/Children’s and Adult Initiatives</li> <li>• Crisis Continuum, site visits for CSU complete</li> <li>• Continuum on Access agenda</li> <li>• Team Wellness PAR training 3/27</li> </ul> <p>It was noted that the interventions noted have decreased the disparity gap to 7.54% which is a 1.1-point reduction from the previous measurement period of January – December 2023. The data is preliminary and will be final once 4<sup>th</sup> Quarter (October – December) data is finalized by April 1, 2024.</p>		
Provider Feedback	Assigned To	Deadline
<p>Providers stated that they are continuing to work with DWIHN and the hospitals to ensure that follow-up appointments are scheduled with the member’s input. Providers are also reaching out to members prior to discharge to assist with coordination efforts.</p>		



Action Items	Assigned To	Deadline
Additional interventions and barrier analysis for Calendar year 2023 will presented to the QISC during the April and May 2024 QISC meetings.	DWIHN's QI	May 30, 2024

**5) Item: QAPIP Effectiveness**

**Goal: Quality Improvement**

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

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

Discussion	Assigned To	Deadline
<p>Margaret Keyes-Howard shared Seven-day (7-day) Follow-Up/Disparity Review/Preliminary Data. The telephone survey was conducted as a measurable intervention to include the following;</p> <p><b>Number of Calls Impact/Barrier</b>            There were 2408 calls made and 160 responses. Slightly more than fifty six percent were 'no answer' (n=1355). Nearly eighteen percent were 'member has 'no primary number'(n=432). Less than ten percent stated, 'wrong number' (n=192), member participated' (n=160), member has no alternative number' (n=113), 'number not in service' (n=37), 'member unavailable at alternative number' (n=28), and 'Member has no primary number and alternative number is a provider' (n=28). Participants were also asked to note their living arrangements. Slightly over fifty-three percent stated, 'Lives with Relative / Friend' (n=86). Less than twenty percent reported 'Lives Independently' (n=31) and 'Homeless' (n=21). Ten percent and less stated, 'Member discontinued survey' (n=17), 'Other' (n=3), and 'Semi-independent living' (n=2. Participants were asked to list their marital status. Sixty-nine percent stated 'single', and twelve percent stated, 'never married.' Less than six percent stated, 'marriage' (n=10), 'divorced (n=8), 'in a committed relationship' (n=7), and 'separated' (n=6). Important data trends were also noted for over 24% of participants stating that they had issues regarding transportation with 46% stating they were not aware of their scheduled appointment and 46% stating that they were made aware with 7.7% not recalling if they were informed. Discussion ensued regarding the importance of members' awareness of their appointment and being included in the scheduling process. Hospitals, CRSPs and DWIHN are working collaboratively to include the recommendation noted from the phone survey. The final survey will be distributed to the committee for further review and analysis.</p>		
Provider Feedback	Assigned To	Deadline
Providers discussed the importance of members/guardians being made aware of their 7-day Follow-Up appointments as well as being involved with selecting the appointment date during the discharge planning process.		
Action Items	Assigned To	Deadline
The final Survey Report will be made available to the committee after completion for further review and analysis.	CS – Margaret Keyes-Howard	May 30, 2024

**New Business Next Meeting: April 30, 2024**

**Adjournment: March 26, 2024**



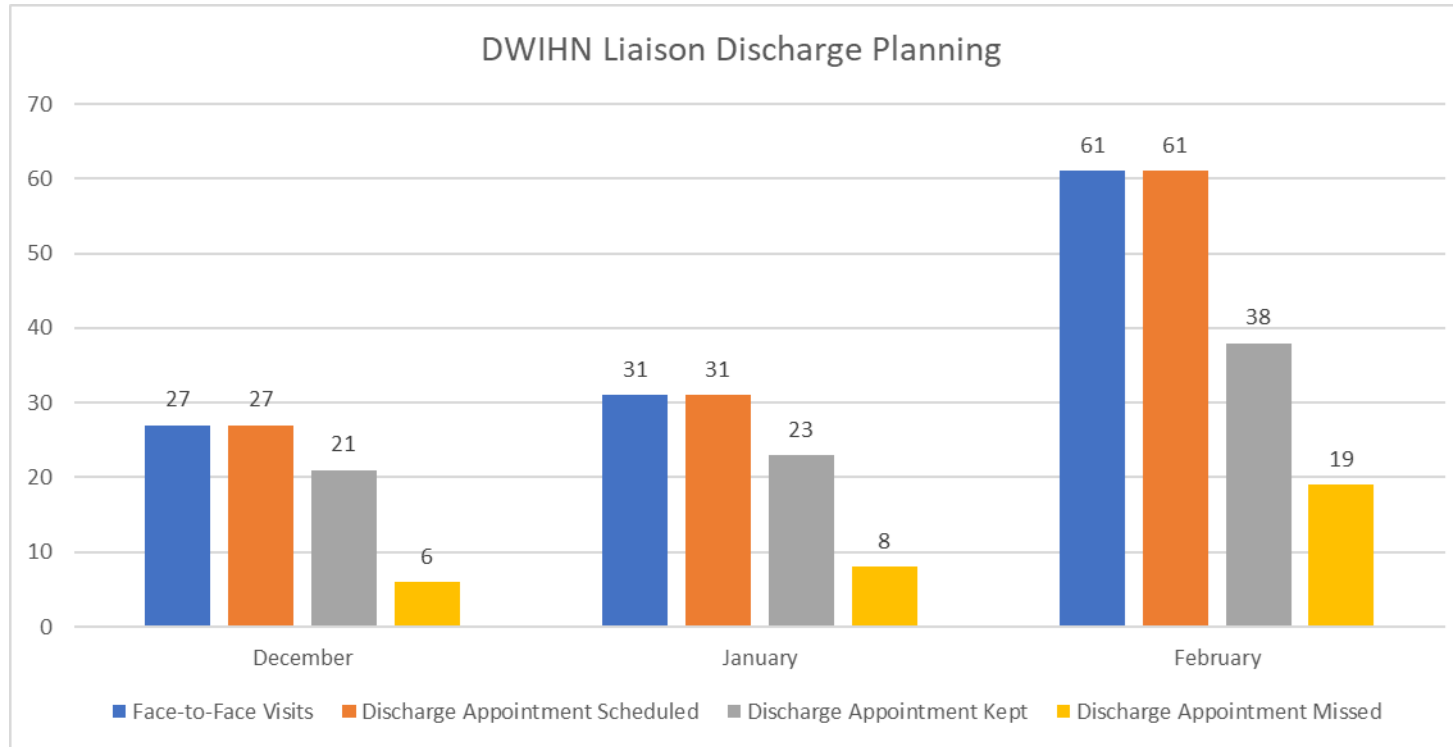
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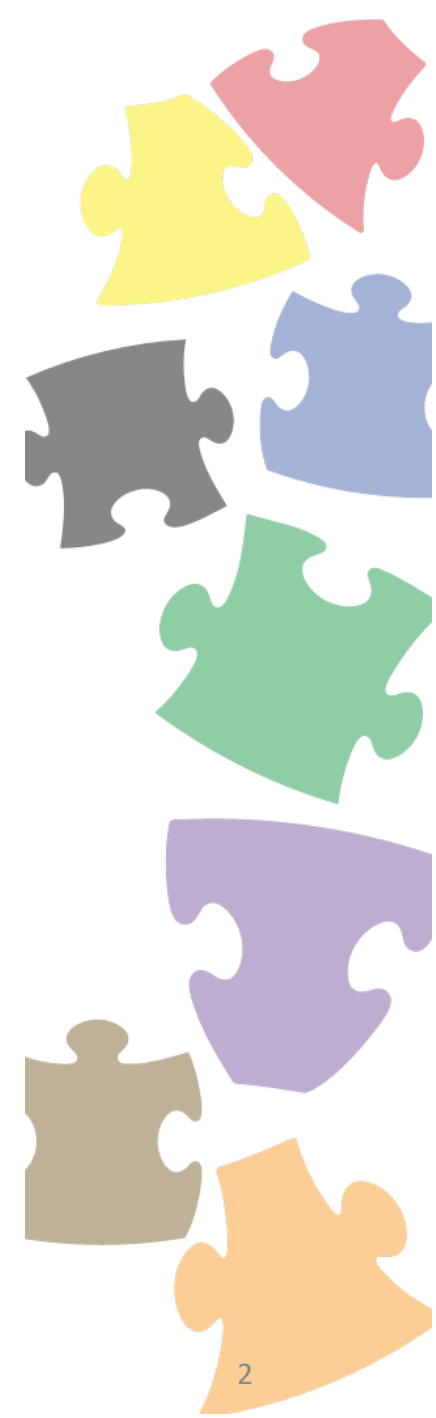
Crisis Services, QISC 3/26/24



# DWIHN Liaison Discharge Planning

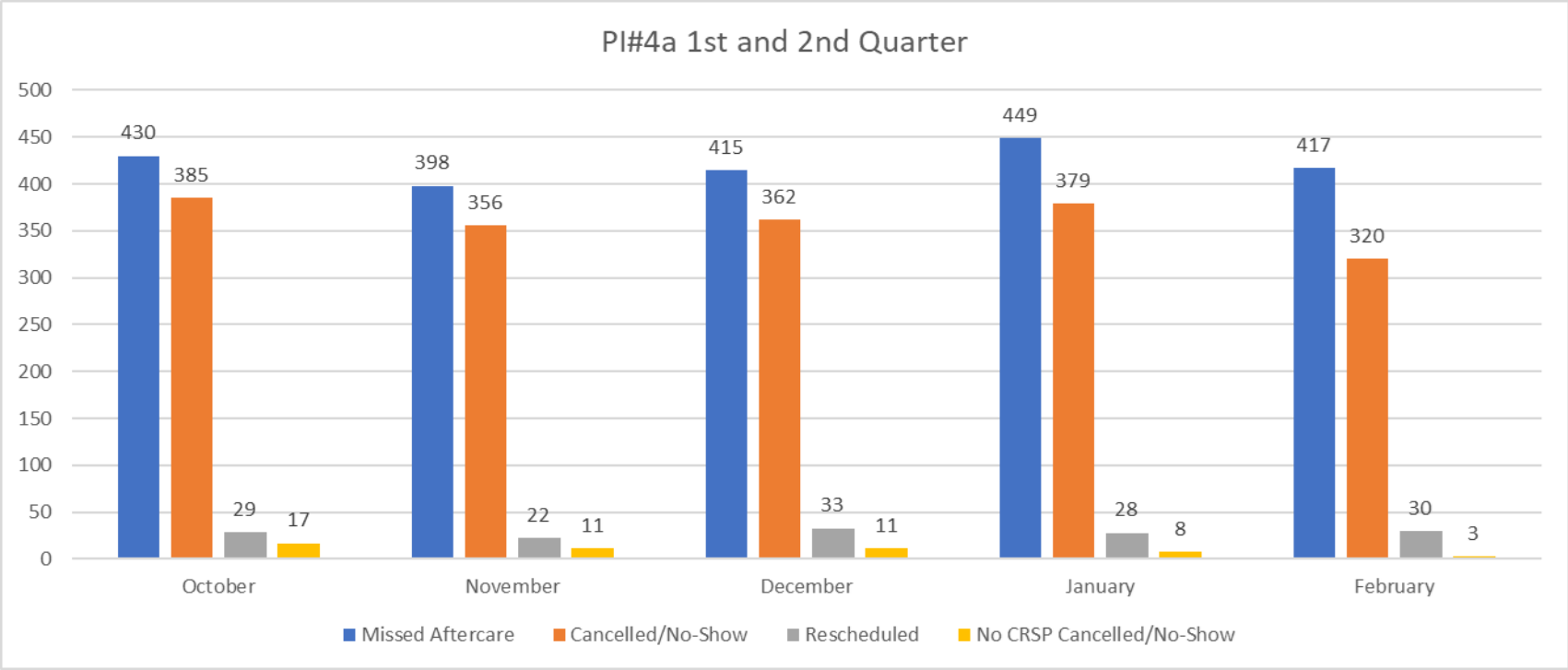


DWIHN Liaisons conducted 61 face-to-face visits in February, and 62% of members kept their hospital discharge appointment.





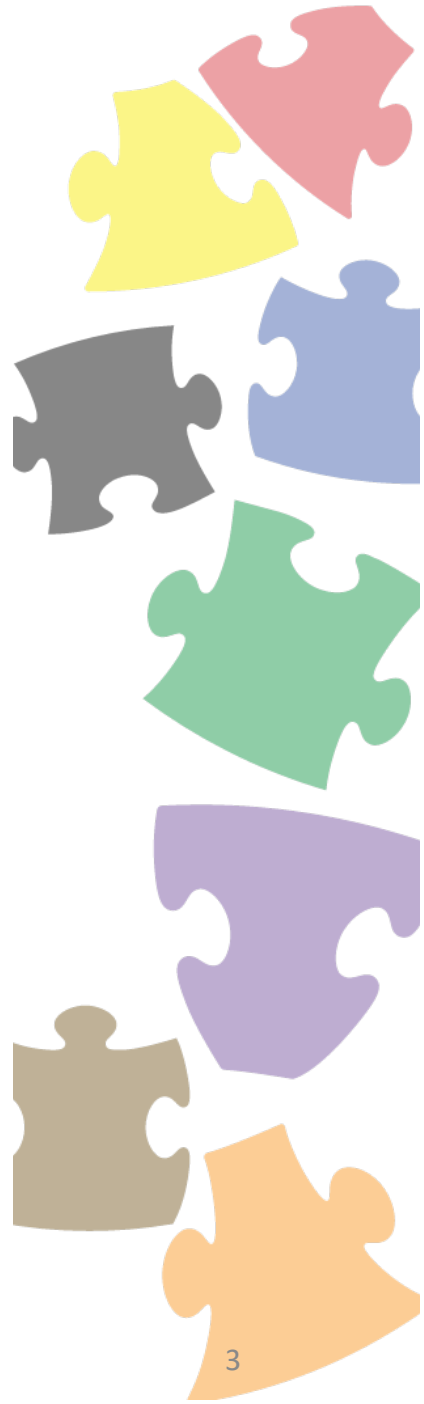
# DWIHN Liaison Discharge Planning



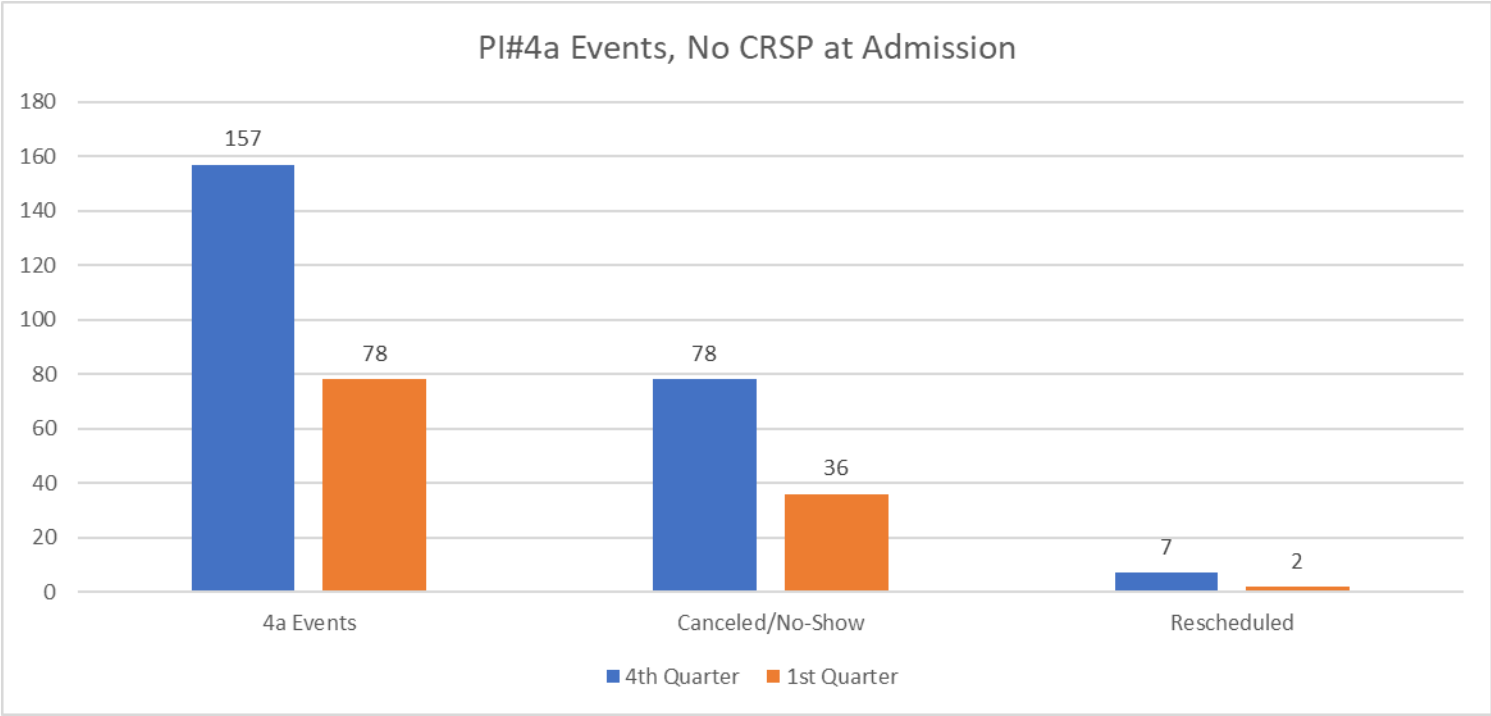
The Crisis Services Department intends to influence PI#4a with this process, specifically a decrease in the number of appointments cancelled/no-show. This data can provide a baseline for influencing 4a. \*\*1st and 2nd quarter data is preliminary.



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# DWIHN Liaison Discharge Planning



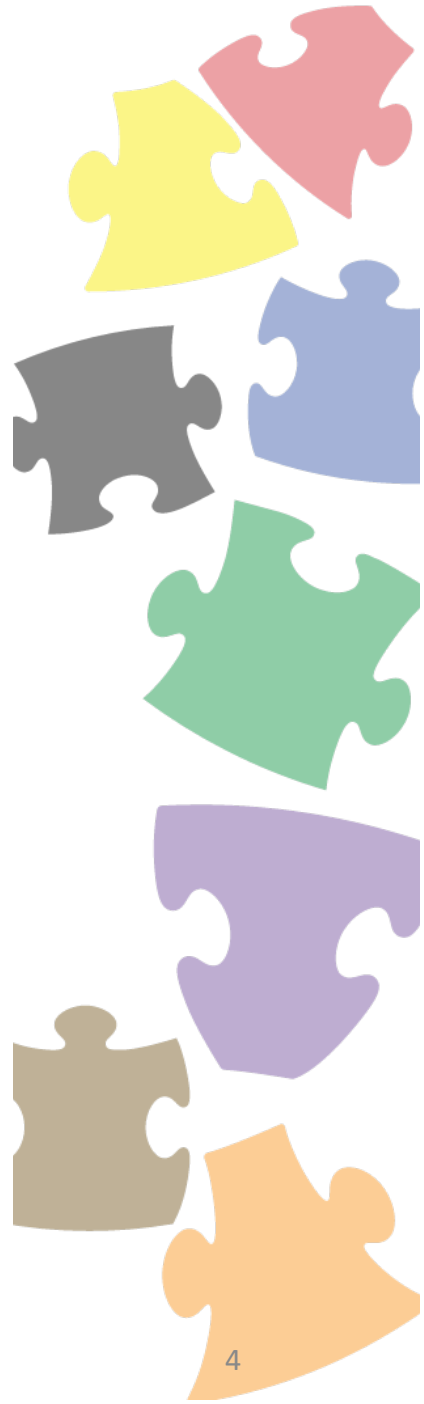
For members admitted in the 4th quarter without a CRSP overall, 50% kept their aftercare appointments, and in the 1st quarter 54% kept their aftercare appointments. Liaison involvement from December showed 69% of appointments kept. \*\*1<sup>st</sup> quarter data preliminary



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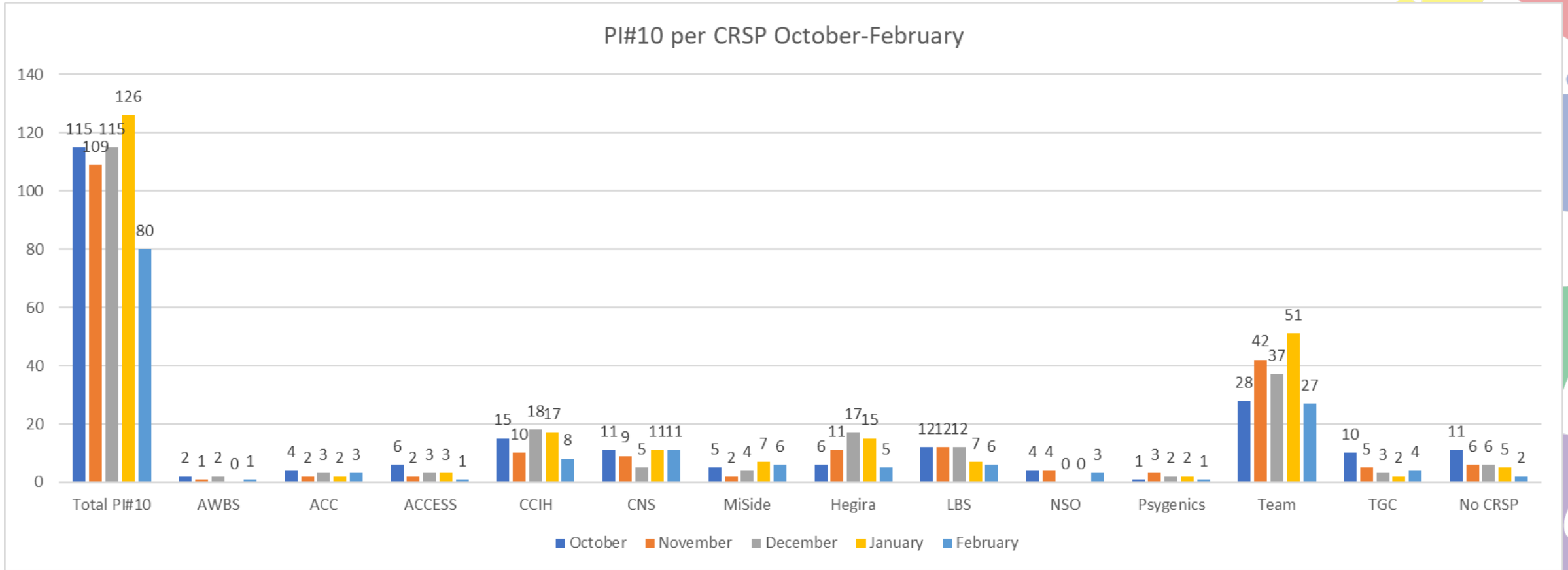
TOP  
WORK  
PLACES  
2023

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# DWIHN Liaison Discharge Planning

PI#10 per CRSP October-February



The Crisis Services Department also intends to influence PI#10, specifically for members without an assigned CRSP.



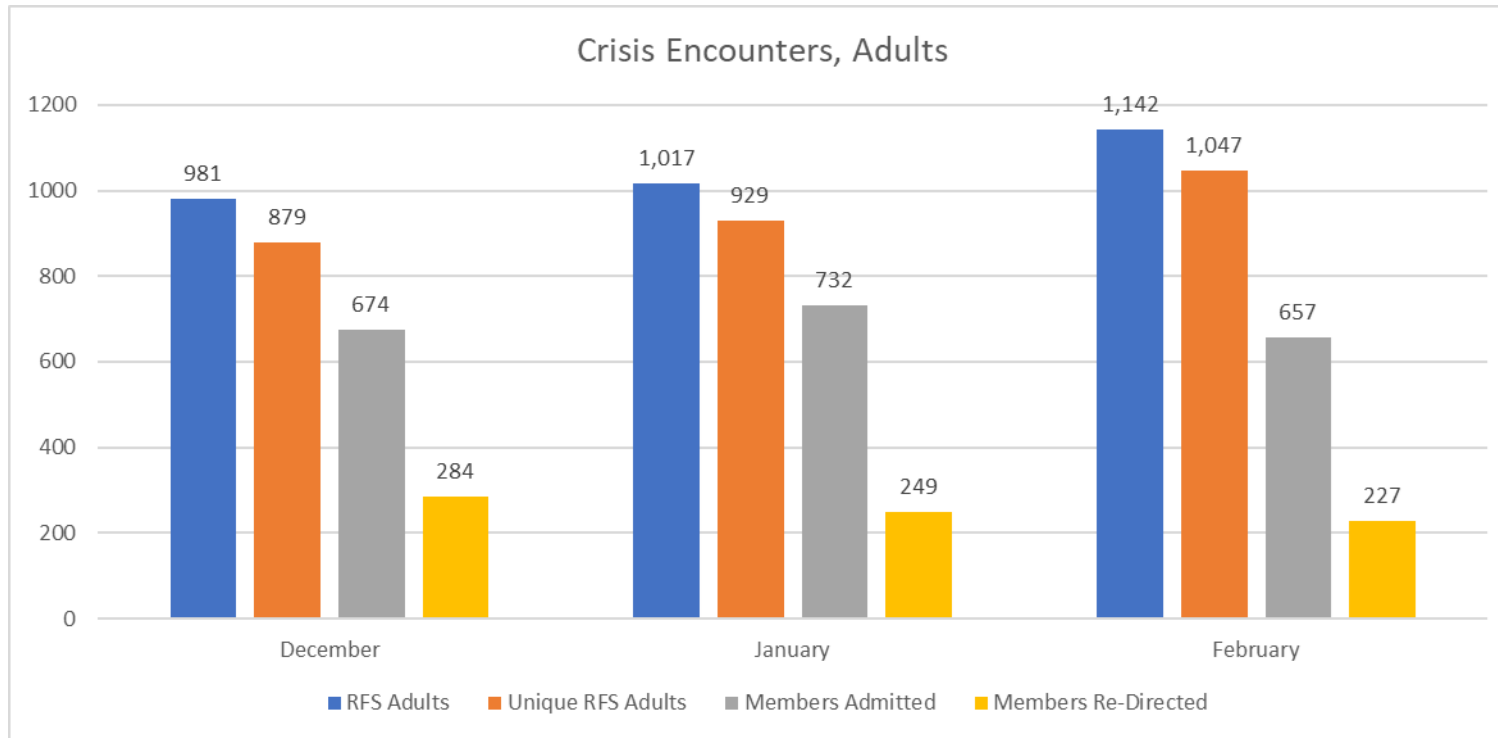
# Recidivism

	Adult	Child
4th Quarter	16.09%	11.58%
1st Quarter **	17.60%	8.62%
2nd Quarter **	14.25%	5.11%
	** Preliminary	

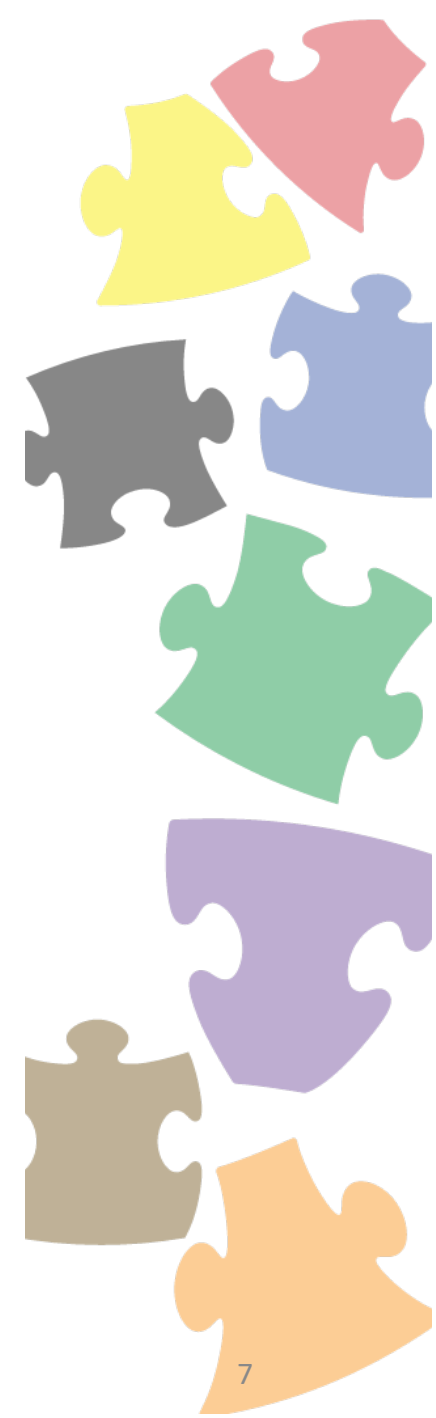
Recidivism for children appears to be decreasing, and adult recidivism has also decreased from the 1<sup>st</sup> Quarter.



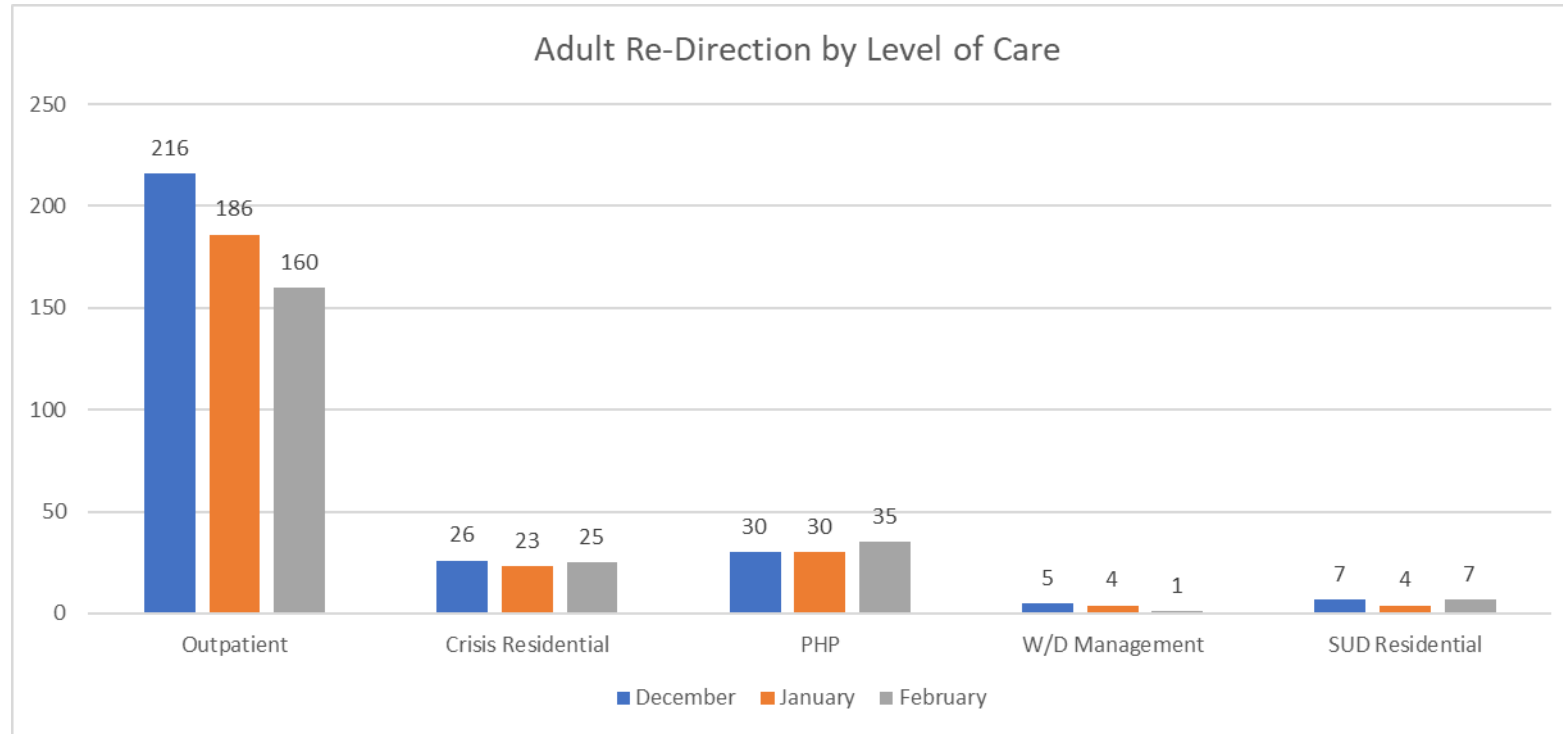
# Crisis Services



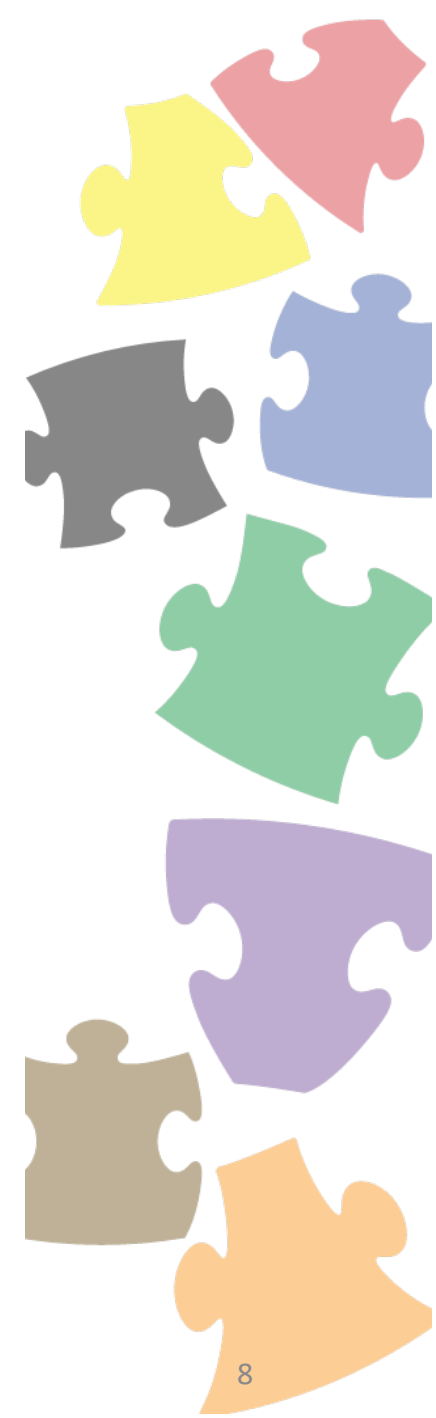
In February, there was a 12% increase in requests for service (RFS) and a 10% decrease in hospitalizations for adults.



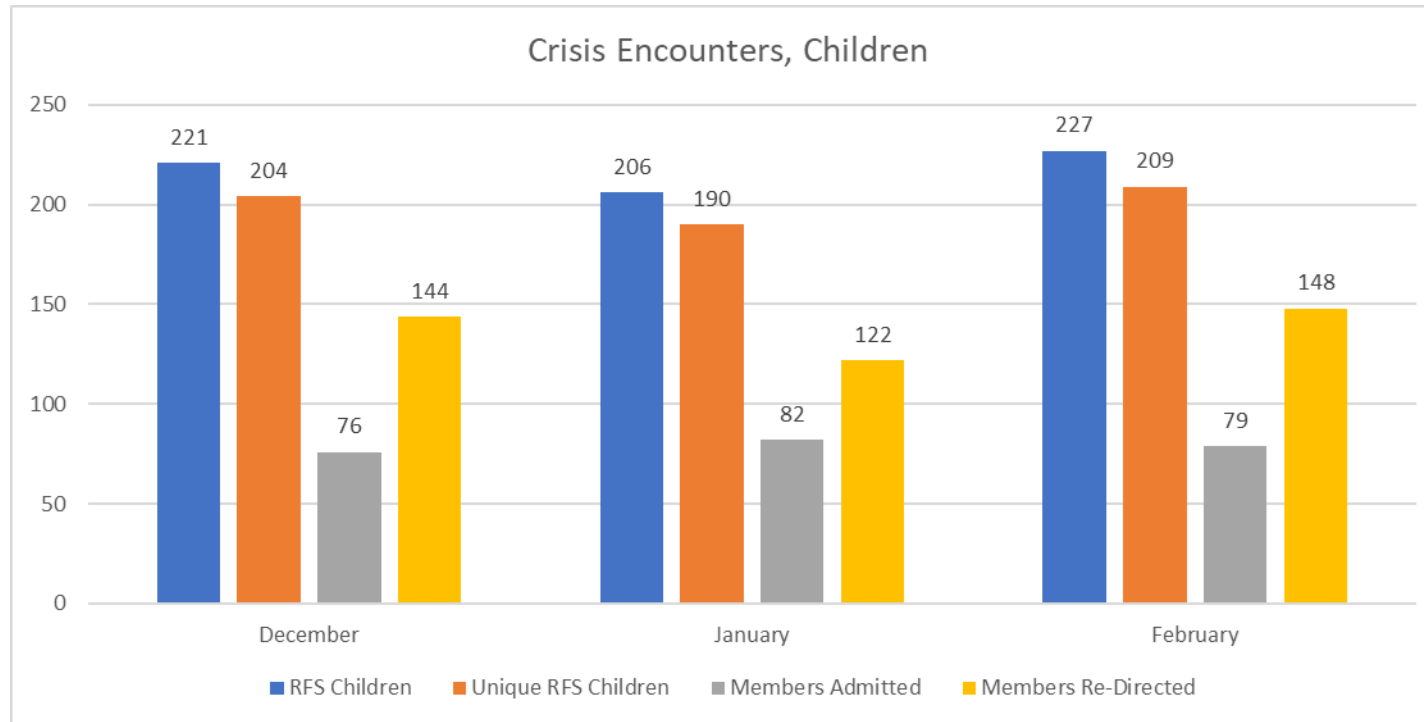
# Crisis Services



Data on re-direction levels of care for adults,  
December and February.



# Crisis Services



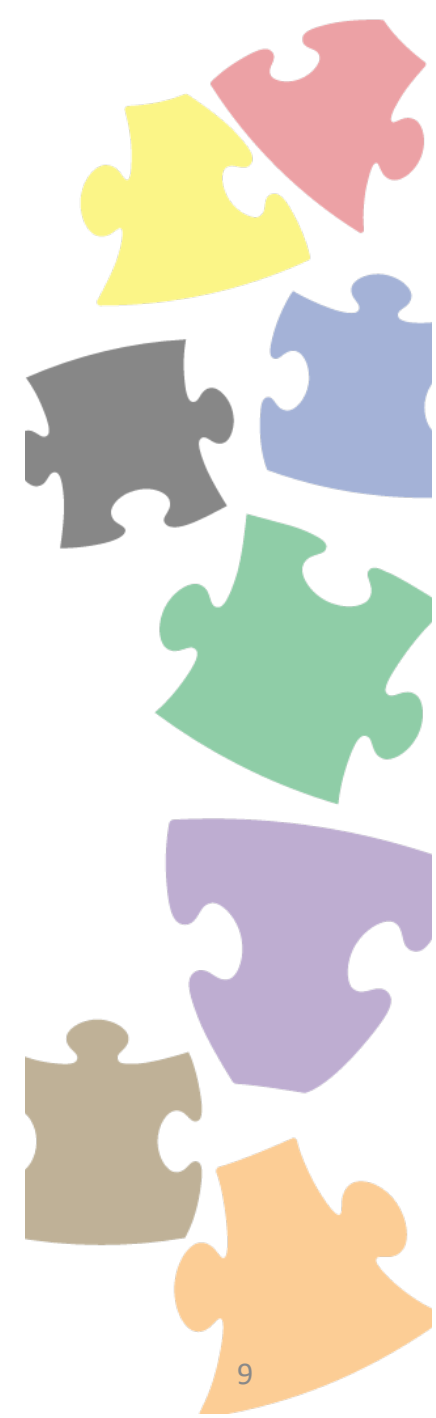
Inpatient admissions for children decreased 3% from January to February and the number of children re-directed increased 21%.



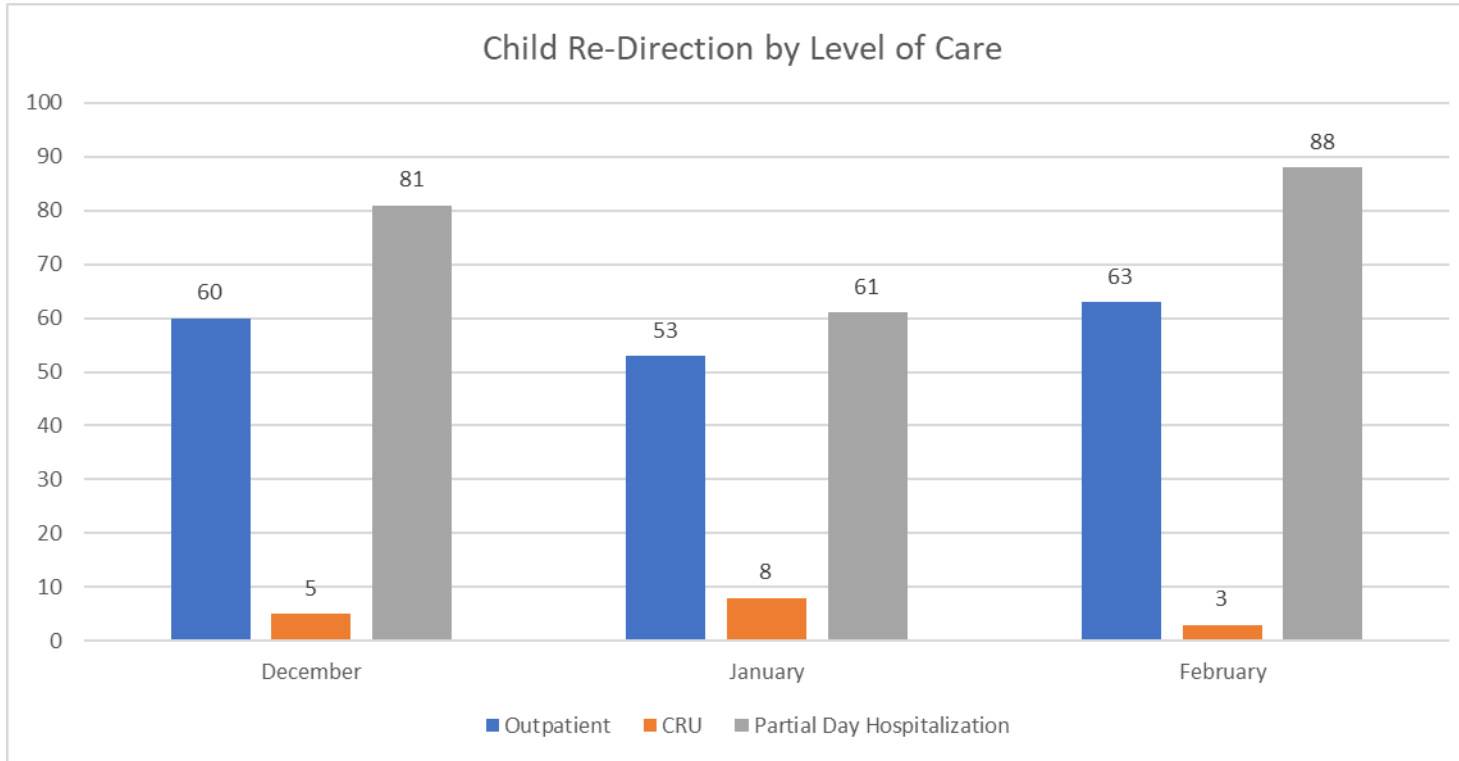
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# Crisis Services



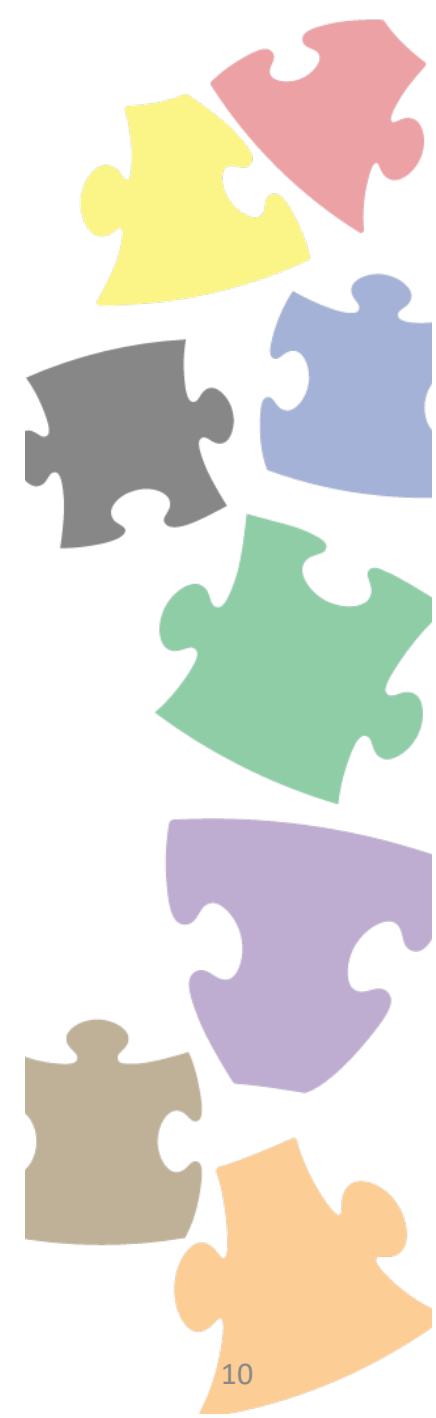
Data on types of re-direction for children,  
December-February



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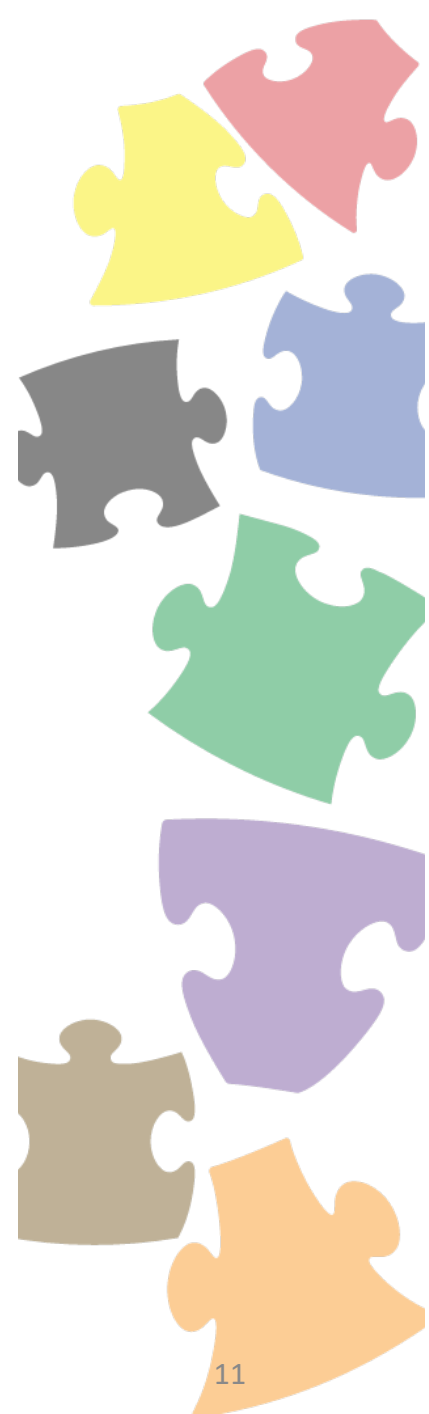




# Crisis Services

## Other Activities

- Continue working with Adult/Children's Initiatives on handoffs and follow up
  - Can now schedule discharge appointments in MHWIN, team trained
- Team/CCIH trained and will be seeing members this week, similar process
- Exploring PAR audit content with Quality and UM, revising clinical update section of PAR.
  - Continued inpatient meetings with Quality/UM/Children's and Adult Initiatives
    - Crisis Continuum, site visits for CSU complete
      - Continuum on Access agenda
    - Team Wellness PAR training 3/27



# Questions

