



Quality Improvement Steering Committee (QISC)

May 1, 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
📅 March 26, 2024 | Dr. S. Faheem/Committee |
| V. QAPIP Effectiveness | |
| 📅 Quality Improvement | |
| • Reducing the Racial Disparity of African Americans Seen for Follow-up Care
w/ 7 days of discharge from a Psychiatric Inpatient Unit (PIP) | |
| ▪ Analysis | A. McGhee |
| ▪ Barrier Removal | J. Zeller |
| ▪ Interventions | J. Zeller |
| 📅 Access Committee | |
| ○ Access Call Center Appointment Availability Report 2 nd Quarter Jan-Mar 2024 | Y. Bostic |
| VI. Adjournment | |



Quality Improvement Steering Committee (QISC)

May 1, 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: The ribbon cutting for DWIHN's Crisis Center will occur soon. The Crisis Center is scheduled to open the beginning of June 2024. DWIHN is in the final stages of completing all the requirements for opening, which includes the hiring of all the staff to serve our members. The Mobile Crisis Units have been deployed in the community both for children and adults, with an expansion plan, by June making services available 24/7. The mobile crisis units are currently operating in the morning and some afternoon hours.

3) Item: Approval of Agenda: Agenda for May 1st, 2024 Meeting approved with no recommendations per Dr. Faheem and the QISC.

4) Item: Approval of Minutes: QISC Meeting Minutes for March 26th approved with no recommendations per Dr. Faheem and the QISC.



5) Item: QAPIP Effectiveness

Goal: Quality Improvement-

“Reducing the Racial Disparity of African Americans seen for Follow-Up within 7 days of Discharge from in Inpatient Psychiatric Unit”

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

NCQA Standard(s)/Element #: QI #11 CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Justin Zeller and Angel McGhee from the Quality Improvement team shared the following with the QISC:</p> <p>Overview: DWIHN has been closely monitoring its hospitalizations as well as working to reduce the number of members needing hospitalization services. DWIHN recognizes that providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care. Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment. Based on a Michigan Health Endowment study, disparities in quality of care exist in all counties and PIHP regions, for most measures. There were differences in the extent of the disparity depending on the measure, county, and year. County-level rates for the White population are consistently higher than the statewide average. The data is captured through the demographic fields in MHWIN. This data field is pulled from a variety of sources including, but not limited to: DWIHN’s Access Center calls and Clinically Responsible Service Providers’(CRSP) clinician assessments.</p> <p>Analysis: During Calendar 2021 there was a noted disparity gap of 4.51% between the number of AA members and White members that made their 7-day follow-up appointment after an inpatient Psychiatric admission. During calendar year 2022, DWIHN reviewed the data from FY2021 and discussed/reviewed with the QISC and stakeholders noted barriers and interventions. For Calendar year 2023 the disparity gap has increased to 7.57% which is a 3.06% increase from Calendar year 2021. Challenges/barriers and Interventions are noted below.</p>		



Challenges:

- Poor coordination of care
- Hospitalized members unassigned to CRSPs
- Reduction of telehealth services
- Lack of technology
- Difficulty getting an appointment within required timeframes
- Historical mistrust of providers
- Mental health stigma
- Lack of resources
- Staff shortages
- Staff biases
- Failure to engage members resulting in no shows, cancelations, rescheduling of appointments or refusal of services

Interventions:

There have been a significant number of interventions to try and address the barriers that have been identified. Noted below are the most recent interventions:

- DWIHN’s Crisis Department staff are meeting with hospitalized members at 3 hospitals to engage, collaborate, and improve participation in follow-up services.
- DWIHN has contracted with 2 agencies to provide transportation for non-emergency appointments.
- DWIHN’s IT team created an automated drive for disparity rates to be available within 24 hours of report. This data assists in providing CRSPs with their most recent data at the 30–45-day follow-up meetings.
- DWIHN’s Customer Service department began completing a phone survey to gather the top barriers for members missing follow-up appointments. In 2023, 2,408 calls were made to 1,740 African American/Black members who missed a 7-day follow-up appointment. The team received 160 responses.
- DWIHN has added this topic to the agenda of the Hospital Liaisons meeting. This was on the agenda for the October 2023 meeting.
- DWIHN met with 5 of its CRSPs with the largest number of events and/or greatest disparities during the month of August. DWIHN intends to continue these meetings every 45 days until progress is shown.



<ul style="list-style-type: none"> ○ 06/12/23-Project and data presented to CRSP leaders at the DWIHN CRSP meeting. There were 101 attendees at this meeting. ○ CRSPs individual rates of their Black/African American members vs. White members have been shared in the monthly meetings. ○ Auditing of providers to ensure follow-up attempts (phone, letter, text, emergency contacts, visits, etc.) are completed and documented when member does not keep an appointment. This was added to the Quality Improvement Monitoring Tool for 2023. This tool is used for chart auditing by the DWIHN Quality Department and results are discussed with the providers. ○ All licensed or registered professionals under the Michigan Public Health Code are required by MDHHS to complete an Implicit Bias Training to renew their license. This went into effect in June 2022. ○ DWIHN’s Integrated Care Department’s Care Coordinators began making calls to members to remind members including all African American members of their follow-up appointment. Educated members on the importance of keeping their appointment and addressing any barriers. Coordinators also contact hospital social workers prior to a member’s discharge to discuss discharge planning. For 2023, CCM attempted 62 member calls, reached 5 members, 1 member attended their 7-day follow-up, and 27 attended follow-ups within 30 days. 		
Provider Feedback	Assigned To	Deadline
<p>Providers agree that the continued staff shortages continue within the provider network. DWIHN’s Sharing of information during meetings with providers are beneficial and providers recommend the continuation of meetings.</p>	<p>DWIHN Staff, Assigned Network</p>	<p>Ongoing</p>
Action Items	Assigned To	Deadline
<p>The quality team will bring back information for an additional discussion and “Brainstorming” session with the QISC group. Dr. Faheem and the QISC approved the noted interventions and barrier analysis as written.</p>	<p>QI Team (Justin, Angel)</p>	<p>May 28th, 2024</p>



5) Item: QAPIP Effectiveness

Goal: Access Committee

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>Yvonne Bostic, Director of DWIHN’s Access Call Center discussed and shared the Appointment Availability report for March 2024 to include the following:</p> <p>Background: The Access Call Center schedules the following types of appointments:</p> <ul style="list-style-type: none"> ○ Hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment. ○ Mental Health initial intake appointments (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed. ○ SUD intake appointments for routine (within 7 days), urgent /emergent (within 24 hours) levels of care. <p>The Access Call Center schedules these types of appointments based on the CRSP (Clinically Responsible Service Providers) availability and ability to provide services, timely. The appointment availability is based on the number of appointments scheduled within the allotted timeframe.</p> <p>Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).</p>		



Summary:

During the last few months there has been a particular focus on hospital discharge follow up appointment availability and appointments kept. Identified interventions for the low rate of appointments kept were the transportation pilot (5 months) and increased collaboration between DWIHN, CRSPs and Hospital discharge departments (3-4months). The increased efforts via CRSP Hospital Liaisons and DWIHN Hospital Liaisons, through their participation in the Hospital Discharge process, cannot go without mention. For the month of March 2024 there was a slight increase in appointment availability and appointments kept for Hospital Discharge follow up appointments. The numbers for SUD and MH appointment availability shows little to no change from the previous month and a slight decrease for appointments kept. The tracking of these occurrences (no show, cancel, reschedule) by the call center started recently so there is limited data at this time but the plan is to compare 1st Qtr. – 3rd Qtr. data, once it is available, to identify any trends.

- March 2024 Appointment Availability:
 - SMI, SED and I/DD (within 14 days): 88.1%
 - Hospital Discharge (within 7 Days): 91.9%
 - SUD priority Populations (Urgent / Emergent- within 24 hours): 81%
 - SUD (routine within 5-7 days): 71.4%

Barriers:

- Staffing shortages in both the DWIHN Access Call Center and CRSP provider levels
- DWIHN Call Center has scheduled interviews for contingent staff and have hired 6 of 10, currently in training
- CRSP providers report that they have hired additional staff that are currently in the training phase and plan to have more appointment availability in April and May
- Transportation – Medicaid covered transportation services have been reported as unreliable.
 - During 4th Quarter of FY 22-23, DWIHN has started a transportation pilot using God Speed and Mariner’s Inn Transportation Services with the goal of removing the transportation barrier for members. Data discussing the impact of this pilot will be available for review later.
- Communication Problems between CRSP, Access Call Center and Individuals seeking services: change in phone numbers and address, limited phone service, inaccurate recording of demographic information in MHWIN



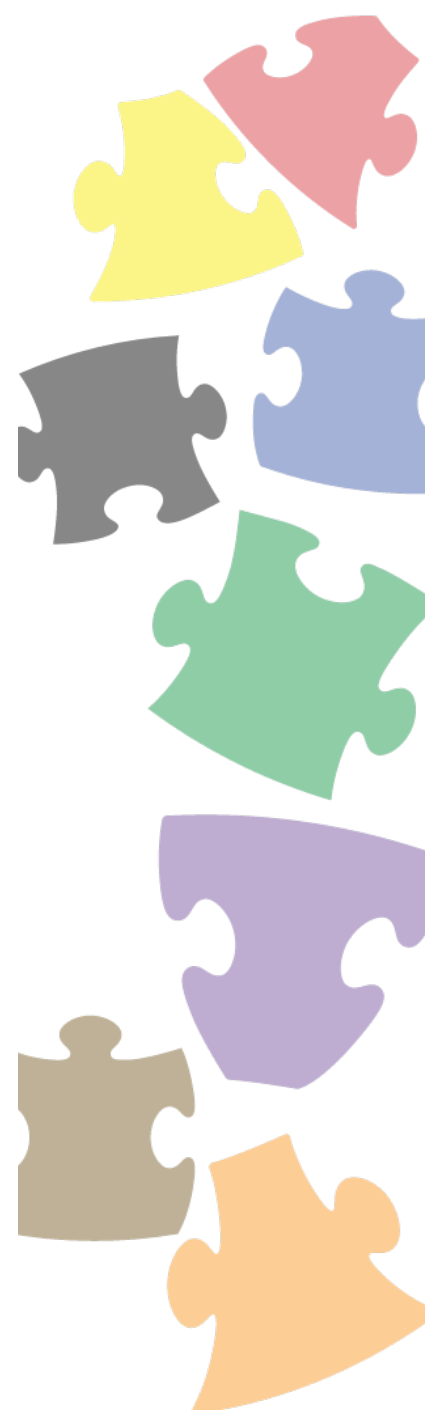
<ul style="list-style-type: none"> ○ DWIHN hospital liaisons have begun to participate in the coordination of hospital discharge follow up appointments with the goal of bridging some of these gaps. Data discussing the impact of this addition to the process will be available later. ○ Tickets have been submitted to MHWIN helpdesk to start a discussion about how demographic information can be coordinated between different points of contact – crisis (PAR), access call center, CRSP (IBPS), hospitals, etc. 		
Provider Feedback	Assigned To	Deadline
Providers did not provide any additional feedback		
Action Items	Assigned To	Deadline
DWIHN’s Access Call Center will continue to provide quarterly analysis to the QISC for review and feedback.	Access Call Center (Yvone Bostic)	September 30, 2024

New Business Next Meeting: May 28, 2024

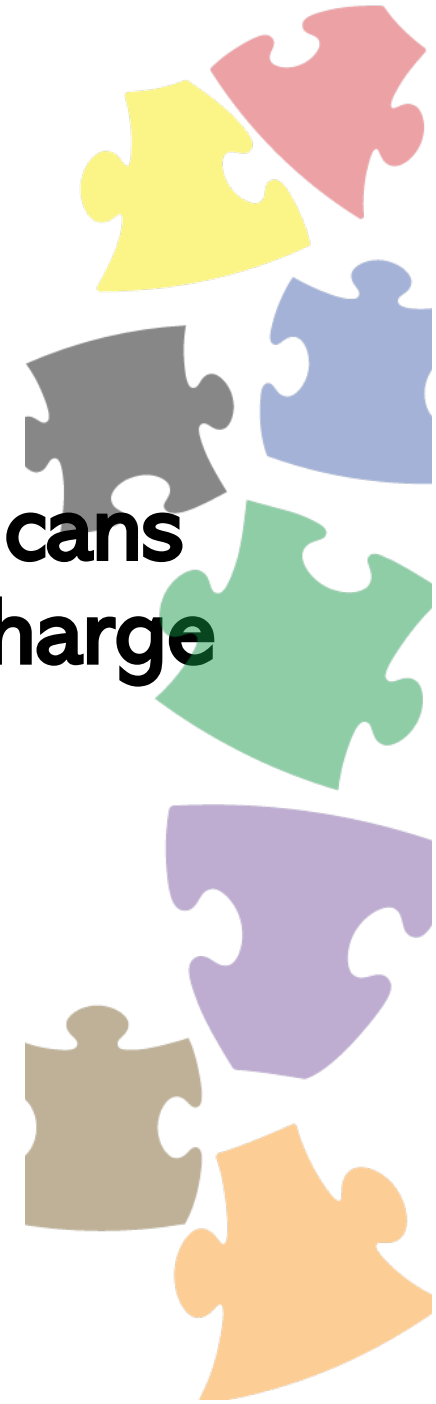
Adjournment: May 1, 2024



DW IHN
Your Link to Holistic Healthcare



Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7 days of Discharge From A Psychiatric Inpatient Unit



RACIAL DISPARITY PROJECT

- DWIHN has been closely monitoring its hospitalizations as well as working to reduce the number of members needing hospitalization services.
- DWIHN recognizes that providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
- Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment. Based on a Michigan Health Endowment study, disparities in quality of care exist in all counties and PIHP regions, for most measures. There were differences in the extent of the disparity depending on the measure, county, and year. County-level rates for the White population are consistently higher than the statewide average.



RACIAL DISPARITY PROJECT

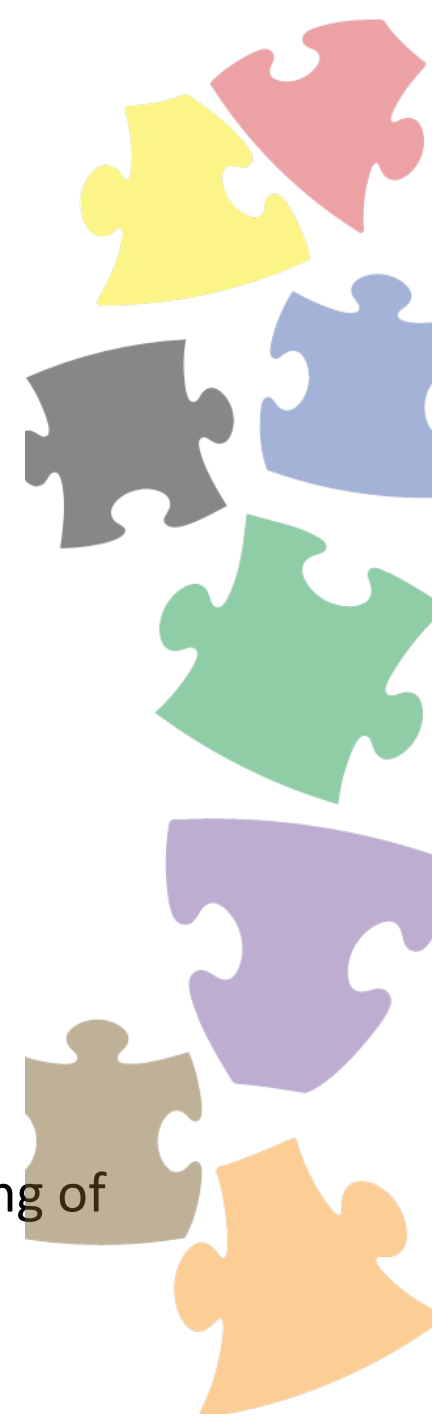
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RACIAL DISPARITY PROJECT

- Challenges

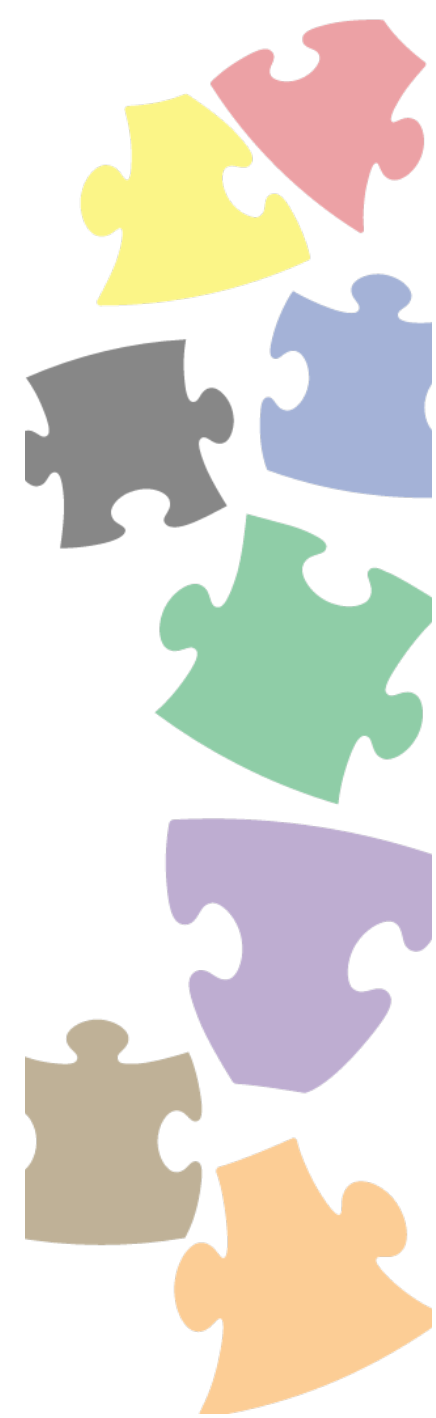
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RACIAL DISPARITY PROJECT

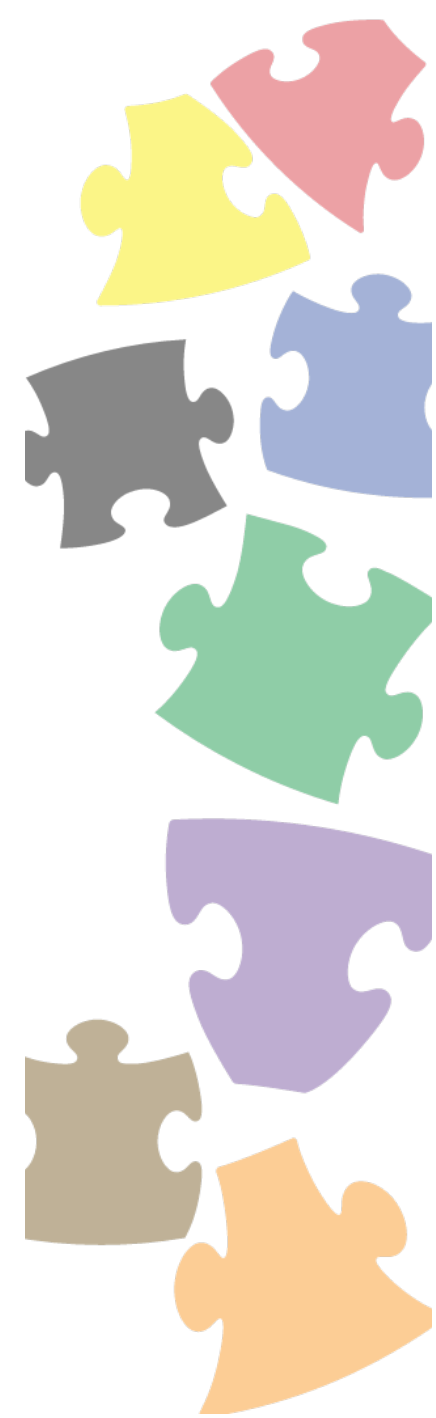
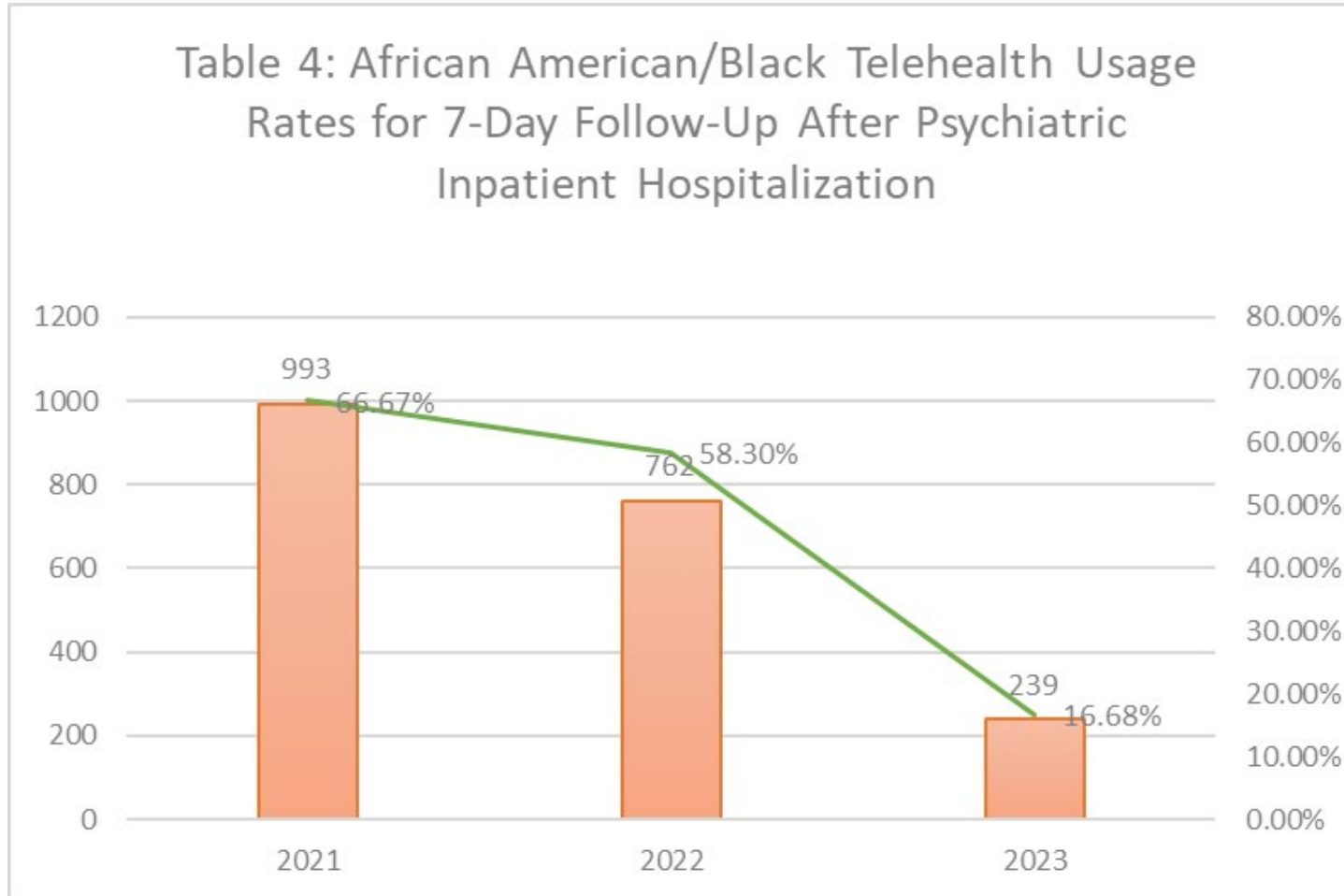
TABLE 5:
ACCESS CALL CENTER
HOSP D/C
APPOINTMENT AVAILABILITY
AND
OUTSIDE OF 7 DAYS

	FY 21-22	FY 22-23
Scheduled	8711.00	9195.00
Outside of 7/14 days	1667.00	3310.00



RACIAL DISPARITY PROJECT

Table 4: African American/Black Telehealth Usage Rates for 7-Day Follow-Up After Psychiatric Inpatient Hospitalization



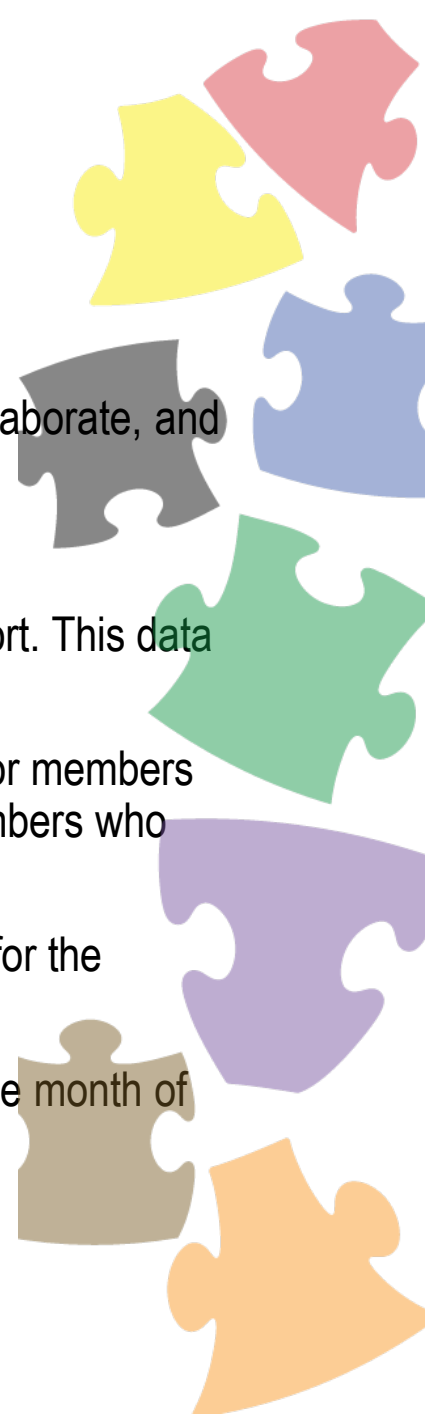
RACIAL DISPARITY PROJECT

- Interventions
 - There have been a significant number of interventions to try and address the barriers that have been identified.
 - Here are a few of the most recent interventions.



RACIAL DISPARITY PROJECT - INTERVENTIONS

- DWIHN's Crisis Department staff are meeting with hospitalized members at 3 hospitals to engage, collaborate, and improve participation in follow-up services.
- DWIHN has contracted with 2 agencies to provide transportation for non-emergent appointments.
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RACIAL DISPARITY PROJECT – INTERVENTIONS CNTD.

- 06/12/23- Project and data presented to CRSP leaders at the DWIHN CRSP meeting. There were 101 attendees at this meeting.
- CRSPs individual rates of their Black/African American members vs. White members have been shared in the monthly meetings.
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- All licensed or registered professionals under the Michigan Public Health Code are required by MDHHS to complete an Implicit Bias Training to renew their license. This went into effect in June 2022. During two Implicit Bias in Healthcare trainings that were held on 8/5/2022 and 9/9/2022, DWIHN trained 210 staff.
- DWIHN's Integrated Care Department's Care Coordinators began making calls to members to remind members including all African American members of their follow-up appointment. Educated members on the importance of keeping their appointment and addressing any barriers. Coordinators also contact hospital social workers prior to a member's discharge to discuss discharge planning. For 2023, CCM attempted 62 member calls, reached 5 members, 1 member attended their 7-day follow-up, and 27 attended follow-ups within 30 days.

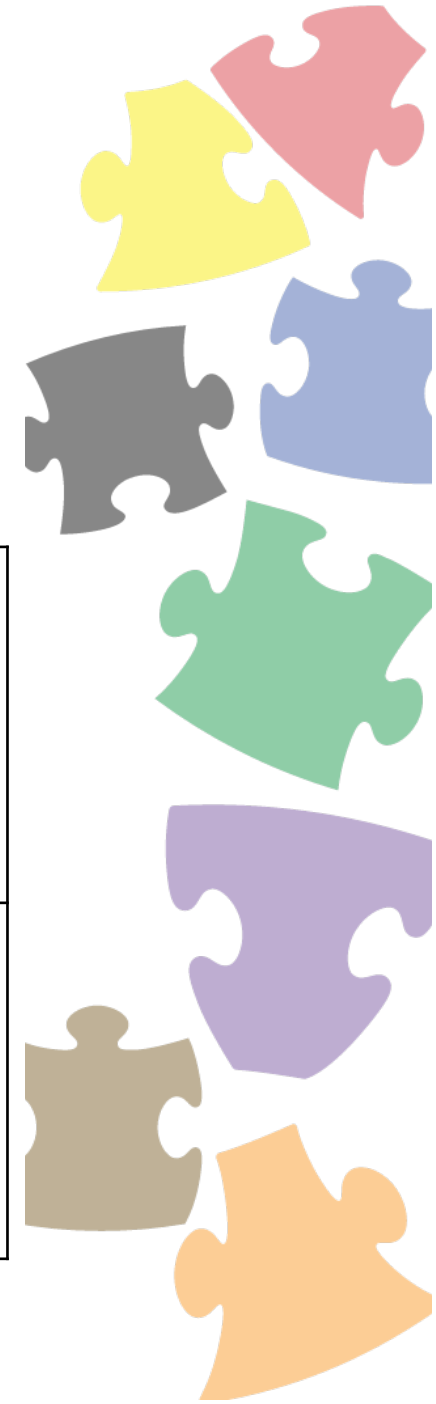
RACIAL DISPARITY PROJECT – INTERVENTIONS CNTD.

- DWIHN participated in community engagement events, which included presentations to community groups, outreach events for children, and recovery and prevention programs. In 2021, DWIHN participated in 60 of these events. In 2022 and 2023, DWIHN participated in 53 and 124 events, respectively. Another major focus was youth mental health on billboards.
- DWIHN and DWIHN's Crisis providers are required to complete a supervisor review for recidivistic members who present at the hospital for screening.
- DWIHN departments meeting with 19 CRSPs individually to discuss appointments slots and access availability. These 19 CRSPs are all the providers who have Performance Indicator events.
- DWIHN wanted to see if the pandemic and/or usage of telehealth services could have been a possible reason for the decrease in rates. In 2021, African American/Black members used telehealth for 66.78% of its appointments kept. In 2022, that rate decreased by 8.48 percentage points to 58.30%. In 2023, the telehealth rates dropped dramatically to 16.68%. This was a 50.10 percentage point decrease from 2021 and a 41.62 percentage point decrease from 2022. The results show that the decreased usage of telehealth services was a contributing factor to the overall compliance rate decline.

RACIAL DISPARITY PROJECT

AA members with no assigned CRSP that have been seen since January 2024 through DWIHN's Crisis Dept Pilot

Members Seen	BCA Stonecrest	HF Kingswood	Beaumont Behavioral	Appointments Scheduled	Appointments Kept	Percentage Kept
86	26	44	16	86	52	60%



RACIAL DISPARITY PROJECT

Table 1: DWIHN 2021 Performance Indicator #4a (1/1/21 - 12/31/21)

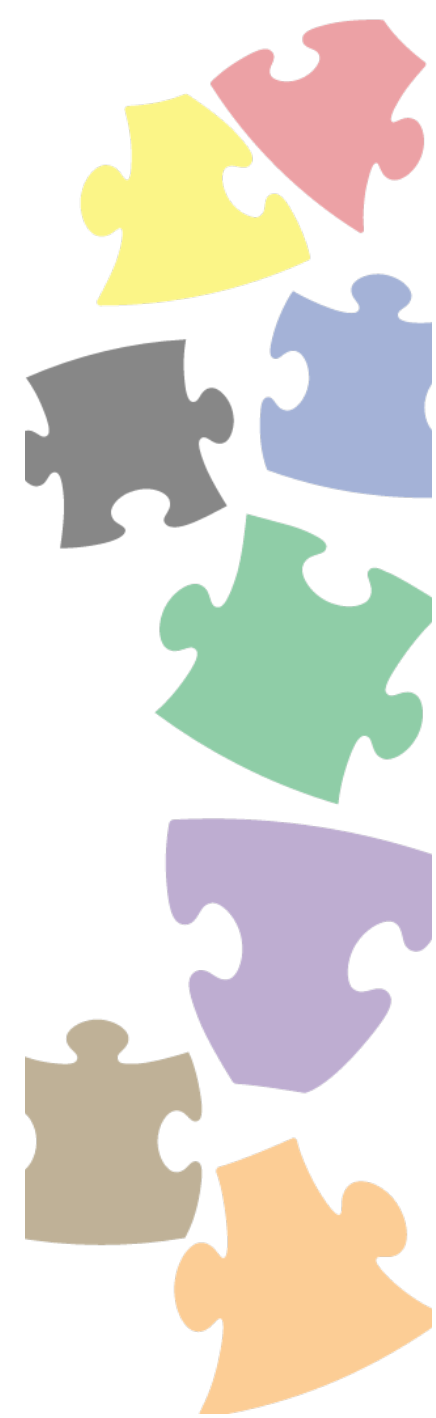
Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	4,252	1,516	2,736	35.65%
White	1,890	759	1,131	40.16%
Disparity Gap	-	-	-	4.51 percentage points



RACIAL DISPARITY PROJECT

Table 2: DWIHN 2022 Performance Indicator #4a (1/1/22- 12/31/22)

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	3,713	1,280	2,433	34.47%
White	1,678	725	953	43.21%
Disparity Gap	-	-	-	8.73 percentage points



RACIAL DISPARITY PROJECT

Table 3: DWIHN 2023 Performance Indicator #4a (1/1/23 - 12/31/23)

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	4,285	1,442	2,843	33.65%
White	1,868	770	1,098	41.22%
Disparity Gap	-	-	-	7.57 percentage points



Racial Disparity project

- Resubmission of PIP to HSAG is due on July 15th, 2024.
- Questions?

