Quality Improvement Steering Committee (QISC)
August 27, 2024
10:30am – 12:00pm
Via Zoom Link Platform
Agenda

I.	**Welcome**	**T. Greason**
II.	**Authority Updates**	**Dr. S. Faheem**
III.	**Approval of Agenda**	**Dr. S. Faheem/Committee**
IV.	**Approval of Minutes**	**Dr. S. Faheem/Committee**

    ↓ June 25, 2024

V. QAPIP Effectiveness

DWIHN Policy Review

    ↓ Community Care Clinic

- Medication Assisted Treatment (MAT) OUD — **Dr. S. Faheem**
- Medication Assisted Treatment (MAT) AUD — **Dr. S. Faheem**

    ↓ Utilization Management

- HSW Performance Improvement Project — **T. Karrol**

Follow-up Items

    ↓ Customer Service — **M. Keyes-Howard**

- MISIP Survey Tool/Provider Feedback

    ↓ Integrated Health

- Sunset Hep C, New Rates (AMM, SAA & DM) — **A. Oliver**

    ↓ Children Initiatives

- Update: Crisis Plan Policy, CRSP Re-engagement — **C. Phipps**
- Implementation of the MichiCANS — **C. Phipps**

Quality Improvement Steering Committee (QISC)
August 27, 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 type their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: The Crisis Center located on 707 W. Milwaukee was opened in June and to date over 300 individuals have seeked services. Over 200 individuals were admitted to the center. Appointment shortages have been addressed through providing direct care. Dr. Faheem also discussed that there has been a focus on quality work and HEDIS measures across the provide network.

3) Item: Approval of Agenda: Agenda for August 27th, 2024, Meeting Approved with minor change regarding policy updates.

4) Item: Approval of Minutes: QISC Meeting Minutes for June 25th,2024 were approved by Dr. S. Faheem and the committee.

5) Item: QAPIP Effectiveness

Goal: Community Care Clinic

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

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

Discussion		
DWIHN Policy Review includes review of Stakeholder feedback for MAT policies for alcohol and opioid use disorders. Dr. Faheem shared the following policy updates with the committee: 　o　Medication Assisted Treatment (MAT) AUD 　　•　Amendments to the policy were made based on feedback, including the addition of questions about co-occurring substance use during alcohol use screenings. 　o　Medication Assisted Treatment (MAT) OUD 　　•　OUD policy updated to reflect state requirements for psychosocial treatment as part of the medication-assisted treatment (MAT).		
Provider Feedback	**Assigned To**	**Deadline**
Providers agree to adding history of opiate or other co-occurring substance disorders to the AUD policy	Dr. S. Faheem	August 30, 2024
Action Items	**Assigned To**	**Deadline**
As agreed and discussed during the QISC Dr. S. Faheem has updated the policy to include adding the history of opiate or other co-occurring substance disorders to the AUD policy.	Dr. S. Faheem	August 30, 2024.

5) Item: QAPIP Effectiveness

Goal: Utilization Management

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

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

Discussion		
Tiffany Karol, Utilization Manager discussed the following updates for the Habilitations Supports Waiver (Performance Improvement Project). Initial strategies include incentive payment for providers for successful enrollment, holding consistent HSW Network meetings, increased education and support to the providers, increased payment for supports coordinator of HSW services by 7%. Even though initial strategies were helpful, DWIHN was still not meeting MDHHS required 95% utilization, nor DWIHN's internally set goal of 97% • Since 2019, the focus has been on increasing HAB waiver enrollment. • Enrollment strategies have led to an increase in utilization from 93% to over 97% by the end of fiscal year 2023. • New strategies for fiscal year 2024 resulted in maintaining or exceeding a 97% utilization rate. • There is a waitlist of approximately 30 individuals for the waiver. • DWIHN has consistently exceeded both expectations for the past fiscal year and has had a revolving waitlist of approximately 30 members since February 2024. • DWIHN has advocated for additional slots to be assigned to region 7 based on this waitlist and is awaiting confirmation from MDHHS on the matter. We expect to hear no later than 10/1/24.		
Provider Feedback	**Assigned To**	**Deadline**
• Suggestion on revising the baseline year for NCQA PIP evaluation to reflect more recent progress. • Q: Is there another metric that says that the member must have a service within a specific time? Is there another metric we could look at, besides, just looking at the utilization of how many members are enrolled. • A: Yes, members are required to have one HAB waiver billable service per month, so we can investigate using the billable service as a metric. The UM team has been, in the last several months, looking at that data and trying to problem solve some of the barriers and review interventions for members that are not using HAB waiver services during the month or reporting period.	Tiffany Karol	August 27,2024
Action Items	**Assigned To**	**Deadline**
The HSW PIP was approved for continuation by Dr. S. Faheem and the QISC.	QISC	Ongoing

5) Item: QAPIP Effectiveness

Goal: Customer Service

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		
Margaret Keyes-Howard, Manager of CS shared with the QISC the roll-out information for the MISIP Survey Tool to include the following: • The rolling out a provider satisfaction survey based on the MHSIP tool. • Tentative rollout of the MISIP survey tool will take effect in February 2025, provider feedback is encouraged.		
Provider Feedback	**Assigned To**	**Deadline**
• CCBHC providers are required to conduct surveys in September; coordination suggested to avoid duplicating efforts.	CRSP Providers	December 1, 2024
Action Items	**Assigned To**	**Deadline**
Providers are to share survey information with CS. Margaret Keyes-Howard will reach out to providers to request survey information.	CS (Margaret Keyes-Howard) and CRSP providers	December 1, 2024

5) Item: QAPIP Effectiveness

Goal: Integrated Health

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

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

Discussion		
Alicia Oliver, Clinical Specialist OBRA/PASRR shared the following PIP updates: - Updates on sunsetting the Hepatitis C PIP due to data collection challenges. - Inability to collect accurate data - We are still monitoring this measure - SUD continues to educate providers regarding the importance of monitoring for HEP C - Hep C assessment is included in the SUD assessment and Biopsychosocial assessment. - New rates/goals for quality improvement measures including: - Antidepressant Medication Management – Effective Continuation Phase Treatment - Antidepressant Medication Management – Effective Acute Phase Treatment AMM - Diabetes screening for individuals with schizophrenia - Adherence to antipsychotic medications - HEDIS Measure Comparison Rates 1st and 2nd Quater - Educational resources on medication adherence and follow-up care shared with providers. Please review "IHC QISC August Presentation" for specific data to each PIP.		
Provider Feedback	**Assigned To**	**Deadline**
- Dr. Faheem encouraged that specific attention be paid to the group of individuals leaving the hospitals and losing them to follow-up and engagement. - Q: *Diabetes Screening for Individuals with Schizophrenia*: When the data is reviewed, what type of interventions are being completed and are the interventions working? The QISC could also assist with the development of new interventions. - A: Alicia informed the committee that IHC has been receiving feedback from the providers regarding actions plans. Action plans that are implemented and developed have been presented to IPLT. We also utilize NCQA standards and Center of Disease Control for requirements to consider ways to help regarding getting our clients adherence to diabetic screening.		
Action Items	**Assigned To**	**Deadline**
The Performance Improvement Project (Hepatitis C) PIP was approved for discontinuation from Dr. S. Faheem and the QISC. Dr. S. Faheem and the QISC approved for continuation of the following PIP's. - Antidepressant Medication Management – Effective Continuation Phase Treatment - Antidepressant Medication Management – Effective Acute Phase Treatment AMM - Diabetes screening for individuals with schizophrenia - Adherence to antipsychotic medications	Dr. S. Faheem and QISC	August 27, 2024 (Complete)

5) Item: QAPIP Effectiveness
Goal: Children Initiatives
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

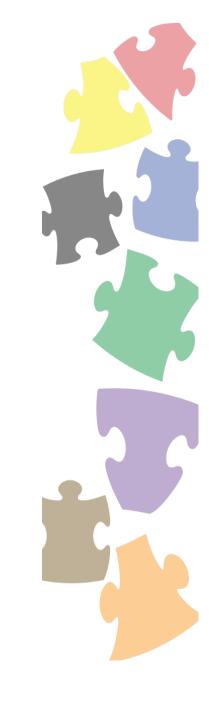| Discussion		
Cassandra Phipps, Director of Children Initiatives shared the following updates for the MichiCans Assessment: MDHHS developed the **MichiCANS** screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. Children Initiatives will continue to update the QISC and provider network that will assist with the rollout of the new MichiCANS assessment. • DWIHN's MichiCANS Policy is currently in Draft. • Screening Eligibility (H0002) • New Assessment Code FY25 (96110) There was also discussion regarding Q3 MMBPI (Preliminary Data) for PI #10 (Children Recidivism). The Quality Improvement team provided an analysis of the data and shared the findings with the Children Initiative Unit. A preliminary analysis of Performance Indicator #10 was conducted July 15th, 2024, to identify members of the children's population who were recidivistic. PI #10 refers to the percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. The standard is that the recidivism rate is to remain below 15% for both populations. In previous quarters, the recidivism rate for the children's population was normally lower (around 7-8%) and has now doubled to **16%** (with 40 children being readmitted out of 250 events) for FY24 Q3. There were **9** CRSP's that had children with 2 or more readmissions within the same quarter during FY24 Q3. There was a total of **24** children who were readmitted with a total of **55** readmissions collectively. It was noted that this was an outlier with more than 100 more children's admissions during this quarter. This quarter also demonstrated that several more children presented for services. Cassandra informed the committee that the following initiatives to update the Crisis Plan Policy and PAR procedures, and to review the current CRSP RE-Engagement and Engagement policies will be reviewed.		
Provider Feedback	**Assigned To**	**Deadline**
• Jessica Collins (The Guidance Center) mentioned: When we're pulling our data from the Crisis Matrix, we are noticing quite a few clients are no longer open with the Guidance Center in our report. After removing members that are no longer open, PI data has improved. • Data is assigned to CRSP's at the time of the event. If members are not showing up for treatment, providers are to reach out per policy with proper documentation and follow procedures for disenrollment.		
Action Items	**Assigned To**	**Deadline**
Follow-up PI# 10 and MichiCANS policy information will continue to be shared with the committee.	Children Initiatives (Cassandra Phipps)	December 1, 2024

New Business Next Meeting: September 24, 2024
Adjournment: August 27, 2024
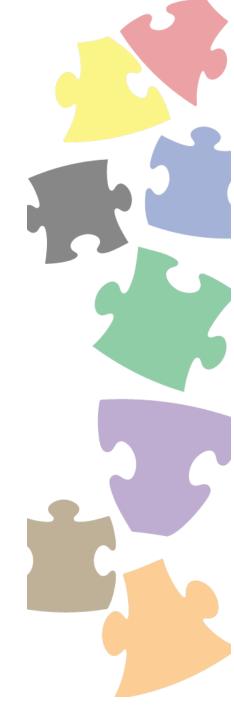
HSW PIP Updates

8.27.24

Recap:

- PIP development began in 2019

- Initial strategies included incentive payment for providers for successful enrollment, holding consistent HSW Network meetings, increased education and support to the providers, increased payment for supports coordinator of HSW services by 7%.

- Even though initial strategies were helpful, DWIHN was still not meeting MDHHS required 95% utilization, nor DWIHN's internally set goal of 97%

FY 2023

Fiscal Year to Date Oct 2022- Sept 2023												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1009	1009	1008	1007	1007	1005	1015	1019	1026	1029	1037	1054
Available	76	76	76	77	77	79	69	65	58	55	47	30
New Enrollments	9	5	6	2	7	6	13	11	13	17	16	22
Disenrollments	4	8	4	8	8	3	4	6	7	6	5	2
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%	94.9%	95.8%	97.2%

In Q2 of FY 2023 the new HSW Team began to form and in March 2023 launched new/updated strategies to target HSW Enrollment.
- Identifying potential new members for the CRSPs
- Updated and increased training at a network and individual provider level
- DWIHN's residential team was trained on HSW and began identifying potential new members
- New training materials were developed, older training materials updated to provide education to staff and to families.

FY 2024

PIHP Name	Fiscal Year	Utilization	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Region 7 - DWIHN	2024	Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Region 7 - DWIHN	2024	Loaned	0	0	0	0	0	0	0	0	0	0	0
Region 7 - DWIHN	2024	Borrowed	0	0	0	0	0	0	0	0	0	0	0
Region 7 - DWIHN	2024	Used	1054	1077	1083	1083	1082	1082	1082	1082	1084	1082	1081
Region 7 - DWIHN	2024	Available	30	7	1	1	2	2	2	2	0	2	3
Region 7 - DWIHN	2024	% Used	97.2	99.4	99.9	99.9	99.8	99.8	99.8	99.8	100	99.8	99.7

- Since implementing these new strategies in March 2023, DWIHN has consistently increased our utilization of HSW slots.
- First met MDHHS expectation of 95% in August 2023. First met internal standard of 97% in September of 2023
- DWIHN has consistently exceeded both expectations for the past fiscal year, and has had a revolving waitlist of approximately 30 members since February 2024.
- DWIHN has advocated for additional slots to be assigned to Region 7 based on this waitlist and are awaiting confirmation from MDHHS on the matter. We expect to hear no later than 10/1/24.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
800-241-4949
www.dwihn.org

HEDIS measure 3rd quarter rates and Interventions

▶ Antidepressant Medication Management (AMM)

▶ Follow up after hospitalization from mental illness (FUH)

▶ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

▶ Diabetes Screening for People with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

Antidepressant Medication Management:
Acute Phase (6-12 weeks)
AMM

Measurement Period 3rd quarter	Eligible population	Total compliant	Non-Compliant	Rate	Goal
2024	3946	1807	2139	48.79	66.93

AMM is a measure that ends in April 30 of the current year it restarts May 1 the following year.

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Antidepressant Medication Management: Continuation Phase (4-9 months after acute phase)

Measurement Period 3rd quarter	Eligible population	Total compliant	Non-Compliant	Rate	Goal
2024	3946	884	3062	22.40	50.71

AMM is a measure that ends in April 30 current year it restarts May 1 the following year.

Effective Interventions

Regular Monitoring

- Schedule appointments: Regular check-ins with healthcare providers to monitor progress and adjust treatment plans as needed.
- Telehealth Services: Utilizing telehealth for more frequent and accessible follow-ups.

Medication Management

- Adherence Support: Providing reminders and support to ensure clients take their medication as prescribed.
- Side Effect Management: Monitoring and managing any side effects to improve adherence and comfort.

Psychotherapy

- Continued Therapy Sessions: Ongoing therapy sessions to address underlying issues and develop coping strategies.
- Group Therapy: Offering group therapy sessions to provide peer support and reduce feelings of isolation.

Lifestyle Interventions

- Exercise programs: Encouraging regular physical activity, which can improve mood and overall well-being.
- Healthy Eating: Providing nutritional guidance to support mental health.

Social Support

- Support Groups: Connecting clients with support groups for shared experiences and encouragement.
- Family Involvement: Involving family members in the treatment process to provide additional support.

Crisis Management

- Crisis Hotlines: Ensuring clients have access to crisis hotlines for immediate support.
- Safety Plans: Developing safety plans for clients at risk of self-harm or suicide.

Education and resources

- Psychoeducation: Educating clients about depression and its treatment to empower them in their recovery.
- Resource Provision: Providing information on community resources and services that can offer additional support.

Follow up After Hospitalization From Mental Illness
30-day FUH ages 6 and older

Measurement Period 3rd quarter 2024	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
6-17 3rd quarter	172	114	58	66.28	70
18-64 3rd quarter	1899	1011	888	53.24	58
65+ 3rd quarter	61	28	33	45.90	58

Follow up After Hospitalization From Mental Illness

7- day FUH age 6 and older

Measurement Period 3rd quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
6-17 3rd quarter	172	78	94	45.35	70
18-64 3rd^t quarter	1899	628	1271	33.07	58
65+ 3rd quarter	61	14	47	22.95	58

Current strategies to improve attendance:

Education and Communication:
- Talking openly with patients about the importance of a follow up visit.
- Explaining how these appointments contribute to their overall well-being.
- Encouraging compliance by emphasizing the value of continued treatment.

Outreach Systems and Case Managers:
- Developed outreach systems and assigned case managers.
- Encouraging recently discharged patients to keep follow-up appointments.
- Addressing any barriers they may face such as transportation or social determinants of health.

Referrals and Coordination
- Facilitating referrals to behavioral health specialists.
- Coordinating care to ensure timely follow-up visits
- Ideally, scheduling appointments within 7 days of discharge, but no later than 30 days.

Addressing barriers before discharge and assisting facilities in securing timely follow-up appointments are essential steps in improving attendance.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia
SAA

Measurement 3rd quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
3rd quarter	4561	2761	1800	60.53	66.28

Strategies implemented to Improve Adherence

1. **Patient Education:** Educating patients about the importance of medication adherence and the potential consequences of non-adherence can empower them to take their medications as prescribed. Educating patients about their medications. Clear communication about the benefits and potential side effects can help patients understand why adherence is crucial.

2. **Simplifying Medications Regimens:** Using long-acting injectable antipsychotics can help improve adherence. Whenever possible, simplify the medication regimen. This can include prescribing combination pills to reduce the number of medications a patient needs to take daily.

3. **Support Systems:** Involving family members or caregivers in the treatment process can provide additional support and encouragement for adherence.

4. **Technology**: Utilizing technology such as reminder apps, automated phone calls, and smart pillboxes can help individuals to remember to take their medications. Implement reminders through phone calls, text messages, or mobile apps to help patients remember to take their medications. Electronic pill dispensers and smart pill bottles can also be useful.

1. **Medication Synchronization**: Align refill dates so that all medications can be picked up at the same time. This reduces the number of trips to the pharmacy and helps patients stay on track.
2. **Address Barriers**: Identify and address barriers to adherence, such as cost, side effects, or complex dosing schedules. Providing financial assistance or alternative medications.
3. **Regular Follow-ups**: Schedule regular follow-up appointments to monitor adherence and address any issues. This also provides an opportunity to reinforce the importance of sticking to the prescribed regimen.
4. **Behavioral Interventions**: Use motivational interviewing and other behavioral techniques to encourage adherence. Setting specific goals and providing positive reinforcement.
5. **Pharmacist Involvement:** Pharmacists play a key role providing medication counseling, conducting medication reviews and helping to manage side effects.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
SSD

Measurement 3rd quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
3rd quarter	6704	3487	3217	52.01	80.99

Some effective strategies:

1.Education and Awareness:

Patient Education: Providing clear information about the risks of diabetes associated with antipsychotic medications and the importance of regular screening.

Provider Training: Ensuring healthcare providers are aware of the increased diabetes risk and trained to integrate diabetes screening into routine care for patients with severe mental illness.

2.Integrated Care Models:

Collaborative Care: Implementing integrated care models where mental health and primary care providers work together to manage both mental and physical health needs.

Case Management: Utilizing case managers to coordinate care, ensure follow-up on screening, and help patients navigate the healthcare system.

3.Reducing Stigma:

Community Programs: Developed community-based programs to reduce stigma around mental illness and encourage individuals to seek regular medical care.

Support Groups: Creating support groups for individuals with mental illness to share experiences and encourage others to maintain their health/

4.Improving Access to care:

Mobile Health Clinics: Using mobile health clinics to provide screening services in underserved areas.

Telehealth Services: Offering telehealth services to increase access to healthcare providers, especially for those with transportation or mobility issues.

5.Medication Management:

Monitoring Side Effects: Regularly monitoring and managing the side effects of antipsychotic medications to minimize their impact on physical health.

Alternative Medications: Considering alternative medications with a lower risk of metabolic side effects when appropriate.

Questions?

Educational Tools
Resources:
https://dwihn.org/providers-HEDIS

https://dwihn.org/documents/myStrength_Flyer.pdf (self help tool)

https://dwihn.org/access-mymobileapp

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