



## Quality Improvement Steering Committee (QISC)

September 24, 2024

10:30am – 12:00pm

Via Zoom Link Platform

### Agenda

I. Welcome

T. Greason

II. Authority Updates

Dr. L. Rosen

III. Approval of Agenda

Dr. L. Rosen/Committee

IV. Approval of Minutes

Dr. L. Rosen/Committee

✚ August 27<sup>th</sup>, 2024

V. QAPIP Effectiveness

✚ Integrated Health (Performance Improvement Projects Q3)

A. Oliver

- 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)

✚ Quality Improvement

- Q3 Behavior Treatment Advisory Committee
- Q1 & 2 MMBPI Data and Q3 (Preliminary)

F. Nadeem

J. Zeller

*Follow-up Items:*

- **Member experience updates**

✚ Children Initiatives

C. Phipps

✚ Adult Initiatives **(Tabled)**

A. Gabridge



## Quality Improvement Steering Committee (QISC)

September 24, 2024

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

**Committee Chairs:** Dr. L. Rosen, 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:** No updates provided
- 3) **Item: Approval of Agenda:** Agenda for September 24<sup>th</sup>, 2024 meeting approved by Dr. Rosen and the Committee.
- 4) **Item: Approval of Minutes:** QISC Meeting Minutes for August 27<sup>th</sup>, 2024 were approved as written by Dr. Rosen and the Committee.



**5) Item: QAPIP Effectiveness**

**Goal: Integrated Health (Performance Improvement Projects Q3)**

**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>Alicia Oliver, Clinical Specialist OBRA/PASRR, shared the HEDIS measures, rates and interventions for 3<sup>rd</sup> Quarter.</p> <ul style="list-style-type: none"> <li>✚ <b>Antidepressant Medication Management: Acute Phase (6-12 weeks)</b> <ul style="list-style-type: none"> <li>○ Current rate:48.79%</li> <li>○ Goal: 66.93%</li> </ul> </li> <li>✚ <b>Antidepressant Medication Management: Continuation Phase (4-9 months)</b> <ul style="list-style-type: none"> <li>○ Current rate: 22.40%</li> <li>○ Goal: 50.71%</li> </ul> </li> <li>✚ <b>Effective Interventions:</b> <ul style="list-style-type: none"> <li>○ Regular Monitoring</li> <li>○ Medication Management</li> <li>○ Psychotherapy</li> <li>○ Lifestyle Interventions</li> <li>○ Social Support</li> <li>○ Crisis Management</li> <li>○ Education and resources</li> </ul> </li> <li>✚ <b>Follow-up After Hospitalization from Mental Illness</b> <ul style="list-style-type: none"> <li>○ 30-day FUH ages 6 and older:</li> <li>○ 6-17 years: 66.28%</li> <li>○ Goal: 70%</li> <li>○ 18-64 years: 53.24%</li> <li>○ Goal: 58%</li> <li>○ 65+ year: 45.90%</li> <li>○ Goal: 58%</li> </ul> </li> <li>✚ <b>Follow-up After Hospitalization from Mental Illness</b> <ul style="list-style-type: none"> <li><b>7-day FUH ages 6 and older:</b> <ul style="list-style-type: none"> <li>○ 6-17 years: 45.35%</li> <li>○ Goal:70%</li> <li>○ 18-64 years:33.07%</li> <li>○ Goal: 58%</li> </ul> </li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>○ 65+years:22.95%</li> <li>○ Goal: 58%</li> <li>○ <b>Current strategies to improve attendance:</b> <ul style="list-style-type: none"> <li>▪ Education and Communication</li> <li>▪ Outreach Systems and Case Managers</li> <li>▪ Referrals and Coordination</li> </ul> </li> <li>✚ <b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</b> <ul style="list-style-type: none"> <li>○ Current rate: 60.53%</li> <li>○ Goal: 66.28%</li> <li>○ Strategies implemented to improve adherence:           <ul style="list-style-type: none"> <li>▪ Patient Education</li> <li>▪ Simplifying Medications Regimens</li> <li>▪ Support Systems</li> <li>▪ Technology</li> <li>▪ Medication Synchronization</li> <li>▪ Address Barriers</li> <li>▪ Regular Follow-ups</li> <li>▪ Behavioral Interventions</li> <li>▪ Pharmacist Involvement</li> </ul> </li> </ul> </li> <li>✚ <b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications</b> <ul style="list-style-type: none"> <li>○ Current Rate: 52.01%</li> <li>○ Goal: 80.99%</li> <li>○ Some effective strategies:           <ul style="list-style-type: none"> <li>▪ Education and Awareness</li> <li>▪ Integrated Care Models</li> <li>▪ Reducing Stigma</li> </ul> </li> </ul> </li> </ul> <p>Please refer to the handout “September HEDIS Presentation” for additional information.</p>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>● Dr. Rosen emphasized the importance of practitioners asking patients about side effects, as patients may sometimes be hesitant to disclose issues, particularly regarding sexual side effects.</li> <li>● Question: How do we establish our goals?</li> <li>● Answer: The goal for follow-up after hospitalization is set by the State of Michigan, making it a state goal. The other goals align with what is known as Quality Compass, which includes the Medicaid health plan goals and rates.</li> </ul>		



<ul style="list-style-type: none"> <li>• Question: Do the 7-day rates include exceptions or are they calculated without exceptions? Answer: No, this rate does not exclude exceptions.</li> </ul>		
Action Items	Assigned To	Deadline
<p>Dr. Rosen and the QISC approved the 3<sup>rd</sup> Quarter Performance Improvement Projects as outlined. Quarter 4 data will be presented to the committee in January 2025.</p>	<p>IHC (Alicia Oliver)</p>	<p>January 28<sup>th</sup>, 2025 (4<sup>th</sup> Quarter Data)</p>



**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 1** CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
<p>Fareeha Nadeem, Clinical Specialist, reviewed Q3 Behavior Treatment Summary Data Analysis:</p> <p><b>Background :</b></p> <ul style="list-style-type: none"> <li>• The Behavior Treatment Advisory Committee (BTAC) was established in June 2017. - The Committee includes representatives from the DWIHN Provider Network, DWIHN staff (including psychologists and psychiatrists), the Office of Recipient Rights, and other members.</li> <li>• The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluates the overall effectiveness of each committee, taking corrective action as needed.</li> <li>• The Committee's responsibilities include random sampling of intrusive and restrictive behavior treatment plans, as well as reviewing their compliance with the MDHHS Technical Guidelines in the DWIHN Behavior Treatment Policy and Procedures and training.</li> <li>• The Committee also analyzes system-wide trends, behavior plan approvals, disapprovals, and terminations.</li> </ul> <p><b>Accomplishments:</b> The Michigan Department of Health and Human Services (MDHHS) recently completed the 1915(c) Waiver Review. In FY24, DWIHN/R7 was found to be in continued full compliance for the fifth consecutive year in all areas of the Administrative Review.</p> <p><b>Recommendation:</b> Continue Case Validation Reviews of randomly selected cases to promote continuous quality improvement at the PIHP level. - Improve the reporting of required data on Behavior Treatment beneficiaries, including 911 calls, deaths, emergency treatments, and the use of physical management. Integrate Network BTPRC electronic data into the PIHP PCE system to enhance reporting of Sentinel Events for members on Behavior Treatment Plans (BTPs). Conduct training for network providers on the technical requirements of Behavior Treatment Plans. For additional information, please refer to the handout titled "QISC BTAC Q3 FY 2024"</p>		
Provider Feedback	Assigned To	Deadline
It is recommended that future reporting of BTAC data and analysis include a detailed examination of underreported data. This analysis will help identify barriers, interventions, and progress.		
Action Items	Assigned To	Deadline



Dr. Rosen and the QISC approved the written report, with the recommendation to provide a drill down of data to include interventions, barriers and measurement of progress.	QI (Fareeha Nadeem)	January-February 2025
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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 #4 CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Justin Zeller, Clinical Specialist Performance Improvement shared Q1, Q2 and Q3 (Preliminary) data:</p> <p><b>Performance Indicators PI# 1 (Access/Timeliness Inpatient Screening)</b></p> <ul style="list-style-type: none"> <li>For 2024, All populations for PI#1 have met the MDHHS 95% benchmark</li> </ul> <p><b>Performance Indicator PI#2 ((Access Timeliness First Request)</b></p> <ul style="list-style-type: none"> <li>Major focus the last couple of years</li> <li>MDHHS benchmark of 57% began in 2024</li> <li>Staffing shortages and lack of available appointments have been the main challenges</li> <li>Many initiatives and interventions have been implemented. Hoping to continue to see increases above the 57% MDHHS benchmark and beyond</li> </ul> <p><b>Performance Indicator PI# 3(Timeliness/First Service)</b></p> <ul style="list-style-type: none"> <li>1<sup>st</sup> Quarter had some challenges with CRSPs billing follow-up services as well as challenges with capacity</li> <li>Issues appear to have been cleaned up and 3rd Quarter rates are highest rates for a quarter DWIHN has had in years</li> </ul> <p><b>Performance Indicator PI# 4a (Continuity of Care)</b></p> <ul style="list-style-type: none"> <li>All populations have consistently been meeting the 95% MDHHS benchmark</li> <li>Major focus has been the racial disparity rates without including exceptions</li> </ul> <p><b>Performance Indicator PI# 4b (Continuity of Care – SUD)</b></p> <ul style="list-style-type: none"> <li>PI#4b continues to meet the 95% MDHHS benchmark</li> </ul> <p><b>Performance Indicator PI#10 (Inpatient Recidivism)</b></p> <ul style="list-style-type: none"> <li>Rates have continued to slightly increase this year</li> <li>Past recidivism initiatives have been restarted to try and decrease the rates</li> <li>PI#10 child 3<sup>rd</sup> Quarter hit the highest rate in years. 4<sup>th</sup> Quarter 2024 is currently in the single digits. Please refer to the handout “PI_Updates_09242024” for additional information</li> </ul>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
None provided		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>





Q4 and Annual Analysis will be presented to the QISC during 2 <sup>nd</sup> Quarter of FY2025. Ongoing efforts will continue with meeting with providers for correlation of activities and quality improvement initiatives for PI# 2 and PI# 10.	QI (Justin Zeller)	February, 2025
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**6) Item: Follow-up Items**

**Goal: Children Initiatives (Member Experience)**

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

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

Discussion		
<p>Cassandra Phipps, Director of Children Initiatives shared for discussion the Children Satisfaction of Services (Member Experience) updates to include the following:</p> <ul style="list-style-type: none"> <li>○ Overview</li> <li>○ Agenda</li> <li>○ Recommended Interventions               <ul style="list-style-type: none"> <li>▪ Intervention 1: Share Core Competency Training and survey results from FY23-FY24</li> <li>▪ Intervention 2: Review SOGIE Interventions/ Ruth Ellis</li> <li>▪ Intervention 3: MichiCANS Q/A Session</li> <li>▪ Intervention 4: Children Mental Health Lecture series idea topics from Parents/ Member Served and Invite Parents/ Members served to attend.</li> <li>▪ Intervention 5: Autism Parent Conversations</li> <li>▪ Intervention 6: Expansion of Services</li> </ul> </li> </ul>		
Provider Feedback	Assigned To	Deadline
<ul style="list-style-type: none"> <li>• Question: Are there any CEUs on the Children Health Series for certified peers?</li> <li>• Answer: It depends on the type of trainings and if there is an approval to allow for CEU's.</li> </ul>		
Action Items	Assigned To	Deadline
Follow-up data/information will be provided to the committee during 2 <sup>nd</sup> Quarter FY2025.	C. Phipps	March 2025.

**New Business Next Meeting: October 29, 2024**

**Adjournment: September 24, 2024**



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

[www.dwihn.org](http://www.dwihn.org)

# HEDIS measure 3<sup>rd</sup> 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 3 <sup>rd</sup> 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.*

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

Measurement Period 3 <sup>rd</sup> 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 3 <sup>rd</sup> 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 3 <sup>rd</sup> quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
6-17 3rd quarter	172	78	94	45.35	70
18-64 3rd <sup>t</sup> 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 3 <sup>rd</sup> quarter	Eligible population	Total compliant	Non- Compliant	Rate %	Goal %
3 <sup>rd</sup> 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 3 <sup>rd</sup> 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](https://dwihn.org/documents/myStrength_Flyer.pdf) (self help tool)

<https://dwihn.org/access-mymobileapp>

# Behavior Treatment Advisory Committee

## Summary of Data Analysis

### 3<sup>rd</sup> Quarter 2023-2024



Fareeha Nadeem, MA, LLP. Clinical Specialist, Quality Improvement.

# Behavior Treatment Advisory Committee

- **Background**

- The Behavior Treatment Advisory Committee (BTAC) was started in June 2017.
- The Committee comprises DWIHN Provider Network representatives, DWIHN staff, including Psychologists and Psychiatrists, the Office of Recipient Rights, and members.
- The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluates each committee's overall effectiveness and corrective action as necessary
- The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans and review for inclusion of the MDHHS Technical Guidelines in the DWIHN Behavior Treatment Policy and Procedures and training.
- The Committee reviews system-wide trends, behavior plan approvals, disapprovals, and terminations.



# ACCOMPLISHMENT

The Michigan Department of Health and Human Services (MDHHS) has recently completed the 1915 (c ) Waiver Review. In FY24, DWIHN/R7 was found to be in continued full compliance for a fifth consecutive year with all the areas of the Administrative Review of B.1:

*“The graphic representation of BTC data supported the understanding of (the) data.”*



# BTPRC DATA

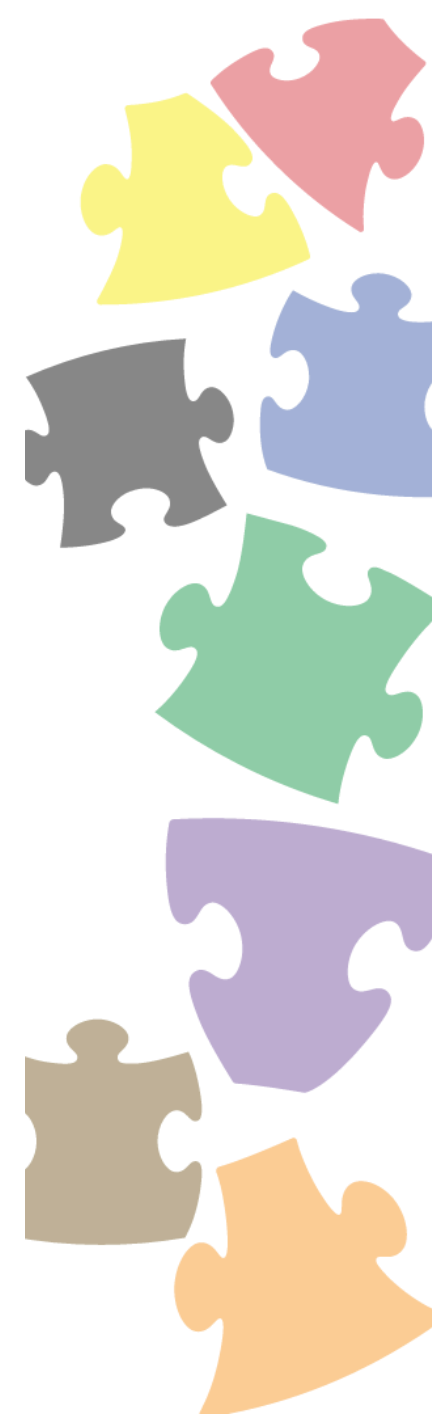
- Network BTPRCs collect, review, and report to DWIHN quarterly, where intrusive and restrictive techniques have been approved for use with individuals and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation.
- The BTPRC data provides DWIHN an oversight through quarterly analysis to address any trends and/or opportunities for quality improvement.
- DWIHN conducts randomly selected clinical chart reviews for those with recommended restrictive and/or intrusive interventions, in addition to the annual review of BTPRC policy and procedures.
- Network BTPRCs collect data and provide trends from previous quarters, the need for training, and interventions done to minimize the use of restrictions.



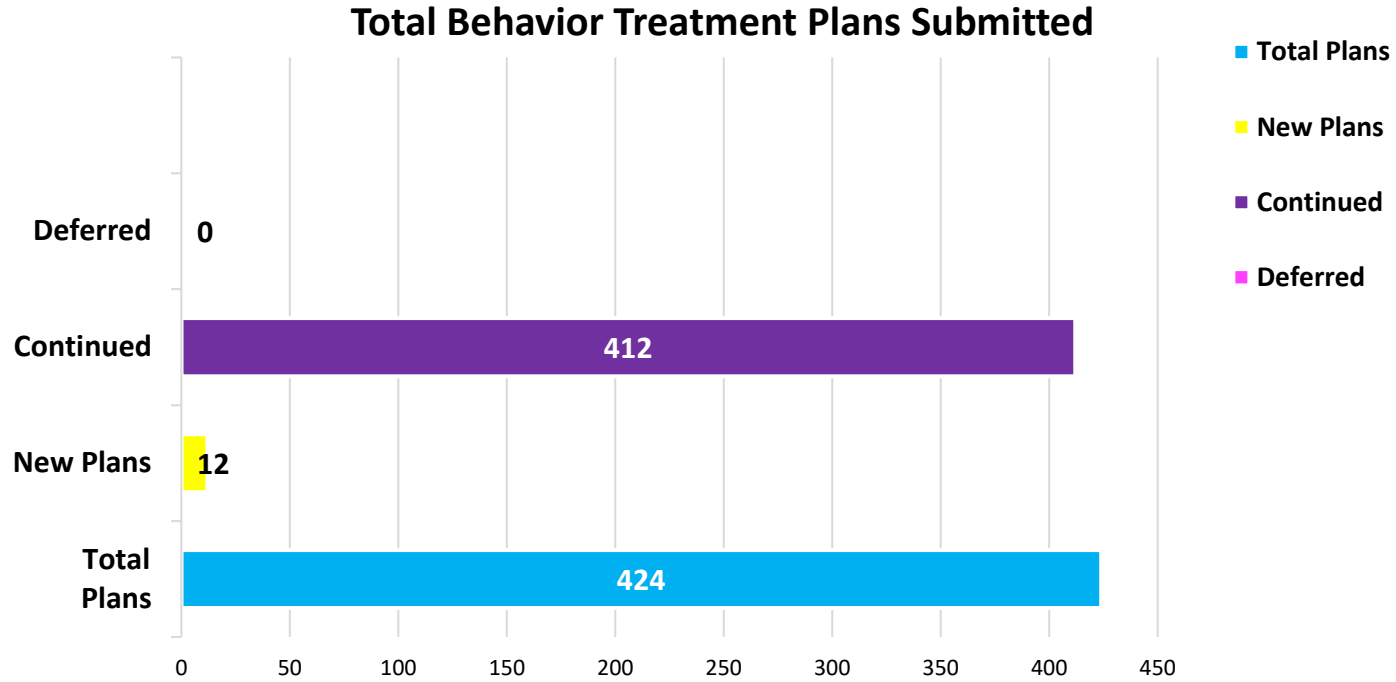
# DATA COLLECTION

The following BTPRC submitted the data included in this report:

- Community Living Services, Inc.
- Development Center, Inc.
- Hegira Downriver
- The Children's Center.
- The Guidance Center.
- Team Wellness Center.
- Neighborhood Service Organization
- Easterseals-MORC, Inc.
- PsyGenics, Inc.
- Wayne Center.

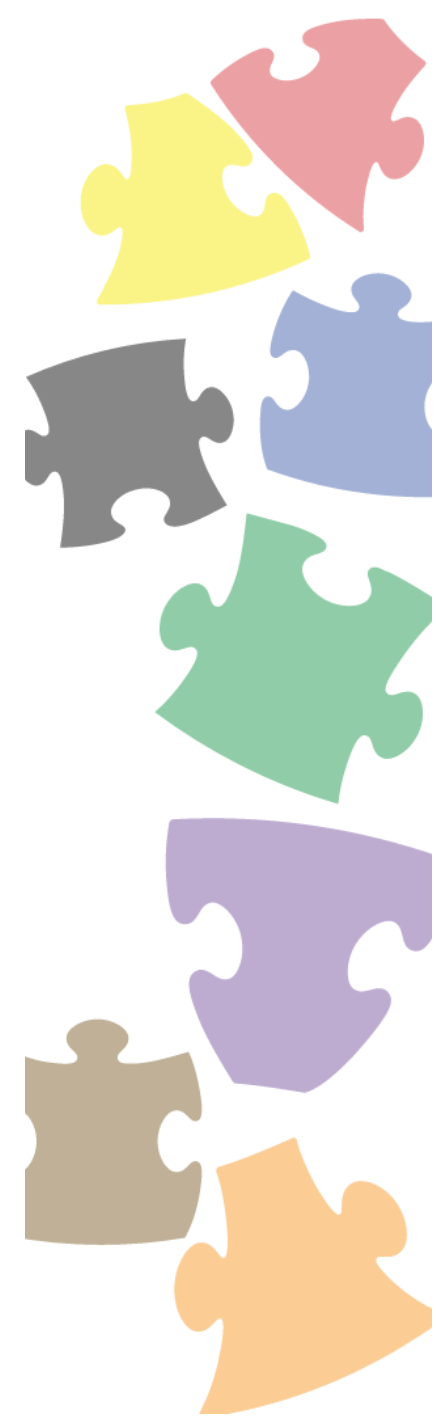
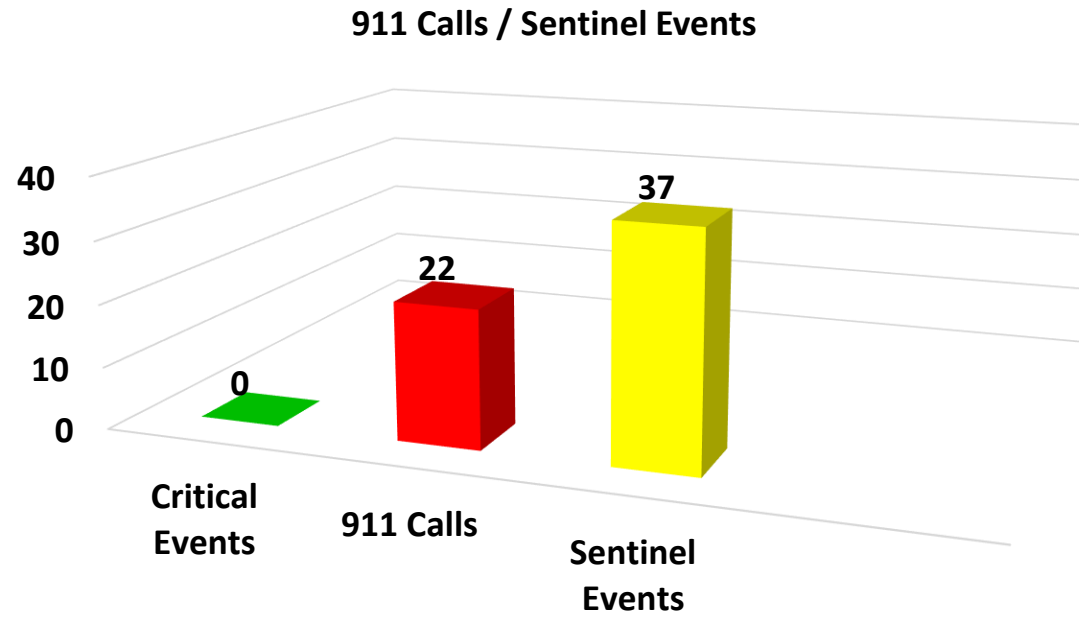


# TOTAL BEHAVIOR TREATMENT PLAN SUBMITTED



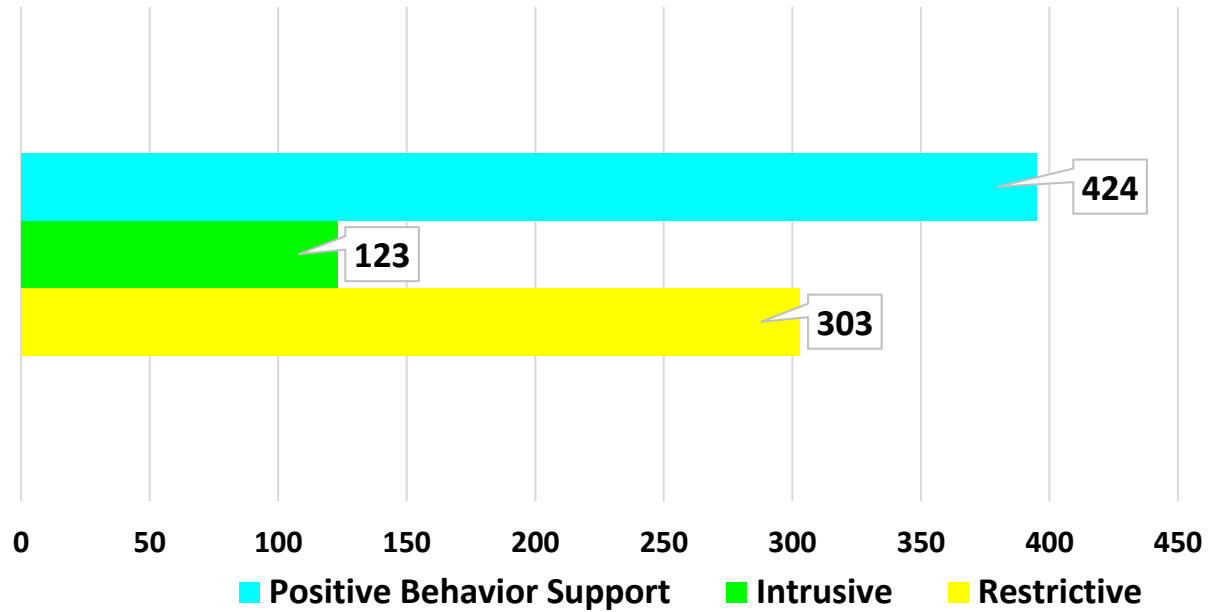


# 911 CALLS/SENTINEL EVENTS



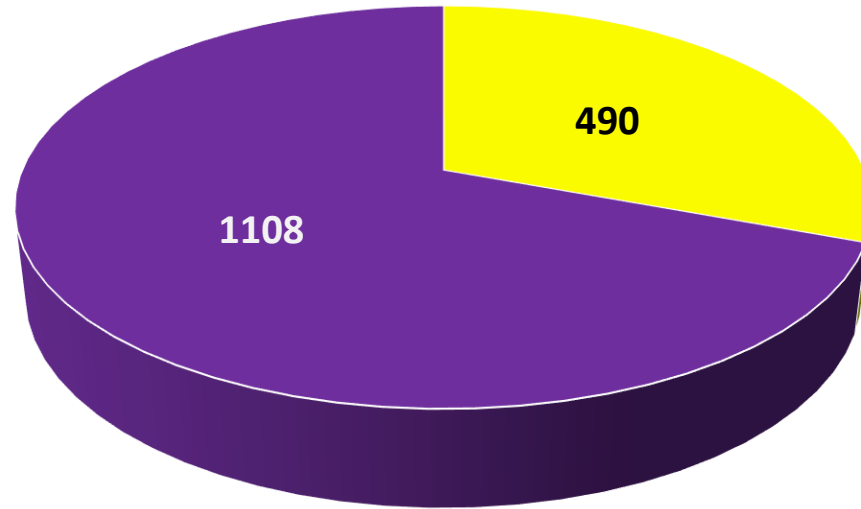
# ***RESTRICTIVE and INTRUSIVE INTERVENTIONS***

**Use of Restrictive and Intrusive Techniques**

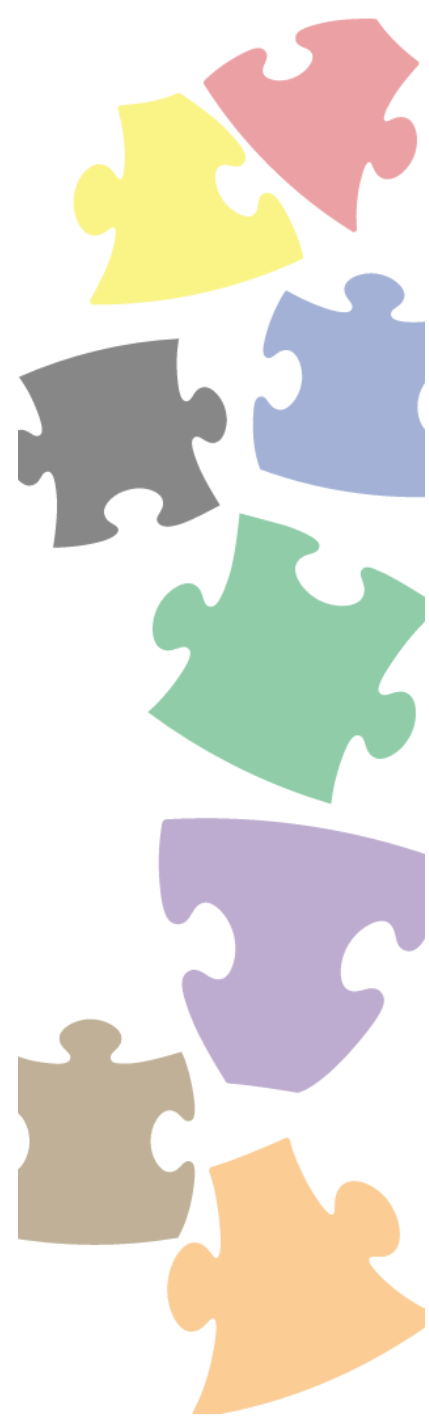


# REPORTED MEDICATIONS

Use of Medication

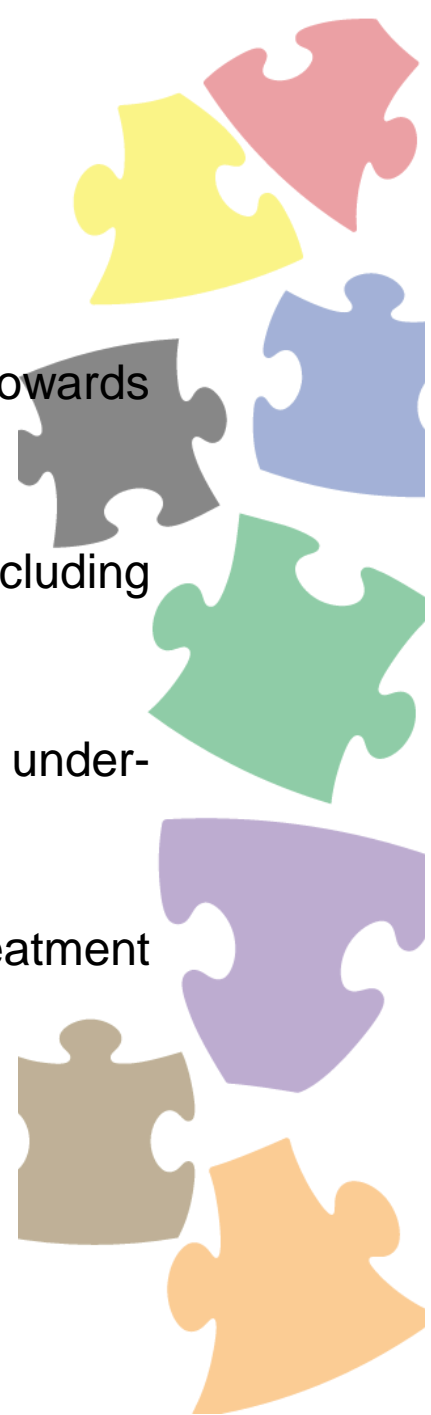


■ Antipsychotic   ■ Other Psychotropic



# RECOMMENDATIONS

- ⇒ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level.
- ⇒ To improve the under-reporting of Behavior Treatment beneficiaries' required data, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management.
- ⇒ Network BTPRC electronic data should be patched into the PIHP PCE system to help under-report Sentinel Events of members on BTPs.
- ⇒ Conduct training for network providers on the Technical Requirements of Behavior Treatment Plans.

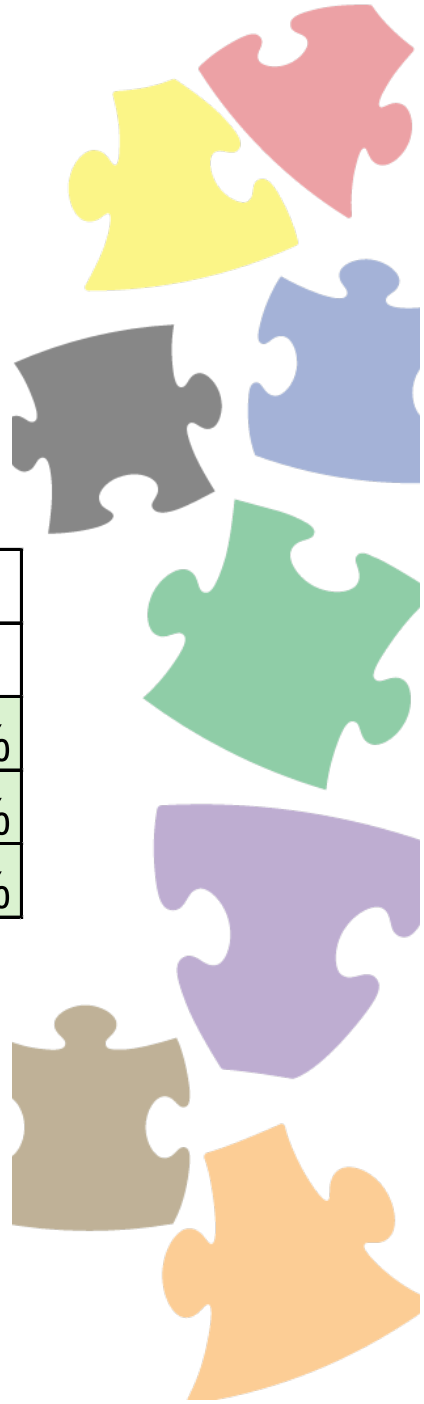




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# Michigan Mission Based Performance Indicator #1

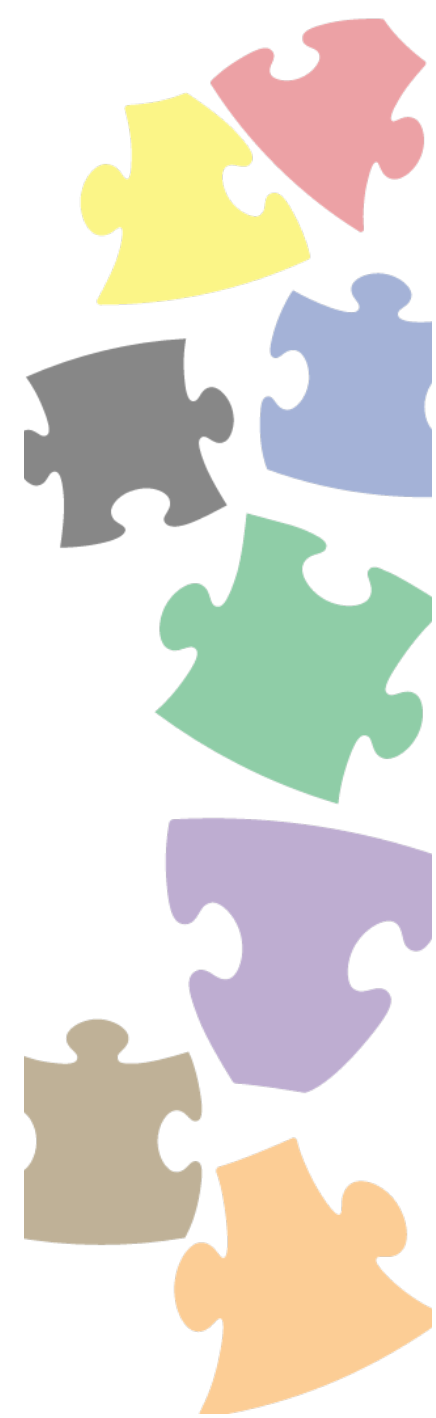


Performance Indicators			
	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#1 Children	99.44%	98.80%	95.01%
PI#1 Adults	96.55%	97.23%	97.85%
PI# Total	97.15%	97.55%	97.19%

- For 2024, All populations for PI#1 have met the MDHHS 95% benchmark



# Michigan Mission Based Performance Indicator #2a



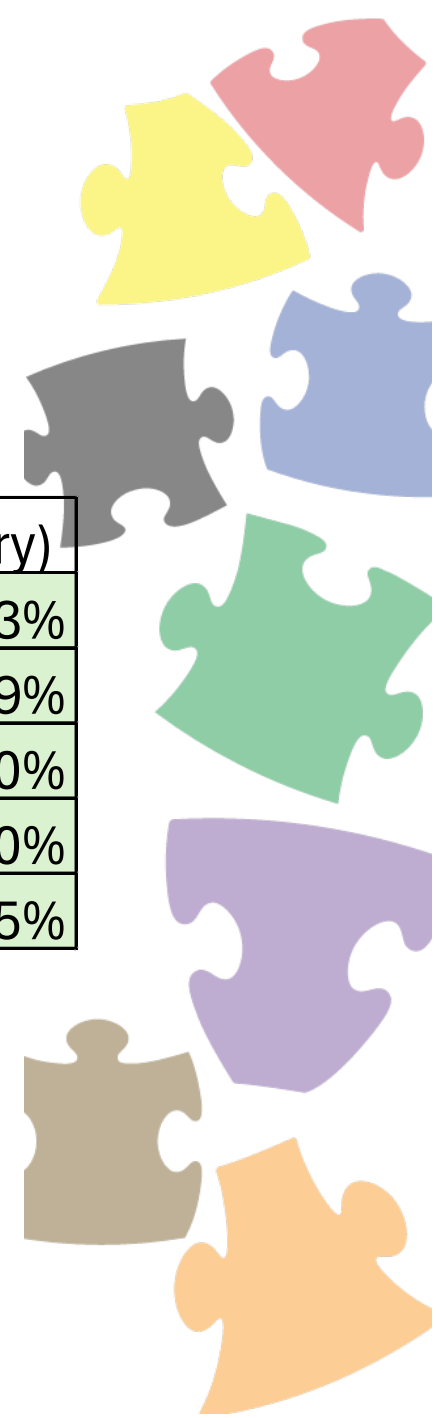
	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#2a MI Child	30.21%	51.78%	59.06%
PI#2a MI Adult	57.36%	59.68%	59.43%
PI#2a IDD Child	21.78%	27.92%	31.50%
PI#2a IDD Adult	58.41%	63.64%	60.77%
PI#2a Total	47.64%	53.37%	55.36%

- Major focus the last couple of years
- MDHHS benchmark of 57% began in 2024
- Staffing shortages and lack of available appointments have been the main challenges
- Many initiatives and interventions have been implemented. Hoping to continue to see increases above the 57% MDHHS benchmark and beyond.

# Michigan Mission Based Performance Indicator #3

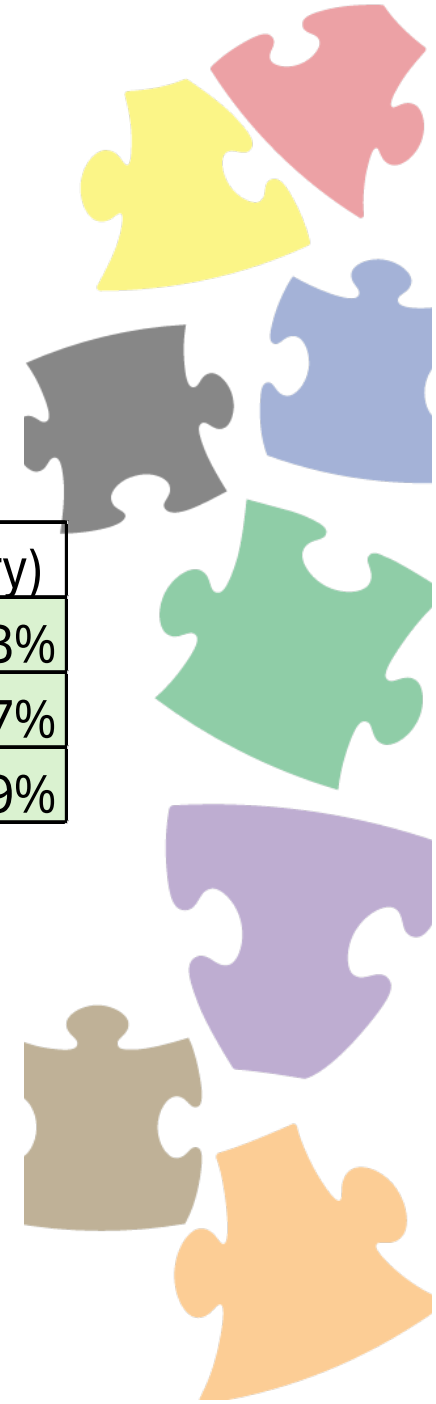
	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#3 MI Child	79.70%	90.80%	93.03%
PI#3 MI Adult	90.49%	91.62%	94.49%
PI#3 IDD Child	66.35%	74.31%	88.90%
PI#3 IDD Adult	81.82%	90.91%	93.50%
PI#3 Total	85.22%	88.84%	93.25%

- 1<sup>st</sup> Quarter had some challenges with CRSPs billing follow-up services as well as challenges with capacity
- Issues appear to have been cleaned up and 3rd Quarter rates are highest rates for a quarter DWIHN has had in years





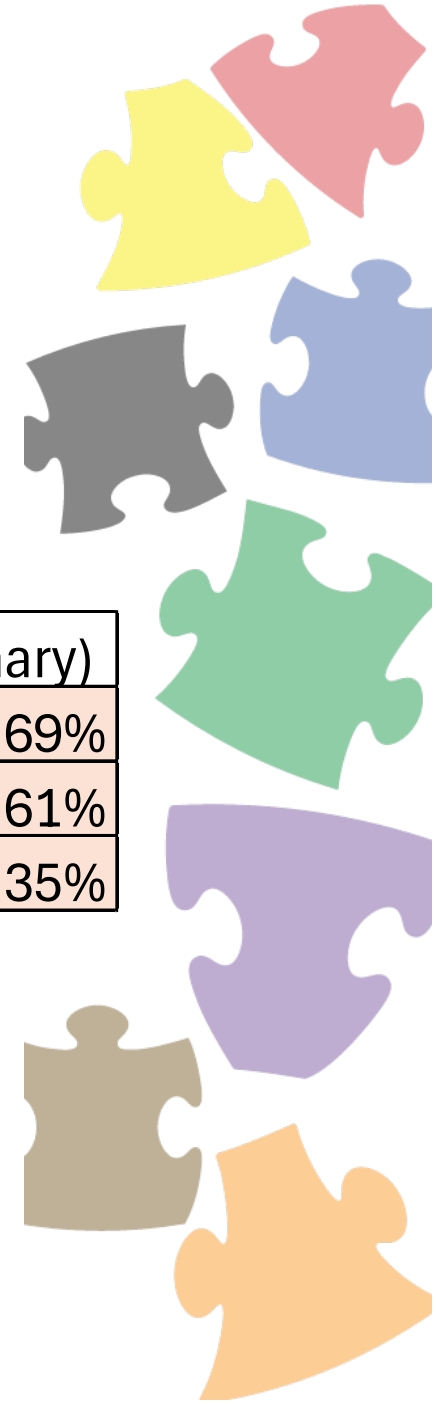
# Michigan Mission Based Performance Indicator #4a



	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#4a Child	97.78%	96.23%	98.63%
PI#4a Adult	98.67%	97.57%	97.47%
PI#4a Total	98.60%	97.48%	97.59%

- All populations have consistently been meeting the 95% MDHHS benchmark
- Major focus has been the racial disparity rates without including exceptions

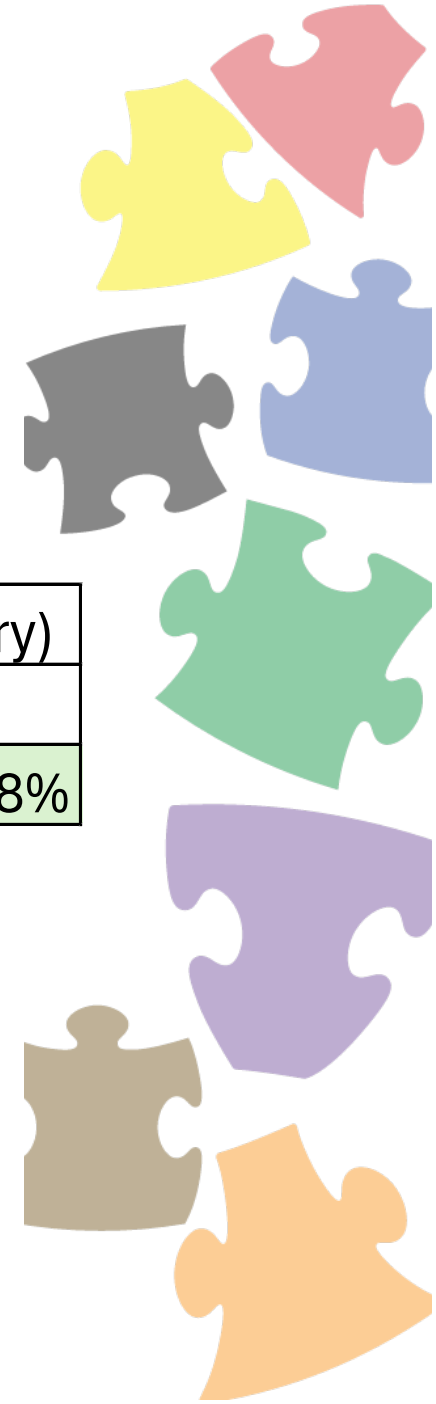
# Michigan Mission Based Performance Indicator #10



	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#10 Child	8.62%	8.82%	15.69%
PI#10 Adult	17.58%	16.65%	17.61%
PI#10 Total	16.79%	15.97%	17.35%

- #10 rates have continued to slightly increase this year
- Past recidivism initiatives have been restarted to try and decrease the rates
- PI#10 child 3<sup>rd</sup> Quarter hit the highest rate in years. 4<sup>th</sup> Quarter 2024 is currently in the single digits.

# Michigan Mission Based SUD Performance Indicators



	1st Quarter 2024	2nd Quarter 2024	3rd Quarter 2024 (Preliminary)
PI#2e SUD	64.73%	63.79%	-
PI#4b SUD	97.25%	95.05%	95.38%

- PI#2e continues to consistently be under the new 68.20% MDHHS benchmark
- PI#4b continues to meet the 95% MDHHS benchmark