



**Quality Improvement Steering Committee (QISC)**  
**October 28, 2025**  
**10:30am – 12:00pm**  
**Via Zoom Link Platform**  
**Agenda**

- |  |                             |
|--|-----------------------------|
| <b>I. Welcome</b>  | <b>T. Greason</b>           |
| <b>II. Authority Updates</b>   | <b>S. Faheem</b>            |
| <b>III. Approval of Agenda</b>   | <b>S. Faheem/Committee</b>  |
| <b>IV. Approval of Minutes</b>   | <b>Dr. Faheem/Committee</b> |
| ○ September 30, 2025   |                             |
| <b>V. QAPIP Effectiveness</b>  |                             |
| • <b>Review and Analysis</b>   | <b>A. Siebert/T.Greason</b> |
| ○ <i>Annual Workplan FY2024</i>  |                             |
| <b><i>Follow-Up Performance Improvement Projects:</i></b>  |                             |
| • <b>Utilization Management</b>  | <b>T. Karroll</b>           |
| ○ <i>Habilitation Supports Waiver (HSW) (Tabled)</i>   |                             |
| • <b>Quality Improvement</b>   | <b>A. McGhee/L. Harmon</b>  |
| ○ <i>Reducing the Racial Disparity of African Americans seen for Follow-up care within 7-Days of Discharge from a Psychiatric Inpatient Unit</i> |                             |



## Quality Improvement Steering Committee (QISC)

October 28, 2025

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:** Antipsychotic compliance is improving compared to last year. This is particularly significant due to the correlation between psychotic disorders and crisis recurrence. Providers are encouraged to continue education on the importance of medication, the use of MedDrop, long-acting injectables, and court-ordered treatments (AOT), if necessary. Recidivism guidelines were presented to this group and are pending adoption into flow processes, aimed to encourage the use of evidence-based practices and treatment compliance interventions.

**3) Item: Approval of Agenda:** Agenda for October 28<sup>th</sup>, 2025 approved with revisions.

**4) Item: Approval of Minutes:** QISC Meeting Minutes for September 30<sup>th</sup>, 2025 approved by Dr. Faheem and committee with no recommended changes.



**5) Item: QAPIP Effectiveness**

**Goal: Review and Analysis**

**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>April Siebert, Director of Quality Improvement, shared the following:</p> <p><b>Annual QAPIP Workplan FY2024:</b></p> <ul style="list-style-type: none"> <li>Reviewed the alignment of our goals with the six pillars of the Strategic Plan: Customer, Access, Quality, Workforce, Finance, Advocacy</li> <li>A Total of 35 objectives were evaluated and discussed.</li> <li>Emphasis on improvement in communication and regular updates to QISC (quarterly cadence recommended).</li> <li>FY24 focus: <i>ECHO Annual Satisfaction Survey</i> and areas where members rated poorly (e.g., treatment of care, timeliness, access).</li> <li>Beginning in FY2026, MDHHS will shift to HEDIS measure reporting, replacing MMBPI indicators with the exception of PI#2A (intake timeliness within 14 days).</li> <li>Internal teams will continue to track recidivism despite the removal from state-required indicators.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions/Concerns:</b></p> <ul style="list-style-type: none"> <li>Dr. Faheem: Recommended quarterly reporting of goal progress to avoid last-minute evaluations.</li> <li>April Siebert: Agreed, and noted that while some information is shared with the Board, it has not always been brought back to QISC consistently.</li> </ul>		
Action Items	Assigned To	Deadline
<p>Beginning FY2026, quarterly progress reports for each objective in the QAPIP Work Plan will be shared with the committee for review and feedback.</p>	<p>Quality Improvement (A. Siebert, T. Greason)</p>	<p>Ongoing</p>



5) Item: QAPIP Effectiveness

Goal: Follow-up

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>Angel McGhee, Data Analyst, shared the following Performance Improvement Project (PIP) update:</p> <p><i>Reducing the Racial Disparity of African Americans seen for Follow-up care within 7-Days of Discharge from a Psychiatric Inpatient Unit.</i></p> <p><b>Background:</b> The project focuses on reducing racial disparity for African American members attending follow-up care within 7 days of psychiatric inpatient discharge.</p> <p><b>Barriers Identified:</b></p> <ul style="list-style-type: none"> <li>○ Poor care coordination</li> <li>○ Unassigned hospitalized members</li> <li>○ Technology and telehealth access limitations</li> <li>○ Lack of phones and transportation</li> <li>○ Staff bias and stigma</li> <li>○ Historical mistrust of providers</li> <li>○ Staff shortages and member disengagement</li> </ul> <p><b>Recent Interventions:</b></p> <ul style="list-style-type: none"> <li>○ Added new providers: <b>Guidance Center</b> and <b>Development Center</b></li> <li>○ Ongoing 45-day meetings with high-disparity providers (e.g., CNS, CCIH, LBS, NSO)</li> <li>○ New crisis discharge training held last month</li> <li>○ Contracted transportation with Mariners Inn and Godspeed</li> <li>○ Real-time data reporting via IT-generated dashboards</li> </ul>		



<p><b>Data Highlights:</b></p> <ul style="list-style-type: none"> <li>○ <b>2021 Baseline:</b> 4.51% racial disparity</li> <li>○ <b>2022:</b> Increased to 8.73%</li> <li>○ <b>2023:</b> Slight improvement to 7.57%</li> <li>○ <b>2024:</b> Down to 4.93%</li> <li>○ <b>2025 (YTD):</b> Increased to 8.76%</li> </ul> <ul style="list-style-type: none"> <li>● <b>Compliance:</b> <ul style="list-style-type: none"> <li>○ African American members: 38.59%</li> <li>○ Caucasian members: 47.35%</li> </ul> </li> </ul>		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
<p><b>Questions/Concerns:</b></p> <ul style="list-style-type: none"> <li>● Dr. Faheem: Recommended internal brainstorming sessions; continuing current interventions alone has made some improvements, but not sufficient for reporting under the benchmark goal of 4.51%.</li> <li>● Jessica Collins: Raised concern over unclear root causes despite research and member surveys.</li> <li>● Margaret Keyes-Howard: Suggested closer analysis of African American males aged 45–55. Recommended studies involving social drivers of health, and possibly exploring member incentives.</li> <li>● Tania Greason: Noted that contact during hospitalization greatly improves follow-up; promoted telemedicine as a potential solution.</li> <li>● Dr. Faheem: Suggested deeper analysis of quarterly subgroup trends.</li> <li>● Laura Boros: Asked if data differentiates between “frequent flyers” and first-time hospitalizations.</li> <li>● Angel McGhee: No current comparison, but recognized the value in exploring recommended suggestions.</li> </ul>		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Continue to conduct brainstorming sessions and bring back updated analysis and data to the committee for review and feedback.	Quality Improvement (A. McGhee)	March, 2026

**New Business Next Meeting: January 27, 2026**  
**Adjournment: October 28, 2025**