Quality Improvement Steering Committee (QISC)
April 28, 2026
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 31, 2026	**Dr. Faheem/Committee**
V.	**QAPIP Workplan Effectiveness**	
	• ***Children's Initiative***	**C. Phipps**
	○ HEDIS: Child Antipsychotic Medication Metabolic Testing(APM)	
	○ HEDIS: ADHD Medication Follow-Up (ADD)	
	○ HEDIS: Follow Up After Hospitalization (FUH)	
	○ PHQ-A for children with intellectual developmental disabilities	
	○ PHQ-A Policy/Procedure	
	○ Feeling and Emotions Chart	
	• ***Customer Services***	**D. Johnson**
	○ Grievance/Appeal Data Report (Q1) (**Table**)	
	• ***Quality Improvement***	
	○ Reducing the Racial Disparity of African Americans Seen for Follow-Up Care W/7 Days	**A. McGhee/T. Greason**
	▪ Analysis of Data	
	▪ Prioritizing Barriers/Interventions	
	▪ New Identified Barriers/Interventions	
	○ BTAC Data Report (Q1)	**F. Nadeem**
	○ CE/SE/RCA Data Report (Q1)	**C. Spight-Mackey**

Quality Improvement Steering Committee (QISC)
April 28, 2026
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: Crisis Center Updates: Highest usage recorded (Feb–March) since opening (Summer 2024). Potential causes: Increased awareness, the addition of Behavioral Health Urgent Care, and a possible increase in crises. Crisis Call Line: Partnership with Detroit Police, 1,000+ mental health calls diverted to Mobile Crisis Teams (6 months). Clinical Practice Guidelines Updated: Depression, Schizophrenia, Substance Use Disorder (ASAM). Full presentation scheduled for May.

3) Item: Approval of Agenda: Agenda for April 28th, 2026, approved with revisions.

4) Item: Approval of Minutes: QISC Meeting Minutes for March 31st,2026 approved.

5) Item: QAPIP Effectiveness
Goal: Children's Initiative
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, reviewed the following for analysis and approval:
 	
***HEDIS: Child Antipsychotic Medication Metabolic Testing(APM)**:*
***Change Goal:** Requesting to change the goal from separate age groups (0 to 11 / 12 to 17) to 1 age group of (1 to 17) in alignment with MDHHS goal at 27.60%*
 	
• **Performance Data (FY25)**
  ○ MDHHS Goal: 27.60%
  ○ Q1: 15% (3/25 providers met goal)
  ○ Q2: 20% (5/24 providers)
  ○ Q3: 23% (8/24 providers)
• **Key Update**
  ○ Age groups combined to 1–17 years
  ○ Change approved (March 2026 IPLT)
 	
HEDIS: ADHD Medication Follow-Up (ADD):
• **Goals**:
  ○ Initial: 52.60%
  ○ Continuation: 61.20%
• **Performance (FY25)**:
  ○ ***Initial*:**
  ○ Q1: 72%
  ○ Q2: 71%
  ○ Q3: 56% (preliminary)
  ○ ***Continuation***:
  ○ Q1: 71%
  ○ Q2: 70%
  ○ Q3: 64% (preliminary)
 	
HEDIS: Follow-Up After Hospitalization (FUH);
 	
• **Goals (FY26)**:
  ○ 7-Day: 79%
  ○ 30-Day: 79%		

- **Performance (FY25)**:
  - **7-Day**:
    - Q1: 48%
    - Q2: 53%
    - Q3: 49%
  - ***30-Day***:
    - Q1: 66%
    - Q2: 63%
    - Q3: 62%
- **Key Challenges:**
  - Must be completed by a Master ’s-level clinician
  - Limited qualifying CPT codes
  - IDD population heavily impacted

PHQ-A (Patient Health Questionnaire for Adolescents):

- **Current Updates**:
  - CPT code changed from H0031 → 90791
  - Addition of diagnosis tracking in the dashboard
- IDD Population Discussion (April IPLT)
  - Proposal:
    - Require PHQ-A for IDD children (ages 11–17)
- **Feedback Received:**
  - *Benefits:*
    - Early identification of depression/suicidality
    - Concerns:
    - Burden due to additional MDHHS assessments (e.g., MichiCANS, WHODAS)
    - Communication limitations
- **Recommendations:**
  - *Develop:*
    - Child-friendly tools (e.g., visual/emoji supports)
    - Targeted provider training

New interventions (According to feedback from the March 2026 IPLT Meeting):
 	
HEDIS Competency Quiz:
▪ Develop HEDIS Competency Quiz for new clinicians/case managers to complete (SED and IDD Children Providers).
  ▪ New Staff (within 6 months from new hire date)
  ▪ Existing Staff (every 2 years from hire date)
▪ The quiz will consist of up to 5 multiple-choice and or True/False questions to ensure understanding of the HEDIS measure, incorporating into the IPOS, and coordination of care.
▪ Host another HEDIS Training during Peer to Peer or Children Mental Health Lecture Series (CMHLS) by 9/30/26
▪ The HEDIS measure and quiz to be included and reiterated during the Core Competency Trainings (Initial/Booster)
  ▪ The Core Competency Training is required for SED Children Providers and optional for IDD Children Providers
Policy Update**:** *Currently included in the Clinical Practice Guidelines Policy*
  ▪ Include DWIHN Engagement and Compliance Monitoring Procedure
  ▪ Updating the policy requiring the Quarterly Report to be completed quarterly for Providers falling below the goal.
  ▪ Updating the Quarterly Report from the Feedback Survey via Microsoft Forms to Excel Sheet
  ▪ Providers self-audit 100% of cases not meeting the goal requirements and document findings on the Quarterly Report
  ▪ Quarterly Reports are submitted to the Performance Improvement Plan Smartsheet		

Provider Feedback	**Assigned To**	**Deadline**
No direct feedback was provided regarding the recent updates. Therefore, providers will maintain communication with the Children's Initiative team and reach out for further guidance and support whenever necessary. This ongoing dialogue ensures that they receive the assistance they need to enhance their practices and outcomes		
Action Items	**Assigned To**	**Deadline**
Dr. S. Faheem and the QISC have approved the HEDIS Measures: ADD, APM, FUH, and PHQ-9 for ongoing monitoring and analysis.	DWIHN's Children Initiative team will continue to review and monitor HEDIS measures, providing updates to the Quality Improvement Steering Committee at least quarterly	Ongoing (No less than quarterly

5) Item: QAPIP Effectiveness
Goal: Quality Improvement
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI #1 CC#___ ☐ UM #____ ☐CR #___ ☐ RR #___

Discussion		
Angel McGhee, Data Analyst, discussed and reviewed the causal/barrier analysis process for continued brainstorming to *Reduce the Racial Disparity of African Americans Seen for Follow-Up Care W/7 Days;* ***Racial Disparity Background:*** DWIHN has been closely monitoring hospitalization rates and working to reduce the number of members who require hospitalization services. The organization understands that providing follow-up care to patients after psychiatric hospitalization can lead to better outcomes, decrease the likelihood of re-hospitalization, and reduce the overall cost of outpatient care. Research has shown that inadequate integration of follow-up treatment within the continuum of psychiatric care often results in poor-quality ongoing treatment, particularly for African Americans. A study by the Michigan Health Endowment revealed that disparities in care quality exist across all counties and PIHP regions for most measures. The extent of these disparities varies depending on the measure, county, and year. Notably, county-level rates for the White population consistently exceed the statewide average. **Data Summary:** ○ Baseline disparity: 4.51% ○ 2025: 5.58% ○ 2026 (preliminary): -5.3% ○ White members continued to meet the compliance goal (40%) ○ African American members improving (37%) but below target **Racial Disparity Barriers & Ratings:** ○ Poor coordination of care (High) ○ Hospitalized members unassigned to CRSPs (Medium) ○ Reduced telehealth services (Medium) ○ Difficulty obtaining timely appointments (Low) ○ Lack of resources (transportation, childcare, phones) (Low) ○ Staff biases (Medium) ○ Historical mistrust of providers (Medium) ○ Mental health stigma (Medium) ○ Staff shortages (High) ○ Member disengagement (no-shows, refusals) (High)		

Racial Disparity Interventions & Ratings: • Peer Agents from DWIHN's Customer Service department work with IHC team to call members on the Transition of Care (TOC) list each week to remind them of their follow-up appointments and attempt to resolve any barriers that would prevent them from attending (**High)** • DWIHN's Crisis Department Clinical Specialists are meeting with hospitalized members who are admitted without a CRSP at BCA Stonecrest, Beaumont Behavioral, and the new Henry Ford Behavioral to engage, collaborate, and improve participation in follow-up services. (*This stopped 4/1/2026 once PAR's were brought in-house to DWIHN*) (**Medium)** • A Clinical Specialist also visits kids at other hospitals at times if they have no CRSP, and DWIHN is partnering with Team, CCIH, and LBS so they use our process to see their members. (*This stopped 4/1/2026 once PAR's were brought in-house to DWIHN*) (**Low)** • DWIHN's Integrated Care Department's Care Coordinators began making calls to members to remind them, 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. (**Low)** • DWIHN has contracted with two agencies (Mariners Inn and Godspeed) to provide transportation for non-emergent appointments. (**Medium)** • DWIHN's IT team created an automated drive for racial disparity rates to be available within 24 hours of report. This data assists in providing CRSPs with their most recent data at the 30-day meetings. (**Medium**) • As of October 2023, DWIHN has added the racial disparity topic to the agenda of the Hospital Liaisons meeting to discuss ongoing issues as they arise. (**Low)** • As of August 2023, DWIHN started meeting every 45 days with 6 of its CRSPs with the largest number of events and/or greatest disparities. DWIHN intends to continue these meetings until progress is shown. (**Medium)** • DWIHN's Customer Service department completed a phone survey to gather the top barriers for members missing follow-up appointments. (**Low)** Please see the handout "Racial Disparity Power Point 04.28.2026.pptx" for additional information		

Provider Feedback	Assigned To	Deadline
Providers discussed the ongoing challenges of engaging members to attend their follow-up appointments. However, improvements have been made in overcoming some of the noted barriers, with the help of Hospital Liaisons from DWIHN, the hospital, and the Clinically Responsible Service Providers (CRSPs), who continue to work to obtain accurate contact information before a member is discharged.		
Action Items	**Assigned To**	**Deadline**
The committee has reviewed the data analysis to brainstorm and rank the interventions. The calendar year 2025 will be the final remeasurement period for the assigned Performance Improvement Project (PIP). Ongoing monitoring for fiscal year 2026 will remain a requirement. Additional information will be provided to the committee as soon as it is received from MDHHS, as necessary.	QI Team (A. McGhee)	September 30, 2026

5) Item: QAPIP Effectiveness
Goal: Quality Improvement
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NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Fareeha Nadeem, Sr. Psychologist, reviewed the Behavior Treatment Advisory Committee Summary of Data Analysis (Q-1 FY 2025-2026) **BTPRC Data:** Provider representatives are invited to participate in case validation reviews during BTAC meetings to promote transparency, collaboration, and shared accountability. This collaborative framework supports DWIHN's Continuous Quality Improvement (CQI) initiatives at the PIHP level. The structure promotes open communication and partnership among stakeholders. The BTAC submits quarterly data analysis reports to MDHHS summarizing: BTPRC activities: • Outcomes • Identified system trends These reports serve as a mechanism to evaluate the effectiveness of behavioral treatment strategies and inform system improvements **Trends and Patterns:** • The required data of Behavior Treatment beneficiaries, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management, is still under-reported. DWIHN continues to work with network providers to address this issue. • The network BTPRCs have an electronic health record system that is not patched with the DWIHN PCE system (MHWIN), and that is one of the barriers to improving the under-reporting of 911 calls and other reportable categories of events. • Reporting under the wrong category is one of the barriers. The Behavior Treatment category is live in the Sentinel Events Reporting module in MHWIN to improve the systematic under-reporting of Behavior Treatment beneficiaries' required data. • In-service on behavior treatment plans by the staff who are not qualified. The shortage of clinical staff with MDHHS-required credentials for BTPRC review continues to be challenging.		

Provider Feedback	Assigned To	Deadline
No direct feedback was provided regarding the recent update. Therefore, ongoing updates will be provided to the QISC to ensure the ongoing improvement of practices and outcomes.		
Action Items	**Assigned To**	**Deadline**
DWIHN's Quality Improvement team (Sr. Psychologist) will continue to review and analyze BTAC data and provide updates to the Quality Improvement Steering Committee at least quarterly.	F. Nadeem, Sr. Psychologist	Ongoing, no less than quarterly.

5) Item: QAPIP Effectiveness
Goal: Quality Improvement
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI #1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Carla Spight-Mackey, Clinical Specialist shared CE/SE/RCA Data Analysis Report for Q1: **Trends and Patterns:** ○ Staff failure to sign documents with full credentials; often not including the member's signature or acknowledgement on required documents. ○ Plans do not fully integrate the identified problematic areas presented by the members. Often there is no acknowledgement in the plan to address those identified issues or whether the member preferred to defer or refused treatment in that area. ○ Crisis/Safety Plans are not consistently in place or updated when CE/SE have occurred ○ Great improvement in closure of death events with the collaboration of both providers reporting and internal staff acquiring death certificates and ME reports ○ Increased number of providers' staff participating in CE/SE training and beginning to improve the reporting of events throughout the entire DWIHN system • **Data Overview:** ○ 435 total reported events (Oct–Dec 2025) ○ Outcomes: ○ 256 cases closed ○ 26 required Root Cause Analysis (RCA) ○ 15 under investigation ○ 3 administrative closures ○ 14 did not meet reporting criteria • **Event Categories:** ○ Deaths: 69 ○ ER visits: 47 ○ Hospital admissions: 63 ○ Arrests: 19 ○ Media reports: 8 ○ Behavior treatment referrals: 43 Please refer to the handout "Q1 data CE/SE Report" for additional information.		

Provider Feedback	Assigned To	Deadline
No provider feedback		
Action Items	**Assigned To**	**Deadline**
Identified trends/patterns will be shared with DWIHN's Clinical Practice Teams to address areas for signed documentation and crisis plan trainings.	CE/SE (QI Team)	June 30, 2026

New Business Next Meeting: June 30, 2026
Adjournment: April 28, 2026

Quality Improvement Steering Committee (QISC)

April 28, 2026

Children Initiative Department

CONNECTIONS

WAYNE COUNTY SYSTEM OF CARE

SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES

Agenda

<u>Performance Improvement Plans:</u>

- HEDIS: Child Antipsychotic Medication Metabolic Testing
- HEDIS: ADHD Medication Follow Up
- HEDIS: Follow Up After Hospitalization
- Patient Health Questionnaire (PHQ-A)

HEDIS: Child Antipsychotic Medication Metabolic Testing

Antipsychotic Medication Metabolic Testing:

Measurement #1 Current Goal = 23.36%	The percentage of youth ages 1 to 11 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. • 1/1/2023 – 12/31/2023 Rating Period = 127 / 664 members (19.12%)
Measurement #2 New Goal = 38%	The percentage of youth ages 12 to 17 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. • 1/1/2023 – 12/31/2023 Rating Period = 393 / 1,382 members (28.43%)

FY25 Data: (Jan 2025 – Dec 2025)

MDHHS Goal of 27.60%

Q1 = 15% (3 out of 25 Providers met goal)

Q2 = 20% (5 out of 24 Providers met goal)

Q3 = 23% (8 out of 24 Providers met goal)

Change Goal: Requesting to change the goal from separate age groups (0 to 11 / 12 to 17) to 1 age group of (1 to 17) in alignment with MDHHS goal at 27.60% *****APPROVED during March 2026 IPLT Meeting*****

HEDIS: Child Antipsychotic Medication Metabolic Testing

NEW INTERVENTIONS (According to feedback from March 2026 IPLT Meeting)

HEDIS Competency Quiz:

- Develop HEDIS Competency Quiz for new clinicians/case managers to complete (SED and IDD Children Providers).
  - New Staff (within 6 months from new hire date)
  - Existing Staff (every 2 years from hire date)
- The quiz will consist of up to 5 multiple choice and or True/False questions to ensure understanding of the HEDIS measure, incorporating into the IPOS, and coordination of care.
- Host another HEDIS Training during Peer to Peer or Children Mental Health Lecture Series (CMHLS) by 9/30/26
- The HEDIS measure and quiz to be included and reiterated during the Core Competency Trainings (Initial/Booster)
  - The Core Competency Training is required for SED Children Providers and optional for IDD Children Providers

Policy Update: *Currently included in the Clinical Practice Guidelines Policy*

- Include DWIHN Engagement and Compliance Monitoring Procedure
- Updating the policy requiring the Quarterly Report to be completed quarterly for Providers falling below the goal.
- Updating the Quarterly Report from the Feedback Survey via Microsoft Forms to Excel Sheet
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https://app.smartsheet.com/b/form/019be0a2740d799f8885e4dc76ddc838

HEDIS: Child Antipsychotic Medication Metabolic Testing

NEW INTERVENTIONS (According to feedback from March 2026 IPLT Meeting)

Pediatricians / Psychiatrists:

- Include on the quarterly report form if Providers are implementing a standard order for metabolic testing when antipsychotic medication is prescribed.
- Partner with Federally Qualified Health Clinics (FQHC) who are connected onsite with Children Providers to offer HEDIS education.
- Include in the quarterly report for Providers to provide a list of FQHC partner with.
- Require Psychiatric/Medical staff to take the HEDIS Competency quiz
- Provide a list of commonly prescribed Antipsychotic Child Medications

HEDIS: ADHD Medication Follow Up

DWIHN Goals as of Dec 2023:

ADHD Medication Follow Up:

Measurement #1 New Goal = 64%	The percentage of children between 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. • 3/1/2022 – 2/28/2023 Rating Period = 681 / 1,154 members = 59.01%
Measurement #2 New Goal = 76%	The percentage of children between 6-12 years of age who have a prescription for ADHD medication and at least two follow-up visits with a practitioner in the 9 months after the initiation phase. • 3/1/2022 – 2/28/2023 Rating Period = 188 / 264 members = 71.21%

MDHHS Goal FY26:

- Initial = 52.60% / Continuation = 61.20%

FY25 Data: (March 2025 – Feb 2026)

Initial Follow Up:

Q1 = 72%

Q2 = 71%

Q3 = 56% *preliminary*

Continuation Follow Up:

Q1 = 71%

Q2 = 70%

Q3 = 64% Preliminary

HEDIS: ADHD Medication Follow Up

NEW INTERVENTIONS (According to feedback from March 2026 IPLT Meeting)

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HEDIS: ADHD Medication Follow Up

NEW INTERVENTIONS (According to feedback from March 2026 IPLT Meeting)

Pediatricians / Psychiatrists:

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- Partner with Federally Qualified Health Clinics (FQHC) who are connected onsite with Children Providers to offer HEDIS education.
- Include in the quarterly report for Providers to provide a list of FQHC partner with.
- Require Psychiatric/Medical staff to take the HEDIS Competency quiz
- Provide a list of commonly prescribed ADHD Child Medications

HEDIS: Follow Up After Hospitalization

MDHHS Goal FY26:

- 7 Day = 79% / 30 Day = 79%

FY25 Data: (Jan 2025 – Dec 2025)

7 Day FUH:

Q1 = 48%

Q2 = 53%

Q3 = 49%

30 Day FUH:

Q1 = 66%

Q2 = 63%

Q3 = 62%

HEDIS: Follow Up After Hospitalization

NEW INTERVENTIONS (According to feedback from March 2026 IPLT Meeting)

HEDIS Competency Quiz:

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PHQ-A

NEW INTERVENTIONS (According to March 2026 IPLT Meeting)

*****Applicable for SED Providers ONLY**

Risk Matrix:

- The Intake Assessment cpt code (H0031) needs to be updated in the Risk Matrix to the updated cpt code (90791).
- Add the member diagnosis to the PHQ-A Risk Matrix dashboard

PHQ-A Competency Quiz:

- Develop PHQ-A Competency Quiz for new clinicians/case managers to complete (SED Children Providers).
  - New Staff (within 6 months from new hire date)
  - Existing Staff (every 2 years from hire date)
- The quiz will consist of up to 5 multiple choice and or True/False questions to ensure clinicians understand PHQ-A, incorporating into the IPOS, and coordination of care.
- The PHQ-A quiz to be included and reiterated during the Core Competency Trainings (Initial/Booster)

Policy Update: *Currently included in the Clinical Practice Guidelines Policy*

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PHQ-A

April 2026 IPLT Meeting Discussion:

Requesting feedback for IDD Children Providers to begin completing PHQ-A for ages 11-17.

- *See the attached policy*

Feedback:

1. Provide a child friendly resource guide for completing the PHQ-A for children with IDD.
2. Offer Provider training on completing PHQ-A for IDD Children Providers.
3. IDD Children Providers completing the PHQ-A is helpful to identify depression symptoms and or suicidality early.
4. Requiring IDD Children Providers to complete the PHQ-A might be strenuous considering the new requirements of other MDHHS Assessments (WHOODA, MichiCANS).

Next Steps: Providers can send any additional feedback to Stacey Sharp (ssharp@dwihn.org) and Desiree Purry (dpurry@dwihn.org) prior to the next IPLT Meeting 5/5/26).

Financial Incentives Intervention

Current Children Provider Financial Incentives:

- Performance Indicator 2a – complete intake assessment within 14 days of screening date
- Performance Indicator 3 – services begin within 14 days of the intake date
- Home Based Therapy – Providers receive $50 per member meeting 4hrs per month of HB services
- Home Based Therapists – receive hazard pay for conducting face to face sessions using H0036
- Intensive Care Coordination Workers (ICCW) – receive hazard pay for conducting face to face sessions using H2021

New Children Provider Financial Incentives:

DWIHN Leadership is developing financial incentives for the following measures:

- HEDIS: Child Antipsychotic Medication Metabolic Testing
- HEDIS: ADHD Medication Follow Up
- HEDIS: Follow up After Hospitalization

DWIHN will keep these current incentives as well:

- Performance Indicator 2a – complete intake assessment within 14 days of screening date
- Home Based Therapy – Providers receive $50 per member meeting 4hrs per month of HB services
- Home Based Therapists – receive hazard pay for conducting face to face sessions using H0036
- Intensive Care Coordination Workers (ICCW) – receive hazard pay for conducting face to face sessions using H2021

Contact Us

Children Initiative Department
TeamChildrens@dwihn.org

Feelings and Emotions Chart

Today I Feel...

Happy

Sad

Excited

Angry

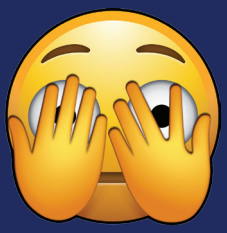
Smitten

Anxious

Relieved

Proud

Surprised

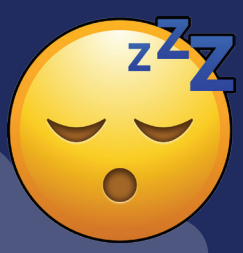


Embarrassed

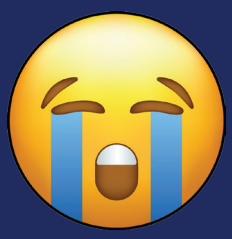
Silly

Worried

Hurt



Tired



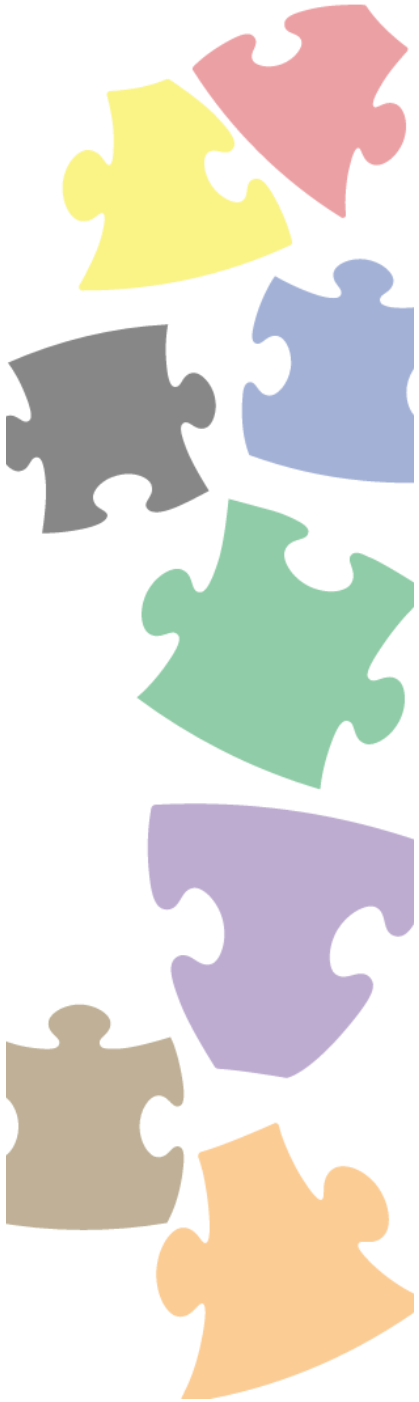
Devastated

DWIHN

Your Link to Holistic Healthcare

TOP WORK PLACES 2023

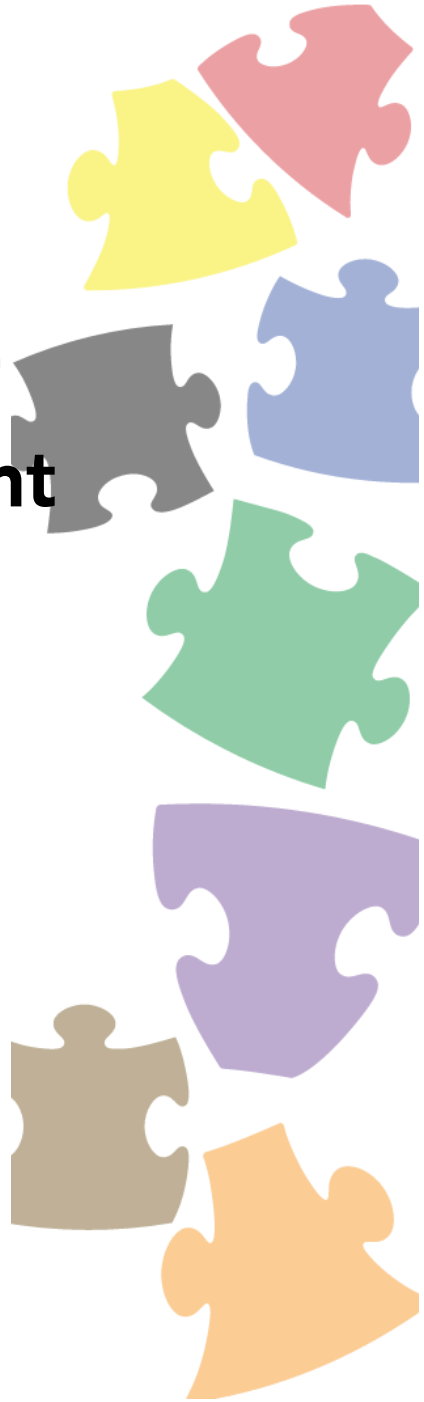
Detroit Free Press
PART OF THE USA TODAY NETWORK



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

QISC

April 28th, 2026



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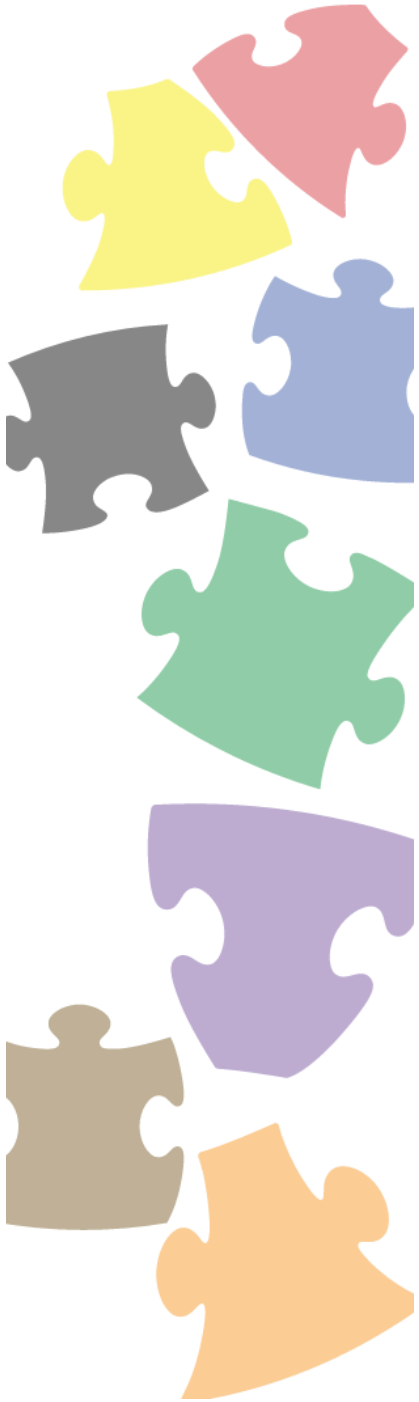
RACIAL DISPARITY BACKGROUND

- 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 BARRIERS

- Poor coordination of care
- Hospitalized members unassigned to CRSPs
- Reduction of telehealth services
- Lack of technology
- Difficulty getting an appointment within required timeframes
- Lack of resources
- Staff biases

- Historical mistrust of providers
- Mental health stigma
- Staff shortages
- Failure to engage members resulting in no shows, cancelations, rescheduling of appointments or refusal of services

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RANK THE INTERVENTIONS

- Please review each proposed intervention and assign it to one of the following categories based on it's expected impact:

- **HIGH** (Most helpful and likely to create meaningful change)
- **MEDIUM** (Helpful, but not as critical as high-impact interventions)
- **LOW** (limited impact, but still contributes value)

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RACIAL DISPARITY INTERVENTIONS

- Peer Agents from DWIHN's Customer Service department work with IHC team to call members on the Transition of Care (TOC) list each week to remind them of their follow-up appointments and attempt to resolve any barriers that would prevent them from attending.
- DWIHN's Crisis Department Clinical Specialists are meeting with hospitalized members who are admitted without a CRSP at BCA Stonecrest, Beaumont Behavioral, and the new Henry Ford Behavioral to engage, collaborate, and improve participation in follow-up services. (*This stopped 4/1/2026 once PAR's were brought in-house to DWIHN*)
- A Clinical Specialist also visits kids at other hospitals at times if they have no CRSP, and DWIHN is partnering with Team, CCIH, and LBS so they use our process to see their members.

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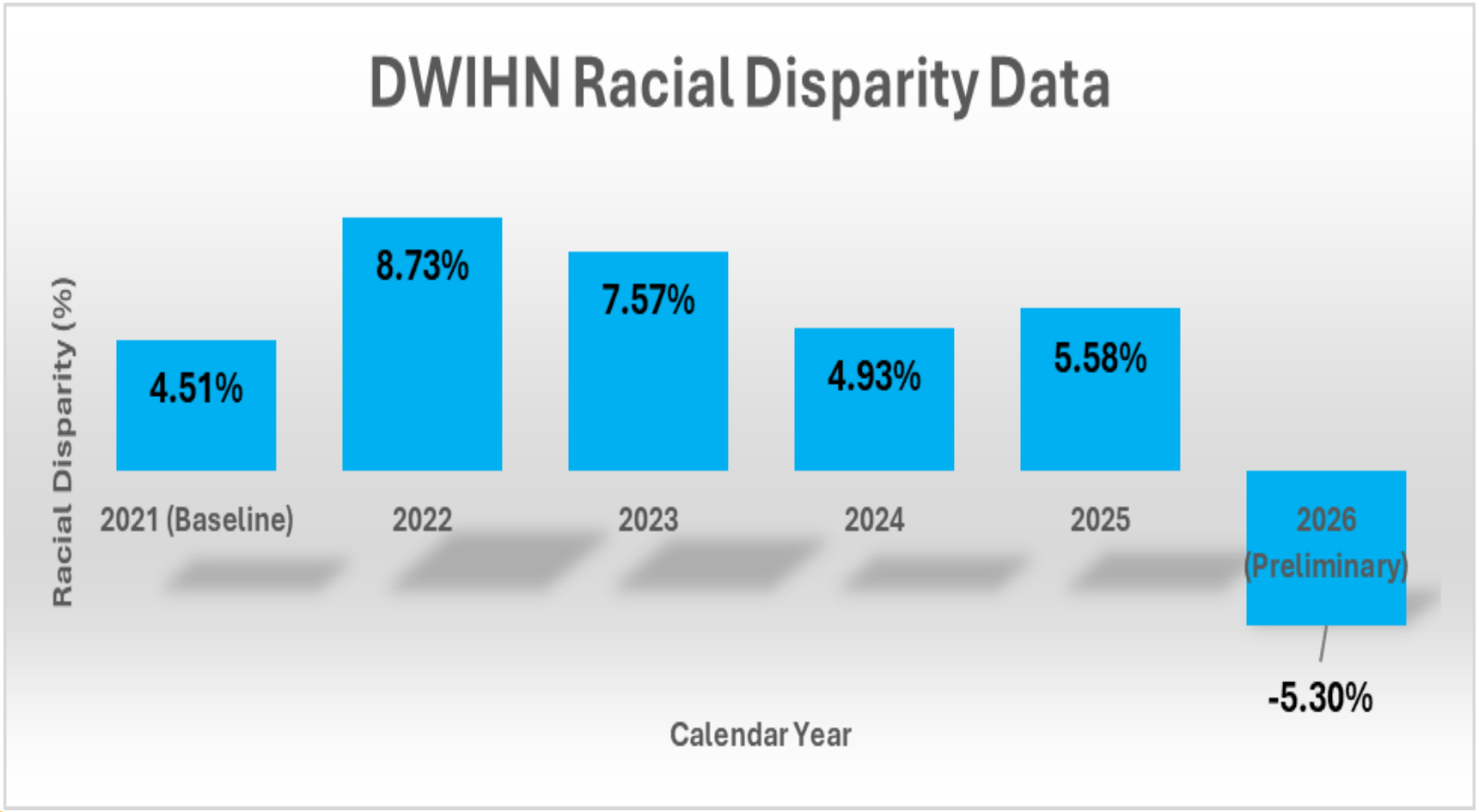
RACIAL DISPARITY INTERVENTIONS CONT'D.

- 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.
- DWIHN has contracted with two agencies (Mariners Inn and Godspeed) to provide transportation for non-emergent appointments.
- DWIHN's IT team created an automated drive for racial disparity rates to be available within 24 hours of report. This data assists in providing CRSPs with their most recent data at the 30-day meetings.

RACIAL DISPARITY INTERVENTIONS CONT'D.

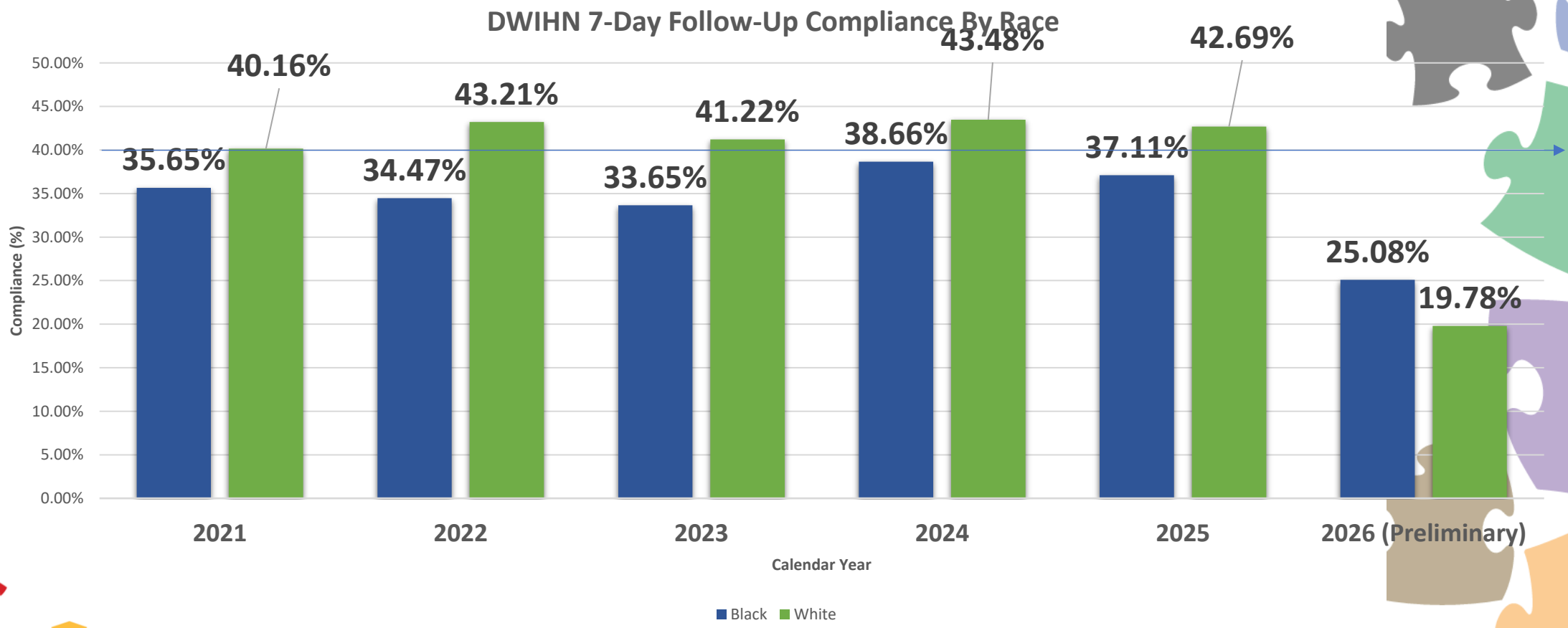
- As of October 2023, DWIHN has added the racial disparity topic to the agenda of the Hospital Liaisons meeting to discuss ongoing issues as they arise.
- As of August 2023, DWIHN started meeting every 45 days with 6 of its CRSPs with the largest number of events and/or greatest disparities. DWIHN intends to continue these meetings until progress is shown.
- DWIHN's Customer Service department completed a phone survey to gather the top barriers for members missing follow-up appointments.

RACIAL DISPARITY DATA



Goal 1: reduce racial disparity below 4.51%

RACIAL DISPARITY COMPLIANCE DATA



Goal 2: 40% compliance by race

Racial Disparity Project

- The final resubmission of the racial disparity performance improvement project (PIP) is due to HSAG on May 15th, 2026.
- Questions?