Project Description:

MDHHS provided a broad focus for the PIP that aligned with the Michigan Comprehensive Quality Strategy. PIHPs are to identify existing racial or ethnic disparities within the region(s) and populations served and determine its plan-specific topic and performance indicator(s). Mid-State Health Network (MSHN) conducted a review of data to identify existing racial or ethnic disparities. The topic was chosen to improve access and engagement with services addressing any racial disparities that exist during the onset of treatment. The MSHN Quality Improvement Council, through consensus chose the following topic: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population without a decline in the index population rate.

Study Question:

Do the targeted interventions reduce or eliminate the racial or ethnic disparities between the black/African American population and the white population who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment without a decline in performance for the White population? Once the disparity has been statistically eliminated, the elimination of the disparity will need to be maintained throughout the life of the project.

Study Indicators:

Indicator 1: The percentage of new persons who are black/African American and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

> Numerator: Number (#) of black/African American individuals from the denominator who received a medically necessary ongoing covered services within 14 calendar days of the completion of the biopsychosocial assessment.
> Denominator**:**
> Number (#) of black/African American individuals who are new and who have received a completed Biopsychosocial Assessment within the Mid State Health Network region and are determined eligible for ongoing services.

Indicator 2: The percentage of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

> Numerator: Number (#) of white individuals from the denominator who started a medically necessary ongoing covered service within 14 calendar days of the completion of the biopsychosocial assessment.
> Denominator**:** Number (#) of white individuals who are new and have received a completed a biopsychosocial assessment within the measurement period and have been determined eligible for ongoing services.

The records submitted for the MMBPIS reporting to MDHHS will be used for both denominators.

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Data Source and Collection Method: (Manual/Administrative/Hybrid, Frequency of committee review)

The PIP will utilize administrative data for the analysis. The population includes all Medicaid individuals, adult and children, who are new to services and have received a Biopsychosocial Assessment by the PIHP.

The biopsychosocial must have been completed within the measurement period.

The African American/ Black and the white race and ethnicity will be obtained through the race/ethnicity field included in the 834 file. The 834 file is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

The PIHP Michigan Mission Based Performance Indicator System (MMBPIS) Codebook FY20 (Attachment 2) is being utilized to identify the eligible population. See the R5_MSHN_MI2021-22_PIHP-PIOP Val_Re Submission Form for more specific information.

Figure 1: Timelines for reporting

Time Period of Report Cumulative data compared to baseline	Data Due to MSHN (if applicable)	Date Reviewed in Committee/Council	Date Due to MDHHS (if applicable)
CY21 Baseline	NA	May/June	June 30th 2022
CY22 (1/1/2022-12/31/2022)	NA	April/May/June	June 30th 2023
CY23Q2 (1/1/2023-06/30/2023)	March	August	NA
CY23 (1/1/2023-12/31/2023)	TBD	April/May/June	June 30th 2024
CY24Q2 (1/1/2023-06/30/2023)	March	August	NA
CY24 (1/1/2024-12/31/2024)	TBD	April/May/June	June 30th 2025

Data Analysis:(Compare each period to CY2021

Figure 2: Longitudinal data of those who received a medically necessary service within 14 days of a completed biopsychosocial assessment.
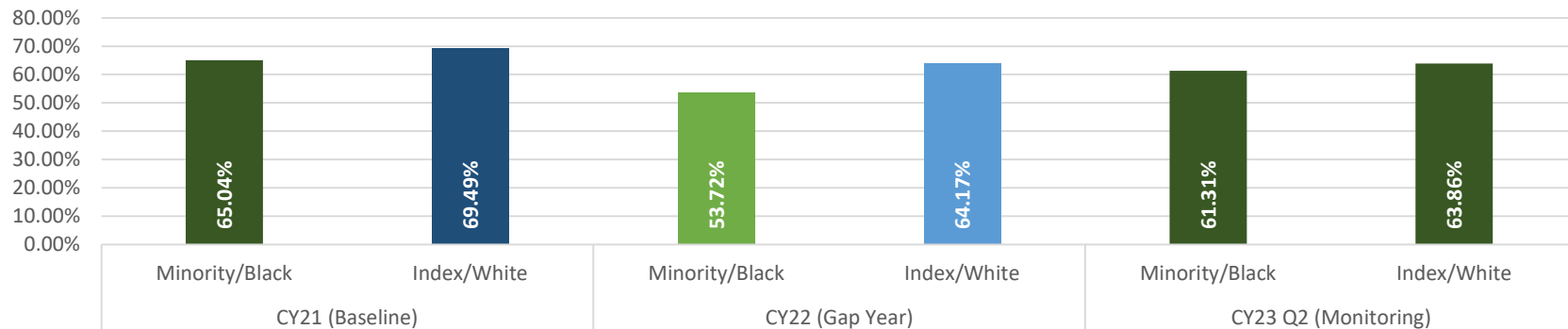

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Figure 3: Performance for each measurement period with testing when applicable

Indicator 1 Title: The percentage of new persons who are black/African American and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment						
Measurement Period	**Indicator Measurement**	**Numerator**	**Denominator**	**Percentage**	**Mandated Goal or Target, if applicable**	**Statistical Test Used, Statistical Significance, and *p* Value**
01/01/2021–12/31/2021	Baseline	852	1310	65.04%	N/A for baseline	Fisher's Exact Test Statistically lower than the index white group p-value=0.0015
01/01/2022-12/31/2022	Gap Year	729	1357	53.72%	=>68.48%	
01/01/2023 - 3/31/2023	Monitoring	439	716	61.31%	=>68.48%	
01/01/2023 - 6/30/2023	Monitoring					
01/01/2023 – 9/30/2023	Monitoring					
01/01/2023–12/31/2023	Remeasurement 1				=>68.48%	
01/01/2024–12/31/2024	Remeasurement 2					

Indicator 2 Title: The percentage of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment						
Time Period	**Indicator Measurement**	**Numerator**	**Denominator**	**Percentage**	**Mandated Goal or Target , if applicable**	**Statistical Test, Statistical Significance, and *p* Value**
01/01/2021-12/31/2021	Baseline	5655	8138	69.49%	N/A for baseline	Reference
01/01/2022-12/31/2022	Gap Year	5994	9341	64.17%	=>69.49%	
01/01/2023 - 3/31/2023	Monitoring	3163	4953	63.86%	=>69.49%	
01/01/2023 - 6/30/2023	Monitoring					
01/01/2023 – 9/30/2023	Monitoring					
01/01/2023–12/31/2023	Remeasurement 1				=>69.49%	
01/01/2024–12/31/2024	Remeasurement 2					

Follow Up to Data Analysis:

Factors affecting the validity of the baseline and future remeasurement findings:

- Individuals who were unsure about their race/ethnicity or responded with unknown.
- Changes in utilization of telehealth services from CY2021 to CY2023
- Modifications to the specification documents (MMBPIS)
- Modification of the race and ethnicity field within the 834
- The termination of the public health emergency (PHE). The PHE expired at the end of the day May 11, 2023. Michigan has begun the unwinding phase. Medicaid policies have been developed to "unwind" policies that were implemented during the pandemic. Table 1 identifies specific action and policies that are impacted.

Figure 4: MDHHS Policy Impact Analysis Grid

PHE Temporary Bulletin	PHE Unwind Policy Action	Impact on Project
MSA 20-13	MMP 23-10	Telemedicine utilization (include summary of trends)
MSA 20-19	MMP 23-30	The number of enrollees whose data has been included within the baseline data.
MSA 20-28	MMP 22-38	The number of enrolled providers and individuals qualified who are available to provide services.
MSA 20-12	MMP 23-20	The number of those who have completed an assessment and consented to additional treatment through verbal communication.

The factors identified will be assessed at times of the said changes. Processes will be put in place to ensure minimal, if any, impact on the data used for the project. No other factors that might threaten the comparability of the measurement periods were identified.

Findings:

The rate of access to services for Index/White population group has demonstrated a downward trend from the baseline year as indicated in the Figure 1. The Black/African American population group increased from CY22. Attachment 1 includes the CMHSP counts and rates of those who qualify for inclusion in this project. The area within MSHN that has the largest Black/African American population group is CEI (275) Saginaw (225), Lifeways (87), CMCMH (52), and BABH (38). Interventions are focused primarily in those areas to have the largest impact.

Recommendations:

Implement interventions identified through the Fishbone Diagram.
Develop a standard report for ongoing monitoring.

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Figure 5: Barrier Intervention Grid

Priority Ranking	Barrier Description	Intervention Description	Initiation Date	Status	Intervention Type
1	Workforce shortage-Lack of qualified - culturally competent clinicians resulting in limited available appointments within 14 days.	• Recruit student interns and recent graduates from colleges and universities with diverse student populations. • Utilize external contractors to provide services.	10/1/2022	New	Provider Intervention
2	No shows-lack of appointment follow up	• Implement appointment reminder system. • Implement/modify process for coordination between providers (warm hand off)	10/1/2022	New	Provider Intervention
3	Minority Groups are not aware of services offered	• Identify and engage with partner organizations that predominantly serve communities of color. (examples: faith- based/religious groups, community recreation centers, tribal organizations, etc) • Distribute CMHSP informational materials to individuals through identified partner organizations within communities of color.	10/1/2023	New	Provider
4	Lack of insight into what resources and community partners are available to address disparities.	• Identify survey/assessments/data sources to evaluate resources/community partners to address disparities within the local community. • Conduct assessment/survey to clearly identify community partners and resources available to address disparities within communities that demonstrate a significant disparity.	10/1/2023	New	Provider Intervention
5	Workforce shortage-Lack of qualified - culturally competent clinicians resulting in limited available appointments within 14 days.	• Conduct feasibility study to collect information from CMHSPs and SUD Providers regarding specific cultural competency requests.	12/31/2022	New	System
6	Insufficient data to identify Social Determinants of Health (SDOH) such as inadequate Housing, food insecurity, transportation needs, employment/income	• Develop system to effectively collect SDOH for individuals served. • Develop system to regionally analyze SDOH and develop action steps.	6/1/2024 11/1/2024	New New	Provider System

Attachment 1

	CY21				CY22				CY23Q2		
	In-Compliance	Grand Total	Rate		In-Compliance	Grand Total	Rate		In Compliance	Grand Total	Rate
Bay-Arenac											
Black (Non-Hispanic)	41	69	59.42%		38	64	59.38%		24	38	63.16%
White (Non-Hispanic)	560	820	68.29%		649	897	72.35%		328	476	68.91%
Unknown	67	103	65.05%		53	74	71.62%		84	121	69.42%
CEI											
Black (Non-Hispanic)	254	500	50.80%		279	574	48.61%		178	275	64.73%
White (Non-Hispanic)	746	1320	56.52%		764	1477	51.73%		509	772	65.93%
Unknown	118	232	50.86%		130	231	56.28%		151	228	66.23%
Central MI											
Black (Non-Hispanic)	39	59	66.10%		74	105	70.48%		40	52	76.92%
White (Non-Hispanic)	1076	1471	73.15%		1681	2250	74.71%		789	1070	73.74%
Unknown	104	145	71.72%		125	173	72.25%		180	235	76.60%
Gratiot											
Black (Non-Hispanic)	7	11	63.64%		9	13	69.23%		6	8	75.00%
White (Non-Hispanic)	374	463	80.78%		373	474	78.69%		185	245	75.51%
Unknown	21	27	77.78%		22	28	78.57%		28	37	75.68%
Huron											
Black (Non-Hispanic)	1	3	33.33%			3	0.00%		1	2	50.00%
White (Non-Hispanic)	126	177	71.19%		143	240	59.58%		74	122	60.66%
Unknown	14	19	73.68%		14	20	70.00%		12	27	44.44%
Ionia											
Black (Non-Hispanic)	8	12	66.67%		5	10	50.00%		4	9	44.44%
White (Non-Hispanic)	399	555	71.89%		443	716	61.87%		270	487	55.44%

Unknown	45	71	63.38%	34	55	61.82%	50	90	55.56%
LifeWays									
Black (Non-Hispanic)	87	155	56.13%	33	141	23.40%	26	87	29.89%
White (Non-Hispanic)	568	1011	56.18%	270	894	30.20%	161	535	30.09%
Unknown	93	174	53.45%	29	125	23.20%	64	196	32.65%
Montcalm									
Black (Non-Hispanic)	15	16	93.75%	13	19	68.42%	8	12	66.67%
White (Non-Hispanic)	438	604	72.52%	477	717	66.53%	287	415	69.16%
Unknown	49	70	70.00%	57	73	78.08%	37	57	64.91%
Newaygo									
Black (Non-Hispanic)	14	18	77.78%	15	20	75.00%	2	4	50.00%
White (Non-Hispanic)	361	497	72.64%	377	574	65.68%	150	268	55.97%
Unknown	46	69	66.67%	63	80	78.75%	61	94	64.89%
Saginaw									
Black (Non-Hispanic)	373	453	82.34%	252	395	63.80%	147	225	65.33%
White (Non-Hispanic)	554	683	81.11%	317	513	61.79%	203	301	67.44%
Unknown	77	93	82.80%	43	65	66.15%	52	98	53.06%
Shiawassee									
Black (Non-Hispanic)	9	10	90.00%	4	6	66.67%	3	4	75.00%
White (Non-Hispanic)	239	305	78.36%	269	334	80.54%	98	141	69.50%
Unknown	22	31	70.97%	16	18	88.89%	21	29	72.41%
Tuscola									
Black (Non-Hispanic)	4	4	100.00%	7	7	100.00%	0	0	
White (Non-Hispanic)	214	232	92.24%	231	255	90.59%	109	121	90.08%
Unknown	26	30	86.67%	28	30	93.33%	37	41	90.24%

Attachment 2

<mark>**PIP Team**</mark>

Project Sponsor (Provide/Approve Resources)
- Amanda Ittner-Deputy Director

Process Owner (Person responsible for continued implementation/maintenance of the project)
- Paul Duff-Integrated Care Coordinator

Quality Improvement Experience (Formal training or experience with QI initiatives)
- Sandy Gettel-Quality Manager
- QIC

Technical/Clinical Expertise-(Subject matter experts relative to the project)
- Technical-Joe Wager/Ron Meyer
- Clinical-Skye Pletcher Chief Population Health Officer
- Integrated Care/UM

Consumer Experience (Person who represents the consumer point of view)
- Dani Meier Chief Clinical Officer
- REACH

Knowledge of Process/System- (Person who are impacted-include differing perspectives)
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