March 2015 MIHP Coordinator Trainings

MIHP Program Updates

MIHP Quality Improvement Coordinator

- Plans, coordinates and implements the statewide quality management and quality improvement program for MIHP

- Monitors and provides assistance with quality assurance and compliance functions

- Ensures program protocols and procedures are consistent with MIHP Medicaid policies, HIPAA and other federal and state requirements

- Provides consultation and direction to ensure programs and services are implemented at the highest standards and Medicaid beneficiaries receive the highest level of care

- Analyzes and interprets health and program data and statistics, applying findings to program, policy, guidelines and protocol development

Definition of QI

From the HRSA quality improvement toolbox:

"Quality improvement (QI) consists of systematic and continuous actions that lead to **measurable improvement in health care services and the health status of targeted patient groups.** The Institute of Medicine's (IOM) which is a recognized leader and advisor on improving the Nation's health care, defines quality in health care as **a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations ."**

Retrieved on 2/23/15 from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

Who is our population?

- Medicaid mothers and Medicaid Infants

Why Does Quality Matter

©Prawny * illustrationsOf.com/216139

It Matters . . .

To our mothers and their infants.

We need to meet the clients' needs and expectations!

This happens through improving

- ➢ *Systems that affect patient access*
- ➢ *Care provision that is evidence-based*
- ➢ *Patient safety*
- ➢ *Support for patient engagement*
- ➢ *Coordination of care with other parts of the larger health care system*
- ➢ *Cultural competence, including assessing health literacy of patients, patient-centered communication, and linguistically appropriate care*

As our understanding and practice of quality matures, so will the MIHP program fidelity.

This fidelity is vital to the survival of the MIHP program by providing accountability to stakeholders.

But, most importantly, improved quality improves the health and well-being of Medicaid eligible pregnant women and infants

CHANGE IS . . .

HARD

- ➤ *Forms*
- ➤ *Policy*
- ➤ *MIHP Operation Guide*
- ➤ *Certifications and Recertifications*
- ➤ *Actually, The Whole Redesign*

Why are we changing everything?

Evidence Based Practice

"The call for evidence-based quality improvement and healthcare transformation underscores the need for redesigning care that is effective, safe, and efficient."

Stevens, K., (May 31, 2013) "The Impact of Evidence-Based Practice in Nursing and the Next Big Ideas" OJIN: The Online Journal of Issues in Nursing Vol. 18, No. 2, Manuscript 4.

- Federal and State Government Requirements

- Standardization of practice (Fidelity)

- Most important – improves care provided to Medicaid moms and their infants

Successes

- MSU Wins Innovation Award for MIHP

- MIHP Highlighted at 2014 PEW

- Home Visiting Summit

The Past Year in Quality

- PA291

- Inter-rater reliability

- MIHP research

- MIHP Quality Improvement Coordinator

Michigan Public Act 291 of 2012 Home Visiting Report

"Sec. 5. The departments shall develop internal processes that provide for a greater ability to collaborate and share relevant home visiting data and information."

The report goal for 2014 was to provide education about the chosen indicators; report data where possible; and establish a framework for future reporting.

Second report submitted in December 2014. More robust than the first report in 2013, but measure data needs to improve.

PA 291 Areas of Impact

Home visitation programs shall do one or more of the following:

a) Work to improve maternal, infant, or child health outcomes including reducing preterm births.

b) Promote positive parenting practices.

c) Build healthy parent and child relationships.

d) Enhance social-emotional development.

e) Support cognitive development of children.

f) Improve the health of the family.

g) Empower families to be self-sufficient.

h) Reduce child maltreatment and injury.

i) Increase school readiness

10 Measures/Indicators in the 2014 PA 291 Report

- Prenatal care – Vital Records Data - Aggregate
- Preterm birth – Vital Records Data - Aggregate
- Breastfeeding – Administrative Program Data – by program
- Maternal smoking – Administrative Program Data – by program
- Maternal depression – Administrative Program Data – Aggregate
- Child development – Administrative Program Data – Aggregate
- Well child care visits – Administrative Program Data – Not reported
- Maternal insurance – Administrative Program Data – Not reported
- Substantiated maltreatment – Child Protective Services Data – Not reported
- Maternal education status – Administrative Program Data – Not reported

Inter-rater Reliability

- MIHP Program Staff and MIHP Reviewers participated in the Inter-rater Reliability Process in 2014

- What is inter-rater reliability?

- Why is it important?

- Process

- Outcomes

Quasi-Experimental MIHP Study and 2014 Annual Report

A quasi-experimental design was used to assess the effects of MIHP on maternal and infant healthcare utilization and health outcomes.

Specifically: matched comparison group methodology was used to compare the outcomes of MIHP participants with a matched group of non-participants.

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Quasi-Experimental MIHP Study and 2014 Annual Report

Findings:

- Prenatal Care: MIHP participation increased the likelihood of receiving prenatal care and improved the prenatal care adequacy.

- Birth Outcomes: Participation in MIHP reduced risks of prematurity, extreme prematurity, low birth weight, and very low birth weight.

- Maternal Postnatal Care: MIHP participation increased the likelihood of mothers receiving an appropriate postnatal checkup. Eligible mothers enrolled in MIHP during pregnancy were more likely to enroll in the Plan First! family planning program after birth.

- Infant health care: Participation in MIHP increased the likelihood for infants to present for any well-child visits and of receiving the appropriate number of well-child visits during the first year of life.

- Infant mortality: Participation in MIHP reduced risk of infant mortality. The favorable effects were present both among Black infants and among infants of other races and were robust in reducing neonatal mortality.

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Update on the Manuscripts

- The paper analyzing the MIHP effects on infant injuries was just accepted for publication in the *Maternal and Child Health Journal*: http://link.springer.com/article/10.1007/s10995-015-1724-z

- The MIHP and Infant Mortality manuscript is under review with *The Journal of Pediatrics*

The Future in Quality

MDCH quality improvement plans for the next year . . .

What quality improvements would you like to see?

Certification

MIHP Certification Data

August 1, 2014 – January 31, 2015

Six Months

- Total Certification Reviews   59
- Total <u>Full</u> Certification Status   35
  - ➤ *Reviews with Zero "Not Mets"*   *2*
- Total <u>Conditional</u> Certification Status   13
- Total Reports in Process   6
- Total Discontinued Agencies   5
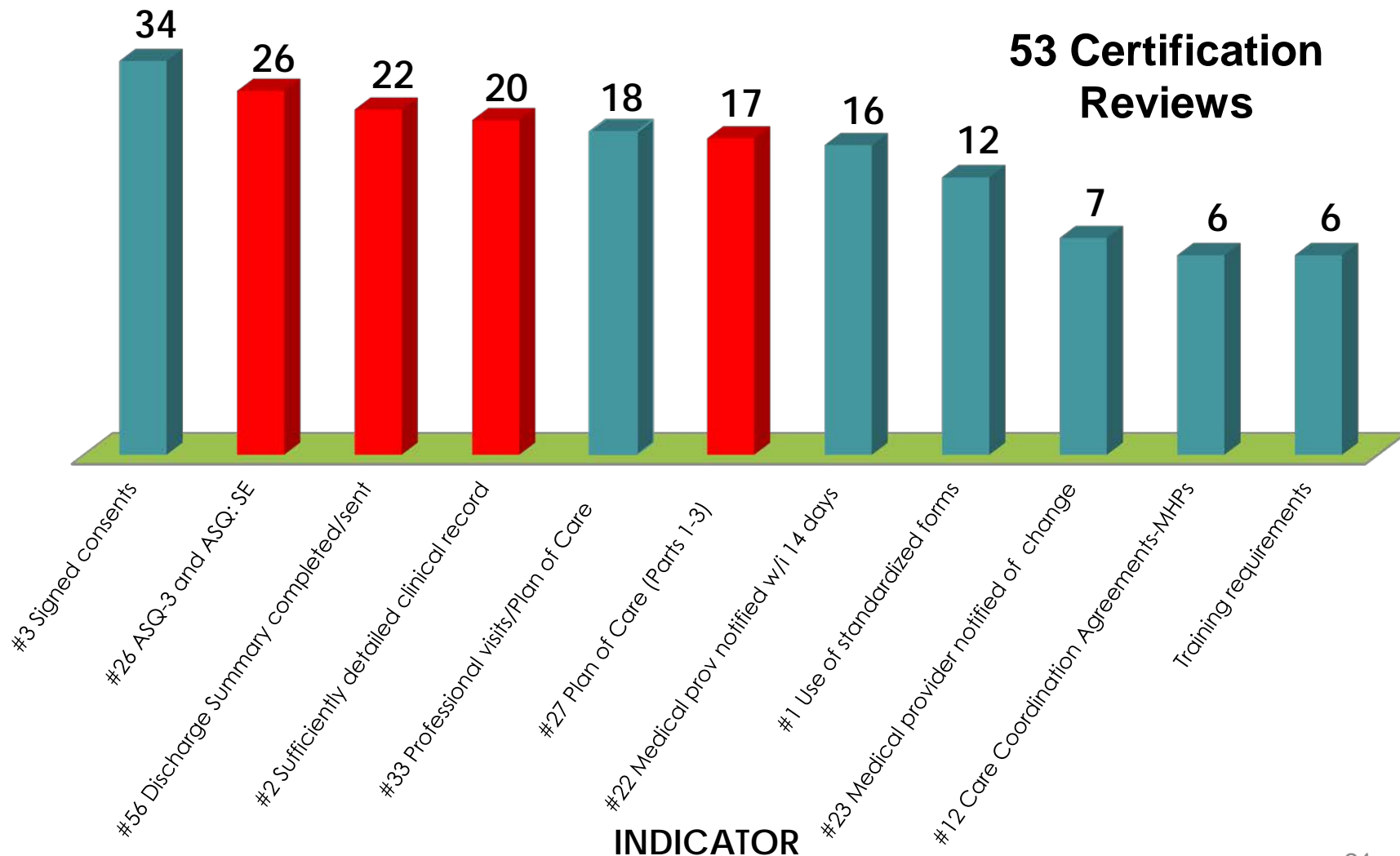
MIHP Certification Data

August 1, 2014 – January 31, 2015

- Most Commonly Missed **Non-Critical** Indicator:
  - ➢ *#3 Signed Consents*   *34 Not Mets*

- Most Commonly Missed **Critical** Indicator:
  - ➢ *#26 ASQ-3 and ASQ:SE*   *22 Not Mets*

22

The Top 4 Not Met Indicators
Most Frequent Reasons for Dinging

- This document is in your packet.

- Ask consultant if you have questions about it.

- Discuss it with your staff.

  You too can have a stellar review!

Corrective Action Plans (CAP)

Please Remember to

- Include all of the reviewer's comments - **Word for Word**
  - ➢ *Include the findings*
  - ➢ *Include what is supposed to go in the CAP*
- Submit CAP as one single document in Word format
- Be specific and clear in your plan
  - ➢ *Specify frequency of chart review for ongoing compliance*
  - ➢ *Include dates*
  - ➢ *How you're going to improve your process*
  - ➢ *How you're going to assure documentation is in personnel or client charts*
- Include how you will provide continuous monitoring of the "Not-Met" indicators (ongoing compliance)
- Make the plan specific to each indicator (do NOT cut and paste statements from one page to the next)

MIHP Data Update
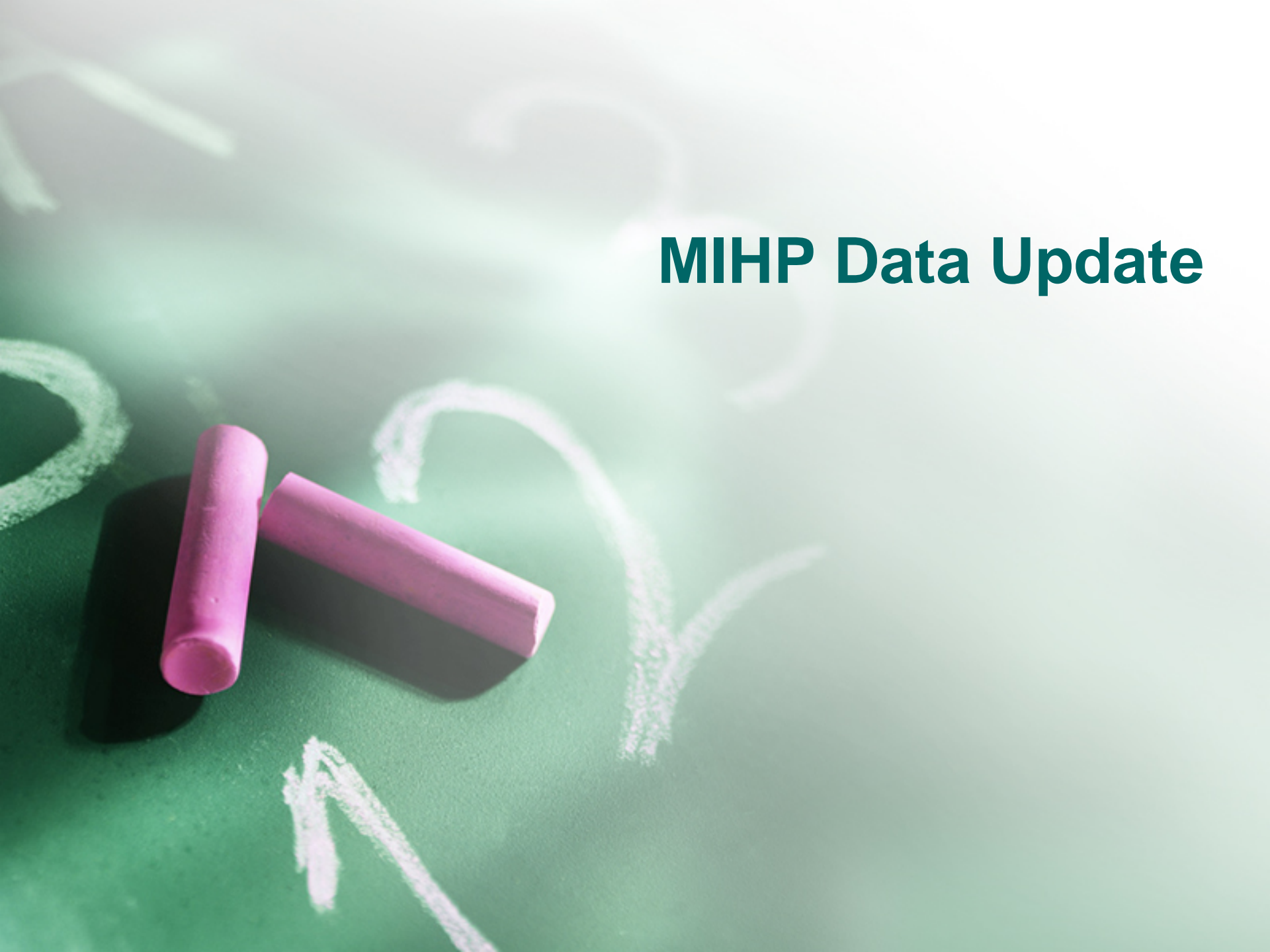
MIHP in 2014
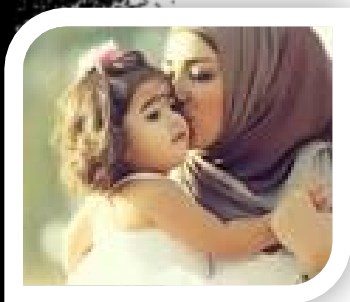
- **58,011** Medicaid births in FY 2014

- **25,128** pregnant women served in FY 2014

- **24,064** infants served in FY 2014

Medicaid MIHP Fee For Service Payments:
$20,720,954.98
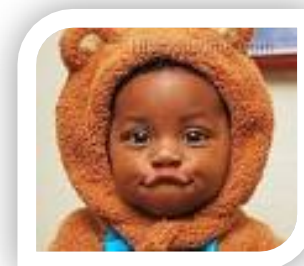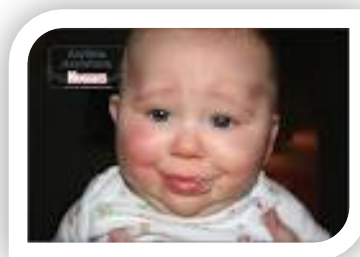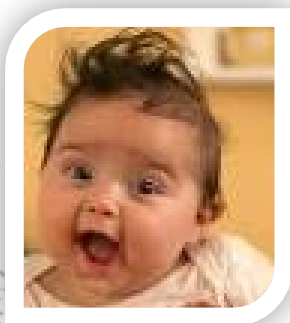
MIHP Data Reports

Collaboration with Optum, MSU, and MIHP

- Developed 8 New MIHP agency-specific and pre-defined program data reports

- Submitted High level requirements for nine measures for new PA 291 legislative report

MIHP Agency Quarterly Data Reports Distribution Schedule

Data Run / Delivery Date	Report Period	
July 1	FY Q1	10/01 - 12/31
October 1	FY Q2	01/01 - 03/31
January 1	FY Q3	04/01 - 06/30
April 1	FY Q4	07/01 - 09/30

MIHP Data Enhancements

New Electronic Infant Risk Identifier

Important Dates

- Mid-March, 2015 Use New IRI Paper Worksheet

- March 27, 2015   New IRI Launch Date

MIHP Data Enhancements

Agency Ability to Perform SSO IRI Record Deletions

- *Limited to IRI record deletions*
- *Up to 30 days from creation date*
- *Must not be previously linked to a discharge summary*
- *Begins March 27, 2015*
- *IRI deletions for records created previous to March 27, 2015 must be performed by MIHP staff*
- *Agency ability to perform MRI deletions is in process*

MIHP Data Enhancements

- MRI Deletion Update

- All reactivations done by State MIHP program staff

MIHP Data Enhancements

MIHP Agency Quarterly Data Reports

- Delivered Quarterly to Each MIHP Provider's CHAMPS Email Inbox
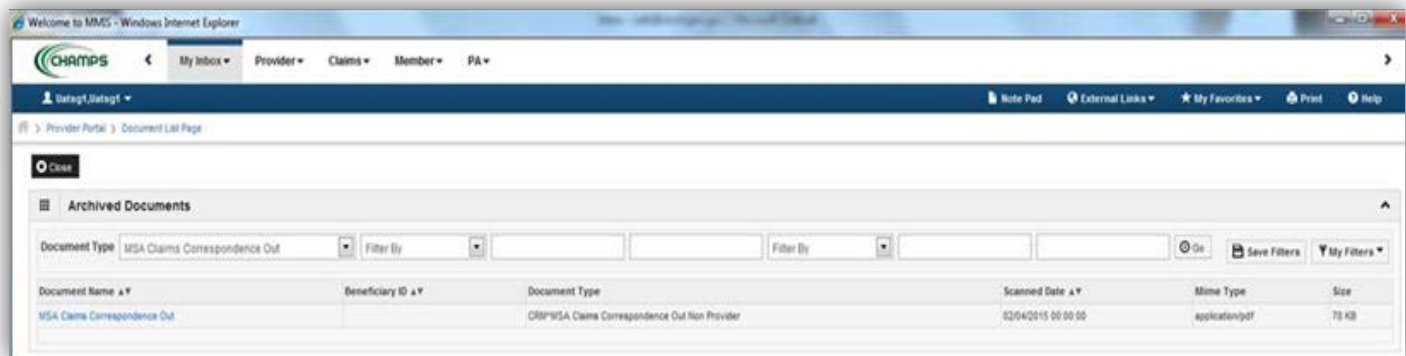
- MIHP Quarterly Reports for the first three quarters of FY 2014 will be available by March 2015

Upcoming Conferences

Michigan Association for Infant Mental Health Conference

Caring for the Whole Child: Working Together for the Health and Well-Being of Infants, Toddlers & Families

- *May 17 - 19, 2015*
- *Radisson Plaza, Kalamazoo, MI*

http://www.mi-aimh.org/events/2015-MI-AIMH-Conference

Postpartum Support International Conference

Planting Seeds of Hope: Overcoming Stigma, Increasing Options & Embracing Innovative Treatments

- June 26 - 27, 2015: Main Conference
  - ➢ *Includes presentation on MIHP depression screening*

- June 24 - 25, 2015: PSI Perinatal Mood and Anxiety Disorders Course

- The Inn at St. Johns, Plymouth, MI

http://www.postpartum.net/News-and-Events/PSI-Conference-2015-in-Plymouth-MI.aspx

MI Home Visiting Initiative Conference

Engage, Educate, Empower, Evaluate

- August 6 - 7, 2015

- Marriott at the Renaissance Center, Downtown Detroit

- We'll send you registration information as it becomes available

MI-AIMH Virtual Reflective Supervision Groups

- Inexpensive, effective way to get reflective supervision

- Description and survey of interest in participation will be emailed to MIHP program coordinator soon

- Coordinator will forward description and survey to each MIHP professional staff

- Coordinator and staff will complete survey and email it to Joni Detwiler – THANK YOU

MIHP QI Coordinator Contact

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Maternal Infant Health Program Quality Improvement
Coordinator
Michigan Department of Community Health
Division of Family & Community Health
Phone: 517-373-4846 | BurkittWesolekS@michigan.gov

Forms, Marketing, and IT Updates

MIHP Forms

New MIHP Infant Risk Identifier Paper
Worksheet Available Mid-March, 2015

Forms Instructions will be Updated

Marketing and Communications

NEW MIHP LOGO

New guidelines for LOGO use being developed

IT Updates

- New Electronic Infant Risk Identifier (IRI) goes live on 3/27/15, and will be available for use on 3/30/15

- Next IT Development: Allow health plans access to the MIHP database

- Future Projects for MIHP Providers
  - *Development of Electronic MIHP Care Plans and Progress Note forms*

IT Update

- After March 27, 2015, you may use
  - ➢ *Internet Explorer (IE) 11*
  - ➢ *We do not recommend using IE 9 or 10*
  - ➢ *May use Google Chrome, Foxfire*

Eating Safe Fish

- New Eat Safe Fish brochures and fact sheets are available on the MIHP website.

- **Eat Safe Fish: Before, During and After Pregnancy** web training is now available
  - ➢ *Explains why fish can be a vital part of a woman's diet before as well as during pregnancy*

Health Insurance Portability and Accountability ACT

HIPAA

PHI that is <u>linked</u> based on the following list of 18 identifiers must be treated with special care:

Names

"All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and [t]he initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000"

Biometric identifiers, including finger, retinal and voice prints

Full face photographic images and any comparable images

What about baby pictures?

Dates (other than year) directly related to an individual

Phone numbers
Fax numbers
License plate numbers

Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

Linked

Device identifiers and serial numbers
Web Uniform Resource Locators (URLs)
Internet Protocol (IP) address numbers

Email addresses
Social Security Numbers
Medical record numbers
Health insurance beneficiary numbers
Account numbers
Certificate/license numbers
Vehicle identifiers and serial numbers

MIHP requires

Double lock

Welcome New Agencies!

They're off and running…

Affecting Change LLC

American Indian Health and Family Services

Brighter Futures for Moms & Babies

Chaldean American Ladies of Charity

D & M Maternal and Infant Health Services

Diversified Home Health Care (Little Tots and Moms)

Generations Family Support

Great Futures

Harambee Care LLC

Love 4 Mom & Baby

Living Well Home Services

Maternal Works Developmental Services

Michigan Family Connection

Mommy's Love Bug

New Dawn

Nurses Who Educate

Nurturing Our Future

Orchard Services (M.O.S.T)

Partners In Parenting

The Nest

Moratorium

Not allowed unless fraud and abuse

Healthy Babies are Worth the Wait®

Why wait?

- Organs need time to grow

- Brain will double in last few weeks of pregnancy

- Less likely to have vision issues

- Suck and swallow is well developed

Maternal POC1

Pregnancy Health	1. Benefits of OB care to mother and fetus
	2. Recommended frequency of prenatal visits:
	   ✓ monthly for 1st 28 weeks
	   ✓ every 2 weeks between weeks 29 and 35
	   ✓ every week from week 36 to delivery
	3. What to expect during pregnancy
	4. Danger signs of pregnancy complications and how to access emergency medical assistance
	5. Importance of waiting until at least 39 weeks to deliver when possible

www.marchofdimes.com/catalog

Return on Investment

RETURN ON INVESTMENT

Cost Savings to Medicaid from Maternal Infant Health Program due to Reduction in Preterm Birth Rate

Personnel Rosters

Check the correct quarter

Check box: *"Does your agency specialize"*

Place an X if staff member is an SSO/MIHP User

Date that you submit the *Personnel Roster* to the MIHP mailbox

You must submit an updated MIHP Personnel Roster (list of all MIHP staff and/or authorized MIHP SSO users) whenever you have a change in MIHP personnel (either adding or removing staff or any staff who may have name changes) AND at the end of each quarter. Please email the updated roster to mihp@michigan.gov

Agency Name:		NPI:		Current Date:	
Current Address:		Phone:	Fax:	Current Number of Cases Open:	

Does your agency specialize in (check box) ☑ Arabic ☐ Spanish ☐ Deaf/Heard of Hearing ☐ Blind/Visually Impaired ☐ Native American ☐ Refugee ☐ Other   ☐ Does not specialize

Reporting Period: (Checkbox) ☐ 1st Qtr: October-December ☐ 2nd Qtr: January-March ☐ 3rd Qtr: April-June ☐ 4th Qtr: July-September

The Maternal and Infant Health Program (MIHP) Personnel Roster lists all MIHP Agency personnel (including contractual) who provide services for the Maternal and Infant Health Program.
- Enter agency staff names, qualifying degree (e.g., Diploma, Associate, Bachelor, or Master Degree) and license/registration expiration date in the appropriate field (e.g., Nurse, Social Worker, Nutritionist, Infant Mental Health Specialist).
- Check whether staff will be providing Maternal/Infant Services on a full-time, part-time, or contractual basis.
- Indicate all MIHP staff entering Risk Identifiers and Discharge Summaries in the MIHP data base.
- Describe the work experience of each MIHP discipline. At a minimum, this description should meet the MIHP Medicaid requirement per Section 2.1 of the MIHP Chapter of the Medicaid Manual.

MIHP AGENCY PERSONNEL ROSTER

MIHP STAFF NAMES AND/OR AUTHORIZED MIHP SSO USERS	Professional Staff REQUIRED					Additional Staff			MIHP Employee Status			Work Hours	SSO/MIHP	Describe Work Experience -- See Requirements in Medicaid Manual
	Case Mgr	Registered Nurse	RN license Expiration Date	Social Worker	SW License Expiration Date	Registered Dietician	RD Registration Expiration Date Must Have Physician Order	Licensed Infant Mental Health Specialist	Full-time	Part-time	Contractual	Average Hours Per Wk	Staff can/can ALL Raised MIHP SSO Users Entering Risk Identifiers & Discharge Summaries into MIHP Database	Number of Years of Experience and Specialized Instruction. When describing work experience - specify where the staff member received their experience. Example: "One year providing OB services to pregnant women at Paradise Hospital." Please refrain from saying, "One year experience providing community health, pediatric etc. services." -- This wording is too generic.
Note: The text boxes will expand as you type	X	X	Date	X	Date	X	Date	X	X	X	X	# Hrs	X	# Yrs / Specialized Instruction / Location of Experience
Record below any REMOVED STAFF since your last submitted MIHP Personnel Roster:														

- Attach additional sheets for staffing data if necessary
[1] An *Infant Mental Health Specialist* may provide MIHP services and must be licensed by the State; possess a Bachelor's or Master's degree in psychology, child development, social work, or nursing and possess Infant Mental Health Endorsement by the Michigan Association for Infant Mental Health (MI-AIMH), level 2 or 3.
- Refer to Current MSA Medicaid Manual **Section 2.1 of the MIHP Chapter of the Medicaid Manual** for MIHP Staffing Requirements
- Please note if you have staff who were waivered into the MIHP -- Put an * and date of waiver approval in the name box.

Rev. 8.1.14

8.1.14 is the correct *Personnel Roster* template

DIRECTIONS FOR SUBMITTING A *PERSONNEL ROSTER*

- *Personnel Rosters* **must** be submitted to the mihp@michigan.gov mailbox.

- *Personnel Rosters* **must** be updated and submitted to MDCH within 30 days after the end of every quarter, (quarters end on Dec. 31, March 31, June 30, and Sept. 30), or when a staffing change occurs. All staff authorized to use the SSO system must be listed on the current MIHP *Personnel Roster*.

DIRECTIONS FOR SUBMITTING A *PERSONNEL ROSTER*

- Any *Personnel Roster* that is not received within 30 days after the end of the quarter will have the agency SSO account inactivated. Your account will not be reactivated until your *personnel roster* is received and it matches the SSO User Report.

- *Personnel Rosters* **must** be submitted in Excel format only.

DIRECTIONS FOR SUBMITTING A *PERSONNEL ROSTER*

- You **must** complete the entire top portion of the *personnel roster*. If it is not completed, the *personnel roster* will **NOT** be accepted. Please make sure that all fields have current information.

- **Current Date** is the date that you submit the *personnel roster* to the mihp@michigan.gov mailbox.

- Remember to enter the expiration dates of the licenses.

DIRECTIONS FOR SUBMITTING A *PERSONNEL ROSTER*

Make sure that any personnel that have left your agency, since your last submission are listed in the lower portion of the *personnel roster* so that their SSO access can be **deactivated**.

ADDING NEW STAFF MEMBERS TO SSO

- Have the new staff register in SSO.

- Submit a *personnel roster* that includes the staff member's name, and make sure that there is an **X** under the **SSO/MIHP Column**.

- In the body of the email please indicate the name of the staff member to be added to SSO and their **USERNAME**.

Fetal Alcohol Spectrum Disorders (FASD) and Michigan Maternal Mortality Surveillance (MMMS)

Fetal Alcohol Spectrum Disorder

- More than 700 women, infants, children & families were served during FY 14 in local communities by FASD prevention/intervention projects

- The new updated FASD website www.michigan.gov/fasd has been enhanced with FASD prevention and intervention messages featuring 'Baby On Board' media graphics

- The FASD website has also been updated with multiple state and federal resources, including evidence-based fact sheets that can be downloaded at no cost

FASD Resources Available

- FASD prevention-focused public service announcements were broadcast statewide during the months of September/October via Pandora radio, social media on MDCH Twitter & Facebook in conjunction with the 2014 Governor's Proclamation for FASD Day

- In addition, the Bureau of Family, Maternal and Child Health Director, Rashmi Travis, provided radio interviews regarding frequently asked questions about FASD and the importance of abstinence from alcohol during pregnancy

MI FASD Gets National Attention!

National FASD webinar co-sponsored by The Arc & the National Association of City & County Officials (NACCHO) entitled:

Local and State Action to Prevent Fetal Alcohol Spectrum Disorders Public Health.

- The archived webinar featured former Perinatal Unit Manager, Rose Mary Asman & Mary Claire Massi-Lee, from the Delta-Menominee Health Department

www.thearc.org/FASD-Prevention-Project/training/webinar-archive?

- PowerPoint slides are available at:
    www.thearc.org/document.doc?id=4878

MI FASD National Attention (cont'd)

- FASD State Coordinator, Debra Kimball, participated in a national webinar sponsored by the SAMHSA FASD Center of Excellence, entitled:

Building State Capacity to Address FASD

The archived webinar is available at:

http://fasdcenter.samhsa.gov/webinars/documents/Building_State_Capacity_to_Address_FASD-Part-2.pdf

Michigan Maternal Mortality Surveillance

- State Infant Mortality Reduction plan

- MMMS provided recommendations around such concerns as: Post-partum hemorrhaging, obesity, domestic violence, mental health, and substance abuse

- Recommendations led to the successful launch of the *OB Keystone Post-partum* project designed to reduce maternal mortality statewide

- As of 12/1/14, 58% of all Michigan birthing hospitals have committed to participate in the population-based postpartum hemorrhage project

MMMS Raises Awareness

- Committee worked in conjunction w/PRIME providing a series of trainings to increase provider awareness of non-biological factors that contribute to Michigan's inequities in Maternal Morbidity and Mortality

- Collaborated with Epidemiology to disseminate Pregnancy Associated Maternal Mortality 2013 Factsheet statewide in 2014

www.michigan.gov/mdch/0,4612,7-132-2942---,00.html

MMMS

- Recommendations led to the successful launch of the OB Keystone post-partum project designed to reduce maternal mortality statewide

- As of 12/1/14, 58% of all Michigan birthing hospitals have committed to participate in the population-based postpartum hemorrhage project

Conclusion

Programmatic Updates

- Update for Courses
  - ➢ *Smoke Free Baby*
  - ➢ *Alcohol & Baby*

- CEU related webinars

- Training improvements

- Related topics, Networking time, Resource sharing, MPHI

MPHI

- CEU's

- Survey

- September 2015 training

- Other pertinent information