# YOUTH POLICY LAB

## FELLOWSHIP SPOTLIGHT

# Improving Maternal & Infant Health Outcomes in Michigan

**Michigan's Maternal Infant Health Program (MIHP)** is a Medicaid-funded home visiting program that serves pregnant people, infants up to 18 months old and their caregivers. At the time of this report, there are over 80 MIHP agencies serving more than 30,000 pregnant people and infants annually. Agencies that provide MIHP services to the community are individual Medicaid providers, but program requirements are developed and compliance is overseen by the Maternal Infant Health Unit within the Michigan Department of Health and Human Services (MDHHS).

DATA FOR GOOD.

## The Challenge

The Youth Policy Lab (YPL) embedded a Data & Policy Fellow at MDHHS to partner with the Maternal Infant Health Unit in support of two major priorities:

1. **To streamline program requirements** and the process by which the Unit measures agency compliance with these requirements. In doing this, the Department sought to more clearly define the MIHP model and simplify the regulatory process. The first year of the Data & Policy Fellowship focused on this priority, as described below.

2. **To establish quality metrics for MIHP** agencies based on best practices in home visiting and to create a process for assessing agencies based on these metrics. This would allow for the Unit to support agencies in continuous quality improvement efforts that are likely to improve outcomes for Michigan families who participate in the program. This work is ongoing.

## The Fellowship

The Maternal Infant Health Unit within MDHHS has knowledgeable and experienced staff who have administered the MIHP program for a combined 45 years and have an additional 30 years in MIHP experience outside of the Department. Their expertise allows them to be more than capable of making the changes described below. However, administration of a statewide program impacting more than 30,000 individuals with a small team of 7 staff means limited capacity to focus on an overall realignment of program documents and regulatory processes.

By placing a Fellow within this unit, MDHHS was able to focus on issues related to compliance, administrative burden, process and content streamlining, and equity. The Fellow expanded MDHHS' capacity to comprehensively overhaul program requirements, such as facilitating a collaborative process to review every component of the program, recreating program documents and supporting tools, and providing technical assistance based on best practices. Additionally, the Fellow provided a neutral external perspective which supported consensus building among both the staff and the providers throughout the process. Outcomes include creating a supportive process for agencies by reducing administrative burden, implementing an objective and equitable process for measuring compliance with program standards with use of streamlined documentation and a virtual review format, and creating a continuous quality assurance plan for monitoring outcomes and making recommendations for the future of the program.

# The Strategy

1. **Ensured families receive services based on the most up-to-date MIHP policies through a supportive review process of agency procedures.** Agency procedures have historically been reviewed as a component of the certification review process. Through a brainstorming process, the team realized that when agency procedures were found to be inadequate in the certification review, that also meant that families were not receiving program services as they were meant to be. This suggested that it was necessary to shift the review of agency procedures to occur prior to the start of each program cycle so that agencies can improve inadequate procedures prior to their review.

   The Fellow created a process and rubric for review, revision and approval of agency procedures. The intent of this change was twofold. First, it supports agencies in developing internal processes that would comply with all required components of the MIHP requirements. Second, it ensures families receive care in accordance with the MIHP model.

2. **Aligned program documents to decrease administrative burden.** In an effort to create easily navigable requirements, the Fellow and the MDHHS staff responsible for quality assurance restructured the program policy and certification documents to align corresponding elements. This allowed agency staff to find all requirements in a single manual. Supplemental guidance information that was previously entangled throughout the policy documents was removed and is now available separately. After a 30-day public comment period, the Fellow and MDHHS staff made revisions based on recommendations from agencies. Final versions were made available prior to the expected implementation date. By focusing on ease of use, agencies have reported improved accessibility and easier navigation when training new staff.

3. **Created an objective and equitable certification review process that emphasizes the purpose of the program model.** Once program requirements were concisely defined, the certification review process and tools were restructured to ensure an objective measure of compliance. The team determined a weighted system that highlights the program components that are most relevant to client care. Flexibility was also built into the review process with the use of scoring scales that recognize the potential for human and documentation error, while continuing to maintain a high standard.

   The Fellow then created a chart review tool and provided both group and individualized training for contracted reviewers who conduct the reviews. The tool allows for the reviewer to analyze each document within a client chart by answering a series of yes or no questions. It then automatically calculates the outcome of the review, reducing the likelihood of subjectivity and bias impacting the outcome.

   The team then identified and made logistical changes to the certification review process. Previously, 14 charts were reviewed for all agencies regardless of size. In an effort to ensure this process was more equitable among agencies of different sizes, a new process was developed. While a minimum of ten charts are reviewed at each agency, for those with more than 100 clients, ten percent of charts are selected for review, with a maximum of thirty charts reviewed. In addition, charts are randomly selected using an online randomization resource, whereas they were previously selected based on identifiable concerns from billing data.

4. **Implemented virtual reviews to save money and shift power dynamics between agencies and reviewers.** Prior to this program cycle, reviewers would travel around the state to conduct certification reviews at agency offices. In late 2019, the Fellow explored the benefits of virtual reviews as a way to produce cost-savings for the State as well as decrease bias that was identified during in-person reviews. This change was ultimately implemented out of necessity due to the COVID-19 pandemic. The Fellow developed virtual review procedures that included topics such as how charts are shared electronically and how reviewers are to interact with agency staff throughout the review. In the first five months of virtual reviews, MDHHS saw a cost reduction of 35% when compared to the previous year. The team will continue to evaluate this shift to determine if it produces the expected cost-savings over time.

5. **Initiated an internal quality assurance process to promote continuous improvement.** To practice parallel processes, the Fellow developed a quality assurance survey for agencies to complete once their certification review has occurred. This will allow MDHHS to continuously review agency experience with the certification review process and interactions with MDHHS employees and reviewers. The survey will be distributed and reported on a quarterly basis with voluntary participation by agencies.

## The Results

At the time of this report, the updated program documents and compliance monitoring system have been implemented for six months and 28 certification reviews have been completed. The Fellow developed internal processes for tracking certification review outcomes disaggregated by reviewer and indicator. The average review score is 87% compliance and there is no significant difference found between reviewers at this time. MDHHS will continue to review the data for compliance trends which may allow for both targeted and broad quality assurance support.

## The Next Steps

The process and content changes described here are the beginning of an overall focus on the quality of the MIHP services being offered by agencies. During the second year of the fellowship, the team will seek to determine ways in which quality beyond compliance can be defined and measured. Ultimately, a quality assessment system will be developed and piloted with results informing a more robust structure for understanding MIHP agencies.

# The Fellow

**Sarah Ostyn is a Michigan Data & Policy Fellow** working with the Maternal Infant Health Program at the Michigan Department of Health and Human Services. Prior to this, Sarah was an intern with the Kids Count project at the Michigan League for Public Policy. She also has over eight years of experience in early childhood education, primarily serving children and families enrolled in Head Start programs in Kansas City, MO and Lansing, MI. Sarah holds BA degrees in Family Community Services and Business Administration from Michigan State University and an MPA from the University of Kansas.

# The Lab

**The University of Michigan Youth Policy Lab helps community and government agencies make better decisions by measuring what really works.** We're data experts who believe that government can and must do better for the people of Michigan. We're also parents and community members who dream of a brighter future for all of our children. At the Youth Policy Lab, we're working to make that dream a reality by strengthening programs that address some of our most pressing social challenges.

We recognize that the wellbeing of youth is intricately linked to the wellbeing of families and communities, so we engage in work that impacts all age ranges. Using rigorous evaluation design and data analysis, we're working closely with our partners to build a future where public investments are based on strong evidence, so all Michiganders have a pathway to prosperity.

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