Information Packet

The Quality through Technology and Innovation in Pediatrics (QTIP) Project is a joint initiative with the South Carolina Department of Health and Human Services and the SC Chapter of the American Academy of Pediatrics.

This packet contains information about the QTIP project. It is divided into two sections: Introduction and Activities. The **Introduction Section** provides information on QTIP staff, background and specifics of the QTIP project including lessons learned. The **Activities Section** includes the various components of the QTIP project including: the practice teams, quality improvement, Learning Collaborative sessions with follow-up technical assistance, mental health initiatives and core measures.

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QTIP Introduction:

QTIP Staff and Contractors

The QTIP unit is located within the South Carolina's Department of Health and Human Services (SCDHHS) Health Programs Division. The QTIP team works in partnership with the SC Chapter of the American Academy of Pediatrics (SCAAP) to administer this project.

Roles/Responsibilities of the SCDHHS QTIP team:

- Coordinating activities with QTIP staff, pediatric practices, SCDHHS, SCAAP and contractors.

- Hosting twice yearly Learning Collaborative sessions in conjunction with the SCAAP CATCH and annual meetings.

- Introducing various children's core measures and providing anticipatory guidance on the measures.

- Teaching quality improvement (QI) techniques to assist practices with their work on core/quality measures and various QI projects.

- Integrating behavioral health services, screening tools and assisting practices to identify resources, integrate preventative and treatment services within practices and/or alternate solutions to obtaining mental/behavioral health services for patients.

- Providing technical assistance to enforce learning collaborative messaging, including:
    - Reviewing and monitoring the practice's quality improvement initiatives;
    - Offering various QI opportunities which may include: telephone webinars, quality improvement workshops, etc.;
    - Supporting practices with their work to improve medical home transformation; and
    - Providing "good faith" technical assistance at a level that would qualify for ABP Part 4 Maintenance of Certification credit for select QI initiatives.

Lynn E. Martin, LMSW, ACSW
QTIP Project Director
803 898-0093 (office)
Martinly@scdhhs.gov

Francis Rushton, MD
Medical Director
843 441 3368 (cell)
frushton@aap.net   ferushton@gmail.com

Kristine Hobbs, LMSW
QTIP Mental Health Integration
803 898-2719 (office)
hobbs@scdhhs.gov

Elizabeth Parham, Project Coordinator
IT/QTIP Project
803 898-3727 (office)
parham@scdhhs.gov

Laura Brandon Berry, MPH
Quality Improvement
803-898-2128
Laura.brandon@scdhhs.gov

Background:

The QTIP initiative (Quality through Technology and Innovations in Pediatrics) was implemented in February 2010 under a five-year federal Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Improvement grant.

Between 2010 – 2015, SCDHHS/QTIP worked with 18 heterogeneous pediatric practices on:

- Implementing 24 children's core measures to determine if they could be successfully utilized in pediatric practices;
- Using Health Information Technology to share key clinical data through a statewide electronic network by extracting data from Electronic Medical Records and reporting on the children's core measures;
- Integrating mental health into a Patient Centered Medical Home.

QTIP used a learning collaborative format to work with pediatric practices on the above areas. This was followed up with a variety of technical assistance, quality improvement activities, and educational opportunities.

Lessons Learned:

- It is important for the practice to identify a **quality improvement (QI) team**. This QI team should be composed of varying disciplines to help address the full scope of a QI project, which significantly increases the ability to implement QI strategies. Practices demonstrating the most progress established **formal processes and structures** for quality improvement, as well as, identified a "QI champion".

- **Find convenient avenues to communicate** (blog, conference calls with topics, regular meetings, etc.). Likewise, it is important to convene and facilitate regular, on-going dialogue among a variety of stakeholders to provide input, review lessons learned and increase buy-in.

- The **Learning Collaborative** is an effective method to educate and teach core measures; it is particularly effective to target efforts over at least 2 years.

- It is helpful to **provide focus** and **link quality improvement with other efforts**.
  - Provide anticipatory guidance on select core measures
  - Link work on the core measures to state initiatives
  - Offer MOC Part 4 credits for the QI work
  - Provide linkages with community resources

- **Teach quality improvement techniques**. When QI skills are incorporated into office procedures and become a part of normal office routine, practices have the structure and ability to implement QI concepts and processes.

- Give practices the **freedom to select** QI initiatives based on what is meaningful to their practice; allow them freedom to explore different approaches.

- Working with the same practices **over time builds a culture of quality**, provides consistent messaging, reinforces concepts and helps sustain office transformation. Work on core measures is ongoing and enhanced by helping practices monitor their work, share input and information across practices and see data change over time.

- Educate practices on **coding/billing/reimbursement** procedures related to core measures. Additionally, billing structures and payers must be considered.

- Mental health efforts must include **basic skill building**, compensation for work performed and knowledge of resources within the practice and the community. Transformation is required at the state and practice level for mental health integration to occur.

- Expanding **behavioral health services** into a pediatric office, although challenging, provides opportunities to increase services to patients.

Grant Evaluation Findings:

- One of QTIP's successes is the ability to **work directly with pediatric practices** in the development of skill sets focused on improved and more cost-effective outcomes. To effect quality change within a practice, work must be done with the individual(s) performing the tasks. QTIP fills the need in the State for direct support of practices in a manner that augments the managed care companies' work in providing quality care.

- QTIP has achieved both **measurable and immeasurable impacts** on implementing CHIPRA children's core measures, incorporating behavioral health into the pediatric medical home and enhancing medical home structures within practices.

- Significant **change in attitude** toward Integrated Behavioral Health occurred.

- The inter-relatedness of the components permitted staff and practices **to build on activities** and initiatives simultaneously. The structure allowed practices to build a set of supports focusing on optimal outcomes and cost effectiveness.
  - In CY2013, QTIP (as a group) improved on 16 of 21 core measures (9 statistically significant)
  - QTIP improved at a rate greater than comparison practices on 9 measures (5 statistically significant)
  - **NOTE**: These trends have continued:
    - In CY2016 reports, QTIP practices scored better than the SC state average on 12/12 HEDIS measures.
    - Based on CY 2017 reports, QTIP practices scored better than the SC state average on 13/13 HEDIS measures.

QTIP Expansion

Based on the evaluation results and positive feedback, SCDHHS permanently incorporated the QTIP initiative within the Office of Health Programs and partnered with South Carolina Chapter of the American Academy of Pediatrics. The number of pediatric practices participating in QTIP also expanded.

QTIP helps coordinates the pediatric quality initiatives among SCDHHS, managed care, behavioral health and other state level efforts by:
- Working directly with practice staff via their multi-disciplinary teams;

- Conducting Learning Collaborative sessions, providing evidenced-based practice guidelines, anticipatory guidance, idea sharing and networking opportunities to discuss strategies, present successes and share lessons learned;

- Focusing on a limited number of children's core measures and increasing mental health skill building and integration; and

- Providing technical assistance and enhancing skill sets through teaching Quality Improvement strategies.

Pediatric Practice's QI Team:

Each participating practice will define a team to work with QTIP staff.   The practice-based team will be responsible for implementing Quality Improvement (QI) projects and for "practice spread".

The ideal team is composed of staff from multidisciplinary departments to ensure understanding and to promote buy-in for QI projects.   QTIP suggests the QI team include (at a minimum) a lead: practitioner, nurse, and administrative staff. Members should be interested in driving improvements within the practice.

> Lead Practitioner- Senior Leader/Clinical Champion
> - Has the authority to allocate time and resources needed to achieve the team's aim
> - Drives the spread of successful changes throughout the organization
>
> Nurse - Systems Leader
> - Serves as a liaison between staff and lead practitioner
> - Understands the processes of care
>
> Administrative Staff
> - Understands the office, billing procedures, work flow, etc.

The QI Team is essential to overall QI efforts at the practice level.   A physician champion is essential and increases the potential for success; however, having a lead Nurse and Administrative staff on the team increases the ability to implement strategies for QI and increases broader staff involvement and buy-in for QI strategies.

This team should **meet regularly** to review the process and implementation of various QI efforts within the practice.   QTIP recommends the QI team have brief weekly or biweekly meetings.

QI projects may range from working on the children's core measures, working with staff toward adopting and/or transforming into a patient centered medical home, incorporating mental health services and screenings.   Practices will be given **flexibility** in choosing some of their QI projects/topics and how to implement them within their office.

The expectations for the practice's QI team include:
- Participate in two Learning Collaborative sessions a year which coincide with the SCAAP CATCH and annual meetings.

- Implement a **quality improvement model** within your practice, which will work on various core measures and other QI projects. Practices must work on at least two specified measures per year; other topics are at the practice's discretion.

- **Record** work on QI initiatives. Practices must provide monthly data reports which document their practice's work.

- Participate in two **technical assistance** visits/year with the QTIP staff.   Practice team members will be encouraged to attend on-site visits at other sites.

Helpful Hints for practices:
1. Define your QI team members' roles:
     - Who will facilitate the meeting?
     - Who will oversee data collection?
     - Who will communicate with staff?
     - Who will document and report the QI activities and other required reporting?

2. Identify your QI "champion" who will be responsible for overseeing quality within the office.

(helpful hints continued)

3. Establish regular meetings times; consider daily "morning huddles" or weekly meetings.

4. Ensure buy-in from staff and administration.

5. Continually review data and projects.

Learning Collaborative:

Learning Collaborative (LC) sessions are the major gatherings of the QTIP initiative and provide practices the opportunity to share, interact, network, and learn from each other, as well as, stay abreast of new recommendations/ innovations in evidenced-based pediatric care.

These semi-annual sessions are held in conjunction with the SCAAP CATCH and annual meetings. QTIP will present information on children's core measures, behavioral health concepts and provide opportunities for sharing among the practices.   This will be accomplished by:
   o Presentations by state and/or national experts;
   o Practice presentations on QI projects, and
   o Sharing of success and challenges.

Through plenary sessions and small group discussions, practice staff have the opportunity to:
   o Learn from faculty and colleagues;
   o Gather knowledge on clinical topics and process improvement;
   o Share experiences and collaborate on improvement plans; and
   o Problem-solve barriers to improve care.

Lessons Learned:
   • Participation of the QI team in LC sessions **empowered** nurses and office managers to be proactive and active participants in QI efforts; thus, increasing creative solutions, facilitating progress monitoring, identifying barriers to implementation, and adjusting projects as needed.

   • The evaluation reflected the LC is an **effective method to educate and teach** on core measures and an avenue to help improve health outcomes. It is particularly effective in targeting efforts over at least 2 years. The majority of attendees found the **LC meeting useful** and left the sessions **energized;** the Physicians rated the LC as the **top intervention** that should continue after the grant ended.

Your Practice's QI Team Responsibilities:
   • Attend and actively participate in the LC sessions.
   • Prepare a storyboard/power point slides which show practice information and a QI project.
   • A member of the practice's QI team may be asked to present on a QI topic.

Storyboard/Practice Slides:
A storyboard/practice slides allows each practice to present their QI projects (specific clinical measures, successes/challenges and practice data) at the LC session.   At the first Learning Collaborative, the storyboard/practice slides introduce your team and practice. These methods have proven very popular with our practices and are an efficient way of telling your story. They are strongly encouraged, but optional.   It is recommended the storyboards/ practice slides include:
   • Team name, members' names, and titles (include a photo, if possible)
   • Brief description of your practice
   • Description of your population of focus of your QI project(s)
   • Data/outcomes

Quality Improvement (QI):

QTIP found that QI training provides practices with the structure and ability to implement continuous QI initiatives.   When practices understand QI concepts and processes, office transformation occurs. QI efforts should involve the entire practice, all practitioners, and satellite locations.   To fully implement a QI project, practices need to have their own data, be able to compare data, analyze trends and benchmark themselves against others.

One method practices can use to document their QI work is the Plan-Do-Study-Act (PDSA) cycles. QTIP learned the importance of linking QI activities to other work performed; therefore, we make every effort to:
- Coordinate with Medicaid Managed Care incentives and withholds
- Link with state initiatives – including SCAAP projects and
- Offer ABP Part 4 MOC credit on QI work (through the SCAAP)

The practice's QI work will be supported by:
- Technical assistance visits
- Monthly calls/webinars (lead led by practices or experts in the topic area)
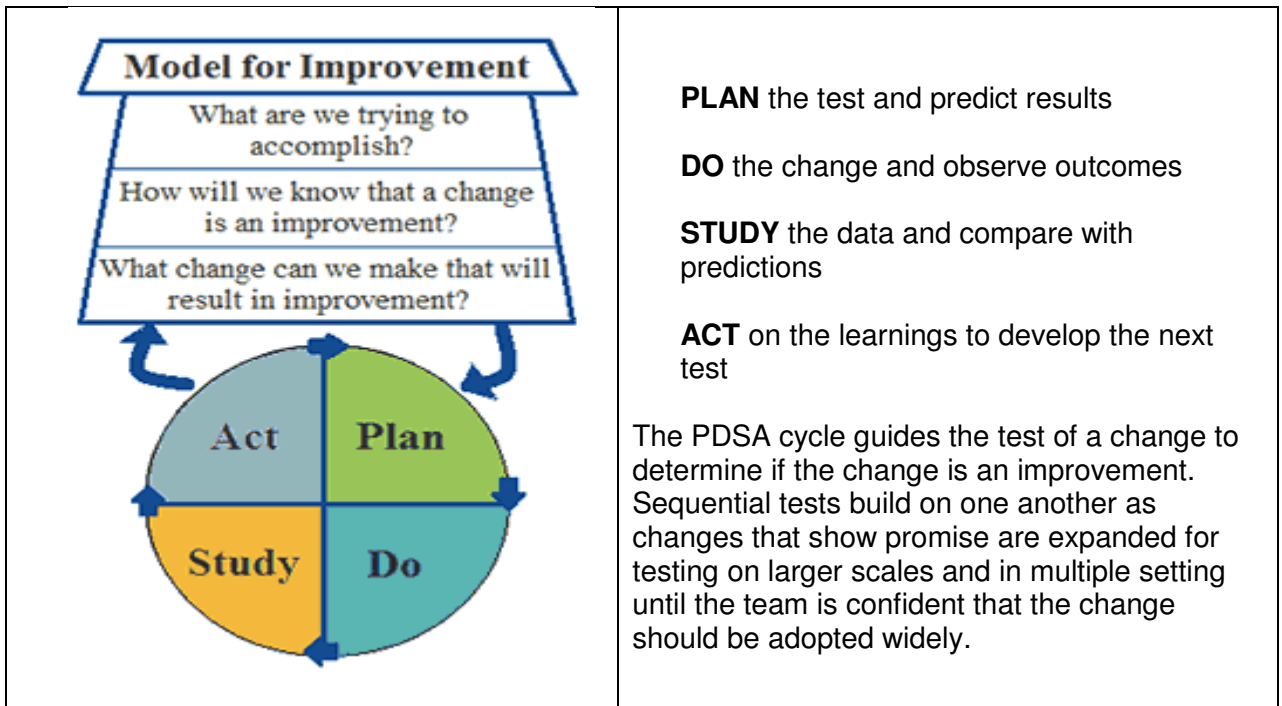- QI workshops

Lessons Learned:

- Practices demonstrating the most progress were more likely to have established **formal processes and structures** for QI. Practices who designate staff with protected time, have office processes in place, and involve multiple office staff appear to be the most successful in documenting change.

- Evaluation found that prior to QTIP only 11% of the QTIP practices reported having a **well-defined process** for QI. After their involvement with QTIP, 94% of practices report an increased commitment to and priority in implementing QI, along with 89% reported the ability to initiate and sustain QI change.

- It is important to **review your QI projects** and outcomes – at least monthly. Your successful outcomes can decline if you do not routinely review the data.

NOTE: To work on QI and to measure and assess change, you will need to collect and gather data. QTIP staff will be using the data to track and report aggregate data over time and to track QTIP information and trends.

Data Gathering Summary:

1. Develop an **Aim Statement** - a concise, explicit statement summarizing what will be accomplished. This provides guidance and focus for the team's specific improvement efforts. Setting numerical targets clarifies the aim, and directs measurement. To ensure it is relevant and realistic to the practice, teams should base the aim on practice data or organizational needs.

2. Practices will be introduced to the Model for Improvement to develop their QI changes. The Model for Improvement was developed by Associates in Process Improvement and is a strategy that helps teams accelerate the adoption of proven and effective changes. The model couples three fundamental questions with Plan-Do-Study-Act (PDSA) cycles:

PLAN the test and predict results

DO the change and observe outcomes

STUDY the data and compare with predictions

ACT on the learnings to develop the next test

The PDSA cycle guides the test of a change to determine if the change is an improvement. Sequential tests build on one another as changes that show promise are expanded for testing on larger scales and in multiple setting until the team is confident that the change should be adopted widely.

3. **Data Collection/ Reporting Tool(s)**: Teams are encouraged to develop and use a standard form of data collection to identify the population of focus and track improvements over time. Measuring improvements informs teams of how well they are doing and directs where adjustments need to be made. Measuring and reporting keeps leaders informed about strategies and progress made within the practice while guiding the QI team in the development of approaches for additional tests and implementation. Data collection and reporting allows you to collect and use data to monitor your success.

   Keeping data collection as <u>simple</u> as possible is important. The team's measures should determine the data that will be collected and tracked. Your data collection and reporting tools will be key in tracking measures. QTIP will assist in helping you understand how to gather and track your measures. Practices will receive access to QTIP's Quality Improvement Data Aggregator (**QIDA**) for data reporting. You will be required to enter data from chart audits on two topics per month. (10 chart audits per topic).

QTIP's work with you is about improving care for children, not measurement; however, measurement plays an important role in your participation in the QTIP Project. Measurement helps evaluate the impact of changes made to improve delivery and care to all patients. Measurement should be designed to **accelerate improvement**, not slow it down. Your team needs **just enough** information to know if the changes you are making are leading to improvement.

Technical Assistance:

The Learning Collaborative is supported by an array of technical assistance (TA) opportunities. The TA activities are designed to keep the practices engaged and focused on QI efforts while promoting a continuous feedback loop.

QTIP will provide a broad array of TA and communication avenues to support key messaging/ concepts presented at the LC:
- **Webinars/conference calls** are held the 3rd Tuesday of each month at 12:30. These calls are voluntary and based on topics suggested by the QTIP practices.

- **Site visits** with the QTIP team and your QI team occur twice/year and often takes two hours. One visit will be on-site; the other, a group visit with regional QTIP practices. Some may occur via phone or "skype". In addition, **visits with individual QTIP staff** are also available.

- **QI workshops** emphasizing select core measures/initiatives will be offered.

- A closed **QTIP blog** is used as a primary communication tool between LC sessions and provides an opportunity for generating discussion. It also has links to the QIDA site, the QTIP PDSA cycle and various other resources. This blog is available at https://msp.scdhhs.gov/chipraqtip/.

- **QI coaching** is available to discuss QI techniques, data gathering, PDSA cycles and implementing office processes.

Helpful Hints:
1. Be prepared for your on-site visit. Have data ready and questions prepared for QTIP staff and peer reviewers. Use this time for feedback on your QI efforts.
2. Participate as a peer reviewer for another QTIP practice. This gives you an opportunity to learn from others and see how other practices operate.
3. Request specific information or training. If you want additional information/assistance on QI or Mental Health – just ask.

Mental/Behavioral Health:

QTIP has an identified **staff** who focuses on the mental health component and is available to provide **individualized consultations**, linkages to resources, and conduct on-site practice and community meetings. This staff also interacts with state agencies, mental health system initiatives, mental health providers/organizations and promotes mental health initiatives/policy changes within SCDHHS.

Through **direct relationships and alignment of mental/behavioral health with other QTIP components** the following interventions are available:
- Consultation to **"start where the practice is"** with the goal of moving toward integration. We have a continuum of models ranging from collaboration to co-location to full integration, using the AAP's Mental Health Practice Readiness Inventory as the primary tool for practices' self-assessment.

- **Consistent** contact and **messaging** promoting mental health integration is discussed at learning collaborative sessions, during practice site visits, conference calls and community meetings.

- **Linking** QTIP, practice and state activities/initiatives by aligning efforts that support integration such as appropriate core measures, continuing education credits (MOC Part IV, nursing or social work) and state initiatives related to mental health.

- Providing tangible **resources** and guided outreach including introductions/linkages to community resources, training, and a recommended screening protocol.

- Outlining a **framework** for mental health activities. QTIP utilizes the AAP model to assess mental health readiness and monitor specific markers in documenting progress; the model focused on community resources, health care financing, support for children and families, clinical information system/delivery system redesign and decision support for clinicians.

QTIPs Lessons Learned:
- Expanding behavioral health services into a pediatric office, although challenging, **provides opportunities to increase services** to patients. For the practice, a focus on behavioral health builds on long standing relationships and requires a team approach; however, it can overwhelm already busy pediatric practices. For a child/adolescent or their family, it decreases stigma,

improves identification of behavioral health needs and increases opportunities for providing treatment and supports.

- Mental health efforts must include **basic skill building**, compensation for work performed, and knowledge of resources within the practice and the community available to address needs.

- Pediatric staff reported the most important work around **behavioral health integration** was providing tangible resources, a recommended screening protocol along with the reimbursement mechanisms, and providing consistent messaging.   Practices also reported QTIP facilitated increased comfort with implementing **standardized tools** for routine screenings of developmental and behavioral health needs along with increased comfort in addressing behavior health needs of patients.

Children's Core Measures:

During the grant, the practices worked on 24 measures which covered the breath of pediatric care, QTIP learned that not all core measures were useful/helpful in an ambulatory pediatric practice. Therefore, we work with a smaller subset of measures; QTIP allows the practices the freedom to select which measures are relevant to their practice.

Work on improvements with core measures is **on-going**; change takes time. **Continued messaging** is important in sustaining efforts. Often when the focus wanes on a specific core measure, the results decline.   Therefore, when practices implement change and demonstrate success as a part of PDSA testing, these changes must translate into protocols and routine office procedures.

Based on our previous experience, QTIP will be offering the following interventions:
- QTIP will link our work with core measures to state initiatives, managed care topics and PCMH

- American Board of Pediatrics – Maintenance of Certification Part 4 (MOC) credits will be available for a physician's work on core measures (via the SCAAP).

- Anticipatory guidance and examples on how to begin working with the core measures will be provided, along with suggestions on how you can implement projects in your office.

- Practices will be required to document their QI work on core measures using Plan-Do-Study-Act (PDSA) cycles and into the QIDA system.

Helpful Hints:
- Pick core measures relevant to your practice.

- Data collection is important when making changes. "You can't change what you don't measure."

- Use charts and graphs when possible to display your improvements and show change.

- Don't assume you know how your practice is performing -- gather baseline data.

- When making changes, keep the process short and simple - make small changes with a small group of staff, patients or locations - then implement with a wider group.

- When changes are being made to a new process, conduct the test over a short time period.

- Ideally, a practice's focus on a core measure should continue for at least 24 months; this will allow for a concentrated focus and to "institutionalize" the new process within your office routine.

- Not all tests will be successful. Use the opportunity to learn from failed tests. Remember "all improvement is a change, but not all change is an improvement".

- Learn from the other QTIP practices; what worked for them may work for you.