SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

2021 QIDA
What Counts as a "Yes"

Dr. Ramkumar and Laura Brandon Berry

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Structure

- 10 charts per survey
- Last 10 patients seen the month prior
  - 2-6 (SDOH)
  - 7-10 (Obesity)
- Data collection will open September 1
- Cycles will close on the 15th of every month

Obesity 7-10 Year olds

1. Did the patient have a well visit in the past 12 months?

2. Is the patient up-to date on vaccines appropriate for their age?

   - The patient must have all CDC recommended vaccines appropriate for their age according to the vaccine schedule to count for this measure.

Obesity 7-10 Year olds

3. Is there documentation that the family has been screened for social determinants of health?

- Any indication that the family was screened with a validated instrument or homegrown question panel, presented either verbally, on paper, or via tablet , assess at least one social determinant of health. Use of a full validated screener like the SEEK, WeCare, etc are always acceptable, screening tools like the SWYC that include social determinant questions are also acceptable.

3A Did the family trigger any positives?

- Any indication in the chart that the family is struggling with one of the SDOH areas they were asked about, that would deem them to have been triggered as a positive.

3B Is there documentation that the family was given resources to address their needs?

- Any indication in the chart that the family was given a resource sheet or was directed towards a community resource to help them remedy their needs.

Obesity 7-10 Year olds

4. Is there documentation that a behavioral health screen was done in the past 12 months?

- Any indication in the chart that the patient was screened for behavioral health needs using any validated screening tool would be acceptable for this measure.

4A Was the screen positive?

- Any indication that the patient was positive for a behavioral health need would deem the chart positive for this measure.

4B Is there a plan in the chart to address the behavioral health need?

- Documentation in the chart that the issue was addressed either in the office, referral to a specialist or other means.

Obesity Specific Questions

5. Is the patient's BMI documented in the chart with the appropriate Z code?

- Z68.51 BMI, less than 5th percentile for age
- Z68.52 BMI, 5th percentile to less than 85th percentile for age
- Z68.53 BMI, 85th percentile to less than 95th percentile for age
- Z68.54 BMI, greater than or equal to 95th percentile for age

6. Is there documentation that screen time was discussed?

- Any indication in the chart that screen time was discussed during the most recent well or at an obesity focused visit, documented discussion of screen time using the 5-2-1-0 framework would count for this measure as well as general screen time discussion.

7. Is there documentation of physical activity counseling?

- Any indication that during the most recent well visits or at an obesity focused visit, that physical activity guidance was given to the patient.

Obesity Specific Questions

8. Is there documentation that the patient's sleep hygiene was assessed?

- Any indication in the chart that sleep hygiene was discussed at the most recent well check or obesity focused visit. Amount of sleep, sleep apnea, sleep quality would all be potential items for discussion that would count for this measure.

9. Is there documentation that the family was given educational materials pertaining to a healthy life style?

- Any indication in the chart that the family was handed materials at the most recent well check of obesity focused visit that has helpful information that would guide the family to making healthy life style changes, diet, exercise, etc.

Obesity Specific Questions

10. Is the patients BMI over the 95th Percentile?

- If the patients BMI is over the 95th percentile at the most recent visit.

10A Was the family assessed for their readiness to change?

- Any indication in the chart that the family to asked about their readiness level and the answer is documented as Pre-contemplative, Contemplative, Preparatory, Action or maintenance.

10B Is there documentation of the family's SMART goal?

- Any indication in the charts that the family's SMART goal is documented, the goal should be specific, measurable, attainable, relevant, and time bound. Example: *The Berry family will walk 1.5 miles after dinner 3 days per week starting August 1st though Christmas day 2021.*

10C Is there documentation that co-morbidities are documented?

- Any indication in the chart that the patient's co-morbidities are documented in the chart, hypertension, diabetes, sleep apnea, mental health issues, etc.

10D Was a follow up appointment made?

- Any indication that a follow up appointment has been made for the patient to come back for an obesity focused visit in 1-3 months based on the patients BMI and the family's readiness to change.

10E Does the patient have lab results in their chart for CMP and Lipids?

- Any indication in the chart the patient had labs sent out in the past and has results in the chart for CMP and lipids.

SDOH 2-6 Year Olds

1. Did the patient have a well visit in the past 12 months?
    - The patient must have had at least one well check in the pediatric office in the past 12 months.
2. Is the patient up-to date on vaccines appropriate for their age?
    - The patient must have all CDC recommended vaccines appropriate for their age according to the vaccine schedule.
3. Is there documentation that the patient received fluoride varnish in the past 12 months in the pediatric office?
    - Any indication that the patient received at least one fluoride varnish application in the pediatrics office in the past 12 months.

SDOH 2-6 Year Olds

4. Is there documentation that the patient has received a vision screen in the pediatric office?
    - Any indication that the patient had their vision screened in the pediatric office, either by photo screener or with a visual acuity chart. At least once since birth would be sufficient for this measure.
5. Is there documentation that the patient was given a reach out and read book in the past 18 months?
    - Any indication that the patient was given a Reach Out and Read book in the past 18 months. If your office does not participate in Reach out and Read, answer no for this measure.
6. Is there documentation that protective factors and/or family strengths were discussed with the family?
    - Any indication in the note that protective factors or family strengths were discussed. Refer to this link for a refreshed on protective factors: https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf

SDOH Questions

7. Is there documentation that the family has been screened for Social Determinants of Health?

- Any indication that the family was given a screen, either verbal or written, that uses validated questions to assess at least one social determinant of health. Use of a full validated screener like the SEEK, WeCare, etc are always acceptable, screening tools like the SWYC that include social determinant questions are also acceptable.

7A Did the family trigger any positives?

- If there was any indication in the chart that the family is struggling with one of the SDOH areas they were asked about, that would deem them to have been triggered as a positive.

7B Is there documentation that the family was given resources to address their needs?

- Any indication in the chart that the family was given a resource sheet or was directed towards a community resource to help them remedy their needs.

7C Were the appropriate z codes entered in the chart?

- At the most recent visit where the screening was completed, is there evidence in the chart that the appropriate Z -code to was applied. Please see Z-code addendum

Trauma Questions

8. Is there documentation that the patient was screened for trauma?

- Evidence in the chart that a validated screener was used would count for this measure, as well as the use of open-ended questions. The AAP list the following screening tools as validated: Acute Stress Checklist for Children (ASC-Kids), Children's Revised Impact of Event Scale, 8-item (CRIES-8), Traumatic Symptom Checklist for Children (TSCC,) Trauma Symptom Checklist for Young Children (TSCYC), Child PTSD Symptom Scale (CPSS).

9. Is there documentation that the patient was screened for trauma symptoms?

- Screening for trauma symptoms in this case would mean identifying that the patient has been exposed to trauma and has been screened for physical or emotional symptoms that may be the result of the trauma. i.e: sleep issues, bowel habits, behavior issues, school problems, etc.

9A Was the patient positive for trauma symptoms?

- If the screening of the patient results in the identification of trauma symptoms, that you would deem the patient positive.


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