



NEXT STEPS SUMMER 2016
STEPPING OFF INTO THE FUTURE!



South Carolina Chapter
American Academy of Pediatrics



Technology and Innovation in Pediatrics

THE MUST HAVE SLIDE:

I have no conflicts to discuss



BEGINNING IN NOVEMBER: MONTHLY 10 CHART AUDITS

4 groups of patients that we will audit

2 groups each month that alternate with each other

- Group 1: Last 10 patients from 6 months and 9 months of age seen (for sick and well visits)
- Group 2: Last 10 patients seen from 24 and 30 months of age (sick and well visits)
- Group 3: Last 10 patients from 13 to 18 yrs. Of age (sick and well visits)
- Group 4: Last 10 patients seen with moderate to severe asthma from 5 to 18 yrs of age



NEW QUESTIONS

Questions about obesity, breast feeding and tobacco exposure

Questions about Children with Special Health Care Needs (CSHCN)

- Does your office have a process for determining who has special health care needs?
- Was it used on this patient?
- Did the Child have a special health care need
- If so, is a care plan on the chart



PROCESSES TO DETERMINE IF THEY HAVE SPECIAL HEALTH CARE NEED

- Just ask: Does your child have a special health care need?
- Use a CSHCN screener:
<http://www.cahmi.org/projects/children-with-special-health-care-needs-screener/> ?
- Use diagnostic codes to determine if child has special health care needs ?



Children with Special Health Care Needs Screener

FAST FACTS

DESCRIPTION

- The CSHCN Screener[®] is a five item, parent-reported tool designed to reflect the federal Maternal and Child Health Bureau's consequences-based definition of children with special health care needs.
- The CSHCN Screener[®] identifies children across the range and diversity of childhood chronic conditions and special needs – allowing a more comprehensive and robust assessment their needs and health care system performance than is attainable by focusing on a single diagnosis or type of special need.
- The screener responds to the need for an efficient, standardized and non-condition specific method for identifying CSHCN in populations and for quality assessment purposes. It takes about 1 minute to complete.

HOW ARE CHILDREN IDENTIFIED BY THE CSHCN SCREENER[®]?

- The CSHCN Screener[®] identifies children who currently experience one or more of five common health consequences due to a physical, mental, behavioral or other type of health condition lasting or expected to last at least 12 months.
- To meet the CSHCN Screener[®] criteria a child's parent must report the child has an ongoing health condition for which he/she experiences one or more of the following: (1) need or use of prescription medications; (2) an above routine use of services; (3) need or use of specialized therapies or services; (4) need or use of mental health counseling (5) a functional limitation. Most children identified experience more than one consequence.

1. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins)?
 - Yes → Go to Question 1a
 - No → Go to Question 2
 - 1a. Is this because of ANY medical, behavioral or other health condition?
 - Yes → Go to Question 1b
 - No → Go to Question 2
 - 1b. Is this a condition that has lasted or is expected to last for **at least** 12 months?
 - Yes
 - No

2. Does your child need or use more **medical care, mental health or educational services** than is usual for most children of the same age?
 - Yes → Go to Question 2a
 - No → Go to Question 3
 - 2a. Is this because of ANY medical, behavioral or other health condition?
 - Yes → Go to Question 2b
 - No → Go to Question 3
 - 2b. Is this a condition that has lasted or is expected to last for **at least** 12 months?
 - Yes
 - No

3. Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
 - Yes → Go to Question 3a
 - No → Go to Question 4
 - 3a. Is this because of ANY medical, behavioral or other health condition?
 - Yes → Go to Question 3b
 - No → Go to Question 4
 - 3b. Is this a condition that has lasted or is expected to last for **at least** 12 months?
 - Yes
 - No

4. Does your child need or get **special therapy**, such as physical, occupational or speech therapy?
 - Yes → Go to Question 4a
 - No → Go to Question 5
 - 4a. Is this because of ANY medical, behavioral or other health condition?
 - Yes → Go to Question 4b
 - No → Go to Question 5
 - 4b. Is this a condition that has lasted or is expected to last for **at least** 12 months?
 - Yes
 - No

5. Does your child have any kind of emotional, developmental or behavioral problem for which

DIAGNOSTIC CATEGORIES FOR INSTANCE

Sickle Cell

Significant

Developmental
Delay

Any chromosomal
anomaly

Congenital Heart
Disease

HIV

Extreme Prematurity

Immune Dysfunction

Allergy with
Anaphylaxis

Hypoxia

Other



FAMILY INPUT....

We all agree that family input into your office QI processes are important

Families have a valuable unique perspective, but depending on the issue you may need a different perspective from a different family member

Family members on QI committees are difficult but valuable, as are parent advisory committees, direct parent expertise on specific issues, surveys, e-mail conversations and virtual contacts



NEXT STEPS 2016

Fill out your evaluations

Get your practice team together and complete your next steps forms

Let Francis know if your visit date won't work

Think about ways you can incorporate family input into your QI work

Think about your first steps in thinking through care coordination in your office

Introduce yourself to our new staff Laura

SUBMIT YOUR MOC ATTESTATION forms to Francis (FERushton@gmail.com). Every pediatrician in your office who has seen your BF data 3 times is eligible for MOC Part IV Credit

Don't forget to blog. We love entries into the PDSA cycle log and QI minutes log

Continue to give us Bright Futures Data/ and QIDA data beginning in December

Thank you

