



Welcome to QTIP!

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was born as a CHIPRA State Demonstration Project

- ▶ Oversight provided by representatives of our Early Childhood Collaborative Systems at the health department, Medicaid, Family Connection, South Carolina Primary Association, SC AAP, and USC's Institute for Families in Society
- ▶ Built on a 25-year relationship between the public sector and the pediatric community
- ▶ QTIP was sustained by the SCDHHS in 2016

What Happened with



- Improved attitudes toward behavioral health services
- Increased developmental and mental health screening
- Focused activities around obesity, ED visits, asthma, and ADHD
- Increased access for children's dental services
- Improved access to the medical home
- Focused on adolescents' health needs, and
- Increased well child visits rates for children

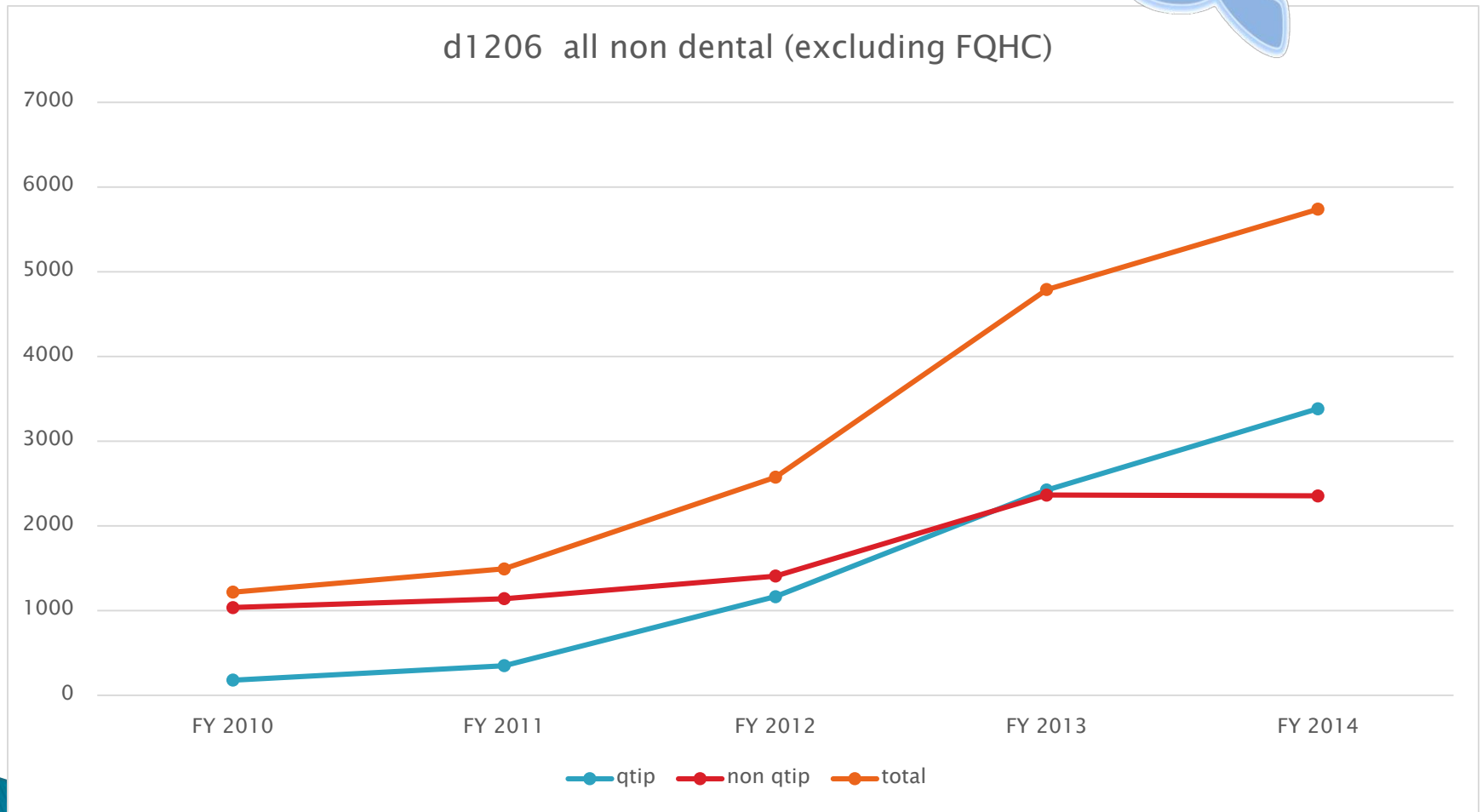


- ▶ Improvements in child health and development
- ▶ Savings to SC Medicaid
 - ER utilization
 - Preventive oral health services
 - Less hospitalizations for asthma
- ▶ Additional revenue to practices
 - Screenings
 - Fluoride varnish
 - Additional visit revenues
- ▶ Takes care of ABP MOC Part IV requirements for physicians

Core Quality Measures Questionnaire: *Rated Most Useful*

Core Measure	Usefulness
Adolescent Well-Care Visits	100.00%
Follow-Up Care for Children Prescribed ADHD Medication	100.00%
Preventive Dental Services	100.00%
BMI Assessment for Children/Adolescents	100.00%
Developmental Screening in First Three Years	96.67%
Immunization Status-Childhood and Adolescents	96.67%
Well-Child Visits-15months and 3 rd -6 th Years	96.67%
Children's and Adolescents' Access to Primary Care	93.33%
Dental Treatment Services	93.33%
Chlamydia Screening	90.00%
Ambulatory Care-Emergency Department Visits	86.60%

Improvements in Pediatric Office Dental Varnish Application



QTIP's role

- ▶ Last 5 years there has been a 50% drop in asthma hospitalizations in South Carolina
- ▶ Between 2016 and 2017, HPV vaccinations rose the third fastest rate for all states in the United States.

PDSA Cycle

Model for Improvement

What are we trying to accomplish?

What change can we do that will result in improvement?

How will we know that a change is an improvement?

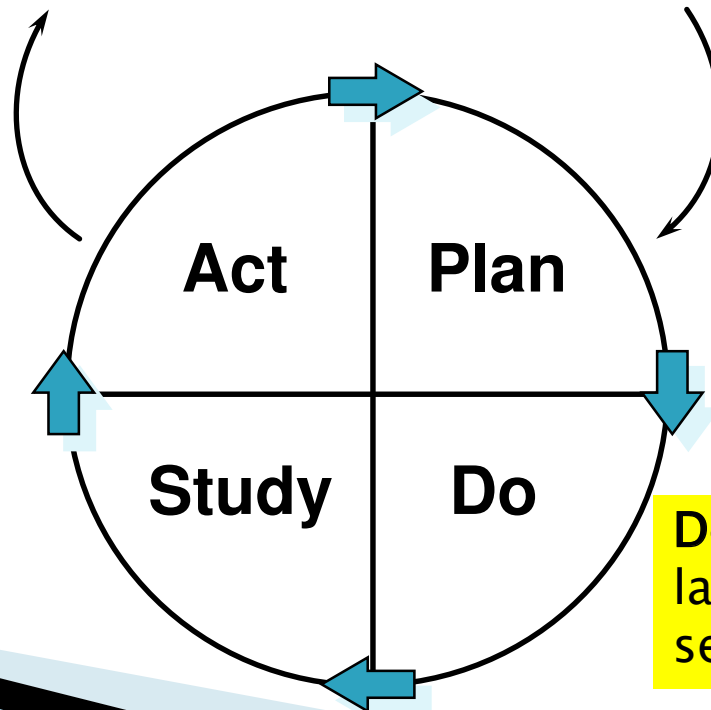
By Jan. 1, 90% of our male adolescents patients will receive HPV immunization if eligible

Act: Dr. Allen will discuss with partners and consider improvement strategy

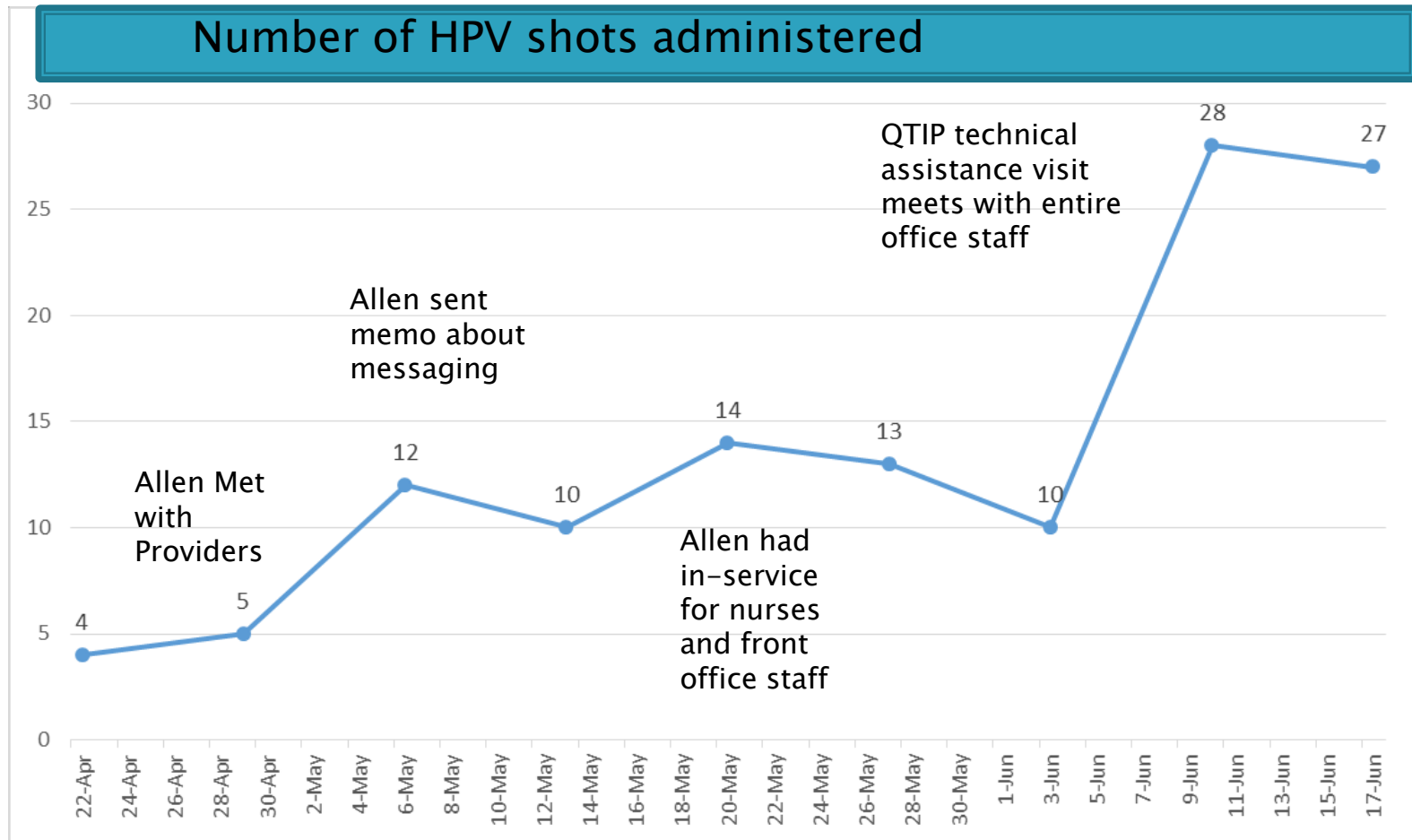
Plan: Ascertain if males are getting their HPV. We can weekly hand audit and count number of males with sports PE or well child exam and see if HPV was given

Study: Practice wide there were 11 PE s done in eligible adolescents, only 2 received HPV

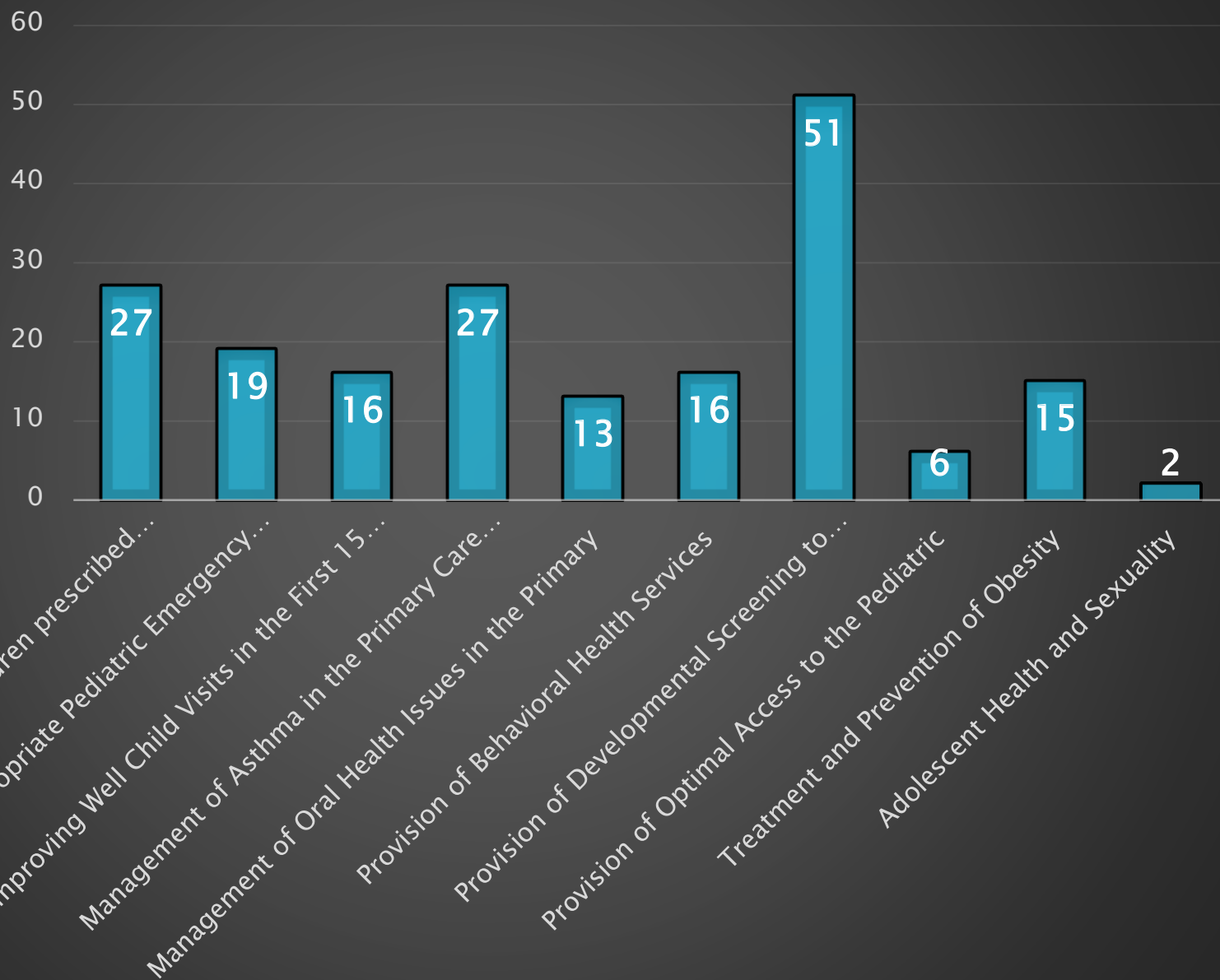
Do: Nurse Ruth audits last 2 weeks of boys seen for PE or Sports PE



Run Charts very helpful for following progress



QTIP MOC by Topics



ABP MOC 4

- ▶ South Carolina AAP provides MOC 4 credit for its chapter members in association with QTIP
- ▶ MOC 4 Oversight provided by QTIP physician committee. Francis Rushton, Kerry Sease, Jennifer Bailey and Ramkumar Jaygopylan can certify credit. We have portfolio status, so we can provide MOC Part 4 credit in a variety of areas. Recently recertified through 3/20/2020
- ▶ To qualify for credit, a SC AAP member must be aware of and allowed to add input to office QI activities. There must be at least 3 data cycles and an active intervention. Pediatricians can get credit passively if they are kept informed of their office QI efforts.
- ▶ **If your office is doing QI and you know about it, you can get credit!**
You can't get to much credit

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MOC Part 4 Topics

Access

ADHD

Adolescent Health

Asthma

Behavioral Health

Breastfeeding

Developmental Screening

Emergency Department Usage

Obesity

Oral Health Disease

Smoke Exposure

Well Child Visits

* complete packet included in your folder

▶ What contributed to QTIP practices' success?

Commitment of a lead practice champion

Regular quality improvement meetings

Buy-in from office staff

Identifying a person and job tasks to oversee quality within the office

Reviewing data over time

QTIP Creates a Culture of Quality

- **Leaders felt more comfortable** with developing QI projects
- **Nurses, front office** staff reported increased confidence as partners with doctors in QI decision making
- Providers reported **interactions with other providers** encouraging their commitments to high performance
- Enhanced care-delivery decision-making
- Awareness of the importance of **measuring outcomes** and assessing goals
- Focused **efforts on behavioral health** within the medical home both within and outside of the QTIP practices

Responsibilities:



Practice:

- **Commitment**
- **Balancing QTIP with your other responsibilities (trust me)**
- **Commission a QI Team**
- **Identify and work on QI projects**
- **Attend two Learning Collaborative sessions/year**
- **Provide periodic reporting and data submission to QTIP**
- **Participate in technical assistance visits**
- **Work toward:**
 - > **Becoming a patient centered medical home (PCMH)**
 - > **Expanding mental health services in your practice**

QTIP/DHHS + SCAAP:

- **Highlight key pediatric quality measures; provide anticipatory guidance**
- **Teach QI techniques**
- **Promote PCMH**
- **Support mental health integration**
- **Conduct (free) learning collaborative sessions and provide technical assistance**
- **Provide networking and peer collaboration**
- **Provide MOC Part 4 opportunities**

Our Mission

To imbed a culture of quality
improvement in
all offices caring for children
across the state of South
Carolina

2018 Proactive Vision for Pediatric Quality

If you could only have 10 parameters

1. Families will be able to identify a Primary Care Provider
2. Children will be ready for school upon entry to kindergarten
3. Children and families will be screened for developmental delays, autism, post partum depression, behavioral health issues, socio-economic issues impacting health, family concerns.
4. Children will be linked to a dental home and receiving basic oral health services including fluoride varnish
5. Children will be breast fed as appropriate
6. Children will be up to date in receiving pediatric well child care
7. Children will be screened and evaluated for obesity
8. Children will be screened for and when needed receiving appropriate management for mental health conditions including ADHD.
9. Those with Special Health Care Needs will have their care coordinated
10. Those with Asthma will be managed effectively and control maximized



Goals: By 2022 6/10/2018


- ▶ **ORAL HEALTH:** 35,000 plus **fluoride varnish** applications will be given per year in pediatric offices and the average South Carolina Medicaid patient less than 6 years of age will receive more than 1.5 applications of fluoride in 2022
- ▶ **ASTHMA:** Medicaid pediatric patients with asthma in QTIP offices will see a 50 percent **reduction in asthma ER visits and hospitalizations** in 2022 compared to 2017 using Medicaid administrative claims data
- ▶ **LITERACY:** 95 percent of patients seen in QTIP offices will have documented discussions in their chart of issues related to literacy and **school readiness** or certify that all well child visits use Reach Out and Read
- ▶ **SCREENING:** 75 percent of patients seen in QTIP offices will have documentation of **development, behavioral and socio–environmental screening** in their charts
- ▶ **ADHD:** South Carolina **ADHD HEDIS** scores will be above the national mean for all Medicaid patients

Suggested QTIP Goals: By 2022

6/10/2018

- ▶ **ADOLESCENTS:** Adolescents will be fully vaccinated for age 75% of the time in South Carolina no matter their source of care as measured by Medicaid administrative data.
- ▶ **BREAST FEEDING:** 45% or more of babies seen in QTIP offices will be receiving breast milk at 6 months in 2022 (36.7% in 2017) as measured by QIDA
- ▶ **SC AAP MEMBER SERVICE:** QTIP will provide over 200 ABP MOC Part 4 certifications for members of the SC AAP in the year 2022, including multiple certifications for some physicians (151 certifications in 2017)
- ▶ **PREVENTIVE CARE:** 90 percent of patients seen in QTIP within the past year will be UTD on their well child visits by 2022 as measured by Medicaid administrative claim data
- ▶ **OBESITY:** The percent of 2 year-olds with elevated BMIs (greater than 85%) seen in QTIP offices will be less than 15.5 % by 2022 (17.7% in 2017) as reported by QIDA, Adolescents with elevated BMIs will drop to less than 42% (44.6% in 2017)
- ▶ **CSHCN/MEDICAL HOME** By 2022 each QTIP practice will be able to list children with special health care needs for population health

SC 2019 Focus

- ▶ Continue to build QI infrastructure for ambulatory pediatrics funded by MCD, under direction of SC AAP
 - ▶ Add additional practices into the collaborative Futures, just like you
 - ▶ Breastfeeding, Care Coordination, Behavioral Health, Adolescent well care
 - ▶ Learning Collaborative Sessions Jan. and July
 - ▶ Our folks are fired up!
- 

We Can Do It!

"I never realized how crucial the screens were. I think we should do a much better job of explaining to parents and teens why we are asking them to do them..."

"So I have to tell you that our front desk person and nurse had no idea what they were doing at the QTIP mtg....until this afternoon.

Our QTIP team had tried to explain previously, but after this afternoon's session, they were both going on and on about how important the mental health and development screens were."

The nurse said she wants to make a power point about the meeting for her colleagues.

Yes we can!

Hey Lynn, I was just speaking with our Dr about participating with the Bright Futures program through QTIP and we would like to get some clarification.

- * Do we look at all Bright Futures at once? We think we are doing well but are a little nervous about how much there is in Bright Futures.
- * Do we have to make sure we are following all the Bright Futures guidelines for well visits and doing all the screenings and tests recommended for each age, correct?
- * There was lots of discussion about the recommendations for anticipatory guidance, oral health, behavioral health, social environmental and developmental screenings at the 9 & 24 month well visits.

Pace yourself

LYNN SAID...

Don't let us overwhelm you. Start slow and just be honest when you audit as to what you are doing.

The measurement is to help you consider if there is an opportunity to be better.

Dr Rushton said,

Good solid practices frequently begin scoring low...and sometimes practices don't agree with the recommendations we give. Once you start giving us data, pick one thing to work on...whichever you think is most important.

Ultimately you get to decide what you want to work on.

QTIP allows practices determine for themselves where they think the opportunities for improvement are, then helps you get to where you want to be.