



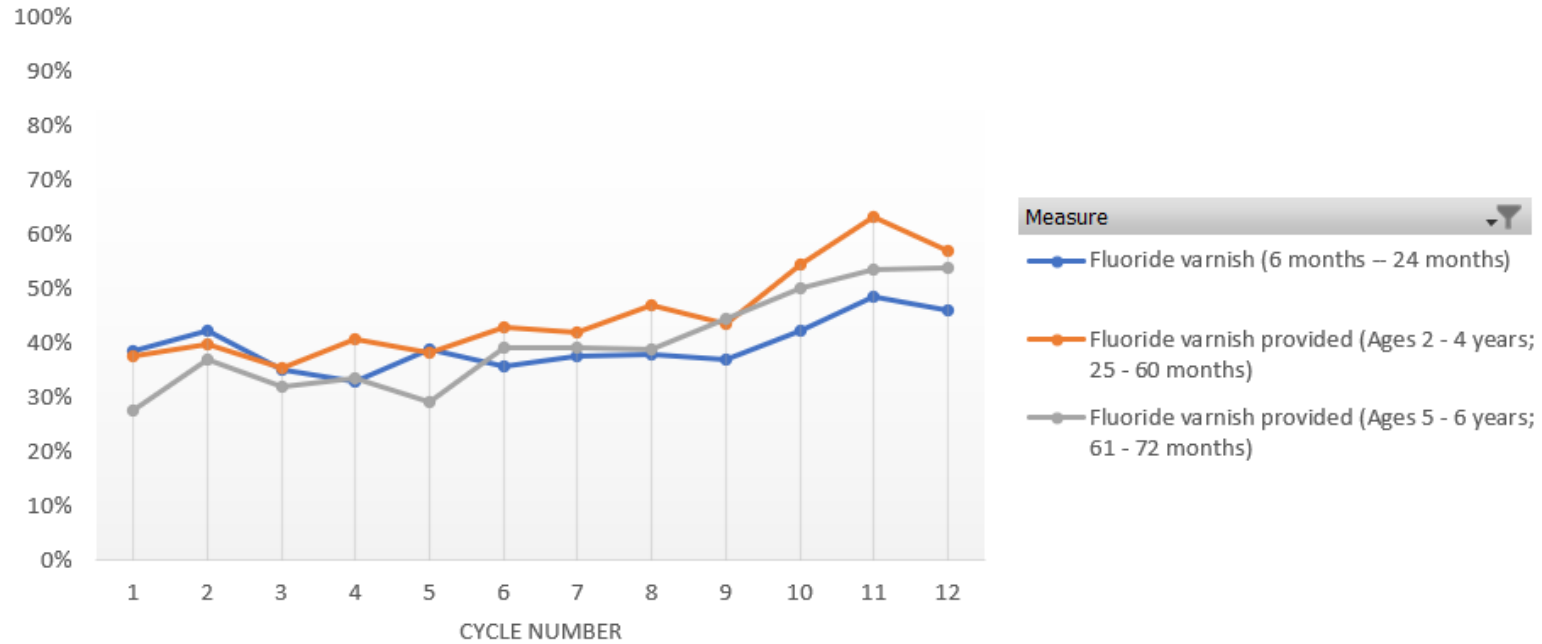
QTIP New Focus Areas and QIDA

Saturday, August 12, 2023

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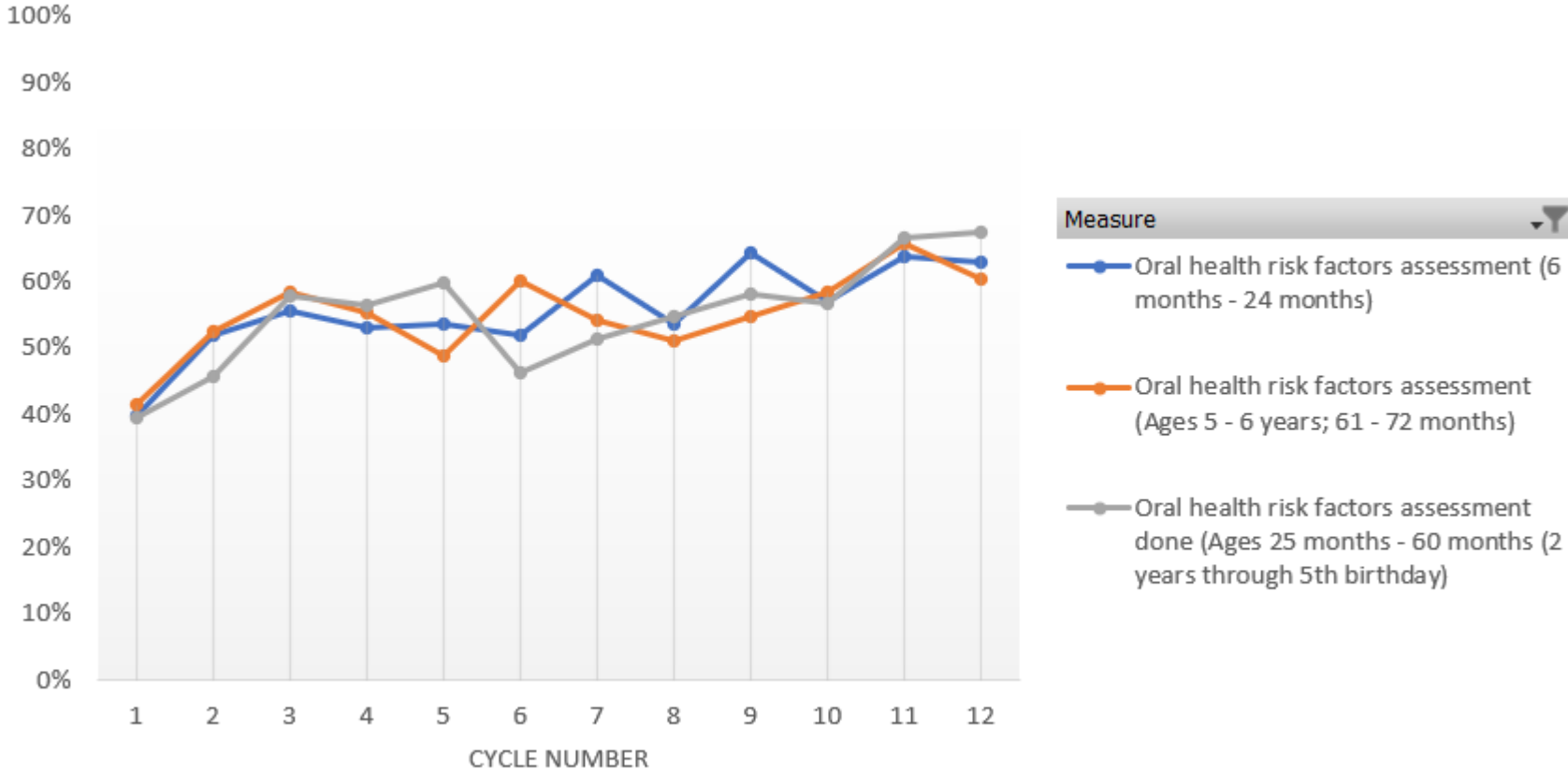
QIDA Data - Fluoride Varnish Application

Measure	Cycle 1	Cycle 8	Cycle 12	Cycle 12 % change
Fluoride varnish (6 months - 24 months)	38.51	37.96	46.12	20%
Fluoride varnish provided (Ages 2 years to 4 years (25 months - 60 months))	37.58	47.01	56.84	51%
Fluoride varnish provided (Ages 5 years to 6 years (61 months - 72 months))	27.69	38.92	53.78	94%



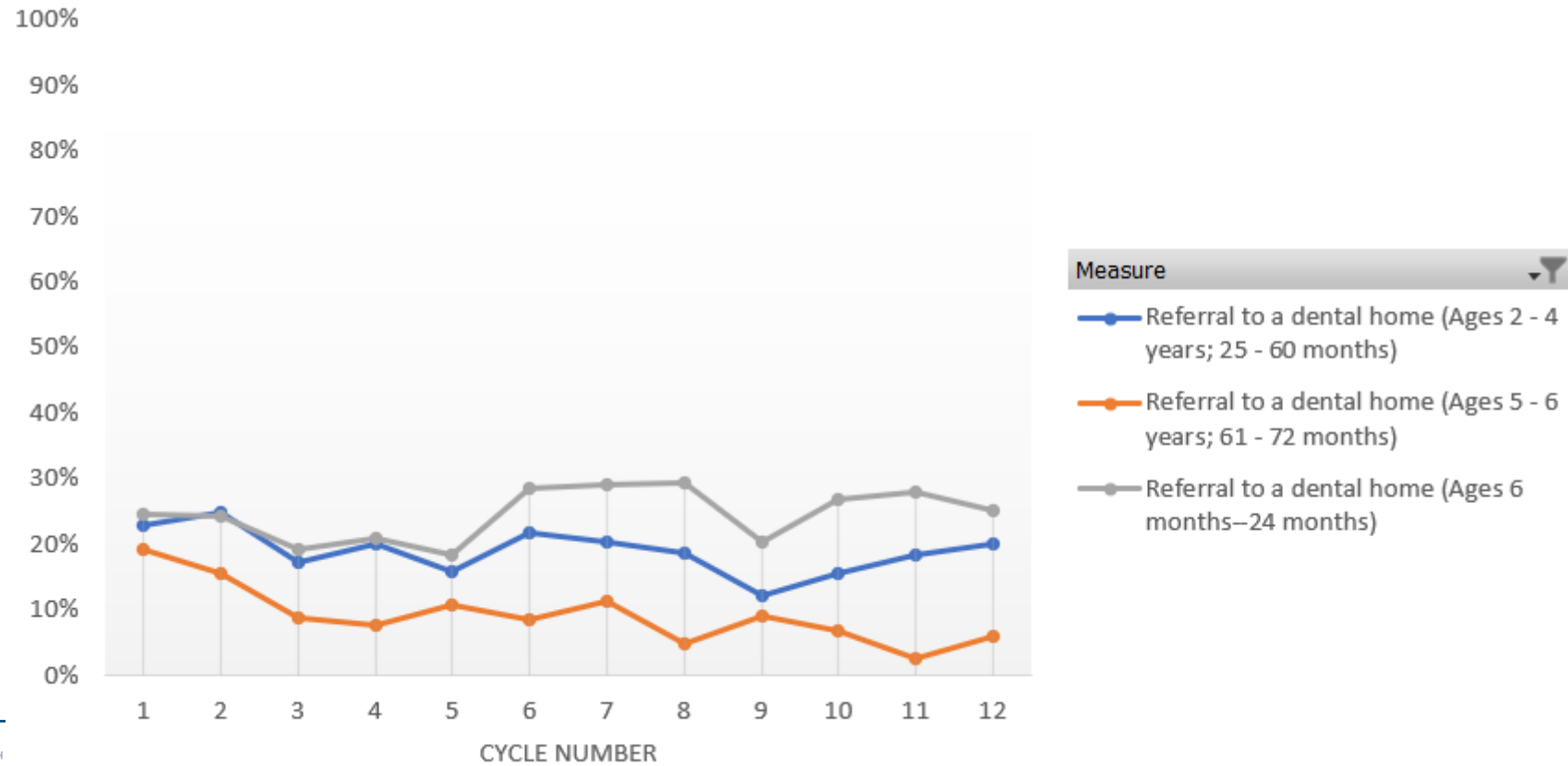
QIDA Data - Oral Health Risk Assessment

Measure	Cycle 1	Cycle 8	Cycle 12	Cycle 12 % change
Oral health risk factors assessment (6 months - 24 months)	39.8	53.75	62.93	58%
Oral health risk factors assessment done (Ages 25 months - 60 months (2 years to 5th birthday))	39.65	54.73	67.37	70%
Oral health risk factors assessment (Ages 5 years to 6 years (61 months - 72 months))	41.53	51	60.5	46%



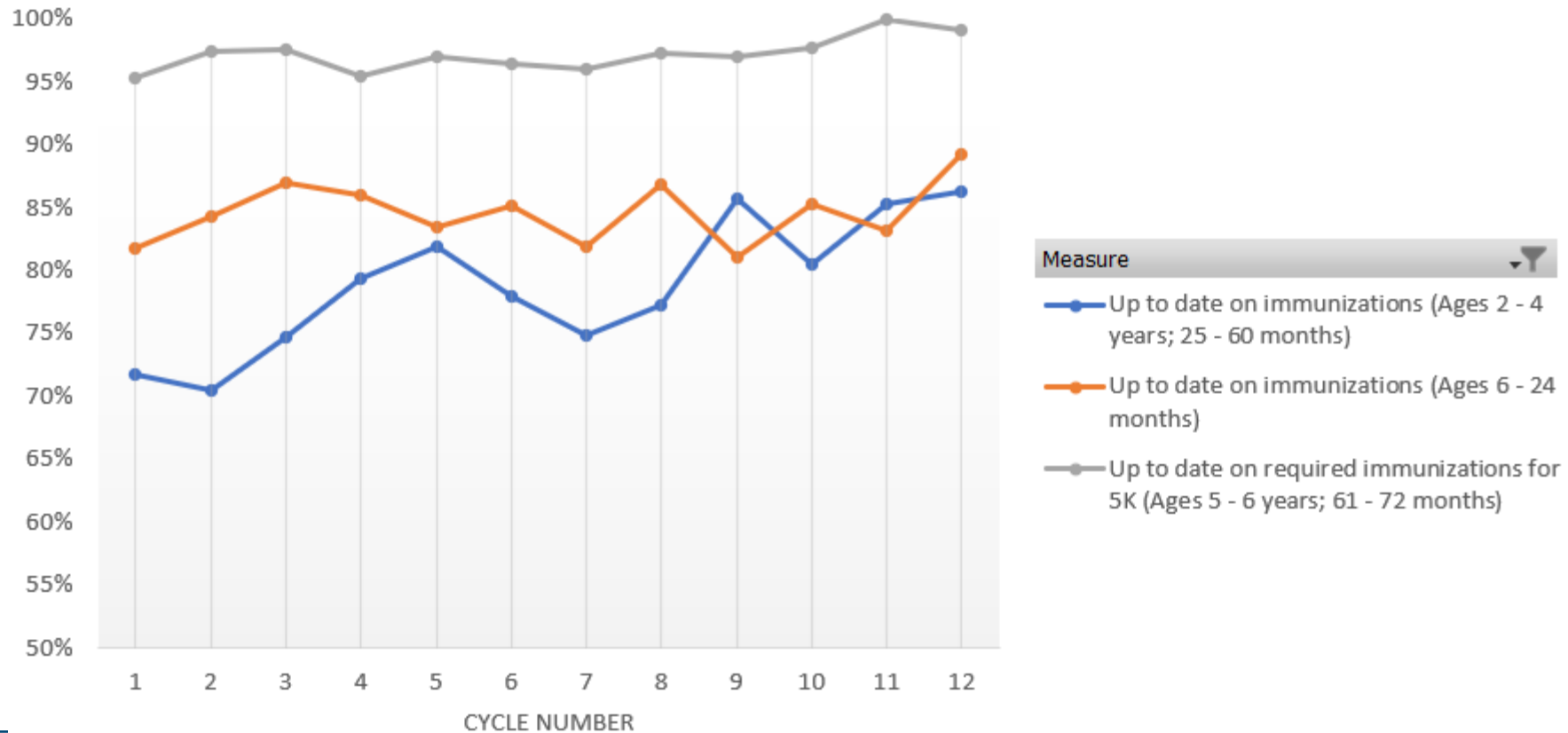
QIDA Data - Dental Home Referrals

Measure	Cycle 1	Cycle 8	Cycle 12	Cycle 12 % change
Referral to a dental home (Ages 6 months-24 months)	24.59	29.32	25	2%
Referral to a dental home (Ages 2 years - 4 years)	22.75	18.59	20	-12%
Referral to a dental home (Ages 5 years - 6 years)	19.23	4.69	5.88	-69%



QIDA Data - UTD on Immunizations

Measure	Cycle 1	Cycle 8	Cycle 12	Cycle 12 % change
Up to date on immunizations (Ages 6 months - 24 months)	81.74	86.84	89.22	9%
Up to date on immunizations (Ages 2 years to 4 years (25 months - 60 months)	71.72	77.19	86.32	20%
Up to date on required immunizations for 5K (Ages 5 - 6 years; 61 months - 72 months)	95.38	97.31	99.16	4%



QIDA Reset

Monthly data is due on the 15th of each month.

- ❑ Data entry cycles close monthly on the 15th .
- ❑ Reminders are sent to the QTIP team around the 8th of each month.
- ❑ Individual reminder emails sent after the 15th are only sent to practices with incomplete data.

QIDA Reset (continued)

- ❑ To ensure random chart audits, start from the last visit of the month prior, and work backwards until you have the correct number of charts for each age group.
- ❑ Pull charts as you come to them that fit the age criteria.
- ❑ This means you will also have a random sample of **both** well and sick visits for chart audits.

QIDA Reset (continued)

Audit

- ❑ 10 charts per age group
- ❑ Audit only 20 charts per site
 - ❑ 1. If doing multiple locations – **choose only 2 sites.**
 - ❑ Largest volume or QTIP Lead Provider office.
 - ❑ Highest Medicaid population

Other helpful tips...

- Do 1st QIDA pull together as a team.
 - Look for where to find information in EMR.



Other helpful tips...(continued)

- Data should be entered the 1st through the 15th of each month, reflecting data for the prior month.
 - Example: Data due November 15th reflects patients seen in the month of October.
 - Start with charts seen October 31st and work backwards until you have the 10 needed charts for each age group, resulting in a total of 20 charts per office location.



Other helpful tips...(continued)

Race and ethnicity questions....if that information is not documented in the chart, simply mark no data or declined to state

Screening questions (i.e. anxiety, depression and suicide) are asking about the primary screener used.

New Focus Areas

7 – 10-year-old WCC



13 – 18-year-old mental health



Chart Audits

- ❑ Cycles will run now through July 2024
- ❑ QIDA data collection will open August 15th / Our baseline cycle will close August 31st
- ❑ Cycles (2 through 12) will close on the 15th of every month
- ❑ Audit 10 charts per month
 - 7- to 10-year-olds
 - 13- to 18-year-olds
 - Sick and well visits
- ❑ What's different?
 - 10 charts per age group
 - 2 sets of questions (1 set per age group)



What Counts As A Yes?

2023 – 2024 QIDA Questions

7 – 10-year-olds

Pull 10 charts (Well and Sick Visits)

1. Please identify the patient's sex (if available)
 - Male
 - Female
 - Undetermined
2. Please identify the patient's race using the census categories (if available)
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Caucasian
 - More than one race
 - No data or declined to state race

7 – 10-year-olds (continued)

3. Please identify the patient's ethnicity (if available)

- Hispanic
- Non-Hispanic
- Not Listed or Unknown

4. Please identify the age of the patient:

- 7-year-old
- 8-year-old
- 9-year-old
- 10-year-old

7 – 10-year-olds (continued)

5. Is the patient up-to-date on well child visits?

- Yes
- No

❖ **What counts as a yes:** The patient must have documentation in their chart. They had at least one well check in the pediatric office in the past 12 months to count for this measure.

6. Is the patient up-to-date on routine childhood Immunizations?

- Yes
- No

❖ **What counts as a yes:** The patient must have chart documentation of immunizations appropriate for the patient's age: They have met the 5K requirements for Immunizations.

7 – 10-year-olds (continued)

7. Is the patient up to date on the Influenza vaccine?

Yes

No

❖ **What counts as a yes:** The patient must have chart documentation of one or two doses of the influenza vaccine in the past 12 months (7- and 8-year-olds, one or two doses yearly; 9- and 10-year-olds, one dose yearly).

8. For children 9 years old and older, has the patient received the HPV vaccine?

Yes go to 8a

No

N/A

❖ **What counts as a yes:** The patient must have documentation that they have had at least one dose of the HPV vaccine series.

7 – 10-year-olds (continued)

8a. If yes drop-down:

- 1 dose
- 2 doses

❖ **What counts as a yes:** If the patient has chart documentation of the HPV vaccine series, please indicate if they had one dose or two doses.

9. Is the BMI greater than 85th percentile?

- Yes go to 9a
- No

❖ **What counts as a yes:** The patient must have documentation in their chart that they have a BMI greater than the 85th percentile.

7 – 10-year-olds (continued)

9a. If yes, was there documentation of healthy lifestyle discussion?

- Yes
- No

❖ **What counts as a yes:** Patients with a BMI greater than the 85th percentile must have documentation that their BMI was addressed with in depth counseling on nutritious food choices, physical activity, motivational interviewing, or other appropriate services/referrals during the past 12 months.

10. For children 9 years old and older, was a Lipid screen done?

- Yes
- No

❖ **What counts as a yes:** The patient must have documentation in their chart that a Lipid screen was done once at the age of 9 or 10.

7 – 10-year-olds (continued)

11. For children 8 years old and older, was the patient screened for Anxiety?

- Yes go to 11a. and 11b.
- No

❖ **What counts as a yes:** The patient must have documentation in their chart that they have been screened for anxiety.

11a. If Yes-which screener was used? (drop downs with various screeners)...

- GAD-7
- SCARED
- PSC
- Other

❖ **What counts as a yes:** The patient must have documentation in their chart that they have been screened for anxiety using the GAD-7, SCARED, the PSC or Other.

7 – 10-year-olds (continued)

11b. Was the screen positive?

- Yes (go to 11c.)
- No

❖ **What counts as a yes:** Patients must have documentation in their chart that they have a positive anxiety screen using the GAD-7, SCARED, the PSC or Other.

11c. If the screen was positive, how was it managed? (*drop downs, Select up to two*):

- In office management including starting medication
- In office management without starting medication
- Referral Made
- No other action needed

❖ **What counts as a yes:** Patients must have documentation in their chart that their positive anxiety screen was managed in the office including starting medication or without starting medication, a referral was made, or no other action was needed. (*Select up to two.*)

7 – 10-year-olds (continued)

12. Was there documentation of discussion of Sleep Hygiene?

- Yes
- No

❖ **What counts as a yes:** Patients must have documentation in their chart that sleep hygiene was discussed (focusing on amount of sleep, sleep apnea, and sleep quality) during the past 12 months.

13. Was there documentation of electronic/social media anticipatory guidance?

- Yes
- No

❖ **What counts as a yes:** Patients must have documentation in their chart that the patient was given anticipatory guidance about electronic/social media use during the past 12 months.

7 – 10-year-olds (continued)

14. Was there documentation of discussion on bullying?

- Yes
- No

- ❖ **What counts as a yes:** Patients must have documentation in their chart (during the past 12 months) that the patient was given anticipatory guidance on bullying and had discussions about verbal, physical, relational, and/or extortion bullying as well as cyberbullying and information on programs and resources if necessary.

13 – 18 - year-olds

Pull 10 charts (Well and Sick Visits)

1. Please identify the patient's sex (if available)
 - Male
 - Female
 - Undetermined
2. Please identify the patient's race using the census categories (if available)
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Caucasian
 - More than one race
 - No data or declined to state race

13 – 18-year-olds (continued)

3. Please identify the patient's ethnicity (if available)

- Hispanic
- Non-Hispanic
- Not Listed or Unknown

4. Please identify the age of the patient:

- 13-year-old
- 14-year-old
- 15-year-old
- 16-year-old
- 17-year-old
- 18-year-old

13 – 18-year-olds (continued)

5. Is the patient up-to-date on WCC?

Yes

No

❖ **What counts as a yes:** The patient must have documentation in their chart. They had at least one well check in the pediatric office in the past 12 months to count for this measure.

6. Is the patient up-to-date on childhood immunizations?

Yes

No

❖ **What counts as a yes:** The patient must have chart documentation of immunizations appropriate for the patient's age.

13 – 18-year-olds (continued)

7. Do you screen for anxiety?

- Yes (go to 7a.)
- No

❖ **What counts as a yes:** If the pediatric practice screens for anxiety, respond with a yes.

7a. Was the patient screened for Anxiety?

- Yes (go to 7b. and 7c.)
- No

❖ **What counts as a yes:** The patient must have documentation in their chart that they were screened for anxiety.

13 – 18-year-olds (continued)

7b. If Yes-which primary screener was used? (drop downs with various screeners)

- GAD-7
- SCARED
- PSC-Y
- Other

❖ **What counts as a yes:** The patient must have documentation in their chart that they have been screened for anxiety using the GAD-7, SCARED, the PSC-Y or Other.

7c. Was the screen positive?

- Yes (go to 3d.)
- No

❖ **What counts as a yes:** Patients must have documentation in their chart that they have a positive anxiety screen using the GAD-7, SCARED, the PSC-Y, or Other.

13 – 18-year-olds (continued)

7d. If the screen was positive, how was it managed? *(Select up to two)*

- In office management including starting medication
 - In office management without starting medication
 - Referral Made
 - No other action needed
-
- What counts as a yes:** Patients must have documentation in their chart that their positive anxiety screen was managed either in the office including starting medication or without starting medication, a referral was made, or no other action was needed. *(Select up to two.)*

13 – 18-year-olds (continued)

8. Do you screen for depression?

Yes (go to 8a.)

No

What counts as a yes: If the pediatric practice screens for depression, respond with a yes.

8a. Has the patient been screened for depression?

Yes (go to 8b. and 8c.)

No

What counts as a yes: Patients must have documentation in their chart that they were screened for depression.

13 – 18-year-olds (continued)

8b. If Yes-which primary screener was used? (drop downs with various screeners)...

- PHQ-9
- PHQ-2
- PHQ-A
- PSC

❖ **What counts as a yes:** Patients must have documentation in their chart that they were screened for depression using the PHQ-9, PHQ-2, PHQ-A or PSC.

8c. Was the screen positive?

- Yes (go to 8d.)
- No

What counts as a yes: Patients must have documentation in their chart that they have a positive depression screen using the PHQ-9, PHQ-2, PHQ-A or PSC.

13 – 18-year-olds (continued)

8d. If the screen was positive, how was it managed? (*Select up to two*)

- In office management including starting medication
- In office management without starting medication
- Referral Made
- No other action needed

❖ **What counts as a yes:** Patient must have documentation that they have a positive depression screen, and it was managed either in the office including starting medication or without starting medication, a referral was made, or no other action was needed. (*Select up to two.*)

13 – 18-year-olds (continued)

9. Do you screen for suicide?

- Yes (go to 9a.)
- No

❖ **What counts as a yes:** If the pediatric practice screens for suicide, respond with a yes.

9a. Was the patient screened for suicide?

- Yes (Go to 9b. and 9c.)
- No

❖ **What counts as a yes:** Patient must have documentation that they were screened for suicide.

13 – 18-year-olds (continued)

9b. If Yes-which primary screener was used? (drop downs with various screeners)

- PHQ-9
- PHQ-A
- PHQ-A + Ask Suicide Questions (ASQ)
- PSC-Y
- ASQ
- Columbia-Suicide Severity Rating Scale (C-SSRS)

- What counts as a yes:** Patient must have documentation that they were screened for suicide using the:
 - PHQ-9
 - PHQ-A
 - PHQ-A + Ask Suicide Questions (ASQ)
 - PSC-Y
 - ASQ
 - Columbia-Suicide Severity Rating Scale (C-SSRS)

13 – 18-year-olds (continued)

9c. Was the screen positive?

Yes (go to 9d.)

No

What counts as a yes: Patient must have documentation that they have a positive suicide screen using the:

PHQ-9

PHQ-A

PHQ-A + Ask Suicide Questions (ASQ)

PSC-Y

ASQ

Columbia-Suicide Severity Rating Scale (C-SSRS)

13 – 18-year-olds (continued)

- 9d. If the screen was positive, how was it managed? *(Select up to two.)*
- In office management including starting medication
 - In office management without starting medication
 - Referral Made
 - Sent to ER
 - No other action needed
- ❖ **What counts as a yes:** Patient must have documentation that they have a positive suicide screen, and it was managed either in office including starting medication or without starting medication, a referral was made, patient was sent to ER or no other action was needed. *(Select up to two.)*

13 – 18-year-olds (continued)

10. Was there documentation of discussion of Sleep Hygiene?

- Yes
- No

❖ **What counts as a yes:** Patient must have documentation that sleep hygiene was discussed (focusing on amount of sleep, sleep apnea, and sleep quality) during the past 12 months.

11. Was there documentation of social connectedness discussion?

- Yes
- No

❖ **What counts as a yes:** Patient must have documentation that the importance of social connectedness (have a sense of connectedness to peers and adults, they feel loved, wanted and valued) was discussed during the past 12 months.

QI Coordinators and Staff: QIDA breakout sessions



Questions

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