


What we accomplished


QTIP Summer of 2018 Report

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Teens: What have we accomplished?

<p>2017 Teen Data</p> <ul style="list-style-type: none"> • More UTD on well checks 81.9 % to 82.5% • HPV one shot rate up from 75.1% to 81.3% • Teens receiving weight advice if BMH>85% rose from 54.3% to 82.4% • Behavioral health screen in past year rose from 37.5% to 53.3% • Screening for special needs rose from 37.7% to 53.3% 	<p>2018 early Teen Data</p> <ul style="list-style-type: none"> • UTD on well visits improved from 76.4% to 87% • Completed HPV series rose from 67.5% to 72% • Teens receiving weight advice if BMI >85% rose from 72% to 75% • Behavioral health screen in past year rose from 51% to 75% • Tobacco exposure screening rose from 83% to 100%
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Asthma: What have we accomplished

<p>2017 Asthma</p> <ul style="list-style-type: none"> • Asthma action plans increased 45% to 50% • Patients on controller steady at 86% of the time • Functional reassessment in past year with ACT or spirometry rose from 41% to 49% • Smoke exposure assessed rose from 66.5% to 84% • Drop in asthma ER and hospital visits from 28% to 18% 	<p>2018 early Asthma</p> <ul style="list-style-type: none"> • Asthma action plans stayed steady at 50% • # of patients on controller rose from 85% to 89% • Functional reassessment in past year with ACT or spirometry stayed steady at 52% • Smoke exposure assessed rose from 79% to 85% • Steady decrease in asthma ER and hospital visits from 21 % to 17%
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Preschoolers: What we have accomplished

<p>6-9 month-olds 2017</p> <ul style="list-style-type: none"> • Breast feeding at birth 69%, breast fed at 6 months 36.7% • Post-partum depression screening increased from 61.3% to 85.4% • Reach Out and Read or similar increased from 43.3% to 82.2% • Screening for social environmental risk increased from 47.7% to 82.2% 	<p>24 month-olds</p> <ul style="list-style-type: none"> • At least 2 developmental screens increased from 63% to 68% • BMI greater than 85% addressed in chart rose from 63% to 71.7% • Reach Out and Read or similar increased from 57.5% to 81.7%
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What we have accomplished: 3-6 year-olds early data 2018

- UTD on **Well Check ups** rose 88% to 92%
- Documented discussions on **social connectedness** rose 59.4% to 80%
- **Reach Out and Read** or similar rose from 71.8% to 80%
- Weight counseling for **elevated BMI** rose from 84.9% to 100%
- **Dental home** documentation in the chart rose 69.6% to 75% (although fluoride varnish applications have decreased)
- Screening for **complex health care needs** rose from 59.8% to 90%



What we accomplished: Kids with complex health care needs. Early limited data 2018

- Social determinants of health addressed rose from 43.8% to 61.6%
- Identification of barriers to care addressed rose from 20% to 42.2%
- Behavioral health screen performed rose from 56.3% to 72.2%
- Portable care plans given to parents rose from 37.5% to 85.9%

SC DHHS priorities 2018

- DHHS has an interest in QTIP aligning with the agency's quality strategies: **Well child visits** (0 – 15, 3-6, adolescent) and BMI along with the new behavioral health matrix
- DHHS is already supporting and involved with a **breastfeeding** initiative through BOI. Bryan requested any work we do – be done collaboratively with them on this topic.
- The **behavioral health** quality index. 5 of 6 are for children/adolescents. We discussed the "frequency" of some of the topics being pertinent to outpatient pediatricians.
- **ADHD** is a behavioral health index (BHI) measure where Sharon and Bryan expressed interest for QTIP involvement – note: of all the BHI measures, ADHD was the one SC was doing the best in but there is still room for improvement.
- **Immunizations** and the state immunization task force...

Our 2015 Proactive Vision for Pediatric Quality

If you could only have 10 parameters



1. Be able to identify a Primary Care Provider
2. Be ready for school upon entry to kindergarten
3. Screened for developmental delays
4. Linked to a dental home and receiving basic oral health services
5. Up to date in receiving pediatric well child care
6. Screened and evaluated for obesity
7. Screened for mental health conditions including substance abuse, domestic violence and family mental illness
8. Receive mental health services when indicated
9. With Special Health Care Needs will have their care coordinated
10. With Asthma will be managed effectively and control maximized

2018 Draft 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

Suggested QTIP Goals: By 2022

- **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



- **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 AAP 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