2018 NEW QIDA QUESTIONS AND **NEXT STEPS**

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NEW AUDIT FOCUSED ON WELL CHILD SERVICES BETWEEN 3RD AND 6TH BIRTHDAY

Focus on:

- Bright Futures priorities
- Continuity of Care
- Developmental Screening
- Healthy connections
- Immunizations
- Managing Children with Special Health Care Needs
- NCQA Medical Home requirements
- Healthy weights
- Literacy promotion
- Social determinants of health
- Second hand smoke exposure

3 TO 6 YEAR AUDIT

- Mandatory
- Monthly
- Focus on
  - HEDIS measures
  - Topics in which we think there may be room for improvement
  - Not focused on topics where we think everyone is doing a great job
- Your priorities for QI work in this age group may be different

DID THE PATIENT HAVE A WELL VISIT IN THE PAST 12 MONTHS?

- Why?
  - Good preventive care felt to improve child health
- What counts?
  - A well child visit in the previous year up to and including the visit in the last 10 kids seen between their 3rd and 6th birthday

IS THE PROVIDER LISTED IN THE EMR THE PROVIDER WHO SAW THE PATIENT FOR THE LAST WELL CHILD VISIT?

- Why?
  - Continuity of care with the same provider has been shown to improve functional health care status
  - Pay for performance programs on the horizon suffer from poor patient-doctor attribution
- What counts:
  - If the doctor listed as primary in the medical record is the one who did the last well child visit, the answer is yes
- *Note: This measure will instigate an administrative QI project.*

IS THERE DOCUMENTATION THAT THE PATIENT IS UP TO DATE ON VACCINES APPROPRIATE FOR THE PATIENT'S AGE?

Why?

- Immunizations one of the most productive preventive health services we provide
- HEDIS measure

What counts:

- Children before their 4 year well check up or if no 4 year check up less than 4 and a half years of age:
  - 4th dose of DTAP,
  - UTD on HIB,
  - PCV 13,
  - 3rd dose Polio
- Children after their 4 year well check up or if no 4 year check up greater than 4 and a half year of age:
  - 5th dose of DTAP,
  - 4th dose of IPV,
  - 2nd dose MMR,
  - 2nd dose Varicella

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT A GLOBAL DEVELOPMENTAL ASSESSMENT HAS BEEN PERFORMED SINCE 30 MONTHS OF AGE?

- Why?
  - AAP policy statement recommends developmental screening 3 times in early childhood, the last time after 30 months of age
- What counts:
  - ASQ, PEDS, SWYC or similar count. MCHAT does not as it screens only for autism

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT AT LEAST 3 OF 5 AGE APPROPRIATE BRIGHT FUTURES PRIORITIES WERE ADDRESSED AT THE MOST RECENT WELL VISIT?

- Vary by age
- For example: Safety, school readiness/literacy, healthy nutrition and exercise, social determinants of health, play, media use, physical development, mental health
- Each practice gets to decide how to use this audit

Priorities for the 3 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health* (risks [living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [positive family interactions, work-life balance])
- Playing with siblings and peers (play opportunities and interactive games, sibling relationships)
- Encouraging literacy activities (reading, talking, and singing together; language development)
- Promoting healthy nutrition and physical activity (water, milk, and juice; nutritious foods; competence in motor skills and limits on inactivity)
- Safety (car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety)

Priorities for the 4 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel emphasizes the following topics for discussion at this visit:

- Social determinants of health* (risks [living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community], strengths and protective factors [engagement in the community])
- School readiness (language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool)
- Developing healthy nutrition and personal habits (water, milk, and juice; nutritious foods; daily routines that promote health)
- Media use (limits on use, promoting physical activity and safe play)
- Safety (belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety)

Priorities for the 5 and 6 Year Visits

The first priority is to attend to the concerns of the parents.

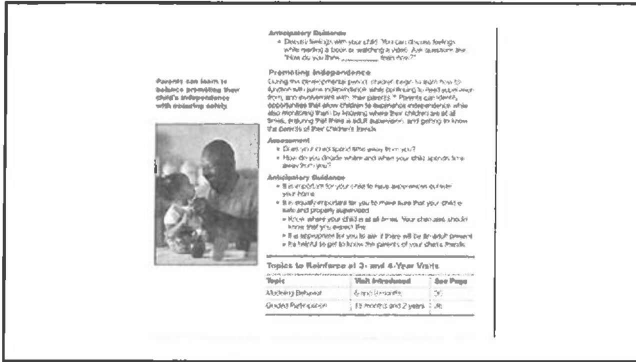
In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 5 and 6 Year Visits:

- Social determinants of health* (risks [neighborhood and family violence, food security, family substance use], strengths and protective factors [emotional security and self-esteem, connectedness with family])
- Development and mental health (family rules and routines, concern for others, respect for others, patience and control over anger)
- School (readiness, established routines, school attendance, friends, after-school care and activities, parent-teacher communication)
- Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks], nutrition [healthy weight, increased vegetable, fruit, whole-grain consumption; adequate calcium and vitamin D intake; healthy foods at school], physical activity [60 minutes of physical activity a day])
- Safety (car safety, outdoor safety, water safety, sun protection, harm from adults, home fire safety, firearm safety)

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT SOCIAL CONNECTEDNESS WAS DISCUSSED AT THE MOST RECENT WELL CHILD VISIT?

- Why?
  - How well families are connected to each other and how they are connected to the surrounding community impacts functional outcomes. Especially important in preventing toxic stress and violent behavior
- What counts?
  - Screening question, documentation of discussion in note. Should this measure 100 percent?
  - Last question on SWYC in the instance below demonstrates a way to document for this measure.

In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not applicable
Do you and your partner work out arguments with	No difficulty	Some difficulty	Great difficulty	Not applicable



Parents can learn to balance promoting their child's independence with ensuring safety.

Promoting Independence

Topics to Reinforce at 3- and 4-Year Visits

Topic	Visit Introduced	See Page
Modeling Behavior	[illegible]	[illegible]
Guided Participation	15 months and 2 years	[illegible]

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT THE FAMILY READS STORIES, SINGS SONGS OR RECEIVED A REACH OUT AND READ BOOK AT THE LAST WELL CHILD VISIT?

- Why?
  - Literacy development an important part of pediatrics
- What counts?
  - Knowledge that patient got ROR book or other documentation of literacy efforts in the chart

IS THERE DOCUMENTATION THAT A VIDEO SCREEN EXPOSURE DISCUSSION TOOK PLACE AS PART OF WELL CHILD VISITS?

- Why?
  - Video exposure is an important part of Bright Futures recommendations
  - Social media and television have both positive and negative impact on young children
- What counts:
  - In your audit of the last 10 charts of children between their 3rd and 6th birthday, did you find any mention of a discussion on television, video exposure or social media anywhere in the chart?
  - Should you score 100 percent on this measure? Maybe not, there might be higher priorities for your practice.

PROMOTING THE HEALTHY AND SAFE USE OF SOCIAL MEDIA: AGES 1 THROUGH 4 YEARS

- Excessive social media interferes with focused adult-child interactions
- Devices may interfere with sleep and should be turned off 1 hr prior to bedtime
- Television should not be in child's bedroom
- TV should not be on during meal times
- Parent's use of interactive media has the potential to distract from parent-child interactions
- AAP recommends media use plan www.healthychildren/MediaUsePlan

PROMOTING THE HEALTHY AND SAFE USE OF SOCIAL MEDIA: AGES 5 THROUGH 10 YEARS

- Parents should:
  - Talk with their children about platforms and applications, and choose with them the ones best suited to their children's ages
  - Help them understand how content can be misunderstood-and hurtful. (Address cyber-bulling)
  - Help them understand that nothing is truly private
  - Help them be safe (be careful about giving out personal information on line

IS THERE DOCUMENTATION THE MEDICAL RECORD THAT THE CHILD WAS ASSESSED FOR COMPLEX HEALTH CARE NEEDS?

- Why?
  - These children often need special services
  - Our QI efforts to improve care for these children can only be focused if we know who they are
  - NCQA focus
- What counts?
  - Documentation of use of a list of diagnoses, query of patients, judgment from care giver or functional assessment of special health care requirements

WAS THE PATIENT'S BMI OVER THE 85TH PERCENTILE?

- Why?
- Outcome measure. Hopefully eventually our efforts will result in an improvement
- Important cause of non-communicable disease mortality
- What counts?
- BMI recorded at last well child visit
- Follow-up questions on whether elevated BMI was noted and acted upon.

WAS THE PATIENT SCREENED FOR TOBACCO EXPOSURE? AND FOLLOW UP

- Why?
  - Smoking an important cause of child disease and morbidity
- What counts?
  - Any evidence of smoking screening or discussion in the chart

Follow up:
Same questions you have been answering since august 2017

ORAL HEALTH

- Is there documentation in the medical record that the patient has a dental home?
- Is there documentation in the medical record that the patient received at least 1 fluoride varnish in the pediatric office in the past 12 months?
- Is there documentation in the medical record that oral health anticipatory guidance was given at the most recent well visit?

END OF AUDIT

2ND AUDIT: *AT LEAST ONE* OF THE FOLLOWING 3. CAN DO MORE THAN ONE

- Adolescent Audit (Same as before)
- Asthma Audit (Same as before)
- audit (New: Mirrors some requirements for NCQA medical home)
  - Will require having a process in place to identify your medically complex kids

COMPLEX HEALTH CARE NEEDS

- All patients, regardless of age
- Each practice must define their own definition of Complex Healthcare Needs
  - Please share with QTIP your definition

Examples:
- Diagnosis list (sickle cell, spina bifida, cerebral palsy...)
- 2 or more chronic diagnosis (ADHD and Persistent asthma, diabetes and anxiety)
- Other

However your practice defines this group is OK as long as you are consistent.

CHRONIC CONDITIONS FOR PEDIATRICS BY EXPENDITURE SFY17

Note: if a patient has more than one Dx in this list, their total expenditure will appear under both conditions.

Chronic Condition	Sum of Total Paid
ADHD	$67,443,609.36
Autism	$20,341,079.76
Heart Disease	$19,849,827.03
Asthma	$14,728,127.54
Prematurity	$9,342,036.15
Cancer	$9,225,850.27
Cerebral Palsy	$8,044,514.92
Epilepsy/Seizures	$7,687,640.29
Type 1 Diabetes	$5,696,967.59
Sickle Cell	$5,675,637.11
Anemia	$2,304,505.59
Cystic Fibrosis	$1,687,439.05
Spina Bifida	$935,625.80
Type 2 Diabetes	$691,355.07
Other Diabetes	$330,690.52
Grand Total	$173,984,906.85

IS THEIR A MEDICAL REASSESSMENT IN THE PAST YEAR THAT INCLUDES AN UPDATED MEDICAL HISTORY?

- Why
  - Children with special health care needs are frequently seen for a particular issue and do not get a comprehensive reassessment from their primary care provider on a regular basis
- What Counts
  - A comprehensive medical reassessment visit in the chart within the past year
  - Documentation that the patient was reassessed and nothing had changed

HAS A SCREEN BEEN PERFORMED TO IDENTIFY THE SOCIAL ENVIRONMENTAL DETERMINANTS OF HEALTH?

- Why?
  - Children with Special Health Care Needs are frequently even more impacted by social environmental determinants than the average child
- What counts:
  - Any screen for social environmental determinants at any time in the chart
    - Seek
    - Swyc
    - WeCare
    - Practice's own screening tool

IS THERE DOCUMENTATION IN THE CHART THAT BARRIERS TO CARE HAVE BEEN IDENTIFIED

- Why?
  - This is a NCQA PCMH issue. Barriers to care can be things like no health insurance, lack of transportation, no availability of needed services, family issues that impede care management, etc.
  - Barriers to care go beyond social determinant of health, screening for social determinant is healthful in identifying barriers to care.
- What counts?
  - A care management plan that addresses barriers, or any notation in the chart that barriers to care were assessed at any time

IS THERE DOCUMENTATION THAT A BEHAVIORAL HEALTH SCREEN WAS PERFORMED IN THE PAST 2 YEARS?

- Why?
  - Stress of complex health care issues can frequently predispose to behavioral health issues
- What counts?
  - Pediatric Symptom Checklist, PHQ-9, SWYC or other behavioral health screen completed within the past two years
  - Follow up question as to whether any positive screens were addressed

IS THERE A CURRENT MEDICATION LIST RECORDED? IS THERE A LIST OF CURRENT PEDIATRIC SUBSPECIALISTS RECORDED?

- Why?
  - Your QTIP committee thinks both of these items are an important part of a care plan and should be updated annually
  - We would be interested in feedback from our practices as to how useful this question is
  - NCQA issue
- What counts:
  - Documentation of a care plan given to a patient in the past year that includes these items, or documentation in the chart

IS THERE DOCUMENTATION IN THE CHART THAT A PORTABLE CARE PLAN WAS GIVEN TO THE PATIENT?

- Why?
  - Short written instructions given at each visit that include at a minimum the
    - medication list
    - a list of service providers
    - new recommendations for the family
  - This have been shown to be more effective than relying on oral instructions only.
  - Care plans also assist the family in sharing information with other care givers including schools
- What counts:
  - A copy of a care plan in the chart, or notation that one was given

IS THERE A CO-MANAGEMENT AGREEMENT WITHIN THE CHART BETWEEN A PEDIATRIC SUB-SPECIALIST AND THE PRIMARY CARE OFFICE?

- Why?
  - NCQA PCMH requirement
  - Confusion sometimes as to which office is providing what kind of care leading to either redundant care and cost or omissions of necessary care
  - Diabetes, sickle cell disease, pediatric cancers, neurologic disorders are some examples of situations where a co-management agreement might be helpful
  - Let us know if this question is helpful to you or not in your office
- What counts:
  - A co-management agreement in the chart between the primary care doctor and a subspecialists, a letter of referral to the pediatric subspecialist that designates what care is desired and what follow up the primary care office will perform, or a letter from the sub-specialist designation what follow up they will be responsible for and what the recommendations are for follow-up at the primary care office.

FOR CHILDREN OLDER THAN 1, IS A REFERRAL TO A DENTIST OR A DENTAL HOME LISTED IN THE CHART? HAS FLUORIDE VARNISH BEEN PROVIDED IF THE CHILD IS BETWEEN 1 AND 11 IN THE PAST YEAR?

- Why?
  - Medically complex children are at high risk for dental disease and may benefit from preventive dental services for a longer period of time than the average child
- What counts:
  - Mention of a dental home or referral in the chart, dental varnish applied in the past year
  - Best practice may not include giving fluoride varnish to all children with special health care needs, especially older ones, so 100 percent may not be a goal that we would strive for on this measure

CHALLENGES

- Multi site QIDA data entry
- Put "sub" QI teams at each site
- Document your next project, like really document, in real time.

2018 QIDA PROTOCOL

- Everyone will submit the 3-6 Year Old Survey
- Everyone will choose 1 or more of the following:
  - Complex Health Care Needs
  - Teens
  - Asthma
- Before Feb 1, let Laura know:
  - Which survey(s) you will do
  - If you would like to do multi-site data entry
- First round of data entry should be a full QTIP team effort, do it together, let us know how it goes.