




“Just The Facts
Ma’am
Just The Facts!”

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SCDHHS
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- Background/Basic Information
- Data
 - HEDIS
 - QIDA summary
- 2019




Impact of Quality

- ▷ Pediatricians
- ▷ State and National AAP
- ▷ DHHS
- ▷ Children

All with the goal of:
improving children's health outcomes




Healthy Connections 


3

Updates from SCDHHS

Policy Updates:

- Heightened focus on opioid use
- Oral health policy changes (May 2018)
- EPDST sections of the manual updated
- Clarification on nutritional counseling codes
- Exploring photo-eye screening coverage

Healthy Connections 



2018 Components:

Mental Health

- QTIP staff

Areas of Focus/Measures

- Children ages 3 to 6
- Children with Special Health Care Needs
- Asthmatics
- Teens

Data collection

- QIDA
- QI and PDSA documentation instruments

Learning Collaborative

Technical Assistance:

- On-Site Visits
- Skill Building
- Communication
- ABP MOC Part IV

Quality Improvement


- QTIP Staff
- Workshops/calls

2018 QIDA


One other topic:

3 to 6 years (mandatory)


- Well child visits
- Positive parenting
- Vaccines
- Social-environmental screening
- Special Health Care Needs
- BMI
- Tobacco Cessation
- Oral Health



- Asthmatics
- Teens
- Children with Special Health Care Needs



"JUST THE FACTS"



QTIP practices = 32

- 3 academics
- 18 Private
- 5 associated with a hospital
- 6 FQHC

Size:

- 11 Small (1-4 practitioners)
- 10 Medium (5- 9)
- 10 Large (10 +)

• 60 Total offices (including satellites)

Located in 17 counties


- 355 of 1192 Medicaid enrolled pediatricians are associated with QTIP (355 excludes academic)


Mental Health

- 32/32 QTIP practices are providing screening
- 18 mental health on-site
- 96% of QTIP lead practitioners are now "satisfied" with their role as provider of care.

PCMH

- 18 QTIP practices are NCQA PCMH recognized
- 206 of the pediatricians on the NCQA list are QTIP





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Preventative Services Oral Health 2017

Just the Facts:

- 987% increase in fluoride varnish applications since CY 2011.
- Medicaid Children = 20,501
- Applications = 23,672
- Child/application = 1.2
- 2017 Medicaid paid = \$384,040 (non-dental settings)

Note: Based on administrative claims and does not reflect FQHCs

- Expanded ages
- Expanded frequency



Preventative Services Developmental and Mental Health Screenings - 2017

Just the Facts:


- Developmental
 - 321% increase (96110) in screening since 2011
- Behavioral/Mental Health
 - 293% increase in screenings since 2015 (96127, 96160)
- Environmental/Risk Assessments
 - 1,149% increase since 2011 (99420, 96161)


805% increase in number of Medicaid children receiving Development and Mental Health screening since 2011

Just the Facts:

- Total (unduplicated) Medicaid children in 2017 received:
 - Developmental screen: 50,943
 - Behavioral/mental health screen: 64,329
- Total screens provided to Medicaid children: 179,120
- 2017 Total payments 1,189,865
- QTIP helped shape DHHS policy


NOTE: Based on administrative claims

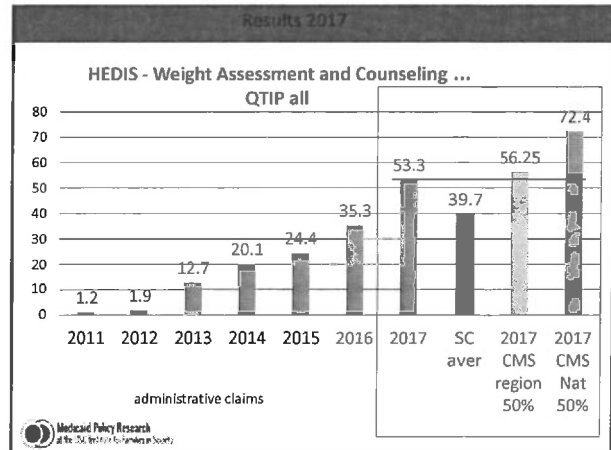


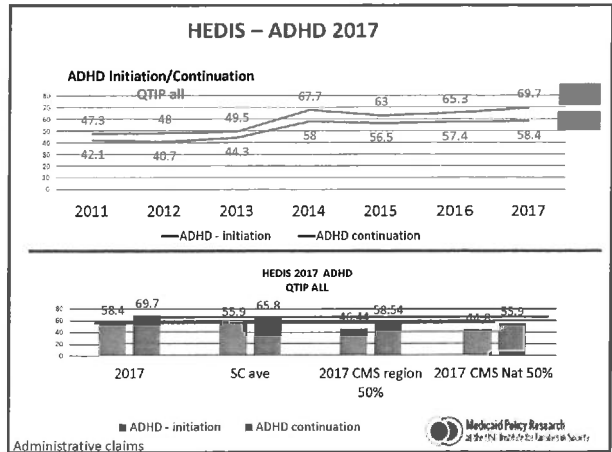
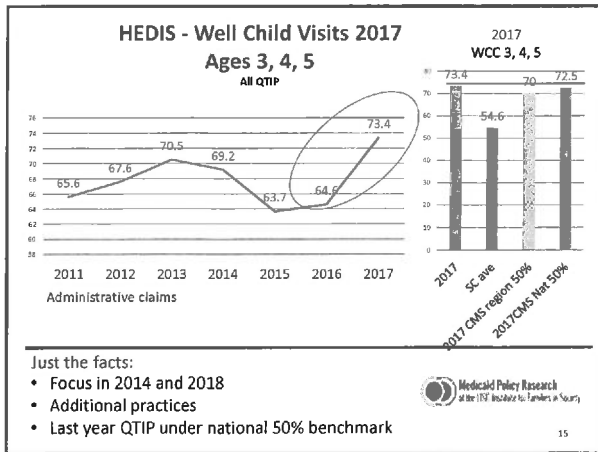
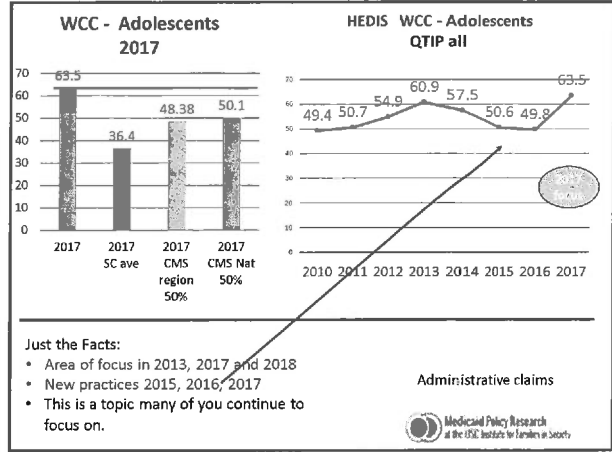
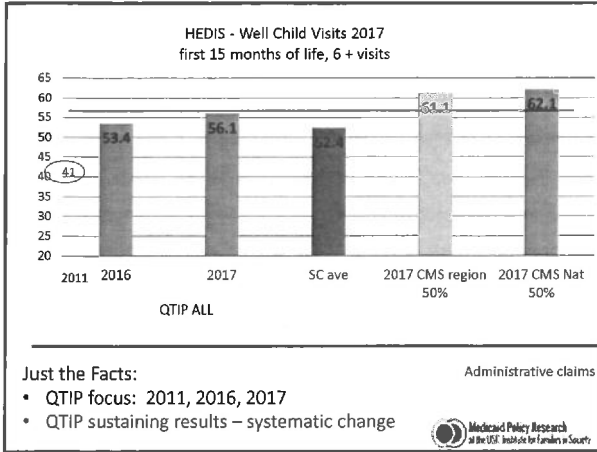


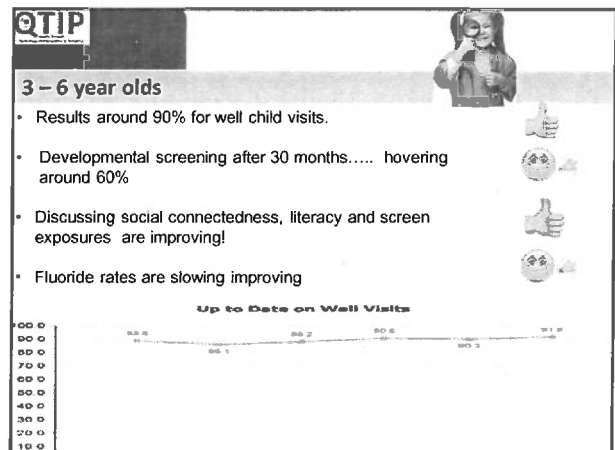
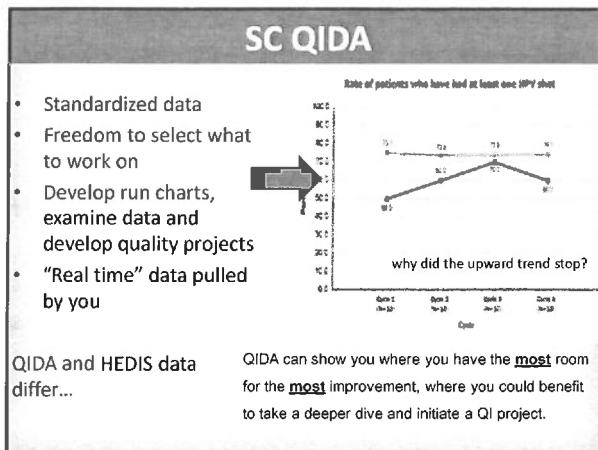
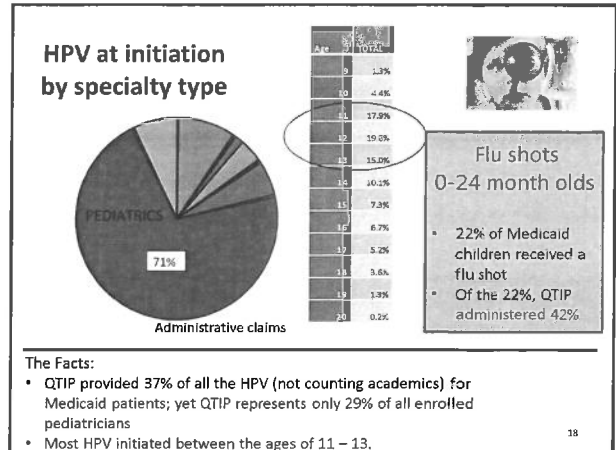
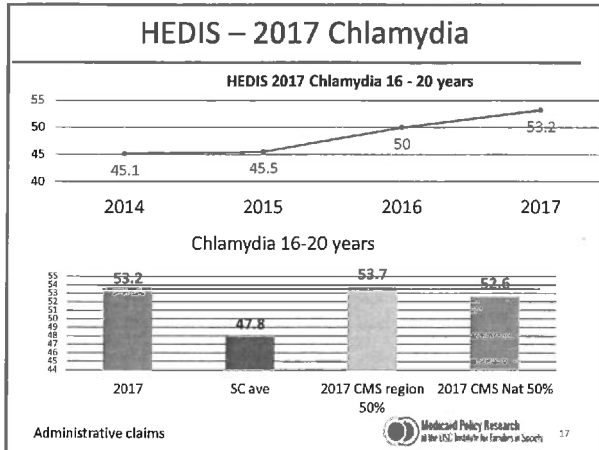
HEDIS - Just the Facts...

- HEDIS reports generated by IFS
- Only reflect Medicaid administrative claims
- Data groupings:
 - Individual QTIP practices
 - QTIP Cohorts and
 - Overall QTIP
- Data presented:
 - QTIP (all) compared
 - SC average
 - CMS Atlanta region and
 - CMS 50% national benchmarks
- Allows QTIP to benchmark against oneself
- Data = calendar yr 2017; reporting yr 2018









Teens

- Showing results with well child... (peaked at 87%)
- HPV QIDA rates are dropping
- Behavioral health screening, continues to improve

Asthma

- Asthma ER data is dropping over time.
- Asthma Action Plans and functional status check are hold steady and higher than 2017 rates
- You continue to work on tobacco cessation efforts

All Groups

- Slipping with weight counseling....
- Smoking advise

Given Advise to Quit

Cessation Strategies Discussed


Children's Top 10 Principal Diagnoses by Patients for 0-12 Year Olds in CY 2017

Diagnosis	Patients	Visits
1. Encounter gen exam w/o complaint, suspected or reported diagnosis	216,204	343,536
2. Acute upper respiratory infections of multiple and unspecified sites	52,818	68,750
3. Encounter for immunization	41,647	48,652
4. Acute pharyngitis	41,281	53,763
5. Suppurative and unspecified otitis media	40,576	63,211
6. Attention-deficit hyperactivity disorders	24,846	68,438
7. Fever of other and unknown origin	23,632	28,031
8. Live born infants according to place of birth and type of delivery	19,633	217
9. Cough	18,251	23,081
10. Vasomotor and allergic rhinitis	17,434	21,991

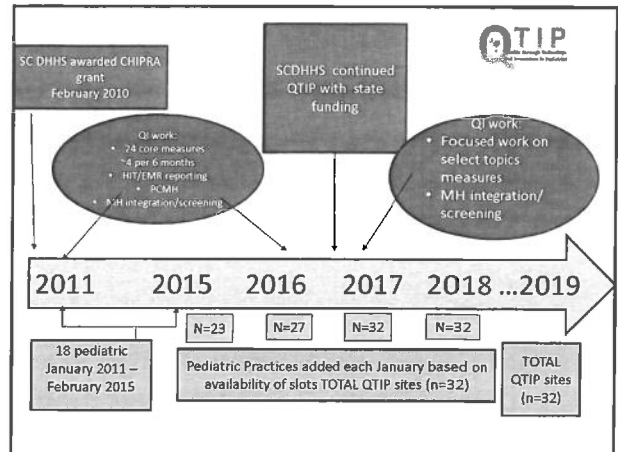
Based on Medicaid administrative claims

Children's Top 10 Principal Diagnoses by Patients for 13-70 Year Olds in CY 2017

Diagnosis Summary Group w Code	Patients	Visits
1. Encounter for gen exam w/o complaint, suspected or reported diagnosis	38,744	39,807
2. Attention-deficit hyperactivity disorders	8,926	19,803
3. Acute pharyngitis	8,925	10,989
4. Encounter for immunization	8,320	9,330
5. Acute upper respiratory infections of multiple and unspecified sites	5,410	6,139
6. Acute sinusitis	4,262	5,132
7. Vasomotor and allergic rhinitis	3,618	4,947
8. Abdominal and pelvic pain	3,125	3,805
9. Asthma	2,830	4,107
10. Other joint disorder, not elsewhere classified	2,093	2,333



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2011-2015 (N=18)	2015-2018 (N=32)
2 Learning Collaborative sessions	2 Learning Collaborative sessions
2 site visits (MD lead)	2 site visits (MD lead)
Participation requirements (PDSA) & stipend	QIDA (2016)
Variety of contractors/services (IT, PCMH, Academic Detailing, reporting, evaluation, MH, QI, workshops)	Services: MH, QI, Dr. Khetpal; workshops, contract with AAP
ABP MOC 4	ABP MOC 4
QTIP team: MD (50%), PD, MH, QI	QTIP team: MD (50%), PD, MH, QI
100% Grant funding	100% state funding (~33% less)

2011-2015 (N=18)	2015-2018 (N=32)	2019 DRAFT
2 LC	2 LC sessions	2 LC sessions
2 site visits	2 site visits (MD lead)	2 site visits (QI lead) - individual or regional group; new practices MD lead
Participation requirements (PDSA) & stipend	QIDA (2016)	QIDA
Variety of contractors/services	Services: MH, QI, Dr. Khetpal; contract with AAP	Services: MH, QI, TA, calls/workshops, Dr. Khetpal; AAP contract
ABP MOC 4	ABP MOC 4	ABP MOC 4
QTIP team: MD (50%), PD, MH, QI	QTIP team: MD (50%), PD, MH, QI	QTIP team: MD (50%), PD, MH, QI
100% Grant funding	100% state funding (~33% less)	100% state funding
		Participation requirements

Participation Agreement

What are the facts?

Healthy Connections

Participation Agreement

- Continuing to offer an ongoing pediatric quality improvement initiative
- Goal: improving the quality of children's health care in SC by:
 - Implementing a physician lead peer-to-peer quality improvement network;
 - Introducing and working with select children's core measures;
 - Providing the skills and resources for practices to improve mental health outcomes...

QTIP asks for a good faith commitment for your active participation.

QTIP reserves the right to adjust your practices' level the requirements are not meet

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**Participation Agreement
Tier 1 – Active Participant**

Benefits:

- 3 rooms at each Learning Collaborative
- 2 site visits/ year; lead by QTIP QI and MH staff
 - 1 regional visit and 1 site visit
 - New practices: two site visits with MD as the lead.
- Full access QTIP resources (Dr. Khetpal, QI, mental health, QTIP blog, monthly calls)
- Free registration to workshops and other learning opportunities
- ABP MOC credit for work on select QI projects
- Support for NCQA PCMH requirements focused on QI activities
- Assistance with improving health outcomes, promoting cost efficiency and identifying payment mechanisms for new services

**Participation Agreement
Tier 1 – Active Participant**

Requirements:

- Practices must establish/maintain a quality improvement team
- At least two QTIP team members are expected to attend each LC
- Actively participate and document quality improvement initiatives
- Data entry into QIDA every month on selected topic areas
- Must participate in site visits (on-site/regional) per year
- Actively participate with all surveys sent by QTIP staff
- Lead physician from 2011 practices are encouraged to act as clinical lead regional or peer site visits. (at least 1 per year)

Participation Agreement Tier 2


This is for practices that feel like they have implemented a functioning QI team that no longer needs the support of the QTIP team -- OR -- Practices who require a break from QTIP activities/requirements.

Benefits:

- May attend summer and winter learning collaborative sessions at the practice's expense
- May attend regional site visits
- Access to QTIP QI foci through presentations at SC AAP CATCH and annual meetings
- Monthly QTIP calls
- Technical assistance from QTIP staff (upon request) pending QTIP availability
- ABP MOC Part 4 credit (must be member of AAP)

Practices can apply for Tier 1 status after 1 year.


What is available for you?



- QTIP blog
<https://msp.scdhhs.gov/chipraqtip/>
- QI and PDSA notes
<https://msp.scdhhs.gov/chirpraqtip/>
- QTIP Website
<https://msp.scdhhs.gov/qtip/>
- ABP MOC Part 4 Credits
- Monthly Calls
- Site visits
- Technical Assistance from QTIP staff

Reminder:
Sun, 10:30 - 11:30
QI and MH staff
small group


Feedback



- Power point vs Story Boards
- Ways to keep QTIP interesting
- QI workshop topics
- Small Group topics
- Proposed changes
- Future topics of focus

2019 Topics:

- Breastfeeding
- ADHD ?
- Continue with...?

Healthy Connections 

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