



Healthy Connections
pediatrics



The Domino Effect

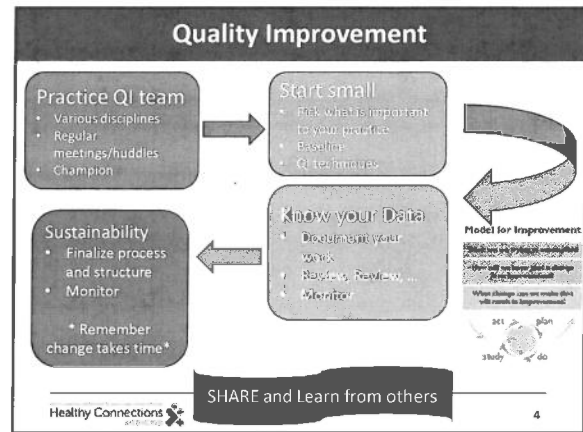
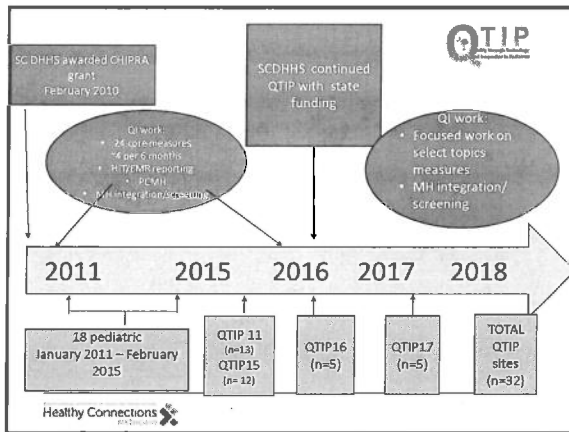
Lynn Martin, LMSW
QTIP Project Director
SCDHHS
January 28, 2018

Overview




- Impact
- Data
- Focus 2018

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Impact



- Pediatricians**
 - Expanded screenings and non-traditional preventative services
 - Education, training
 - Relationships, networking
 - ABP MOC Part IV credits
 - Increased comfort in working with patient's mental health needs
 - Knowledge of community services
 - Medical home transformation
 - Readiness for system changes (i.e. social determinates of health, strengthening families, etc.)

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IMPACT



- State and National AAP**
 - Benefit of tested QI projects and communication on successful initiatives.
 - Assistance on AAP projects and initiatives.
 - Relationships/Partnerships
 - Support with AAP winter and summer sessions
 - "voice at the table"
- DHHS**
 - Quality projects to improve health outcomes
 - Increase attention to prevention and reducing cost
 - Feedback loop/communication
 - Promotion and support of State initiatives
 - Improvement in select HEDIS scores

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Impact CHILDREN



- Increased evidenced based clinical care
- Increased screening and preventative services and anticipatory guidance to parents
- Early focus on BMI and Mental Health; increased focus on well child visits

The overall impact equates to:

- Better care
- Better health outcomes

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Changes at SCDHHS

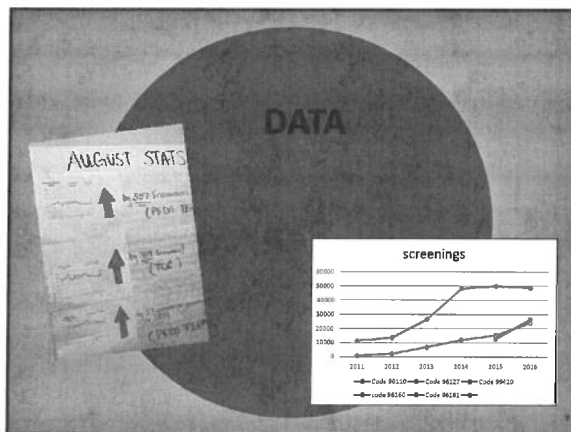
Staffing/Programming:

- Josh Baker, Agency Director
- Bryan Amick, Director of Health Programs

Policy Updates:

- Heightened focus on opioid use
- Anticipate oral health policy changes (April 2018)
- EPDST sections of the manual are being updated re: lead
- Behavioral health index

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Impact – number of preventative services and screening to Medicaid children


Preventative Oral Health

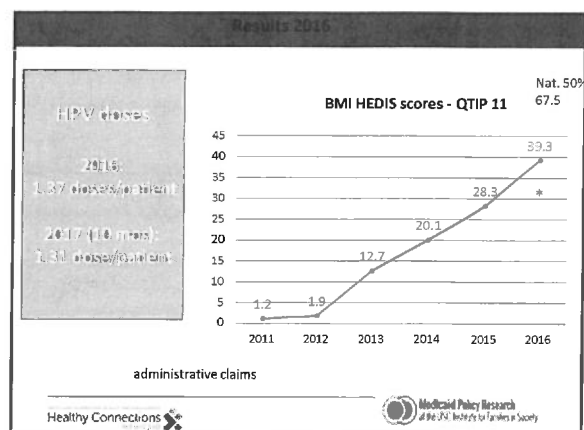
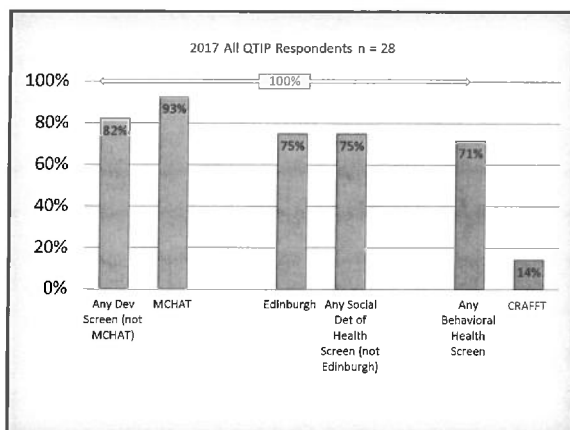
- 850% increase in fluoride varnish applications since 2011.

Screenings - 2016

- Developmental
 - 321% increase (96110) in screening since 2011.
- Behavioral/Mental Health
 - 106% increase in screenings since 2015 (96127, 96160)
- Environmental/Risk Assessments
 - 2,071% increase since 2011 (99420, 96161)

Based on administrative claims

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SC QIDA

- Standardized data
- Freedom to select what to work on
- Develop run charts, examine data and develop quality projects
- "Real time" data pulled by you

Rate of patients who have had an HbA1c and HPV shot

why did the upward trend stop?

QIDA and HEDIS data differ... QIDA can show you where you have the **most** room for the **most** improvement, where you could benefit to take a deeper dive and initiate a QI project.

QTIP QIDA Consistently High

	Feb 17	Jan 18
6 – 9 Months		
• Well Child Visits	89%	94%
• Vaccination completion rate	90%	94%
• Screening for tobacco use	87%	95%
24 Months		
• PCP documented	92%	92%
• 18 – 24 mo. well visits	82%	82%
• Autism screening	95%	95%
• Documenting family concerns	90%	95%
Teens		
• PCP documented	91%	92%
• Vaccinations (Meningococcal and TDAP)	93/94%	95/97%
Asthma		
• Rate of patients on a Controller	90%	87%
• PCP documented	92%	95%
• Patients in hospital/ER for asthma	26%	18%

QTIP QIDA Improvements

	Baseline	July 17	Jan 18
6 – 9 Months			
• Post Partum Screening	61%	71%	86%
• Reach out and Read	45%	65%	82%
24 Months			
• Reach out and Read	57%	75%	82%
Teens			
• Screened for special health care needs	38%	49%	53%
• BMI over 85 th ...counseling,... referrals	64%		82%
Asthma			
• patients w/ well child visit in past 12 mos.	66%	78%	80%
• BMI counseling	50%	62%	79%

QTIP QIDA Challenge you to continue working on

6 – 9 months	
• Screening for social–environmental risk screen	Stagnant in 60% range
24 Months	
• Global Developmental Screens	Stagnant mid 60 range
• Screening for special health care needs	Mid 50% range
• Referral to a Dental Home	Stagnant at 60%
• Screening for Social Determinates of Health	Stagnant mid 60 range
Teens	
• Developing a plan to address positive results on a Behavioral Health screens	Inconsistent varies in 40, 50 and low 60%
Asthma	
• Asthma action plans documented	Low to Mid 50%
• Functional status check	Stagnant at 46%
Smoking – all ages	
• Discussing Cessation Strategies	

QTIP 2018 Components:

- Learning Collaborative**
- Technical Assistance:**
 - On-Site Visits
 - Skill Building
 - Communication
 - ABP MOC Part IV
- Quality Improvement**
 - QTIP Staff
 - Workshops/calls

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

2018 QIDA

3 to 6 years (Mandatory)

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

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QTIP AAP Bright Futures recommends

3 years	4 years	5 years
<ul style="list-style-type: none"> Encouraging literacy activities by Reading and talking to child Family Support Promoting Physical Activity Safety Playing with other children 	<ul style="list-style-type: none"> School readiness Getting child and family involved in community Developing health Personal Habits Discussing TV and Media limits 	<ul style="list-style-type: none"> School readiness Mental health Nutritional & physical activities Safety Healthy teeth

Screening Recommendations 3 – 6 year olds

Bright Futures Recommendations	SC QTIP Recommended Routine Screening Protocol		
	Babies and Preschoolers	Elementary School	Adolescents
<ul style="list-style-type: none"> Maternal Depression Screening Parent and Family Assessment Developmental Screening Psychological and Behavioral Assessment Autism-Spectrum Screening Oral Health Screening Substance Use Screening 	<p>Developmental Screening ALL: ASQ-3 or PEDS MCHAT</p> <p>Psychosocial/ Environmental Risk Factors – Post-Partum depression screen SEEK-PSQ (2 mos. – 5 yrs.)</p>	<p>All: PSC – parent report (ages 4 to 8)</p> <p>If indicated: SCARED – 8+ Vanderbilt</p>	<p>All: PSC-Y 11+</p> <p>If indicated or desired: Modified PHQ-9 CRAFT SCARED Vanderbilt</p>

2018 QIDA

Choose at least one: (Monthly)

- Children with Complex Health Care Needs
 - Assessments/screens
 - Work with subspecialist
 - Care plans
- Asthma
 - no new questions added
- Teens
 - Slight changes in vaccination questions

Note: 6-9 months and 24 months will be available for continued work is a practice chooses

QIDA –2018

- 1 topic mandatory > children ages 3 to 6
- Choose one other topic and work on for 6 months
 - Children with Special Health Care Needs OR
 - Asthmatics OR
 - Teens
- Monthly data entry on same 2 areas of focus
- 10 charts per topic

• Refocus on

- PLAN/ DO
- STUDY/ACT

MCO Incentives and Withholds Pediatric Preventative Care

- Well-Child Visits in the first 15 months of Life (6 visits)
- Well Child Visits in the 3rd, 4th and 5th and 6th years of life
- Adolescent Well-care visits
- Weight Assessment and Counseling for Nutrition and Physical Active for children/adolescents: BMI percentile total.

Behavioral Health Index (informational)

- Antidepressant medication management
- Follow-up care for children prescribed ADHD medication (Initiation)**
- Follow-up after hospitalization for Mental Illness
- Use of first-line psychosocial care for children and adolescents on antipsychotics **
- Metabolic monitoring of children and adolescents on antipsychotics **
- Initiation and engagement of alcohol and other drug dependence treatment

** pediatric related

HEDIS – Well Child Visits 2016

Well-Child Visits In first 15 months of life, Six + visits

QTIP (All)	SC State	CMS Atlanta Region 50th percentile	National Benchmark 50th percentile
52.3	52.7	67.4	67.4

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life HEDIS Rate

QTIP (All)	SC State	CMS Atlanta Region 50th percentile	National Benchmark 50th percentile
64.6	52.7	68.95	71.4

Adolescent Well-Care Visit HEDIS Rates


QTIP (All)	SC State	CMS Atlanta Region 50th percentile	National Benchmark 50th percentile
71.8	32.6	54.41	48.4

Administrative claims

Challenge you

- Spread within your practice
- Relationships/networking
- Finding time for quality improvement
- Using your data to effect change
- Continue with your PDSA cycles and documenting your QI activities
- Be a leader and a mentor ...

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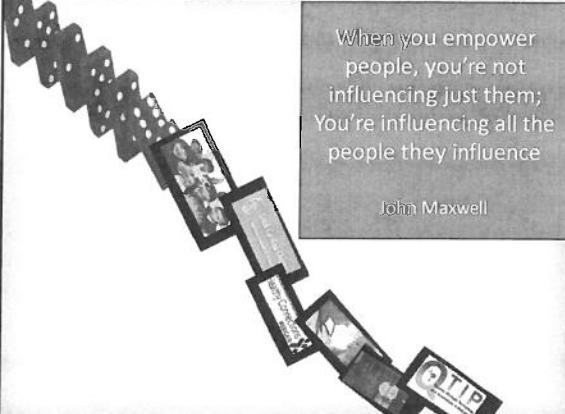
What is available for you?

- QTIP blog**
<https://msp.scdhhs.gov/chipraqtip/>
- QI and PDSA notes**
<https://msp.scdhhs.gov/chirprqtip/>
- QTIP Website**
<https://msp.scdhhs.gov/qtip/>
- ABP MOC Part IV Credits**
- SCREADS**
- Monthly Calls**
- Site visits**

Possible changes QTIP wants your Feedback

- Power point vs Story Boards
- Ways to keep QTIP interesting
- QI workshop topics
- QIDA changes
- Site visits schedule and/or every other month calls to discuss data
- Trying to explore ways to add more practices...

Evaluations



When you empower people, you're not influencing just them; You're influencing all the people they influence

John Maxwell

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