

How QTIP Worked with Practices?

<p>Pediatric Practices</p> <ul style="list-style-type: none"> Heterogeneous practices Identified QI Team <p>Quality Improvement</p> <ul style="list-style-type: none"> Taught technique and documentation <p>Communication</p> <ul style="list-style-type: none"> Blog, monthly calls, in-person learning sessions <p>Maintenance of Certification (MOC)</p> <ul style="list-style-type: none"> Physicians earn Part IV MOC credit on QI work 	<p>Learning Collaborative</p> <ul style="list-style-type: none"> Face-to-face semi-annual learning sessions Topic specific expert presentations Relationships building <p>On-Site Visits</p> <ul style="list-style-type: none"> Technical Assistance by QTIP Topic specific visits Academic Detailing
--	---

QTIP:

- Introduced various measures over time which cover breadth of pediatrics
- Provided anticipatory guidance
- Promoted grassroots initiatives by letting the practice chose what to work on and how
- Emphasized the importance of data gathering

To provide useful ... strategies for reviewing quality data

QTIP:

- Used AAP resources
- Offered training
- Provided Technical Assistance
- Assisted in identifying community resources
- Individualized interventions
- Implemented a recommended screening protocol

SC QTIP Recommended Routine Screening Protocol – Introduced Jan 2013

Babies and Preschoolers	Elementary School	Adolescents
Developmental Screening ALL: ASQ-3 or PEDS MCHAT	All: PSC – parent report	All: PSC-Y11+
Psychosocial/Environmental Risk Factors - ALL Edinburgh Post-Partum depression screen for moms SEK-PSQ	If indicated: SCARED – 8+ Vanderbilt	If indicated or desired: Modified PHQ-9 CRAFFT SCARED Vanderbilt

QTIP:

- Worked to integrate clinical (EMR) and administrative (Medicaid) data for reporting
- Developed measure-specific suggestions for improvement to EMR data capture and storage
- Produced closed-loop quality reports

To share key clinical data through a statewide electronic quality improvement network


To automate the data collection at the point of care delivery... to collect quality measures...

Medical Home

QTIP:


- Developed a PCMH Toolkit (2011 standards)
- Certified PCMH Consultant
- Focused and linked quality improvement work

To improve children's quality of care by promoting the pediatric medical home...



What worked

- Working **directly** with a group of pediatric practices; supporting their multi-disciplinary teams
- **Learning Collaborative** sessions are effective at introducing evidenced based practices, anticipatory guidance and promotes sharing of ideas
- **Partnerships/Relationships**
 - SC AAP
 - Stakeholders
 - Practices learning from each other



What worked ...

- Keep practices engaged and activities meaningful:
 - **Continuous** messaging and technical assistance
 - **ABP MOC** Part IV credits
 - Provide focus
- Coordination and timing important
 - State, DHHS initiatives
 - Relate to MOC and PCMH
 - Reimbursement
- **Enhancing skill sets**
 - Teach Quality Improvement skills
 - Build on existing knowledge
- **Individualize**

QTIP Strengths and Achievements

Increased:

1. **Focus on quality**
2. **Use of evidenced based clinical care**
3. **Interest/involvement in mental health; change in attitudes**
4. **Sharing among practices**
5. **Staff empowerment**
6. **Facilitation with PCMH adoption**

Challenges

<p>Cited by Practices:</p> <ul style="list-style-type: none"> • Time • Willingness and support • Competing priorities • Reporting/documentation • Implementing procedures/maintaining progress 	<p>QTIP learned from our mistakes:</p> <ul style="list-style-type: none"> • Thinking data extraction from EMRs is would be easy and quick • Overly optimistic about state level exchange adoption. • PCMH applicable to all • Underestimated the uniqueness of pediatric practices • Too ambitious
--	---




2016 Components:

<p>Learning Collaborative</p> <p>Technical Assistance:</p> <ul style="list-style-type: none"> • On-Site Visits • Skill Building • Communication 	<p>Quality Improvement</p> <p>Mental Health</p> <p>Core Measures</p> <p>Data collection</p>
--	---


Components: Pediatric Practices

Identify a quality improvement (QI) team: practitioner, nurse, and office manager




Expectations:

- Participate in Learning Collaborative sessions
- Implement quality improvement projects
- Participate in technical assistance meetings/year
- 2 year commitment



Component: Pediatric Practices



What contributed to Practices' success

- Formal Process/structure
- Commitment of a lead practice champion
- Buy-in from staff
- Identify a person and job tasks to oversee quality
- Review projects over time

HINTS

- Meet regularly (established times)
- Use the on-site visit to get feedback
- Be a peer reviewer
- ASK for assistance
- Start small... pilot with one doctor, with one office
- Gather and use your data

Component: Learning Collaborative

Two learning collaborative (LC) sessions/year

- Introduce evidenced based practices on core measures
- Promote mental health, quality improvement and medical home concepts
- Provide networking opportunities, discuss strategies, present successes and share lessons learned

Component: Technical Assistance

Technical assistance to support key messaging/concepts:

- On-Site visits
- Webinars/conference calls
- QI coaching
- Support with Mental health efforts, including community meetings and resource linkage, etc.

Component: Quality Improvement

QTIP will:


- Teach QI techniques
- Help link to other efforts

Practices should:

- Implement Quality Improvement projects
- Explore formal processes and structure (and staff)
- Document your work

Quality Improvement should:

- Involve entire practice
- Use Data



Component: Mental Health

Let the practices set their own priorities with the goal of moving each practice *toward* integration

Help connect grant activities to what practices are already doing

Frame mental health in the context of physical health

Screening Protocol and reimbursement

Help identify resources

Provide a framework - along with consistent contact and messaging

Component: Children's Core Measures


Limited number of measures for focus:
concentrated focus on 2-3 measures over 24 months

- Anticipatory guidance, resources, tools, and evidenced-based best practices
- Practices chose HOW to work on measures
- American Board of Pediatrics Maintenance of Certification (MOC) Part IV credits

Component: Children's Core Measures

HINTS

- Work on improvements with core measures is; change takes time and is on-going
- Review, Review, Review
Monitor your work
- Share and Learn from others




Data Collection

- Data Collection:
 - PDSA
 - Reports with administrative claims
 - Senior Leader report
 - PDSA
 - QIDA (Bright Futures)
- QTIP will use your data to track and report aggregate data over time ... for information and trends
- Use the EMR to generate data reports or may perform chart audits (10 or greater).

What is available for you?

- QTIP blog**
<https://msp.scdhhs.gov/chipractip/>
- Discussion**
- News**
- QI and PDSA notes**
- QTIP Website**
- Learning Collaborative**
- Mental Health**
- QI**
- List of practices**
- MOC handouts**



Project Director:
Lynn Martin, LMSW 803-898-0093
martinly@scdhhs.gov

Medical Director:
Francis Rushton, MD frushton@sap.net

Mental Health Coordinator:
Kristine Hobbs, LMSW 803-898-2719
hobbs@scdhhs.gov

Quality Improvement Specialist:
803-898-2043