



Information Packet

The Quality through Technology and Innovation in Pediatrics (QTIP) Project is a joint initiative with the South Carolina Department of Health and Human Services and the SC Chapter of the American Academy of Pediatrics.

This packet contains information about the QTIP project. It is divided into the two sections: Introduction and Activities. The **Introduction Section** provides information on QTIP staff, background and specifics of QTIP including lessons learned. The **Activities Section** includes information on the expansion of QTIP and the various components of the QTIP project including: the practice teams, quality improvement, Learning Collaborative sessions with follow-up technical assistance, mental health initiatives and core measures.

(Developed: June 2015; Revised December 2015)

QTIP Introduction:

QTIP Staff and Contractors

The QTIP unit is located within the South Carolina's Department of Health and Human Services (SCDHHS) Clinical Quality and Population Health Division. The QTIP team works in partnership with SCDHHS and the SC Chapter of the American Academy of Pediatrics (SCAAP) to administer this project.

Roles/Responsibilities of the SCDHHS QTIP team:

- Coordinating activities with QTIP staff, pediatric practices, SCDHHS, SCAAP and contractors.
- (In 2015) transitioning from grant status to a functioning sustainable unit within SC DHHS.
- Integrating behavioral health services and screening and assisting practices to identify resources, integrate preventative and treatment services within practices and/or alternate solutions to obtaining mental/behavioral health services for patients.
- Hosting twice yearly Learning Collaborative sessions in conjunction with the SCAAP CATCH and annual meetings.
- Introducing various children's core measures and providing anticipatory guidance on the measures.
- Teaching quality improvement (QI) techniques to assist practices with their work on core/quality measures and various QI projects.
- Providing structured technical assistance to enforce learning collaborative messaging. This technical assistance includes:
 - Reviewing and monitoring the practice's quality improvement initiatives;
 - Offering various quality improvement educational and communication opportunities which may include: telephone webinars, quality improvement workshops, and QTIP Blog;
 - Supporting practices to improve medical home transformation; and
 - Providing "good faith" technical assistance at a level that would qualify for Part IV Maintenance of Certification ABP credit for the select quality improvement initiatives associated with this project

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QTIP Quality Improvement staff:
To be hired

Background

The QTIP project (Quality through Technology and Innovations in Pediatrics) was implemented in February 2010 under a federal Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Improvement grant scheduled to conclude in February 2015. Because of QTIP's successes and the positive feedback received on the grant, SCDHHS decided to partner with SCAAP to sustain many elements of the QTIP program.

Between 2010 – 2015, SCDHHS/QTIP worked with 18 heterogeneous pediatric practices on:

- Implementing 24 children's core measures to determine if they could be successfully utilized in pediatric practices;
- Using Health Information Technology to share key clinical data through a statewide electronic network by extracting data from Electronic Medical Records and reporting on the children's core measures;
- Integrating mental health into a Patient Centered Medical Home.

QTIP used a learning collaborative format to introduce and work with pediatric practices on the above areas. This was followed up with a variety of technical assistance and quality improvement activities.

Grant phase (2010 – 2015) components/interventions:

- **Learning Collaborative (LC)** sessions: Nine semi-annual didactic meetings were held to introduce evidenced-based practices to improve quality of care and health. These LCs were attended by the practices' QI team, additional practice staff and QTIP contractors.
- **Technical Assistance (TA)** was provided to the practice's QI teams to support information presented at the LC sessions. TA included: monthly webinars/conference calls, twice/year on-site visits and quality improvement workshops.
- **Mental Health Integration** activities included: community meetings, resource linkage, screening protocols, various assessments and toolkits implemented at the practice level.
- **Patient Centered Medical Home** and office transformation assistance was provided.
- **Quality Improvement (QI)** techniques were taught using Plan-Do-Study-Act (PDSA) cycles, with the goal of practice transformation on core measures, PCMH and mental health.
- **Educational** supports focused on specific quality initiatives, data review, PDSA cycles, etc. and included: ABP Maintenance of Certification credits, and CME AMA/PRA Category 1 credit(s) for Academic Detailing, as well as, trainings, workshops and toolkits.
- **Academic Detailing** offered practitioners information to reinforce specific core measures (ADHD, asthma, SGAs).
- **HIT/Reporting** occurred (on a limited scale) which extracted and looked at the EMR and administrative claims data and developed quality reports.

Lessons Learned:

- **Working directly with the pediatric practices** increases understanding and communication at the practice level. QTIP was able to learn specifics and get feedback directly from the practices.
- Have the practice identify a **quality improvement (QI) team**. This QI team should be composed of varying disciplines to help address the full scope of a QI project, which significantly increases the ability to implement QI strategies. Practices demonstrating the most progress established **formal processes and structures** for quality improvement, as well as, identified a “QI champion”.
- **Find a convenient avenue to communicate** (blog, conference calls with topics, regular meetings, etc.). Likewise, it is important to convene and facilitate regular, on-going dialogue among a variety of stakeholders to provide input, review lessons learned and increase buy-in.
- The **Learning Collaborative** is an effective method to educate and teach core measures; it is particularly effective to target efforts over at least 2 years.
- **Coordination and timing** matters; prioritize what is given to the practices; too many initiatives overwhelm.
- It is helpful to **provide focus** for quality improvement efforts and **link quality improvement with other efforts**.
 - Provide anticipatory guidance on select core measures
 - Link work on the core measures to state initiatives (e.g. managed care, birth outcomes initiative, SC Obesity task forces, PMCH, etc.)
 - Offer MOC Part IV credits for the QI work
 - Provide linkages with community resources
- **Teach quality improvement techniques** – as tools for quality improvement projects and individual’s work - not as a documentation method. When QI skills are incorporated into office procedures and become a part of normal office routine, practices have the structure and ability to implement QI concepts and processes.
- Give practices the **freedom to select** QI initiatives based on what is meaningful to their practice and change they can impact in their practice; allow them freedom to explore different approaches.
- Working with the same practices **over time builds a culture** of quality, provides consistent messaging, reinforces concepts and helps sustain office transformations. Work on core measures is ongoing and enhanced by helping practices monitor their work, share input and information across practices and see data change over time.
- Work to educate practices on **coding/billing/reimbursement** procedures related to core measures. Additionally, billing structures and payers must be considered.
- Mental health efforts must include **basic skill building**, compensation for work performed and knowledge of resources within the practice and the community. Transformation is required at the state and practice level for mental health integration to occur.
- Expanding **behavioral health services** into a pediatric office, although challenging, provides opportunities to increase services to patients. For the practice, a focus on behavioral health builds on long standing relationships, requires a team approach and can overwhelm already busy pediatric practices. For families, it decreases stigma, improves identification of behavioral health needs and increases opportunities for providing treatment services and supports.
- **Multiple EMR systems and changes** along with the EMR data quality impacted data extraction and reporting during the grant phase. Challenges with the lack of standard **EMR functionality** were also issues faced. Many of the EMRs are not “pediatric” friendly and do not include some basic functions needed in pediatric practices.

QTIP Expansions/Activities:

Moving Forward:

SCDHHS built upon QTIPs successes and what has been shown to work. A few of the significant findings from the evaluation showed:

- One of QTIP's successes is the ability to **work directly with pediatric practices** in the development of skill sets focused on improved and more cost-effective outcomes. To effect quality change within a practice, work must be done with the individual(s) performing the tasks. QTIP fills the need in the State for direct support of practices in a manner that augments the managed care companies' work in providing quality care.
- QTIP has achieved both **measurable and immeasurable impacts** on implementing CHIPRA children's core measures, incorporating behavioral health into the pediatric medical home and enhancing medical home structures within practices.
- The inter-relatedness of the components allowed staff and practices **to build on activities** and initiatives simultaneously. The structure allowed practices to build a set of supports focusing on optimal outcomes and cost effectiveness.
 - In CY2013, QTIP, as a group, improved on 16 of 21 core measures (9 statistically significant)
 - QTIP improved at a rate greater than comparison practices on 9 measures (5 statistically significant)
- Significant **change in attitude** toward Integrated Behavioral Health occurred.

SCDHHS is continuing the work started under the grant and expanding beyond the original 18 practices. SCDHHS has integrated QTIP within the Clinical Quality and Population Health Division and is partnering with South Carolina American Academy of Pediatrics. This unit will help coordinate initiatives among SCDHHS, managed care, behavioral health and other state level efforts. QTIP will be:

- Working directly with practice staff via their multi-disciplinary teams
- Focusing on a limited number of children's core measures and increasing mental health skill building and integration
- Conducting Learning Collaborative Sessions, providing evidenced-based practice guidelines, anticipatory guidance, idea sharing and networking opportunities to discuss strategies, present successes and share lessons learned
- Providing Technical Assistance
- Enhancing skill sets through teaching Quality Improvement

Pediatric Practice's Team:

Each participating practice will define a team – to work on QTIP initiatives and with QTIP staff. The team will be responsible for implementing Quality Improvement (QI) projects and for “practice spread”.

The ideal team is composed of staff from multidisciplinary departments to ensure understanding and to promote buy-in for QI projects. QTIP suggests the QI team include (at a minimum) a lead: practitioner, nurse, and office manager. Members should be interested in driving improvements within the practice.

Lead Practitioner- Senior Leader/Clinical Champion

- Has the authority to allocate time and resources needed to achieve the team's aim
- Drives the spread of successful changes throughout the organization

Nurse - Systems Leader

- Serves as a liaison between staff and lead practitioner
- Understands the processes of care

Office Manager

- Understands the office, billing procedures, work flow, etc.

This team should **meet regularly** to review the process and implementation of various quality improvement efforts within the practice. QTIP recommends the QI team have brief weekly or biweekly meetings.

QI projects may range from working on the children's core measures, working with staff toward adopting and/or transforming into a patient centered medical home and/or incorporating mental health services and screenings. Practices will be given **flexibility** in choosing some of their QI projects/topics and how to address them.

The expectations for the practice's QI team include:

- Participate in two Learning Collaborative sessions a year which coincide with the SCAAP CATCH and annual meetings.
- Implement a **quality improvement model** within your practice, which will work on various core measures and other QI projects. Practices must work on at least two specified measures per year; other topics are at the practice's discretion.
- **Record work** on QI initiatives. Practices must complete a monthly reports documenting the practice's quality improvement work.
- Participate in two **technical assistance meetings** a year made by QTIP Medical Director/ QTIP staff. Practice team members will be encouraged to attend on-site visits at other sites.

QTIP Lesson Learned:

- The **QI Team** is essential to overall QI efforts at the practice level. A physician champion and leader is essential and increases the potential for success; however, having a lead Nurse and Office Manager on the team increases the ability to implement strategies for QI and increases **broader staff** involvement and buy-in for QI strategies.
- The **size and ownership** of the pediatric practice impacts QI work.

Helpful Hints for practices:

1. Define your QI team member's roles:
 - Who will facilitate the meeting?
 - Who will oversee data collection?
 - Who will communicate with staff?
 - Who will document and report the QI activities and complete PDSA and other required reporting?
2. Identify your QI "champion". This is the person whose job tasks are to oversee quality within the office.
3. Establish regular meetings times. Consider daily "morning huddles" or weekly meeting.
4. Ensure buy-in from staff and administration.
5. Continually review data and projects.

Quality Improvement (QI):

QTIP found that QI training provides practices with the structure and ability to implement continuous QI initiatives. When practices understand QI concepts and processes, office transformation can occur. QI efforts should involve the entire practice, all practitioners, and satellite locations. To fully implement a QI project, practices need to have their own data, be able to compare data, analyze trends and benchmark themselves against others.

One method practices can use to document their QI work is the Plan-Do-Study-Act (PDSA) cycles. (See QI section of this notebook). QTIP learned the importance of linking QI activities to other work performed; therefore, QTIP will make every effort to:

- Coordinate with Medicaid Managed Care incentives and withholds
- Link with state initiatives – including SCAAP projects and
- Offer Part IV MOC credit on QI work (through the SCAAP)

The practice's QI work will be supported by:

- Technical assistance visits
- Monthly calls/webinars (lead led by practices or experts in the topic area)
- QI workshops
- Updates via the QTIP discussion blog.

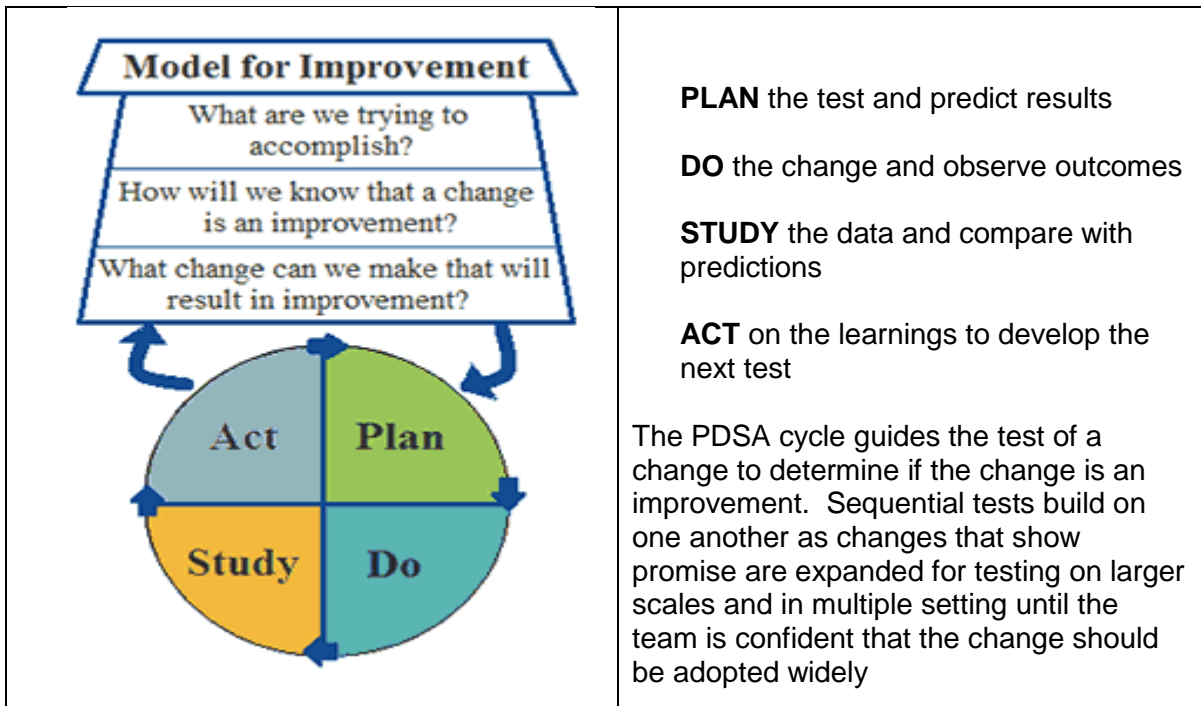
QTIP Lessons Learned:

- Practices demonstrating the most progress were more likely to have established **formal processes and structures** for QI. Practices who designate staff with protected time, have offices processes in place, and involve multiple office staff appear to be the most successful in documenting change.
- Evaluation found that prior to QTIP only 11% of the QTIP practices reported having a **well-defined process** for QI. Since QTIP, 94% of practices report an increased commitment to and priority in implementing QI, along with 89% report the ability to initiate and sustain QI change.
- It is important to **review your projects** and outcomes – at least monthly. QTIP found that when practices have implemented successful QI projects, it is important to continually review the work. Your successful outcomes can decline if you do not routinely review the data.

NOTE: To work on QI and to measure and access change, you will need to collect and gather data. QTIP staff will be using the data to track and report aggregate data over time and will only be used to track QTIP information and trends.

Data Gathering Summary:

1. Develop an **Aim Statement** - a concise, explicit statement summarizing what will be accomplished. This provides guidance and focus for the team's specific improvement efforts. Setting numerical targets clarifies the aim, and directs measurement. To ensure it is relevant to the practice, teams should base the aim on practice data or organizational needs.
2. Practices will be introduced to the Model for Improvement to develop their QI changes. The Model for Improvement was developed by Associates in Process Improvement and is a strategy that helps teams accelerate the adoption of proven and effective changes. The model couples three fundamental questions with Plan-Do-Study-Act (PDSA) cycles:



3. **Data Collection/ Reporting Tool(s):** Teams are encouraged to develop and use a standard form of data collection to identify the population of focus and track improvements over time. Measuring improvements informs teams of how well they are doing and directs teams to the areas where adjustments need to be made. Measuring and reporting also helps to keep leaders informed about strategies and progress made within the practice and guides the QI team in the development of approaches for additional tests and implementation. Data collection and reporting allows you to collect and use data to monitor your success.

Keeping data collection as simple as possible is important. The team's measures should determine the data that will be collected and tracked.

Your data collection and reporting tools will be key in tracking measures. QTIP will assist in helping you understand how to gather and tracking your measures

QTIP's work with you is about improving care for children, not measurement; however, measurement plays an important role in your participation in the QTIP Project. Measurement helps evaluate the impact of changes made to improve delivery and care to all patients. Measurement should be designed to **accelerate improvement**, not slow it down. Your team needs **just enough** information to know if the changes you are making are leading to improvement.

NOTE: Practices can choose to use the EMR to generate data reports or may perform chart audits (chart audits should be 10 or greater).

Learning Collaborative:

Learning Collaborative (LC) sessions are the major gatherings of the QTIP Project and provide practices the opportunity to share, interact, network, and learn from each other, as well as, stay abreast of new recommendations/ innovations in evidenced-based pediatric care.

These semi-annual sessions are held in conjunction with the SCAAP CATCH and annual meetings. QTIP will present information on children's core measures, behavioral health concepts, and provide opportunities for sharing among the practices. This will be accomplished by:

- Presentations by state and/or national experts
- Practice presentations on QI projects and story-boards, and
- Sharing of success and challenges.

Through plenary sessions, small group discussions, and storyboards, the attendees have the opportunity to:

- Learn from faculty and colleagues;
- Gather knowledge on clinical topics and process improvement;
- Share experiences and collaborate on improvement plans; and
- Problem-solve barriers to improve care.

QTIP Lessons Learned:

- Participation of the QI team in LC sessions **empowered** nurses and office managers to be proactive and active participants in QI efforts; thus, increasing creative solutions, facilitating progress monitoring, identifying barriers to implementation, and adjusting projects as needed.
- The evaluation reflected that the LC is an **effective method to educate and teach** on core measures and an avenue to help improve health outcomes. It is particularly effective in targeting efforts over at least 2 years. The majority of attendees found the **LC meeting useful** and left the sessions **energized**.
- The physicians rated the LC as the **top intervention** that should be continued.

Your Practice's QI Team Responsibilities:

- Attend and actively participate in the LC sessions. (The hotel and some meals will be covered).
- Prepare a story board sharing practice information and a QI project (see page 11)
- A member of the practice's QI team may be asked to present on a QI topic.

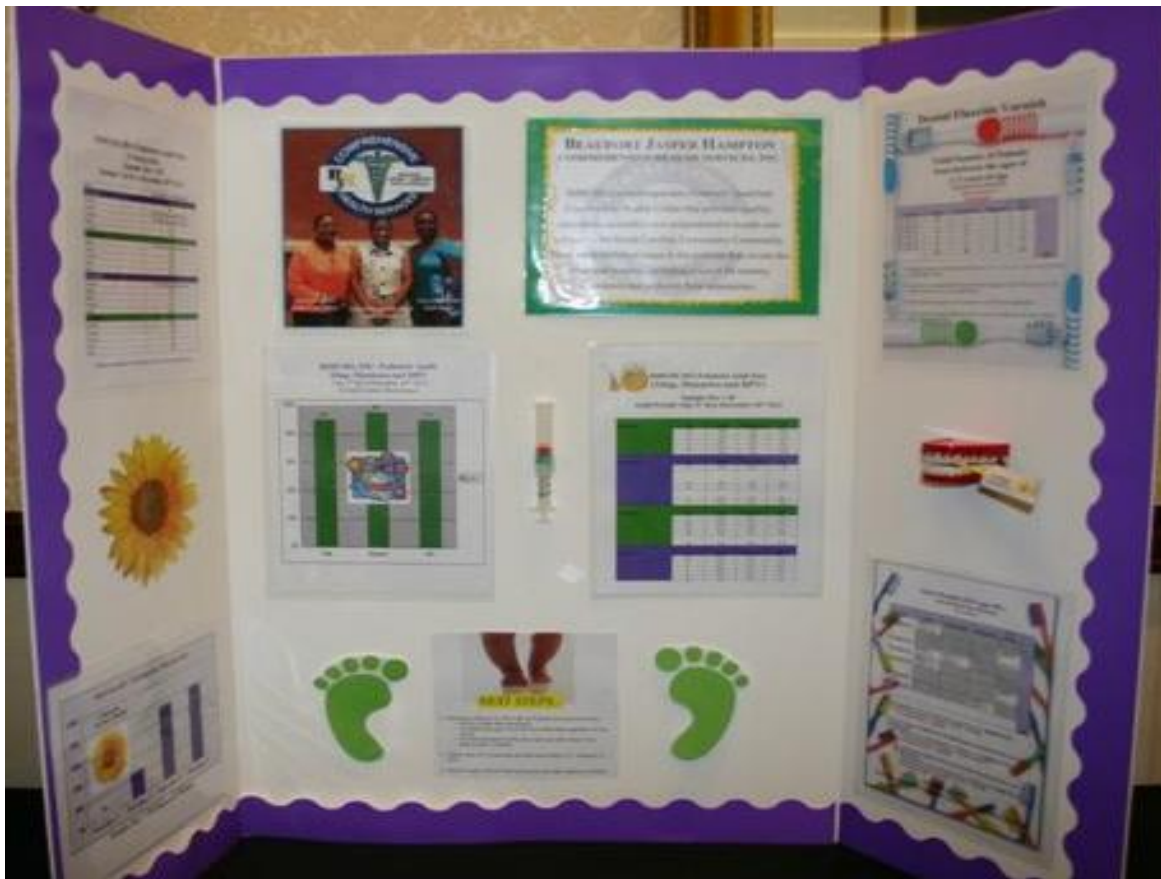
Storyboards:

A storyboard allows each practice to present their QI projects at the LC session. The storyboards provide information on specific clinical measures, successes/challenges and practice data. At the first Learning Collaborative, the storyboard introduces your team and practice. Storyboards have proven very popular with our practices and are an efficient way of telling your story. They are strongly encouraged, but optional. Some are very simple with a few photos, others are more complex. The final design is up to you.

Things to consider including on the storyboards:

- Team name, members' names, and titles (include a photo, if possible)
- Brief description of your clinic or practice
- Aim Statement
- Description of your population of focus of your QI project(s)
- Data/outcomes

See sample below:



Technical Assistance:

The Learning Collaborative is supported by an array of Technical Assistance (TA) opportunities. The TA activities are designed to keep the practices engaged and focused on QI efforts while promoting a continuous feedback loop.

QTIP will provide a broad array of TA and communication avenues to support key messaging/concepts presented at the LC:

- **Webinars/conference** calls are held the 3rd Tuesday of each month at noon. These periodic conference calls are voluntary and based on topics suggested by the QTIP practices.
- **Site visits** – led by Medical Director and the QTIP team. These visits will occur twice/year and often take two hours. Most visits will be on-site but some may occur via phone or “skype”
- **Visits** with practice staff or community resources to increase mental health integration
- **QI workshops** emphasizing select core measures/initiatives will be offered.
- Participation on the **QTIP blog**. A closed blog is used as a primary communication tool between LC sessions and provides an opportunity for generating discussion on best QI practices; it also serves as an avenue to enter data in your senior leader report. This blog is available at <https://msp.scdhhs.gov/chipraqtip/>.
- **QI coaching** is available to discuss QI techniques, data gathering, PDSA cycles and implementing office process.

Helpful Hints:

1. Be prepared for your on-site visit. Have data ready and questions prepared for QTIP staff and peer reviewers. Use this time for feedback on your QI efforts
2. Participate as a peer reviewer for another QTIP practice. This gives you an opportunity to learn from others and see how other practice’s offices operate.
3. Request specific information or training. If you want additional information/assistance on QI or Mental Health – just ask.

Mental/Behavioral Health:

Pediatric staff reported the most important work around **behavioral health integration** was providing tangible resources, a recommended screening protocol along with the reimbursement mechanisms, and providing consistent discussion and reinforcement. Practices also reported QTIP facilitated increased comfort with implementing **evidence-based tools** for routine screenings of developmental and behavioral health needs along with increased comfort in addressing behavior health needs of patients. Based on this, QTIP will be continuing to implement a variety of Mental Health supports.

QTIP has an identified **staff** who solely focuses on the mental health component and is available to provide **individualized consultations**, resources to practices, and conduct on-site practice and community meetings. She also interacts with state agencies, mental health system initiatives, mental health providers/organizations, and promotes mental health initiatives/policy changes within SCDHHS.

Through a **direct relationship and alignment of mental/behavioral health with other QTIP components** the following interventions will be offered:

- QTIP will “**start where the practice is**” with the goal of moving toward integration. We have a continuum of models ranging from collaboration to co-location to full integration, using the AAP’s Mental Health Practice Readiness Inventory as the primary tool for practices’ self-assessment.
- Provide **consistent contact and messaging**, promoting mental health integration at each learning collaborative session, during practice site visits, conference calls and community meetings.
- Promote **quality improvement processes** to assist in office transformation around mental health integration.
- **Link** QTIP, practice, and state activities/initiatives by aligning efforts that support integration such as appropriate core measures, continuing education credits (MOC Part IV, nursing or social work) and state initiatives related to mental health.
- Provide tangible **resources** and guided outreach including introductions/linkages to community resources, training, and a recommended screening protocol.
- Provide a **framework** for mental health activities. QTIPs utilizes the AAP model to assess mental health readiness and monitor specific markers in documenting progress; the model focused on community resources, health care financing, support for children and families, clinical information system/delivery system redesign and decision support for clinicians.

QTIP’s Successes:

- Adoption of **behavioral health screenings**: QTIP worked within SCDHHS to implement a mental health screening protocol and Medicaid reimbursement. Based on self-report, 100% of QTIP practices report performing one or more recommended routine screenings at the end of the grant compared with 24% in 2010.
- **Office transformation**: As offices shift attitudes toward behavioral health integration, mental/behavioral health champions emerge within the practice. This was assisted by a QTIP physician being the champion and promoting mental health screenings and the feasibility of performing the screenings within the office visit.
- QTIP helped enhance **referral links**. Practices expressed more awareness of community resources and increased communication and feedback loops.

QTIP Lessons Learned Mental/Behavioral Health:

- Expanding behavioral health services into a pediatric office, although challenging, **provides opportunities to increase services** to patients. For the practice, a focus on behavioral health builds on long standing relationships, requires a team approach and can overwhelm already busy pediatric practices. For a child/adolescent, it decreases stigma, improves identification of behavioral health needs and increases opportunities for providing treatment and supports.
- Mental health efforts must include **basic skill building**, compensation for work performed, and knowledge of resources within the practice and the community available to address needs. Transformation is required, at the state and practice level, for mental health integration to occur.

Core Measures:

During the grant phase, we presented the 24 measures which covered the breath of pediatric care, QTIP learned that not all core measures were useful/helpful in an ambulatory pediatric practice. Therefore, we will be working with a subset of measures (7 – 10). Out of this subset, we plan to provide the offices with the freedom to select additional measures relevant to their practice while also having a concentrated/mandated focus on a specified 1-2 core measure(s). The mandated focus should continue for at least 24 months; this will allow a concentrated State effort, allow data to be shared/compared and be supported all payers (FFS, Managed Care, major private insurers, etc.)

Work on improvements with core measures is **on-going**; change takes time. **Continued messaging** is important in sustaining efforts. Often when the focus wanes on a specific core measure, the results decline. Therefore, when practices implement change and demonstrate success as a part of PDSA testing, these changes must translate into protocols and routine office procedures.

Based on our previous experience, QTIP will be moving forward with the following interventions:

- QTIP will link work with core measures to state initiatives, managed care topics and PCMH
- American Board of Pediatrics – Maintenance of Certification Part IV (MOC) credits will be available for a physician’s work on core measures (via the SCAAP).
- Anticipatory guidance and examples on how to begin working with the core measures will be provided. Although work will be focused on HEDIS measures, QTIP will provide anticipatory guidance and suggestions on how you can implement projects in your office to allow you to impact on the actual HEDIS measures.
- Practices will be required to document their QI work on core measures using Plan-Do-Study-Act (PDSA) cycles and/or other reporting mechanisms.

Helpful Hints:

- Pick core measures/approaches relevant to your practice.
- Data collection is important when making changes. You can’t change what you don’t measure.
- Use charts and graphs when possible to display your improvements and show change.
- Don’t assume you know how your practice is performing- gather baseline data.
- When making changes, keep the process short and simple - make small changes with small group of staff, patients or locations - then implement with a wider group.
- When changes are being made to a new process, conduct the test over a short time period of time.
- Not all tests will be successful. Use the opportunity to learn from failed tests. Remember “all improvement is a change, but not all change is an improvement”.
- Learn from the other QTIP practices; what worked for them may work for you.