



- I have no conflicts to disclose

Engaging Pediatricians in Quality: The South Carolina Experience

SC QTIP
Quality through Technology and Innovation in Pediatrics
Lynn Martin
Francis Rushton

Broad Focus on Quality

- Simultaneously focusing on acute, chronic, prevention.
- 24 Core CHIPRA Indicators topically are a pretty good list
- We added Behavioral Health Issues and PCMH
- **Grassroots control**, they don't have to work on every indicator and how they work on them is up to each practice
- NCQA PCMH requires a broad focus on QI. We are meeting this standard for our practices



Significant Investment Needed to Start Statewide Pediatric QI in SC

Skill Building

- Teaching model for improvement
- Developing QI Teams at the same level
- Multiple contacts
- Twice a year learning collaborative session
- Twice a year technical assistance visits
- On going blog conversation
- Monthly conference calls
- Twice a year academic detailing

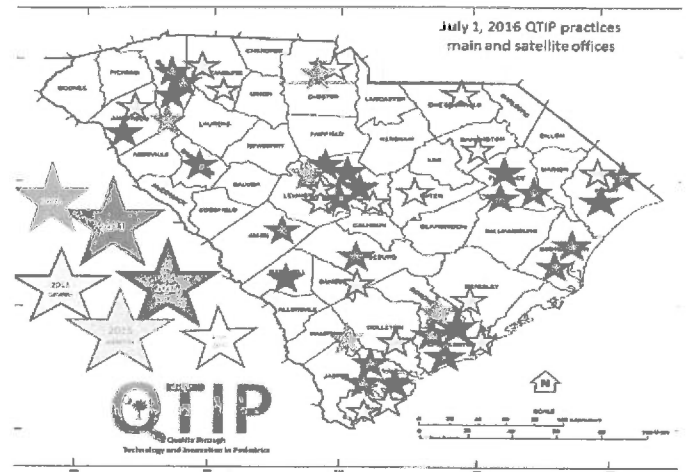
Incentives

- Stipends
- ABP MOC IV Credit. We have portfolio status and can give credit for many topics
- Credit for NCQA PCMH Standard 6
- CME credit for winter learning session
- Networking opportunity
- Provide Data

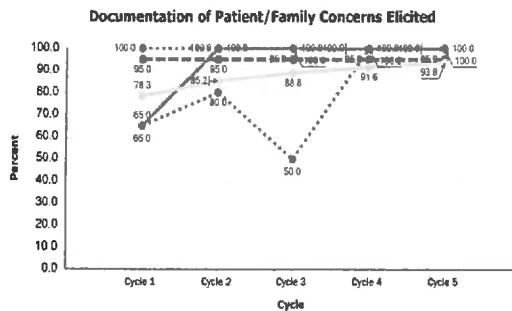


Grassroots Nature of our Collaborative Treats Participants as Experts

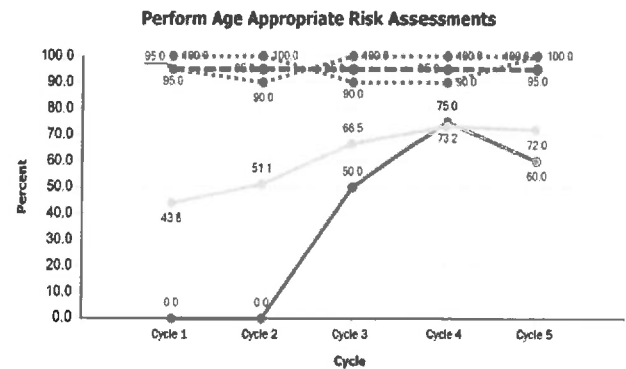
- Academic oversight provided by SC AAP committee (Practitioners and Academics)
- Speakers split between “outside” experts and members of our practice QI teams
- All Practices given opportunity to report at each learning collaborative session
- Practice QI team members encouraged to visit other practices
- Teaching practices to do their own data collection including 10 chart audits



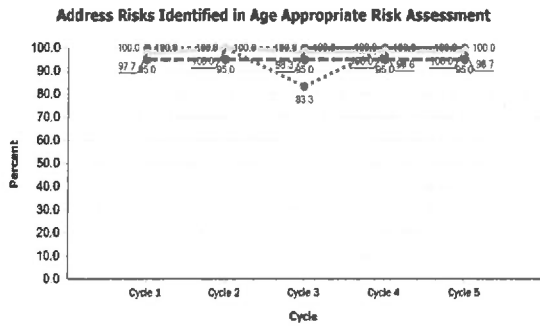
Bright Futures: 9 month visit



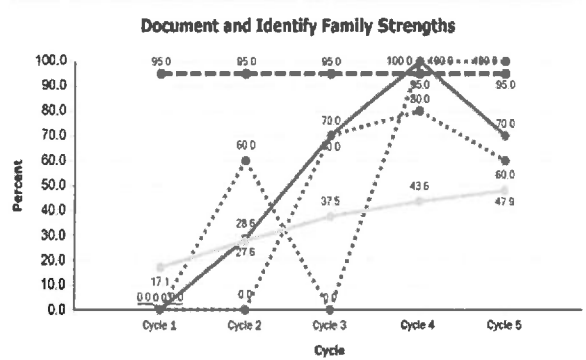
Bright Futures 9 Month Visit



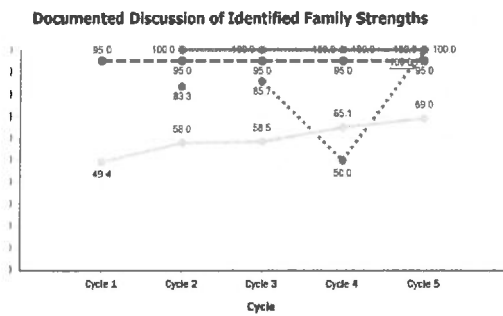
Bright Futures 9 Month Visit



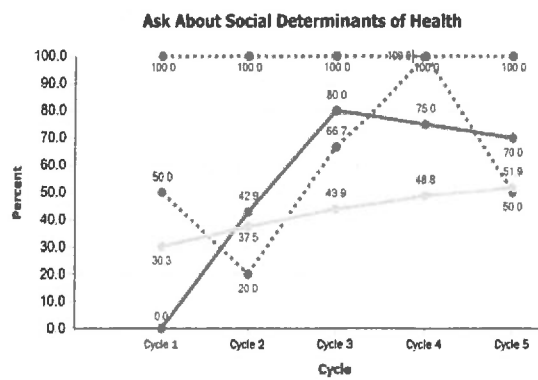
9 Month Visit Bright Futures



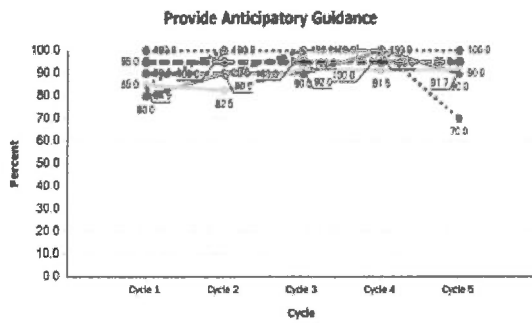
9 Month Visit Bright Futures



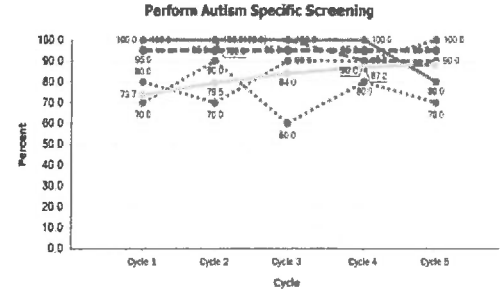
9 Month Bright Futures



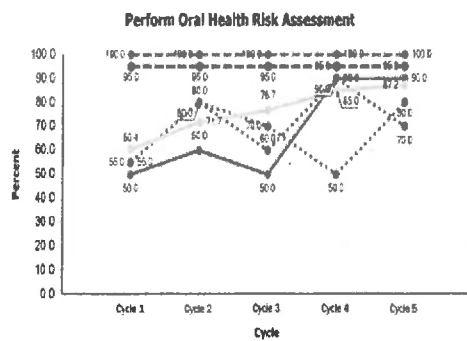
Bright Futures 24 Month Visit



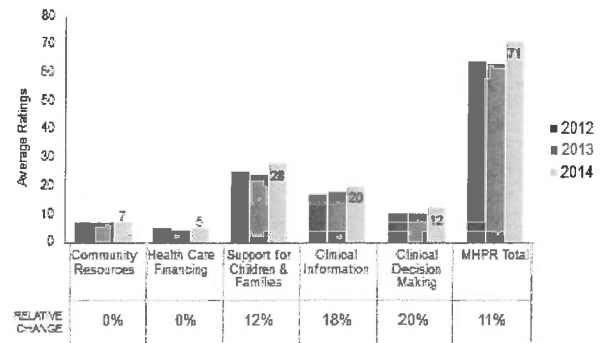
24 Month Visit Bright Futures Audit



24 Month Audit



FINDINGS: Mental Health Practice Readiness Inventory



AAP MHPRI	QTIP's aims	QTIP actions	Practice comments
Community Resources	For the pediatric practices to know about and access community resources	<ul style="list-style-type: none"> Visited community providers Created referral forms Served as liaison among community providers and family advocacy groups 	"We obtained more information in that one hour meeting than multiple phone calls could have accomplished!"
Health Care Financing	Understand financing for providing and accessing services	<ul style="list-style-type: none"> Published Medicaid bulletin for billing and coding Advocated streamlining authorization processes Provided lists of providers serving multiple MCOs Liaison work with payers Linked referral staff with MCO staff 	"Benefit of being reimbursed for mental health screening has been huge and will continue after the grant."
Support for Children and Families	Provide an office environment promoting mental health (Do children feel safe and supported to talk about MH)	<ul style="list-style-type: none"> Created bulletin boards in waiting rooms Provided ADHD group visits Accessed handouts for families Collaborated with family groups Offered Parent Partners Taught Di techniques 	"Awareness of Mental Health was never on my radar screen - had no clue of what it really meant."
Clinical Information/ Delivery Systems	Incorporate mental health into routine office protocols	<ul style="list-style-type: none"> Developed screening protocol Discovered EHR uses Developed protocols for ADHD care Filed CHADS Worked on referral and feedback loops 	"... questionnaires tell you what is important to the child and parent before you even walk into the room... that changes the entire visit."
Decision Support for Clinicians	Manage and/or refer mental health needs as routinely as physical health needs	<ul style="list-style-type: none"> Provided Academic Detailing for ADHD and SBAs Coordinated ADHD Fellowship Offered psychiatric consultant Taught specific skill building Shared pediatric behavioral health resources 	"The most helpful part of the grant was the behavioral health initiative - giving us confidence that we weren't going to get overwhelmed."

SC QTIP Recommended Routine Screening Protocol - Introduced Jan 2013

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

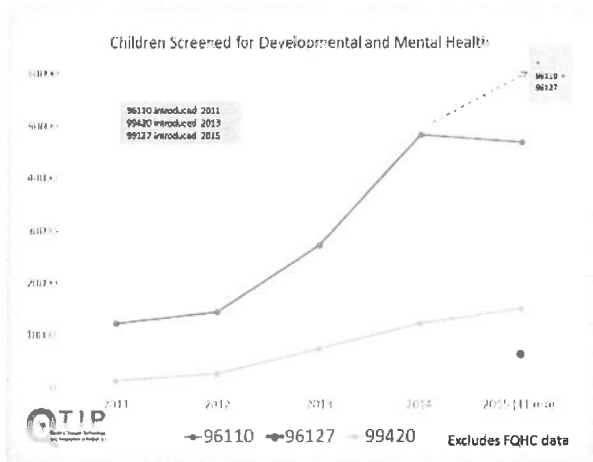
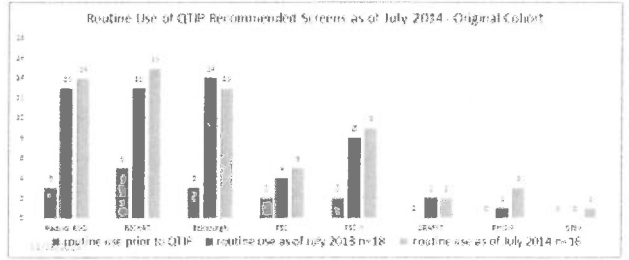
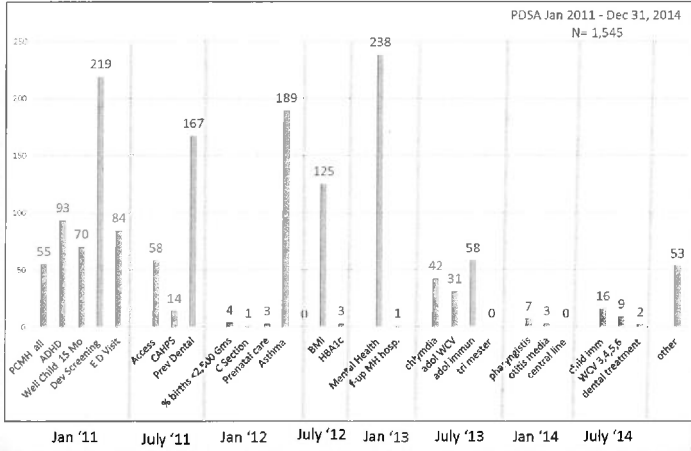


Table 4: Analysis of PDSA Cycles and Core Quality Measures

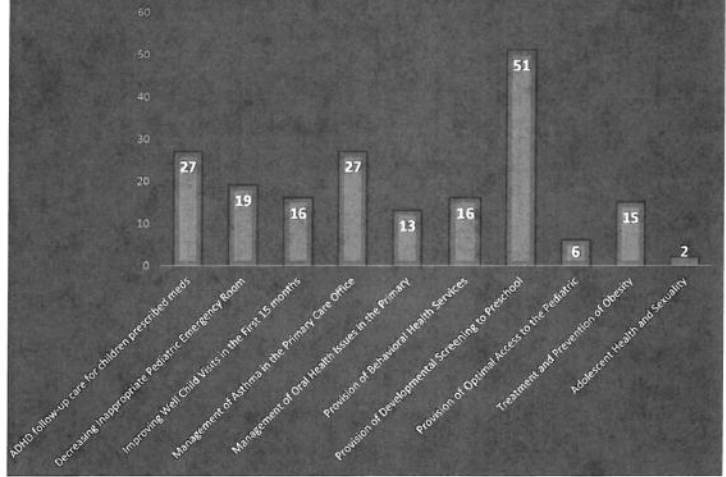
Core Measure	Number of PDSA Cycles	High/Med vs. Low P-VALUES	High/Med vs. Low INC/DEC
Developmental Screening-first 3 years	182	0.0000	Increase***
Appropriate Treatment-Children with URI	158	0.6591	Increase
Total Eligible-Preventative Dental Services	130	0.0000	Increase***
Wt. Assess & Counseling-Child/Adolescent (BMI)	91	0.0000	Increase***
Follow-Up Care-ADHD Medication Initiation	84	0.2438	Increase
Follow-Up Care-ADHD Medication Continuation	84	0.8575	Increase
Ambulatory Care	76	0.0000	Decrease***
WCV-First 15 Months-6 visits	64	0.0321	Increase*
Children and Adolescents' Access to PCPs	51	0.0328	Increase*

Significance: *p-value < 0.05, **p-value < 0.01, *** p-value < 0.001

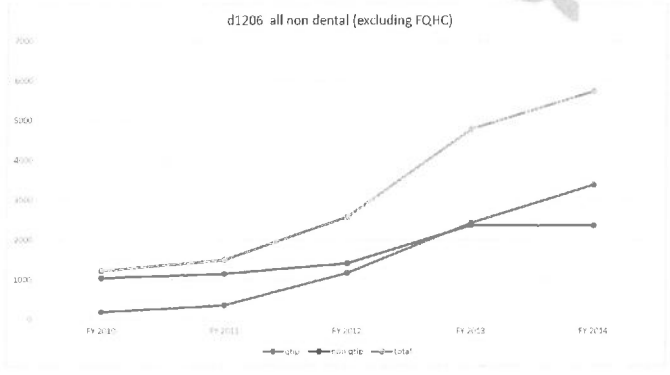
QTIP Documentation of work on core measures



QTIP MOC by Topics



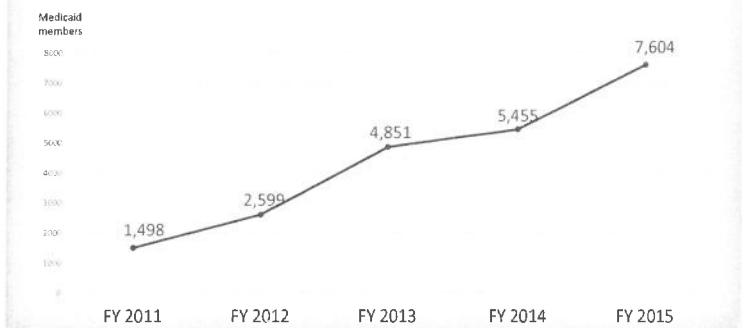
Improvements in Pediatric Office Dental Varnish Application



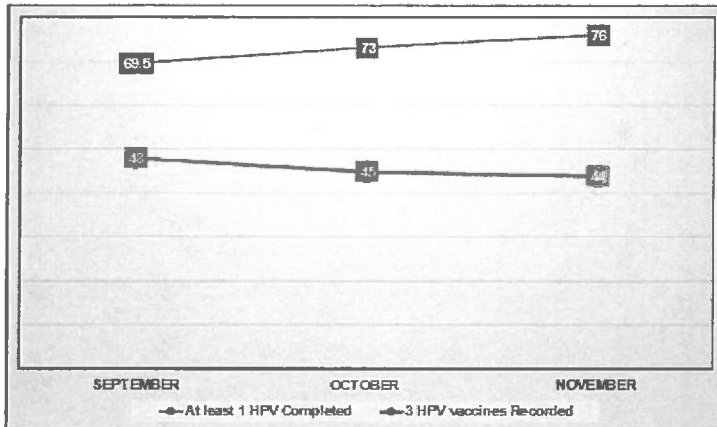
Preventative Oral Health: "Reinforcements" • Reimbursement

Fluoride Varnishing in a Non-Dental Settings* * Excluding FQHC

Billing for fluoride varnish has increased by 408% since 2010



HPV



QTIP Practices performed on HEDIS

- 21 HEDIS measures were reported with a total of 52 “categories”/“measurement divisions” QTIP was above the Overall state rate in all but 3 categories (3/52).
- In addition, QTIP 11 were above the national 50th percentile in 14 areas – and above the National 75th percentile in 9 areas.
- The 9 areas include Children and Adolescent access to primary care practitioners, ADHD medication, and Well child visit in the first 15 months of life – 5 visits- Yea!
- And Use of appropriate Meds for people with asthma (acute).

What does this mean at the practice level?

Rock Hill Pediatrics - Ft Mill has been putting in work!

Jan 2016 09:20:24 AM - EST

Greeting fellow QTIP providers! Due to technical difficulties (and user ignorance!) the Fort Mill team has not had a blog entry or entered our meeting minutes since the first month. Please know that our team has been very busy. Since our learning collaborative in January, we have:

1. Begun fluoride varnish in our location and have already met our goal for two consecutive months of 80% or more of charts reviewed that have offered fluoride varnish to our 12-month olds.
2. Developed a Pediatric Resource Sheet (PRS) for our geographic region.
3. Agree to give our PRS along with a SEEK questionnaire at all 6- and 24-month visits.
4. Had an area mental health summit with our staff mental health counselor and three private providers in our area that were new to our physicians. Lots of great information was shared and hopefully, our providers will feel a more collaborative effort with local mental health providers.

We will begin our next PCQA Cycle very shortly, and will now be sure to use the website as it should be used - for reporting, blogging and helpful information. We look forward to seeing everyone in July!

Rock Hill Pediatrics 1 comment 1 like

Monthly Call and Learning Collaborative information

Jan 2016 09:24:19 AM - EST

Reminder: our Monthly call is Tuesday, June 21st

Other areas with improvement

- Asthma
- ED management
- Obesity
- Adolescent Care

QTIP Created a Culture of Quality

- **Leaders felt more comfortable** with developing QI projects
- **Nurses, front office** staff reported increased confidence as partners with doctors in QI decision making
- Providers reported **interactions with other providers** encouraging their commitments to high performance
- Enhanced care-delivery decision-making
- Awareness of the importance of **measuring outcomes** and assessing goals
- Focused **efforts on behavioral health** within the medical home both within and outside of the QTIP practices

Next Steps

- Evolving our current Bright Futures QIDA data system into a permanent tool that will help all of us measure our successes
- Improving family input into office QI activities
- Considering issues around family and child strengths and resiliency
- Looking at care coordination processes in offices
- Re-visiting adolescent issues in 2017
- Continuing to support practices with QI skill building
- Consultation with individual practices on QI and behavioral health issues of their own choosing
- Assisting SC DHHS priorities such as well child visit completion rates and management of obesity
- Fostering communication and cooperation among practices

Partnership with State AAP Chapter

- Essential. SC AAP was very helpful in engaging pediatricians
- SC AAP helps with academic oversight, allows us to use some of their meetings for information sharing
- Our learning collaborative sessions are linked to state chapter meetings where pediatricians usually congregate
- Working on a workshop with AAP for practice staff