

### How QTIP Worked with Practices?

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

QTIP:

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

To provide useful strategies for working on core measures

**QTIP:**

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

**Behavioral Health**  
"Integrate behavioral health care within the medical home..."

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-Y 11+
Psychosocial/Environmental Risk Factors - ALL Edinburgh Post-Partum depression screen for moms SEEK-PSQ SWYC	If indicated: SCARED - 8+	If indicated or desired: Modified PHQ-9 CRAFT SCARED Vanderbilt

**HIT/EMR**  
Promote the use of HIT to improve quality

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**

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


QTIP:

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



### What worked

- Working **directly** with pediatric practices; supporting their multi-disciplinary teams
- **Learning Collaboratives** are effective at introducing evidenced based practices, anticipatory guidance and sharing 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**

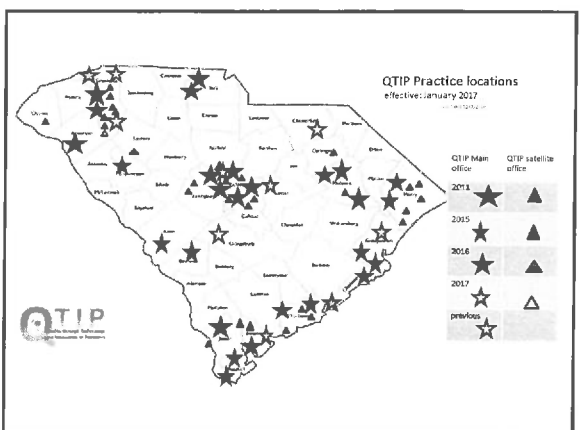
### Challenges

**Cited by Practices:**

- Time
- Willingness and support
- Competing priorities
- Reporting/documentation
- Implementing procedures/maintaining progress

**QTIP learned from our mistakes:**

- 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





**2017 Components:**



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

**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:
  - SC QIDA
  - PDSA
- QTIP will use your data to track and report aggregate data over time ... for information and trends
- Practices will use data to identify, implement and track QI projects

**QTIP blog**  
<https://msp.scdhhs.gov/chipraqtip/>  
**Discussion**  
**News**  
**QI and PDSA notes**

**QTIP Website**  
**Learning Collaborative**  
**Mental Health**  
**QI**

**ABP Part IV Maintenance of Certification Credits**

**A network of other practices**

**What is available for you?**

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