

Complex Healthcare Needs Survey

- *All patients identified at a Complex Healthcare Needs Survey*
- *Data entry will be every month starting February 1, 2018*
- *QIDA will close the 15th of every month*

1. Is there a medical assessment or reassessment in the past year that includes an updated medical history?

Why:

- Children with special health care needs are frequently seen for a particular issue and do not get a comprehensive reassessment from their primary care provider on a regular basis.

What Counts:

- A comprehensive medical reassessment visit in the chart within the past year.

2. Has a screen been performed to identify the social environmental determinants of health?

Why:

- Children with Special Health Care Needs are frequently even more impacted by social environmental determinants than the average child

What counts:

- Any screen for social environmental determinants at any time in the chart. SEEK, SWYC, WeCare, practice made screen, or other.

3. Is there documentation in the chart that barriers to care have been identified?

Why:

- This is a NCQA PCMH issue. Barriers to care can be things like no health insurance, lack of transportation, no availability of needed services, family issues that impede care management, etc.

What counts:

- A care management plan that addresses barriers, or any notation in the chart that barriers to care were assessed at any time. Barriers to care are often identified by screening for social determinants of health.
- *Referrals to Family Connection SC can help solve barriers to care.*
<https://www.familyconnectionsc.org/>

4. Is there documentation that a behavioral health screen was performed in the past 2 years?

Why:

- Stress of complex health care issues can frequently predispose to behavioral health issues

What counts:

- Pediatric Symptom Checklist, PHQ-9, SWYC or other behavioral health screen completed within the past two years
- Follow up question as to whether any positive screens were addressed

5,6. Is there a current medication list recorded? Is there a list of current pediatric subspecialists recorded?

Why:

- Your QTIP committee thinks these items are an important part of a care plan and should be updated annually, this is also part of PCMH requirements.

What counts:

- Documentation of a care plan given to a patient in the past year that includes these items, or documentation in the chart

7. Is there a co-management agreement within the chart between a pediatric sub-specialist and the primary care office?

Why:

- NCQA PCMH requirement.
- There is confusion sometimes as to which office is providing what kind of care leading to either redundant care and cost or omissions of necessary care
- Diabetes, sickle cell disease, pediatric cancers, neurologic disorders are some examples of situations where a co-management agreement might be helpful

What counts:

- A co-management agreement in the chart between the primary care doctor and a subspecialists, a letter of referral to the pediatric subspecialist that designates what care is desired and what follow up the primary care office will perform, or a letter from the sub-specialist designation what follow up they will be responsible for and what the recommendations are for follow-up at the primary care office.

8. Is there documentation in the chart that a portable care plan was given to the patient?

Why:

- Short written instructions given at each visit that include at a minimum:
 - the medication list
 - a list of service providers
 - new recommendations for the family
- Care plans have been shown to be more effective than relying on oral instructions only.
- Care plans also assist the family in sharing information with other care givers including schools.

What counts:

- A copy of a care plan in the chart, or notation that one was given

9. & 10. Is a referral to a dentist or a dental home listed in the chart? Has fluoride varnish been provided if the child is between 1 and 11 in the past year?

For children older than 1

Why:

- Medically complex children are at high risk for dental disease and may benefit from preventive dental services for a longer period than the average child

What counts:

- Mention of a dental home or referral in the chart, dental varnish applied in the past year
- Best practice may not include giving fluoride varnish to all children with special health care needs, especially older ones, so 100 percent may not be a goal that we would strive for on this measure

