

Five Ws of QTIP's Pediatric Healthcare Effectiveness Data and Information Set (HEIDS)-like Reports

Shiann Bradley, MSHS

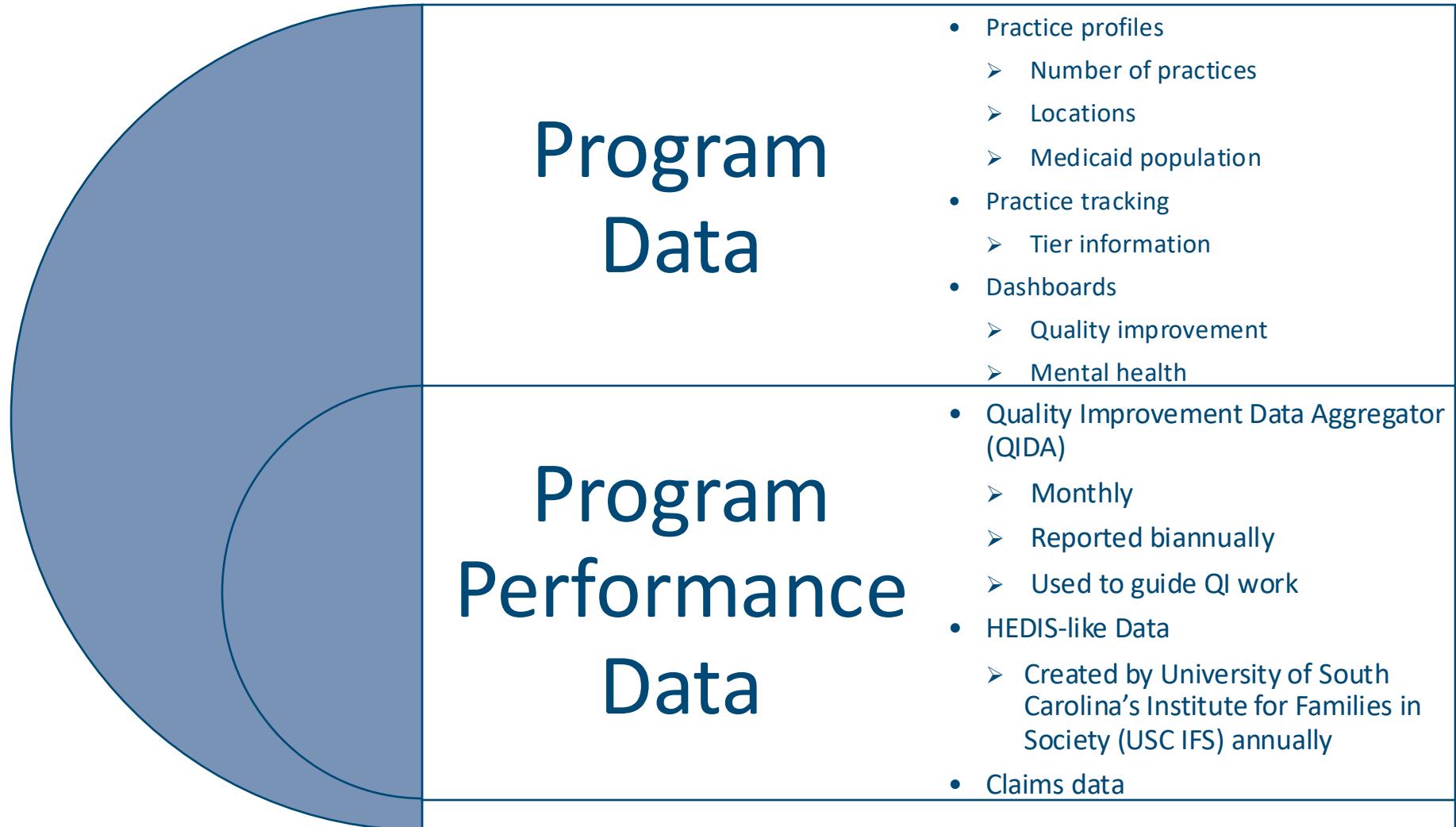
QTIP Program Director

South Carolina Department of Health and Human Services

Jan. 25, 2026

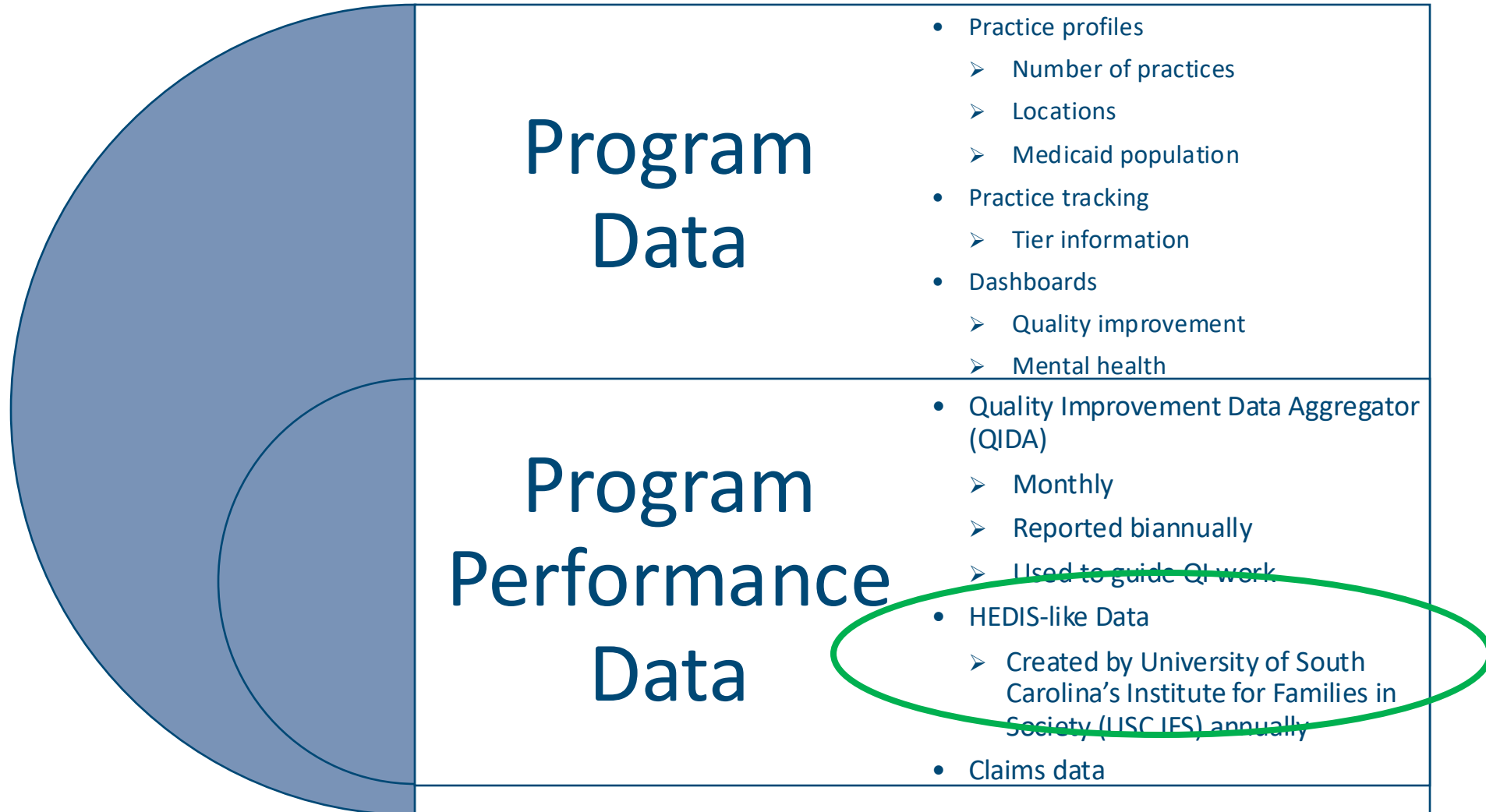
Quality Through Innovation and Technology in Pediatrics (QTIP)

Data Overview



Quality Through Innovation and Technology in Pediatrics (QTIP)

Data Overview



HEDIS-like Data: Who and What

Who

- USC IFS
- South Carolina Department of Health and Human Services (SCDHHS)
- **Your** practice

What

- Provided by USC IFS and based on Medicaid administrative claims
- Based on calendar data and “cohort”
- Medicaid patients **only**
- Based on HEDIS specifications and core measures

NOTE: Managed care organization (MCO) reports will differ from QTIP's HEDIS-like reports because they include administrative claims and electronic medical records (EMR) data.

HEDIS-Like Data: Where and When

Where

- Annual reports distributed at summer learning collaboratives
- Reflects **entire** practice (based on national provider identifiers (NPI) submitted to QTIP)

When

- NPIs are submitted by March to QTIP
- Reports reflect previous calendar year (CY)
 - Reports distributed in summer 2025 reflect CY2024

What is in the Report?

- Individual QTIP practice reports include:
 - Current certified calendar year child measures only
- All practice rates are compared to (i.e. color coded) National Committee for Quality Assurance (NCQA) national benchmarks.
 - Specific stratifications of NCQA certified measures, dental measures and non-NCQA measures do not have national benchmarks
- QTIP cohort rate, all QTIP rate, non-QTIP rate and South Carolina rate

Measure	Description	Practice				Total Rates				CY2024 National Benchmarks				
		CY2023	CY2024											
		Rate	Num	Den	Rate	COHORT	All QTIP	Non-QTIP	State	10 th	25 th	50 th	75 th	90 th

Understanding Your Report

N = 8,023

Quality Measure Year CY2024

Final June 2025



Measure	Description	Practice				Total Rates				CY2024 National Benchmarks				
		CY2023	CY2024											
		Rate	Num	Den	Rate	Large Private	All QTIP	Non-QTIP	State	10 th	25 th	50 th	75 th	90 th
Appropriate Testing for Pharyngitis	CWP - Rate - 3-17 Years	92.7	1,058	1,113	95.1	93.5	93.0	88.6	89.8	72.7	78.4	84.8	89.3	91.3
Appropriate Treatment for Upper Respiratory Infection ⁺	URI - Rate - 3 Months to 17 Years	79.9	292	1,581	81.5	93.0	92.9	90.5	91.2	85.2	90.0	92.1	94.8	96.1
Asthma Medication Ratio	AMR - Rate - 5-11 Years	68.1	22	39	56.4	72.6	68.0	73.5	71.6	59.1	66.2	74.1	80.6	85.7
	AMR - Rate - 12-18 Years	69.6	28	39	71.8	76.0	70.7	66.4	67.6	54.8	61.4	68.4	74.6	79.4
	AMR - Rate - 19-50 Years	< 50.0 >	-	-	-	< 100.0 >	< 75.0 >	73.1	73.3	49.7	55.5	62.4	68.5	72.7
	AMR - Rate - Total	68.4	50	78	64.1	74.2	69.2	70.1	69.8	54.6	59.5	66.2	72.2	76.7
Childhood Immunization Status	CIS - Rate - DTaP/DT	77.8	258	337	76.6	77.0	76.2	62.5	67.0	62.3	66.3	70.6	75.2	79.5
	CIS - Rate - Hep A	93.5	317	337	94.1	91.7	92.5	79.2	83.6	73.6	78.1	81.8	84.7	87.1
	CIS - Rate - Hep B	79.4	280	337	83.1	52.5	59.9	62.7	61.8	78.6	83.2	86.1	89.1	91.7
	CIS - Rate - HiB	84.1	281	337	83.4	86.9	85.7	72.5	76.8	74.9	79.3	84.2	86.8	90.3
	CIS - Rate - Influenza	20.2	71	337	21.1	30.0	29.7	20.0	23.2	24.1	30.2	37.0	44.5	54.0
	CIS - Rate - IPV	87.2	296	337	87.8	88.3	87.7	75.9	79.8	78.7	82.0	85.3	88.3	90.5
	CIS - Rate - MMR	82.1	272	337	80.7	64.5	68.0	57.5	61.0	77.9	81.5	84.4	87.1	89.8
	CIS - Rate - Pneumococcal Conjugate	80.9	276	337	81.9	79.0	75.9	64.2	68.0	61.8	67.2	71.4	75.6	79.6
	CIS - Rate - Rotavirus	79.2	268	337	79.5	75.7	73.0	62.8	66.2	59.9	64.0	68.6	72.3	77.1
	CIS - Rate - VZV	91.5	309	337	91.7	90.3	91.0	77.7	82.1	77.2	81.0	84.2	86.6	89.5
	CIS - Rate - Combo 10	14.1	46	337	13.7	10.1	12.1	8.9	9.9	18.3	22.9	27.5	34.8	42.3
Chlamydia Screening in Women	CHL - Rate - 16-20 Years	72.5	169	243	69.6	54.7	58.5	50.6	52.1	38.7	45.0	51.0	61.7	67.6
	CHL - Rate - 21-24 Years	< 35.3 >	3	6	< 50.0 >	57.9	58.1	58.8	58.7	50.7	57.6	62.6	68.1	71.6
	CHL - Rate - Total	70.6	172	249	69.1	54.8	58.5	51.5	52.7	43.5	49.7	56.0	64.4	69.1
Developmental Screening	DSC1 - screened by 12 months of age	76.8	336	434	77.4	80.9	64.0	30.7	41.5	N/A				
	DSC2 - screened by 24 months of age	86.8	346	408	84.8	82.9	70.2	36.3	45.9					

Understanding Your Report *(cont.)*

Measure	Description	Practice				Total Rates				CY2024 National Benchmarks				
		CY2023	CY2024											
		Rate	Num	Den	Rate	COHORT	All QTIP	Non-QTIP	State	10 th	25 th	50 th	75 th	90 th

- Measures and description
- Practice
 - CY2023
 - CY2024
 - Numerator
 - Denominator
 - Rate
- Total rates
- National benchmarks

Cohorts

- Beginning in 2024, cohorts reflect type/size of practice based on the number of providers.
 - **Academic:** Practices located within academic health systems.
 - **Federally Qualified Health Center (FQHC):** Practices that are a service delivery site of a FQHC.
 - **Large private:** Practices with 16+ providers.
 - **Medium private:** Practices with six to 15 providers.
 - **Small private:** Practices with up to five providers.

Measure	Description	Practice				Total Rates				CY2024 National Benchmarks				
		CY2023	CY2024			COHORT	All QTIP	Non-QTIP	State	10 th	25 th	50 th	75 th	90 th
		Rate	Num	Den	Rate									



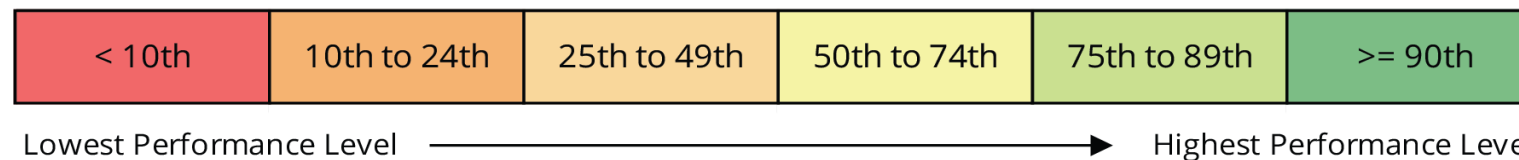
Understanding Your Report *(cont.)*

These notes will be in the footer of every report.

-	You may see this dash for numerators and HEDIS rates. It means the reported denominator is zero, so it is not possible to have a numerator or rate.
†	Inverted measure. In these cases, the HEDIS rate is reported as an inverted rate [1-(numerator/eligible population)].
< # >	You may see these brackets around some HEDIS rates. They indicate an unstable rate due to the rate's denominator being less than 30. The rate should be interpreted with caution.
N/A	You may see this abbreviation in national benchmarks. In these cases, the measure is not NCQA certified and has no benchmarks.
N/R	You may see this abbreviation in national benchmarks. In these cases, the measure is a first-year and has no benchmarks.
*	Inverse measure. In these cases, a lower HEDIS rate indicates better performance. Please see additional notes in the Understanding the Color Key section.

Understanding the color key: This key will be in the footer of every report.

Comparison to Medicaid National Benchmark Percentiles



Understanding Your Report *(cont.)*

- Special measures

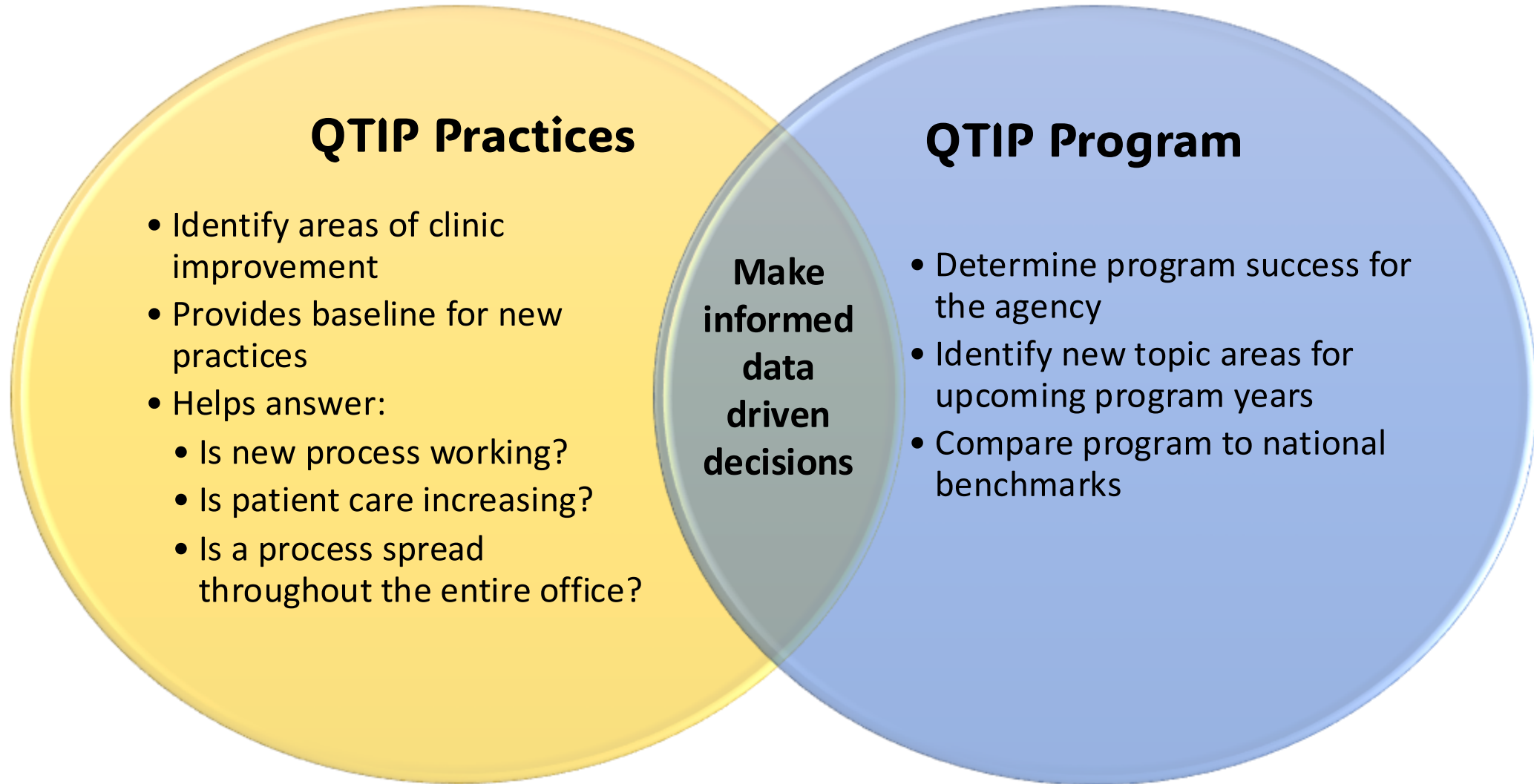
- Children's core measure

Developmental Screening	DSC1 - screened by 12 months of age	76.8	336	434	77.4	80.9	64.0	30.7	41.5	N/A
	DSC2 - screened by 24 months of age	86.8	346	408	84.8	82.9	70.2	36.3	45.9	
	DSC3 - screened by 36 months of age	10.6	35	406	8.6	48.0	38.2	16.1	22.2	

- New NCQA measures

Oral Evaluation: Dental Services	OED - Rate - 0-2 Years	21.1	710	2,861	24.8	24.0	25.1	23.1	23.8	Benchmark Not Available
	OED - Rate - 3-5 Years	64.8	1,585	2,255	70.3	68.8	66.4	53.7	57.4	
	OED - Rate - 6-14 Years	70.2	3,924	5,160	76.1	72.4	70.8	56.6	59.8	
	OED - Rate - 15-20 Years	62.5	1,131	1,680	67.3	61.6	58.5	40.8	43.6	
	OED - Rate - Total	56.4	7,350	11,956	61.5	59.0	59.1	48.7	51.1	
Topical Fluoride for Children	TFC - Rate - 1-2 Years	30.2	488	1,726	28.3	27.5	35.0	13.4	21.0	Benchmark Not Available
	TFC - Rate - 3-4 Years	35.8	543	1,420	38.2	37.8	36.8	21.8	26.4	
	TFC - Rate - Total	32.7	1,031	3,146	32.8	32.2	35.9	17.8	23.7	

Why Are These Reports Useful?



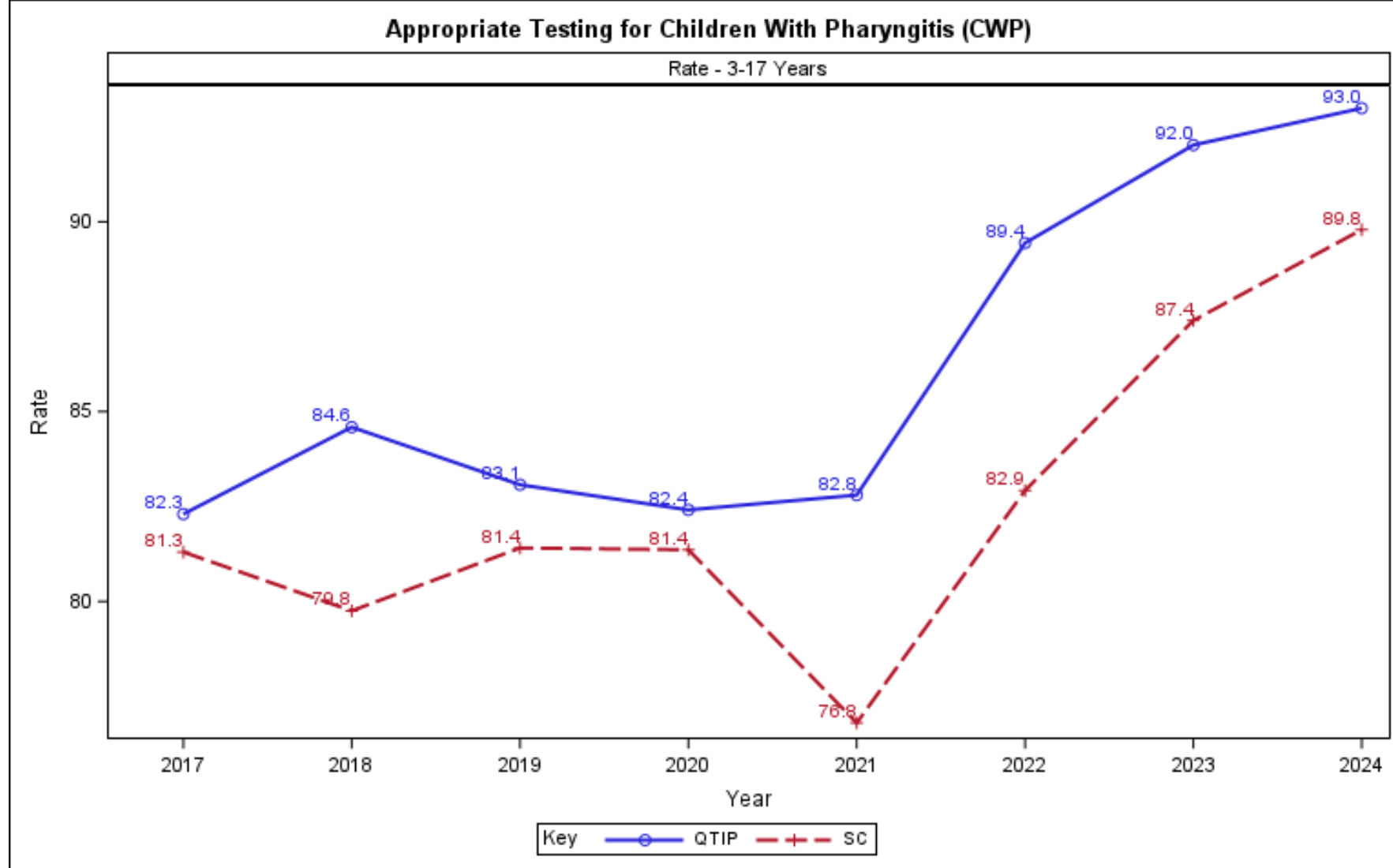
Digging Into The Report

HEDIS Measures Included in QTIP Reports by Year: CY2017–CY2024

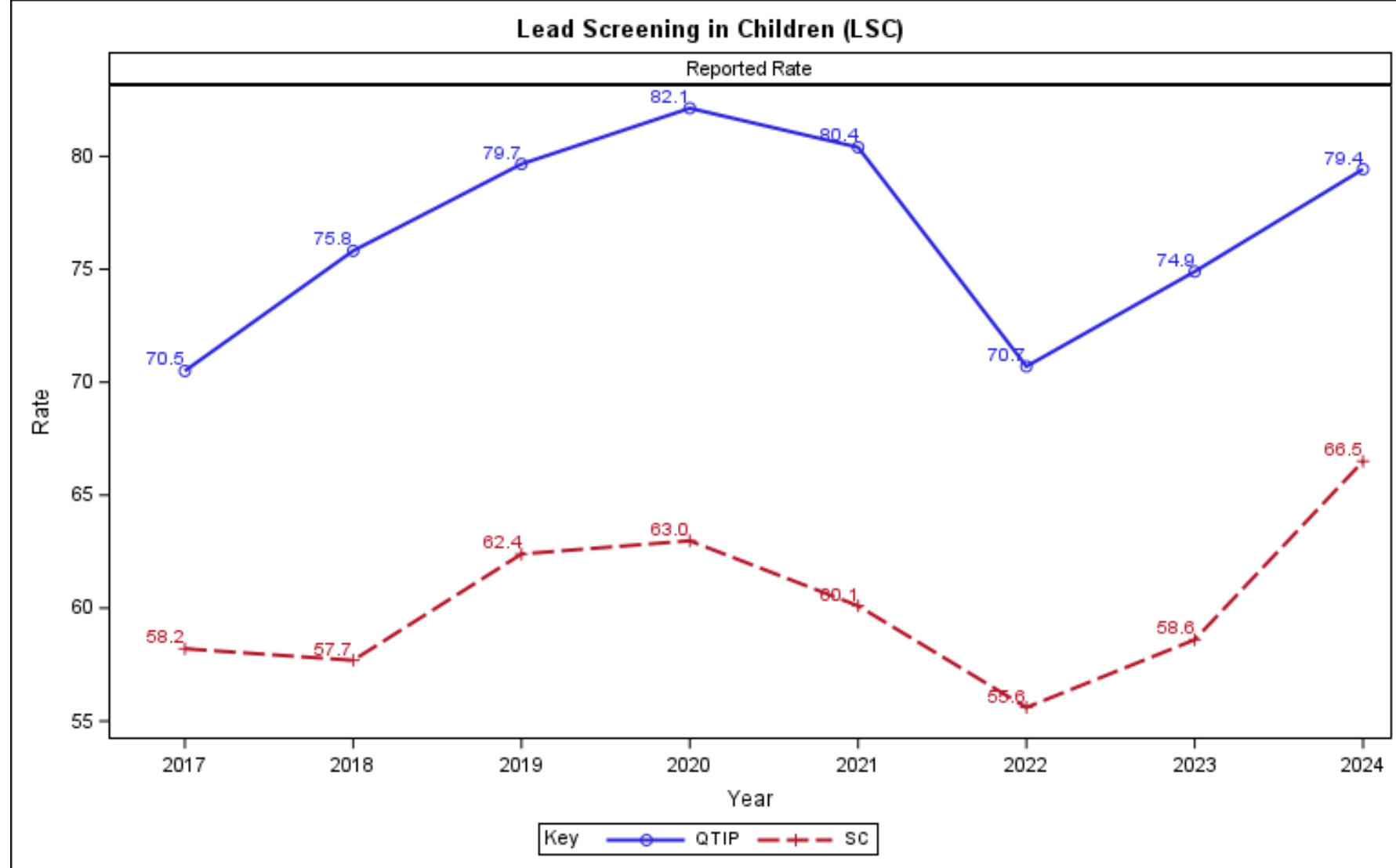
Measure	Definition
ADD	Follow-Up Care for Children Prescribed ADHD Medication
ADV	Adolescent Well-Care Visits
AMB	Ambulatory Care
AMR	Asthma Medication Ratio
AWC	Adolescent Well-Care Visits
CAP	Children and Adolescents' Access to Primary Care Practitioners
CHL	Chlamydia Screening in Women ✓
CIS	Childhood Immunization Status
CWP	Appropriate Testing for Children With Pharyngitis
DSC	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
DMH	Depression Medication Management
IMA	Immunizations for Adolescents
LBP	Use of Imaging Studies for Low Back Pain
LSC	Lead Screening in Children ✓
MMA	Medication Management for People With Asthma
OED	Osteoporosis Testing in Older Women
TFC	Timeliness of Prenatal Care
SEAL	Sealant Use in Children
TFL	Timeliness of Follow-Up Care After Emergency Department Visit
URI	Appropriate Treatment for Children With Upper Respiratory Infection ✓
W15	Well-Child Visits in the First 15 Months of Life
W30	Well-Child Visits in the First 30 Months of Life
W34	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
WCV	Child and Adolescent Well-Care Visits



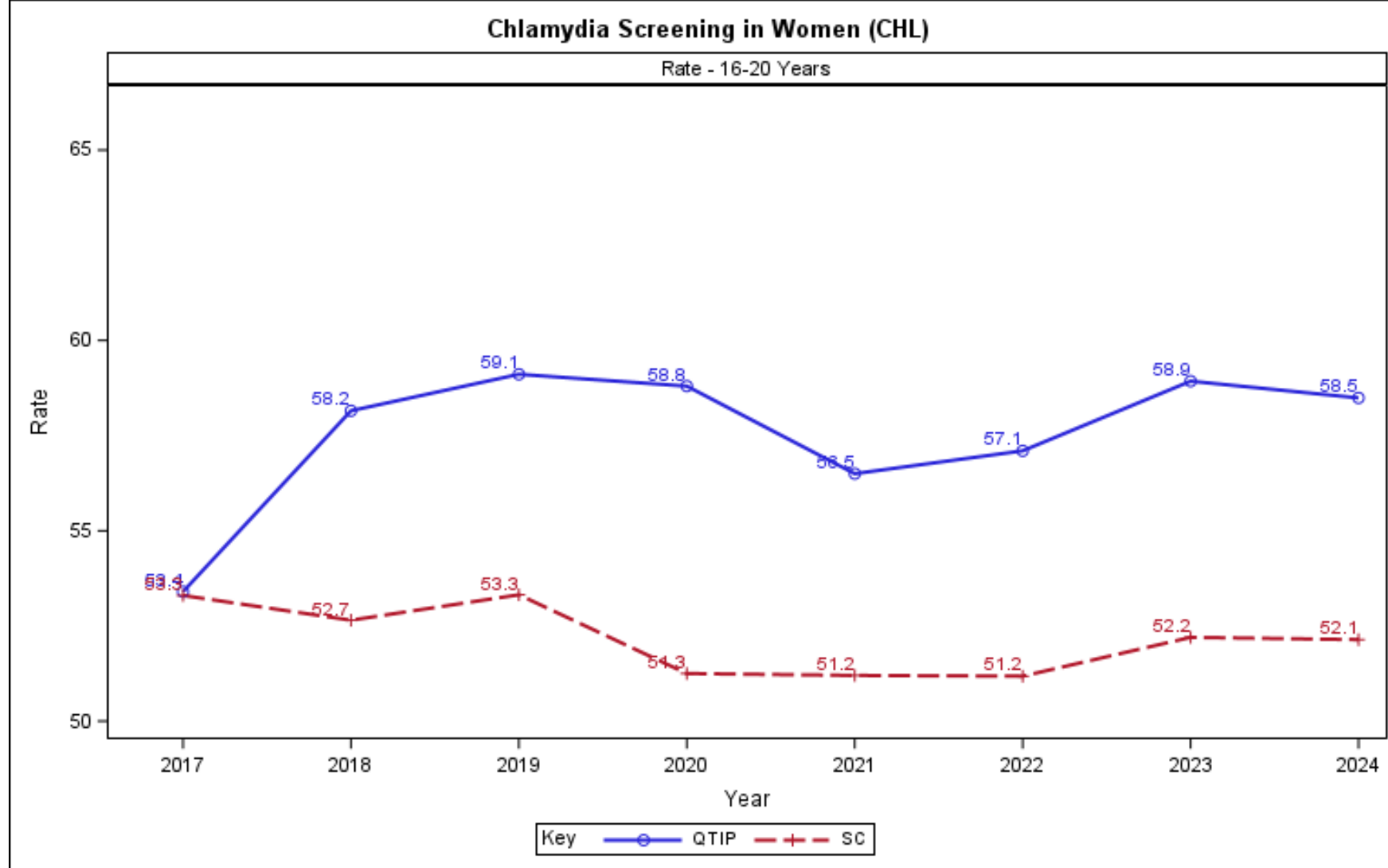
Trends Over Time



Trends Over Time *(cont.)*



Trends Over Time: Opportunities



Data-driven Decisions

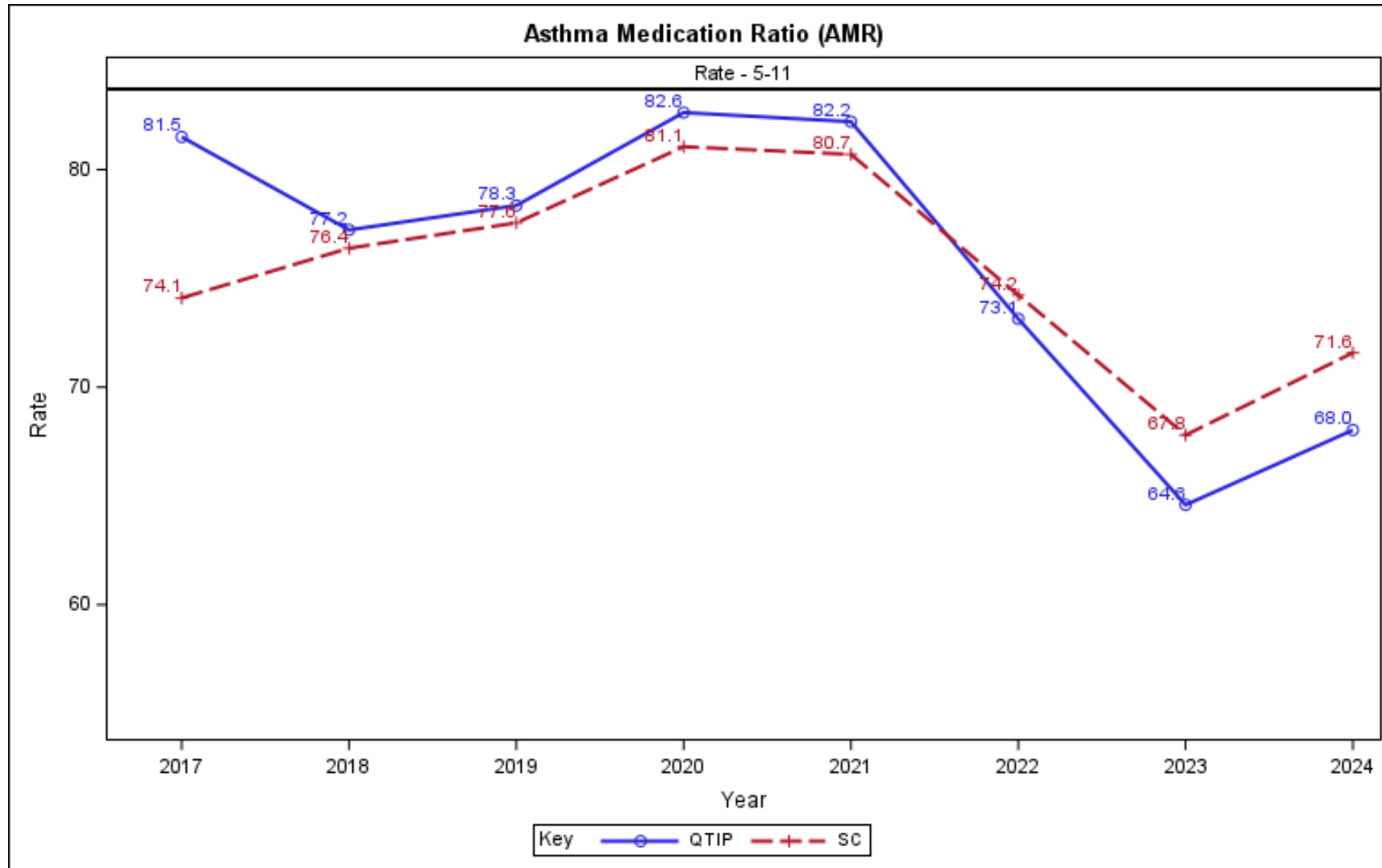


- QTIP uses HEDIS-like reports, along with practice feedback, agency initiatives and national pediatric concerns to choose annual focus areas.



- Considerations:
 - Practice concerns
 - Quality improvement feasibility
 - Electronic medical records access
 - Content expert support

Data-driven Decisions in Action



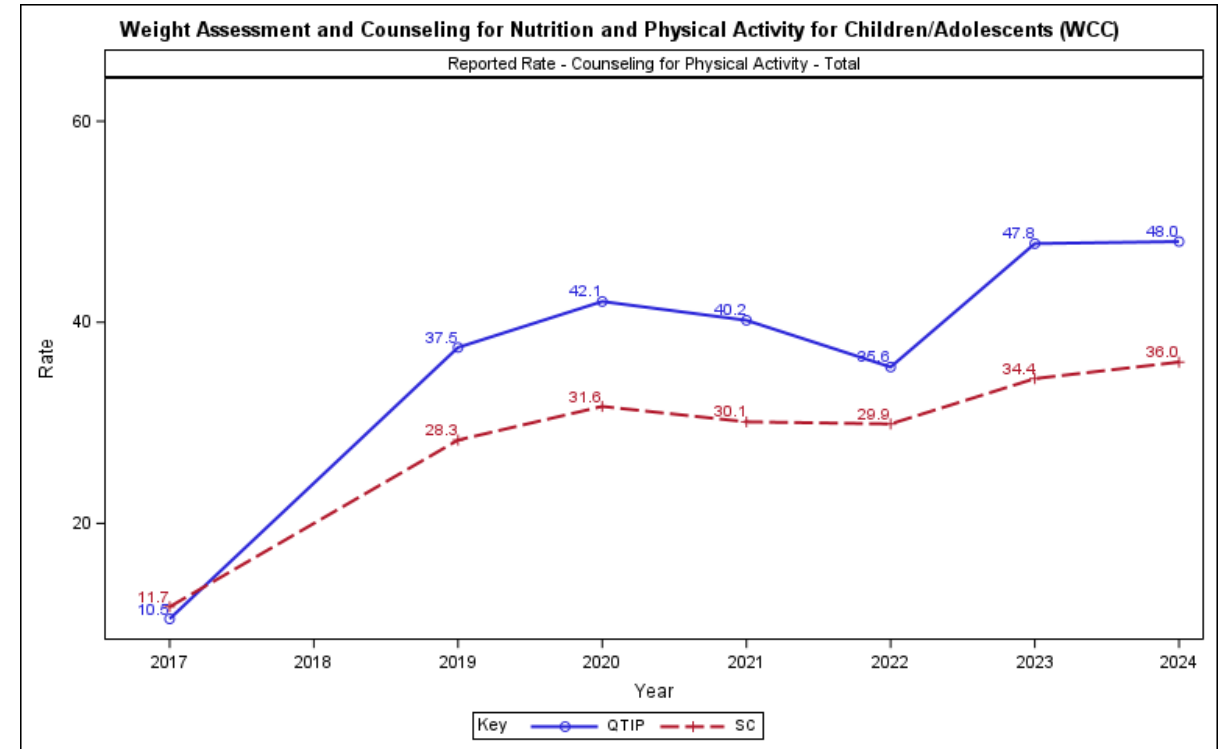
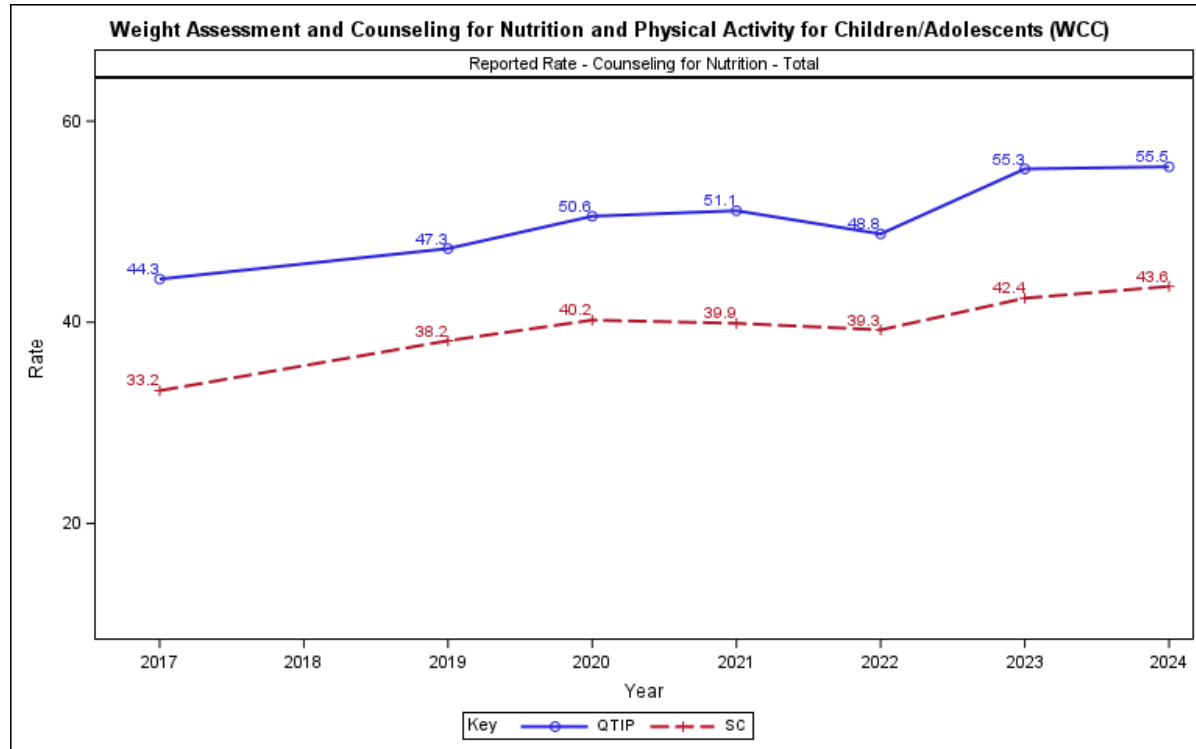
Trends Over Time: Asthma Medication Ratio (AMR)



- QTIP noticed a decline in this measure since CY2021.
- In 2020, updates were made to the National Asthma Education and Prevention Program asthma management guidelines.
- Single Maintenance and Reliever Therapy was introduced as a treatment option to assist individuals with moderate to severe persistent asthma achieve and improve control of the condition.
- AMR rate is heavily dependent on families filling the medication **after** leaving the office.
- QTIP decided to focus on asthma control for 2024-2025 with a focus on:
 - Asthma control tests
 - Asthma registries
 - Consistent documentation
 - Standardized asthma action plans
 - Introducing SMART therapy to applicable patients

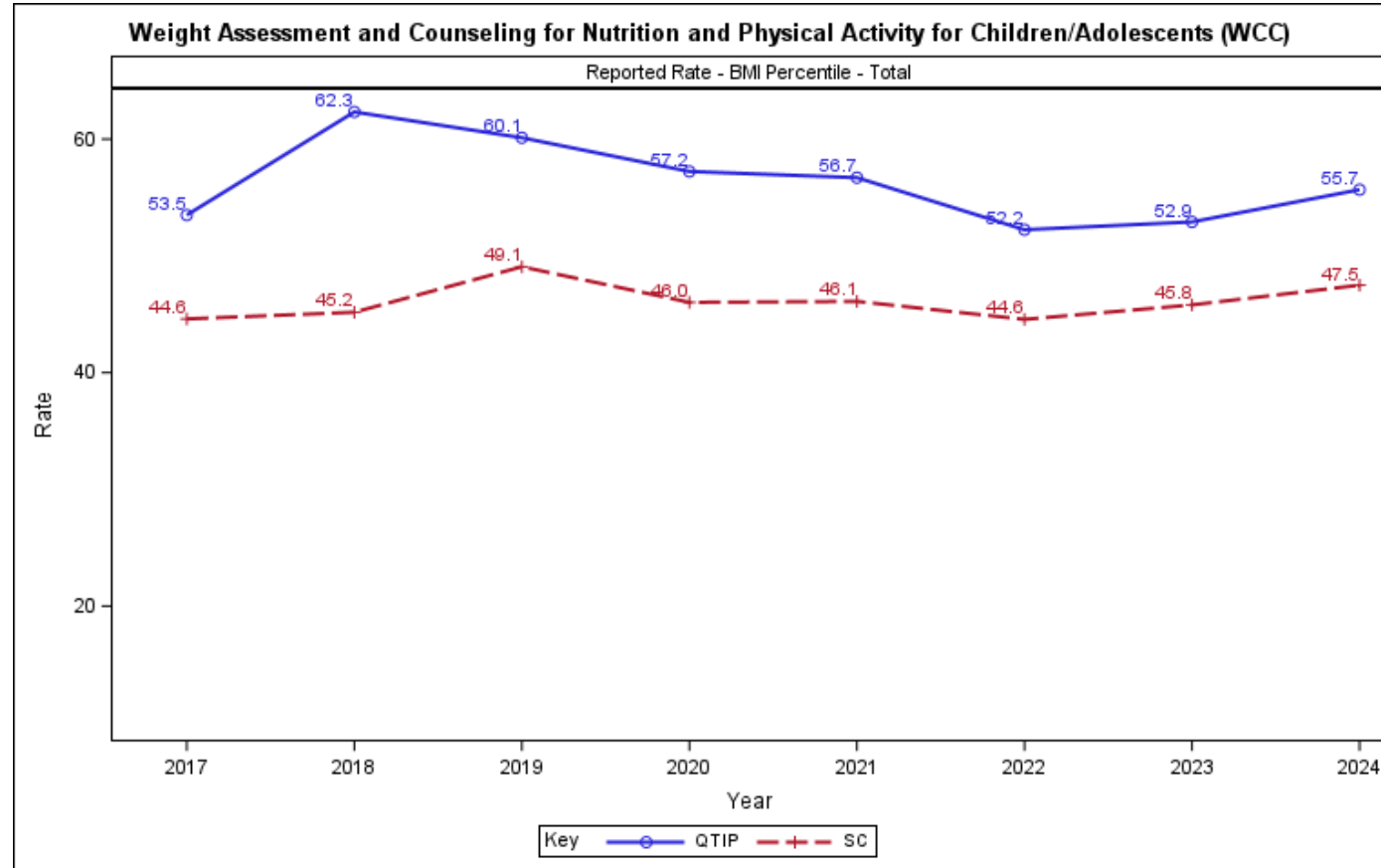


Trends Over Time: Well-child Checks (WCC)



QTIP continues to outperform the state for **all** weight assessment and counseling for nutrition and physical activity for children/adolescents measures!

Trends Over Time: WCC (*cont.*)



HOWEVER,

There is still opportunity for growth.....

Data Driven Decisions in Action

Total QTIP

N = 167,449

Quality Measure Year CY2024

Final June 2025



Institute for Families in Society
Improving Policy. Advancing Practice.
Strengthening Communities and Family Well-Being.

Measure	Description	Cohort Rates					Total Rates			CY2024 National Benchmarks				
		Academic	FQHC	Large Private	Medium Private	Small Private	All QTIP	Non-QTIP	State	10 th	25 th	50 th	75 th	90 th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC - BMI - Rate - 3-11 Years	50.5	71.7	46.1	69.7	64.4	55.7	46.0	49.1	68.1	75.7	82.7	88.3	91.7
	WCC - BMI - Rate - 12-17 Years	55.8	67.8	42.0	69.2	63.6	55.6	40.9	44.8	64.9	75.2	81.7	88.1	91.5
	WCC - BMI - Rate - Total	52.4	70.1	44.8	69.5	64.1	55.7	44.0	47.5	66.9	75.0	82.7	87.6	91.2
	WCC - Counseling for Nutrition - 3-11 Yrs	28.2	72.7	60.4	65.4	47.1	55.3	40.3	45.1	53.8	64.2	72.9	80.2	85.2
	WCC - Counseling for Nutrition - 12-17 Yrs	27.6	65.4	62.1	65.6	50.1	55.8	35.8	41.2	48.2	61.2	69.9	78.7	84.9
	WCC - Counseling for Nutrition - Total	28.0	69.7	60.9	65.5	48.2	55.5	38.5	43.6	51.7	63.9	71.8	79.1	84.4
	WCC - Counseling for Physical Activity - 3-11 Yrs	23.9	64.5	51.5	58.7	38.8	46.5	31.0	36.0	45.2	57.3	68.1	76.6	81.3
	WCC - Counseling for Physical Activity - 12-17 Yrs	31.7	60.9	57.0	62.6	42.6	51.0	30.7	36.1	46.1	60.8	69.6	78.0	84.6
	WCC - Counseling for Physical Activity - Total	26.7	63.0	53.2	60.1	40.1	48.0	30.9	36.0	46.2	59.9	68.3	77.1	82.2

While we may outperform state benchmarks, our priority is to close the gap with national benchmarks to ensure we are providing the highest quality care for the children we serve.

Data Driven Decisions in Action *(cont.)*

Reviewing the CY2024 report, QTIP questioned the **WHY** behind the rates.



Practice reports they **ARE** doing the work.



Lifestyle medicine, with an emphasis on coding/documentation

Identify coding support.

Align QIDA questions with claims data.

Utilize CPT and Z-codes.

Connect with practice leadership.

Let's Continue the Conversation

	<i>Breakout Sessions (Please choose one room per time slot.)</i> <i>We encourage team members from the same practice to divide and conquer. Try different sessions to share what you have learned.</i>		
Session A 9:45-10:20 a.m.	Pinkney	Headliners: A Deeper Dive into the QTIP Blog With the launch of QTIP's new blog, it's time to get to work. Through this session participants will learn to create their own posts, interact with their peers' posts and get hands-on experience with the new site.	Addison Lee
	Poinsette	Mental Health Session: Suicide Prevention Join us to revisit practices' suicide screening protocols and explore strategies for effective integration into clinical workflows. We'll also provide an opportunity to address questions related to the recent publication on suicide prevention.	Kristine Hobbs, LMSW Ramkumar Jayagopalan, MD
	Carolina Ballroom	HEDIS 101 An open forum to dive deeper into understanding HEDIS measures, clarify any questions and discuss how to prepare for upcoming reports. We'll also address general QTIP inquiries to ensure your practice is ready to leverage data for quality improvement.	Shiann Bradley, MSHS



