

Quality through Technology and Innovation in Pediatrics (QTIP) Program Updates

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Agenda

- Program updates: Fall 2025 highlights
- Program data: Developmental screening and adolescent health
- Quality improvement (QI) outcomes: strategies and successes
- Fall 2025 across the state
- Next steps

Learning Objectives



Describe key QTIP programmatic updates and practice progress from fall 2025.



Summarize QI strategies and outcomes related to developmental screening and adolescent health risk assessments.



Reflection to identify opportunities for advancing your own practice's QI initiatives.

Program Updates

Fall 2025 Highlights

Practice profiles

- 29 tier one practices
- One tier two practice
- Three practices on a waiting list

QTIP participated in:

- South Carolina Birth Outcomes Initiative (SCBOI) Symposium
- South Carolina Early Childhood Preventive Centers for Medicare and Medicaid Services (CMS) Affinity Group
- South Carolina Oral Health Integration Demonstration (SCID) Alliance



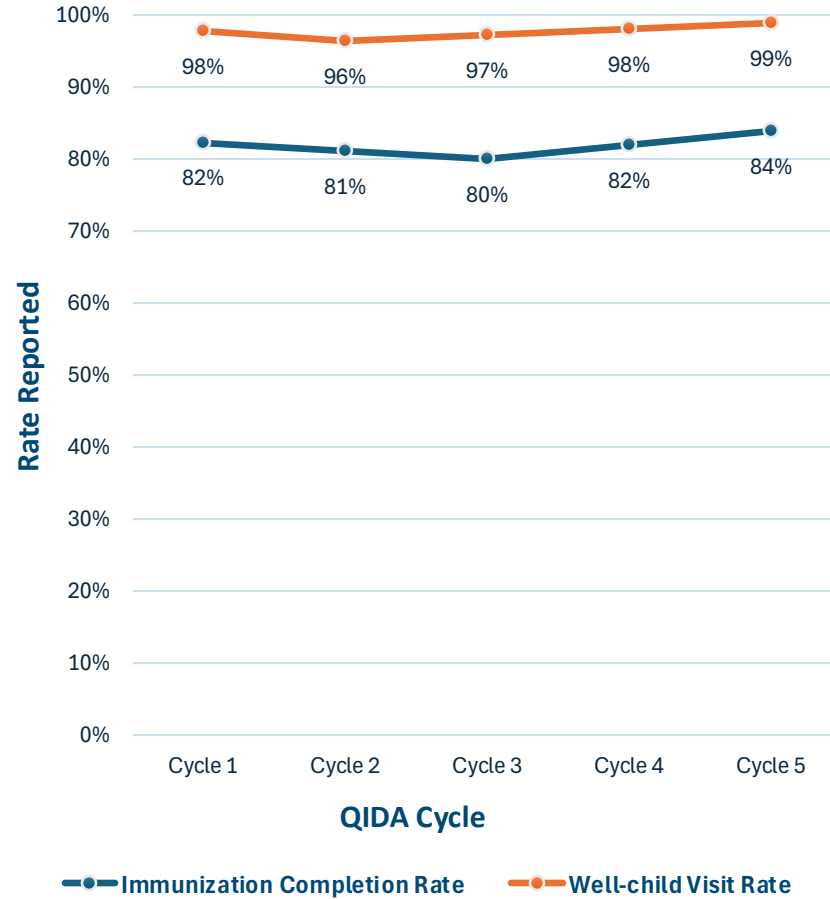
2025-2026 Focus Areas

Program Year	Topic	Subtopics and Focus	Workshop Focus
2025-2026	Topic 1: Developmental Screening/Autism (Ages 0-3)	<ul style="list-style-type: none"> Immunizations Well-child Check (WCC) completions Screenings: <ul style="list-style-type: none"> Developmental (type, referral), autism (screener used, referral) Mother/child dyad: breastfeeding, safe sleep, social determinants of health (SCDOH), postpartum depression 	Fall: Autism and BabyNet
	Topic 2: Adolescent Health and Risk Screening (Ages 11+)	<ul style="list-style-type: none"> Screenings: <ul style="list-style-type: none"> Sexually transmitted infections, mental health (anxiety, depression, suicide), substance use (screener used, in-office vs. referral) Transition to primary care Immunizations: Combo 2 WCC completions 	Spring: Transition to Adult Primary Care

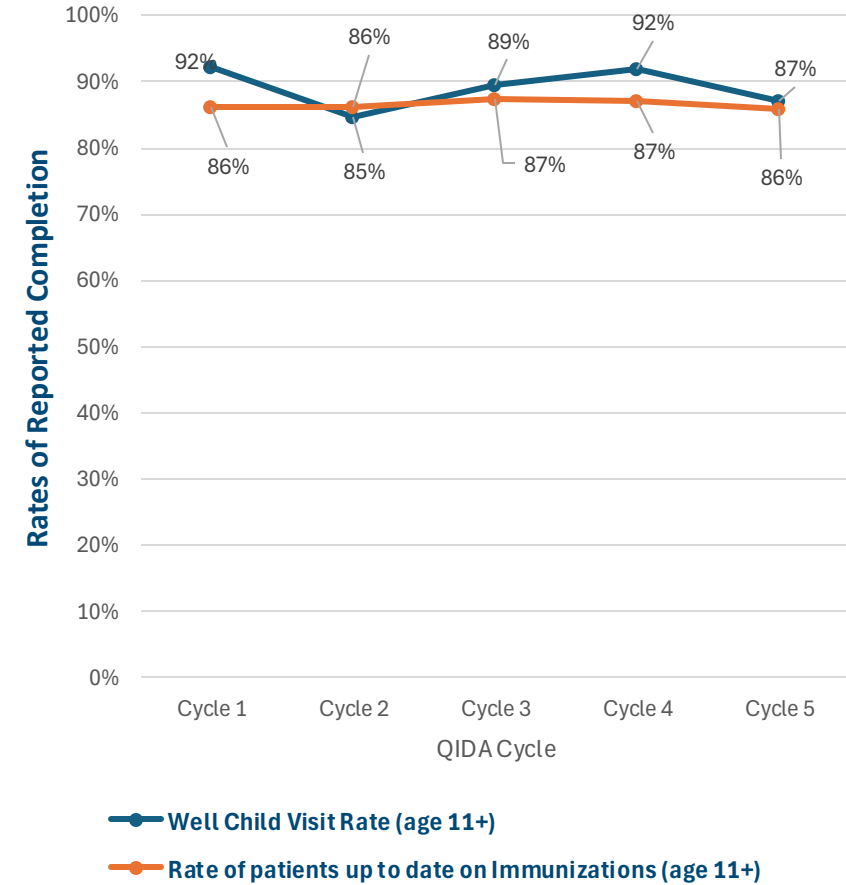
Program Data: Developmental Screening & Adolescent Health

QI Data Aggregator (QIDA) Data: Developmental Screening and Adolescent Health

Well-child Visits and Immunization Completion Rates for Ages 0-3

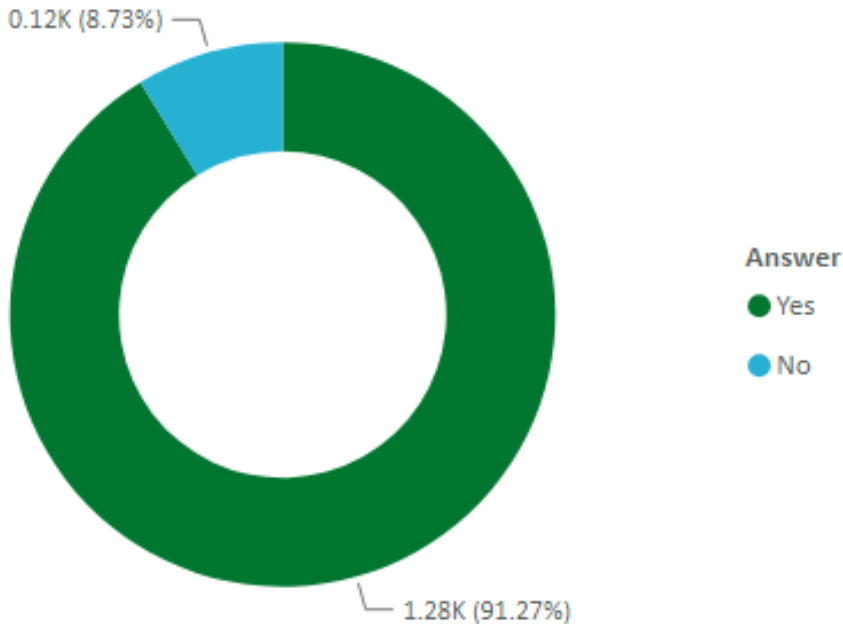


Well-child Visits and Immunization Completion Rates for Ages 11+

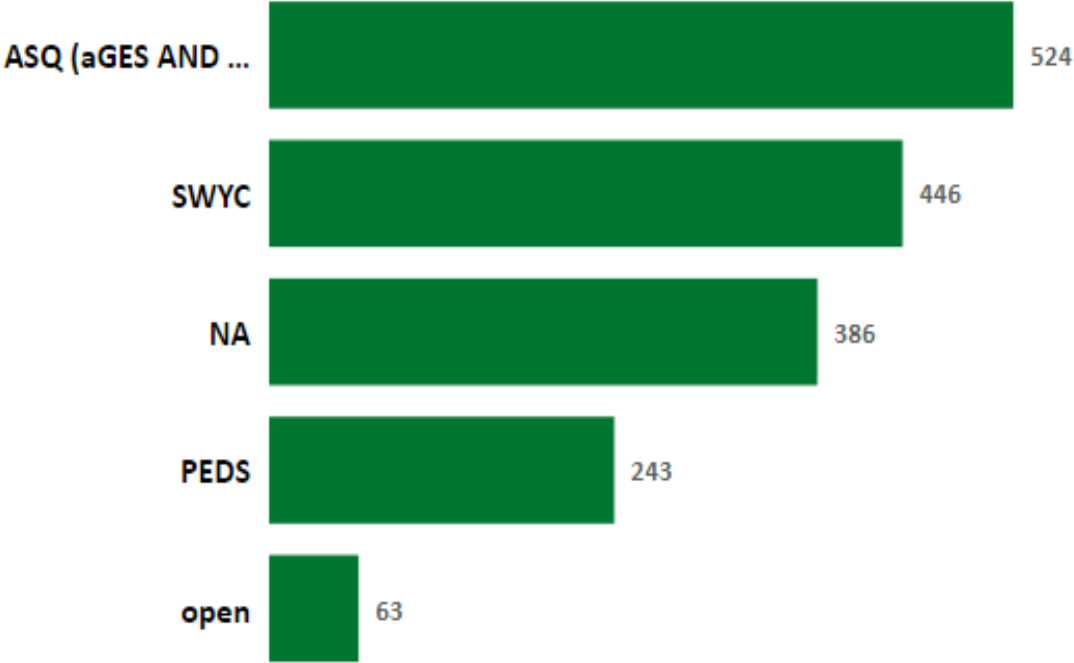


QIDA Data: Developmental Screening (Ages 0-3)

Patient Screened for Development

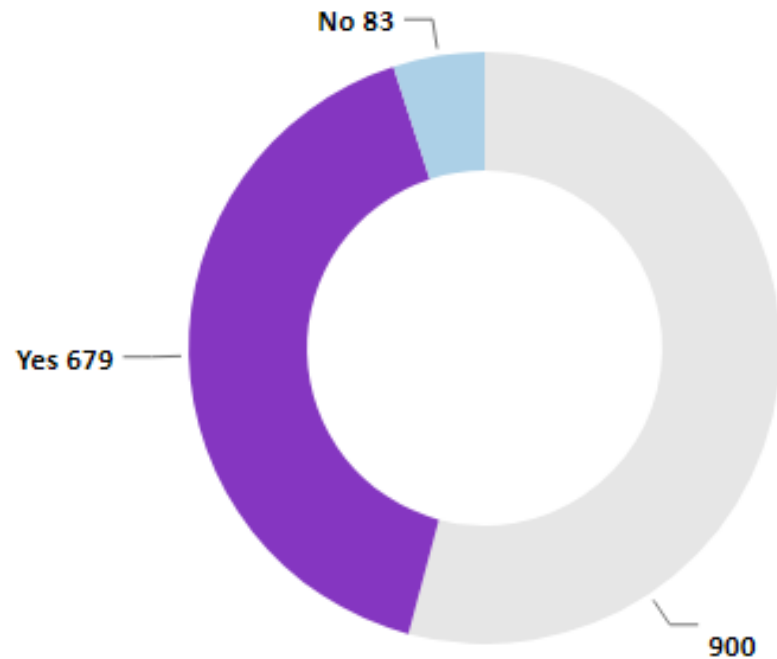


Development Screen Type

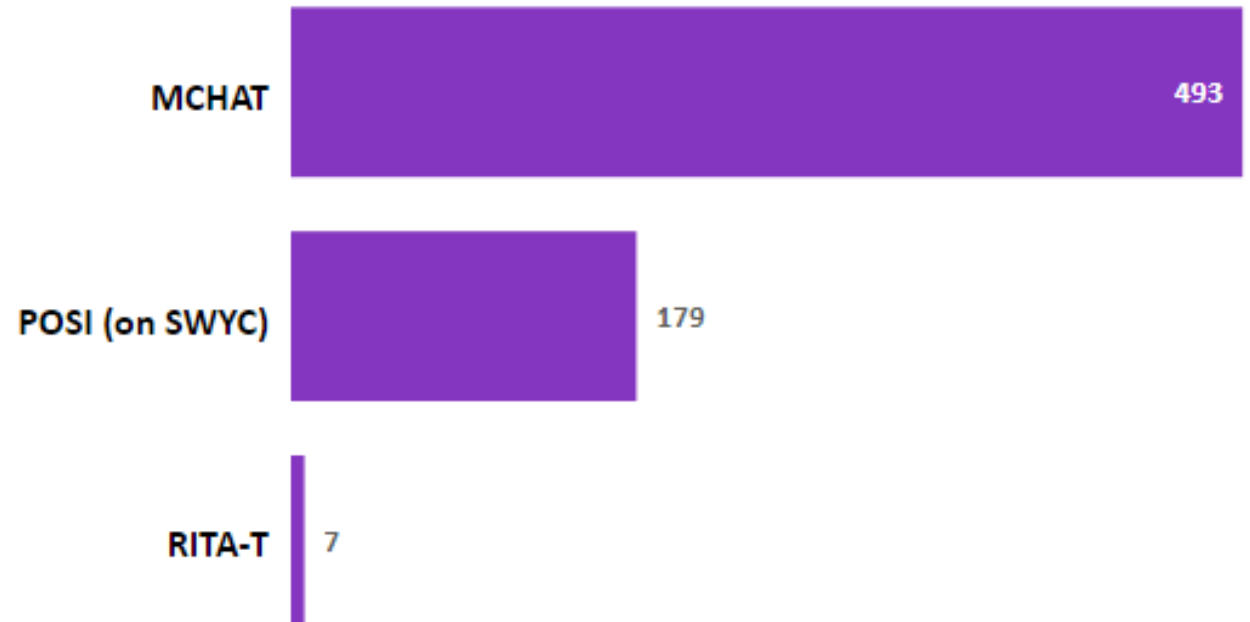


QIDA Data: Developmental Screening (Ages 0-3)

Patient Screened for Autism

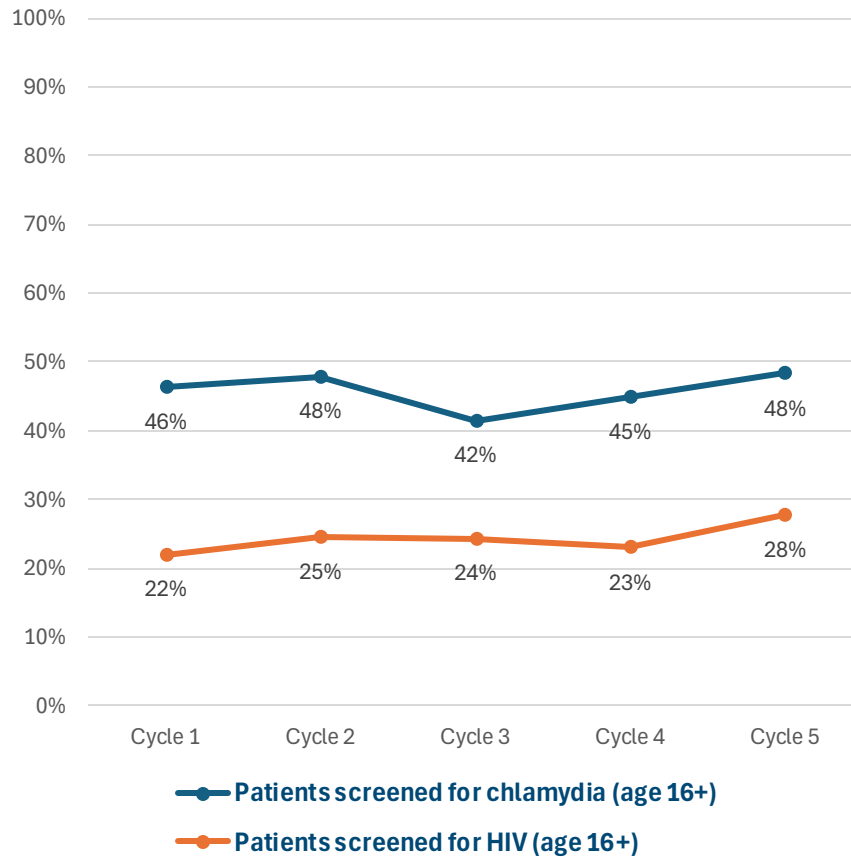


Autism Screen Type

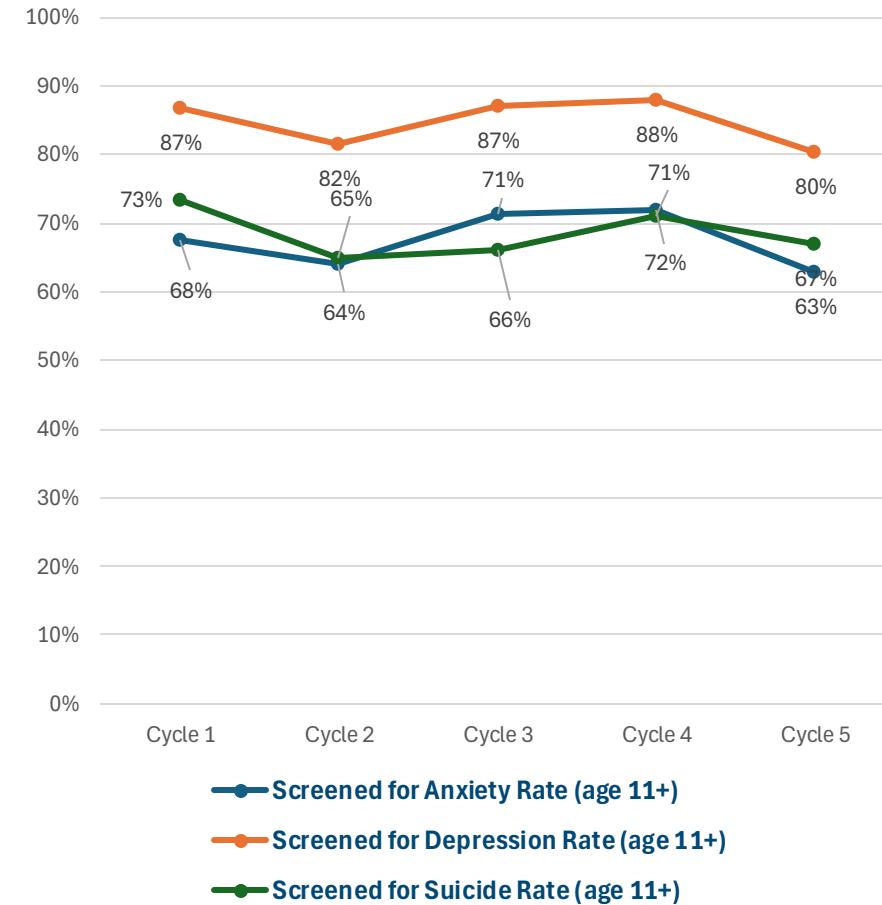


QIDA Data: Adolescent Health

Screening Rates for Chlamydia and HIV in Patients Ages 16+

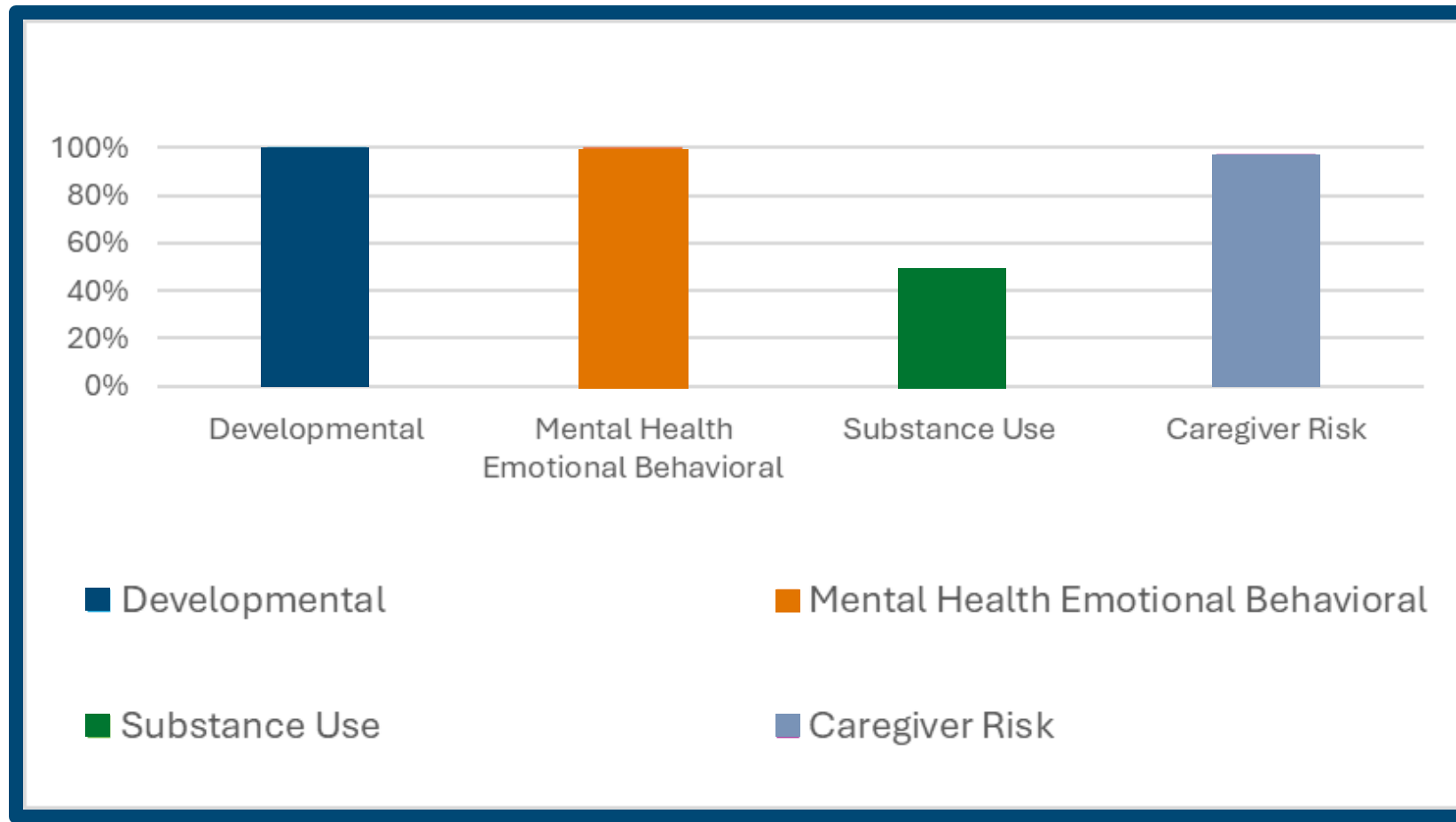


Screening Rates for Anxiety, Depression and Suicide in Patients Ages 11+



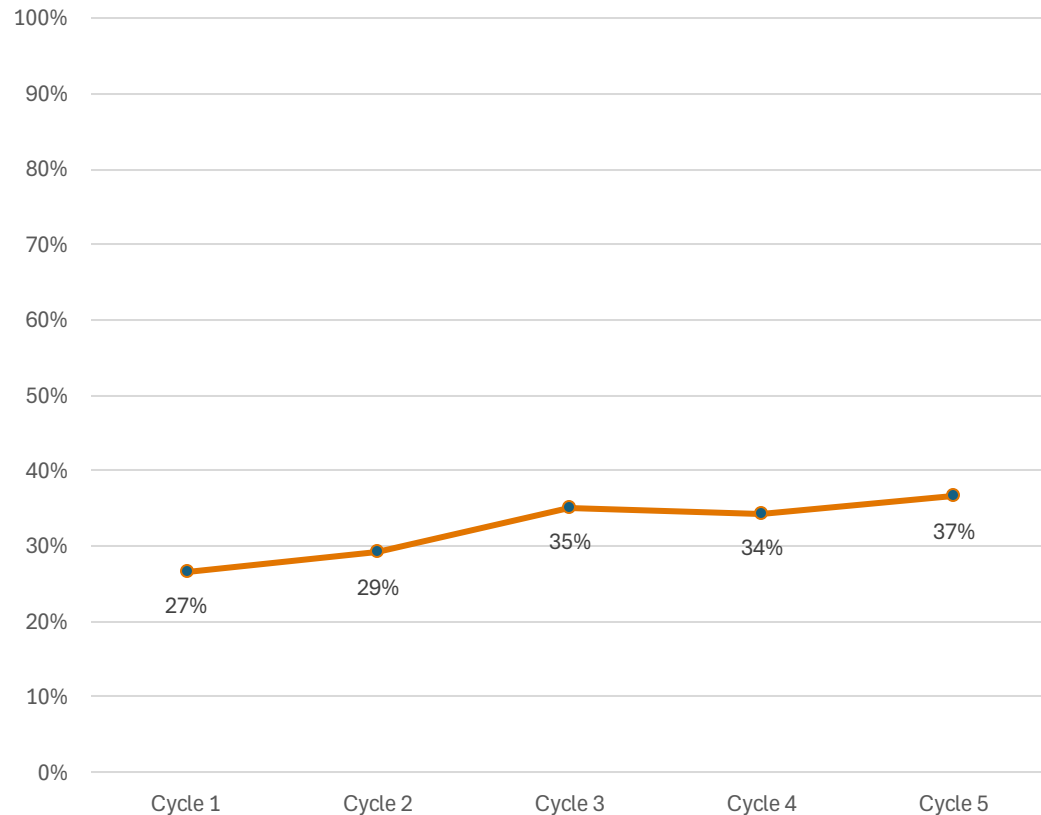
Mental Health Screenings in QTIP Offices

Routine Screenings by QTIP Practices



Adolescent Health

Rate of Screening for Substance Abuse (age 11+)



- **QTIP Mental Health Summer Survey 2025**

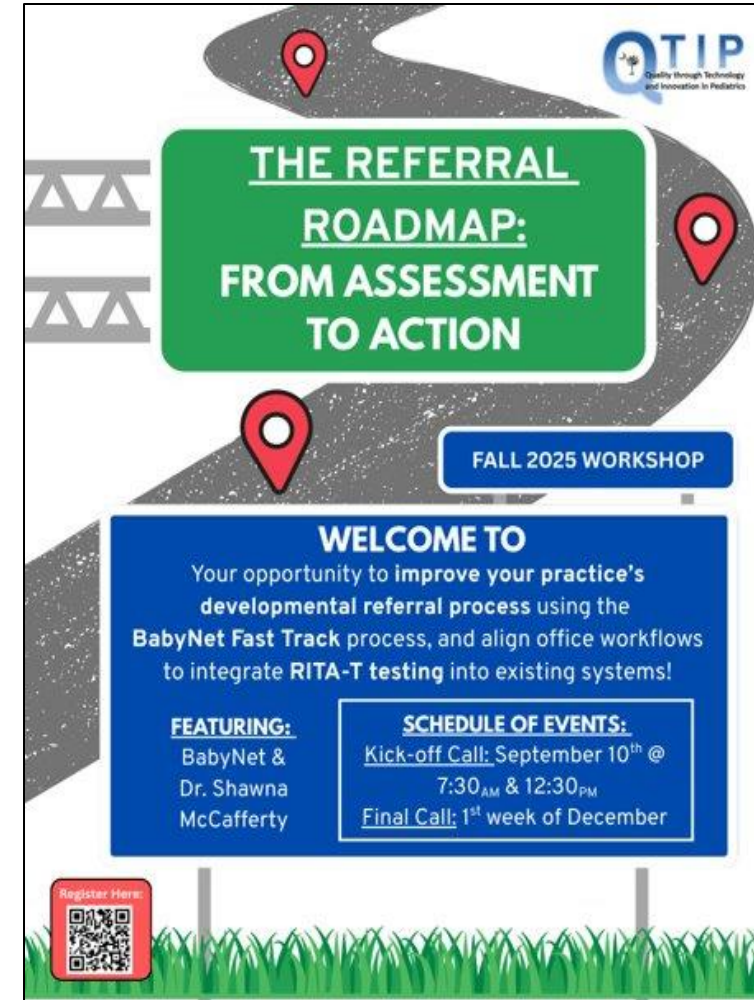
- 47% of practices routinely **screen** for substance use.
 - 41% in 2024
- 28% of practices routinely **ask** but use no screening tool.
- Top three barriers (reported by lead QTIP provider):
 - Where to refer patients
 - What to do with positive screenings
 - Do not have resources



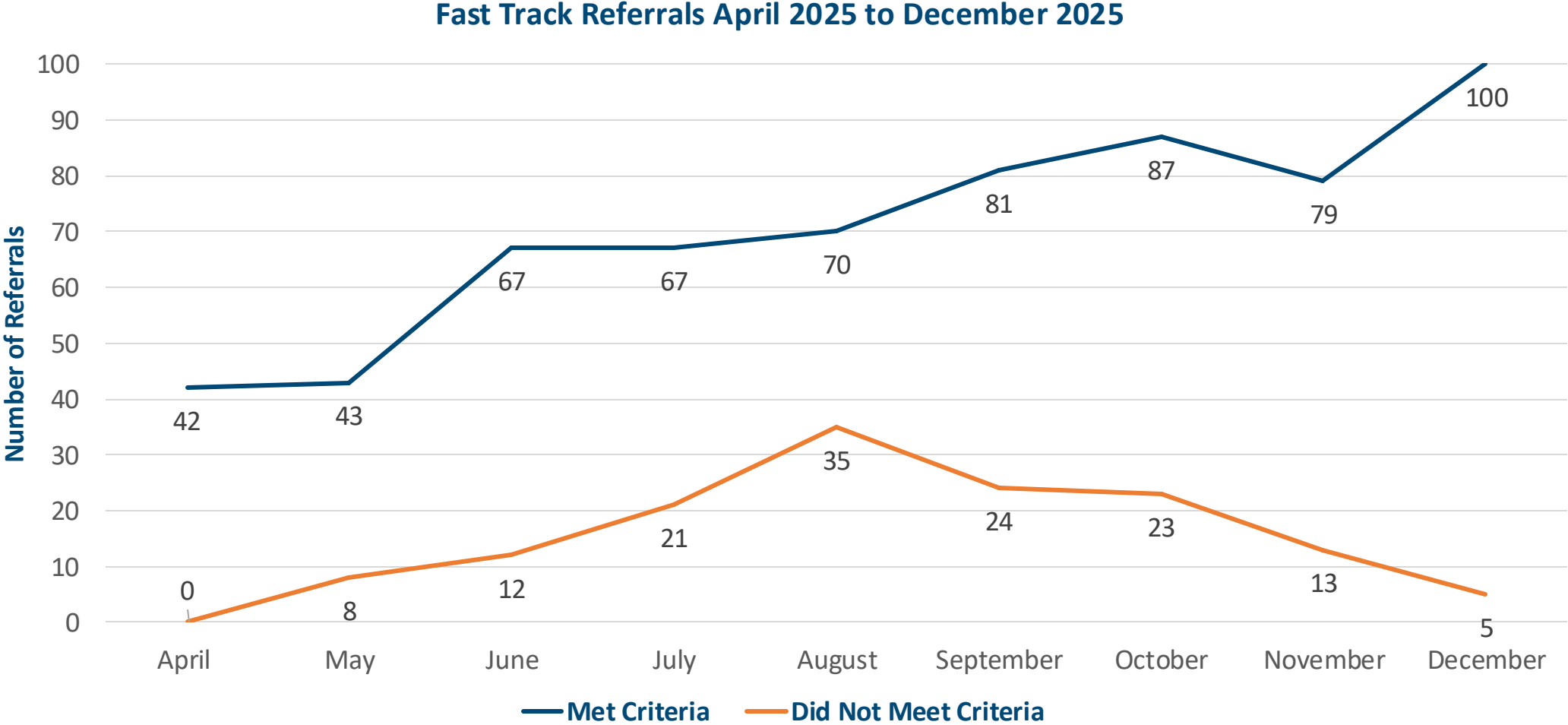
QI Outcomes: Strategies and Successes

Pilot Project: BabyNet Fast Track

- Implemented April 1, 2025.
- This process is expediting eligibility determination and ultimately helping children receive services faster.
- Like children with established risk conditions, these children will not receive a DP-4 evaluation from BabyNet intake coordinators.
- After eligibility is established and the child is transferred to a service coordinator, the service coordinator will need to administer the child and family assessments in preparation for the initial an Individualized Family Service Plan.
- If the pilot is successful and proves to expedite access to needed services. The process will be scaled up to statewide implementation and include all pediatric primary care providers and possibly other specialty physician referrals.

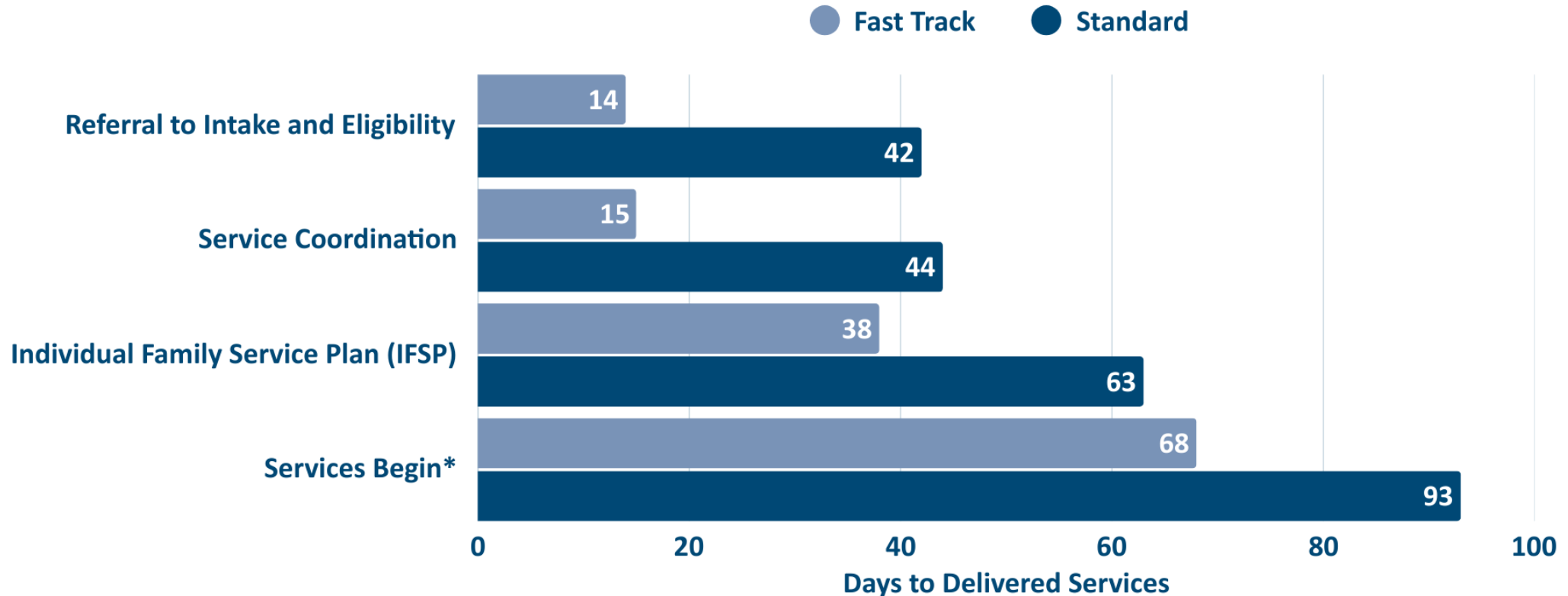


BabyNet Fast Track Data



BabyNet Fast Track Impact

BabyNet Referral to Services Timeline Average from April 1-Dec. 31, 2025



*Services must begin within 30 days of being added to the IFSP, so the Services Begin is an estimate based on requirements.



Fall 2025 Across the State

Fall 2025 Regional Site Visits

- QTIP reintroduced regional site visits this fall
 - Five regional
 - Four individual



Upstate



Myrtle Beach

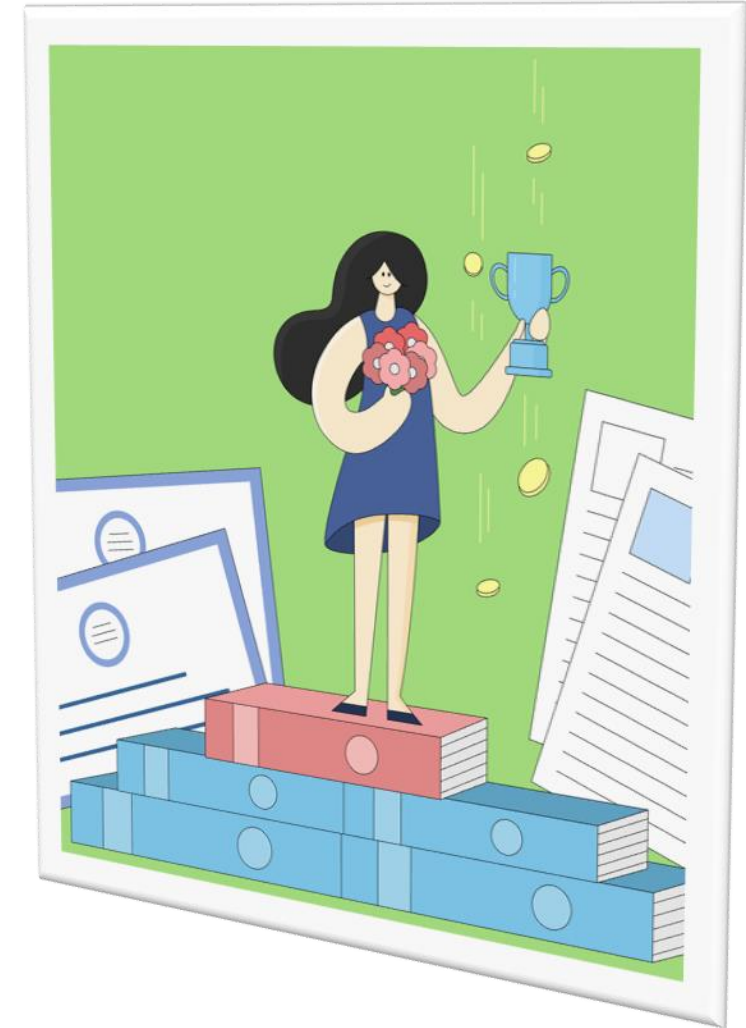


Charleston



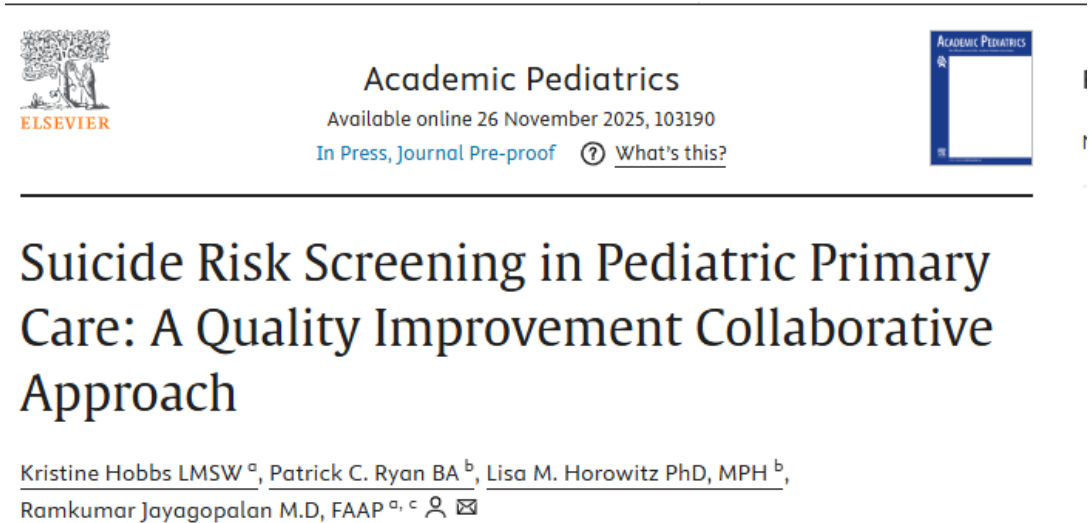
Fall 2025 Highlights *(cont.)*

- American Board of Pediatrics
Improving Health and Health Care
(Part 4) of maintenance of
certification credits.
 - 101 certifications for 2025
 - Eight topics covered
 - Top three topics:
 - Improving well child visits
 - Management of asthma in the primary care office
 - Suicide prevention project



QTIP On The Move

- Suicide Risk Screening in Pediatric Primary Care: A Quality Improvement Collaborative Approach.
 - Published online in November 2025 to the Academic Pediatric Association Journal
 - Kristine Hobbs, LMSW
 - Ramkumar Jayagopalan, MD, FAAP
- Objective:
 - Pediatric primary care settings are ideal venues for detecting suicide risk. This QI project aimed to improve suicide risk screening adherence by 25% within a pediatric primary care network. Secondary aims were to increase provider's comfort in addressing suicidal ideation with their patients, as well as improve management of suicide risk within the office setting.



Next Steps: Spring 2026

- Onboarding three new practices
- Individual site visits begin in February
- QI workshop
 - “Transitioning to Adult Primary Care”
- Summer substance training series
- Stabilization component #4
- Monthly content calls
 - Content expert
 - QI training



