

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

Shiann Bradley, MSHS, QTIP Program Manager
Office of Community Initiatives
South Carolina Department of Health and Human Services
Aug. 1, 2026

Agenda

- Welcome
- 2025-2026 in review
- Program tiers
- QTIP 2026-2027
- Weekend overview

Why This Weekend Matters



It is an opportunity to pause, reflect and realign.



This is a time to take stock of what works, learn from each other and get re-energized for the year ahead.



We implemented **tiers**, not to divide but to **support teams where you are** and **increase QTIP capacity for new practices.**

2025-2026 Highlights

Practice profiles

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

QTIP participated in:

- South Carolina Early Childhood Preventive Care 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 One: Developmental Screening/Autism (Ages 0-3)	- Immunizations - Well-child Check (WCC) completions - Screenings: - Developmental (type, referral), autism (screener used, referral) - Mother/child dyad: breastfeeding, safe sleep, social determinants of health (SDOH), postpartum depression	Fall: Autism and BabyNet
	Topic Two: Adolescent Health and Risk Screening (Ages 11+)	- Screenings: - 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

Looking Back on the 2025-2026 Year

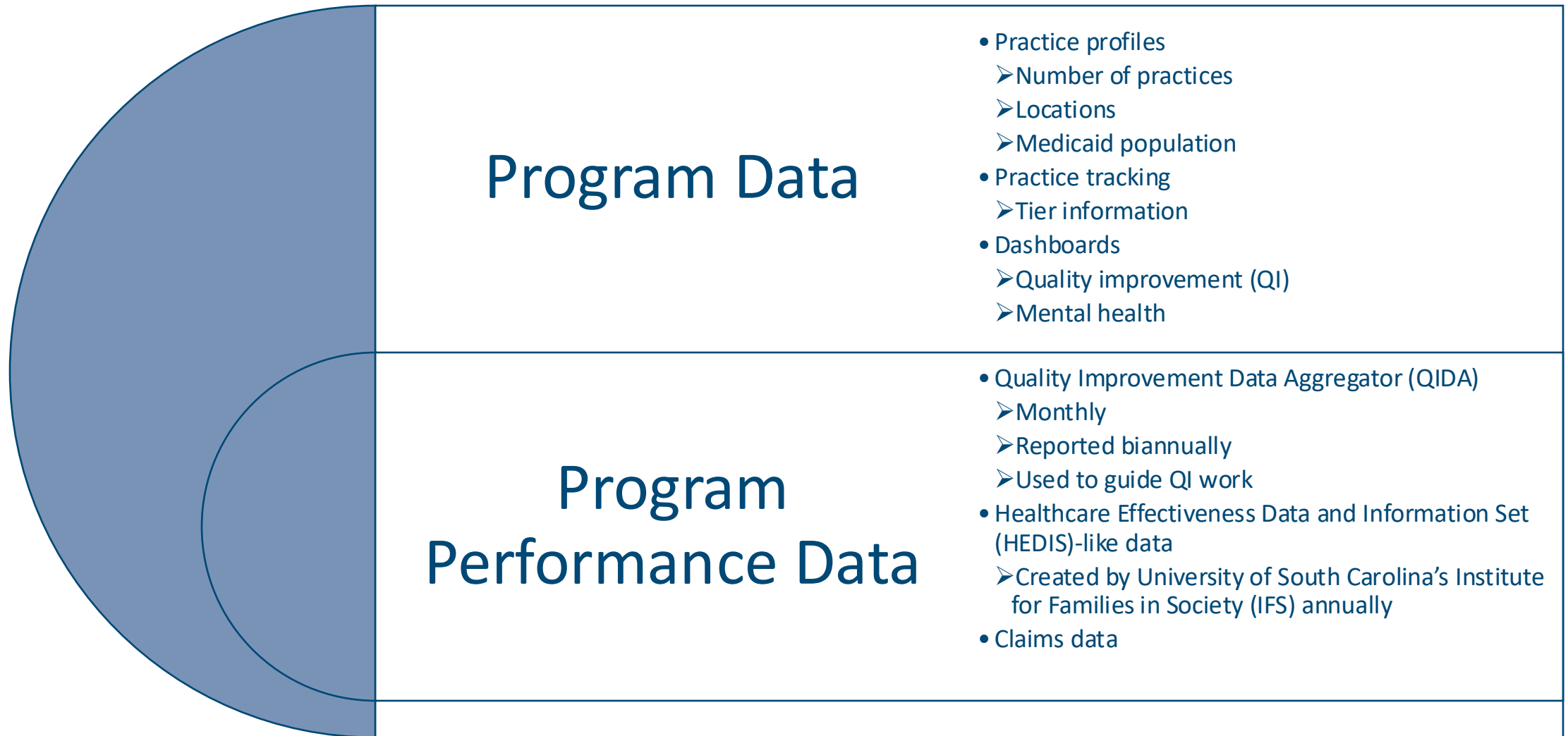
Accomplishments

- Chart audits
- Site visits
 - Regional
 - Individual
- Workshops
 - Fall = 11 practices
 - Spring = 13 practices

What's New?

- Workshop scheduling
- Monthly call drop box
- Staffing changes
- Tiers

QTIP Data Overview



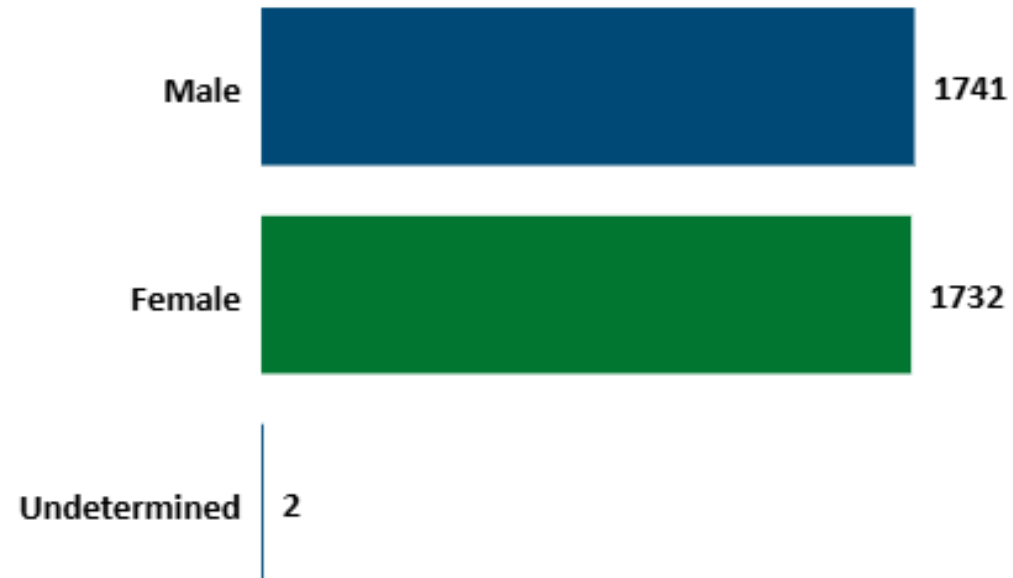
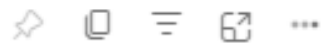
QIDA Overview

- Random sick **and** well charts seen for specified month
- 7,666 total charts audited
 - 3,839 = ages 0-3
 - 3,827 = ages 11+
- Caveats
 - After cycle six, change in total practices
 - Cycle 12 had a slight decrease due to incomplete audits

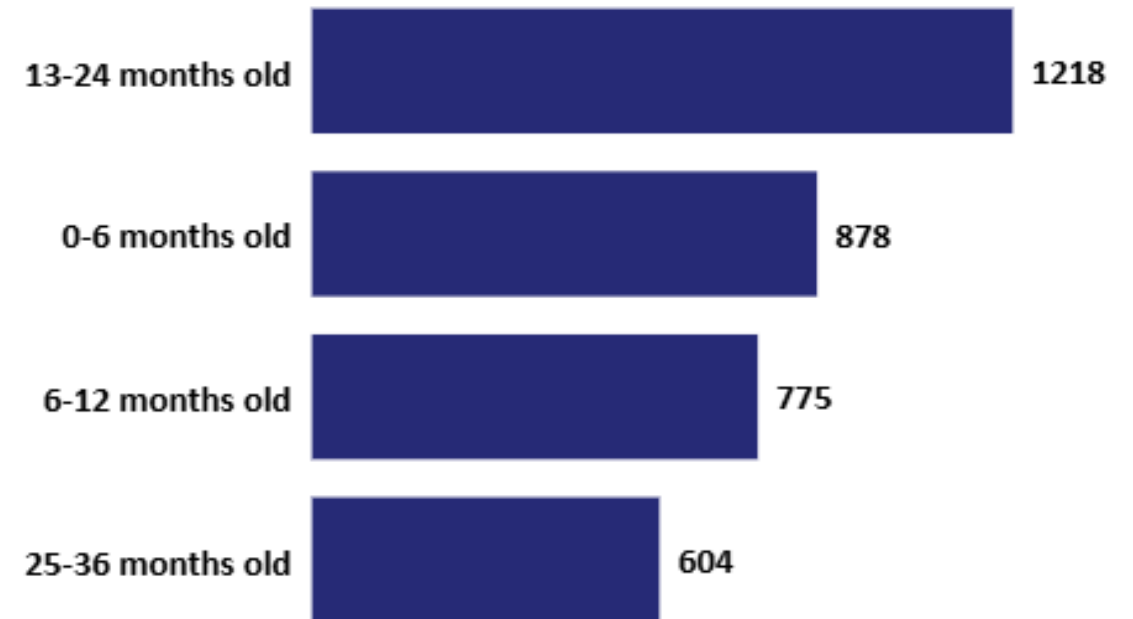


Ages 0-3

Patient Sex



Patient Age Group



Ages 11+

Patient Sex

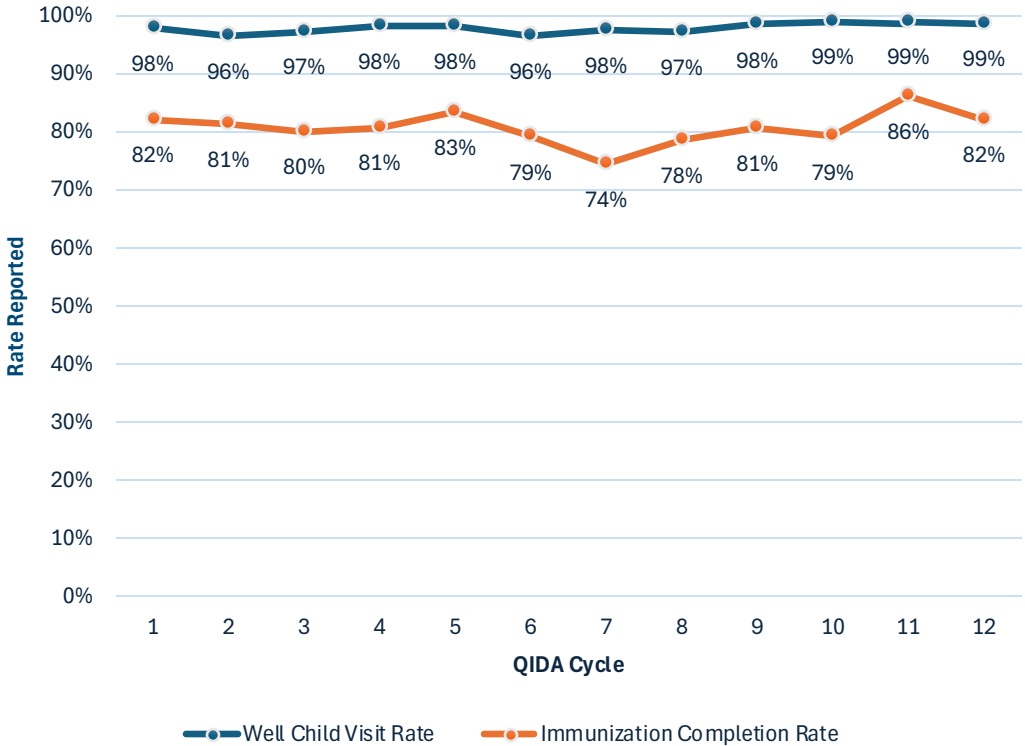


Patient Age Group

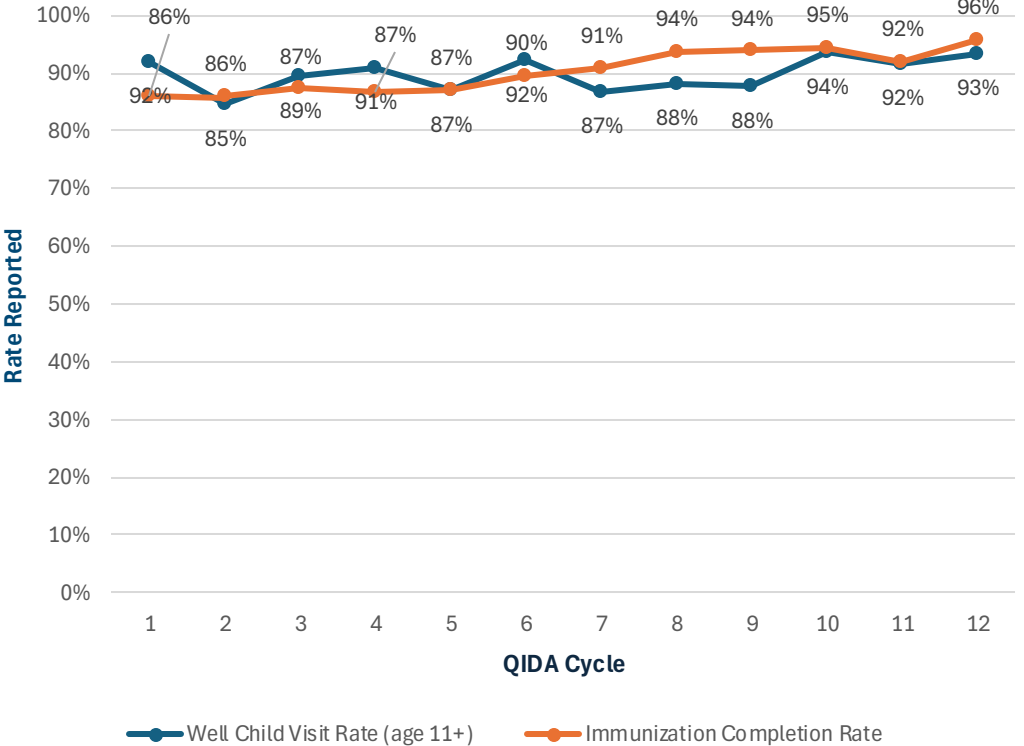


QIDA Monthly 10-chart Audits Completed by QTIP Practices

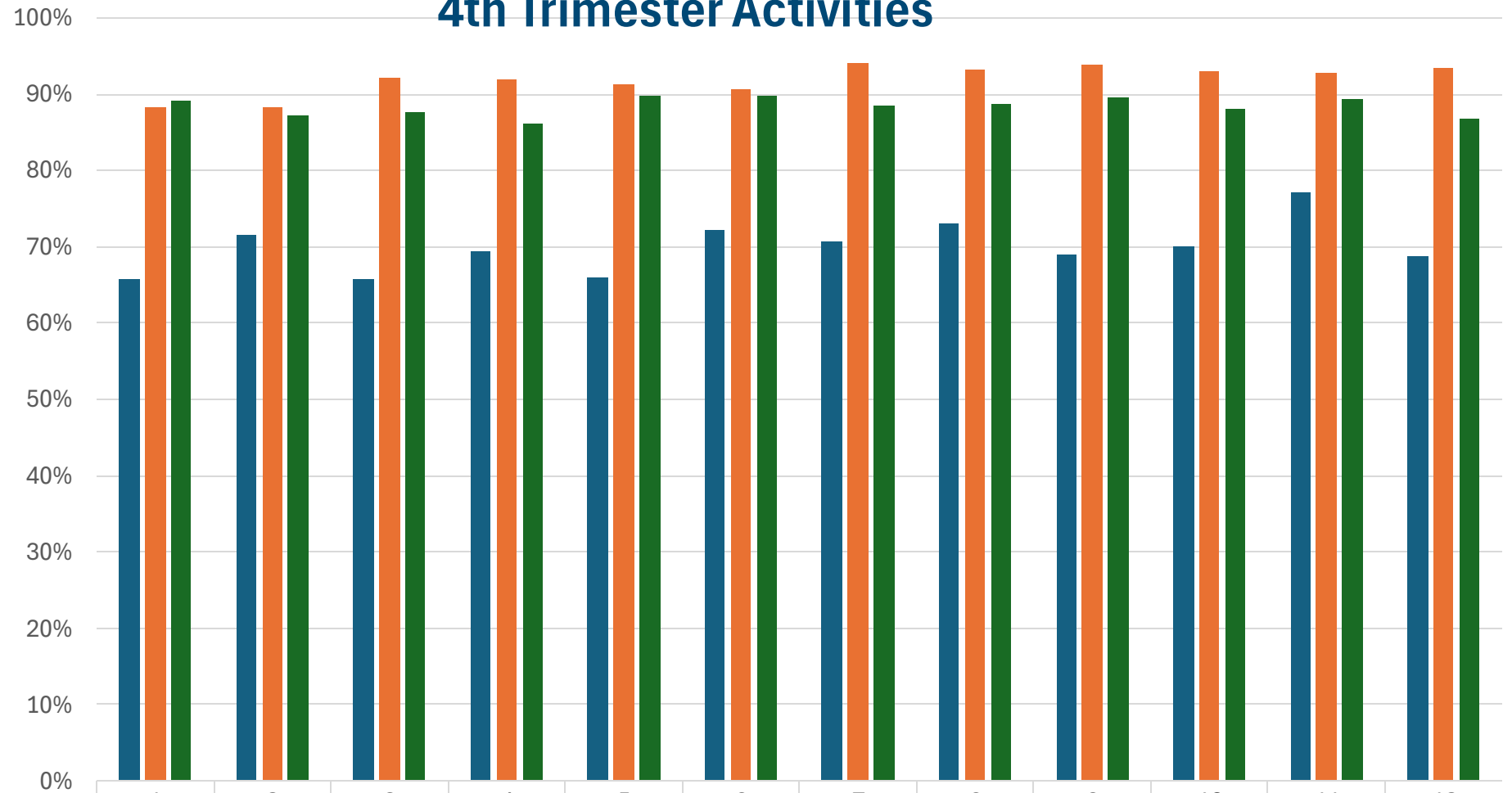
Well Child Visits and Immunization Completion
Rates for Ages 0-3



Well Child Visits and Immunization Completion
Rates for Ages 11+



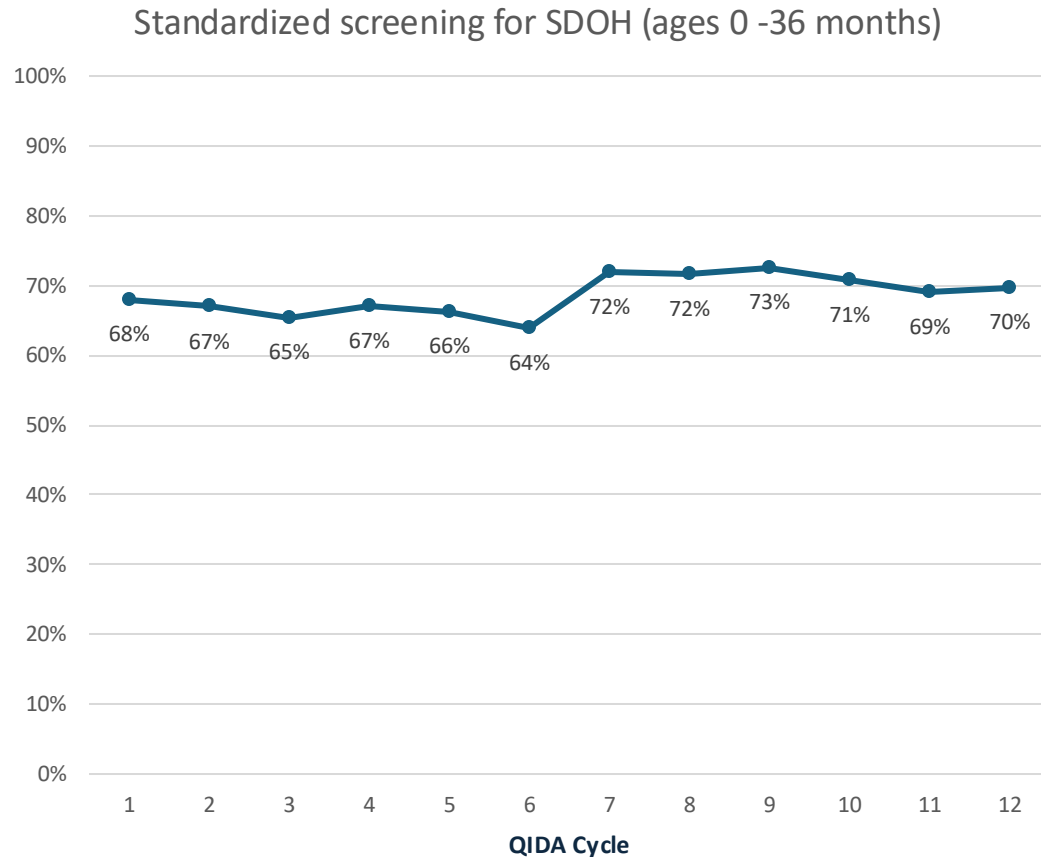
4th Trimester Activities



	1	2	3	4	5	6	7	8	9	10	11	12
■ Breastfeeding participation rate	66%	72%	66%	69%	66%	72%	71%	73%	69%	70%	77%	69%
■ Safe sleep discussion rate	88%	88%	92%	92%	91%	91%	94%	93%	94%	93%	93%	93%
■ Postpartum screening rate	89%	87%	88%	86%	90%	90%	88%	89%	90%	88%	89%	87%

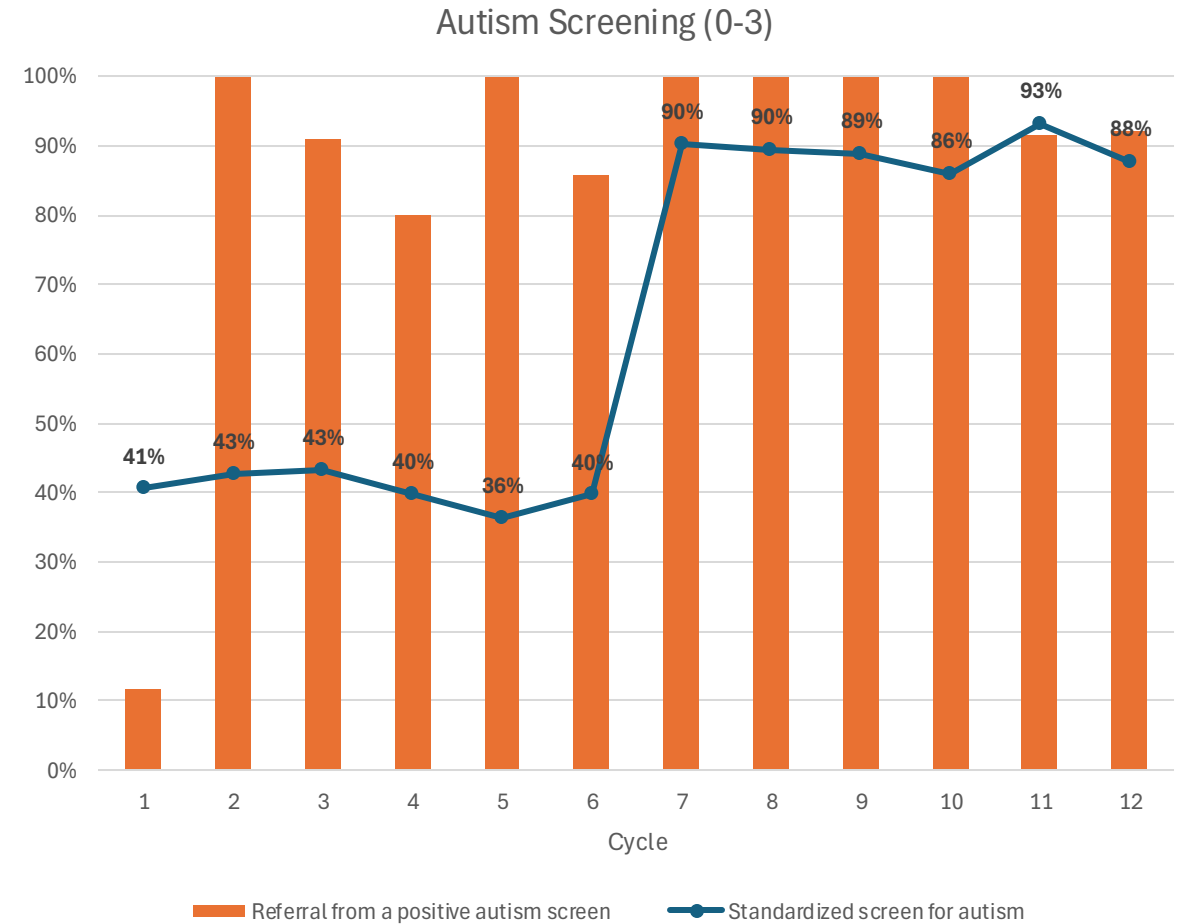
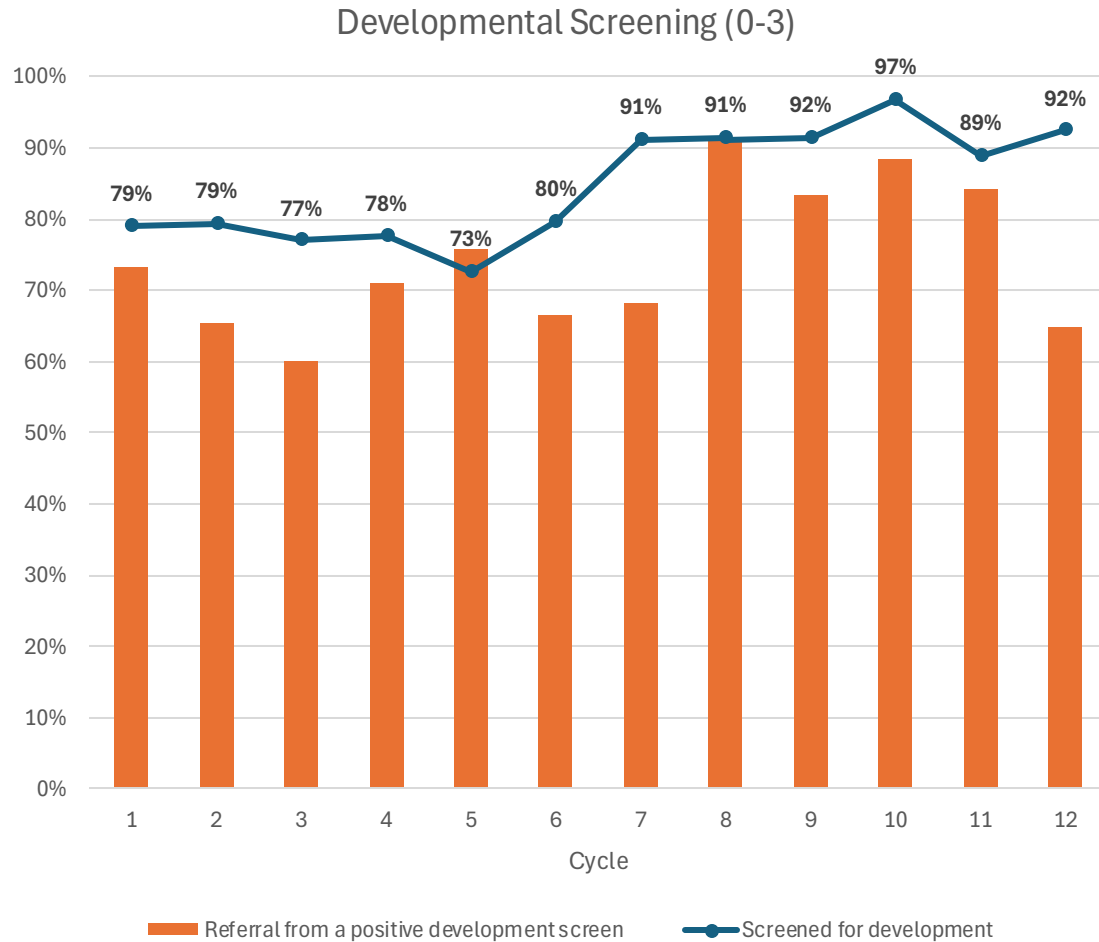
QIDA Cycle

SDOH Screening

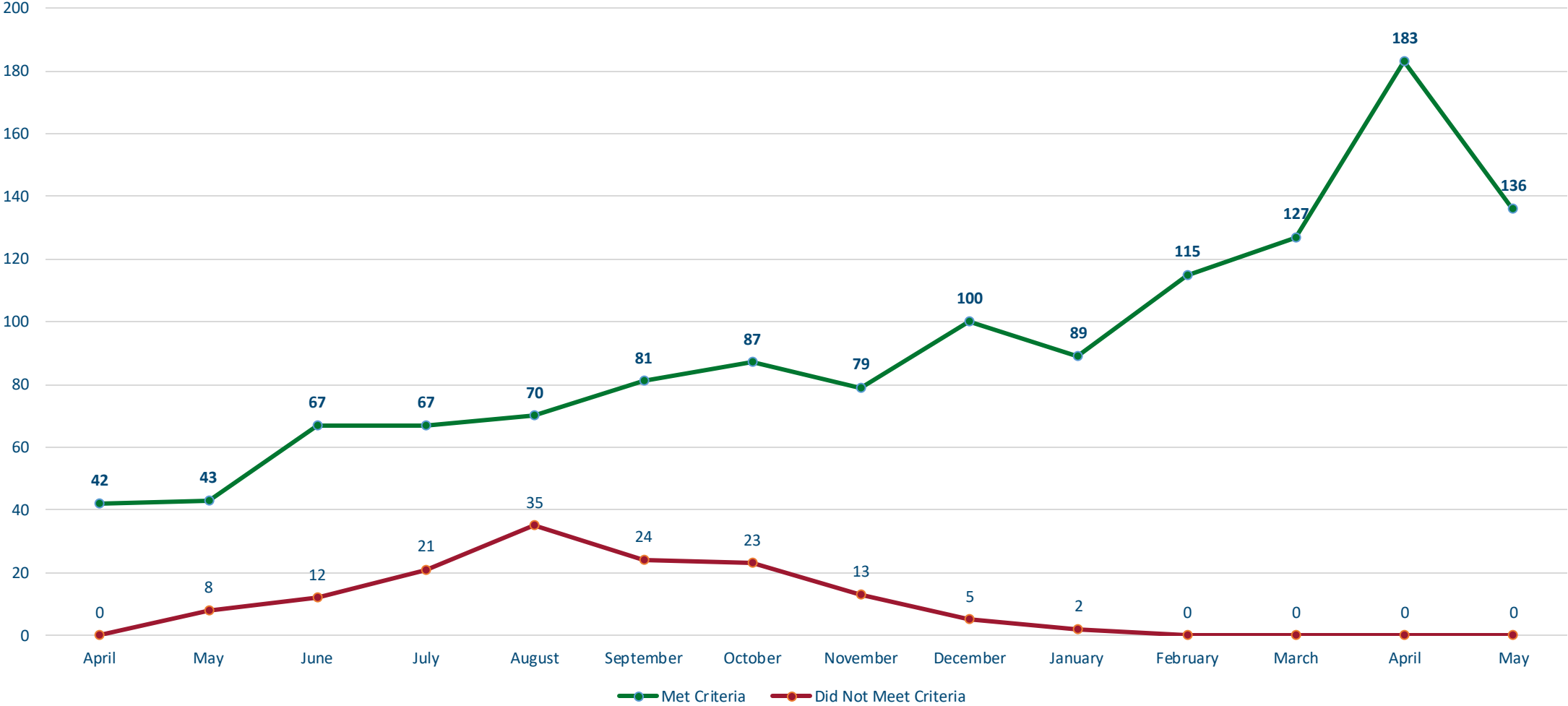


- Top screeners across QTIP practices:
 - WE CARE (Well-child Care, Evaluation, Community Resources and Advocacy)
 - PRAPARE (Protocol for Responding and Assessing Patients' Assets, Risks and Experiences)
 - SEEK (Safe Environment for Every Kid)

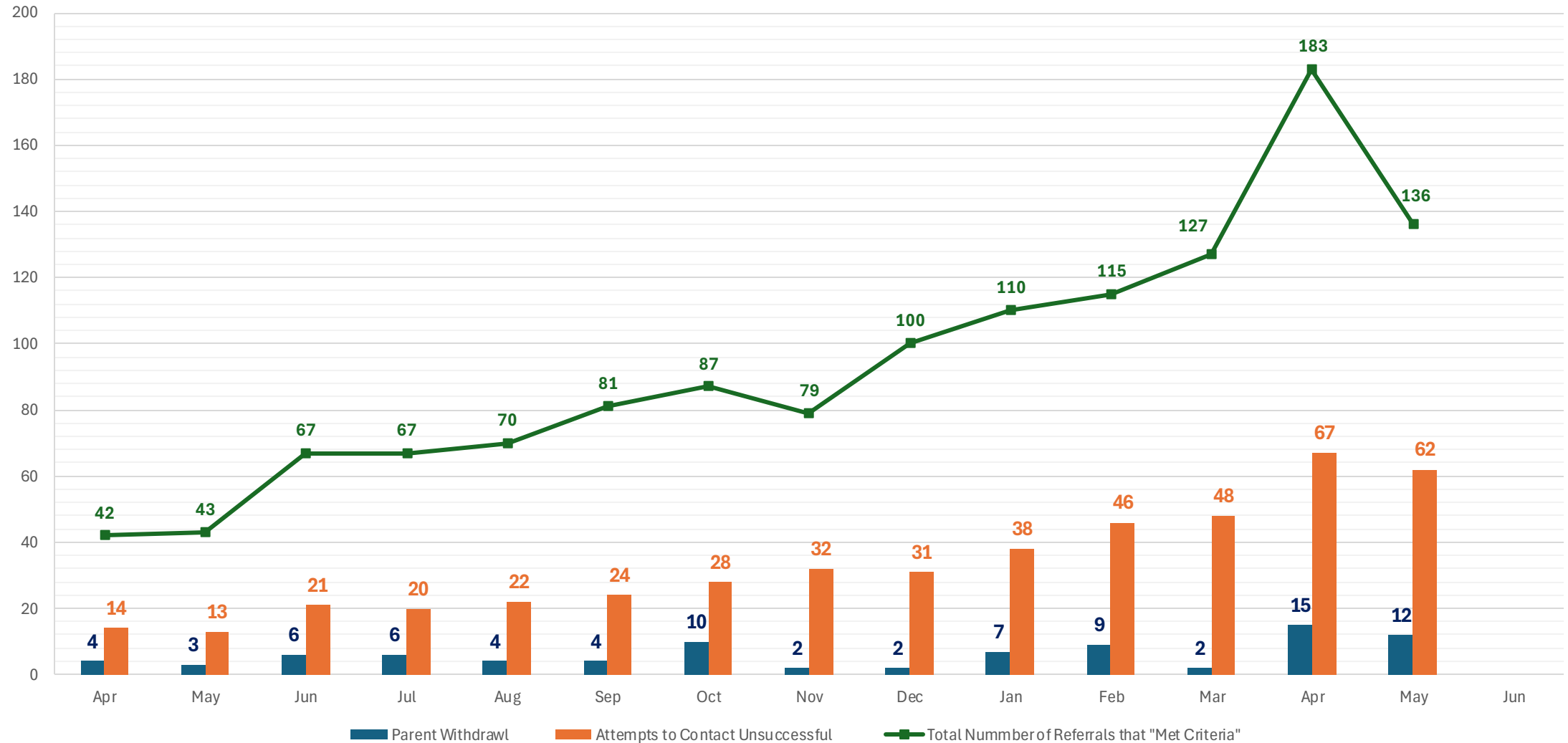
Developmental and Autism Screening (0-3)



Status of BabyNet Fast Track Referral Review from April 1, 2025 to June 30, 2026

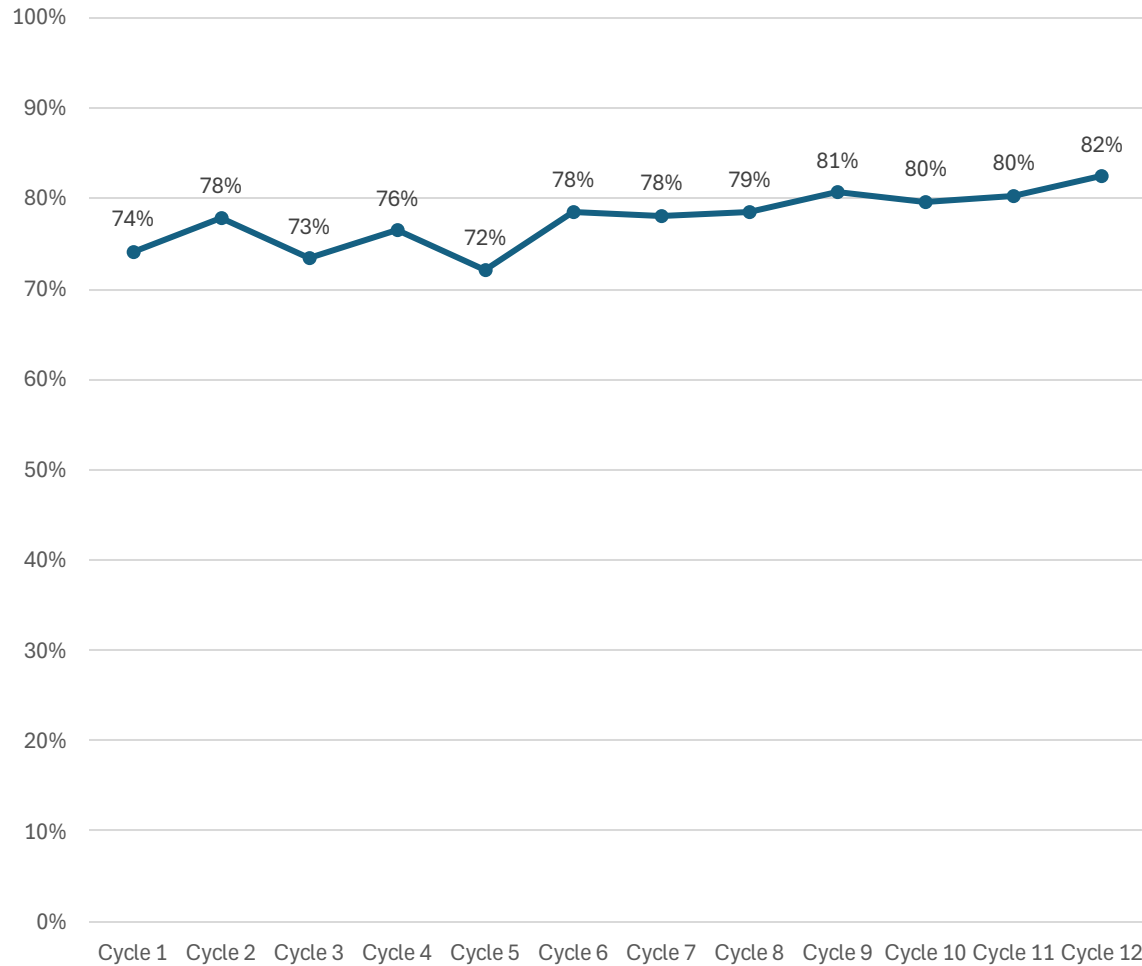


BabyNet Fast Track Referrals with Exit Status from April 1, 2025 to June 30, 2026

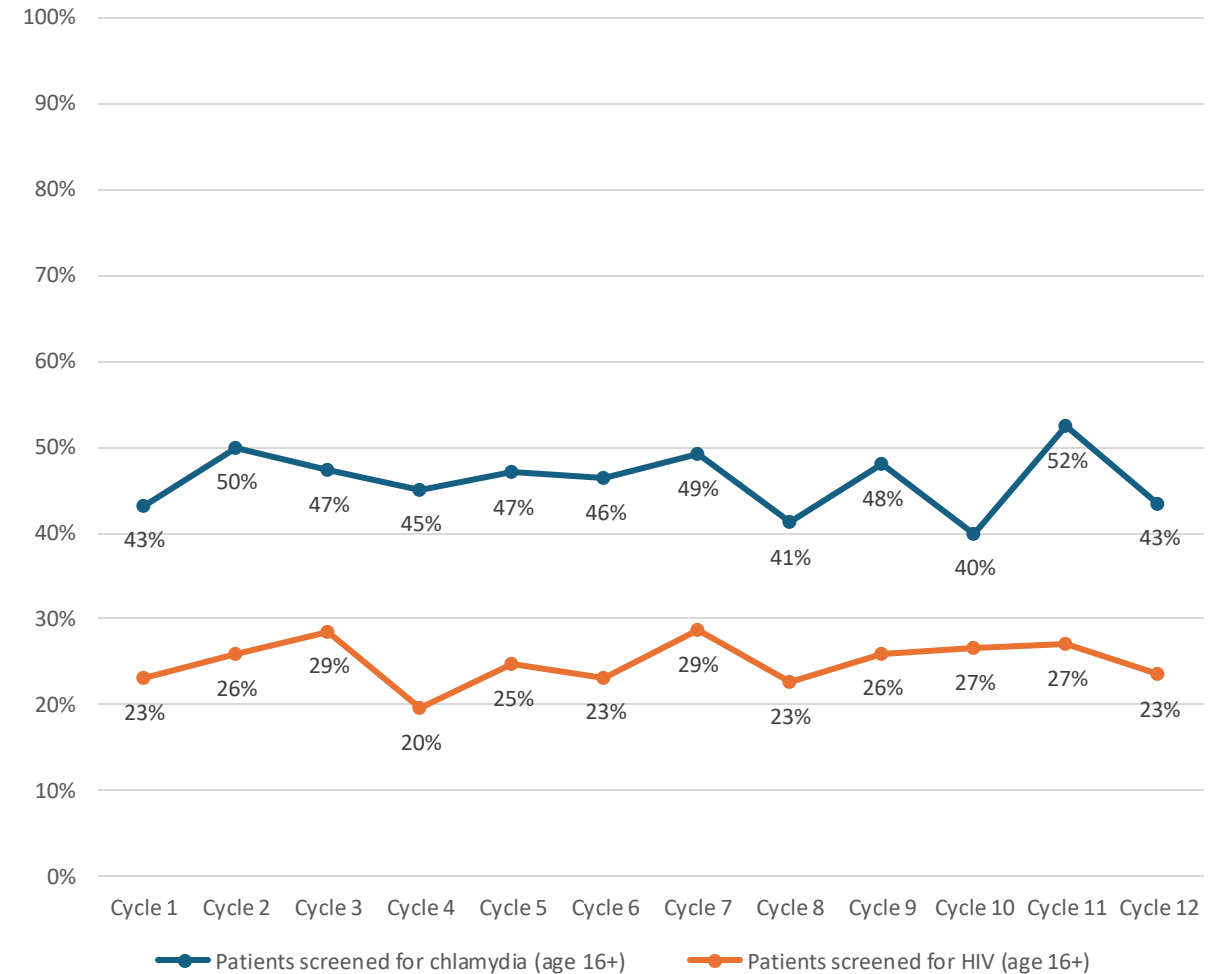


Preventative Screening (ages 11+)

Rate of patients up to date on HPV vaccination (age 11+)

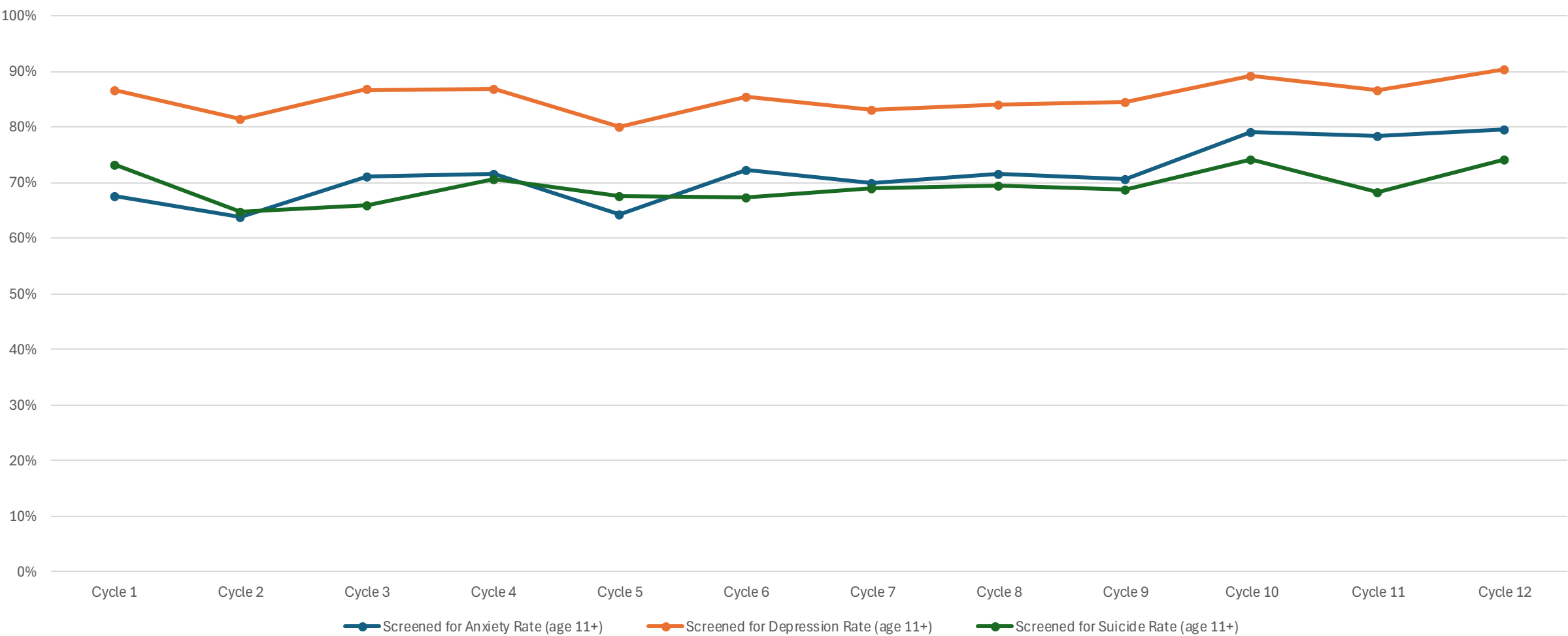


Screening Rates for Chlamydia and HIV in Patients Ages 16+

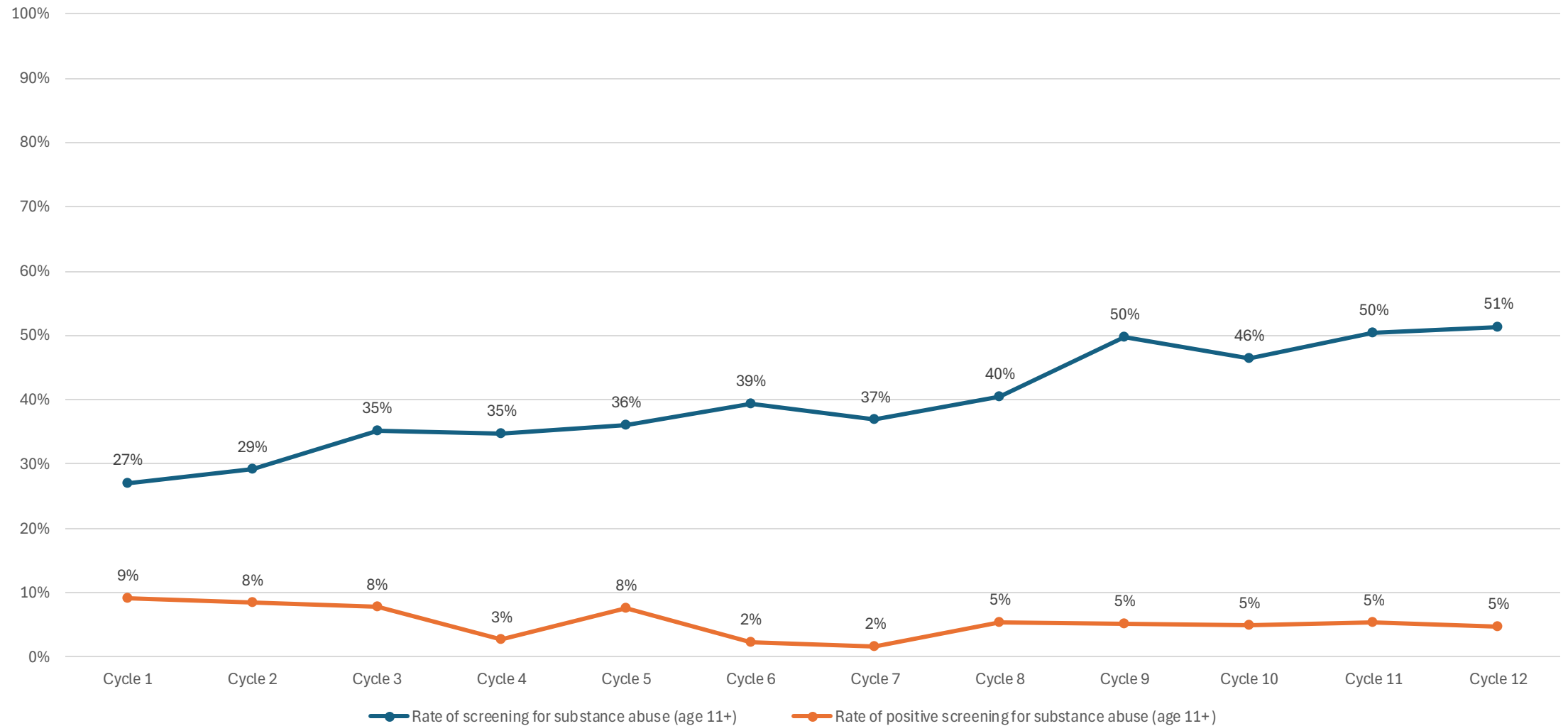


Mental Health Screening (ages 11+)

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



Rate of Screening for Substance Abuse (age 11+)



Transition To Adult Care

QTIP SPRING WORKSHOP 2026

Growing Out!

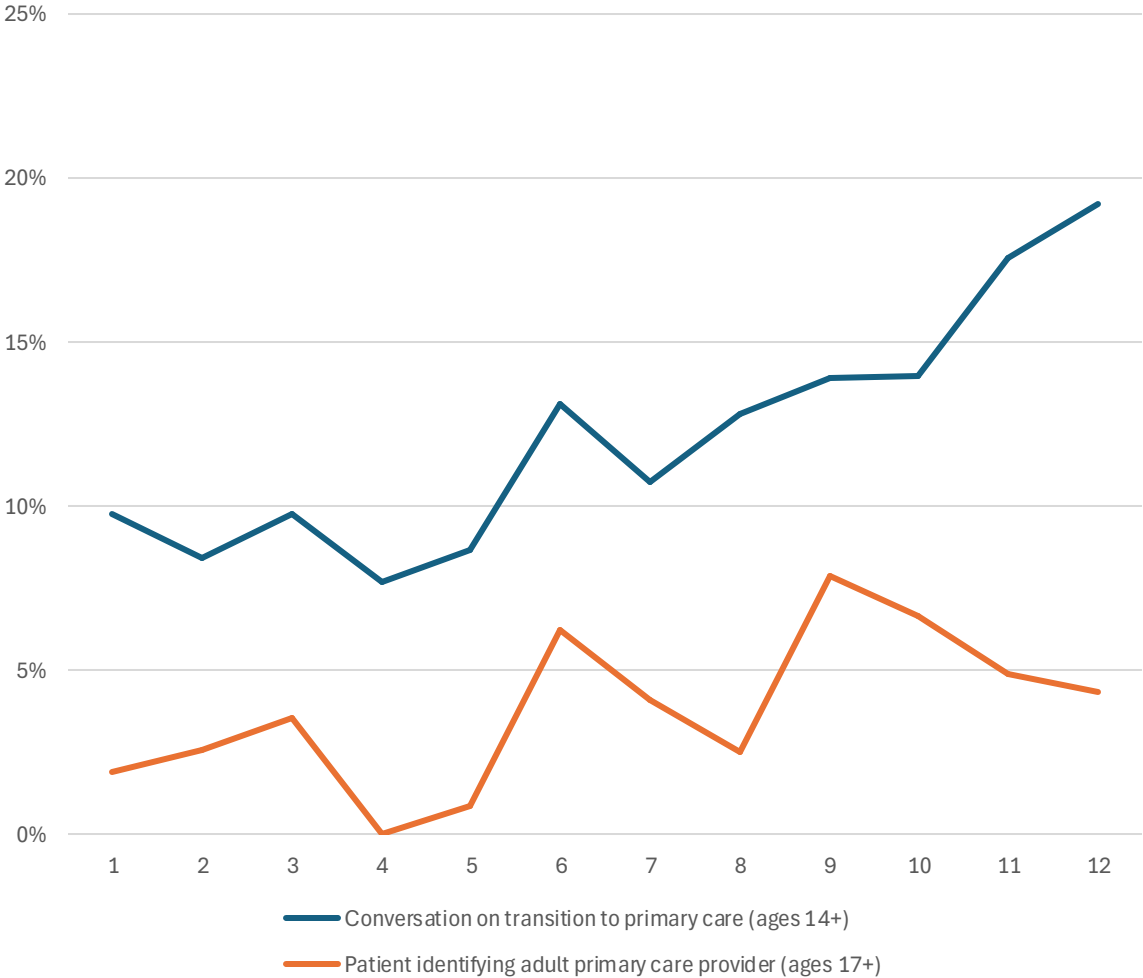
Transitioning your Patients from Pediatric to Adult Primary Care

**A Compilation of Resources for Implementing the
Six Core Elements of Health Care Transition™**



Resources in this workbook are compiled from Got Transition® and The American Academy of Pediatrics for the purposes of practice and patient education. For more information visit <https://www.gottransition.org/> or reference the Workshop Resource Sheet via the QTIP Blog.

Tranistion To Adult Primary Care





iSpy: QTIP In Action



Monthly call participation



Sharing chart audits



Increased site visit attendance



Data-driven decision making



Program Tiers

Participation Agreement in Action

Criteria/Activity

Learning collaborative attendance

QIDA data entry

Workshop participation

Quality improvement

Monthly calls

Site visits

Summer survey

Opportunities to Meet/Participate

Bi-annually

Monthly

Bi-annually

Bi-annually

Monthly

Bi-annually

Annually

Requirement

Three practice members attend

Entered by the end of the month (due on the 15th)

One every 24 months

Physical or electronic documentation
(Plan-Do-Study-Act (PDSA) forms, chart audits, process maps, etc.)

Attend at least four calls

Full practice QTIP team attendance;
participate with more practice
employees/sites

By deadline; before Learning
Collaborative

QTIP Team

- Practices must establish/maintain a QI team. Team composition should include lead physician, lead clinical staff and lead administrative staff.

Lead physician

- MD
- DO
- NP
- PA-C

Lead clinical staff

- NP
- LPN
- RN
- CMA
- Tech

Lead administrator

- Office manager
- Front desk member/lead
- Clinical supervisor
- Call center
- QI specialist

Program Tiers – Why

- Establish clear accountability
- Allow practices to participate at a manageable level
- Recognize differences in capacity and readiness
- Support equitable, flexible engagement
- Encourage growth into higher tiers over time
- Provide a structured way to measure participation

Activity/Criteria	Opportunities to Meet	Requirement	Points Value
<u>Learning Collaborative Attendance</u>	Bi-annually	3 practice members attended (Exceptions made based on practice size and circumstances.)	Must have 75 up to 150 available (25 points per attendee)
Monthly Calls	Monthly	Attend at least 4 calls	25 points per call
Quality Improvement	Bi-annually	Physical or electronic documentation (PDSA forms, chart audits, process maps, meeting notes, etc.)	50 points per semester
<u>QIDA Data Entry</u>	Monthly	Entered by the end of the month (due on the third Friday)	Submit ON TIME (15pt) or BY THE END of the month (8pt)
Site Visits	Bi-annually	At least three team members in attendance	75 points per visit
<u>Mental Health Summer Survey</u>	Annually	By deadline; before Learning Collaborative	50 points
<u>Workshop Participation</u>	Bi-annually	1 every 24 months	40 points
Practices must obtain 750 points and complete all required criteria to maintain Tier 1 status			

Report Cards

- Provide a clear snapshot of each practice's progress, highlighting strengths and areas needing attention
- Twice a year
 - January
 - Progress report
 - August
 - Final report card
- Please make sure you sign out your report cards before you leave.



QTIP Practice Report Card

Practice: _____ Term: _____

Tier 1	Tier 2
A Tier 1 Practice is highly engaged and actively participating in QTIP. For your practice to excel in QI measures, receive maximum support, and maintain good standing with QTIP, complete all required activities as outlined. Tier 1 Access - Lodging and registration for both Learning Collaboratives paid for by QTIP. - Priority registration for QTIP workshops and QTIP-sponsored learning opportunities. - Full access to all QTIP resources. - ABP MOC 4 credit for select QI initiatives within the identified focus area. 2 QTIP site visits per year.	A Tier 2 Practice has not met the minimum requirements to stay an active QTIP practice. Tier 2 practices have the option to apply and rejoin QTIP as Tier 1 in the future. Tier 2 Access - Option to attend Learning Collaboratives at practice's expense. - Option to participate in the monthly QTIP calls and attend regional site visits. - Access to QTIP presentations and resources on the public-facing SCDHHS site. - Access to technical assistance for ABP MOC Part 4 Credit (provider must be a member of AAP)

Color Key: Use the guide below to see where your practice

Fully Met Criteria		Room for Improvement	Needs Attention Moving Forward
Activity/Criteria	Opportunities to Meet	Requirement	Points Earned
Learning Collaborative Attendance	Bi-annually	3 practice members attended (exceptions made based on practice size and circumstances.)	/150
Monthly Calls	Monthly	Attend <u>at least</u> 4 calls	/300
Quality Improvement	Bi-annually	Physical or electronic documentation (POSA forms, chart audits, process map, meeting notes, etc.)	/150
QIDA Data Entry	Monthly	Entered by the end of the month (due on the 15th)	/180
Site Visits	Bi-annually	<u>At least three</u> team members in attendance	/150
Mental Health Summer Survey	Annually	By deadline; before Learning Collaborative	/50
Workshop Participation	Bi-annually	1 every 24 months	Must complete Fall 26 or Spring 27 workshop

COMMENTS From QTIP specific to your practice and program year/semester

Tier Achieved:		Total Points Earned:	
-----------------------	--	-----------------------------	--

Probationary Status

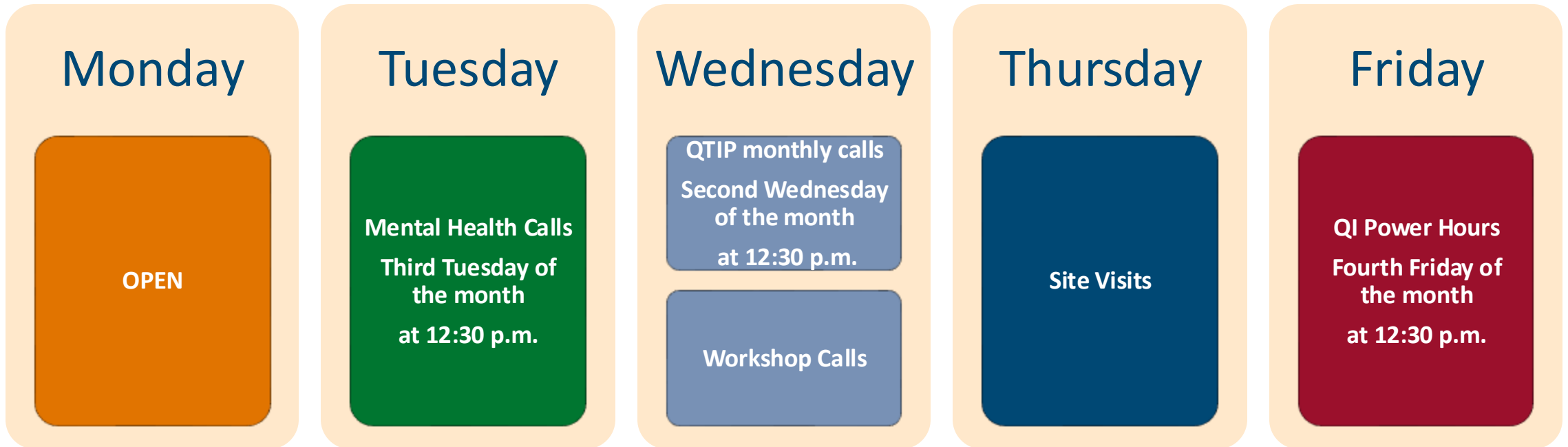


- Provides practices a fair opportunity to correct gaps before losing tier one status.
- Encourages re-engagement and improvement rather than immediate demotion.
- Ensures alignment with the Participation Agreement in a structured, transparent way.
- Helps maintain program quality while preserving relationships and supporting team success.



Program Year 2026-2027

QTIP Weekly Overview



Reminder of Expectations

- **Attendance**

- At least **three members of your practice** need to be in-person for your visit.
 - You are welcome and encouraged to bring more team members! Engaging other QI champions is essential to practice spread and sustainability of your QI work.
- You are expected to be present for the **full two-hour meeting**.
 - Please account for travel time and adjust your clinic schedule to ensure your timeliness.

- **QI Documentation**

- **To earn your QI points for the semester, please bring physical or electronic documentation of your QI work.**
 - This includes, but is not limited to, a completed PDSA form, process maps, meeting notes, run charts of your project data, etc.

Regional Site Visits

Region	Date	Time
Myrtle Beach	Aug. 20, 2026	12-2 p.m.
Upstate	Sept. 10, 2026	12-2 p.m.
Columbia	Sept. 17, 2026	12-2 p.m.
Charleston	Oct. 1, 2026	12-2 p.m.
Beaufort	Oct. 15, 2026	3-5 p.m.
Florence	Oct. 29, 2026	To be determined

This Weekend

We Need YOU!

Opportunities for Learning

- Dr. Khetpal consults
- Eligibility with SCDHHS
- Share and Steal Table



Weekend Requirements

- Attend all scheduled sessions
- Network and connect with fellow practices
- Ask questions and actively engage throughout the event
- Have fun and bring positive energy
- Be prepared to share key takeaways with your team when you return



A Great Big Thank You to Our Sponsors

Gold Sponsor



www.allfreethankyounotes.com



A Great Big Thank You to Our Sponsors *(cont.)*

Silver Sponsors



www.allfreethankyounotes.com



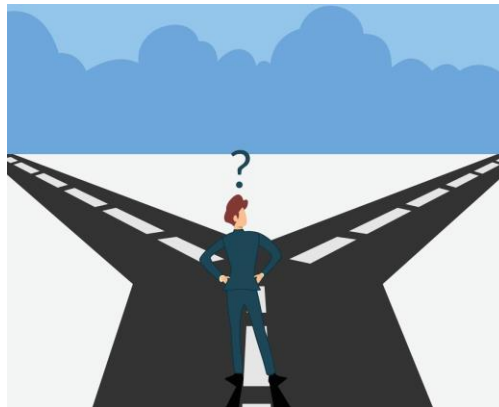
Saturday Morning Breakouts

- **Charleston Meeting Room:**
QI Strategies

- Session one: Identifying Areas of Need for QI
- Session two: Cheat Sheets Aren't Cheating

- **Dorchester Meeting Room:**
Mental Health with Dr. Khetpal and Kristine Hobbs

- Session one: Mindfulness for All
- Session two: Resource Sharing and Q&A



Thank you!

- QTIP program manager
 - **Shiann Bradley, MSHS**
 - **(803) 898-1081**
 - Shiann.bradley@scdhhs.gov
- Mental health specialist:
 - **VACANT**
- Community initiatives director
 - **Kristine Hobbs, LMSW**
 - **(803) 898-2719**
 - hobbs@scdhhs.gov
- Medical director (immediate past)
 - **Ramkumar Jayagopalan, M.D.**
 - ramkumarjayagopalan@gmail.com
- QI specialist
 - **Addison Lee**
 - **(803) 898-2128**
 - Addison.lee@scdhhs.gov



