Past, Present, and Future

Reflect on the Past
Watch the Present
Create the Future

Lynn Martin, LMSW
QTIP Project Director
SCDHHS
January 20, 2019
Overview

• Review
  ➢ DHHS news
  ➢ National Study

• Data
  ➢ Structure
  ➢ Practices
  ➢ Data

• Future Plans
Within DHHS, QTIP has influenced:

• Mental/Behavioral Health screening policy and reimbursement
• Preventative oral health (in non-dental settings) policy has been updated
• A pediatric quality focus at DHHS
• Bringing pediatricians to the table as partners
<table>
<thead>
<tr>
<th>EPSDT</th>
<th>Ocular Eye Policy</th>
<th>Same Day Sick and Well Visits</th>
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</table>
| • SCDHHS manual now references AAP periodicity schedule | • Policy drafted to cover photo eye screening for 12 mos. – 3 yrs.  
• Financial impact being assessed | • Topic presented  
• Policy drafted  
• Financial impact being studied                  |
| • Implemented                  | • In Progress                                      | • In Progress                                      |
Watching the Present - SCDHHS

Continuous Glucose Monitoring
- Policy drafted
- Financial impact being studied
- In Progress

Behavioral Health Index
- Implemented as informational in 2018
- Recognized as incentive in 2019
- Anticipated 2020 as a withhold
MCO Incentives and Withholds

Pediatric Preventative Care
- Well-Child Visits in the first 15 months of Life (6 visits)
- Well Child Visits in the 3rd, 4th and 5th and 6th years of life
- Adolescent Well-care visits
- Weight Assessment and Counseling for Nutrition and Physical Active for children/adolescents: BMI percentile total

Behavioral Health Index
- Antidepressant medication management
- Follow-up care for children prescribed ADHD medication (Initiation)**
- Metabolic monitoring of children and adolescents on antipsychotics **
- Initiation and engagement of alcohol and other drug dependence treatment

** pediatric related
Updating pediatrician reimbursement:

- SCDHHS met with stakeholders/representatives from AAP and Mercer

DHHS’ primary goal is to...

“Establish rate methodologies that are equitable and that produce accurate and unbiased rates.”
The Center for the Study of Social Policy (CSSP) conducted a national search of promising initiatives on the social and emotional well-being of young children (0 – 3) and their families.

CSSP goals:
To learn about work performed to support:

- Social emotional development
- Promoting the parent-child relationship
- Supporting parental mental health
The CSSP team (staff, MD & family representative) visited SC to:

1. Interview QTIP team and SCDHHS staff
2. Make on-site visits with 3 QTIP practices which included:
   - Interviews with pediatric staff
   - Observations of WCC visits, and
   - Interviews with parents

1. What are effective well-child visit strategies?
2. What can we learn about what has not been effective?
3. What it takes to scale promising strategies?
CSSP --- Watching the Present Helping Create the FUTURE

TODAY:
• The Center for the Study of Social Policy
  Stephanie Doyle, Senior Associate

• National Institute for Children’s Health Quality
  Elizabeth Cote, MD, MPA  Chief Health Officer

FUTURE
• CSSP’s findings will be used to develop recommendations and ideas for action that will be disseminated through reports, briefing and webinars.

• NICHQ is planning to write a case study of what QTIP (you) have done
Special Thanks to:

- Center for Pediatric Medicine
- Carolina Pediatrics
- An Med
The PAST is where you learned the lesson
The Future is where you apply the lesson
Don’t give up in the middle!

Overview

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  ➢ National Study

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  ➢ Structure
  ➢ Practices
  ➢ Data

• Future Plans
Goal: improving the quality of children’s health care in SC by:

- Implementing a physician lead peer-to-peer quality improvement network;
- Introducing and working with select children’s core measures;
- Providing the skills and resources for practices to improve mental health outcome.

• Recommitment to QTIP for 2019
  • Learning Collaborative
  • Working on various QI projects and entering data
  • Site visits…
Participation Agreement – ACTIVE

- All Children’s Pediatrics
- An Med Children’s Healthcare
- Ballentine Pediatrics
- Beaufort Pediatrics
- Beaufort Jasper Hampton Comprehensive Healthcare Services
- Carolina Pediatrics
- Center of Pediatric Medicine
- Charles Towne Pediatrics
- Children’s Hospital Outpatient Center
- Children’s Medical Center
- Coastal Pediatrics Associates
- Eastern Carolina Pediatric Associates
- Georgetown Pediatrics
- Grand Strand Pediatrics & Adolescent Medicine
- Hope Health
- MUSC – Pediatric Primary Care
- Palmetto Pediatric & Adolescent Clinic
- Parkside Pediatrics
- Pediatric Associates of Greer
- Pelican Pediatrics
- Riverside Pediatrics
- Rock Hill/Fort Mill Pediatrics
- Salerno Pediatric Care
- Sandhills
- The Children’s Center of Carolina Health Centers
Participation Agreement – Sabbatical

• Barnwell Pediatrics (2011)
• Inlet Pediatrics (2016)
• McLeod Pediatrics of Florence (2015)
• Little River Medical Center (2011)
• Medical Park Pediatrics & Adolescents (2017)
• Southside Pediatrics of Aiken (2015)
Welcoming

Spartanburg Pediatrics Health Center
### Profile of QTIP

#### QTIP practices = 30
- 3 academics
- 15 Private
- 7 associated with a hospital
- 5 FQHC

#### Size:
- 13 Small (1-4 practitioners)
- 7 Medium (5-9)
- 11 Large (10+)

### 2011-2019:
- Total practices: 44 practices
- Lead Practitioners: 70+

### 2019

#### Active practices:
- 2011 practices: 11
- 2015 practices: 6
- 2016 practices: 4
- 2017 practices: 4
- 2019 practices: 5

#### PCMH 1/2019
- 21 QTIP practices are NCQA PCMH recognized
- 1 JCAHO

#### Mental Health 12/2018
- 32/32 QTIP practices are providing screening
- 18 mental health on-site
“QTIP is a shining star”
~ DHHS Director
Josh Baker

QTIP providers are the kind of providers we want our kids to see
~ CSSP representative at the DSS Foster Care meeting.

SC is above 50th percentile on 10/12 Medicaid Quality metrics... especially the Well Child Visits (15 months and adolescent) rates
~ Bryan Amick, SCDHHS Deputy Director of Health Programs
What data is saying

SC QIDA data on Mental Health:
20/20 rule
QTIP matches “20/20 rule” where 20% have a MH need.
However, we greatly EXCEED in the # of teens referred for services. SC QTIP practices are at the 20/80.

SC Vaccination Rates improving... (2017 rates)
≥ 1 HPV increased to 59.6%
  (was 44.2%)
≥ 1 Tdap: 89.4% (was 77.5%)
≥ 1 Men ACWY now 78.6%
  (was 68.9%)

~DHEC Report to the Adolescent Immunization Committee

~ SC QIDA data
QTIP Award

Show and Tell
#bulletinboards
#sharing

Grand Strand
Fluoride Varnish

Medicaid Children Receiving Fluoride Varnish in a Non-Dental Setting

- 0-4 Years old
- 5-12 Years Old
- 13-18 Years Old
- ALL patients

Applications Per Patient - ratio

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>1.25</td>
<td>1.21</td>
<td>1.20</td>
</tr>
<tr>
<td>5 to 12 years</td>
<td>1.08</td>
<td>1.06</td>
<td>1.04</td>
</tr>
</tbody>
</table>

- 2016 Policy change to include fluoride varnish at well AND sick visits, from 0-12 years of age.
- 2018 Policy change to allow up to 4 applications a year in a non-dental setting.

Given the policy changes, the ratio of application to patients should be going up, not down.

Based on Medicaid administrative claims
EXCLUDES FQHC
Screenings

# Medicaid children screened

Based on Administrative Claims
HEDIS – Administrative Claims Data - 2017
Children & Adolescent's Access to Primary Care Practitioners (CAP)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>QTIP Rate</th>
<th>PCMH Rate</th>
<th>MCO Total Rate</th>
<th>State Rate</th>
<th>2017 National Benchmarks: P50</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-24 Months</td>
<td>99.5</td>
<td>93.8</td>
<td>95.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Months-6 Years</td>
<td>98.6</td>
<td>81.5</td>
<td>87.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-11 Years</td>
<td>99.4</td>
<td>88.1</td>
<td>90.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-19 Years</td>
<td>99.3</td>
<td>85.8</td>
<td>89.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEDIS – Administrative Claims Data - 2017

Weight Assessments and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

BMI Percentile: Total
- 53.5
- 44.6
- 44.3
- 33.2
- 10.5
- 11.7

Counseling for Nutrition: Total
- 72.2

Counseling for Physical Activity: Total
- 68.1

2017 National Benchmarks: P50

Immunizations for Adolescents - HPV

HPV
- QTIP Rate
- PCMH Rate
- MCO Total Rate
- State Rate
- 2017 National Benchmarks: P50
### ADHD Initiation/Continuation

- **QTIP all**
  - 2011: 42.1%
  - 2012: 40.7%
  - 2013: 44.3%
  - 2014: 47.3%
  - 2015: 48%
  - 2016: 58%
  - 2017: 67.7%

- **ADHD - initiation**
  - 2011: 42.1%
  - 2012: 40.7%
  - 2013: 44.3%
  - 2014: 47.3%
  - 2015: 48%
  - 2016: 58%
  - 2017: 67.7%

- **ADHD continuation**
  - 2011: 42.1%
  - 2012: 40.7%
  - 2013: 44.3%
  - 2014: 47.3%
  - 2015: 48%
  - 2016: 58%
  - 2017: 67.7%

**Follow Up Care for Children Prescribed ADHD Medication**

- **Initiation**
  - QTIP Rate: 58.4%
  - PCMH Rate: 45.1%
  - MCO Total Rate: 44.8%
- **Continuation**
  - QTIP Rate: 69.7%
  - PCMH Rate: 56.9%
  - MCO Total Rate: 55.9%

**Rates**

- QTIP: 47%
- PCMH: 38%
QTIP Award

“Royal Sharing”
#qtipdataqueen
#lynnsharinghercrown

Mariah Cameron
Charles Towne
Pediatrics
<table>
<thead>
<tr>
<th>6-9 months</th>
<th>24 months</th>
<th>3-6 years *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child visits</td>
<td>Well child visit</td>
<td>Well child visits</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>Risk Assessments</td>
<td>Vaccinations</td>
</tr>
<tr>
<td>Maternal depression</td>
<td>Screening Special Health Care Needs</td>
<td>Vaccines</td>
</tr>
<tr>
<td>Socio environmental screening</td>
<td>Family Strengths</td>
<td>Social-environmental screening</td>
</tr>
<tr>
<td>Family strengths</td>
<td>Family Concerns</td>
<td>BMI</td>
</tr>
<tr>
<td><strong>Adolescents</strong></td>
<td>Oral Health</td>
<td>Tobacco Cessation</td>
</tr>
<tr>
<td>Well child visits</td>
<td>Social Determinates of Health</td>
<td>Oral Health</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>BMI</td>
<td><strong>SHCN</strong></td>
</tr>
<tr>
<td>Mental Health assessments &amp; follow-up</td>
<td><strong>Asthma</strong></td>
<td>Assessments/screens</td>
</tr>
<tr>
<td>Assessment for special health care needs (SHCN)</td>
<td>General Asthma Care</td>
<td>Work with subspecialist</td>
</tr>
<tr>
<td>Family Strengths</td>
<td>Well child visits</td>
<td>Care plans</td>
</tr>
<tr>
<td>BMI</td>
<td>BMI</td>
<td><strong>Asthma Adolescents</strong></td>
</tr>
</tbody>
</table>
QTIP AWARD
Complete QIDA audits at ALL offices!
#overachievers
#trending
# QI and Data

Coastal Pediatrics Associates

Parkside Pediatrics
## QIDA: 3 – 6

### CONSISTENTLY 85% +
- Well Child Visits
- Vaccination completion rate
- Bright Futures priority documentation
- Screening for tobacco use
- Oral Health anticipatory guidance

### IMPROVEMENTS NOTED

<table>
<thead>
<tr>
<th>Activity</th>
<th>Improvement Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screen (since 30 mos.)</td>
<td>50% - 70%</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>53% - 83%</td>
</tr>
<tr>
<td>Early Literacy Discussion</td>
<td>70% - 90%</td>
</tr>
<tr>
<td>Screen Exposure Discussion</td>
<td>61% - 85%</td>
</tr>
<tr>
<td>Social Determinants of Health Screening</td>
<td>53% - 75%</td>
</tr>
<tr>
<td>Complex Needs Assessment</td>
<td>60% - 88%</td>
</tr>
<tr>
<td>Families given advice to quit tobacco</td>
<td>45% - 77%</td>
</tr>
</tbody>
</table>

### ROOM FOR CONTINUED IMPROVEMENT
- Fluoride varnish (Hovering at 50%)
- Care plans for complex needs
### QIDA: TEENS

<table>
<thead>
<tr>
<th>CONSISTENTLY 85% +</th>
<th>IMPROVEMENTS NOTED - TEENS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Well visits (almost)</td>
<td>• Completed HPV series</td>
<td>64%- 80%</td>
</tr>
<tr>
<td>• Up to date on vaccines</td>
<td>• Weigh counseling</td>
<td>60% - 97%</td>
</tr>
<tr>
<td>• Tobacco exposure screening</td>
<td>• Families given advice to quit</td>
<td>25% - 100%</td>
</tr>
<tr>
<td></td>
<td>• Families given cessation strategies</td>
<td>8% - 100%</td>
</tr>
<tr>
<td></td>
<td>• Teens given a behavioral health screen</td>
<td>50%-78%</td>
</tr>
<tr>
<td></td>
<td>• Behavioral Health Planning</td>
<td>76%- 100%</td>
</tr>
</tbody>
</table>

### ROOM FOR CONTINUED IMPROVEMENT

|  |
|-----------------------------|---|
| • Medical record continuity |  |
| • HPV completion |  |
### QIDA: ASTHMA

#### CONSISTENTLY 85% +
- Patients on a controller
- Tobacco exposure screening

#### IMPROVEMENTS NOTED – ASTHMA
- Patients with asthma action plans
- Flu shots
- Families given advice to quit tobacco
- Families given cessation strategies
- Up to date on well visits
- Weight counseling

<table>
<thead>
<tr>
<th></th>
<th>47% - 73%</th>
<th>38% - 75%</th>
<th>10% - 100%</th>
<th>10% - 85%</th>
<th>70% - 90%</th>
<th>58% - 87%</th>
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</thead>
<tbody>
<tr>
<td>Tobacco exposure</td>
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<tr>
<td>screening</td>
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<td>Flu shots</td>
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<td>Families given</td>
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<td>advice to quit</td>
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<td>tobacco</td>
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<td>cessation strategies</td>
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<tr>
<td>Up to date on well</td>
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<tr>
<td>visits</td>
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<tr>
<td>Weight counseling</td>
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#### ROOM FOR CONTINUED IMPROVEMENT
- ER visits for asthma: first half of the year trended down, now trending back up
- Scheduled asthma visits: stagnate around 70%
- Functional status check: stagnant around 60%
“The QTIP program has longstanding success linking children and adolescents [with behavioral health] in pediatric offices”

SC Statewide Behavioral Health Coalition meeting

“QTIP keeps me from getting burned out... I also see the potential for impact.”

~ D. Clark, MD

QTIP makes you measure, helps you collaborate ...

~ P. Mubarak, MD
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• Future Plans - 2019

“...the past gives you an identity and the future holds the promise”
2019 components

**Learning Collaborative**

**Technical Assistance:**
- On-Site Visits
- Skill Building
- Communication
- ABP MOC Part 4

**Quality Improvement**
- QTIP Staff
- Workshops/calls

**Mental Health**
- QTIP staff

**Areas of Focus/Measures**
- Breastfeeding
- ADHD

**Data collection**
- QIDA
- QI and PDSA documentation instruments
Breastfeeding
• 1 month olds February – July
• 6 month olds August – December
• Infant breastfed (at certain intervals)
• Referral to lactation consultant
• Breastfeeding plan
• Safe sleep discussed
• Social Determinates of Health screening
• Reach Out and Read
• Tobacco use

ADHD 5-18
• Follow-up visit performed - 30 days
• Standardized screen
• Identify co-morbidities, teacher
• Social Determinates of Health
• Well child visit in past
• BMI
• HPV

HEDIS Specs: (6-12 year olds) The percentage of children newly prescribed (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.
QIDA - Remember

- Standardized data
- Freedom to select what to work on
- Develop run charts, examine data and develop quality projects
- “Real time” data pulled by you (10 charts/topic)

QIDA and HEDIS data differ...

QIDA can show you where you have the most room for the most improvement, where you could benefit to take a deeper dive and initiate a QI project.

why did the upward trend stop?
You don’t have to do it right now....
“Training and Engagement”

Making RO&R more available

- Expanding criteria for QTIP practices eligibility
- Tutorials/training
- Expansion of topics (math)
- Wants QTIP to help them scale

DSS working to develop an intensive plan to insure foster children’s health care needs get addressed.

SAVE THE DATE:
Next Learning Collaborative
August 10 – 11
Asheville, NC
What is available for you?

QTIP blog
https://msp.scdhhs.gov/chipraqtip/

QTIP Website
https://msp.scdhhs.gov/qtip/

ABP MOC Part 4 Credits

Monthly Calls

Site visits
Challenge you

- Spread within your practice
- Relationships/networking
- Finding time for quality improvement
- Using your data to effect change
- Continue with your PDSA cycles and documenting your QI activities
- Be a leader and a mentor …

FEEDBACK:

- Ways to keep QTIP interesting
- QI workshop topics
- QIDA topics/questions
- Regional Site visits
QTIP = Quality

“The future depends on what we do in the present.”
~ Mahatma Gandhi

Quality is never an accident. It is always the result of intelligent effort.
~ John Ruskin
QTIP Project Director:  
**Lynn Martin, LMSW**  
803-898-0093  
martinly@scdhhs.gov

Mental Health Coordinator:  
**Kristine Hobbs, LMSW**  
803-898-2719  
hobbs@scdhhs.gov

Technical Support:  
**Liz Parham**  
803-898-3727  
Parham@scdhhs.gov

Medical Director:  
**Francis Rushton, MD**  
frushton@aap.net

Quality Improvement Coordinator:  
**Laura Brandon, MHP**  
803-898-2128  
laura.brandon@scdhhs.gov