2018 NEW QIDA QUESTIONS AND NEXT STEPS

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NEW AUDIT FOCUSED ON WELL CHILD SERVICES BETWEEN 3RD AND 6TH BIRTHDAY

Focus on:
- Bright Futures priorities
- Continuity of Care
- Developmental Screening
- Healthy connections
- Immunizations
- Managing Children with Special Health Care Needs
- NCOA Medical Home requirements
- Healthy weights
- Literacy promotion
- Social determinants of health
- Second hand smoke exposure

3 TO 6 YEAR AUDIT

- Mandatory
- Monthly
- Focus on
  - HEDIS measures
  - Topics in which we think there may be room for improvement
  - Not focused on topics where we think everyone is doing a great job
  - Your priorities for QI work in this age group may be different

DID THE PATIENT HAVE A WELL VISIT IN THE PAST 12 MONTHS?

- Why?
  - Good preventive care felt to improve child health
- What counts?
  - A well child visit in the previous year up to and including the visit in the last 10 kids seen between their 3rd and 6th birthday

IS THE PROVIDER LISTED IN THE EMR THE PROVIDER WHO SAW THE PATIENT FOR THE LAST WELL CHILD VISIT?

- Why?
  - Continuity of care with the same provider has been shown to improve functional health care status
  - Pay for performance programs on the horizon suffer from poor patient-doctor attribution
- What counts?
  - If the doctor listed as primary in the medical record is the one who did the last well child visit, the answer is yes
- Note: This measure will instigate an administrative QI project.

IS THERE DOCUMENTATION THAT THE PATIENT IS UP TO DATE ON VACCINES APPROPRIATE FOR THE PATIENT'S AGE?

Why?
- Immunizations are one of the most productive preventive health services we provide
- HEDIS measure
- What counts:
  - Children before their 4 year well check up or if no 4 year check up less than 4 and 1/2 a half years of age:
    - 1st dose of DTaP
    - 2nd dose of Hib
    - 1st dose of IPV
    - 2nd dose of IPV
    - 1st dose of MMR
    - 2nd dose tetanus
IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT A GLOBAL DEVELOPMENTAL ASSESSMENT HAS BEEN PERFORMED SINCE 30 MONTHS OF AGE?

• Why?
  • AAP policy statement recommends developmental screening 3 times in early childhood, the last time after 30 months of age

• What counts:
  • ASQ, PEDS, SWYC or similar count. MCHAT does not as it screens only for autism

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT AT LEAST 3 OF 5 AGE APPROPRIATE BRIGHT FUTURES PRIORITIES WERE ADDRESSED AT THE MOST RECENT WELL VISIT?

• Vary by age
  • For example: Safety, school readiness/literacy, healthy nutrition and exercise, social determinants of health, play, media use, physical development, mental health
  • Each practice gets to decide how to use this audit

Priorities for the 3 Year Visit

The first priority is to attend to the concerns of the parents.

• Social determinants of health (e.g., living situation and medical history: tobacco, alcohol, and drug use, stress and protective factors (positive family interactions, well-off stable household)
• Feeding with delays and ways to support positive feeding (weight gaining target, weight status)
• Emotional/behavioral problems (leveling, falling, and staying together, language development)
• Personal health status and physical activity (e.g., well, illness; socio-emotional/feelings, sense of mastery vs. defeat vs. stress)
• Safety (safety of self, safety of others, unintentional injuries)

Priorities for the 4 Year Visit

The first priority is to attend to the concerns of the parents.

• Social determinants of health (e.g., living situation and medical history: tobacco, alcohol, and drug use, stress and protective factors (positive family interactions, well-off stable household)
• Feeding with delays and ways to support positive feeding (weight gaining target, weight status)
• Emotional/behavioral problems (leveling, falling, and staying together, language development)
• Personal health status and physical activity (e.g., well, illness; socio-emotional/feelings, sense of mastery vs. defeat vs. stress)
• Safety (safety of self, safety of others, unintentional injuries)

Priorities for the 5 and 6 Year Visits

The first priority is to attend to the concerns of the parents.

• Social determinants of health (e.g., living situation and medical history: tobacco, alcohol, and drug use, stress and protective factors (positive family interactions, well-off stable household)
• Feeding with delays and ways to support positive feeding (weight gaining target, weight status)
• Emotional/behavioral problems (leveling, falling, and staying together, language development)
• Personal health status and physical activity (e.g., well, illness; socio-emotional/feelings, sense of mastery vs. defeat vs. stress)
• Safety (safety of self, safety of others, unintentional injuries)

IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT SOCIAL CONNECTEDNESS WAS DISCUSSED AT THE MOST RECENT WELL CHILD VISIT?

• Why?
  • How well families are connected to each other and how they are connected to the surrounding community impacts functional outcomes. Especially important in preventing toxic stress and violent behavior

• What counts?
  • Screening questions, documentation of discussion in note. Should this measure 100 percent?
  • Last question on SWYC in the instance below demonstrates a way to document for this measure.

In general, how would you describe your relationship with your spouse/partner?
  • No tension
  • Some tension
  • A lot of tension
  • Not applicable

Do you and your partner work out arguments with:
  • No difficulty
  • Some difficulty
  • Great difficulty
  • Not applicable
**IS THERE DOCUMENTATION IN THE MEDICAL RECORD THAT THE FAMILY READS STORIES, SINGS SONGS OR RECEIVED A REACH OUT AND READ BOOK AT THE LAST WELL CHILD VISIT?**

- Why?
  - Literacy development an important part of pediatrics

- What counts?
  - Knowledge that patient got ROR book or other documentation of literacy efforts in the chart

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**IS THERE DOCUMENTATION THAT A VIDEO SCREEN EXPOSURE DISCUSSION TOOK PLACE AS PART OF WELL CHILD VISITS?**

- Why?
  - Video exposure is an important part of Bright Futures recommendations
  - Social media and television have both positive and negative impact on young children

- What counts:
  - In your audit of the last 30 charts of children between their 3rd and 6th birthday, did you find any mention of a discussion on television, video exposure or social media anywhere in the chart?
  - Should you score 100 percent on this measure? Maybe not, there might be higher priorities for your practice.

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**PROMOTING THE HEALTHY AND SAFE USE OF SOCIAL MEDIA: AGES 1 THROUGH 4 YEARS**

- Excessive social media interferes with focused adult-child interactions
- Devices may interfere with sleep and should be turned off 1 hour prior to bedtime
- Television should not be in child's bedroom
- TV should not be on during meal times
- Parent's use of interactive media has the potential to distract from parent-child interactions
- AAP recommends media use plan: [www.healthychildren.org](http://www.healthychildren.org)

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**PROMOTING THE HEALTHY AND SAFE USE OF SOCIAL MEDIA: AGES 5 THROUGH 10 YEARS**

- Parents should:
  - Talk with their children about platforms and applications, and choose with them the ones best suited to their children's ages
  - Help them understand how content can be misunderstood and hurtful (Address cyber-bullying)
  - Help them understand that nothing is truly private
  - Help them be safe (be careful about giving out personal information on line)

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**IS THERE DOCUMENTATION THE MEDICAL RECORD THAT THE CHILD WAS ASSESSED FOR COMPLEX HEALTH CARE NEEDS?**

- Why?
  - These children often need special services
  - Our CI efforts to improve care for these children can only be focused if we know who they are
  - NCQA focus

- What counts?
  - Documentation of use of a list of diagnoses, query of patients, judgment from care giver or functional assessment of special health care requirements
### Was the Patient's BMI Over the 85th Percentile?

- **Why?**
  - Outcome measure. Hopefully eventually our efforts will result in an improvement.
  - Important cause of non-communicable disease mortality
- **What counts?**
- **BMI recorded at last well child visit**
- **Follow-up questions on whether elevated BMI was noted and acted upon.**

### Oral Health

- **Is there documentation in the medical record that the patient has a dental home?**
- **Is there documentation in the medical record that the patient received at least 1 fluoride varnish in the pediatric office in the past 12 months?**
- **Is there documentation in the medical record that oral health anticipatory guidance was given at the most recent well visit?**

### 2nd Audit: At Least One of the Following 3: Can Do More Than One

- **Adolescent Audit (Same as before)**
- **Asthma Audit (Same as before)**
- **Audit (New: Mirrors some requirements for NCQA medical home)**
  - Will require having a process in place to identify your medically complex kids

### Was the Patient Screened for Tobacco Exposure? And Follow Up

- **Why?**
  - Smoking an important cause of child disease and morbidity
- **What counts?**
  - Any evidence of smoking screening or discussion in the chart
- **Follow up:**
  - Same questions you have been answering since August 2017

### Complex Health Care Needs

- **All patients, regardless of age**
- **Each practice must define their own definition of Complex Healthcare Needs**
- **Please share with QTP your definition**
- **Examples:**
  - Diagnosis (e.g., sickle cell, spina bifida, cerebral palsy...)
  - 1 or more chronic diagnosis (ADHD and Persistent asthma, diabetes and anxiety)
  - Other
  - However, your practice defines this group is OK as long as you're consistent.
CHRONIC CONDITIONS FOR PEDIATRICS BY EXPENDITURE SFY17

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IS THEIR A MEDICAL 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.
  - Documentation that the patient was reassessed and nothing had changed.

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's own screening tool.

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.

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-g, SWYC or other behavioral health screen completed within the past two years.
  - Follow up question as to whether any positive screens were addressed.

IS THERE A CURRENT MEDICATION LIST RECORDED? IS THERE A LIST OF CURRENT PEDIATRIC SUBSPECIALISTS RECORDED?

- **Why?**
  - Your OTIP committee thinks both of these items are an important part of a care plan and should be updated annually.

- **What counts:**
  - A medication list.
  - A list of current pediatric subspecialists that includes these items, or documentation in the chart.
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
  - This has been shown to be more effective than relying on oral instructions only.
  - Care plans also assist the family in sharing information with other caregivers including schools

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

IS THERE A CO-MANAGEMENT AGREEMENT WITHIN THE CHART BETWEEN A PEDIATRIC SUB-SPECIALIST AND THE PRIMARY CARE OFFICE?

- **Why?**
  - MCOA PCMH requirement
  - 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
  - Let us know if this question is helpful to you or not in your office

- **What counts:**
  - A co-management agreement in the chart between the primary care doctor and a subspecialist, 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 subspecialist designation what follow up they will be responsible for and what the recommendations are for follow up at the primary care office

FOR CHILDREN OLDER THAN 3, 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?

- **Why?**
  - Medically complex children are at high risk for dental disease and may benefit from preventive dental services for a longer period of time 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

CHALLENGES

- Multi site QIDA data entry
- Put "sub" QI teams at each site
- Document your next project, like really document, in real time.

2018 QIDA PROTOCOL

- Everyone will submit the 3-6 Year Old Survey
- Everyone will choose 1 or more of the following:
  - Complex Health Care Needs
  - Teens
  - Asthma
- Before Feb 1, let Laura know:
  - Which survey you will do
  - If you would like to do multi-site data entry
- First round of data entry should be a full QI team effort, do it together, let us know how it goes.