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SCDHHS  
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Impact of Quality

- Pediatricians
- State and National AAP
- DHHS
- Children

All with the goal of:  
improving children's health outcomes

Updates from SCDHHS

Policy Updates:

- Heightened focus on opioid use
- Oral health policy changes (May 2018)
- EPDST sections of the manual updated
- Clarification on nutritional counseling codes
- Exploring photo-eye screening coverage
Mental Health
- QTIP staff

Areas of Focus/Measures
- Children ages 3 to 6
- Children with Special Health Care Needs
- Asthmatics
- Teens

Data collection
- QIDA
- QI and PDSA documentation instruments

2018 QIDA

3 to 6 years (mandatory)
- Well child visits
- Positive parenting
- Vaccines
- Social-environmental screening
- Special Health Care Needs
- BMI
- Tobacco Cessation
- Oral Health

One other topic:
- Asthmatics
- Teens
- Children with Special Health Care Needs

QTIP

"Just the Facts"

Mental Health
- 32/32 QTIP practices are providing screening
- 18 mental health on-site
- 96% of QTIP lead practitioners are now "satisfied" with their role as provider of care

PCMH
- 18 QTIP practices are NCQA PCMH recognized
- 206 of the pediatricians on the NCQA list are QTIP

QTIP Update Martin

July 2018
Preventative Services
Oral Health 2017

- 987% increase in fluoride varnish applications since CY 2011
- Medicaid Children = 20,501
- Applications = 23,672
- Child/application = 1.2
- 2017 Medicaid paid = 538,404 (non-dental settings)

Note: Based on administrative claims and does not reflect FOHCs

- Expanded ages
- Expanded frequency

Preventative Services
Developmental and Mental Health Screenings - 2017

- 805% increase in number of Medicaid children receiving Development and Mental Health screening since 2011

- Developmental
  - 321% increase (90110) in screening since 2011
- Behavioral/Mental Health
  - 253% increase in screenings since 2015 (90127, 96160)
- Environmental/Risk Assessments
  - 1,149% increase since 2011 (99420, 96161)

- Total (unduplicated) Medicaid children in 2017 received:
  - Developmental screen: 50,943
  - Behavioral/mental health screen: 64,329
  - Total screens provided to Medicaid children: 179,120
  - 2017 Total payments 1,189,816
  - QTIP helped shape DHHS policy

NOTE: Based on administrative claims

HEDIS - Just the Facts...

- HEDIS reports generated by IFS
- Only reflect Medicaid administrative claims
- Data groupings:
  - Individual QTIP practices
  - QTIP Cohorts and Overall QTIP
- Data presented:
  - QTIP (all) compared
  - SC average
  - CMS Atlanta region and CMS 50% national benchmarks
- Allows QTIP to benchmark against ourselves
- Data = calendar yr 2017, reporting yr 2018

HEDIS - Weight Assessment and Counseling...

<table>
<thead>
<tr>
<th>Year</th>
<th>SC average</th>
<th>CMS region</th>
<th>CMS Nat</th>
<th>QTIP all</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1.2</td>
<td>1.3</td>
<td>1.4</td>
<td>0.8</td>
</tr>
<tr>
<td>2012</td>
<td>1.7</td>
<td>1.8</td>
<td>1.9</td>
<td>0.9</td>
</tr>
<tr>
<td>2013</td>
<td>2.0</td>
<td>2.1</td>
<td>2.2</td>
<td>1.0</td>
</tr>
<tr>
<td>2014</td>
<td>2.2</td>
<td>2.3</td>
<td>2.4</td>
<td>1.1</td>
</tr>
<tr>
<td>2015</td>
<td>2.4</td>
<td>2.5</td>
<td>2.6</td>
<td>1.2</td>
</tr>
<tr>
<td>2016</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>1.3</td>
</tr>
<tr>
<td>2017</td>
<td>2.8</td>
<td>2.9</td>
<td>3.0</td>
<td>1.4</td>
</tr>
</tbody>
</table>
Just the facts:
- QTIP focus: 2011, 2016, 2017
- QTIP sustaining results – systematic change

Just the Facts:
- Area of focus in 2015, 2016, 2017
- New practices 2015, 2016, 2017
- This is a topic many of you continue to focus on.

Just the Facts:
- Focus in 2014 and 2018
- Additional practices
- Last year QTIP under national 50% benchmark
HEDIS – 2017 Chlamydia

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia 16-20 years</td>
<td>72%</td>
<td>51%</td>
<td>52.7%</td>
<td>53.8%</td>
</tr>
<tr>
<td>2017</td>
<td>53.8%</td>
<td>52.7%</td>
<td>47.2%</td>
<td>33.2%</td>
</tr>
<tr>
<td>5C ave</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2017 CMS region</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>2017 CMS Nat 50%</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Administrative claims

HPV at initiation by specialty type

The Facts:
- QTRIP provided 37% of all the HPV (not counting academics) for Medicaid patients; yet QTRIP represents only 29% of all enrolled pediatricians.
- Most HPV initiated between the ages of 11 – 13.

SC QIDA

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

QIDIA and HEDIS data differ...

QIDIA 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.

3 – 6 year olds

- Results around 90% for well child visits.
- Developmental screening after 30 months..... hovering around 60%
- Discussing social connectedness, literacy and screen exposures are improving!
- Fluoride rates are slowing improving
Teens
• Showing results with well child... (peaked at 87%)
• HPV QIDA rates are dropping
• Behavioral health screening, continues to improve

Asthma
• Asthma ER data is dropping over time.
• Asthma Action Plans and functional status check are held steady and higher than 2017 rates
• You continue to work on tobacco cessation efforts

All Groups
• Slipping with weight counseling....
• Smoking advise

Diagnoses for 10-19 year olds in 2017

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Patients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter gen exam w/ complaint, suspected or reported diagnosis</td>
<td>1 $</td>
<td>36,744</td>
</tr>
<tr>
<td>Acute upper respiratory infections of multiple and unspecified sites</td>
<td>2 $</td>
<td>19,003</td>
</tr>
<tr>
<td>Encounter for immunization</td>
<td>3 $</td>
<td>19,009</td>
</tr>
<tr>
<td>Acute pharyngitis</td>
<td>4 $</td>
<td>9,320</td>
</tr>
<tr>
<td>Suppurative and unspecified ot/m media</td>
<td>5 $</td>
<td>5,410</td>
</tr>
<tr>
<td>Attention-deficit hyperactivity disorders</td>
<td>6 $</td>
<td>4,262</td>
</tr>
<tr>
<td>Fever of other and unknown origin</td>
<td>7 $</td>
<td>4,047</td>
</tr>
<tr>
<td>Pre-born infants according to place of birth and type of delivery</td>
<td>8 $</td>
<td>3,323</td>
</tr>
<tr>
<td>Cough</td>
<td>9 $</td>
<td>2,810</td>
</tr>
<tr>
<td>Vasomotor and allergic rhinitis</td>
<td>10 $</td>
<td>2,093</td>
</tr>
</tbody>
</table>

Based on Medicaid administrative claims.
Participation Agreement

Benefits:
- 3 rooms at each Learning Collaborative
- 2 site visits/ year, lead by QTIP QI and MH staff
  - 1 regional visit and 1 site visit
  - New practices: two site visits with MD as the lead.
- Full access QTIP resources (Dr. Khempal, QI, mental health, QTIP blog, monthly calls)
- Free registration to workshops and other learning opportunities
- ABP MOC credit for work on select QI projects
- Support for NCQA PCMH requirements focused on QI activities
- Assistance with improving health outcomes, promoting cost efficiency and identifying payment mechanisms for new services

Requirements:
- Practices must establish/maintain a quality improvement team
- At least two QTIP team members are expected to attend each LC
- Actively participate and document quality improvement initiatives
- Data entry into QIDA every month on selected topic areas
- Must participate in site visits (on-site/regional) per year
- Actively participate with all surveys sent by QTIP staff
- Lead physician from 2011 practices are encouraged to act as clinical lead regional or peer site visits. (at least 1 per year)
Participation Agreement
Tier 2
This is for practices that feel like they have implemented a functioning QI team that no longer needs the support of the QTIP team — OR — Practices who require a break from QTIP activities/requirements.

Benefits:
• May attend summer and winter learning collaborative sessions at the practice's expense
• May attend regional site visits
• Access to QTIP QI foci through presentations at SC AAP CATCH and annual meetings
• Monthly QTIP calls
• Technical assistance from QTIP staff (upon request) pending QTIP availability
• ABP MOC Part 4 credit (must be member of AAP)

Practites can apply for Tier 1 status after 1 year.

What is available for you?

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

QI and PDSA notes
https://msp.scdhhs.gov/chipraqtip/

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

ABP MOC Part 4 Credits
Monthly Calls
Site visits
Technical Assistance from QTIP staff

Feedback

• Power point vs Story Boards
• Ways to keep QTIP interesting
• QI workshop topics
• Small Group topics
• Proposed changes
• Future topics of focus

2019 Topics:
• Breathing
• Attitude
• Continue what?