The Domino Effect

Lynn Martin, LMSW
QTIP Project Director
SCDHHS
January 28, 2018

Impact

- Expanded screenings and non-traditional preventative services
- Education, training
- Relationships, networking
- ABP MOC Part IV credits
- Increased comfort in working with patient’s mental health needs
- Knowledge of community services
- Medical home transformation
- Readiness for system changes (i.e., social determinates of health, strengthening families, etc.)

Overview

- Impact
- Data
- Focus 2018

Quality Improvement

Practice QI team
- Selected topic
- Establish metrics
- Data collection

Sustainability
- Improve process and structure
- Monitor
- "Remember change takes time"

State and National AAP
- Benefit of tested QI projects and communication on successful initiatives.
- Assistance on AAP projects and initiatives.
- Relationships/Partnerships
- Support with AAP winter and summer sessions
- "voice at the table"

DHHS
- Quality projects to improve health outcomes
- Increase attention to prevention and reducing cost
- Feedback loop/communication
- Promotion and support of State initiatives
- Improvement in select MDS scores
**Impact**

**CHILDREN**

- Increased evidenced based clinical care
- Increased screening and preventative services and anticipatory guidance to parents
- Early focus on BMI and Mental Health; increased focus on well child visits

The overall impact equates to:
- Better care
- Better health outcomes

---

**Changes at SCDHHS**

**Staffing/Programming:**
- Josh Baker, Agency Director
- Bryan Amick, Director of Health Programs

**Policy Updates:**
- Heightened focus on opioid use
- Anticipate oral health policy changes (April 2018)
- EPDSI sections of the manual are being updated re: lead
- Behavioral health index

---

**Impact**

**number of preventative services and screening to Medicaid children**

**Preventative Oral Health**

- 32% increase (96110) in screening since 2011.
- Behavioral/Mental Health
  - 100% increase in screenings since 2015 (96127, 96160)
- Environmental/Risk Assessments
  - 2.071% increase since 2011 (99420, 96161)

---

**2017 QTIP NURSING HOME:**

**BMI HEDIS scores - Qtip 11**

---

**Healthy Connections**
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

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.

Consistently High

<table>
<thead>
<tr>
<th>6 – 9 Months</th>
<th>Feb 17</th>
<th>Jan 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Child Visits</td>
<td>86%</td>
<td>94%</td>
</tr>
<tr>
<td>Vaccination completion rate</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>Screening for tobacco use</td>
<td>87%</td>
<td>95%</td>
</tr>
</tbody>
</table>

| 24 Months |
|-----------------|--------|--------|
| PCP documented | 92% | 92% |
| 18 – 24 mo. well visits | 82% | 82% |
| Autism screening | 95% | 88% |
| Documenting family concerns | 90% | 95% |

| Teens |
|-----------------|--------|--------|
| PCP documented | 91% | 92% |
| Vaccinations (Meningococcal and TDAP) | 93/94% | 95/97% |

| Asthma |
|-----------------|--------|--------|
| Rate of patients on a Controller | 60% | 67% |
| PCP documented | 92% | 95% |
| Patients in hospital/ER for asthma | 26% | 18% |

Improvements

<table>
<thead>
<tr>
<th>6 – 9 Months</th>
<th>Baseline</th>
<th>July 17</th>
<th>Jan 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Partum Screening</td>
<td>61%</td>
<td>71%</td>
<td>86%</td>
</tr>
<tr>
<td>Reach out and Read</td>
<td>45%</td>
<td>60%</td>
<td>82%</td>
</tr>
</tbody>
</table>

| 24 Months |
|-----------------|--------|--------|
| Reach out and Read | 57% | 75% | 82% |

| Teens |
|-----------------|--------|--------|
| Screened for special health care needs | 38% | 49% | 53% |
| BMI over 85th...counseling.... referrals | 64% | 82% |

| Asthma |
|-----------------|--------|--------|
| patients w/ well child visit in past 12 mcs. | 66% | 76% | 80% |
| BMI counseling | 50% | 62% | 73% |

Challenge you to continue working on

| 6 - 9 months |
|-----------------|--------|--------|
| Screening for social-environmental risk screen | Stagnant in 60% range |

| 24 Months |
|-----------------|--------|--------|
| Global Developmental Screens | Stagnant mid 60% range |
| Screening for special health care needs | Mid 50% range |
| Referral to a Dental Home | Stagnant at 60% |
| Screening for Social Determinates of Health | Stagnant mid 60% range |

| Teens |
|-----------------|--------|--------|
| Developing a plan to address positive results on a Behavioral Health screens | Inconsistent varies in 40, 50 and low 90% |
| Functional status check | Low to Mid 50% |
| Asthma action plans documented | Stagnant at 46% |

Smoking – all ages

- Disposing Cessation Strategies

2018 QIDA

- Well child visits
- Positive parenting
- Vaccines
- Social-environmental screening
- Special Health Care Needs
- BMI
- Tobacco Cessation
- Oral Health
AAP Bright Futures recommends

<table>
<thead>
<tr>
<th>3 years</th>
<th>4 years</th>
<th>5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging literacy activities by reading and talking to child</td>
<td>School readiness</td>
<td>School readiness</td>
</tr>
<tr>
<td>Family Support</td>
<td>Mental health</td>
<td>Mental health</td>
</tr>
<tr>
<td>Promoting Physical Activity</td>
<td>Nutritional &amp; physical activities</td>
<td>Nutritional &amp; physical activities</td>
</tr>
<tr>
<td>Safety</td>
<td>Safety</td>
<td>Safety</td>
</tr>
<tr>
<td>Playing with others and peers</td>
<td>Healthy teeth</td>
<td>Healthy teeth</td>
</tr>
</tbody>
</table>

Screening Recommendations 3 - 6 year olds

<table>
<thead>
<tr>
<th>Bright Futures Recommendations</th>
<th>Elementary School</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maternal Depression Screening</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>• Parent and Family Assessment</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>• Developmental Screening</td>
<td>SC-QID</td>
<td>SC-QID</td>
</tr>
<tr>
<td>• ASQ-3 or PEDS</td>
<td>MCHAT</td>
<td>MCHAT</td>
</tr>
<tr>
<td>• Psychological and Behavioral Assessment</td>
<td>ASD</td>
<td>ASD</td>
</tr>
<tr>
<td>• Autism Spectrum Screening</td>
<td>If indicated</td>
<td>If indicated</td>
</tr>
<tr>
<td>• Oral Health Screening</td>
<td>Vanderbilt</td>
<td>Vanderbilt</td>
</tr>
<tr>
<td>• Substance Use Screening</td>
<td>SEEM-PSQ (2 mos - 5 yrs)</td>
<td>SEEM-PSQ (2 mos - 5 yrs)</td>
</tr>
</tbody>
</table>

2018 QIDA

Choose at least one: (Monthly)

- Children with Complex Health Care Needs
  - Assessments/screens
  - Work with subspecialist
  - Care plans
- Asthma
  - no new questions added
- Teens
  - Slight changes in vaccination questions

Note:
- 6-9 months and 24 months will be available for continued work
- it is a practice choice

QIDA -2018

- 1 topic mandatory
  - children ages 3 to 6
- Choose one other topic and work on for 6 months
  - Children with Special Health Care Needs OR
  - Asthmatics OR
  - Teens
- Monthly data entry on same 2 areas of focus
- 10 charts per topic

HEDIS - Well Child Visits 2016

<table>
<thead>
<tr>
<th>Well Child Visits in first 15 months of life, Six + visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Benchmark</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPTIP (AR)</th>
<th>SC State</th>
<th>OM Athers Region 50th percentile</th>
<th>National Benchmark 50th percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.0</td>
<td>57.0</td>
<td>57.0</td>
<td>57.0</td>
</tr>
</tbody>
</table>

MCO Incentives and Withholds

Pediatric Preventative Care
- 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 Activity for children/adolescents: BMI 50th percentile total

Behavioral Health Index (informational)
- Antidepressant medication management
- Follow-up care for children prescribed ADHD medication (initiation)**
- Follow-up after hospitalization for Mental Illness
- Use of first-line psychosocial care for children and adolescents on antipsychotics**
- Metabolic monitoring of children and adolescents on antipsychotics**
- Initiation and engagement of alcohol and other drug dependence treatment**

** pediatric related
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 ...

Healthy Connections

Possible changes

QTIP wants your Feedback

- Power point vs Story Boards
- Ways to keep QTIP interesting
- QI workshop topics
- QIDA changes
- Site visits schedule and/or every other month calls to discuss data
- Trying to explore ways to add more practices ...

Evaluations

QTIP Project Director:
Lynne Martin, LMISW
803-898-0053
martinly@scdhhs.gov

Mental Health Coordinator:
Kristine Hoelke, LMISW
803-898-2739
hoelkel@scdhhs.gov

Technical Support:
Liz Purham
803-898-3727
purham@scdhhs.gov

Medical Director:
Francis Rushin, MD
frushin@asp.net

Quality Improvement Coordinator:
Laura Brandsen, MHP
803-898-2128
laurenb@scdhhs.gov

QTIP Program Information

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 IV Credits
- SCREADS
- Monthly Calls
- Site visits

When you empower people, you’re not influencing just them; You’re influencing all the people they influence.

—Jim Maxwell