South Carolina Department of Health and Human Services
CHIPRA Quality Demonstration Grant

Next Steps!
What is QTIP?

• A partnership between DHHS, SC AAP, USC Institute for Families in Society, SCORE, Care Evolution and Thomson Reuters
• An outpatient pediatric quality improvement initiative
• A Federal CHIPRA Quality Improvement Demonstration Grant
  – Electronic Health Records and their impact on quality
  – Usefulness of the CHIPRA QI indicators
  – Statewide innovation in the development of learning collaboratives and improvement in behavioral health
• A mechanism to meet ABP Part IV requirements and NCQA certification
• An opportunity for South Carolina Pediatricians to have some control and input into the rapid changes impacting us in our offices
What’s Innovative about QTIP?

• Comprehensiveness of the learning collaborative effort: Acute Care, Chronic Care, Preventive Care, Mental Health, Obesity, Chronic Care Management, Asthma

• Electronic Data Sets: Real time measurement

• Degree of grassroots control, individual pediatricians and their staff, the true experts, decide what they want to work on

• Credit with the ABP and NCQA
What’s NCQA?

- National Committee for Quality Assurance
- 2011 PCMH standards
- Modest stipend for those practices meeting level 2 or greater in last years of project
- Will discuss in greater detail later
NCQA Medical Home Standards: 2C

Practice conducts and documents a comprehensive health assessment for all patients to understand their risks and needs of information that includes the following:

- 1. Family/social/cultural characteristics
- 2. Communication needs (vision/hearing)
- 3. Medical history of patient and family
- 4. Advance care planning (N/A for pediatric practices)
- 5. Depression screening for patients with chronic conditions using a standardized tool
- 6. Behaviors (smoking, nutrition, physical activity, dental care) and family risk factors (e.g. second hand smoke)
- 7. Patient and family mental health/substance abuse (stress, alcohol, prescription drug abuse or illegal drug use, maternal depression)
- 8. Developmental AUTISM screening using a standardized tool (N/A for adult practices)
- 9. Depression screening for adolescents using a standardized tool (N/A for adult practices)
Developmental Screening

• Baseline data: How many developmental screens are you currently performing? (96110 codes?, 10 chart audits of 18month well child visits? By Practitioner? Where do you record in the chart positive screen referrals)
The practice adopts and implements evidence-based guidelines for:

1. First clinically important condition
2. Second clinically important condition
3. Third clinically important condition

One of the conditions selected by the practice must be a condition related to unhealthy behaviors (e.g. obesity) or a mental health or substance abuse condition.

Scoring: Based on number of factors met; practices seeking to renew their PCMH recognition must select at least one new condition not present in their initial application.

Documentation: Workflow organizers or decision support tools demonstrating source of the guidelines and adoption and implementation by the practice.
Attention Deficit Disorder

• Visit follow up: Base line data: Number of patients seen in 45 days after first stimulant prescription (Use your electronic data, billing or electronic health record? 10 chart audits per practitioner?
• Cost data: Medicaid managed care provide pharm data per provider on a regular basis?
• Standardized instrument: Vanderbilt or other recorded? (96110 code as an indicator, 10 chart audits)
Well Child Visits

• Baseline data: Number of 15 month visits completed using electronic health record or billing data? Compare to number of newborns cared for per practitioner?

• Number of reminders sent out?
Emergency Department Usage

• Access hospital record system to count number of practice patients seen in ER one day a week? Thursday?

• Develop a strategy to educate families as to appropriate ER use? Add as a template to electronic health record? Monitor number of times ER use discussed? 10 chart audits?

• Monitor number of available slots for same day sick visits? Is it sufficient? Start small, look at one day a week
Next Steps?

• Before you go, set next steps
• When are you going to meet next?
• What ideas do you have for PDSA cycles?
• Who is going to be responsible for next steps?
• How do we contact them to assess progress?
• Turn in your next steps plan before you leave today?