CHIPRA QUALITY
DEMONSTRATION GRANT:

Quality through Technology and Innovation in Pediatrics

South Carolina Department of Health & Human Services
QTIP

Quality through Technology and Innovations in Pediatrics

• Administered through the South Carolina Department of Health and Human Services (DHHS)

• $9,277,361 grant award

• The project represents a unique opportunity for South Carolina pediatricians to help develop quality improvement tools that will lead to better health outcomes for current and future generations of patients.
Grant Partners

- SCDHHS
- South Carolina Chapter - American Academy of Pediatrics
- Family Connections
- Federation of Families
- Department of Health and Environmental Control
- Department of Mental Health
- South Carolina Primary Health Care Association
- Thomson Reuters
- Institute for Families in Society
- South Carolina Offering Prescribing Excellence
- Care Evolution
South Carolina chose categories:

CHIPRA Indicators:
**Category A** – Experiment with, and evaluate the use of, new measures for quality of Medicaid/CHIP children’s health care

EHRs:
**Category B** – Promote the use of Health Information Technology (HIT) for the delivery of care for children covered by Medicaid/CHIP

Medical Home/Behavioral Health:
**Category C** – Evaluate provider-based models which improve the delivery of Medicaid/CHIP children’s health care services
Focus of SC Grant

South Carolina believes that children will achieve the best health **outcomes** when they receive care through an **integrated medical home** that addresses all their health needs—both physical and mental—and participates in continuous **quality improvement efforts**.
The South Carolina grant has four Key Goals:

- **Quality:** demonstrate that newly-developed quality indicators can be successfully utilized in pediatric practices;

- **Technology:** share key clinical data through a statewide electronic quality improvement network;

- **Innovation:** develop a physician-led, peer-to-peer quality improvement network; and

- **Pediatrics:** expand the use of pediatric medical homes to address mental health challenges of children in our state.
Focus of SC Grant

QUALITY

– Pursuit of National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) certification by all participating practices.

– Collection of CHIPRA Quality Measures.

– Utilization of Learning Collaboratives and the “Plan, Do, Study, Act” quality improvement cycle
Focus of SC Grant

TECHNOLOGY

– Providing primary care physicians with HIT tools that will allow them to track their patients outcomes

– Technology and the generated reports will allow the practices to compare their performance to others.
How HIT and Quality Pieces All Tie Together

Provider sees patients

Provider enters data into EMR or CHIPRA Data Registry

Data travels from SCHIEx to Decision Support System

Clinical data is merged with claims data

Improved and informed patient care

Quality reports are generated

Practice/provider makes adjustments

Provider receives quality report feedback

CATCH Learning Collaborative

Quality improvement strategies

PDSA Cycle

Peer-to-peer review
Focus of SC Grant

**INNOVATION**

- **Providing behavioral health tools** to primary care physicians (such as standardized mental health screening tools, academic detailing and coordination with mental health providers).

- **Increasing linkage** of family support organizations such as Family Connections and Federation of Families with practices to provide additional resources.

- Statewide **Learning Collaboratives** integrate and support all QTIP initiatives.
Focus of SC Grant

PEDIATRICS

– Selection of **pediatric** practices of a **heterogeneous** mix

– Working with the **pediatric** practices on becoming a **NCQA medical home**

– Expanding the **mental health services** available in a **pediatric** setting

– Establishing a **quality improvement team** within the **pediatric** setting to implement and review quality measures.
Planned Methods
to Accomplish our Goals

• Learning Collaboratives
• HIT assistance/development
• Monthly contact (blog, phone)
• Peer-based technical assistance site visits
• Incentive payments
• Tools that will support improved patient outcomes:
  – Quality report feedback
  – The SCORxE program (academic detailing)
  – Behavioral health integration
  – Enhanced care coordination
  – Peer-to-peer comparisons
  – Quality improvement cycles
• Evaluation
Responsibilities of Practices

• Attending bi-annual Learning Collaborative/CATCH meetings
• Implementing a practice based quality improvement team
• Working toward NCQA – PCMH certification
• Adopting and using an Electronic Medical Record to exchange data over the SC Health Information Exchange (SCHIEX) system
• Participating with Academic Detailing
• Participating with Evaluation activities
• Integrating mental health services
Responsibilities of QTIP staff and partners

• Conduct the Learning Collaborative
  – To assist with quality measures
  – To help in obtaining NCQA certification

• Provide Technical Assistance
  – QI activities
  – HIT adoption
  – Quality Reporting
  – To support Part IV Maintenance of Certification ABP credit

• Provide Academic Detailing information
• Conduct Evaluation Activities
• Assist with Mental Health Integration
What does this mean for you?

• Assistance with HIT needs
• Receiving consultation, information, education, and support throughout the process
• Bi-annual on-site visits by Dr. Rushton and accompanying on a peer-to-peer visit
• Implementing weekly huddles, documenting QI activities

• Opportunities for practitioners to help shape the process
Challenges

1. **Scope:** SC is integrating a lot of components within this grant. While this creates layers of support and is ultimately anticipated to result in improved quality of care to pediatric patients, this creates issues with evaluation. “Which components contributed to improvements in care?”

2. **Ever changing needs – Planning vs Reality**
Challenges

3. Bureaucracy
   State government, federal government, AAP, Hospitals, ABP, Corporate Owners, ...

4. “Assistance” versus “burden” to the pediatric practices

5. Innovation
   Quoting Dr. Rushton and others...
   “We are going where no man has gone before”
Questions