QTIP Expectations for Participating Practices

The South Carolina Children’s Health Insurance Program Reauthorization Act (CHIPRA) demonstration grant, also known as Quality through Technology and Innovation in Pediatrics (QTIP), is aimed at improving the quality of children’s health care in South Carolina. This will be accomplished through the use of clinical quality measures, Health Information Technology (HIT) and the incorporation of mental health services into a medical home.

Under the terms of the Memorandum of Agreement, these are the obligations of each participating practice in order to receive the stipend payment in the grant.

The Physician Practice’s responsibilities include the following:

1. Participate in bi-annual Learning Collaboratives. These multi-day meetings must be attended by a team from each practice; Ideally, each team will be comprised of one (1) practitioner, one (1) nursing staff and one (1) front office staff or an equivalent group of team members. Absence from the Learning Collaborative will result in forfeiting that quarter’s stipend payment.

2. Actively participate in quality improvement (QI) initiatives:
   - Participation in the QI activities at the Practice site(s) is needed at a level that would qualify for Part IV Maintenance of Certification American Board of Pediatrics (ABP) credit.
   - Active participation in the QTIP BLOG as evidences by documented blog visits and (when appropriate) blog discussions.

3. Establishing a “QI core team” who will be responsible for implementing QI within the Physician Practice. The QI core team must consist of a lead physician, a nurse or staff with clinical responsibility, along with an administrative staff/office manager. This team should meet on a regularly scheduled basis to review the process and implementation of various QI efforts within the Practice site(s). QI meetings need to be documented each quarter in the QTIP blog tool for reimbursement to be processed. Weekly meetings are recommended; however, a minimum of 3 QI meeting must be documented each quarter.

4. Implement the Plan, Do, Study, Act (PDSA) quality improvement model. Although the number of PDSA cycles per site will vary, there must be some PDSA cycle documentation for each practice in order for reimbursement to be processed. A minimum of 2-3 PDSA cycles must be documented each quarter. **SEE UPDATED REQUIREMENTS #12-13 on page 3.**
5. Participate in 2 on-site visits made by CHIPRA Medical Director/QTIP Staff and to accompany the CHIPRA Medical Director on at least one yearly peer-to-peer site visit to another physician practice participating in the QTIP grant. Optional participation in multiple peer-to-peer site visits is encouraged for those interested.

6. Work toward addressing National Committee for Quality Assurance (NCQA) level PCMH standards. Practices achieving level 2 or 3 status will get a small additional financial reward in the latter years of the grant.

7. Work with QTIP HIT experts to adopt and use HIT to capture and share patient information. This will involve adopting an Electronic Medical Record (EMR) or CHIPRA data registry to exchange data over the South Carolina Health Information Exchange (SCHIEX) system. Those practices that are unable to connect through their EMR either because of data restriction requirements or because of the absence of a certified EMR will work with QTIP to pilot and use the QTIP Data Registry Tool until such time that an EMR is available.

8. Participate with academic detailing activities/site visits.

9. Participate with evaluation activities.

10. Sign a Memorandum of Agreement and a data transparency agreement.

11. Participate in the mental health integration aspect of the QTIP grant.

Quarterly payments of Four Thousand Five Hundred Dollars ($4,500) will be made upon SCDHHS’ sole determination that the Physician Practice met its responsibilities during the quarter. Quarterly payments will be made through the Medicaid MMIS system and will be authorized upon a review of the Physician Practice’s participation in meeting its responsibilities under the signed agreement.
Updates Effective August 1, 2012

12. By the end of 2012, practices must have worked with the QTIP Quality Improvement Coach and outline a series of PDSA cycles that would qualify for ABP\(^1\) credit).

13. Beginning October 2012 practices must submit a minimum of 4 PDSA cycles per quarter. We encourage your PDSA cycles to address:
   a. a preventative condition – required once per quarter
   b. an acute care or chronic care condition - required once per quarter
   c. a behavioral health condition. – required once per 12 month period
   d. cost effectiveness (such as ER, cost of ADHD, asthma medications, etc.) - required once per grant life.
   e. vulnerable populations - required once per grant life.

- NOTE: by addressing these components (13 a – e) you will also be qualifying for ABP MOC part IV credit.

\(^1\) PDSA cycles that would quality for ABP MOC credit include: at least 3 measurement over 6+ month period on the same issue along with 2 PDSA cycles interspersed on one of our 9 ABP approved topics