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**WE HAD A VISION**

**Quality:** Demonstrate that the 24 newly-developed CHIPRA core measures can be successfully utilized in pediatric practices to measure quality and improve care

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

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

**Pediatrics:** expand the use of pediatric medical homes to address mental health challenges of children in our state

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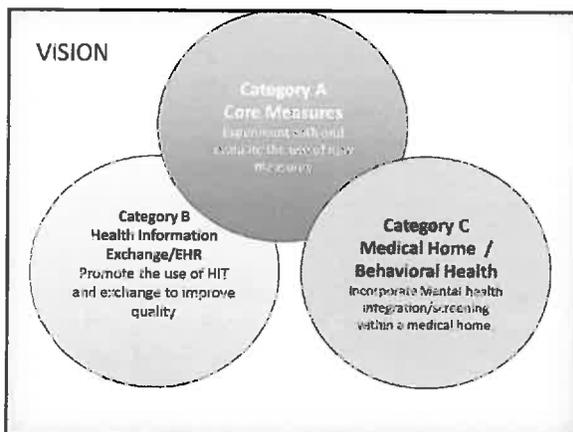
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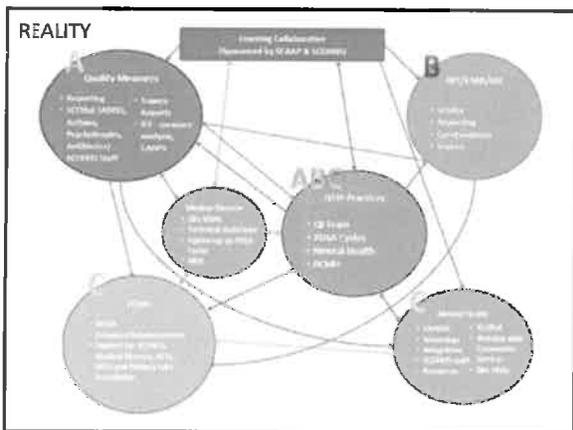
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**Working with Practices and Stakeholders**

<p><b>Pediatric Practices</b></p> <ul style="list-style-type: none"> <li>• 18 practices selected +</li> <li>• Each practice identified a quality improvement (QI) team: practitioner, nurse, and office manager</li> </ul> <p><b>Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• Techniques taught</li> <li>• Practices document QI work using Plan Do Study Act (PDSA) cycles</li> <li>• Focused topic workshops +</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Blog +</li> <li>• Monthly Webinars +</li> <li>• Learning collaborative presentations and Storyboards +</li> <li>• Planning &amp; Steering meetings</li> </ul>	<p><b>Learning Collaborative</b></p> <ul style="list-style-type: none"> <li>• 9 semi-annual sessions attended by QI team and stakeholders</li> <li>• Quality measures presented, expert speakers, patient-centered medical home and behavioral health concepts, information sharing, etc.</li> </ul> <p><b>On-Site Visits</b></p> <ul style="list-style-type: none"> <li>• Technical assistance by QTIP team</li> <li>• Peer reviewers</li> <li>• Academic Detailing</li> <li>• Mental health education and community resource meetings</li> <li>• QI coaching</li> <li>• PCMH consultation</li> </ul> <p><b>Maintenance of Certification (MOC)</b></p> <ul style="list-style-type: none"> <li>• Physicians can earn Part IV MOC credit on QI work</li> </ul>
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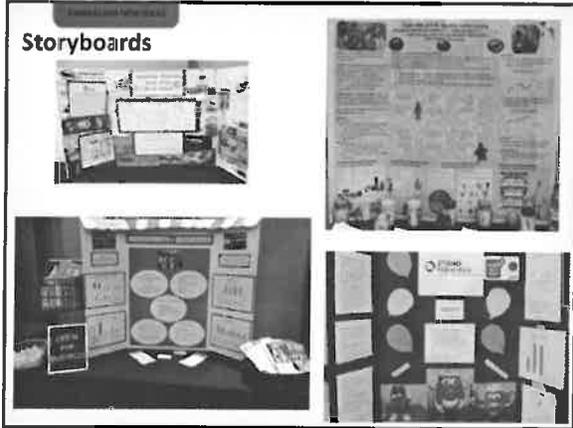
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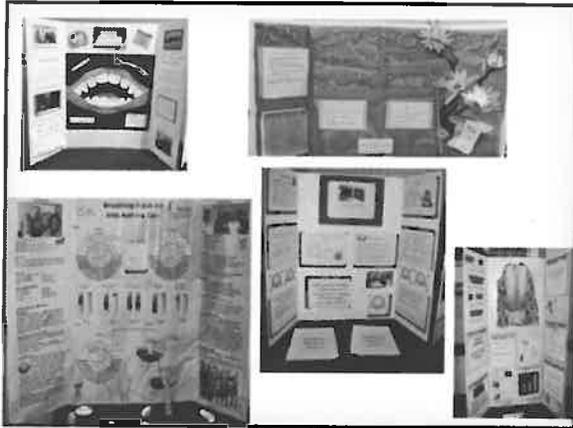
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- Working directly with a group of pediatric practices increased understanding and communication at the practice level
- Developing and supporting a clinical quality improvement team at each practice is essential
- Learning Collaborative sessions are effective at introducing evidenced based practices, anticipatory guidance and promotes sharing of ideas
- Keep practices engaged and activities meaningful:
  - Continuous messaging and technical assistance
  - MOC helped with engagement of other physicians
- Practices have multiple priorities; coordination and timing important
  - State, DHHS initiatives
  - Relate to MOC and PCMH
- Teach Quality Improvement
  - Techniques – basic skill building
- Partnerships/Relationships
  - SC AAP
  - Learning from each other
  - Relationships have changed from competitors to partners

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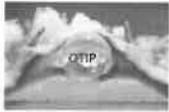
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### Vision



To improve children's quality of care through automated data collection ... and examine the ease of measuring core measures and the impact of their use on improving quality.

To provide useful ... strategies for reviewing quality data and determining the measures' applicability to practices and the state.

By:

- Introducing 24 core measures which cover breadth of pediatrics
- Providing anticipatory guidance
- Promoting grassroots initiatives by letting the practice chose what to work on and how
- Producing quality reports using EMR data

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### Reality

- While the children's core set addressed the comprehensiveness pediatrics, some measures were meaningful ... others were not
- Too many measures overwhelm
- Billing and coding guidance would have been helpful
- Helpful to link core measure work with MOC and PCMH
- Allow the freedom to select relevant measures while also having a concentrated focus on a few core measure(s)
- Correlation between QI on core measures and ability to seek reimbursement
- Technical assistance, support, communication and continuous messaging/engagement is essential
- Work on measures should continue for at least 24 months

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**HIT/EMR**  
Promote the use of HIT to improve quality

## Reality

### QTIP made progress



- Infrastructure for secure clinical data transmission was established
- Historical data and quality reports generated from 8 practices
- integrated clinical (EMR) and administrative (Medicaid) data for reporting
- Code review and additional information from administrative claims, eligibility and pharmacy allowed us to gather data on 18 core measures
- Developed measure-specific suggestions for improvement to EMR data capture and storage
  - "e-measures" created for Developmental Screening and BMI

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**Behavioral Health**  
Implement pediatric medical homes to address the mental health needs

## Vision



*"...integration of behavioral health care within the medical home..."*

Resources:

- AAP Mental Health Toolkits
- AAP Mental Health Readiness Inventory
- UMASS
- QTIP staff

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**Mental/Behavioral Health**

## REALITY

- The SC system of care nor practices were ready for full integration
  - Let practices set their own priorities with the goal of moving toward integration
- Needed to increase comfort level and build skills sets.
- Needed to frame mental health in the context of physical health

QTIP facilitated increased comfort with implementing evidence-based tools for routine screenings of developmental and behavioral health needs along with increased comfort in addressing behavior

### PROGRESS

- 100% of QTIP practices are now completing a screening; compared to 34% in 2010.
- Practices have shown growth in all 5 categories Mental Health Practice Readiness Inventory
- 13 Staff participated in UMASS (integration or care coordination training)
- Practices stated QTIP helped by providing:
  - \* tangible resources
  - \* recommended screening protocol
  - \* reimbursement mechanisms for screening
  - \* consistent reinforcement

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**Medical Home**

### Vision

To improve children's quality of care by promoting the pediatric medical home...

By working with practices to develop medical home characteristics ensured through NCQA recognition



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**Medical Home**

### REALITY

- The NCQA PCMH standards and office transformation are useful and result in increased quality; however, reporting requirements are onerous.
- National Committee for Quality Assurance – PCMH may not be for every practice
- Time and labor consuming
- Pediatric practices note benefits from the attention to all six standards... although some individual elements and reporting requirements not relevant

**PROGRESS:**  
As of November 2014:

- 3 QTIP practices are level 3 PCMH recognized
- 2 QTIP practices – level 2 PCMH recognized
- 7 are working on their application; 2 awaiting decision from NCQA

All QTIP practices appear to have made improvements in their medical home structure.




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**Quality Improvement**

**Academic Detailing**

**Learning Collaborative**

### Vision

- Academic Detailing to support work on core measures
- Teach Quality Improvement (PDSA)
- The Learning Collaborative will integrate all activities

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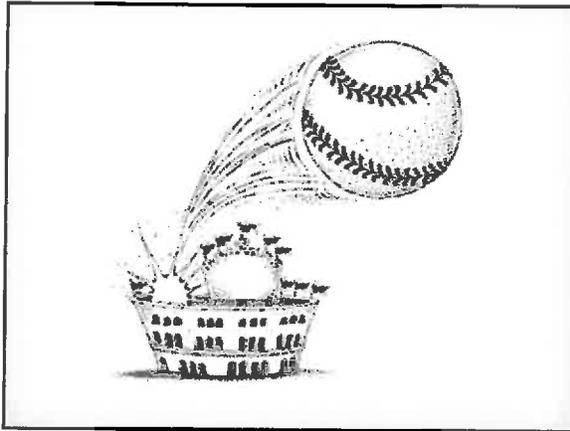
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**Reality**



- Receptive of information/resources – but often slow incorporating new information into office processes
- Academic Detailing supported work on: ADHD, Asthma, and SGAs
  - Practices have been receptive to Academic Detailing
- Quality Improvement
  - Teach QI processes and a variety of techniques; must be more than a method of documentation
  - Must happen at the practice level and involve a team (devoted staff)
- Learning Collaborative sessions
  - An effective method to educate and teach on core measures
  - Physicians rate as the top intervention that should be continued
  - Developed a community of learning and sharing

**PROGRESS:**  
QTIP has enhanced practices' ability to implement and sustain quality improvement. Practice team members feel empowered by improved knowledge, skills, and attitudes.

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**Overall REALITY:**  
from our Evaluation team



- Core measures
  - Improving rates on core measures requires work over an extended period > 2 years
  - Individual practices have made greater progress on selected measures than the group
  - In CY2013, QTIP as a group:
    - Improved on 16 of 21 core measures (9 statistically significant)
    - Improved at a rate greater than comparisons on 9 measures (5 significant)
- General:
  - Quality improvement must happen at the practice level
  - Participation in QTIP has improved practice performance
  - QTIP practices are influencing performance improvement in the state

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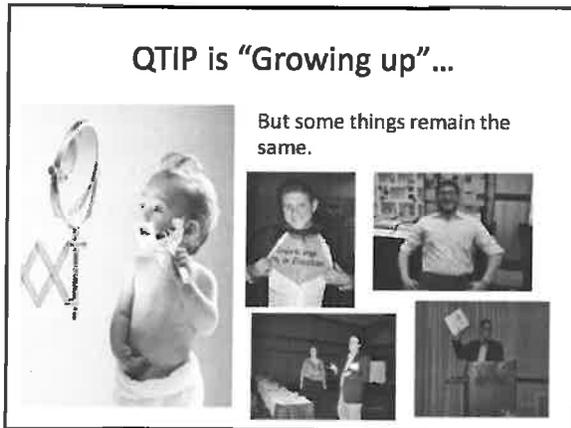
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**SC Moving Forward**

- A Pediatric Quality Unit within SC DHHS' Quality and Population Health Division will be established
  - Partner with South Carolina American Academy of Pediatrics
- Coordinate initiatives within DHHS, managed care, behavioral health and other state level efforts
- Expand the number of pediatric practices participating
- Continue two learning collaborative (LC) sessions/year
  - Introduce evidenced based practices on core measures
  - Promote mental health, quality improvement and medical home concepts
  - Provide networking opportunities, discuss strategies, present successes and share lessons learned

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**Core Measures**

Focus on core/quality measures by:

- Select 7-10 measures for focus
- 1-2 measure(s) will be have a mandated focus for 24 months
- Provide anticipatory guidance, resources, tools, and evidenced-based best practices
- Offer American Board of Pediatrics Maintenance of Certification (MOC) Part IV credits
- Provide Academic Detailing (1 year)
- Coordinate with state initiatives (other payers)
- Offer billing and coding guidance

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**New Plans**

- Data collection:
  - Exploring a "Senior leader" report
  - Exploring providing data through administrative claims
- Continue efforts on mental health integration and screenings (resources, skill building, etc.)
- Work on patient centered medical home-ness/transformation

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### Technical Assistance

- Provide a broad array of technical assistance to support key messaging/concepts presented at the LC:
  - Webinars/conference calls
  - Site visits to the participating practices – led by Medical Director
  - Mental health coaching, including community meetings and resource linkage, etc.
  - PCMH assistance with office transformation
  - Workshops, including specific training on select core measures/initiatives
- Teach quality improvement techniques

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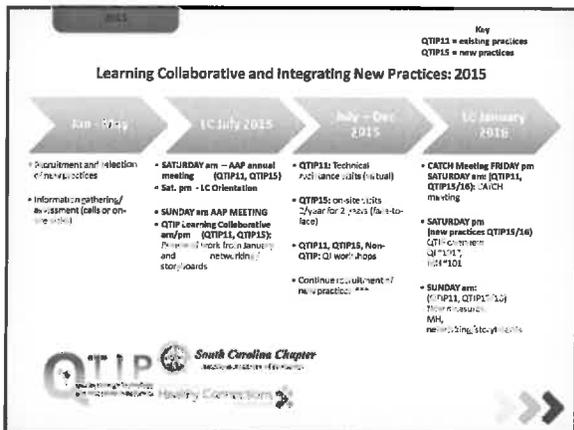
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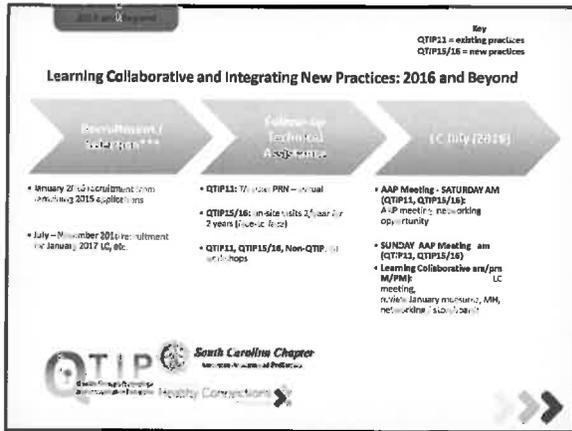
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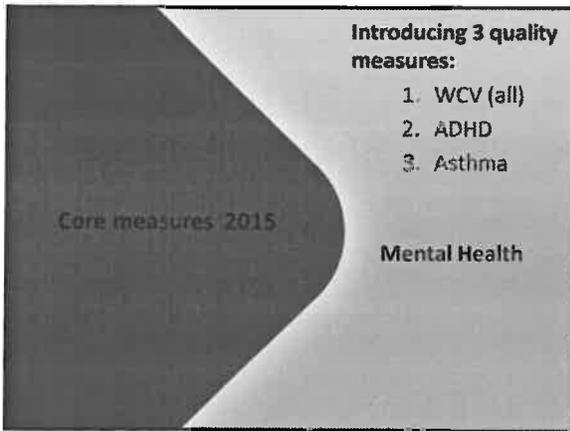
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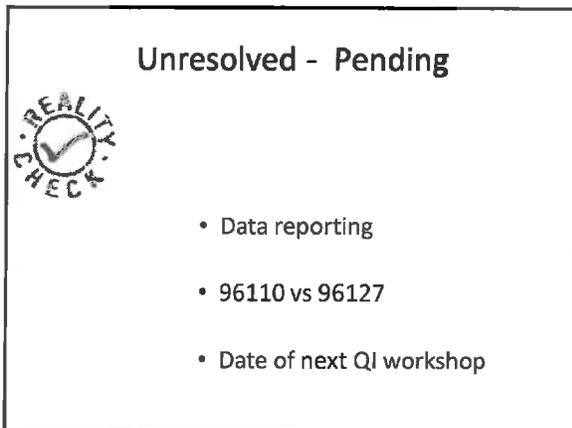
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Thank you!

It has been  
a journey

a learning experience

and it has been

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**Great group to work with**

- MYRTLE BBEEEEAAACCCCHHHH
- You will not hear this said in my house
- Thanks for your help in Baltimore - NOT
- I'll go... I can shop there
- Remember to ask why they are asking...
- Where in the world is Francis and remember it was his idea
- Lets go ride horses in the desert then lay by the pool
- "Gammy" Abuela
- Liz, I need your help



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Lynn Martin, LMSW 803-898-0093 [martinly@scdhhs.gov](mailto:martinly@scdhhs.gov)

Healthy Connections 



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