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
Working with Practices and Stakeholders

Pediatric Practices
- 18 practices selected
- Each practice identified a quality improvement QI team: practitioner, nurse, and office manager

Quality Improvement
- Techniques taught
- Protocol to document QI work using Plan Do Study Act (PDSA) cycles
- Focus on topic workshops
- Seminars
- Blog
- Monthly meetings
- Learning collaborative presentations and workshops
- Planning & steering meetings

Learning Collaborative
- 8 semi-annual sessions attended by QI team and stakeholders
- Quality measures presented, expert speakers, patient-centered medical home and behavioral health concepts, information sharing, etc.

On-Site Visits
- Technical assistance by QTIP team
- Peer review visit
- Academic Detailing
- Mental health education and community awareness meetings
- QI coaching
- PCMH consultation
- Maintenance of Certification (MOC)
- Physicians can earn Part IV MOC credit on QI work
**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 choose what to work on and how
- Producing quality reports using EMR data

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**Reality**

- 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

- While the children’s core set addresses the comprehensiveness pediatrics some measures were meaningful ... others were not
- Too many measures overwhelm
- Billing and coding guidance would have been helpful
Vision

To share key clinical data through a statewide electronic quality improvement network

Automate the data collection at the point of care delivery... to collect quality measures...

By:
- Integrating clinical (EMR) and administrative (Medicaid) data for reporting
- Developing measure-specifics suggestions for improvement to EMR data capture and storage
- Producing closed-loop quality reports

Reality

at times it was like

- SC was overly optimistic about state level exchange adoption
- EMR landscape was changing and diverse
  - Multiple or various EMR systems make it difficult to extract and use data
  - Changes in EMRs
  - Practices' reported:
    - Incompatibility with systems
    - Incomplete electronic reports
    - Significant changes
    - Nonpediatric "friendly"

- CHIPRA core measures tend to be HEDIS measures that are easily measured by billing data, but not by EMR extraction
  - EMR data and administrative claims may yield very different results
  - The practical EMR alone does not constitute a complete medical record
  - Disconnect often existed with coordinating efforts with practices, vendors, affiliate administrations
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 8 core measures
- Developed measure-specific suggestions for improvement to EMR data capture and storage
  - "e-measures" created for Developmental Screening and BMI

Vision

Integration of behavioral health care within the medical home...

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

Mental/Behavioral Health

REALITY

- The SC system of care nor practices were ready for full integration
  - Set practices at 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 context of physical health

PROGRESS

- 100% of QTIP practices are now completing a screening; compared to 24% 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
Medical Home

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

Vision

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

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:

- 9 QIP practices are Level 3 PCMH recognized
- 2 QIP practices - Level 2 PCMH recognized
- 7 are working on their application; 2 awaiting decision from NCQA

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

Vision

- Academic Detailing to support work on core measures
- Teach Quality Improvement (PDSA)
- The Learning Collaborative will integrate all activities
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 (3 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
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

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

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
Technical Assistance

- Provide a broad array of technical assistance to support key messaging/concepts presented at the LC:
  - Workshops/conference calls
  - Site visits to the participating practices – led by Medical Director
  - Mental health coaching, including community meetings and resource linkage, etc.
  - PCM assistance with office transformation
  - Workshops, including specific training on select core measures/initiatives
  - Teach quality improvement techniques
Learning Collaborative and Integrating New Practices: 2018 and Beyond

Introducing 3 quality measures:
1. WCV (all)
2. ADHD
3. Asthma

Core measures 2015
Mental Health

Unresolved - Pending

- Data reporting
- 96110 vs 96127
- Date of next QI workshop
Thank you!

It has been
a journey

a learning experience

and it has been

Fun

Lynn Martin
Great group to work with

- WYRTLE BBEEEEAAAACCCCHHH
- 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
- Let's go ride horses in the desert then lay by the pool
- "Gammy" Abuela
- Liz, I need your help

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- Healthy Connections

[Image of Healthy Connections logo]