2015 Reporting

Two avenues

- Family Leader Report
  - Produce 12, prioritize, present at STP (HIV/AIDS)
  - Expanded model: protective factor, positive outcome, AHRQ report, short answer.
  - Research project and CI team support.

- Administrative Work (reporting down IPS)
  - General/non-Federal
d  - Protocol letter

Why Data?
Why Reporting?

- To reinforce monitor work at the partner level
- To help generate discussion and comparison among QIIP practices, benchmarking
- To assist with monitoring of ABP MOC Part IV
- To compare, validate outcomes provided from Medicaid administrative claims
Monthly Reporting on:

- QTIP and Managed Care Measures of Focus
- Promise management
- ADHD management
- Well Child care/Complex Care
- Behavioral health
- Other QI projects or initiatives you are working on
For each measure working on:

- Data collection will start in 5 weeks
- ADR treatment for each measure is ongoing (including teen care, coding in progress)
- Two demographic domains
  - Psychiatric care
  - Cyberbullying
- Medical documentation
  - Medical information
  - Data interpretation
- Prevention
- Prevention of cyberbullying
- Prevention of suicide

How is this different from Previous Data Collection (Blog)?

- "Registry" data in an excel sheet so it can be easily utilized
- Recording as AIM-treatment
- Collapsing of PD2A into PD and SA
- Provider's historical record accounting on one sheet
- Spreadsheet will have workbooks for each measure
- Upload reports to the blog

Feedback...

- QTIP 1 practices remaining with QTIP
- SC AAP Learning Collaborative Committee

Goal:

- Finalized plan and refinement of project by June 2015
Example

THE SPREADSHEET