



Quality Strategies That Work... The QTIP Story

QTIP Learning Collaborative
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Framing the QTIP Story...



The diagram illustrates a process flow: OIGRA (Research and Evaluation) leads to a Learning Collaborative (Learning, Evidence-Based, Integrative, Collaborative). This leads to Multiple QTIP EA (Evidence-Based, Quality Improvement). This leads to a QTIP Action CE Strategy POSH Cycle (Quality Improvement, Practice Change, Evidence-Based, Quality Improvement). This leads to Improved Outcomes (Improved Outcomes, Practice Change, Evidence-Based, Quality Improvement). This leads to SYSTEM CHANGE (Improved Outcomes, Practice Change, Evidence-Based, Quality Improvement).

Building the QTIP Story

- QTIP continues to positively influence state performance on core measures.
- Between CY2011 and CY2013:
 - QTIP practices as a group improved on 16 of 21 core measures (9 statistically significant).
 - QTIP improved at a rate greater than comparisons practices on 9 measures (5 significantly).
- QTIP practices report increased commitment to QI efforts.
- QTIP practices report efforts to integrate BH care into primary care as worthy of time, energy, and resources.
- That story has not changed....

**Core Measures
Help Tell the QTIP Story**

- 24 original measures covered
- 12 focused on by QTIP practices (PDSAs, etc.)
- Helped focused practice efforts on specific interventions
- Highlighted relevance of practice-level QI to overall state

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**QI Strategies
Help Tell the QTIP Story**

- Additional data from you (August surveys)
 - QTIP interventions/supports—QI practice change (survey)
 - Core quality measures—improved outcomes (survey)
 - PDSAs as primary QI strategy - analysis
- Relationship among these data sources

Learning Collaborative is the Anchor

The LC framework has been a very helpful strategy in changing the attitudes, knowledge, and skills of pediatric providers and QI team members.

Evaluations of 6 Bi-Annual Learning Collaborative Meetings: Selected Findings for 2011-2013

- Cited as **Most Useful**
 - hearing what other practices are doing
 - how practices are progressing towards QI goals
 - tips on what works/doesn't work
 - PDSA cycle presentations
 - networking opportunities
- Participants consistently left LC meetings energized and ready to push forward with QTIP goals.

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Key Facilitating Factors of Learning Collaborative to Implementation Efforts

- **Empowerment**
 - Lead providers felt more comfortable initiating and implementing QI projects.
 - Nurses, especially, reported increased confidence as partners with doctors in QI decision-making, sharing ideas/strategies to address core measures, and offering reminders of best practices and contributing to evidence-based practice decisions.

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Key Facilitating Factors of Learning Collaborative to Implementation Efforts (cont'd.)

- **Peer Influence**
 - Providers reported that interacting with other providers enhanced care-delivery decision-making.
 - Providers reported that the sharing of successes and challenges encouraged commitment to high performance.
 - Providers noted the importance of a respected pediatric champion serving as the project medical director as it increased their commitment to the QI process

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QTIP Interventions and Supports Questionnaire (N=36): Improving Patient Care Delivery

- Most all QI team members reported the following as being very helpful:
 - Learning Collaborative meetings (86%)
 - PDSA cycles (69%)
 - Behavioral Health TA (68%)
- Most also reported as very helpful
 - Academic Detailing
 - QI Technical Assistance
 - Medical Director Technical Assistance
 - Peer to Peer Support



QTIP Interventions and Supports Questionnaire (N=36): Application Process - Achieving PCMH Recognition

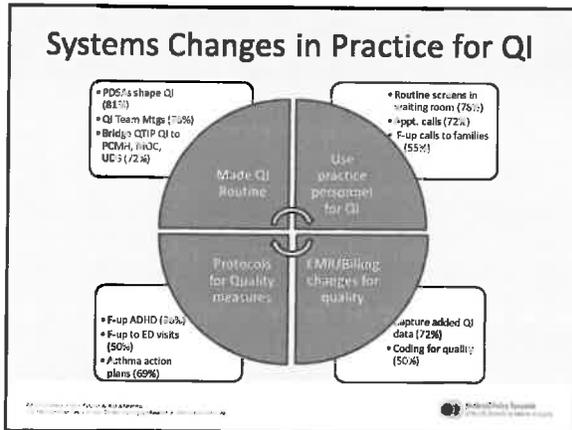
- Very helpful
 - Learning Collaborative Meetings (63%)
 - PDSA cycles (61%)
 - Peer-to-Peer Support (55%)
 - QI Support Technical Assistance
 - Medical Director Technical Assistance
 - Academic Detailing

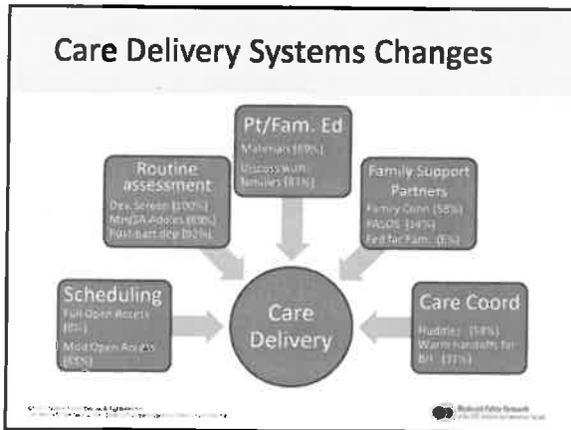




PRACTICE LEVEL SYSTEMS CHANGES







QTIP Interventions and Supports Questionnaire: Practice System Changes

- Of the 9 change categories on the survey, no category had not been addressed by a majority of the respondents.
- 6 of the 9 system change categories listed had responses of change in their practice by all (100%) of those responding to the questionnaire.
- Almost ¾ (72%) reported that systems changes in their practices are used by all PCPs, not just by QTIP PCPs.

**QTIP Interventions and Supports Questionnaire:
Engagement in QTIP QI Activities**

	Very Involved/ Very Engaged	Involved/ Engaged	Combined
QTIP Team	77.1%	20%	97.1
Entire Practice	29.4%	41.2%	70.6%
You	80%	20%	100%

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Core Quality Measures-How Useful Are They?

**Core Quality Measures Questionnaire:
Rated Most Useful**

Core Measure	Usefulness
Adolescent Well-Care Visits	100.00%
Follow-Up Care for Children Prescribed ADHD Medication	100.00%
Preventive Dental Services	100.00%
BMI Assessment for Children/Adolescents	100.00%
Developmental Screening in First Three Years	96.67%
Immunization Status-Childhood and Adolescents	96.67%
Well-Child Visits -15months and 3 rd -6 th Years	86.67%
Children's and Adolescents' Access to Primary Care	93.33%
Dental Treatment Services	95.23%
Chlamydia Screening	90.00%
Ambulatory Care-Emergency Department Visits	86.60%

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**Core Quality Measures Questionnaire:
Rated Least Useful**

Core Measure	Usefulness
Timeliness of Prenatal Care	27%
Frequency of Ongoing Prenatal Care	27%
Pediatric Central-Line Bloodstream Infections	20%
C-Section Rate	10%

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Impact on Quality Measures
PDSA CYCLES HELP TELL THE STORY

PDSA Cycles

- Varied widely
 - Across practices and measures
 - In number and quality
- Ranged from zero to 214 per measure
- Greatest measure of QI activity



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Questions . . .

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