PRACTICE TRANSFORMATION IN THE PEDIATRIC OFFICE

"QUALITY PAYS"

Where to Start??

What do we need??

THE QTIP ADVANTAGE
The Business Side of QTIP

Many practices are taking this approach to quality improvement

QTIP Practices are More Prepared
The other essentials??

What else do we need??

One Guinea Pig

Or maybe two, if willing to dive in

A supportive staff

A leader who can persuade the others to dive in also!

The Sandhills Experience....
Baby Steps at Sandhills Became Big Gains

- Began as internal initiative, incorporated into SC QIIP program
- Reshaped developmental screening twice
- Incorporation of Mental Health into Daily Routine
  - Postpartum Depression Screening
  - Reshaped ADHD care to match AAP guidelines
  - Depression screening ages 11-21
  - Health Screen from infancy to adolescence
  - In-House Counselor
- Focused on decreasing ER utilization
- Focused on increasing well care and immunization rates
- Dental vanish
- Reshaped asthma care: EMR protocols, MCT, Action Plans
- Certified as NCQA Level 3 PCMH Feb 2014

"If Mama ain't happy ain't nobody happy..."
Postpartum Depression Screening
At Sandhills Pediatrics

Baseline Data

Postpartum Screen 4th Quarter 2014

One in Five Children Have A Diagnosable Mental Health Illness.

"No Pain, No Gain"

Incorporating Mental Health into the Pediatric Office
Mental Health in Pediatrics
- Post Partum Depression
- Developmental Issues/Autism
- Behavioral Problems in Young Children
- Family Issues
- School Performance/Behavioral Problems
- ADHD
- Substance Abuse Screening
- Depression Screening and Treatment
- Access to Mental Health Professionals

In Office Counselor
- Built on existing relationship with LPC
- Already rented part time space for private practice
- 18 years experience, inking with Medicaid
- Works 4 days per week, rotates all offices
- Access to EMS. Facilitates referrals, communication, case referral process
- Medication access to counseling especially enhanced
- Not without growing pains (insurance panels and established referral patterns)

Summary of Our Experiences
- Revamped ADHD protocols for diagnosis and follow-up: improved significantly
- Teen Depression Screening uniformly done
- Child Mental Health and Adolescent Depression Screening: a work in progress
- In house Counselor: new profitable after a slow start.

Oral Health and Children
Early childhood caries (cavities) is the number 1 chronic disease affecting young children.

Early childhood caries is 5 times more common than asthma and 7 times more common than hay fever.

Tooth pain keeps many children from school or distracted from learning.

Children are recommended to have their first dental visit by age 1.

AAP UPDATED RECOMMENDATIONS
- For Release Aug 25, 2014
- AAP states that fluoride is effective for cavities prevention in children. The AAP is issuing the following new recommendations:
  - Fluoride mouthwash is recommended for all children starting at tooth eruption, regardless of caries risk.
  - A smear (the size of a grain of rice) of fluoride should be used up to age 3. After the 3rd birthday, a pea-sized amount may be used. Parents should disperse mouthwash for young children and supervise and assist with brushing.
  - Benefits seen in recommendations are for permanent teeth only, some benefits seen in temporary teeth as well.
  - Over the counter fluoride rinse is not recommended for children younger than 6 years due to risk of swallowing higher than recommended levels of fluoride.
  - Previously the AAP recommended varnish only to high risk patients.
Increasing Well Visit Rates

- Why? Well Visits pay on average 60-70% more than sick visits, and contribute to HEDIS Scores, which can influence insurance contracting AND payments for ALL visits
- How? Added questions to every EMR template asking if well care and immunizations were UTD
- Used Practice Management System to generate lists of patients who were not current and contacted 750 to 1000 patients per month
- Began contacting by email or text when able

Real Numbers in SC Sandhills Pediatrics

- Medicaid well visits paid overall 62% higher than sick visits from April 2014 to April 2015
- 3 well visits generated as much revenue as 5 sick
- Well visits are vary less by season and not as prone to fluctuation from year to year
- ALL of us have large numbers of patients who are not current on well care
Asthma Care
- Sandhills also revamped asthma care through QTIP
- Developed specific asthma follow-up protocols in EHR
- Increased utilization of spirometry
- Introduced and measured use of Asthma Control Test
- Introduced and measured use of Asthma Control Plans
- PDSA cycles addressing flu vaccine rates in asthma patients

PCMH CERTIFICATION
- Quarterly payments by all Medicaid plans
  $0.50 PMPM for application in process
  $1.00 PMPM for NCQA Level 1
  $1.50 PMPM for NCQA Level 2
  $2.00 PMPM for NCQA Level 3
- BCBS of SC also pays extra. No other payers yet
- Sandhills certified as NCQA Level 3 February 2014
So, What Next??

Most practices are taking this approach to the coming payment models

P4P Measures BCBS of SC
- Asthma Care: Controller Meds and Flu vaccines
- Well Care rates: 0-15 months, 3 to 6 yrs, 12 to 17 yrs (HEDIS)
- Immunization rates: 2 year olds and 13 year olds
- PCMH Certification

QTIP Practices are More Prepared

After Five Years, A New Model Has Evolved!

As well as a new “collaborative”
Sandhills Pediatrics and Palmetto Pediatrics have united to form the South Carolina Pediatric Alliance