QTIP: TRIVIA

July 31, 2016

Lynn Martin, LMSW
Disclosure Statement

Lynn Martin

• I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
How much was SC awarded to administer our 5 year grant?

A) 5.1 million

B) 9.2 million

C) 10.5
QTIP Team

QTIPs’ new QI Staff:
Laura Brandon
Q in the Q-TIP swab stands for:

A) Quality
B) Quick
C) Quilted
DID QTIP SUCCEED?
YES!

Accomplishments

“QTIP achieved both measurable and immeasurable impacts on CHIPRA core measures, incorporating behavioral health into the pediatric medical home, enhancing medical home structures within practices and infusing a ‘culture of quality’.”
What worked...

STRUCTURE

- Variety of practices and team members
- Continuity
- Direct support
- Partnership
- Learning Collaborative
- Teaching QI
What were the 2 most frequent PDSA topics documented by QTIP practices?

A) Asthma and Preventative Dental

B) Preventative Dental and Developmental Screening

C) Mental Health and Developmental Screening
QTIP Award

Most QI meetings documented on blog in 2016

LRMC and BJHCHS
CORE MEASURES

• Change in performance (2011-2013)
  As a group, QTIP practices improved on 16 core measures (11 statistically significant).
  • Dental (2)
  • Well child visits (3)
  • Weight Management (1)
  • Access (2)
  • Developmental Screening (3)

• Increased skills in collecting quality measures
What core measures did QTIP as a group show the most improvement between 2011 and 2015?

A) Developmental Screening and ADHD

B) BMI and Well Child Visits 6+ in the 1st 15 months of life

C) ADHD and WCV 6+
HEDIS

ADHD

2011 2012 2013 2014 Sep-15

ADD - Reported rate - Initiation

ADD - Reported rate - Continuation

42.1 40.7 44.3 58.0 53.5

51.9 50.4 49.5 67.7 64.6

27% change 23% change
Impact of the collection of core measures

Pediatric practice and performance:
• New scheduling strategies
• Protocols for quality measures
• Routine assessment /screening
• Routine efforts to educate patients/families
• Utilized practice personnel in different ways
• QI as routine
• EHR and billing procedures changed

Nationally
• Provided input on usefulness of core measures
## QTIP 2011

### Quality Measure Year SEP2015

QTIP 11 represents the "original" 18 practices who were engaged with QTIP from 2011 - 2014.

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Overall QTIP11</th>
<th>Overall State</th>
<th>National Perc50</th>
<th>National Perc75</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent Well-Care Visits</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AWC - Reported Rate</td>
<td>55.3</td>
<td>30.6</td>
<td>48.5</td>
<td>59.2</td>
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<tr>
<td><strong>Annual Dental Visits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ADV - Rate - 2-3 Years</td>
<td>41.2</td>
<td>36.9</td>
<td>37.5</td>
<td>44.0</td>
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<tr>
<td><strong>Appropriate Testing for Children With Pharyngitis</strong></td>
<td></td>
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<tr>
<td>CWP - Reported Rate</td>
<td>77.0</td>
<td>72.5</td>
<td>68.5</td>
<td>78.0</td>
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<tr>
<td><strong>Appropriate Treatment for Children With Upper Respiratory Infection</strong></td>
<td></td>
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</tr>
<tr>
<td>URI - Reported Rate</td>
<td>90.0</td>
<td>85.0</td>
<td>86.1</td>
<td>91.2</td>
</tr>
<tr>
<td><strong>Children and Adolescents' Access to Primary Care Practitioners</strong></td>
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<tr>
<td>CAP - Rate 12-24 Months</td>
<td>99.6</td>
<td>91.5</td>
<td>97.0</td>
<td>97.9</td>
</tr>
<tr>
<td>CAP - Rate 25 Months-6 Years</td>
<td>98.2</td>
<td>81.5</td>
<td>89.1</td>
<td>91.7</td>
</tr>
<tr>
<td>CAP - Rate - 7-11 Years</td>
<td>98.9</td>
<td>86.9</td>
<td>91.2</td>
<td>93.5</td>
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<tr>
<td>CAP - Rate - 12-19 Years</td>
<td>99.1</td>
<td>83.7</td>
<td>90.0</td>
<td>92.2</td>
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<tr>
<td><strong>Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</strong></td>
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</tr>
<tr>
<td>ADD - Reported rate - Initiation</td>
<td>53.6</td>
<td>52.0</td>
<td>41.1</td>
<td>47.0</td>
</tr>
<tr>
<td>ADD - Reported rate - Continuation</td>
<td>64.6</td>
<td>60.4</td>
<td>49.5</td>
<td>57.6</td>
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<tr>
<td><strong>Use of Appropriate Medications for People with Asthma</strong></td>
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<tr>
<td>ASM - Rate - 5-11 Years</td>
<td>91.6</td>
<td>88.1</td>
<td>91.1</td>
<td>93.6</td>
</tr>
<tr>
<td>ASM - Rate - 12-18 Years</td>
<td>89.8</td>
<td>85.1</td>
<td>87.3</td>
<td>89.5</td>
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<tr>
<td>ASM - Rate - Total</td>
<td>90.8</td>
<td>84.2</td>
<td>84.9</td>
<td>87.2</td>
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<tr>
<td><strong>Well-Child Visits in the First 15 Months of Life</strong></td>
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<td></td>
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<tr>
<td>W15 - zero visits Rate *</td>
<td>1.4</td>
<td>3.4</td>
<td>1.5</td>
<td>2.6</td>
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<tr>
<td>W15 - one visit Rate</td>
<td>1.5</td>
<td>2.4</td>
<td>1.6</td>
<td>2.4</td>
</tr>
<tr>
<td>W15 - two visits Rate</td>
<td>2.6</td>
<td>3.7</td>
<td>2.6</td>
<td>3.7</td>
</tr>
<tr>
<td>W15 - three visits Rate</td>
<td>4.9</td>
<td>5.8</td>
<td>4.9</td>
<td>6.3</td>
</tr>
<tr>
<td>W15 - four visits Rate</td>
<td>10.4</td>
<td>10.6</td>
<td>9.2</td>
<td>11.9</td>
</tr>
<tr>
<td>W15 - five visits Rate</td>
<td>20.9</td>
<td>19.3</td>
<td>16.0</td>
<td>18.7</td>
</tr>
<tr>
<td>W15 - Six or More visits Rate</td>
<td>59.4</td>
<td>54.6</td>
<td>62.9</td>
<td>69.8</td>
</tr>
</tbody>
</table>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

2011 | 2012 | 2013 | 2014 | Sep-15
--- | --- | --- | --- | ---
1.2 | 1.9 | 12.7 | 20.1 | 27.9

Overall QTIP11 Practices
- Perc25: 27.9
- Perc50: 41.9
- Perc75: 57.4
- National Benchmarks: 73.7
- Overall State: 15.7

Weight Assessment and Counseling
• Increased HIT adoption and utilization

• Implemented a transferrable and scalable data collection method useful to a variety of practices

• Identified strengths and challenges of administrative claims and EMR data
Of the original 18 practices, how many EMR changes occurred between 2011 and 2014?

A) 12

B) 15

C) 19
PCMH

• Increased number of NCQA-recognized PCMH pediatric practices

• Helped make recommendations on SCDHHS policy
MENTAL HEALTH

- Changes in attitude and behavior
- Increased screening using nationally validated tools
- Improved access to and satisfaction with MH services
  - Increased delivery of mental health service
  - Increased awareness and use of community resources
  - Increased integration
  - Open dialogue
QTIP: TRIVIA

QTIP practices’ (overall) level of integration increase was?

A) 6%
B) 11%  [Correct Answer]
C) 15%
Developmental Screenings
88% to 100%

Adolescent Depression Screenings
~58% to 100%

Family MH and substance abuse
~54% to 85%

WOW!
Impact of QTIP on the State

**Practice level**
- Culture of quality
- Relationships
- Incorporating & sustaining non-traditional services

**System level**
- Framework for other initiatives
- Dialogue
- Transferrable skill sets
- Partnerships
What percentage of Medicaid eligible children are served by current QTIP practices?

A) 30%
B) 26%
C) 41%
QTIP Award for “Sticking your Neck Out”

Deandra Clark, MD

AnMed
QTIP Award for “Sticking your Neck Out” with innovative approaches

Debbie Greenhouse, MD
Palmetto Pediatrics
2016 - 2017
January – June 2016

- 27 active practices
- Learning Collaborative
- Bright Futures
- QIDA
- Updated MOC
- Technical Assistance
How many visits has Kristine made during the past 12 months?

A) 62

B) 94

C) 126
QTIP Award

for persistence and participation during community visits

Grand Strand Pediatrics
Bright Futures (PreSIPS2)

- SC is one of 4 states awarded a grant from the National AAP
- 24 active SC offices
- Focus:
  - 9 and 24 month well child visits
  - Screenings and risk assessments
- Time Frames:
  - “live” January 2016
  - November 2016 project concludes with final data pull
- QIDA
WOW

Documentation of Patient/Family concerns
- 93% (9 mo.)
- 90% (24 mo.)

Performing Age Appropriate Medical Screening (measure and plot weight)
- 99% (9 mo.)
- 98% (24 mo.)

Perform Developmental Screening
- 81% (9 mo.)

Perform Oral Health Risk Assessments
- 87% (24 mo.)
QTIP Award

Bright Futures Data Submission
“Early Bird”

Amanda McDuffie
Salerno Pediatrics
We would like to ACKNOWLEDGE offices who started participating in Bright Futures
July – December 2016

- Learning Collaborative
- Technical Assistance
- Complete Bright Futures Nov 2016 final data pull

2017

- Learning collaborative (LC) sessions/year
  (WCV, adolescent, BMI)
- Provide **technical assistance**
  - Site visits
  - Provide training on quality improvement topics or techniques
  - Continue mental health integration efforts
  - Monthly calls
- QIDA
MCO Incentives and Withholds 2017

Pediatric Preventative Care
- Well-Child Visits in the first 15 months of Life (6 visits)
- Well Child Visits in the 3\textsuperscript{rd}, 4\textsuperscript{th} and 5\textsuperscript{th} and 6\textsuperscript{th} years of life
- Adolescent Well-Care Visits
- Weight Assessment and Counseling for Nutrition and Physical Active for children/adolescents: BMI percentile total.
QIDA group A
(Jan, Mar, May, July, Sept, and Nov)

6-9 months
• Well child visits
• Vaccinations
• Maternal depression
• Socio environmental screening
• Family strengths

Adolescents
• PCP
• Well child
• Vaccinations
• Mental Health assessments and follow-up
• Risk Assessments
• Assessment for special health care needs
• Family Strengths
• BMI
QIDA group B
(Feb, Apr, June, Aug, Oct and Dec)

24 months
• Well child visit
• Risk Assessments
• Screening special Health Care Needs
• Family strengths
• Family Concerns
• Oral Health
• Social determinates of Health
• BMI

Asthma
• General Asthma Care
• PCP
• Well child visits
• BMI
Who are the QTIP Rock Stars?

A) You
B) You
C) You
wants your Feedback

- Small groups
- QTIP awards
- Story Boards
- Dr. Khetpal

Considering/need feedback:
- QTIP Mentor?
- Ways to keep QTIP interesting
- QI workshop topics ?
- QI Coordinators group ?
Thank you for being part of QTIP and making QTIP a success!
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