Engaging Pediatricians in Quality: The South Carolina Experience

SC QTIP
Quality through Technology and Innovation in Pediatrics
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Broad Focus on Quality

• Simultaneously focusing on acute, chronic, prevention.
• 24 Core CHIPRA Indicators topicaly are a pretty good list.
• We added Behavioral Health Issues and PCMH
• Grassroots control, they don’t have to work on every indicator and how they work on them is up to each practice.
• NCQA PCMH requires a broad focus on QI. We are meeting this standard for our practices.

Significant Investment Needed to Start Statewide Pediatric QI in SC

Skill Building
• Teaching model for improvement
• Developing QI Teams at the same level
• Multiple contacts
• Twice a year learning collaborative session
• Twice a year technical assistance visits
• On going blog conversation
• Monthly conference calls
• Twice a year academic detailing

Incentives
• Stipends
• ABP MOC IV Credit. We have portfolio status and can give credit for many topics
• Credit for NCQA PCMH Standard 6
• CME credit for winter learning session
• Networking opportunity
• Provide Data
Grassroots Nature of our Collaborative Treats Participants as Experts

- Academic oversight provided by SC AAP committee (Practitioners and Academics)
- Speakers split between “outside” experts and members of our practice QI teams
- All Practices given opportunity to report at each learning collaborative session
- Practice QI team members encouraged to visit other practices
- Teaching practices to do their own data collection including 10 chart audits

Bright Futures: 9 month visit

![Graph showing documentation of patient/family concerns elicited over five cycles.]

Bright Futures 9 Month Visit

![Graph showing performance of age-appropriate risk assessments over five cycles.]

July 1, 2016 QIIP practices main and satellite offices
Table 4: Analysis of PDSA Cycles and Core Quality Measures

<table>
<thead>
<tr>
<th>Core Measure</th>
<th>Number of PDSA Cycles</th>
<th>High/Med vs Low P-VALUES</th>
<th>High/Med vs Low INC/DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screening: First 3 years</td>
<td>182</td>
<td>0.0002</td>
<td>Increase***</td>
</tr>
<tr>
<td>Appropriate Treatment: Children with UR</td>
<td>158</td>
<td>0.8591</td>
<td>Increase</td>
</tr>
<tr>
<td>Total Eligible Preventative Dental Services</td>
<td>130</td>
<td>0.0000</td>
<td>Increase***</td>
</tr>
<tr>
<td>Maternal Assessment &amp; Counseling: Child/Adolescent BMI</td>
<td>91</td>
<td>0.0000</td>
<td>Increase***</td>
</tr>
<tr>
<td>Follow-Up Care: ADHD: Medication Initiation</td>
<td>84</td>
<td>0.2438</td>
<td>Increase</td>
</tr>
<tr>
<td>Follow-Up Care: ADHD: Medication Continuation</td>
<td>84</td>
<td>0.8575</td>
<td>Increase</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>76</td>
<td>0.0000</td>
<td>Increase***</td>
</tr>
<tr>
<td>WCV First 15 Months: 6 Visits</td>
<td>64</td>
<td>0.0321</td>
<td>Increase*</td>
</tr>
<tr>
<td>Children and Adolescents' Access to PCPs</td>
<td>51</td>
<td>0.0328</td>
<td>Increase*</td>
</tr>
</tbody>
</table>

Significance: *p-value < 0.05, **p-value < 0.01, ***p-value < 0.001
HPV

[Graph showing HPV vaccination rates from September to November]

- At least 1 HPV completed
- 3 HPV vaccines recorded

- SEPTEMBER
- OCTOBER
- NOVEMBER

QTIP Practices performed on HEDIS

- 21 HEDIS measures were reported with a total of 52 categories/measurements. QTIP was above the overall state rate in all but 3 categories (3/52).
- In addition, QTIP 11 were above the national 50th percentile in 14 areas – and above the National 75th percentile in 9 areas.
- The 9 areas include Children and Adolescent access to primary care practitioners, ADHD medication, and Well child visit in the first 15 months of life – 5 visits - Yea!
- And Use of appropriate Meds for people with asthma (acute).

What does this mean at the practice level?

Rock Hill Pediatrics - Fmili has been cutting in work!

- Weekly feedback on QTIP provided. Due to technical difficulties, some information was lost. Rock Hill has not had a point of contact for feedback or reporting in the last month. We have heard from others that this has been an issue. We will continue to work on this.
- Beyond the feedback, our location still has a steady, and our goal is to continue to meet the overall goals.
- 1/20th of patients using our services were not able to access care due to transportation issues.
- Encountered a facility issue with our healthcare for our population.
- 2.4% of visits were missed due to patient or provider issues.

Other areas with improvement

- Asthma
- ED management
- Obesity
- Adolescent Care

Monthly Call and Learning Collaborative information

- Monthly feedback on achievement
- November: key metrics with feedback on performance
**QTIP Created a Culture of Quality**

- **Leaders felt more comfortable** with developing QI projects
- **Nurses, front office staff** reported increased confidence as partners with doctors in QI decision making
- **Providers reported interactions with other providers** encouraging their commitments to high performance
- **Enhanced care-delivery decision-making**
- **Awareness of the importance of measuring outcomes** and assessing goals
- **Focused efforts on behavioral health** within the medical home both within and outside of the QTIP practices

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**Next Steps**

- Evolving our current Bright Futures QIDA data system into a permanent tool that will help all of us measure our successes
- Improving family input into office QI activities
- Considering issues around family and child strengths and resiliency
- Looking at care coordination processes in offices
- Re-visiting adolescent issues in 2017
- Continuing to support practices with QI skill building
- Consultation with individual practices on QI and behavioral health issues of their own choosing
- Assisting SC DHHS priorities such as well child visit completion rates and management of obesity
- Fostering communication and cooperation among practices

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**Partnership with State AAP Chapter**

- Essential. SC AAP was very helpful in engaging pediatricians
- SC AAP helps with academic oversight, allows us to use some of their meetings for information sharing
- Our learning collaborative sessions are linked to state chapter meetings where pediatricians usually congregate
- Working on a workshop with AAP for practice staff