What is QTIP?

Lynn Martin, LMSW

How QTIP Worked with Practices?

Pediatric Practices
- Heterogeneous practices
- Identified QI Team
- Quality improvement
- Taught technique and documentation
- Communication
- Blog, monthly calls, in-person learning sessions

Maintenance of Certification (MOC)
- Physicians earn Part IV MOC credit on CI work

Learning Collaborative
- Face-to-face semi-annual learning sessions
- Topic specific expert presentations
- Relationships building

On-Site Visits
- Technical Assistance by QTIP
- Topic specific visits
- Academic Detailing

Q Tip: What is QTIP?

- Introduced various measures over time which cover breadth of pediatrics
- Provided anticipatory guidance
- Promoted grassroots initiatives by letting the practice chose what to work on and how
- Emphasized the importance of data gathering

Behavioral Health
- Integrated behavioral health care within the medical home

QTIP: Resources

- Used AAP resources
- Offered training
- Provided Technical Assistance
- Assisted in identifying community resources
- Individualized interventions
- Implemented a recommended screening protocol

SC CHIPRA Quality Demonstration Grant
February 2010 – 2015

Category A: Core Measures
- Incorporate data from new measures into care improvement
- Core Measures
- To improve quality

Category B: Health Information Exchange/EMR
- Promote the use of HIT and exchange to improve quality

Category C: Medical Home / Behavioral Health
- Include behavioral health in care improvement

Goal: improving children's health outcomes in SC

QTIP: Resources

- Worked to integrate clinical (EMR) and administrative (Medicaid) data for reporting
- Developed measure-specific suggestions for improvement to EMR data capture and storage
- Produced closed-loop quality reports

<table>
<thead>
<tr>
<th>SC CHIPRA Quality Demonstration Grant</th>
<th>February 2010 – 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A: Core Measures</td>
<td>Incorporate data from new measures into care improvement</td>
</tr>
<tr>
<td>Category B: Health Information Exchange/EMR</td>
<td>Promote the use of HIT and exchange to improve quality</td>
</tr>
<tr>
<td>Category C: Medical Home / Behavioral Health</td>
<td>Include behavioral health in care improvement</td>
</tr>
</tbody>
</table>

Goal: improving children's health outcomes in SC
To improve children's quality of care by promoting the pediatric medical home...

- Developed a PCMH Toolkit (2011 standards)
- Certified PCMH Consultant
- Focused and linked quality improvement work

What worked...

- Keep practices engaged and activities meaningful:
  - Continuous messaging and technical assistance
  - ABP MOC Part IV credits
  - Provide focus
- Coordination and timing important:
  - State, DHHS initiatives
  - Relate to MOC and PCMH
  - Reimbursement
- Enhancing skill sets:
  - Teach Quality Improvement skills
  - Build on existing knowledge
- Individualize

What worked...

- Working directly with pediatric practices; supporting their multi-disciplinary teams
- Learning Collaboratives are effective at introducing evidenced based practices, anticipatory guidance and sharing ideas
- Partnerships/Relationships
  - SC AAP
  - Stakeholders
  - Practices learning from each other

QTIP Strengths and Achievements

Increased:
1. Focus on quality
2. Use of evidenced based clinical care
3. Interest/Involvement in mental health; change in attitudes
4. Sharing among practices
5. Staff empowerment
6. Facilitation with PCMH adoption

Challenges

Cited by Practices:
- Time
- Willingness and support
- Competing priorities
- Reporting/documentation
- Implementing procedures/maintaining progress

QTIP learned from our mistakes:
- Thinking data extraction from EMRs is would be easy and quick
- Overly optimistic about state level exchange adoption.
- PCMH applicable to all
- Underestimated the uniqueness of pediatric practices
- Too ambitious

QTIP Practikus locations effective January 2017
**Components: Pediatric Practices**

**What contributed to Practices' success**
- Formal Process/Structure
- Commitment of a lead practice champion
- Buy-in from staff
- Identify a person and job tasks to oversee quality
- Review projects over time

**HINTS**
- Meet regularly (established times)
- Use the on-site visit to get feedback
- Be a peer reviewer
- ASK for assistance
- Start small... pilot with one doctor, with one office
- Gather and use your data

**Expectations:**
- Participate in Learning Collaborative sessions
- Implement quality improvement projects
- Participate in technical assistance meetings/year
- 2 year commitment

---

**Component: Learning Collaborative**

Two learning collaborative (LC) sessions/year
- Introduce evidenced based practices on core measures
- Promote mental health, quality improvement and medical home concepts
- Provide networking opportunities, discuss strategies, present successes and share lessons learned

---

**Component: Technical Assistance**

Technical assistance to support key messaging/concepts:
- On-Site visits
- Webinars/conference calls
- QI coaching
- Support with Mental health efforts, including community meetings and resource linkage, etc.

---

**Component: Quality Improvement**

**QTIP will:**
- Teach QI techniques
- Help link to other efforts

**Practices should:**
- Implement Quality Improvement projects
- Explore formal processes and structure (and staff)
- Document your work

**Quality Improvement should:**
- Involve entire practice
- Use data
Mental Health

Let the practices set their own priorities with the goal of moving each practice toward integration.

Help connect grant activities to what practices are already doing.

Frame mental health in the context of physical health.

Screening protocol and reimbursement.

Help identify resources.

Provide a framework - along with consistent contact and messaging.

Limited number of measures for focus: concentrated focus on 2-3 measures over 24 months.

- Anticipatory guidance, resources, tools, and evidenced-based best practices.
- Practices chose HOW to work on measures.
- American Board of Pediatrics Maintenance of Certification (MOC) Part IV credits.

HINTS

- Work on improvements with core measures is; change takes time and is on-going.

- Review, Review, Review.
  Monitor your work.

- Share and Learn from others.

Data Collection

- Data Collection:
  - SC QIDA
  - PDSA

- QTIP will use your data to track and report aggregate data over time ... for information and trends.

- Practices will use data to identify, implement and track QI projects.

What is available for you?

A network of other practices.

QTIP blog
https://sdev.scdhrs.gov/wcm/pronatal

Discussion
News
QI and PDSA notes

QTIP Website
Learning Collaborative
Mental Health
QI

AAP Part IV Maintenance of Certification Credits

Project Director:
Lynn Martin, LMSW
803-898-0093
martinly@scdhrs.gov

Medical Director:
Francis Rushton, MD
frushton@aap.net

Mental Health Coordinator:
Kristine Hobbs, LMSW
803-898-2719
hobbs@scdhrs.gov

Quality Improvement Specialist:
Laura Brandon, MHP
803-898-2043
Laura.brandon@scdhrs.gov

Technical Support:
Liz Parham
803-898-3727
Parham@scdhrs.gov