WHO KNOWS?

Lynn Martin, LMSW
QTIP Project Director
SCDHHS
January 26, 2020
Overview

• **Review**
  - SCDHHS News
  - QTIP

• **Data**
  - HEDIS Administrative Comparisons
  - QIDA

• **2020 Plans**
SCDHHS Policy Updates

Clarification: Immunizations

Aim: to help “catch up” a child who is behind on vaccines
By: removing the limit of 3 administrations/day and conform to standards
Result: Confusion... 😞
• VFC guidance vs. standard billing schemes
• Administration vs. components
• Codes and rates

Update: Ocular Screening

• Screening
  • Read on-site (99177)
  • Read remote (99174)
• Continue to advocate
MCO Incentives and Withholds - Pediatrics 
Measurement Year 2019/Reporting Year 2020

Pediatric Preventative Care

• Well-child visits in the first 15 months of life (6 visits)
• Well-child visits in the 3rd, 4th, 5th and 6th years of life
• Adolescent well-care visits
• Weight Assessment and Counseling for Nutrition and Physical Activity for children/adolescents: BMI percentile total

Behavioral Health Index Bonus/Incentive

• Follow-up care for children prescribed ADHD medication (Initiation)
• Metabolic monitoring of children & adolescents on antipsychotics
• Initiation and engagement of alcohol and other drug dependence treatment
Director of Health Programs/SCDHHS Chief Medical Officer: Michael Psikogios, MD

A new Center for Health Policy Innovation was created; Bryan Amick is now a member of this new SCDHHS team.
QTIP Milestones

- 2020 marks 10 years of South Carolina working on a pediatric quality improvement initiative (5 grant and 5 SCDHHS years)

- Four Medicaid Directors have supported QTIP

- In August 2019, QTIP welcomed a new Medical Director Ramkumar Jayagopalan, MD

- Mental Health screenings and Quality Improvement (QI) are incorporated in your practices

- QTIP is welcoming our 6th cohort
  - 12 of our 31 practices were “original” QTIPpers
### Profile of QTIP 2020

**QTIP practices = 31**

**Type:**
- 3 academics
- 16 private
- 7 associated with a hospital
- 5 Federally Qualified Health Centers

**Size:**
- 14 small (1-4 practitioners)
- 6 medium (5-9 practitioners)
- 11 large (10+ practitioners)

**2011-2020:**
- Total practices: 46 practices
- Lead Practitioners: 72+

**Practice cohorts:**
- 2011 practices: 12
- 2015 practices: 6
- 2016 practices: 3
- 2017 practices: 4
- 2019 practices: 4
- 2020 practices: 2

**PCMH 12/2019**
- 19 QTIP practices are NCQA PCMH recognized
- 1 JCAHO

**Mental Health 7/2019**
- 30/30 QTIP practices are providing screening
- 18 mental health on-site
QTIP Practice locations

Updated: January 2020

QTIP Main office  QTIP satellite office

2011
2015
2016
2017
2019
2020
previous

Quality through Technology and Innovation in Pediatrics
Participation Agreement REMINDER
Tier 1 – Active Participant

Requirements:

• Practices must establish/maintain a QI team
• At least two QTIP team members are expected to attend each Learning Collaborative
• Actively participate and document quality improvement initiatives
• Data entered into Quality Improvement Data Aggregator (QIDA) every month on selected topic areas
• Must participate in two site visits (on-site/regional) per year
• Actively participate with all surveys sent by QTIP staff
<table>
<thead>
<tr>
<th>Quality Measure Focus 2011 – 2016</th>
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<tbody>
<tr>
<td><strong>•</strong> Emergency department visits</td>
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<td><strong>•</strong> Well-child visits in the first 15 months of life</td>
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<td><strong>•</strong> Developmental screenings in the first three years of life</td>
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<td><strong>•</strong> Follow-up care for children prescribed ADHD medication</td>
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<td><strong>•</strong> Access to primary care practitioners</td>
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<td><strong>•</strong> Preventative dental services</td>
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<td><strong>•</strong> Consumer Assessment of Healthcare Providers and Systems (CAHPS)</td>
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<td><strong>•</strong> % of live births weighing less than 2,500 grams</td>
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<td><strong>•</strong> Cesarean rate for Nulliparous Singleton Vertex</td>
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<td><strong>•</strong> Frequency of ongoing prenatal care</td>
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<td><strong>•</strong> Asthma</td>
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<td><strong>•</strong> Weight assessment &amp; Counseling for Nutrition and Physical Activity: BMI Assessment</td>
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<td><strong>•</strong> Annual pediatric hemoglobin testing and control</td>
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<td><strong>•</strong> NCQA -PCMH</td>
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<td><strong>•</strong> Follow-up after hospitalization for mental illness</td>
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<td><strong>•</strong> Family-friendly offices</td>
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<td><strong>•</strong> Timeliness of prenatal care</td>
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<td><strong>•</strong> Mental health screening</td>
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<td><strong>•</strong> Adolescent well-care visits</td>
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<td><strong>•</strong> Immunizations for adolescents</td>
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<td><strong>•</strong> Chlamydia screening</td>
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<td><strong>•</strong> Appropriate testing for children with pharyngitis</td>
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<td><strong>•</strong> Otitis Media with effusion</td>
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<td><strong>•</strong> Pediatric Central-Line Associated Bloodstream Infections</td>
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<td><strong>•</strong> Childhood immunization status</td>
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<td><strong>•</strong> Well-child visits in the third, fourth, fifth, and sixth years of life</td>
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<td>Age Group</td>
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**Past Focal Topics**

**Adolescents**

- Well child visits
- Vaccinations
- Mental health assessments & follow-up
- Assessment for special health care needs (SHCN)
- Family strengths
- BMI

**Asthma**

- General asthma care
- Well child visits
- BMI

**SHCN**

- Assessments/screens
- Work with subspecialist
- Care plans
2019 Focus

**Breastfeeding**
(at 1 month)
- Infant breastfed (at certain intervals)
- Referral to lactation consultant
- Breastfeeding plan
- Safe sleep discussed
- Social determinates of health screening
- Reach Out and Read
- Tobacco use

**ADHD**
- Follow-up visit performed: 30 days
- Standardized screen
- Identify co-morbidities, teacher
- Social determinates of health
- Well-child visit in past year
- BMI

**Continuous**
- Oral health
- Developmental and mental health screening
- Smoking cessation
WHO KNOWS?

According to Annie E. Casey Foundation Kids Count:
In 2019, South Carolina ranked ____ for child well-being (economic, education, health and family/community)?

A. 39th
B. 46th
C. 32nd

www.aecf.org
WHO KNOWS?

*According to SC Kids count:

Which SC county was ranked #1 in 2019 for child well-being (economic, education, health & family/community)?

A. Beaufort

B. Greenville

C. York

*scChildren.org/kidscount
Overview

• Review
  ➢ SCDHHS News
  ➢ QTIP

• Data
  ➢ HEDIS Administrative Comparisons
  ➢ QIDA

• 2020 Plans
• Data provided by Institute for Families in Society
• Reflects ONLY ADMINISTRATIVE claims
• Quality Measure Year 2018
• Compares the following provider groups:
  • QTIP
  • Patient Centered Medical Homes
  • Managed Care
  • Fee for Service
  • South Carolina
  • National 50% benchmarks
HEDIS – Administrative Claims Data - 2018
Well Child Visits (WCV)

Well Child Visits first 15 months (6 or more visits)

- QTIP Rate: 61.5
- PCMH Rate: 52.7
- MCO Total Rate: 66.2
- FFS Rate
- State Rate
- 2018 National Benchmarks: P50
HEDIS – Administrative Claims Data - 2018
Well Child Visits (WCV)

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

- QTIP Rate: 76.6
- PCMH Rate: 57.0
- MCO Total Rate: 73.9

Adolescent Well-Care Visits (AWC)

- QTIP Rate: 69.1
- PCMH Rate: 39.8
- MCO Total Rate: 54.6

2018 National Benchmarks: P50
### Administrative Claims Data - 2018

#### Annual Dental Visits

- **2-3 Years**
  - QTIP Rate: 42.2
  - PCMH Rate: 53.4
  - MCO Total Rate: 47.0
  - FFS Rate: 56.7

- **4-6 Years**
  - QTIP Rate: 41.0
  - PCMH Rate: 64.5
  - MCO Total Rate: 47.0
  - FFS Rate: 56.7

- **Total**
  - QTIP Rate: 59.8
  - PCMH Rate: 75.6
  - MCO Total Rate: 69.6
  - FFS Rate: 63.5

#### Weight Assessments and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

- **BMI Percentile: Total**
  - QTIP Rate: 59.8
  - PCMH Rate: 75.6
  - MCO Total Rate: 69.6
  - FFS Rate: 63.5

- **Counseling for Nutrition: Total**
  - QTIP Rate: 47.4
  - PCMH Rate: 11.3

- **Counseling for Physical Activity: Total**
  - QTIP Rate: 11.3

### Coding issues affects BMI data/scores
Follow Up Care for Children Prescribed ADHD Medication

Initiation
- QTIP Rate: 59.3
- MCO Total Rate: 44.4
- FFS Rate: 45.00
- State Rate: 0.0

Continuation
- QTIP Rate: 70.9
- PCMH Rate: 57.2
- FFS Rate: 57.09
- 2018 National Benchmarks: P50

HEDIS - Administrative Claims Data - 2018
Fluoride Varnish in a Non-Dental Setting

*Data based on Medicaid Administrative claims; excludes FQHC

Number of Medicaid Children (ages 0 - 18) Receiving Fluoride Varnish

Application Ratio

<table>
<thead>
<tr>
<th>Age</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019 (10 mo)</th>
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<tbody>
<tr>
<td>0 - 4</td>
<td>1.25</td>
<td>1.21</td>
<td>1.25</td>
<td>1.24</td>
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<tr>
<td>5 - 12</td>
<td>1.08</td>
<td>1.06</td>
<td>1.04</td>
<td>1.03</td>
</tr>
</tbody>
</table>

Data provided by SCDHHS Data Analytics
Developmental and Mental Health Screening
(Administrative Claims 2018)

At a glance...

• **363% increase** in the number of children receiving a developmental screening since 2011

• **376% increase** in the number of children receiving an emotional/behavioral screening since 2015

• **A 1,485% increase** since 2011 in the environmental and risk assessments

Data provided by SCDHHS Data Analytics
QIDA - Remember

- Standardized data
- Freedom to select what to work on
- Develop run charts, examine data and develop quality projects
- “Real time” data pulled by you (10 charts/topic)

REMEMBER....

QIDA and HEDIS data are different

QIDA can show you where you have the most room for the most improvement, where you could benefit to take a deeper dive and initiate a QI project
Breastfeeding:
• Any breastfeeding documented: 71% (1 mo.)
• Breast milk at 2 weeks: 65%
• There was a 39% increase in breastfeeding plans in your charts
• A 72% increase in smoking cessation counseling and 100% increase in providing cessation strategies
• Notable increases in social determinants screening, post-partum depression screening, and Reach Out and Read

ADHD:
• 22% increase in follow up in 30 days for new ADHD
Overview

• **Review**
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• **Data**
  - HEDIS Administrative Comparisons
  - QIDA

• **2020 Plans**
In 2019, 7% of Medicaid children had an Asthma diagnosis*

- of these Medicaid children, 31% have a persistent asthma diagnosis

Hospitalizations
- 2019 (10 months): 1,552
- 2018: 2,031
- 2017: 2,300

* Data provided by SCDHHS Data Analytics Unit and based on Medicaid claims
Asthmatics....

According to the 2019 SC DHEC State Health Assessment report:

“Asthma is both the leading chronic disease found in children, as well as the leading cause of hospitalizations among children.”

Between 2010 – 2016, Asthma hospitalization among children has been decreasing
WHO KNOWS?
The leading cause of death (excluding unintentional injury) for 10-14 and 15-24-year-olds?

A. Opioids
B. Suicide
C. Texting and driving
D. Stupid actions because their frontal lobe is undeveloped

Data source: National vital statistics, National Center for Health Statistics, CDC
Facts About Suicide Rates

From the South Carolina Youth Suicide Prevention Institute – Department of Mental Health:

- SC is ranked 26th nationally in suicide death rates for 10 to 24-year-olds
- One person dies by suicide in SC every 10 hours
- The rates do not discriminate based on race
- For ages 10 to 24, the top circumstances related to suicide thoughts are:
  - Intimate partner problem
  - Mental health problem
  - Current depressed mood

Nationally:
- In 2017, 47,173 Americans died by suicide
- In 2017, there were an estimated 1,400,000 suicide attempts
- In 2015, suicide and self-injury cost the U.S. $69 billion
In 2017:

- 33% of SC high school students reported they felt sad or hopeless almost every day for 2 + weeks and they stopped doing some usual activities (U.S.: 31%)

- 19% of SC high school students reported they seriously considered attempting suicide (U.S.: 17%)

- 4% of SC high school student reported they attempted suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (U.S.: 2%)
WHO KNOWS?

In 2018*, how many SC mothers were under the age of 15 when they gave birth?

A. 18
B. 35
C. 56

*According to SC DHEC birth statistics
Facts About Young Mothers

The good news is:

SC’s numbers are declining

# of SC teen moms under age 15*

Data from HHS.gov Adolescent Reproductive Health Facts:

• Between 1991-2016 there was a 67% decrease in the teen birth rate for females ages 15-19 (SC and U.S.)

• In 2016 repeat births to females under age 20 was 15% in SC (16% in U.S.)


*(SC DHEC Vital Statistics)
WHO KNOWS?

In 2017 how many SC high school students reported texting while driving?

A. 25%
B. 45%
C. 65%

*According to HHS.gov facts and stats – physical health
## 2020 Components

### Learning Collaborative

#### Technical Assistance:
- On-site visits
- Skill building
- Communication
- ABP MOC Part 4

### Mental Health

- QTIP staff

### Areas of Focus/Measures

- Asthma
- Adolescent Health
  - Mental
  - Sexual

### Quality Improvement

- QTIP staff
- Monthly calls (recording)
- Workshops

### Data Collection

- QIDA
- QI and PDSA documentation instruments
We Asked...You Said:

Adolescent Behavioral Health Topics for 2020

- Sexual Health – August 2020 LC
- Social Media - January 2020 LC and monthly call
- Suicide Prevention – January 2020 LC AND May workshop
- Mental Health Anxiety and Depression – January 2020 LC and monthly call
- Sexual and Reproductive Health, 9
- Substance Use, 7
- Mental Health, 7
- Suicide, 7
- LGBTQ, 2
- Immunizations, 2
- Other, 4
- Social Media, 7
“Tweaks”

- Back to basics with QI & PDSA
- Recording monthly calls (Feb 2020)
- New blog (Spring 2020)
- Quarterly newsletter (Jan. 2020)
- Cleaning up QIDA (Feb 2020)
- Exploring a “secret shopper” (Spring 2020)
- Baseline: practice readiness (Jan. 2020)
- ABP MOC Part 4 renewal (March 2020)

- Adolescents:
  - Mental health (Jan. 2020)
  - Sexual health (Aug. 2020)

- Asthma (any diagnosis)

- Regional mental health workshops on suicide prevention
  - Drs. Woods and Khetpal
    - May 5th @ Greenville – CPM
    - May 6th Charleston @ Charleston/Dorchester Mental Health Office

SAVE THE DATE:
Next Learning Collaborative
August 1-2, 2020
Myrtle Beach, SC
“Training and Engagement”

QTIP and RORC will be continuing our partnership by:

- Narrowing and prioritizing the expansion of topic areas
- Eligibility expansion will be negotiated on a practice-by-practice basis
- Tutorials/training

Collaborative for Reproductive Education and Wellness (CREW)

- Panel of pediatricians to provide input on current efforts and barriers
  January 30 – 31st

DSS working to develop an intensive plan to ensure health care needs of foster children are addressed.
QTIP staff was asked to partner with DHEC on a Collaborative Improvement and Innovation Network (CoIIN) project

- Increasing adolescent depression screening (16-25) and the related policy
- QTIP, pediatric offices, and family practices will have option to apply

Practices:
- Parkside Pediatrics (6)
- Brio Internal Medicine (3)
- Carolina Pediatrics
- Inlet Pediatrics
- BJHCHS
- Sterling Sharpe Pediatrics
- Eau Claire Cooperative Health Centers
- MUSC University Peds
- Pediatrics of Newberry
- Ballentine Pediatrics
- Rock Hill Pediatrics
Challenge You

• Spread within your practice
• Relationships/networking
• Find time for quality improvement
• Use your data to effect change
• Continue with your PDSA cycles and documenting your QI activities
• Be a leader and a mentor...

FEEDBACK:
• Ways to keep QTIP interesting
• QI workshop topics
• QIDA topics/questions
• Regional site visits
• Please complete your evaluation
What is available for you?

QTIP Blog
https://msp.scdhhs.gov/chipraqtip/

QTIP Website
https://msp.scdhhs.gov/qtip/

ABP MOC Part 4

Monthly Calls

Site Visits

Regional Workshop
May 5 – 6th

Assistance from QTIP staff:
➢ QI
➢ Mental health

QTIP staff

[Images of QTIP staff members]
QTIP Project Director:  
Lynn Martin, LMSW  
803-898-0093  
martinly@scdhhs.gov

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

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

Medical Director:  
Ramkumar Jayagopalan, MD  
ramkumarjayagopalan@gmail.com

Quality Improvement Coordinator:  
Laura Brandon Berry, MPH  
803-898-2128  
Laura.brandon@scdhhs.gov