CHIPRA QUALITY DEMONSTRATION GRANT:
QTIP
Quality through Technology and Innovation in Pediatrics

South Carolina’s Focus
CHIPRA Measures:
Category A – Experiment with, and evaluate the use of, new measures for quality in children’s health care

Category B – Promote the use of Health Information Technology (HIT) for the delivery of care for children:

Medical Home/Behavioral Health:
Category C – Evaluate provider-based models which improve the delivery of children’s health care services

From Infancy to Adolescence...
Going where no man has gone before

Electronic Health Records
- 10 different EMR systems are used by our 18 practices
- Since baseline information gathered in 2010:
  - 3 practices de-installed EMR
  - 5 practices purchased a EMR
  - 5 practices changed EMR systems
- Data is retrieved from EMR using VPNs, Adapter, Drivers and HIE interoperability standards
- Weekly extracts from 6 systems
Quality Measures and Reports

- Over 616 quality meetings documented from January 2011 to June 2013. Of these 154 meetings were documented between January to June 30, 2013.

- 894 PDSA cycles have been documented from January 2011 to June 30, 2013. 182 of these were documented for work completed between January – June 2013.

- Developed quality reports on 13 measures from data retrieved from EMRs and merged with claims data. Reports provided to 6 practices.

PDSA
February 2011 - June 2013

Documentation is often like:

QTIP Award

for implementation of Continuous QA through PDSA cycles

Beaufort Pediatrics

QTIP Award

for most detailed PDSA cycles

Little River Medical Center

Patient Centered Medical Homes

As of March file report for the enhanced reimbursement payment by DHHS and the Managed Care companies

- One QTIP practice is a level 3 PCMH provider
- Ten (10) are at the application level.

- Reminder QTIP acknowledges PCMH level 2 and 3 certification with a $2,500 payment.

- QTIP and DHHS managed care coordinating efforts.

- Parent Partners
C Mental Health

I'm depressed, stressed, hurt, confused, lonely, unloved, angry, misunderstood, unloved, heartbroken, crying, sad.

Fine.

Integrated Mental Health

- 7 staff representing 4 practices participated in UMASS certification training
- 80 on-site visits and 49 community mixers/resource meetings occurred
- AAP Mental Health Practice Readiness Inventory assessment conducted 2012 and 2013
- Practice are showing an increase in screenings. 9 have implemented routine screenings; 5 are piloting.
- PDSAs for past 6 months, reflect MH is the primary focus in 2013.

Academic Detailing

2011 - ADHD
- Evidenced Based information was presented.

2012 - Asthma
- Evidence-based information on the management of asthma was presented. Follow-up on-site visits included demonstration on the proper administration techniques of inhalers.

2013 - Psychotropic
- Evidenced-based information on the use of second generation antipsychotics (SGAs) was presented. 97 participated in first round visits

Evaluation: Measuring Quality Improvement

- CHIPRA core quality measures (practice and comparison)
  CY2010 (baseline), CY2011, CY2012
- CAHPS results provided (practice and comparison)
  CY2010 (baseline), CY2011, CY2012
- IFS completed following surveys with practices
  - Primary Care Providers (measurement year 1 and compared to baseline)
  - Quality Improvement Change Process Questionnaire
  - Level of Integration (Mental health)
  - SCIDHC Academic Detailing post measure for ADHD and Asthma
  - PCMH Self-Assessment (baseline)
- QTIP partner and practice interviews
  Partners: 2012 and 2013
  Practices: March - June 2013

QTIP is “Growing up”...
WHAT QTIP has

- NOTICED
- HEARD and
- CHANGED

What we’ve noticed...

- Increased “comfort” with mental health
- Established routines/role assignments/dates assist you to implement QI
- QTIP staff is being used as a resource for DHHS issues/questions
- Correlation between quality improvement activities and ability to seek reimbursement for the activity.
- Measures are important and provides focus.
- A lot is being put in front of you (MU, MCO, QTIP...)
- Practice characteristics Impact of practice size, type and affliction with larger systems.
- Engagement and spread take time and focus.

... and QTIP has been noticed

Annual awards recognize 4 chapters for outstanding work

Future of Medicaid

... and QTIP has been noticed (again)

Truven Health Analytics Advantage Award
Strategy and Growth
May 2013
What QTIP has heard ...

- Huddles are helpful
- Set time/process helps
- Competition among peers
- Reminders work...
- Don't wait for entire practice to "get onboard" with an idea – pilot with a few; others see results
- Strong support staff makes a difference
- Tools are helpful: run charts, templates, QI tools, ...
- QTIP has changed attitudes... QI work will continue, better understanding of need for measurement
- Patient Success Stories from you!

What QTIP changed

- PDSA focus to coincide with PCMH and MOC.
- Adding ABP Part IV MOC credits
- Attitudes are changing toward... data, mental health, quality improvement
- The Learning Collaborative sessions are positive but the concepts/learning must be reinforced; therefore we have added webinars and training sessions.
- Offering you additional resources and focus.
- Coincided measures with State initiatives.

Some Misjudgments we've made.

Our original thoughts and time frames:
- Thinking data extraction from EMRs is would be easier and quicker
- Overly optimistic about state level exchange adoption.
- PCMH applicable to all
- SCDHHS was very ambitious; integrating many components

What do we do now?

Planning for Sustainability

1. Asking to define the successes of QTIP
2. Identifying what has shown the most value to practices and/or organizations
3. The lessons learned from QTIP participation
4. Identifying some obstacles to specific elements of the project continuing
5. Recommendations to promote spread of QTIP and quality outcomes

Everyone’s perspective matters.
Now For This Weekend...

- Introducing 4 quality measures
  Adolescent Well-Care Visits
  Adolescent Immunizations
  Chlamydia Screening
  Timeliness of Prenatal Care
- Reviewing work on previous measures
- Mental Health
- PCMH

July 2013 - January 2015

- Learning Collaboratives: Infectious diseases January 2014
- Quality Measures: Review and focus on "top 10" measures
- NCQA- PCMH
- SCORxE: Follow-up visits on psychotropic medications with an emphasis on anti-psychotics.
- Technical Assistance
- HIT: Connectivity and data gathering from EMR, Quality Reports
- Quality Reports

July 2013 - January 2015

- Behavioral Health
  ➢ Training/certification program available
  UMASS, or other additional training?
  ➢ Brokering with community resources
  ➢ Integration of Mental Health within your practice
  ➢ Let Kristine know what you need
- Quality Improvement
  ➢ Implementing effective QI processes within your office and sustaining QI efforts.
  ➢ Build on previous PDSA cycles
- Evaluation
  ➢ QTIP Intervention Practice Survey
  ➢ CAHPS Clinician and Group Survey

QTIP Resources Available:

- Quality Improvement workshop – September 18, 2013 (in conjunction with the AAP)
- Monthly Webinars
- IFS will be adding the CAHPS – Clinician and Group
- Handouts today:
  - Handbook of Adolescent Medicine
  - Pamphlets: Your child's mental health and Puberty ready or not.
Thank you for your continued work and devotion to this project.

**Focus of SC Grant**
South Carolina believes that children will achieve the best health outcomes when they receive care through an integrated medical home that addresses all their health needs—both physical and mental—and participates in continuous quality improvement efforts.