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QTIP Project Director
SCDHHS
Aug. 4, 2020

**“Never let a good
crisis
go to waste”**

Winston Churchill



- **Updates**
 - SCDHHS News
 - QTIP Updates
- **Data**
 - Medicaid Claims Summary
 - HEDIS Administrative Results
- **Future Plans**

SCDHHS Policy Updates

Update: Ocular Screening

- Screening
 - Read on-site
(CPT code 99177)
\$4.47
 - Read remotely
(CPT code 99174)
\$5.45
- Effective
July 1, 2019



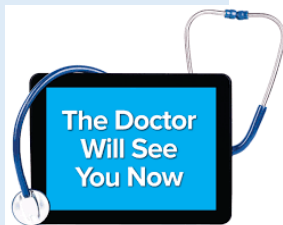
Initial Visits for Children in Foster Care

- Appropriate E&M code and CPT code 99358 with “UA” modifier
- Provides for enhanced reimbursement for non-direct care activities associated with an initial visit for a child in foster care
- Effective July 1, 2020

SCDHHS Policy Updates

Telemedicine

- Sick Visits and well-child visits are covered
- GT modifier
- SCDHHS will be reviewing its effectiveness



MCO – Quality

- SCDHHS suspended the quality financial penalties for calendar year 2020 for MCO providers.
- SCDHHS hopes this will increase flexibilities with the MCO - provider negotiations.



SCDHHS Policy Updates

Pharmacy - Contraceptives

- SCDHHS will cover an extended 12 months supply of systemic contraceptives for FFS Medicaid members
- This includes oral birth control pills, transdermal contraceptive patches and vaginal contraceptive rings.
- MCO coverage and formulary information is available directly from each MCO.
- Effective date: July 1, 2020

SCDHHS Medicaid Bulletins

Excluding coronavirus updates, SCDHHS is trying to consolidate policy changes to a quarterly schedule


~ Merriam – Webster

- The turning point for better or worse in an acute disease or fever
- A paroxysmal attack of pain, distress, or disordered function
- An emotionally significant event or radical change of status in a person's life

Check your screen for the polling question:

Where do you feel we are in the COVID crisis?

- **Still in the early stages**
- **We are in the middle**
- **I see an end in sight**



You can't calm the storm...
so stop trying.
What you can do is calm yourself.
The storm will pass.

— TIMBER HAWKEYEL

QTIP practices

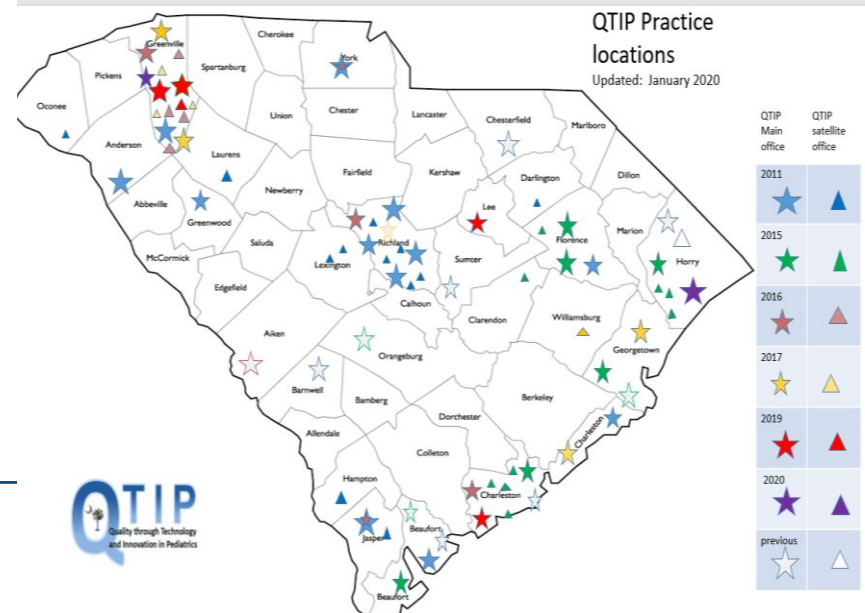
- 3 academic
- 13 private
- 7 associated with a hospital
- 5 FQHC

Size:

- 12 small (1-4 practitioners)
- 5 medium (5- 9)
- 11 large (10 +)

When practices joined

- 2011 practices: 12
- 2015 practices: 4
- 2016 practices: 3
- 2017 practices: 4
- 2019 practices: 3
- 2020 practices: 2



New Projects and “Tweaks” identified Jan. 2020

Slide 1 of 2

- Recording QTIP calls
- Semi-annual newsletter
- Cleaning up QIDA
- Baseline: practice readiness
- ABP MOC part 4 renewal
- CoIN adolescent depression
- Fact Forward panel

Jan. – Dec. 2020

Adolescents:

- Mental health (Jan. 2020)

Asthma (any diagnosis)



New Projects and “Tweaks” identified Jan. 2020

Slide 2 of 2

ON HOLD

- Back to basics with QI & PDSA
- QIDA entry
- New blog

CHANGED

- Virtual site visits & Learning Collaborative
- Focus through June 30, 2021
 - Sexual health (Aug. 2020)
 - Continuing adolescent mental health & asthma
- Suicide prevention workshops
 - Aug. 26: “Why”
 - Sept. 3: “How”
 - Virtual events: 12-2 p.m.

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QTIP and COVID-19

- Weekly calls
 - March 25 – June 3
- Resources
- Caring for yourself...
 - 6 weeks
 - April 3-May 8
- Increased communication and regular sharing with all AAP members
- Every other week AAP-SCDHHS-QTIP meetings
- Virtual site visits
- Public service announcement*



Well-Child Visits

It is important for all children to attend well-child visits and receive scheduled vaccines during the COVID-19 pandemic. Vaccines prevent measles, mumps, polio, hepatitis and other preventable viral infections. These services are especially important for newborns and children under the age of two.



Newborn visits check important things like:

- Your baby's weight
- Your baby's feeding
- Jaundice

Visits at 2, 4, 6, 9, 12, 15, 18 and 24 months are important to:

- Check physical growth
- Check brain growth
- Track milestones
- Get vaccinations
- Screen for lead in blood

To ensure access to care during the COVID-19 pandemic, Healthy Connections Medicaid is covering well-child visits and screenings through telehealth for Medicaid members. However, the South Carolina Department of Health and Human Services supports the American Academy of Pediatrics' (AAP) recommendation that well-child visits for children under age two receive in-person care, when possible.



Visits for children older than two years of age:

- Should be held according to schedule
- May be completed through telehealth, check with your pediatrician
- If you use telehealth, a follow-up, in-person visit and any vaccination should be scheduled as soon as possible
- Four and 11-year olds should still receive important vaccines, even if the well-visit is held via telehealth

Many South Carolina pediatric offices have made changes to protect patients and families including:

- Shifting timing for well and sick visits
- Changing the office design or location depending on the type of visit
- Allowing curbside visits for certain services
- Offering well-care visits through telehealth

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID



South Carolina Chapter
American Academy of Pediatrics



QTIP

Quality through
Technology and Innovation in Pediatrics

AWARD

**COVID-19
Assistance and
Adaptability**

**Debbie
Greenhouse**



QTIP and COVID Survey Results

COVID Wednesday Calls

65% participated

100% found the calls informative **and** practice sharing helpful

Those not attending cited schedule conflicts

Resources

100% found them useful

71% used them

QTIP Support

100% felt they were kept up-to-date with DHHS policy changes

100% of those who asked questions, cited QTIP was responsive

Majority of respondents preferred:

Monthly call on Wednesdays from 12:30 - 1:30

Communication by email

2020 Summer LC as 3 90-minute sessions at varying times & weekdays



Telehealth

Positives

- Complex health needs (environment, no transportation issues)
- Follow-ups: mood, anxiety, asthma, ADHD, med checks
- Removes transportation barrier
- Focuses appointment
- More willing to talk
- Allows follow-up on rash, feeding issues
- Keeps staff safe; saves PPE

Challenges

- Technology (connectivity, families having technology, changing during appt.)
- WCC – can't monitor vitals and do not like virtual WCC for children under 2.
- Locations of parent when calling
- Not as useful for initial clinical assessments



Polling Results

Where do you feel we are in the COVID-19 crisis?

- Still in the early stages
- We are in the middle
- I see an end in sight

- **Review**

- SCDHHS News
- QTIP Updates

- **Data**

- Special Projects
- HEDIS Administrative Results
- QIDA

- **Future Plans**

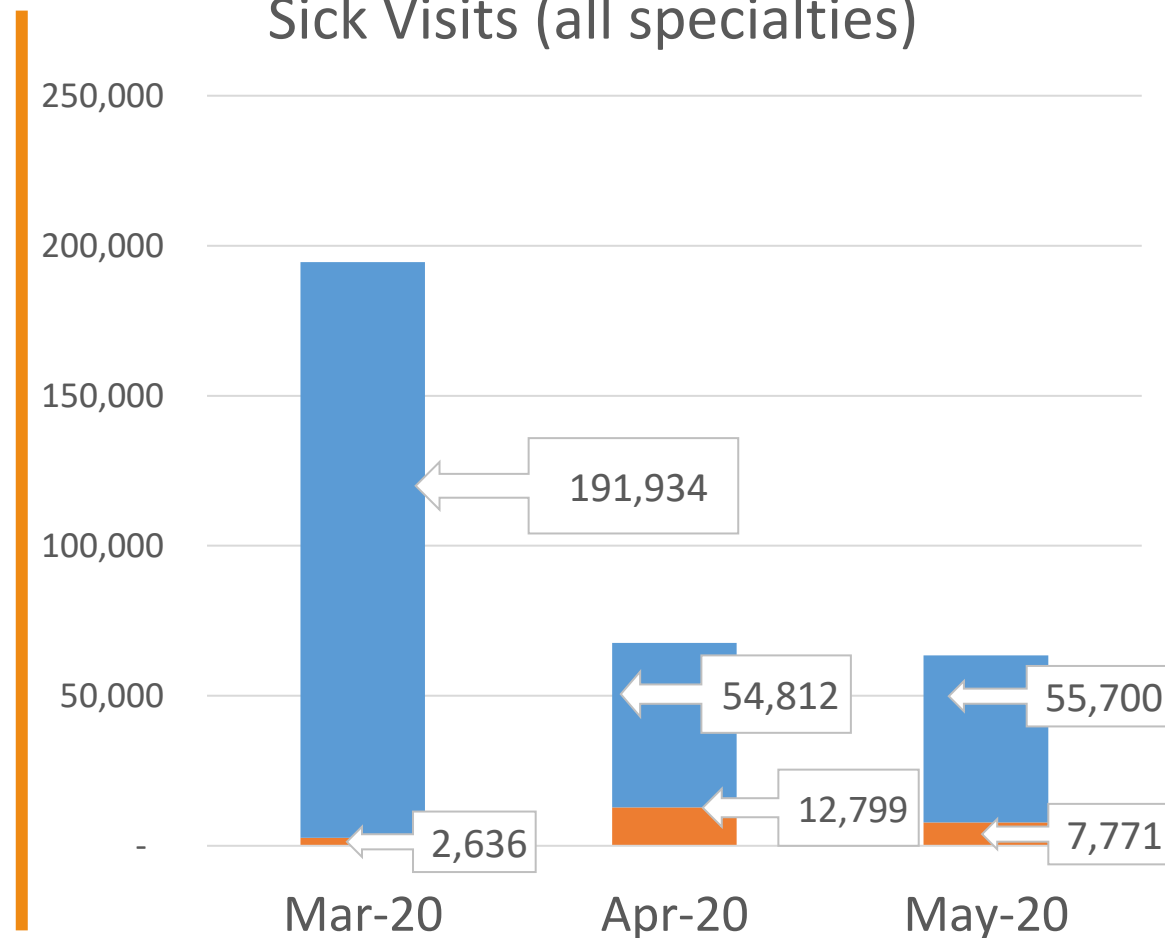
Telemedicine Data Based on Administrative Claims

April 2019 vs April 2020
(pediatric practices only)

- WCC: ~ 20% decrease
- Immunizations: ~ 25% decrease
- Sick Visits: ~ 47% decrease

NOTE: SCDHHS data for April 2020 is felt to reflect 82% of the claims being submitted; May's data ~58%

Sick Visits (all specialties)



Fluoride Varnish (FV) in a Non-Dental Setting

*Data based on Medicaid Administrative claims; excludes FQHC

AT A GLANCE...

- A **1,606% increase** in the number of Medicaid children receiving FV in a non-dental setting has been noted since 2011
- CY2019 data reflects:
 - ~ 73% of the children were between 0 – 4 years old
 - ~ 23% were 5 – 12 years old
- The FV ratio for children 0 – 4 years old is 1.39



Developmental and Mental Health Screening

(Administrative Claims 2019)

AT A GLANCE...

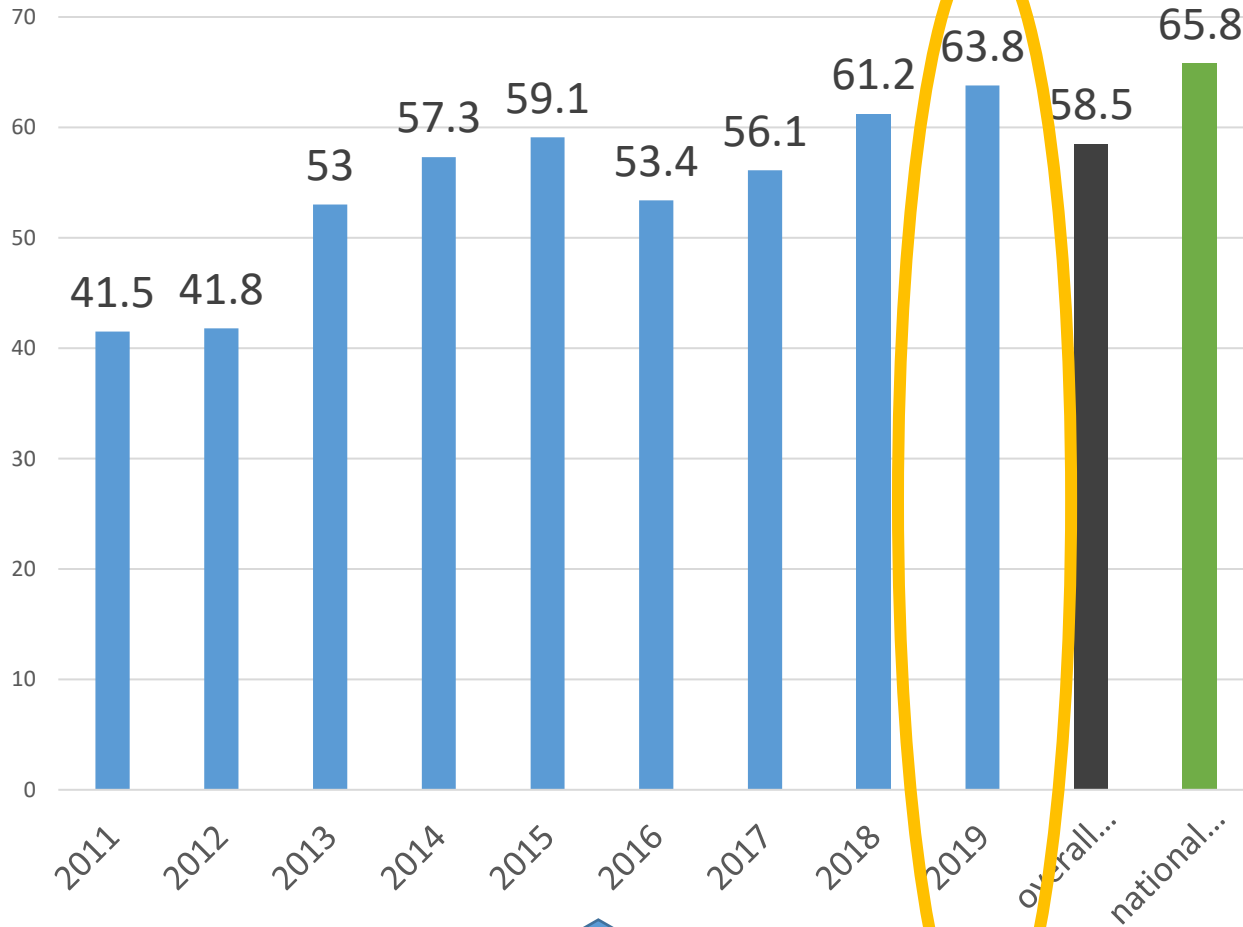
- **351% increase** in the number of children 18 years old or under receiving a developmental screening since 2011
- **429% increase** in the number of children receiving an emotional/behavioral health screening since 2015
- A **1,666% increase** since 2011 in the environmental and risk assessments



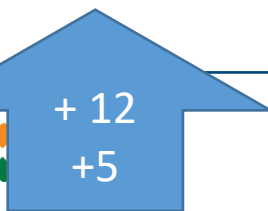
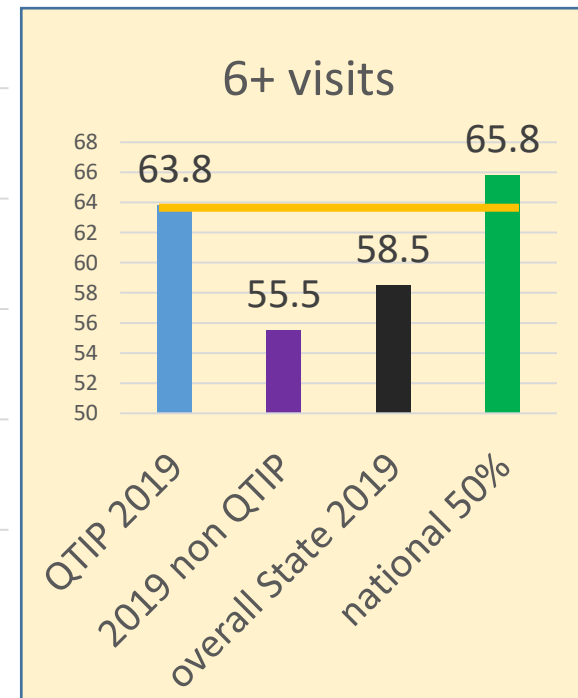
- Data provided by the UofSC Institute for Families in Society
- Reflects ONLY ADMINISTRATIVE claims
- Quality measure year 2019 (Reporting year 2020)
- Compares the following provider groups:
 - QTIP (QTIP20 was NOT included in the QTIP grouping)
 - Non-QTIP
 - South Carolina
 - National 50% benchmarks

HEDIS-like Administrative Claims Data – 2019

Well-Child Visit First 15 mo. - 6 + Visits



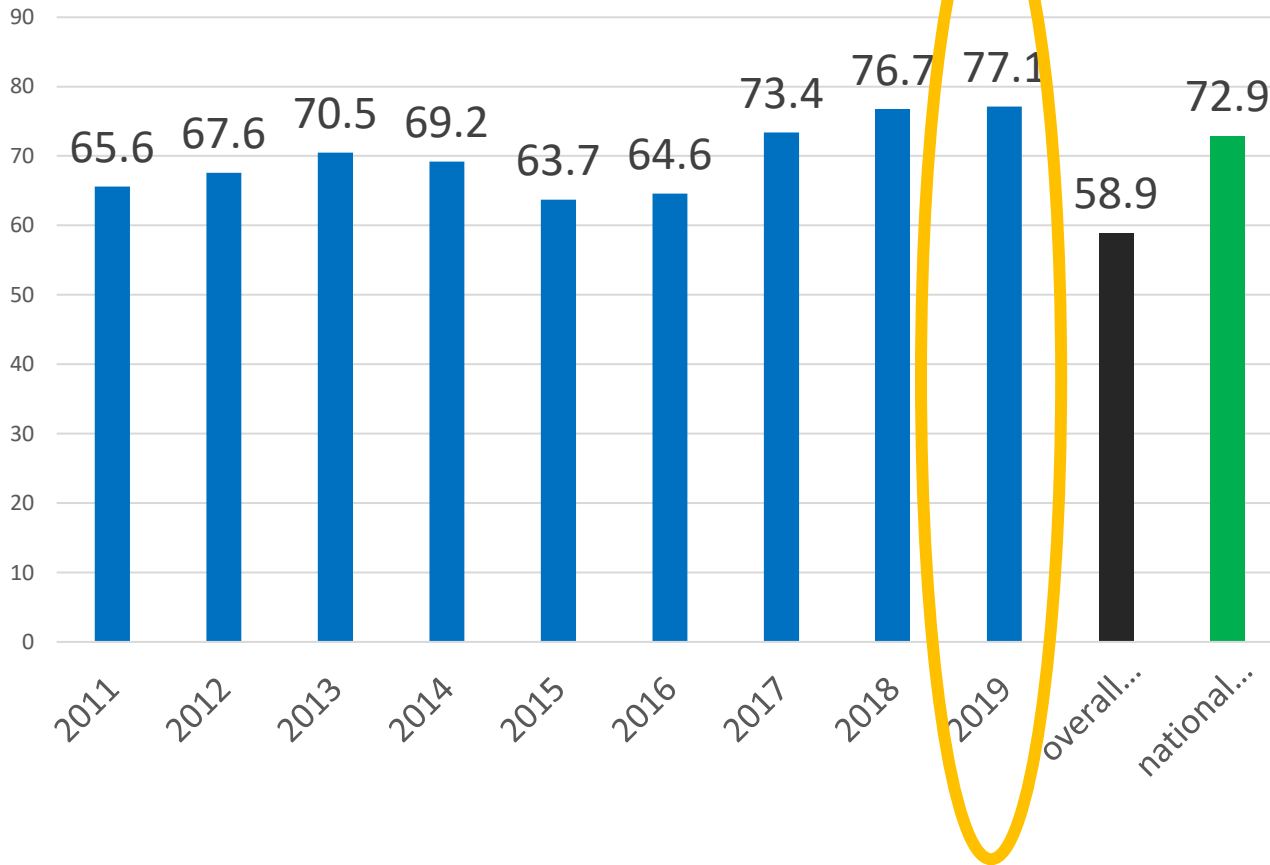
2019 Results compared to
National Percentile
 QTIP: 25th - 49th percentile
 Non-QTIP: 10th - 24th percentile
 SC: 10th - 24th percentile



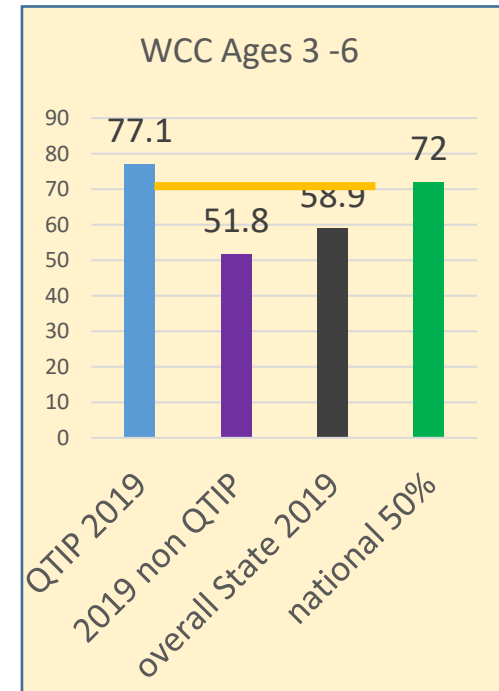
HEDIS-like Administrative Claims Data – 2019



Well-Child Visits 3, 4, 5, 6



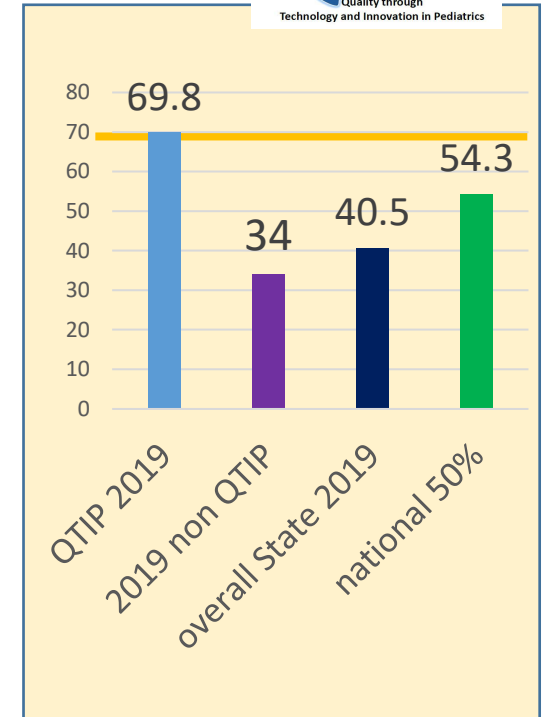
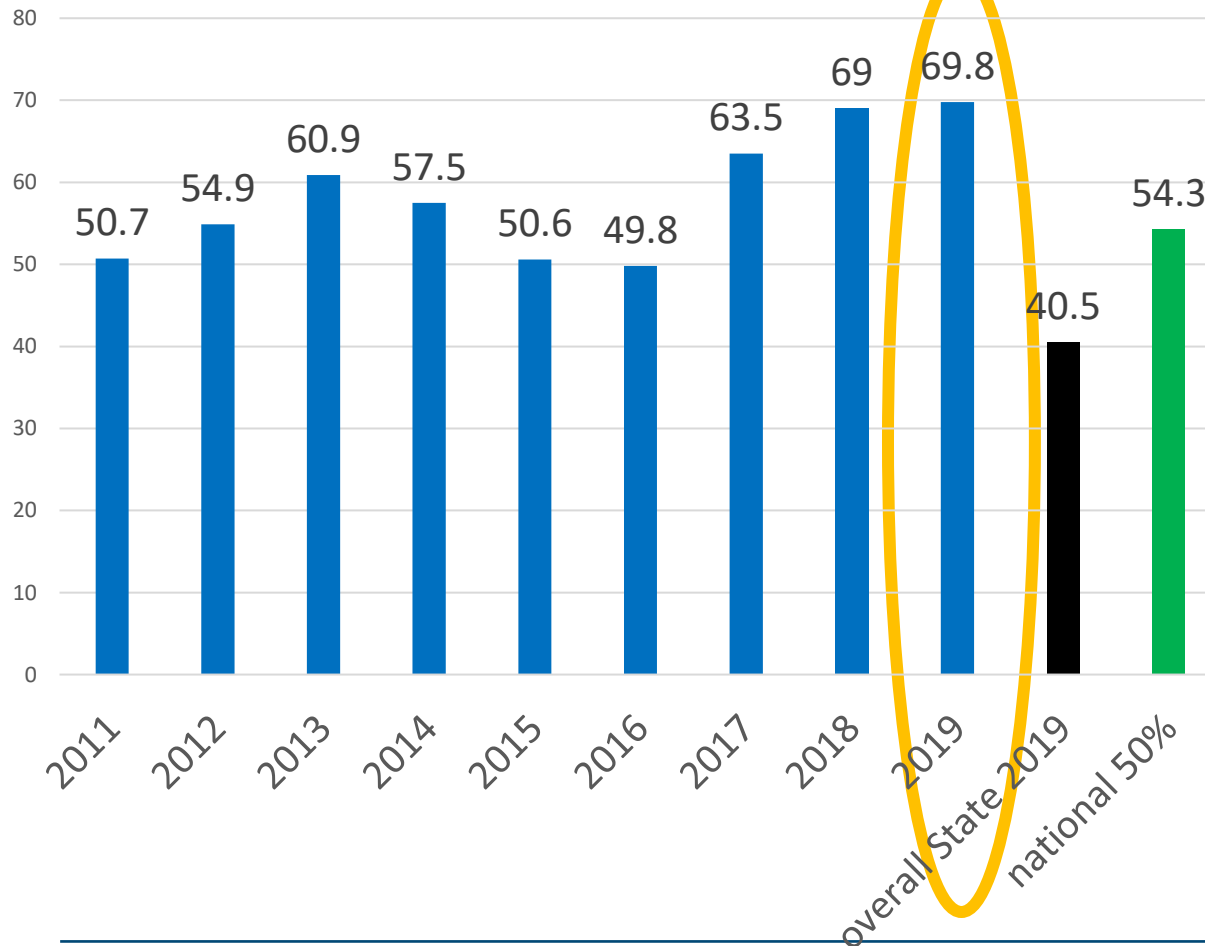
2019 results compared to National Percentile
QTIP: 50th - 74th percentile
Non-QTIP: < 10th percentile
SC: < 10th percentile



HEDIS-like Administrative Claims Data - 2019



Adolescent Well-Care Visits



2019 results compared to National Percentile

QTIP: GREATER THAN 90th percentile

Non-QTIP: < 10th percentile

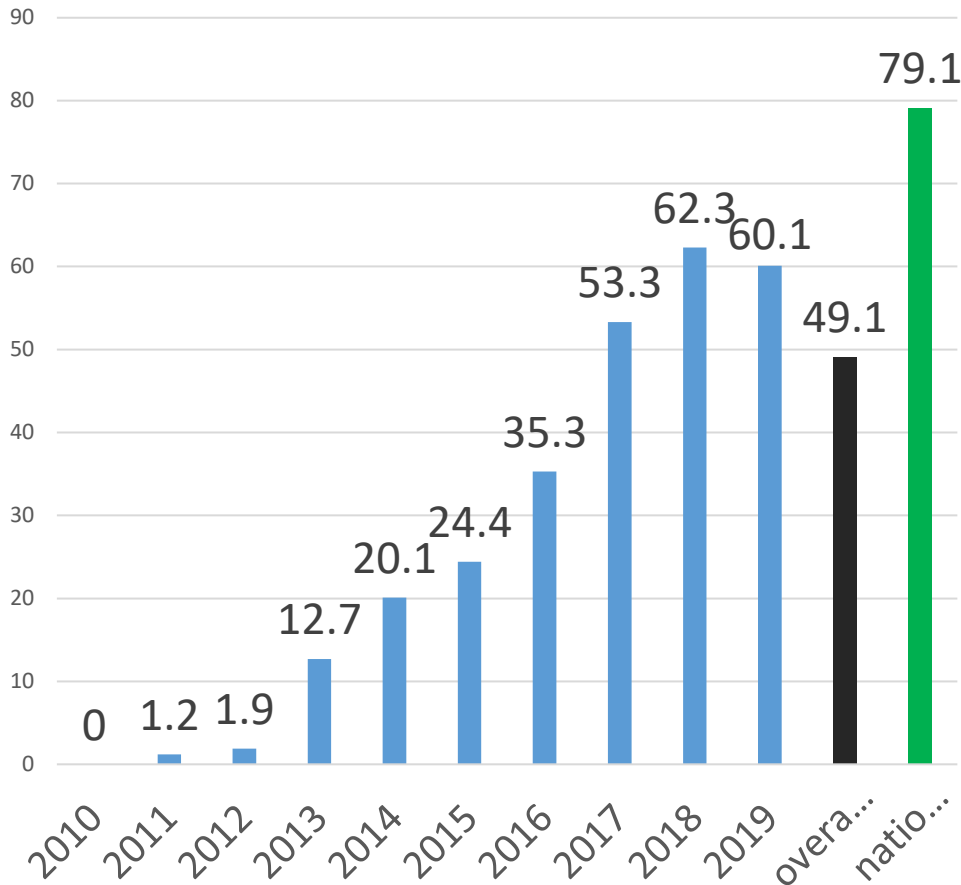
SC: 10th - 24th percentile



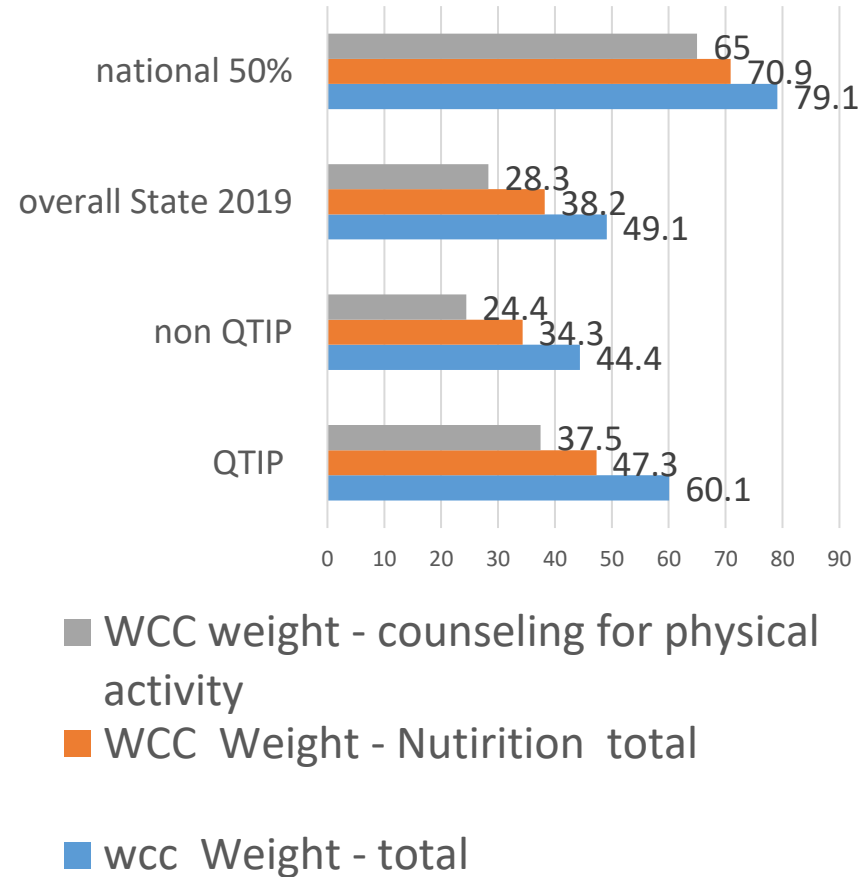
HEDIS-like Administrative Claims Data - 2019



Weight Assessment



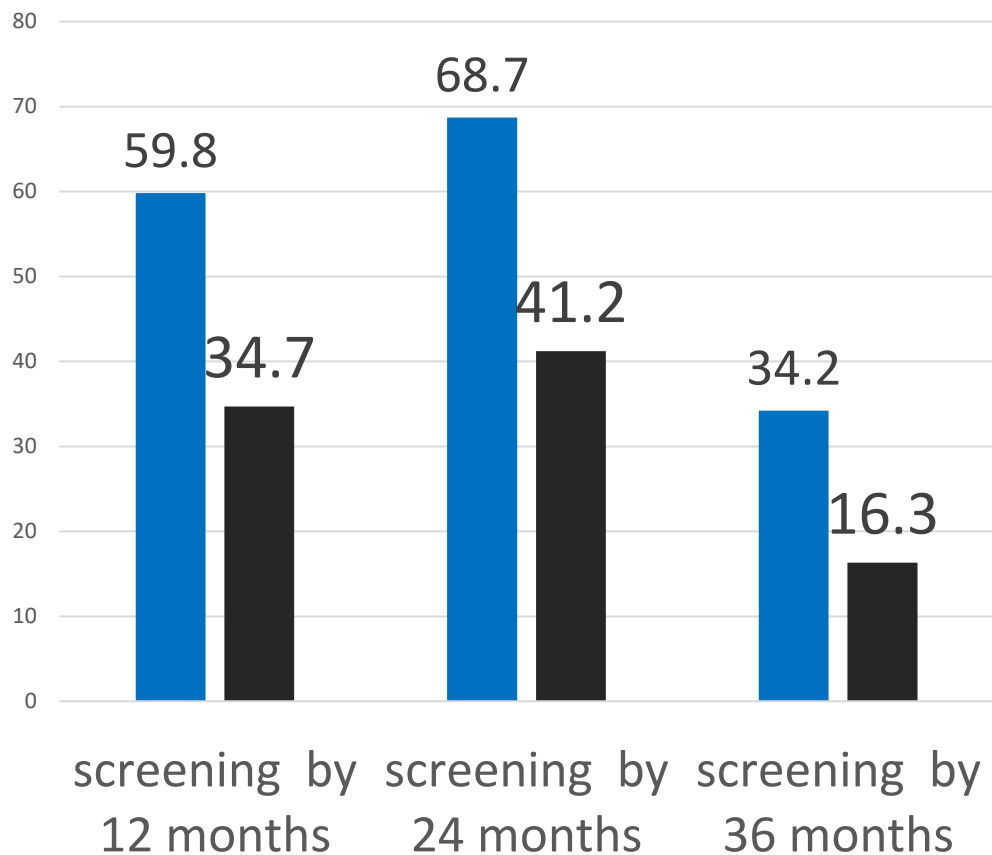
Weight Assessment
Counseling for Nutrition
Counseling for Physical Activity



Administrative Claims Data - 2019

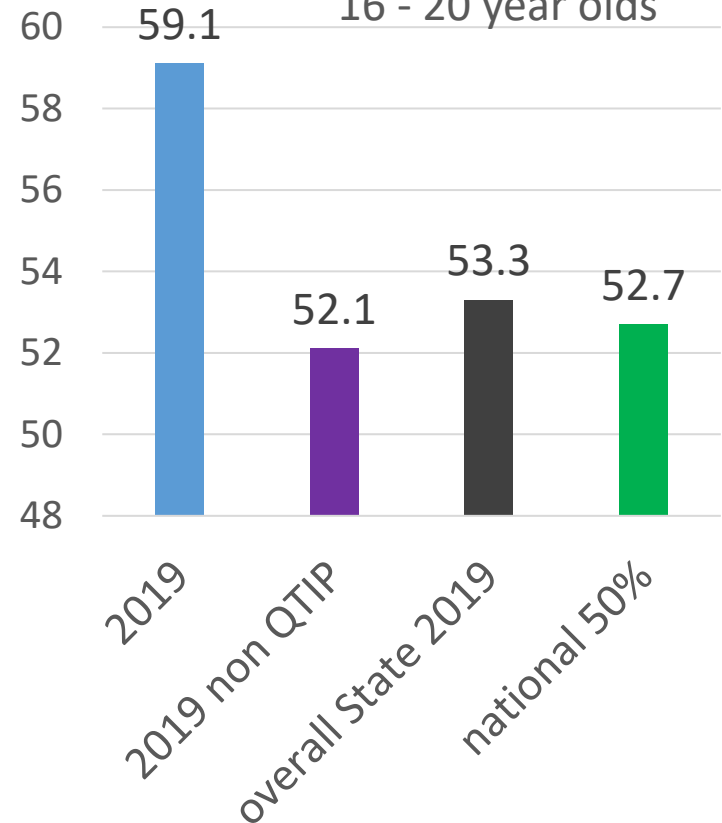


Developmental Screening



QTIP Overall SC

Chlamydia screenings 16 - 20 year olds



Of 48 data elements, QTIP:

- Improved on 30
- Went down on 18
- Exceeds National 50% percentile on 23 elements

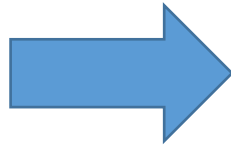
Although QTIP scores are higher than the SC state average, we need to continue spreading the quality results beyond QTIP.

QTIP interventions appear to be improving average state rates

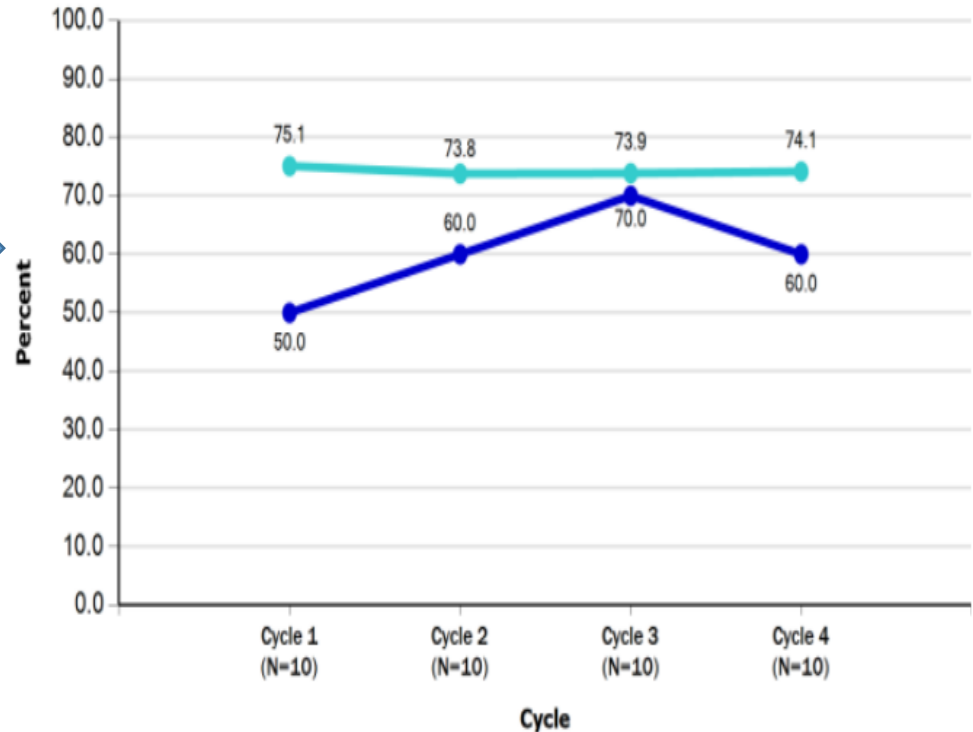
- QTIP is higher than non-QTIP practices and SC overall in all categories
- Since 2017 the State average has also increased.

QIDA-Resume Aug. 2020

- 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)



Rate of patients who have had at least one HPV shot



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.



It's Time to Recognize

Who kept current with their QIDA data entry!



- Children's Clinic Greenville
- Pediatric Associates of Florence
- Parkside Pediatrics
- Rock Hill Pediatrics

- **Review**
 - SCDHHS News
 - QTIP

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

- **2020 Plans**

2020/21 Components

Learning Collaborative

- Jan. 22-24, 2021

Technical Assistance:

- Virtual Fall site visits
- ABP MOC Part 4

Quality Improvement

- QTIP staff
- Monthly calls Sept. 9th
 - 2nd Wednesday, 12:30 p.m.
 - Topic and practice sharing
- Workshops

Mental Health

- QTIP staff

Areas of Focus/Measures

- Asthma
- Adolescent Health
 - Mental
 - Sexual

Data Collection

- QIDA – begins again Aug. 2020
- QI and PDSA documentation instruments



AWARD

Making Use of Resources

Nazia Jones



Suicide Prevention Workshop via WebEx - Aug 26 & Sept 3, 12-2 pm

QTIP Suicide Prevention Workshop Virtual Meetings; Different Content Each Date	
August 26, 2020; Noon- 2pm Why do we focus on Suicide Prevention?	September 3, 2020; Noon-2pm How do we focus on Suicide Prevention?
Why suicide prevention? AAP Guidelines and MOC IV Suicide Prevention ~ Ramkumar Jayagopalan, MD	How each child's individual factors play into suicide risk and suicide intervention planning ~ Anita Khetpal, MD, Child Psychiatrist
Why is suicide so hard to talk about? How prevention, intervention, and postvention efforts differ ~Jennifer Butler, LISW-CP/S; Program Director for DMH's Office of Suicide Prevention	The role of the pediatrician in suicide prevention and how a pediatric office visit can be an intervention ~ Sheila Woods, MD
	Moving suicide prevention ideas to QI work within pediatric offices ~ Kristine Hobbs, LMSW

Updates – Blog

New blog will be introduced in September.



- You will get an email to sign up for the new blog later in August
- Easier to document PDSA cycles
- Easier to attach and upload documents to share
- Will include a document library and a calendar of QTIP events

MOC

- Portfolio renewed March 2020 – Feb 2022
- Located on QTIP website

Topics

- Access
- ADHD
- Adolescent Health
- Asthma
- Behavioral Health
- Breastfeeding
- Developmental Screening
- Emergency Department Usage
- Obesity
- Oral Health Disease
- Smoke Exposure
- Well-Child Visits
- Pandemic Response (new)
- Suicide Prevention (new)

Challenge You

- Spread within your practice
- Relationships/networking
- Finding time for quality improvement
- Using your data to effect change
- Continue with your PDSA cycles and documenting your QI activities
- Be a leader and a mentor



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