



QTIP UPDATE- 2022

RAMKUMAR JAYAGOPALAN, M.D.

SC DHHS awarded CHIPRA
grant
February 2010

SCDHHS
continued QTIP
with state funding

- QI work focused on:
- 24 core measures
~4 per 6 months
 - HIT/EMR reporting
 - PCMH
 - MH integration/screening

- QI work focuses on:
- select children's
measures (n= 31)
 - MH integration/
screening

2011

2015

2022

18 pediatric
January 2011 –
February 2015

Pediatric Practices added each year based
on availability of slots
(average n=30)

2021
TOTAL QTIP
(n=27)

QTIP practices = 27

- 3 academic
- 15 private
- 6 associated with a hospital
- 3 FQHC

Size:

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

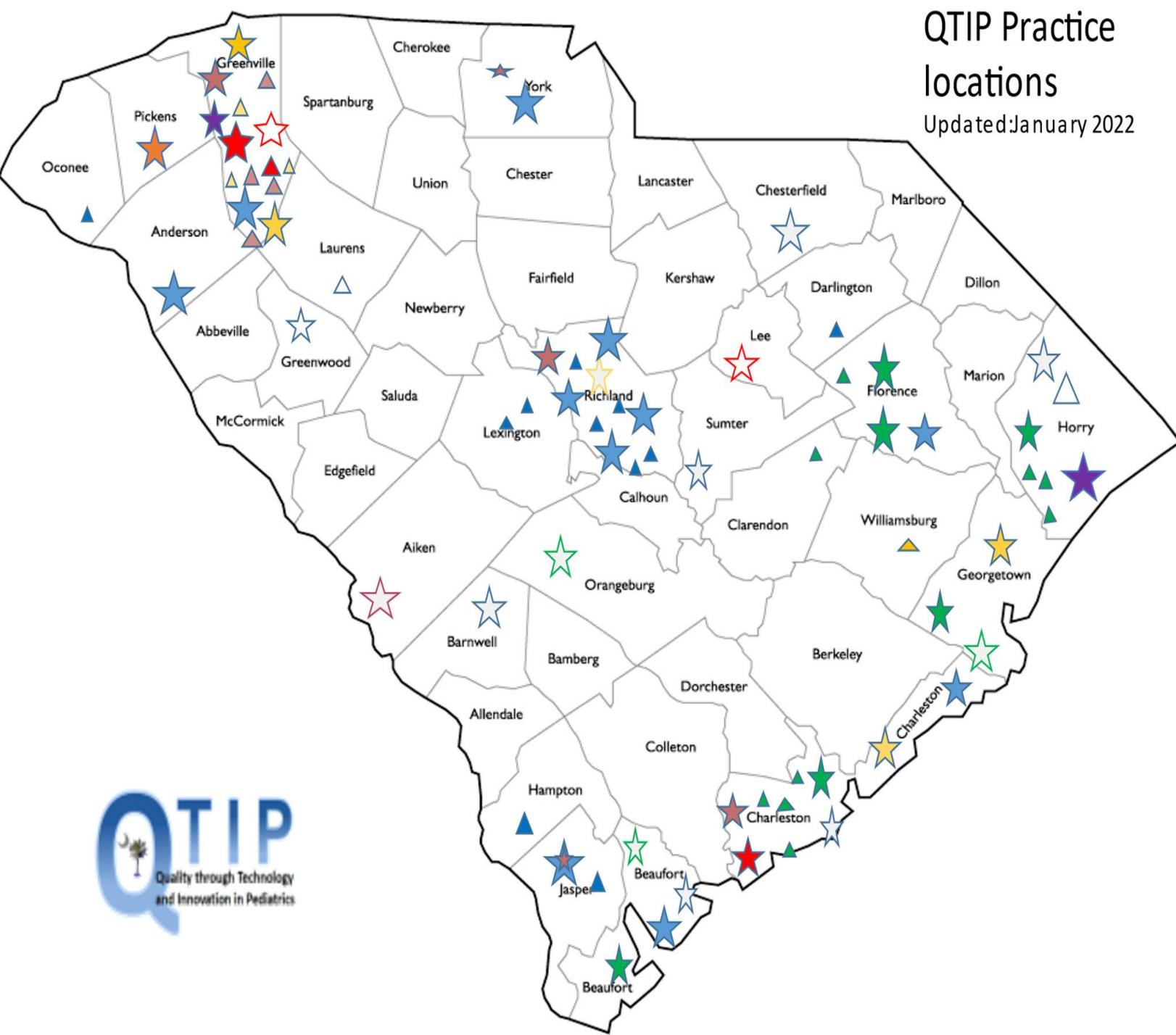
Active practices:

- 2011 practices: 11
- 2015 practices: 5
- 2016 practices: 3
- 2017 practices: 4
- 2019 practices: 2
- 2020 practices: 1
- 2021 practice : 1

QTIP Practice Locations

Updated: January 2022

QTIP Main office
QTIP satellite office

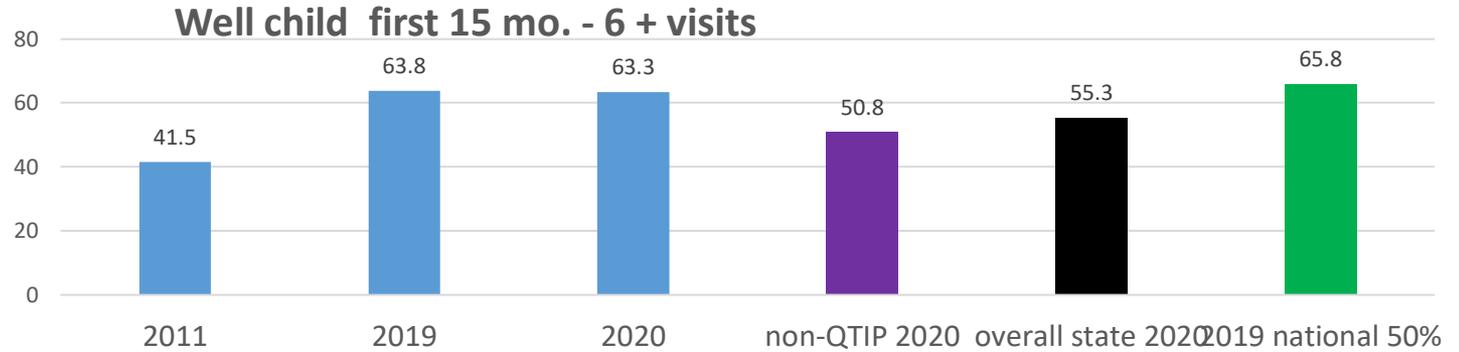


2011		
2015		
2016		
2017		
2019		
2020		
2021		
previous		

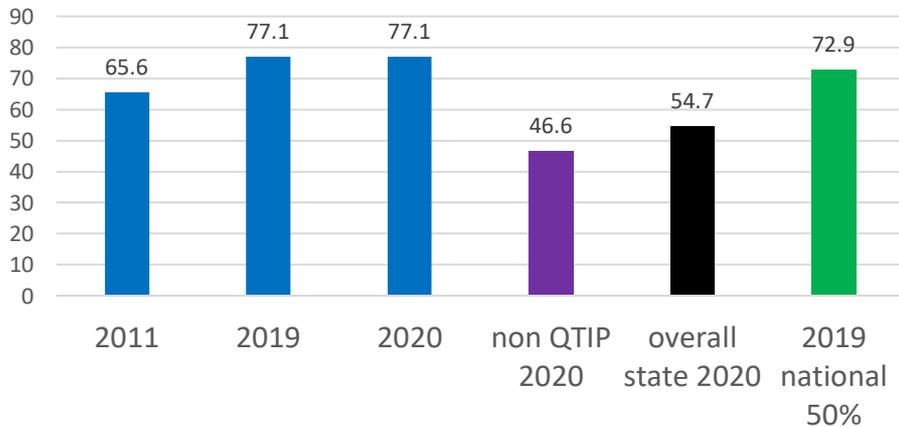


LOOKING BACK !

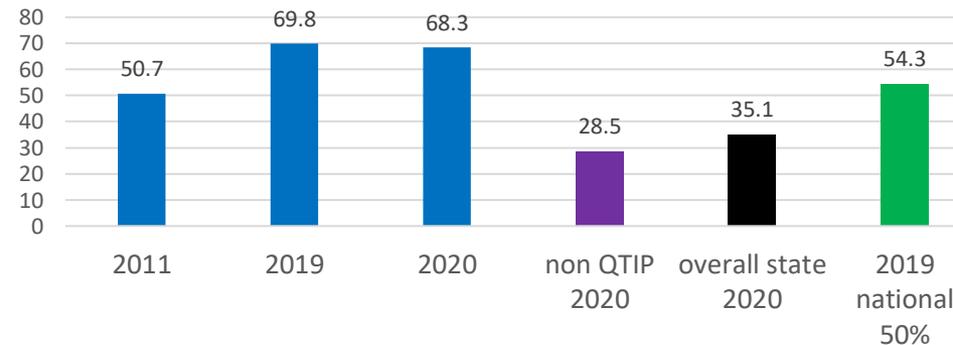
QTIP practices have shown a 52.5% improvement since 2011



Well child 3,4, 5, 6



Adolescent Well Care Visits



QTIP ranked in 50 – 74th percentile
 QTIP practices have shown a 17.5% increase since 2011

QTIP practices ranked in 90th percentile

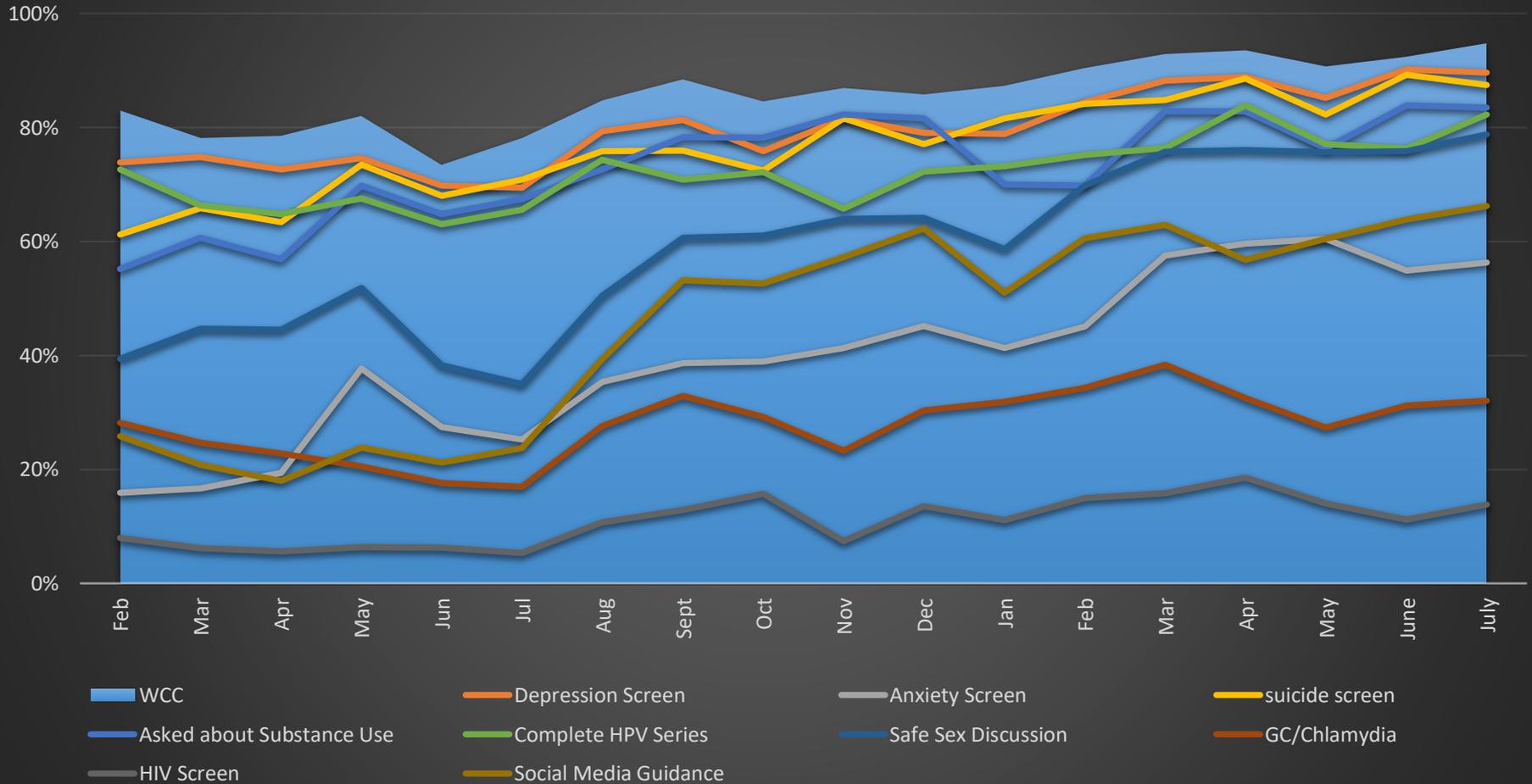
QIDA Highlights

Over the past 18 months, QTIP practices self-audits have reflected:

- 11% improvement in well visit compliance for asthmatic children ages 5-18 and for adolescent children ages 13-18
- 67% decline in ER visits for asthmatic children ages 5-18; 36% improvement in follow-up after ER
- 43% improvement in asthma device use education
- 31% improvement in screening for suicide ideation in adolescents ages 13-18
- 200% improvement in screening for anxiety in adolescents
- 37% improvement in screening for substance use in adolescents

QIDA Highlights – Teen WCC Overview

QIDA Data - Teen WCC Components



Suicide prevention project

- **“Suicide is the #1 cause of preventable deaths in SC for our children ages 10-14”.**
- **“Suicide is the # 2 cause of preventable deaths in our children aged 15-19”.**
- 25.5% of young adults aged 18-24 years

“Seriously considered suicide in past 30 days”

Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external/icon>

How ?



12-week QI project.



Two virtual learning sessions (2 hours each).



Week 2- follow up call with individual practices(20 min each) to help practices formulate a plan.



Week 4- collaborative call with all participating practices where practices present their plan.



Week 12- Wrap up call with practices presenting their results.



ABP Part 4 credit for participants.

So what?

QTIP Lead clinicians and Practices:

- Providers expressed increased satisfaction in their role of screening and addressing suicidal ideation with their patients
- 16 practices changed their suicide assessment process
- Changes included:
 - ✓ Modifying/adding screening tools
 - ✓ Modifying timing of screens
 - ✓ Implementing safety plans
 - ✓ Educating providers, families, and youth

Youth:

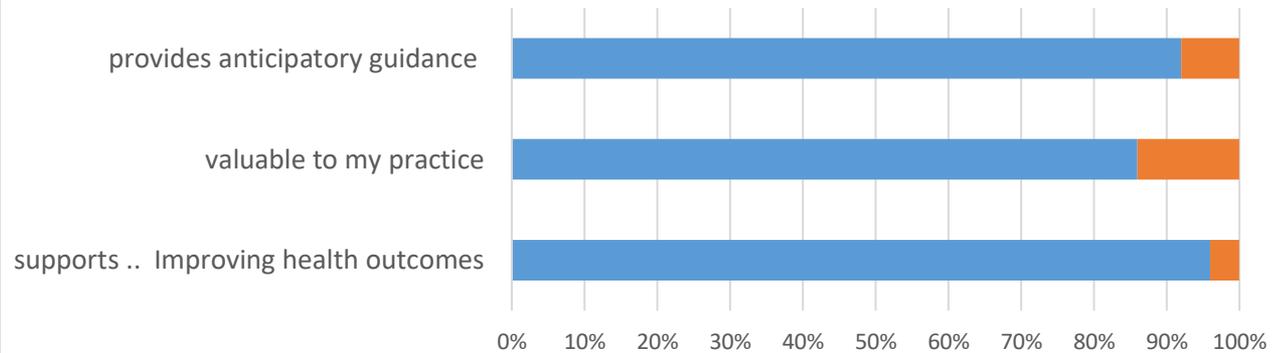
- Increase in suicide screening
- Many were managed in the office and/or referred for services
- Decrease in youth sent to ER

Stakeholder Survey

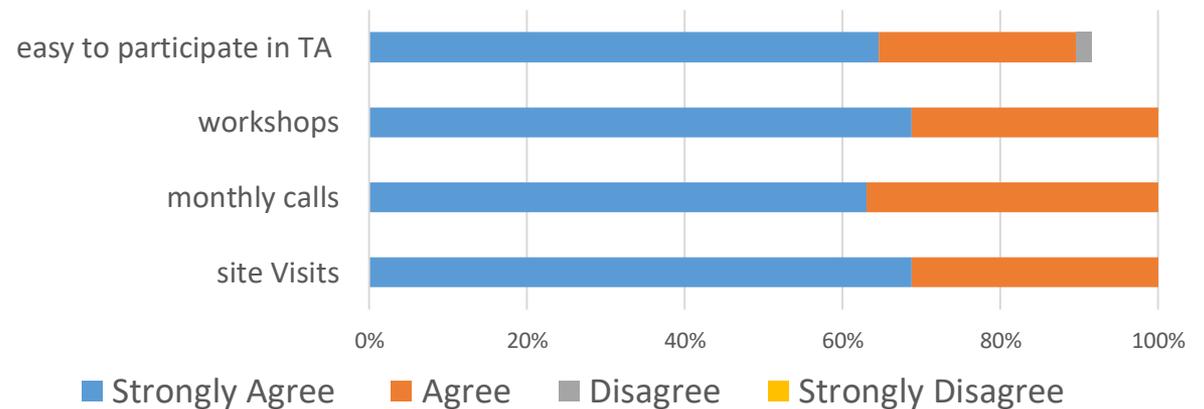
-

QTIP Practices

Learning Collaborative



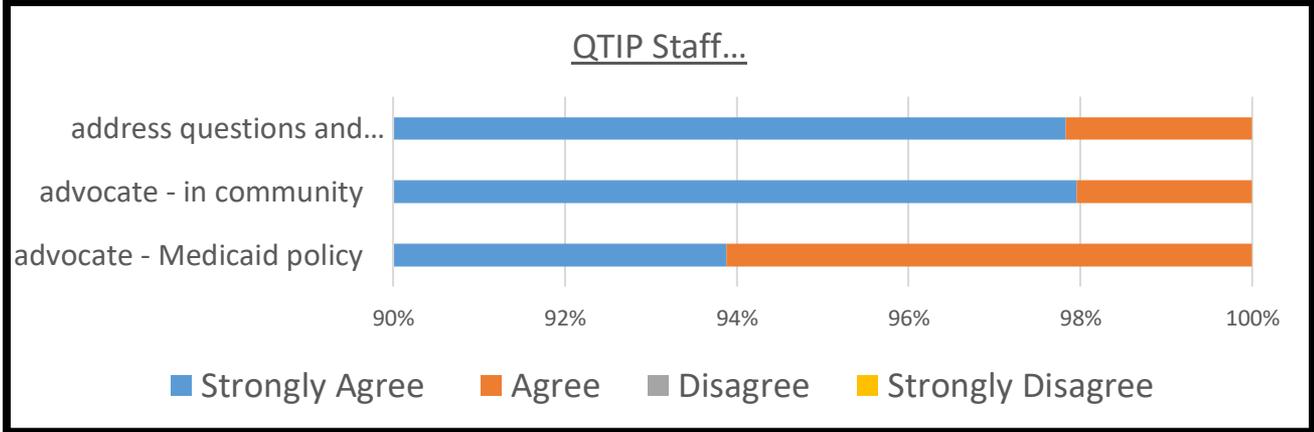
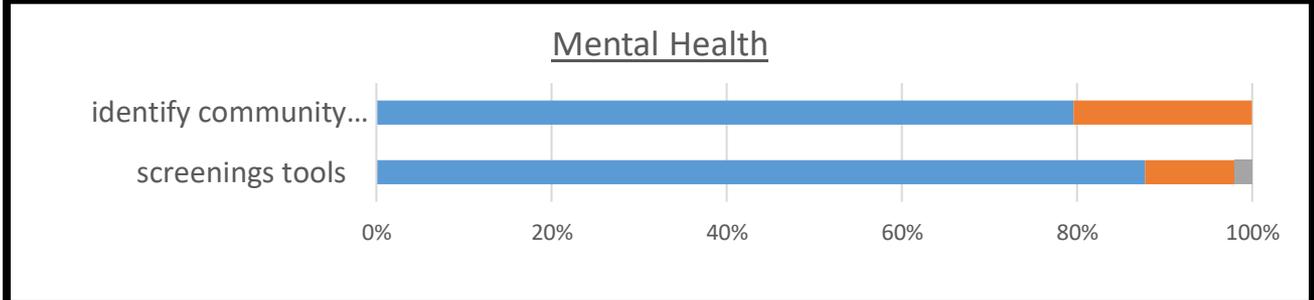
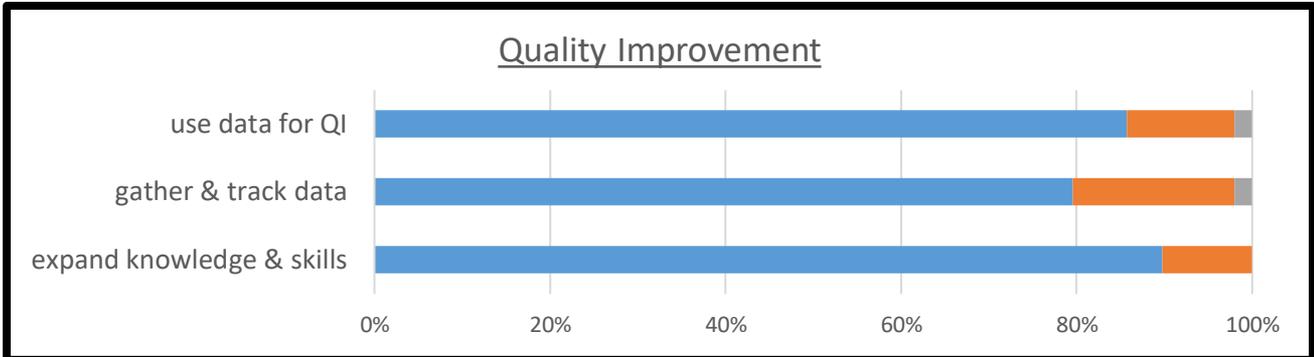
Technical Assistance



Overall, comments were very positive. The main concern was lack of time to participate in TA opportunities.



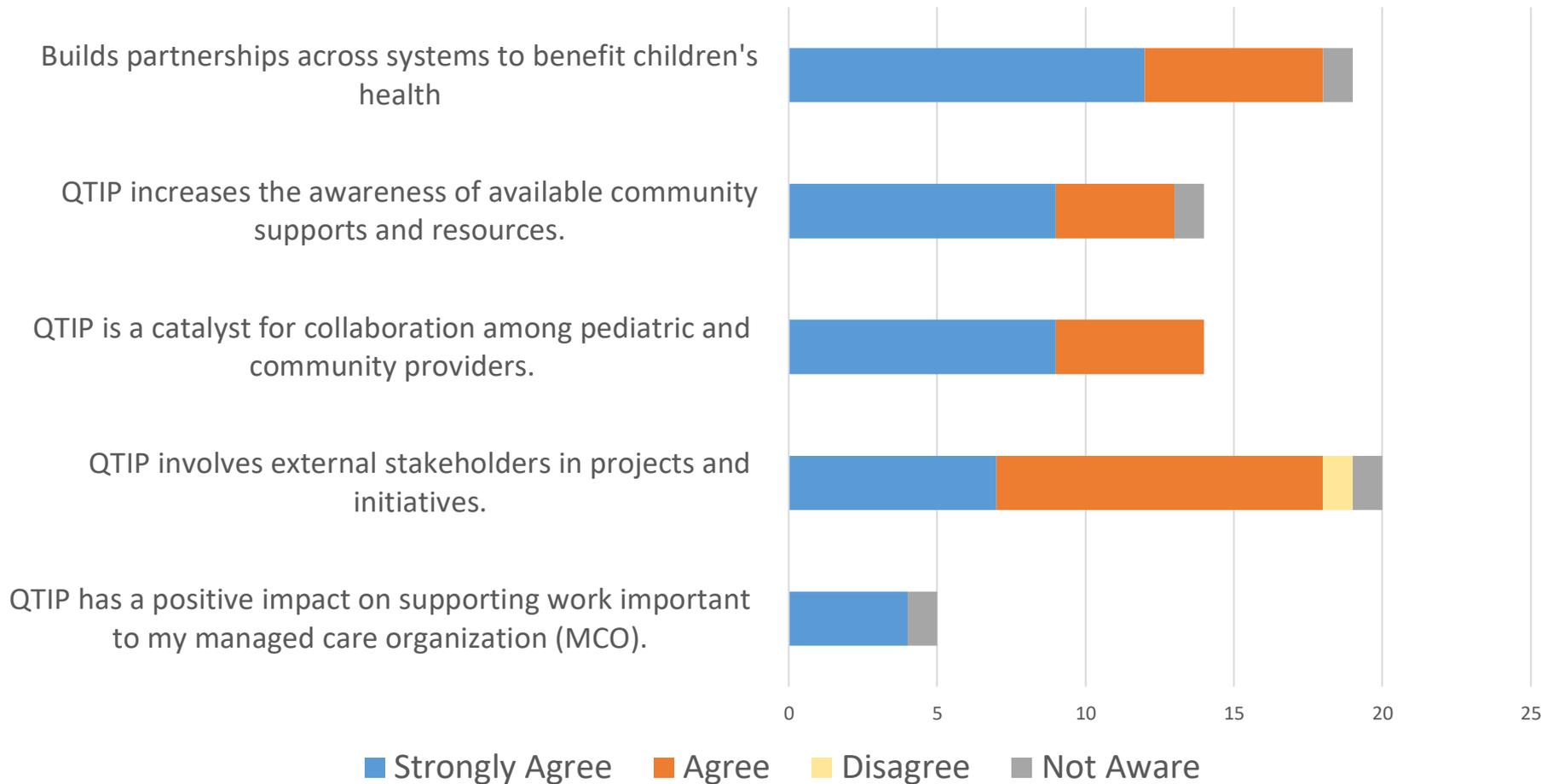
Stakeholder Survey - QTIP Practices



Again, comments were very positive.

External Stakeholder Survey – All

Collaboration and Support Chart



What do we do with this information

Awareness/Communication:

- Need to keep stakeholders aware of QTIP initiatives (regardless of relevance to their organization). When entities were aware, they were very supportive (strongly agreed); however, several respondents (particularly state agencies) were unaware of several QTIP specific services.
- Specific reach out to Managed Care is needed. Explore involvement/partnership in QTIP topics.



Focus:

- Positive comments around QTIPs Mental Health work
- Positive comments on joint projects and partnerships
 - Stakeholders appreciated the linkage to practices
 - Stakeholders were positive on partnership with QTIP
- QTIP will be reaching out to stakeholders to explore new topic areas or new collaborations

ONGOING !

Focus areas

- Obesity- Lifestyle medicine approach to managing Obesity in Primary care offices
- Social Determinants of Health
- Trauma informed care- with focus on not just screening for trauma but on Resiliency and Relational health.

WHAT IS LIFESTYLE MEDICINE: Lifestyle Medicine uses evidence-based lifestyle therapeutic intervention – including a whole-food plant predominant eating pattern, regular physical activity, restorative sleep, stress management, avoidance of risky substances, and positive social connection – to prevent, treat and often reverse chronic disease. Lifestyle Medicine emphasizes positive psychology and motivational interviewing to support behavior change.

- Informational session presented by Erin Brackbill, MD
- Support from Blakely Amati, MD and QTIP team
- Sponsorship from Healthy Blue SC



Participating Practices

- **Carolina Pediatrics**(90% of patients (greater than 95thile), to be assessed for readiness to change)
- **Center for Pediatric Medicine (Prisma Upstate)**(Decrease attrition rate by 10% by increasing number of 2nd physician appts (Month 4) scheduled after seeing Dietician by December 2021)
- **Children's Medical Center** Short -term: use this as a pilot – charting for children ages 7 – 10 who come in for well child visits.
Long-term: train entire staff -with emphasis on Motivational interviewing/education

- **Coastal Pediatrics** In the next 4 weeks, for all well visits between age 5-15, BMI will be assessed, recorded, and discussed.

- In the next 4 weeks, 75% of those patients with BMI > 95thile, will have correct Z code entered (Z68.54), stage of change assessed, recorded and discussed, and telehealth follow up with be scheduled in 1 mo. (if pt. is in Preparation/Action stage).
 - **Hope Health** To establish stage of change
 - Within 1 month to schedule follow visit
 - Expedite a referral to the Hope Health FQHC Nutritionist

Kids Choice *We will increase the number of patients BMI is documented in chart to 50% in the target age children 7 to 11 yrs age and increase the follow up appointments made for such cases to 80%*

- **MUSC Rutledge** Increase the number of visits that showed that patients' readiness for change was assessed and SMART goals were made for patients who had obesity
- Help residents feel more comfortable with motivational interviewing and apply Motivational Interviewing Techniques during office visits

- **ReGenesis** – (FQHC – non QTIP) To identify community resources for healthy eating to share with families
- To develop handouts
- 13 practices participated in the initial session(1 non QTIP)

QIDA Highlights

- Increase in SDOH screening
- Small increase in Trauma screening
- Increase in Healthy lifestyle education
- Increase in SMART goal discussion when appropriate

Other activities

- QTIP Monthly calls- Once a month
 - Diverse topics- COVID updates, networking, Mental health topics, Community resource information etc.
- Wellness Wednesday-Once a month
 - AAP Mental health minute series
- Site visits- Hybrid with Peer review

ABP Part 4 activities

- Portfolio expanded with addition of Suicide prevention and Pandemic preparedness topics
- 140 Part credits issued in 2021.
- Reach out to Dr. Ramkumar Jayagopalan(Ramkumarjayagopalan@gmail.com) or Dr. Kerry Sease(Kerry.Sease@prismahealth.org) for Part 4 Credits.

Looking forward

- Spring QI workshop- Lifestyle approach to Obesity 2.0)
- Support SCAAP's Mental health emergency declaration- action steps
- 2022-23 topics- Immunization, Oral health, Mental health focus.
- Continue partnership with MCOs.

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

443-417-4141

Laura.Brandon@scdhhs.gov

