



Lynn Martin, Project Director

**Laura Brandon, Quality Improvement
Coach**

Kristine Hobbs, Behavioral Health Coach

Francis Rushton, Medical Director

ferushton@gmail.com

**Using Quality
Improvement
Technique to
Introduce Attention to
Social-Behavioral-
Environmental Factors
in Pediatric Well Child
Care**

Background:



- Incorporating attention to social-environmental factors into practice is both important and daunting
- QTIP (Quality Through Technology and Innovation in Pediatrics) is a state-wide effort to improve ambulatory pediatric care in all outpatient clinics. It is funded by state government in partnership with the South Carolina Chapter, American Academy of Pediatric
- Social Environmental Determinants of Health and Mental Health were major subjects addressed by QTIP among other ambulatory care pediatric efforts 2010 to present

How Works with Practices and Stakeholders

32 (40) Pediatric Practices (Indirectly over 500 child health care providers)

- Each practice identified a QI team lead: practitioner, nurse and office manager
- Several year commitment

Plan-Do-Study-Act cycles

- Practices document quality improvement work

Maintenance of Certification

- Physicians can earn credit to maintain certification for American Board of Pediatrics

Regular Contact

- Monthly conference calls
- Blog (where data and QI minutes are also posted)

Learning Collaborative

- Semi-annual sessions attended by QI team
- 24 + core measures addressed over 7 years
- Quality measures presented, expert speakers invited, medical home and behavioral health concepts, information sharing, etc.

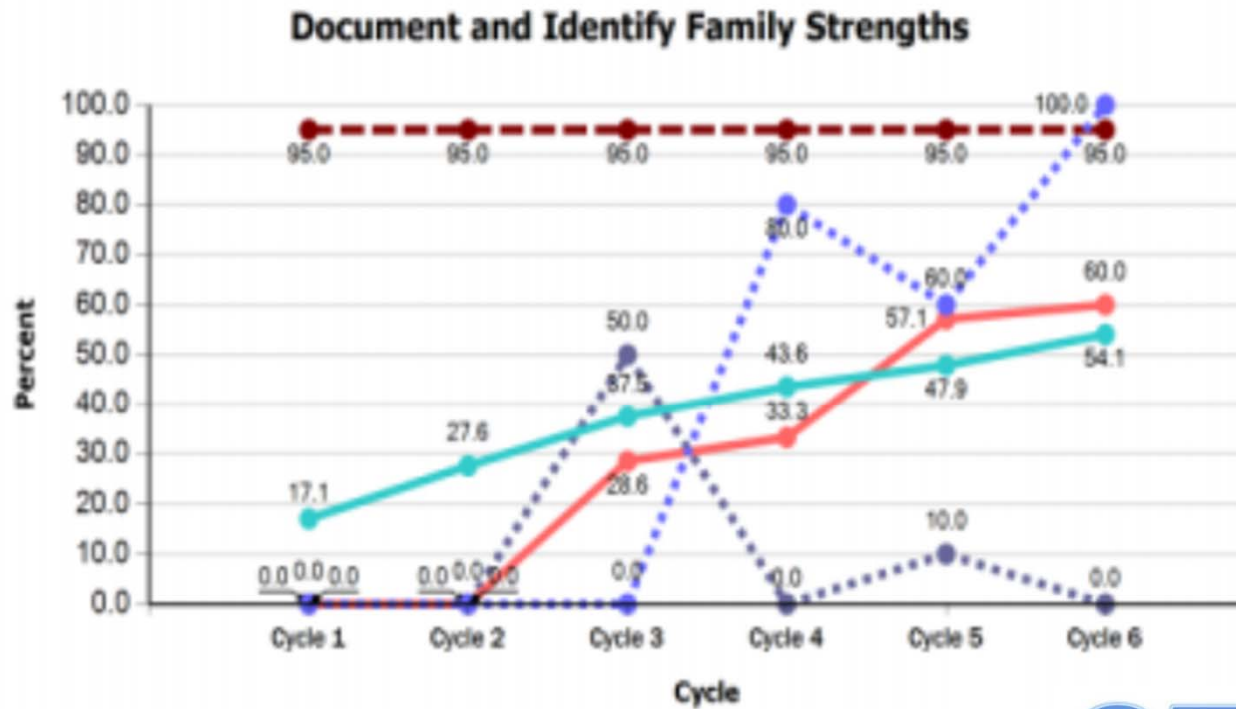
Site Visits

- QTIP team technical assistance site visits
- Peer reviewer participation
- Quality Improvement coaching
- Additional visits to identify community resources

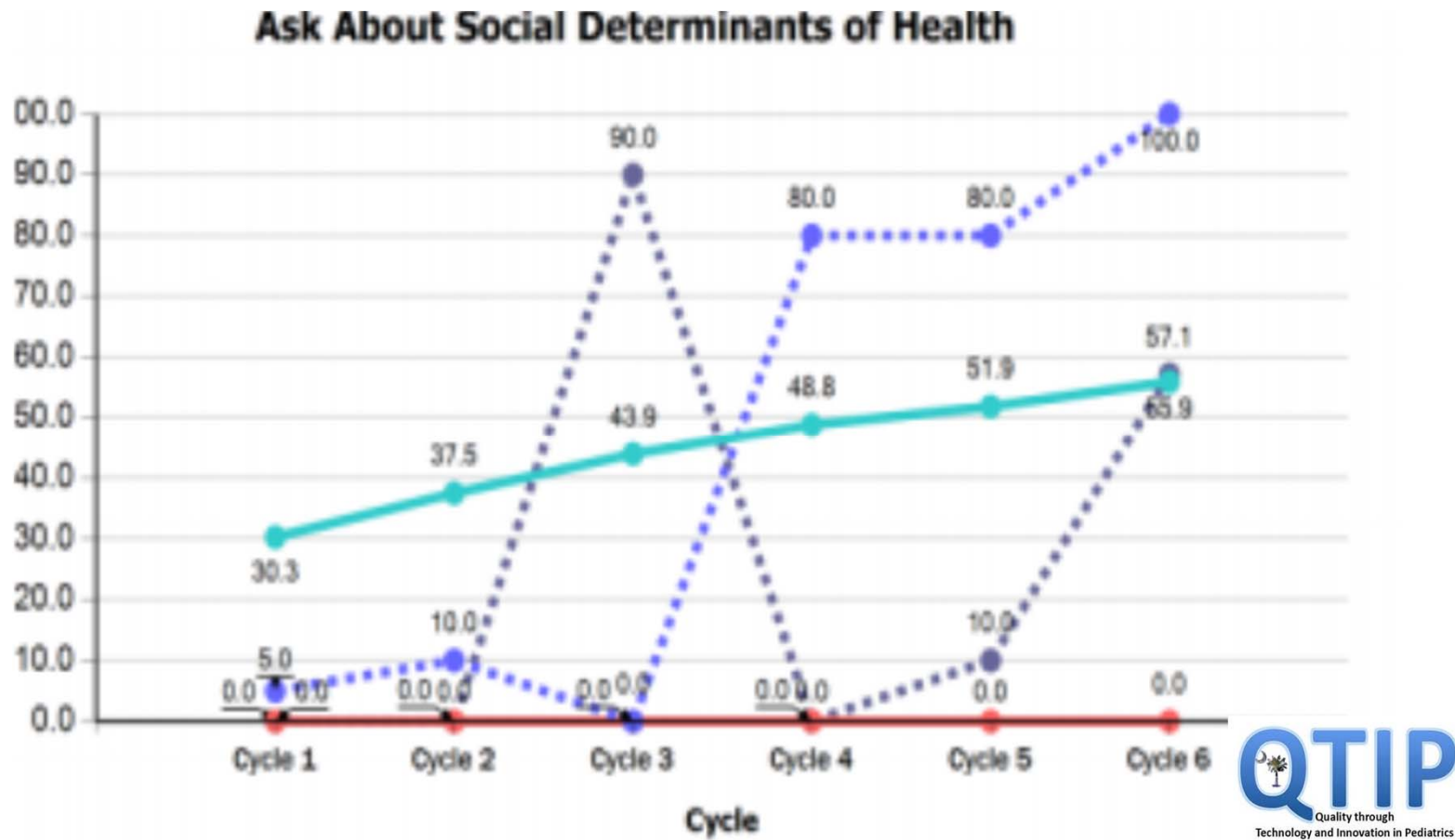


- One of the poorest states in the USA
- Roughly 60% of pediatric care paid by the public sector
- Large Hispanic and African-American populations
- Care provided both in private pediatric offices and community health care centers

9 Month Visit Bright Futures



9 Month Bright Futures



Working on screening was like opening Pandora's box
Many issues need to be addressed

**Framework for Activities
(based on AAP Mental Health Toolkit)**

- Community Resources
 - What are they?
 - How do you refer?
- Health Care Financing
 - How are we going to pay for this care?
- Support for Children and Families
 - Do office invite questions about mental health and social environmental determinants of health from patients?
- Clinical Information Systems/Delivery Systems Redesign
 - What systems need to be placed in offices? Screening? Treatment?
- Decision Support for Clinicians
 - What do you do with the patient in front of you when an issue is identified?

1. Community Resources Strategies:

- Visits between office staff and identified community resources
- Referral issues
- Community resource sheets developed

(Community Resource SHEET) – Lexington County

| Topic | Phone Number | Website |
|--|---|---|
| Poison Control | National Poison Control # - 1-800-222-1222 | |
| Smoke Detector | Local Emergency Services 803-785-8343 | http://www.lex-co.sc.gov/departments/DeptAH/emergencymanagement/Pages/index.aspx |
| Tobacco Smoke | 1-800-QUIT NOW | https://www.scdhec.gov/health/chcdp/tobacco/quit-for-keeps/ |
| Food Needs | DSS - 1-(800)-616-1309 We Care Center – Chapin--(803) 345-3244 Sharing God’s Love, Irmo--(803) 732-3188 Harvest Hope Food Bank, Cayce--(803) 794-1627 LICS (803) 957-6656 | https://dss.sc.gov/content/customers/food/foodstamp/foodstampcalc.aspx https://dss.sc.gov/Scmapp/default.aspx http://chapin_sc.suntopia.org/food_pantries.php |
| Parenting Support | Saxe Gotha Pres. Church - Respite Care for children with special needs and siblings - monthly - 3 rd Sat.– 4:30-7:30; Ginny Aldinger 803.629.5212 | http://www.acswebnetworks.com/saxegotha/article229636.htm |
| Extreme Stress Down, Depressed or Hopeless | Lexington County MHC– 803-359-7206 Suicide & Crisis Hotline 1-800-999-9999 Family Service Center (803) 733-5450 | http://www.state.sc.us/dmh/lccmhc/ www.fsconline.org |
| Interpersonal Violence | National DV Hotline 800-799-7233 Sistercare, Inc Hotline # 1-800-637-7606 | http://sistercare.com/ |
| Drugs or Alcohol | LRADAC, 1068 South Lake Drive; Lexington, SC 29073 -- Phone: (803) 726-9400; | http://www.lradac.org/ |

2. Healthcare Financing Strategies:

- Learned from the practices
- System Level Changes
 - Payment for screening
 - Payment for mental health services
- Office Flow

3. Support for Children and Families Strategies:

- Bulletin boards
- Health Education
- Handouts
- Family Advocacy Groups

4. Delivery Systems Redesign:

- Screening Protocols
- Treatment and referral resources
- Care Coordinators

| | BJHCHS | Hope Health | Little River | Low Country | St. James-Santee | TCC |
|--|---|----------------------------------|---|--|---|----------------------------|
| Babies & their family life: | PEDS ASQ MCHAT Edinburgh SEEK | MCHAT Edinburgh SEEK | Edinburgh ASQ MCHAT SEEK LRMC Family Needs Ques. | ASQ MCHAT | MCHAT CDC for dev. GPC Family Survey | PEDS MCHAT Edinburgh |
| School-aged: | RAAPs PHQ-9 | PSC- Parent PSC – Youth | ABHS for 13 yr+ | 2 way conversation with practices | | PSC-Y 17 |

5. Clinical Decision Making Actions:

- Technical Assistance Visits
 - Psychiatric Consultation Phone line
 - Skill Building
 - Share Resources
 - Online resources
 - Practice developed resources
 - Grand Strand - Nurses Meeting
- Quarterly Mental Health Calls
 - SDH
 - LGBTQ
 - Cultural Awareness
 - CHOC – Foster Care Topical Call
 - Residency Programs –
 - CHOC –
 - MUSC –

Social Environmental-Behavioral Health Efforts over 7 years

| AAP MHPRI | QTIP's aim | QTIP actions | Practice comments |
|---|---|---|---|
| Community Resources | For the pediatric practices to know about and access community resources | <ul style="list-style-type: none"> • Visited community providers • Created referral forms • Served as liaison among community providers and family advocacy groups | "We obtained more information in that one hour meeting than multiple phone calls could have accomplished!" |
| Health Care Financing | Understand financing for providing and accessing services | <ul style="list-style-type: none"> • Published Medicaid bulletin for billing and coding • Advocated streamlining authorization processes • Provided lists of providers serving multiple MCOs • Liaison work with payers • Linked referral staff with MCO staff | "Benefit of being reimbursed for mental health screening has been huge and will continue after the grant." |
| Support for Children and Families | Provide an office environment promoting mental health (Do children feel safe and supported to talk about MH) | <ul style="list-style-type: none"> • Created bulletin boards in waiting rooms • Provided ADHD group visits • Accessed handouts for families • Collaborated with family groups • Offered Parent Partners | "Awareness of Mental Health was never on my radar screen – had no clue of what it really meant." |
| Clinical Information/ Delivery Systems | Incorporate mental health into routine office protocols | <ul style="list-style-type: none"> • Taught QI techniques • Provided screening protocol • Discussed EMR uses • Developed protocols for ADHD care • Piloted CHADIS • Worked on referral and feedback loops | "...questionnaires tell you what's important to the child and parent before you even walk into the room... that changes the entire visit..." |
| Decision Support for Clinicians | Manage and/or refer mental health needs as routinely as physical health needs | <ul style="list-style-type: none"> • Provided Academic Detailing for ADHD and SGAs • Coordinated ADHD Fellowship • Offered psychiatric consultant • Taught specific skill building | "The most helpful part of the grant was the behavioral health initiative...giving us confidence... that we weren't going to get overwhelmed." |