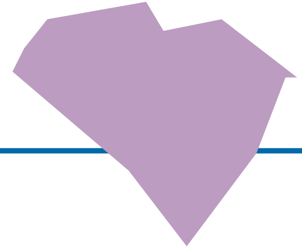

Spotlight on South Carolina

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from South Carolina's experience during the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) from February 2010 to February 2016. For this demonstration, CMS awarded 10 grants that supported efforts in 18 States to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality (AHRQ) led the evaluation of the program.

South Carolina's Goals: Improve the quality of care for children by—

- Helping practices build quality improvement (QI) capacity by using quality measures, implementing the medical home model, and integrating physical and mental health services.
- Using electronic health records (EHRs) to calculate and report quality measures for practices in order to guide QI efforts.

South Carolina engaged practices in pediatric quality improvement (QI) activities

South Carolina convened a multi-year learning collaborative to help 18 child-serving practices use child health care quality measures, implement components of the patient-centered medical home (PCMH), and integrate mental health services. Over the course of the CHIPRA quality demonstration, participating practices—

- **Built their QI capacity.** As part of the multi-year learning collaborative, the State offered practices a range of technical assistance (TA) opportunities, including twice yearly in-person learning collaborative sessions, frequent group conference calls and QI workshops, twice yearly site visits, and individualized support provided by State CHIPRA demonstration staff (the Medicaid director, a behavioral health expert, and a QI specialist). Practices learned how to use patient chart data to track CMS's Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set).[1] They also learned how to implement Plan-Do-Study-Act (PDSA) cycles to improve the quality of care. Practices received quarterly stipends for participation and took advantage of opportunities to earn Maintenance of Certification (MOC) and Continuing Medical Education credit for completed QI training and activities. The State also created a mechanism to support the practices' data collection efforts. Nearly all practices reported increases in their ability to initiate and sustain QI activities after participating in the learning collaborative. The State also reported that its analysis suggested that practices showed improvement on 16 of 21 Child Core Set measures after participating in the learning collaborative.
- **Increased use of developmental, health risk, and mental health screenings.** South Carolina developed a screening protocol that included six developmental and psychosocial screenings for use with infants through adolescents during well-child visits. The learning collaborative provided training in screenings, guidance on accessing community resources, and information on reimbursement procedures. Initially, some practices were concerned about the time and skills needed to incorporate screenings into visits. They pointed to insufficient community resources to address needs identified by the screenings and were confused about reimbursement. However, by the end of the learning collaborative, all 18 practices reported that they incorporated mental health screenings into their usual routine, up from 4 practices at the start of the collaborative; the 18 practices also reported that they regularly used at least one developmental screening, up from 7 practices at the start of the collaborative.
- **Enhanced behavioral health services.** Per self-report, practices strengthened not only their belief in and their commitment to integrated physical and mental health care, but also their ability to deliver pediatric mental

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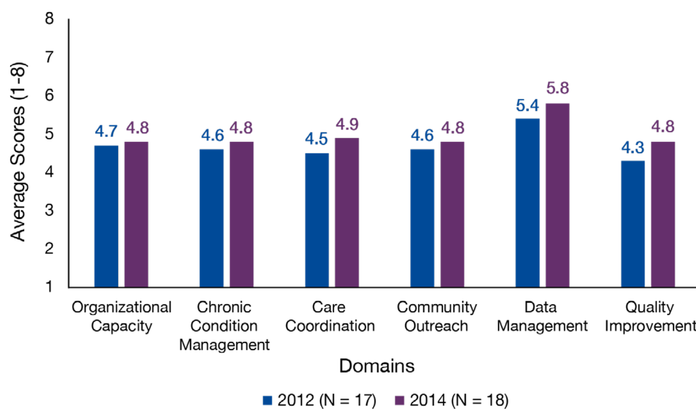
and behavioral health services. In addition to the routine use of behavioral and mental health screening tools, clinicians reported more consistent development of care plans for patients with behavioral health issues. They also reported an increase in their knowledge of community behavioral and mental health resources and more frequent provision of referral assistance and care coordination for children and families with behavioral health needs.

- **Improved quality of pediatric health care.** Demonstration staff reported that practices increased families' access to care, provided oral health preventive services more regularly, and improved adherence to national guidelines for asthma, obesity, and attention deficit hyperactivity disorder care. In addition, practices made modest improvements in all six domains of the Medical Home Index–Revised Short Form (Figure 1).[2] By the end of the demonstration period, nine practices had received PCMH recognition from the National Committee for Quality Assurance (NCQA), and three more were working toward recognition. However, some practices reported difficulty in aligning NCQA's requirements with improved pediatric care processes.

Figure 1. Changes in Medical Home Index-Revised Short Form domain-level scores for South Carolina practices



Note: Data were reported by South Carolina and not independently validated. Baseline data are only available for 17 of the 18 participating practices.

South Carolina produced quality reports for a subset of participating practices

South Carolina initially intended to produce practice-level quality reports on the Child Core Set by combining Medicaid claims data with electronic health record (EHR) data from the 18 practices participating in the CHIPRA Quality Improvement initiative. The reports would then allow practices to identify areas needing improvement, track progress, and compare themselves with peers. However, the State was able to achieve only limited success, largely because the enrollment of practices in the State's health information exchange (HIE) was lacking, and there were difficulties in developing the infrastructure and functionality needed to record and transfer pediatric data from the practices' EHRs to the State. The diversity of and the necessary modifications to the practices' EHRs and their ongoing upgrades to their systems complicated and delayed data extraction. In addition, some practices lacked an EHR. Nevertheless, the State—

- **Produced quality reports for 7 practices on 15 quality measures.** The State received and processed data from 7 of 18 practices and generated practice reports on 15 of 26 Child Core Set measures, including well-child visits, immunizations, dental services, emergency department visits, chlamydia screening, and body mass index screening. However, given the variation in the practices' EHR functionality and in the quality and completeness of practices' data, practices could not compare their own outcomes over time or with those of other practices.

Key demonstration takeaways

- Using a learning collaborative model, South Carolina provided 18 child-serving primary care practices with technical assistance to implement QI activities, strengthen their medical home features, and integrate physical and mental health care. Practices appreciated the flexibility to establish their own QI priorities and placed a high value on learning from other practices.
- South Carolina educated clinicians about the importance of routine screening, referral and community resources, and reimbursement strategies for behavioral and mental health services. In response, practices reportedly increased their capacity to identify and address patients' behavioral health needs.
- The State faced greater challenges than expected in linking EHR and administrative data to produce practice-level quality reports. Challenges included the diversity of EHR products used by practices, the labor required to develop the infrastructure and functionality

needed to transfer data from EHRs to the State, and data consistency and completeness. Nonetheless, the State was able to produce reports for some practices on a limited number of Child Core Set measures.

Endnotes

1. For more information on the Child Core Set, visit https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-child-core-set.pdf.
2. For more information on the Medical Home Index, visit http://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/demoeval/what-we-learned/highlight02.pdf.

Continuing Efforts in South Carolina

After South Carolina's CHIPRA quality demonstration ended in February 2016, the State—

- Expected to leverage the newly established pediatric quality unit within the State's Medicaid program in order to continue the work initiated during the quality demonstration.
- Planned to extend the twice yearly learning collaboratives to an additional 12 pediatric practices.
- Expected to collaborate with the South Carolina Chapter of the American Academy of Pediatrics to continue offering MOC credits for completed QI activities.
- Intended to sustain its focus on the Child Core Set and other quality measures. The State planned to provide technical assistance to practices on five to seven measures selected to align with the State's Medicaid program or other State or national initiatives.
- Planned to continue to provide technical assistance to practices in promoting the integration of physical and mental health services and in using recommended behavioral and mental health screening tools.

LEARN MORE

South Carolina's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site at **http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/sc.html.**

The following products highlight South Carolina's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 5:* How are CHIPRA quality demonstration States encouraging health care providers to put quality measures to work?
- *Article:* Devers K, Foster L, Brach C. Nine states' use of collaboratives to improve children's health care quality in Medicaid and CHIP. *Acad Pediatr* 2013;13(6):S95-102. PMID: 24268093.
- *Reports from South Carolina:* South Carolina published a toolkit to provide guidance for and insight into the PCMH transformation process.
- The Web site for the Quality through Technology and Innovation in Pediatrics (QTIP) hosts various resources and information about South Carolina's QI projects, including how to apply to participate.

The information in this brief draws on interviews conducted with staff in South Carolina agencies and participating practices, an analysis of Medical Home Index data submitted by South Carolina, and a review of project reports submitted by South Carolina to CMS.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Dana Petersen, Christal Ramos, Emily Lawton, and Amanda Napoles. Margarita Hurtado also contributed to data collection.