



Utah Pediatric Partnership to Improve Healthcare Quality

Chuck Norlin, MD - Director

Gordon Glade, MD & Paul Young, MD - Co-Directors

Dana Patterson, MPH - Quality Program Manager

Sandra DeBry, MBA - Quality Improvement Specialist



UPIQ's Mission

To improve the health of Utah's children by promoting the incorporation of *proven interventions, best practices, and ongoing, measurement-based improvements* by physicians in their daily practice.



The Partners

- Intermountain Pediatric Society/Utah chapter, AAP
- University of Utah Division of General Pediatrics
- Utah Department of Health
 - » Division of Health Care Financing (Medicaid)
 - » Division of Community and Family Health Services
- *HealthInsight*
- Intermountain Healthcare's Primary Care Clinical Programs
- Utah Academy of Family Physicians (UAFP)
- Pediatric Education Services, PCMC
- Molina Healthcare of Utah (joining soon)



In The Beginning

- At an ABCD I meeting, Julie Olson (Utah Medicaid) connected with Judith Shaw (VCHIP) re: Medicaid partnering with physicians around quality
- Judith put Julie in touch with Paul Young (U. of U.), who brought in Gordon Glade (President, Utah AAP chapter and PROS leader, another VT connection)
- VCHIP (Judith and Mort) came to Utah to explain the concept to a number of leaders (Chapter, University, Maternal & Child Health, Medicaid, etc.)
- UPICHQ was born, sought initial funding and found some, and rethought its name/acronym
- VCHIP/NICHQ provided advice, technical assistance, and expertise for the first collaborative



Eight Learning Sessions on Screening (so far)

- Preventive Services (10/03, 14 teams)
 - » Primary Children's Medical Center Foundation
 - » Recruiting by mail, Chapter newsletter
 - » VCHIP/NICHQ helped
- Developmental Screening (5/04, 13 teams)
 - » AAP CATCH grant
- Social-Emotional Screening, Infants (10/04, 11 teams)
 - » ABCD II, through Utah Medicaid



Eight Learning Sessions on Screening (so far)

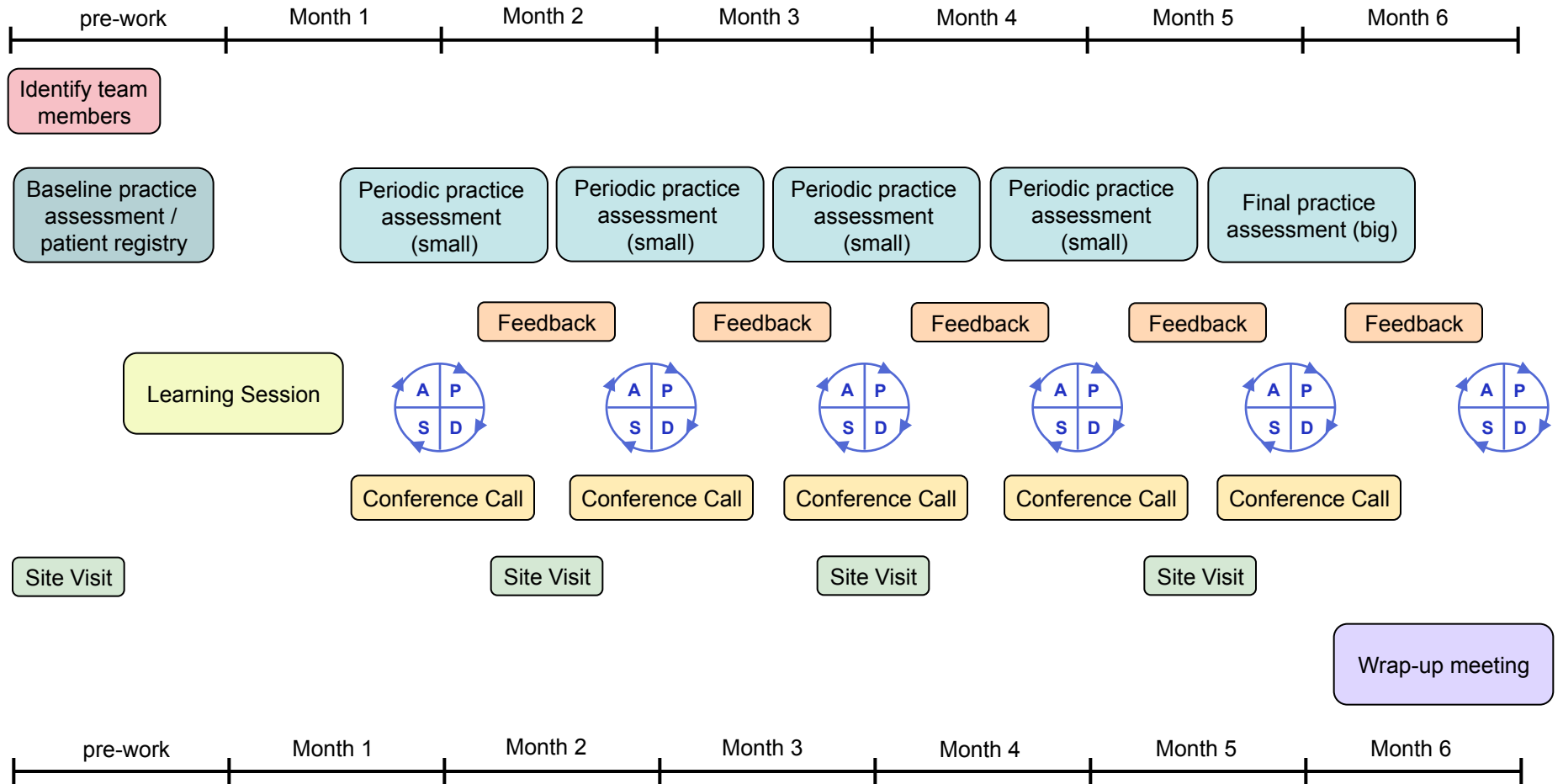
- Social-Emotional Screening, Toddlers (5/05, 10)
 - » ABCD II, through Utah Medicaid
 - » Recruiting by mail, etc., personal contact
- Newborn, Hearing, Vision Screening (6/06)
 - » MCHB Medical Home-Integrated Services grant
 - » 5-phase collaborative, 12 practice teams, with parents
- Maternal Depression Screening (9/06, 6 teams)
 - » ABCD II, through Utah Medicaid
 - » personal contact needed, actively recruited FPs
 - » used telemedicine for a distant practice team



Eight Learning Sessions on Screening (so far)

- Oral Health Screening (11/06, 13 teams)
 - » CDC funding through Utah Valley Early Head Start
 - » Recruited pediatricians and family physicians from Utah Valley, helped by the Head Start program
- Developmental, Social-Emotional, Depression Screening (12/06, 12 teams)
 - » MCHB Medical Home-Integrated Services grant

A Typical Learning Collaborative





Key Components

- “Every system is perfectly designed to get the results that it gets” - for an enduring change, you must change the system
- Practice teams (physician/mid-level, office manager, nurse/MA, *parent partner*) choose their own goals and strategies - “*you pick*”
- Face-to-Face with community resources
- Incremental improvement - make a small change, reassess, make another small change, ... (**P**lan, **D**o, **S**tudy, **A**ct cycles)



Deciding to Screen

- Most physicians have a “screening” process already - though many will be less than rigorous, much less validated.
- Why should they change? Focus on the benefits to the practice, not on all the kids that are missed:
 - » Best practice
 - » Parental satisfaction
 - » Staff satisfaction



Selecting among tools

- Show' em the tools
- Offer the data, in ways the staff can also understand (stories from practices)
- Present the pros and cons, honestly
- Emphasize integration into daily routine, efficiency, effectiveness
- Facilitate team discussion of goals and implementation - encourage baby steps



Supporting and Sustaining Change

- Follow-up by phone, site visits (cheering them on; goading when needed)
- Facilitate team meetings (food)
- Feedback from referral providers, preferably positive
- Share ideas, successes, lessons (conference calls, newsletters, web site)
- Stay in touch so you can support through hard times, like staff changes



Measuring Change, or not

- Measurement of current and changing practice has been a big barrier
- Practices don't like to do it; it doesn't fit into any pre-existing practice activity
- Measurement is critical to knowing if change has been made and to learning if it was a good change
- Ideas are welcome?!?!



Measuring Outcomes

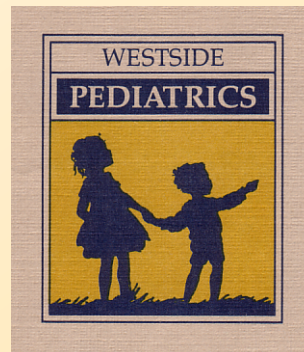
The only real measure of effectiveness, but...

- Numbers of children identified and referred (pre/post?, control practices?)
- Ages at which they are identified (compared to when they could have been?)
- Impact of early vs. late identification (control for diagnosis, severity, mitigating factors?)
- Impact of positive screens in “normal” children (potential in both directions)

Before The Beginning



circa 1999



circa 1984