



South Carolina Chapter
American Academy of Pediatrics

MOC Part 4 Credit for South Carolina AAP Chapter Members

are offered through a partnership between the South Carolina AAP Chapter and the SC Department of Health and Human Services with the QTIP Program

Access:	page 6
ADHD:	page 7
Adolescent Health	page 8
Asthma:	page 9
Behavioral Health:	page 10
Breastfeeding:	page 11
Developmental Screening:	page 12
Emergency Department Usage:	page 13
Family Centered Care	page 14
Obesity:	page 15
Oral Health Disease:	page 16
Pandemic Response:	page 17
Smoke Exposure:	page 18
Well Child Visits:	page 19
Suicide Prevention:	page 20
Safe Sleep (time limited):	page 21

Note: Credits will be issued/overseen by the SC AAP

Reviewed/revised: Aug. 2013, Jan. 2015, July 2015, June 2016, Mar. 2018, July 2019, Mar. 2020, Mar. 2022 and Jan 2024.

Organizational and Reporting Structure

QTIP (Quality through Technology and Innovations in Pediatrics) is a partnership between the South Carolina Department of Health and Human Services (SC DHHS) and the South Carolina Chapter of the American Academy of Pediatrics (SC AAP). QTIP has always been broad-based in its approach, with efforts focused on the entire breadth of pediatrics from chronic to acute to preventive care.

Academic oversight is provided by the SCAAP and accountability for the program is provided through reports back to SC DHHS and to the Executive Committee of the SC AAP. These reports are coordinated by Medical Director Ramkumar Jayagopalan and Project Director Lynn Martin. The Annual Meeting and the CATCH meeting of the SC AAP are used as venues to provide skill and content training.

AAP QI Oversight Committee: As of July 1, 2019, the QTIP oversight committee for QTIP consists of, Francis Rushton MD), Debbie Greenhouse MD, Martha Edwards MD, Ramkumar Jayagopalan MD, (QTIP MD) Michael Foxworth MD, Kristina Gustafson MD, Kevin Wessinger MD, and the QTIP Project Director. Program standards are developed by the committee and distributed at our learning collaboratives, technical assistance visits, and by request. Data documenting satisfactory improvement is entered in the project logs and supervised by Dr Ramkumar Jayagopalan. Non QTIP sites participate through private consultation with Blakely Amati, MD with the USC Department of Pediatrics, Greenville, and Ramkumar Jayagopalan MD.

Initially 24 CHIPRA Core measures were the primary definers of QTIP's QI work. We continue to work the child core measures with MOC part 4 opportunities focused on a broad variety of topics covering the array of pediatrics. We are charged with taking a specific look at behavioral health services within the pediatric medical home and medical home certification. We are now addressing Bright Futures content of well child visit and the social determinants of health.

Our process is as follows: 1. Begin with a core measure (CMS or SCDHHS), medical home component, or behavioral measure 2. Develop measurable standards 3. Teach PDSA cycle format 4. Provide academic content through learning collaborative meetings held twice a year 5. Augment conversation among practices through Blog 6. Record progress through PDSA cycle log in blog, QIDA data log, or another log as approved 7. Provide MD technical assistance at practice level 8. Monthly support phone calls and 9. Extra visits focused on QI training and behavioral health as needed. Each participating practice is given significant flexibility as to which QTIP components they work on.

How the organization monitors quality improvement efforts and how the results will be used.

Our primary data entity is the Quality Improvement Data Aggregator (QIDA) at the American Academy of Pediatrics. Data is entered monthly by all participating practices in audits linked with the data aggregator. We supplement this information with specific site compilations and Medicaid administrative data. Innovation and QI improvements are assessed in addition to technical assistance visits, a learning collaborative blog (with on-going QI conversation and logs to record all PDSA cycles performed at the practice level and QI meetings). At present, oversight evaluation is provided by SC DHHS and the SC Chapter of the AAP.

Documenting physician participation/adjudicating disputes for MOC in QI efforts.

Each of our participating pediatric practices has a lead clinician. They are given an outline of QI project and determine which physicians at their site are eligible for certification. Lead clinicians and physicians at other sites are certified by the QTIP medical director or his/her designee. All receiving credit complete an ABP attestation form.

Instructions from the American Board of Pediatrics

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate based on your day-to-day work. If you are participating in any of the recognized project modules, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
 - a) The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
 - b) The ABP updates your record showing that you earned credit for the Part 4 MOC.

Participation in Quality Improvement Projects

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period.

Active Role

For MOC purposes, an "active role" means the pediatrician must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit, and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

MOC Activity Completion

When a practitioner has fulfilled the requirements for meaningful participation (i.e., met the project's requirements for length of participation plus the "active role" criteria), you have "completed" the activity for purposes of MOC credit (activity completion). Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

Registration and documentation of Participation for Part 4 MOC Credit: In QTIP practices with a designated lead clinician for quality improvement, the applicant for MOC credit must provide the lead clinician with their ABP attestation statement and be certified as having participated in the activity. The lead clinician is responsible for letting the SC Project Leader know of all individuals receiving credit. Non QTIP physicians must contact a member of the oversight committee to participate or Kerry Sease.

Maintenance of Certification Credit for Design and Implementation of QI Projects

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on a MOC-approved project. Contact Ramkumar Jayagopalan, MD at ramkumarjayagopalan@gmail.com or Blakely Amati, MD at blakely.amati@prismahealth.org for more information.

Documentation of Participation

After you fulfill all participation requirements, submit the ABP's Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation.

Finding and Submitting Your Attestation Form Part 4 Established QI Projects

NOTE: An attestation form only needs to be submitted if you have completed an established QI Project for which you are applying to receive MOC credit. This does NOT pertain to any Web-based Part 4 activities.

Effective 1/18/2024

Sponsors will manage their attestation process. There will no longer be a 'locate your attestation form' in physicians' ABP Portfolios. QTIP and the SC AAP have created our own attestation form - see page 3.

To Submit the Attestation Form:

- Answer all questions on the Attestation Form
- **Sign and date** as the participant physician
- Submit the attestation form to Ramkumar Jayagopalan, MD ramkumarjayagopalan@gmail.com
Blakely Amati, MD at blakely.amati@prismahealth.org for signature.
- Once the credit has been entered you will immediately receive an automated email stating you have received credit and to log in to your ABP Portfolio to view how the credit was applied.



This form should be completed by American Board of Pediatrics certified physicians who seek Maintenance of Certification (MOC) credit for completing an approved quality Improvement Project.

ATTESTATION OF MEANINGFUL PARTICIPATION

Physician's Name:

Physician's Email Address:

ABP Diplomate ID#:

Quality Improvement Project Title:

Sponsor Organization (circle one): QTIP SC Chapter of AAP

Indicate yes or No to the following questions:

1. I was engaged in the project Yes No

2. I participated in implementing the project's interventions: (the changes designed to improve care). Yes No

3. I regularly reviewed data in keeping with the project's measurement plan. Yes No

4. I collaborated in the activity by attending team meetings. Yes No

5. I met these requirements on: _____ (fill in the date mm/dd/yyyy) on which you met the minimum duration requirement, even if you continued working on the project beyond that date. In order to receive credit this date must be within your current cycle listed on your ABP Portfolio

PROJECT FEEDBACK

Please write a brief summary that describes how you participated in the project and summarizes the most important successes and difficulties encountered in this project:

Signature of Participant:

Date:

Signature of Project Leader:

Date:

By submitting this physician for MOC credit, the organization is indicating that the physician has successfully completed their participation within the named project, meeting all the requirements for meaningful participation.

Access to the Pediatric Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored QI project focuses on access to care in the pediatric office. Participating in this QI project allows practitioners to improve patient's timely access to services, promote patient satisfaction, develop office skills and knowledge, improve the medical home capabilities of their practices, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to select three or more of the following interventions to base their QI work:

- a. Audit of Open Access by measuring number of same day appointments available at the beginning of the day for 5 straight days.
- b. Audit of Clinical Call Response Time for telephone queries for 1 week with a stated standard for the office for the response time.
- c. Audit of charts to ensure that telephone advice is recorded both during and after office hours.
- d. Audit of charts to ensure that a personal clinician is recorded and audit to measure percentage of visits in which patient sees their personal clinician.
- e. Development and documentation of improved transfer of referrals/ information in the pediatric record between the office and other agencies such as Baby Net, Head Start, First Steps and Family Connection on mutual clients/patients in a HIPPA observant fashion.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2024

The Access to Care QI project is one component of a statewide pediatric outpatient quality improvement partnership.

Reviewed/Revised: April 9, 2012, July 2015 and 2016, Feb. 2018, 2020, and March 2022.

ADHD follow-up care for Children Prescribed Medicine

Part 4 American Board of Pediatrics MOC Credit offered for participating QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project is focused on the Children's Health Care Quality Measures or Child Core Set dealing with the diagnosis and follow-up of children on stimulant medication. Practitioners will perform and measure skills associated with the use of a standardized instrument for diagnosis of ADHD, the use of national recommendations for follow-up visits and the incorporation of safety, efficacy, and cost effectiveness knowledge into prescribing habits. Practitioners can earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to improve ADHD care. QI teams should select one or more of the following interventions to base their QI work on new patients prescribed stimulants between 6 and 18 years of age:

- a. Audit of completed follow-up visits performed within 30 days of beginning a new stimulant
- b. Audit if a Vanderbilt or similar standardized instrument used
- c. Audit if any medications were prescribed

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
5. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
3. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 02/01/2011 End date: 03/31/2024

The ADHD QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/revised: April 3, 2012, Jan. 2015, July 2015, June 2016, Feb 2018, March 2020, and March 2022.

Adolescent Health and Sexuality Issues in Pediatric Primary Care

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on adolescent sexuality counseling and treatment in the pediatric office. Our aim is to show significant increases in adolescent services and provide more complete care for adolescents. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to improve adolescent well care and sexual health visits. QI teams should select one or more of the following interventions to base their QI work:

- a. Audit patient population for HPV, TDAP, Meningococcal or Varicella immunization rates.
- b. Audit of charts to ensure that advice regarding teen health and sexuality issues is discussed.
- c. Audit of charts to ascertain if adolescents are screened for exposure to chlamydia and GC.
- d. Audit of charts to ascertain if adolescents are screened for exposure to HIV.
- e. Audit of charts of patients with risky sexual behavior (M4M, multiple partners) receive quarterly screening as per Red Book recommendations.
- f. Audit of charts to ascertain if a confidentiality discussion was held with the patient.
- g. Audit of charts of patients diagnosed as pregnant to ascertain whether OB or GYN care was begun within the first trimester.
- h. Audit of charts for behavioral health screens and referrals.
- i. Audit of adolescent well child visits to ascertain percentage of visits completed.
- j. Audit of chart for other adolescent well child issues.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 06/30/2013 End date: 06/30/2024 The Adolescent Health and Sexuality Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/Revised: Jan 2015 and July 2015, June 2016, Feb. 2018, Mar. 2020, and Mar. 2022.

Asthma in the Primary Care Office QI Project

Part 4 American Board of Pediatrics MOC Credit offered for participating QTIP and SC AAP members

This QTIP sponsored performance improvement project focuses on effective management of pediatric asthma. Our aim is to achieve a significant reduction in Asthma ER visits and hospitalizations in South Carolina. Participating in this Quality Improvement (QI) project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to improve asthma care. QI teams should select one or more of the following interventions to base their QI work:

- a. Audit charts to determine percentage of asthmatics on a controller.
- b. Audit charts to determine percentage of asthmatics seen in the past 6 months for reassessment.
- c. Audit charts to assess completion of written asthma action plans for home and school.
- d. Audit charts for screening of tobacco exposure and cessation counseling.
- e. Audit of pre-scheduled follow-up visit.
- f. Audit of charts for assessment of asthma triggers and education.
- g. Audit of charts for Emergency Department (ED) visits and hospitalizations in past year.
- h. Audit of charts for documentation of measurement of functional control with spirometry or another functional status check.
- i. Audit of charts for rescue medication and oral corticosteroid use since previous visit.
- j. Audit of charts for validated patient questionnaire (e.g., Asthma Control Test™ [ACT]) reviewing previous month's level of control or similar questionnaire.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team

Source: 2007 Expert Panel Report 3 (EPR3): Guidelines for the diagnosis and management of asthma. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm> and additional review of primary literature.

The Asthma QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Start Date: 03/01/2012 End date: 03/31/2024

Reviewed/revised: April 3, 2012, Jan. 2015, July 2015, May 2016, June 2016, Feb 2018, Mar. 2020, and Mar. 2022.

Behavioral Health Services to Children in the Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for participating QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on integration of behavioral health services in the primary care pediatric office and supports the activities of SCDHHS in improving mental health service delivery. This QI project encourages practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and/or referrals for children with mental/behavioral health challenges. Practitioners earn ABP MOC Part 4 Credit upon completion.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) to measure and assess improvement in skills associated with one or more practice quality criteria. QI teams should select one or more of the following interventions to base their QI work:

- a. Completion of the AAP's Mental Health Practice Readiness Inventory with the QTIP Mental Health staff and development of a plan to address weak areas in the practice. Participating practices may substitute repeat measurement of their mental health readiness using the Inventory in lieu of chart audits.
- b. Documentation of expanded mental health screenings, substance use, and/or social determinant of health screening using one or more screen. Guidance for approved screening tools can be found in the SCDHHS Medicaid Provider Manual.
- c. Documentation of service provision, further evaluation, or referral for children who screen "at risk". This could include a referral for family or parent to parent community support.
- d. Documentation of a closed referral loop between the external referral and the pediatric medical home to assist with management of the child in the pediatric medical home.
- e. Audit of all patients in a practice discharged from a mental health facility for evidence of appropriate follow up in the pediatric medical home including an initial visit within 30 days of discharge.
- f. Documentation of use of a Reach Out and Read age-appropriate book for anticipatory guidance about feelings and emotional regulation.
- g. Documentation of consistent provision of educational materials to parents about emotional health and emotional/developmental milestones during well-child visits.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

For more information contact QTIP Mental Health Staff QTIP@scdhhs.gov. The Behavioral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership.

Start date: 04/04/2011 End date: 03/31/2024

Reviewed/revised: Apr 14, 2012, Jan. 2015, July 2015, June 2016, Feb. 2018, Mar. 2020, and Mar. 2022.

Breastfeeding and its Impact on Children

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on effective management of breast feeding and its relationship to child health. It supports SC AAP activities focused on inter office intervention to improve breastfeeding. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will work with their practice-based QI and select one or more of the following interventions to base their QI work:

- a. Audits of charts for breastfeeding rates at birth.
- b. Audits of charts for breastfeeding rates at 6 or 9 months of age.
- c. Audit of charts for documentation of breastfeeding advice given to the mother.
- d. Audit of charts for visits with a lactation consultant.
- e. Audits of charts for documentation of referral to lactation consultant.
- f. Audit of charts for mothers given a breastfeeding plan.
- g. Audit of charts for documentation of the use of a reach out and read book to provide anticipatory guidance.
- h. Other interventions at the practice level designed to promote breastfeeding.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 03/01/2019 End date: 03/31/2024 The breastfeeding QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/ revised March 2020 and March 2022.

Developmental Screening in the Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on developmental screening in the preschool period as recommended by the American Academy of Pediatrics and measure for developmental screening. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, accomplish timely interventions and referrals for children with potential developmental delay and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will work with their practice-based QI team and should choose one or more of the following interventions to base their QI work:

- a. Audit of charts for use of a validated developmental screening tool used at appropriate well visits between birth through 3 years of age at the time of a well-child visit.
- b. Audit of charts for the use of a screen for autism such as the MCHAT at the time of well child visits between 15 months and 3 years of age.
- c. Audit of charts for documentation of service provision, further evaluation or referral for those children who screen as “at risk”.
- d. Audit of charts for screening for maternal depression and/or psychosocial risk and or substance abuse and or domestic violence during the newborn period.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10-chart audit, and aggregate report should replace the 10-chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2024 The Developmental Screening QI project is one component of a statewide pediatric outpatient quality improvement partnership.

Reviewed/revised: April 9, 2012, January 2015, July 2015, May 2016, Feb. 2018, Mar 2020, and Mar 2022.

Emergency Department Usage by Pediatric Medical Home Patients

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on Emergency Department (ED) Utilization by patients in pediatric medical homes. Our goal is to reduce inappropriate visits to the ED. Participating in this QI project allows practitioners to diminish inappropriate ED usage, provide cost efficient care, promote patient satisfaction, improve the medical home capabilities of their practice, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and to choose one or more of the following interventions to base their QI work:

- a. Audit of number of ER visits from a patient panel or subset of that panel.
- b. Audit of appropriateness of ER visits using practice developed criteria.
- c. Audit of charts to monitor adequacy of office nurse advice line both during and after office hours, with an audit of response time and whether advice was documented in the cart.
- d. Open Access determination in offices: by measuring number of same day appointment available at the beginning of the day for 5 straight days.
- e. Evaluation and measurement of adherence to office walk in policy.
- f. Improved case management including monitoring turnaround time for labs.
- g. Extended hours and measurement of impact on ED use.
- h. Promote anticipatory guidance concerning appropriate ER utilization.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10-chart audit, and aggregate report should replace a 10-chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2024 The Emergency Department Utilization QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/revised: April 9, 2012, Jan. 2015, July 2015, June 2016, Feb. 2018, Mar. 2020, and Mar. 2022.

Provision of Family Centered Care in the Pediatric Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on effective provision of family centered care and consumer satisfaction with the care they receive in pediatric offices. Participating in this QI project allows practitioners to improve patient care and satisfaction, develop additional skills and knowledge, improve the medical home capabilities of their practice, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team using chart review(s) and or surveys to measure and assess improvement in skills associated with one or more of the following practice quality criteria:

1. Perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month time span, including a baseline chart/ survey review and 2 subsequent PDSA cycles for performance improvement on at least 2 of the 5 following criteria. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
 - a. Review of a practice's or practice's managed care CAPHS (Consumer Assessment of Healthcare Providers and Systems: Child version) data and development of a plan to address deficiencies so that practices score greater than 80%. Follow-up surveys must be performed at least twice to document improvement.
 - b. Office review of parent-to-parent support policies, including a patient survey, with consultation with Family Connection and documented improvement over time of parent-to-parent support.
 - c. Development and documentation of improved transfer of referrals/ information in the pediatric record between the office and other agencies such as Baby Net, Head Start, First Steps and Family Connection on mutual clients/ patients in a HIPPA observant fashion.
 - d. Periodic survey of families focused on satisfaction of health care services including rating of personal doctor, ability to get needed care, shared decision making, doctor communication and care coordination.
2. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
3. Agree to incorporate practice-side changes and participate in a minimum of 3 contacts with the office QI team.

To earn credit, you must play an active role in your practice's Family Centered Care QI project. If you play a major role in designing and leading the implementation of the QI project, but do not actually care for patients, you are also eligible to receive credit design and leadership work.

Start date: 04/04/2011 End date: 03/31/2024 The Family Centered Care QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/revised: April 9, 2012, revised January 2015, reviewed July 2015, and March 2022

Obesity (Prevention and Treatment) in the Pediatric Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on obesity efforts in the pediatric office. It supports improvements related to the measurement of BMI in the pediatric primary care record and counseling to reverse or prevent obesity. Participating in this QI project allows practitioners to improve documentation of BMI and BMI percentiles in their patient records, to document the inclusion of obesity in the patient's problem list when appropriate, and to document appropriate advice for children related to, childhood activity, nutrition, media exposure and motivational interviewing focused on obesity issues. Participants can earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team to use one or more of the following interventions to base their QI work:

- a. Audit of charts for BMI and BMI percentiles recorded in the patient chart.
- b. Audit of charts for documentation of obesity in the problem list in the patient chart for those with a BMI greater than the 85th and or 95th percentile.
- c. Audit of chart to ensure that advice regarding nutrition is recorded in the patients record.
- d. Audit of chart for evidence of advice regarding media exposure, physical activity or for those patients with BMIs greater than the 95th percentile.
- e. Audit documentation of use of motivational interviewing for patient with a BMI over the 85th percentile.
- f. Audit of charts for laboratory evaluation of those determined to be obese.
- g. Audit of percent of patients in office who are overweight or obese over time.
- h. Audit of charts for use of a Reach Out and Read book for provision of anticipatory guidance of nutrition and physical activity.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10-chart audit, an aggregate report should replace a 10-chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 06/30/2012 End date: 06/30/2024 The Obesity QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP and SC DHHS.

Reviewed/revised: Nov 24, 2012, Jan. 2015, July 2015, June 2016, Feb. 2018, April 2020, and March 2022

Oral Health Issues in the Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on effective management of oral health issues. The project encourages the delivery of fluoride varnish in pediatric medical homes and improvements in oral health anticipatory guidance. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and chose one or more of the following interventions to base their QI work:

- a. Audit charts for documentation of an oral health home or referral to such in practice well child visit notes.
- b. Audit charts for documentation of an Oral Exam at each well child visit.
- c. Audit charts for risk assessment documented for each child at the time of the well child visit to include presence of Medicaid insurance, family oral health status, prematurity, and special health care need.
- d. Audit charts for the frequency of the provision of fluoride varnish in children between ages 6 months to 6 years in the pediatrician's office, and at least once per year for children older than 6 but younger than 21.
- e. Audit of charts for documentation of anticipatory guidance around oral health issues including exposure to fluoride in the diet.
- f. Audit of charts for documentation of using the Reach Out and Read book to provide oral health anticipatory guidance to children at the 9, 12 or 15 months well check.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10-chart audit, and aggregate report should replace a 10-chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 04/04/2011 End date: 03/31/2024 The Oral Health QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, SCDHEC and SC DHHS.

Revised/Reviewed: April 9, 2012, Jan. 2015, July 2015, June 2016, Feb. 2018, Mar. 2020, and Mar. 2022.

COVID-19 Pandemic Response in the Pediatric Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on how pediatric offices rapidly responded to changing needs of their patients during Covid-19 pandemic. Participating in this QI project will give practitioners a systematic look at how their offices had to change to meet new demands and how they handled the quick response. Participating practitioners will be required to work with their practice-based QI team to assess their pandemic response in the pediatric office. QI teams should select one or more of the following topic areas to base their improvement work:

- A. Changes in practice flow*
 - a. Assess changes in major office functions such as scheduling of patient visits, scheduling staff, exam room change over, check in/out, etc.
- B. Mental health
 - a. Audit of screening completions.
 - b. Audit of referral process.
 - c. Audit of in office interventions.
- C. Telehealth/ virtual care
 - a. Audit of types of visits done via telehealth.
 - b. Audit no show rate of telehealth appointments.
 - c. Document improvement cycles done in the setting up of telehealth.
- D. Procuring PPE
 - a. Document steps taken in procuring PPE for practice during pandemic.
- E. Community Health
 - a. Document any activities done by practice or providers in providing community education, guidance as it relates to pandemic response.

For each of the chosen topic areas the following four steps should be taken:

1. QI teams should develop an AIM statement (when applicable) detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. *
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Participate in a minimum of 3 contacts with the office QI team and make suggestions for post pandemic alterations to practice policies.

* For assessing changes in practice flow, process maps should be substituted for chart audits. For each process that was changed due to COVID-19 (i.e., parking lot triage) a process map should be created outlining the process pre-pandemic, during, and how the practice would like the process to flow post pandemic.

Start date: June 1, 2020, End date: 03/31/2024 COVID-19 Pandemic Response in the Pediatric Office project is one component of a statewide pediatric outpatient quality improvement partnership.
Reviewed/ revised: March 2022

Smoke Exposure and its Impact on Children

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on effective management of smoke exposure and its relationship to child health. It supports SC AAP CEASE activities focused on inter office intervention to diminish smoke in the environment. Participating in this QI project allows practitioners to improve patient care, develop additional skills and knowledge, and earn ABP Part 4 MOC Credits upon completion.

Participating practitioners will be required to work with their practice-based QI team and chose one or more of the following interventions to base their QI work:

- a. Audits of charts to determine if smoke exposure was documented.
- b. Audits of adolescent charts to see if primary source of smoke exposure was addressed.
- c. Audit of charts to determine if a risk assessment was documented for each child at the time of the well child visit to include presence of smokers in the child's life.
- d. Audit of charts for documentation of anticipatory guidance around smoke exposure and health issues.
- e. Audit of charts for documentation of discussions of third-hand smoke in the chart.
- f. Audit of charts for documentation of discussion of smoke free homes and cars.
- g. Audit of charts for documentation of referral or therapy for family members wanting to quit to Quitline or other source of cessation counseling
- h. Audit of charts for use of a Reach Out and Read book used to help provide anticipatory guidance regarding smoke exposure.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. For interventions where auditing an entire patient panel, or subset of a patient panel is more useful than a 10-chart audit, an aggregate report should replace a 10-chart audit.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start date: 3/1/2020. End date: 03/31/2024 The Smoke Exposure QI project is one component of a statewide pediatric outpatient quality improvement partnership between the SC AAP, National AAP, SC DHEC and SC DHHS.

Approved March 2020 and reviewed March 2022

Well Child Visits in the Pediatric Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on preventive care in the pediatric office. It supports improvements in the HEDIS measures dealing with well child visit completion. Participating in this QI project allows practitioners to promote preventive care services, to refine skills and routines, promote patient satisfaction and earn ABP Part 4 MOC Credits upon completion

Participating practitioners will be required to work with their practice-based QI team to improve well child visits. QI teams should select one or more of the following interventions to base their QI work:

- a. Audit of completion rate of 6 well child visits in the first 15 months of life.
- b. Audit of completion rate of 2 or more well child visits from 15 months to 30 months of age.
- c. Audit of completion rate of yearly well child visits between the ages of 3 years to 12 years of age.
- d. Audit of completion rate of adolescent well child visits.
- e. Develop and audit the use of reminder recall systems.
- f. Develop and audit the use of tracking systems to determine those who need well child visits.
- g. Encourage and measure whether sick visits were converted to well child visits when time permits, and a patient is behind.
- h. Audit two or more components of Bright Futures to ensure that Bright Futures is included in the content of well childcare.
- i. Audit of two or more immunization completion rates (including Hepatitis B in the nursery).
- j. Audit use of Reach Out and Read books to account for completion of auxiliary action during well visits.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample. **
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

** For some interventions, use of the entire patient population may be more appropriate than 10 chart audits.

Start date: 04/04/2011 End date: 03/31/2024

Reviewed/Revised: April 9, 2012, Jan. 2015 July 2015, June 2016, Feb. 2018, Revised June 2020, and March 2022.

Youth Suicide Prevention in the Pediatric Primary Care Office

Part 4 American Board of Pediatrics MOC Credit offered for QTIP and SC AAP members

This QTIP sponsored Quality Improvement (QI) project focuses on addressing youth suicide prevention in the pediatric office. Participating in this QI project allows practitioners to improve their skills in screening for suicide risk using a valid screening tool, managing a positive screen, counseling about lethal means, and/or providing ongoing care and follow-up.

Participating practitioners will be required to work with their practice-based QI team to address youth suicide prevention in the pediatric office. QI teams should select one or more of the following interventions to base their improvement work:

- a. Audit of screening for suicide risk using a validated screening tool.
- b. Audit that a screening tool was scored, and results were documented.
- c. Audit time taken in screening for suicide, scoring and documenting results.
- d. Audit of patient charts with positive screen for documented level of risk and appropriate intervention.
- e. Audit patient chart to determine if intervention matched risk assessment.
- f. Audit of patient chart to determine if counseling about access to lethal means occurred.
- g. Audit of patient chart to determine if counseling about the importance of restricting access to lethal means occurred.
- h. Audit of patient chart to determine if safety plan was made if appropriate.
- i. Audit of patient chart to determine if appropriate outpatient/crisis referrals were made.
- j. Audit of patient chart to determine if 'caring contact' phone call was made to follow up with the child and/or caregiver.

For each of the chosen interventions the following four steps should be taken:

1. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
2. QI teams should perform a minimum of 3 periodic chart audits or surveys of 10 patients over a 6-month or more time span, including a baseline chart/ survey review and 2 subsequent reviews for performance improvement. New and/or existing patients seen in the office over the previous 30 days can be included in each 10-chart sample.
3. Design, implement and document a minimum of 2 PDSA cycles to improve baseline performance. For all physicians, the data supporting completion of the project must be documented; QTIP, SCAAP or the ABP have the right to request the documentation. If applicable to the intervention, chart audit data may be copied from QIDA to support your attestation form submission.
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

The document, [Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians](https://downloads.aap.org/AAP/PDF/suicide_factsheet.pdf), is the reference document for this MOC Part 4 Credit.

https://downloads.aap.org/AAP/PDF/suicide_factsheet.pdf

Start date: 2020 End date: 03/31/2024 The Addressing Youth Suicide Prevention in the Pediatric Primary Care Office project is one component of a statewide pediatric outpatient quality improvement partnership.

Reviewed/Revised: March 2021, March 2022

Safe Sleep

Part 4 American Board of Pediatrics MOC Credit offered for QTIP practices participating in the QTIP 10-week Safe Sleep Quality Improvement Workshop.

This QTIP sponsored Quality Improvement (QI) project focuses on providing appropriate safe sleep screening and counseling for families with infants under 6 months of age. The workshop's kickoff session included a 90-minute virtual session; the content expert was Dr Barbara Ostfeld from the New Jersey SIDS Center. In addition, participants were provided with the scope of the problem in South Carolina, updated AAP safe sleep guidelines and interventions ideas for the practices. Information about safe sleep in childcare settings was also discussed.

Participating practitioners must work with their practice-based QI team to improve safe sleep screening and counseling for families with infants under 6 months of age. QI teams must select one or more of the following interventions to base their QI work:

- a. Provide staff education.
- b. Display education materials around the practice.
- c. Safe sleep crib demonstration in the waiting rooms.
- d. Provide a safe sleep book at newborn well visits.
- e. Create and update safe sleep designated infant care provider list.
- f. Perform safe sleep screening at well visits until 6 months of ages.
- g. Create a breastfeeding friendly practice.
- h. Safe sleep education at appropriate visits provided by clinical staff.
- i. Give crib cards or other education material to parent(s).
- j. Provide safe sleep screening/anticipatory guidance; document into EHR.
- k. Document discussion about caregivers avoiding alcohol/tobacco/marijuana.

For each of the above chosen interventions the following four steps should be taken:

1. Design, implement and document a QI project to address at least one of the interventions. For all physicians, the data supporting completion of the project must be documented.
2. QI teams should develop an AIM statement detailing who the improvement is for, by how much they want to improve and by when they want to reach their goal.
3. QI teams should collect three (3) or more data sets and two (2) QI cycles. This includes baseline survey and two (2) PDSAs cycles during the 10-week period. Practitioners must complete the practice readiness survey at five times (at every workshop touch point with QTIP staff).
4. Agree to incorporate practice-wide changes and participate in a minimum of 3 contacts with the office QI team.

Start Date: 09/13/2023; End Date: 11/30/2023