Message from the Chairperson
Wayne Franklin, MD, MPH, MMM, FAAP
Chairperson, AAP Council on Quality Improvement & Patient Safety

Wow, the NCE is right around the corner!!!! Looking forward to seeing everyone there—especially at our “H” program on Saturday, October 24th. We are starting with some great abstract presentations and posters. Many of these will qualify for MOC Part 4 points. Thanks to Jill Healy, MS, the Academy’s MOC Portfolio Manager, for making this happen and I want to give a shout out to our three chairs of the Abstract Review Committee: Alston Dunbar, MD, FAAP, Gregory Hale, MD, FAAP and Julia Shelburne, MD, FAAP. They, along with the rest of the abstract reviewers listed below, have selected some great presentations and posters. Along with the Section on Emergency Medicine we have been working together with Jill Healy to develop a program for granting MOC Part 4 points for abstracts through the Portfolio. Please look at the Section on Emergency Medicine’s schedule for quality improvement (QI) abstract presentations, too.

During lunchtime at our “H” program, we will have our annual business meeting of the Council. Bring your thoughts on how we can make the Council more responsive to our membership.

The afternoon session is a “first” for the AAP National Conference & Exhibition. We are hosting the learning session for our Health Literacy MOC Part 4 project. The presentations will be awesome. Project participants have participated in the live orientation webinar on September 3rd and are currently collecting baseline data. They will complete three more cycles of data collection, participate in three webinars and will ultimately qualify for MOC Part 4 points. Questions from the American Board of Pediatrics’ health literacy self-assessment will be woven into the content of the learning session, webinars, and listserv which will allow participants to take the self-assessment on their own at the

Continued on next page
completion of the project for 20 MOC Part 2 points.

Those of you who are council members got first shot at signing up for this experience as a member benefit. I want to thank the tireless work of the MOC Part 4 Project Planning Group: Ulfat Shaikh, MD, MPH, MS, FAAP, C. Eve Kimball, MD, FAAP and H. Shonna Yin, MD, MS, FAAP as well as their advisors: Laura Ferguson, MD, FAAP (COQIPS Education Chairperson), Kamila Mistry, PhD, MPH (COQIPS AHRQ Liaison), Greg Randolph, MD, MPH, FAAP (QI Advisor) and Lisa Rossignol, MA (COQIPS Parent Liaison).

There are two other QI presentations at the National Conference & Exhibition. Christine White, MD, MAT will be presenting: Successfully Engaging Families in QI to Enhance Medical Home Implementation on Sunday, October 25 from 8:30-10 AM and Kavita Parikh, MD, FAAP will be presenting: Providing High Value Care for Children with Community-Acquired Pneumonia on Monday, October 26 from 3-3:45 PM and repeating on Tuesday, October 27 from 3-3:45 PM.

Once again, thanks to Laura Ferguson, MD, FAAP our Education Chair and Cathleen Guch, MPH our Education staff person for their work in putting this fabulous program together!

Thank you to all of our 2015 abstract reviewers:
Francisco Alvarez
James Bien
Grace Brouillette
Rebekah Brown
Ngozi Eboh
Deborah Loeff
Sari Miettinen
Yasmin Pedrigo
Nandeesh Rangaswamy
Jonathan Swanson
Danielle Walsh
Laura Workman
Updates from the COQIPS Executive Committee

Education Committee Update

The 2015 National Conference & Exhibition in Washington, DC is right around the corner! The learning session for our MOC Part 4 project will take place during the COQIPS education (H) program. Even if you are not participating in the MOC project, we encourage and welcome your participation in the learning session. We are focusing on health literacy, a topic relevant for everyone. The agenda for the full program is on the following page.

A list of quality improvement education sessions that may be of interest to you.

---

Quality Improvement Education Sessions

H1055 Council on Quality Improvement & Patient Safety Program
Saturday, October 24 | 8:30 am - 9:30 am
Renaissance, Grand Ballroom Central Salon

V1081 A Hop, Skip, and a Jump Away: AAP’s Quality Improvement & Patient Safety Collaboration with the United Kingdom (Not Designated for CME Credit)
Saturday, October 24 | 12:30 pm - 1:30 pm
Convention Center, 146 B

I2039 Successfully Engaging Families in QI to Enhance Medical Home Implementation
Sunday, October 25 | 8:30 am - 10:00 am
Convention Center, 144 B

V2080 Understanding MOC: Your Guide to Requirements and Resources to Support You (Not Designated for CME Credit)
Sunday, October 25 | 12:30 pm - 1:30 pm
Convention Center, 144 A

V2079 Adding Value to Your Membership with AAP E-Learning (Not Designated for CME Credit)
Sunday, October 25 | 12:30 pm - 1:30 pm
Convention Center, 146 C

F3110 Providing High Value Care for Children with Community-Acquired Pneumonia (Repeat as F3107)
Monday, October 26 | 3:00 pm - 3:45 pm
Convention Center, 201

F4082 Providing High Value Care for Children with Community-Acquired Pneumonia (Repeat as F3110)
Tuesday, October 27 | 3:00 pm - 3:45 pm
Convention Center, 202 A

For more information, contact either Cathleen Guch at cguch@aap.org or COQIPS Education Chairperson, Laura Ferguson, MD, FAAP at lferguson@medicine.tamhsc.edu.

---

Council on Quality Improvement & Patient Safety Program

Continued on next page
Continued from previous page, Updates from the COQIPS Executive Committee

Saturday, October, 24, 2015 | 8:30 AM – 6:30 PM
Washington, DC

Moderator: Laura Ferguson, MD, FAAP

8:30 AM  Scientific Session - Welcome

8:45 AM  Platform Presentations until 10:00 am

10:00 AM  Break

10:15 AM  Platform Presentations continue until 11:30

11:30 AM  Poster Viewing & Networking Reception until 12:30 pm

12:30 PM  COQIPS Business Meeting & Announcement of Best Platform Presentation & Best Poster

1:20 PM  Break

1:30 PM  Enhancing Family-Centered Communication by Addressing Health Literacy QI Learning Session

1:30 PM – 1:50 PM
Welcome & Project Overview
Greg Randolph, MD, MPH, FAAP & Laura Ferguson, MD, FAAP

1:50 PM – 3:00 PM
Health Literacy 101: Ensuring Patient Understanding with Teachback and other Verbal Communication Skills
Laura Noonan, MD, FAAP, Lee Sanders, MD, MPH, and Hsiang Yin, MD, FAAP

3:00 PM – 3:15 PM
Break

3:15 PM – 4:45 PM
Step Up Your Communication: Further Enhancement of Provider Counseling With Effective Use of Written Materials and Other Tools
Laura Noonan, MD, FAAP, Lee Sanders, MD, MPH, and Hsiang Yin, MD, FAAP

4:45 PM-6:00 PM
Planning Your First PDSA
Greg Randolph, MD, MPH, FAAP and Ulfat Shaikh, MD, MPH, FAAP

6:00 PM  Next Steps, Housekeeping, Meet & Greet (MOC Part 4 Project Members Only)

Continued on next page
COQIPS Membership Update - Welcome New & Renewed Members!

Council membership continues to increase. To date, COQIPS has 540 members! We would like to welcome and congratulate the following new and renewed members:

Heather Adams  
Stacie Adams  
Temitope Akinmboni  
Jane Amati  
Jeanna Auriemma  
Temitope Awelewa  
Karen Bamberger  
Liz Bayes Santos  
Sarah Becker  
Evelyn Berman  
Kyla Berreth  
Lori Berry  
Steven Bin  
Grace Brouillette  
Matthew Carroll  
Nancy Chen  
Colby Day  
Thomas Duggan  
Anne Durstenfeld  
Kaylan Edwards  
Mina Fanous  
Amy Ferguson  
Cecilia Fernandes  
Jeffrey Foti  
Anter Gonzales  
Kymberly Gonzalez  
Steven Goudy  
Diane Hindman  
Melissa Holmes  
Aaron Jacobs  
Neha Joshi  
Jerie Karkos  
Danielle LaMorte  
Eric Langerman  
Donald Lighter  
Valerie Martin  
Elizabeth Massella  
Benjamin McDonald  
Suzanne Miller  
Deana Miller  
Cecilia Monteilh  
Barbara Mulvaney  
Maryam Nobari Tabrizi  
Chionye Ossai  
Christine Page-Lopez  
Sireesha Palkamsetti  
Barbara Periard  
Elinor Pisano  
Gabriella Polyak  
Carmen Rivera  
Holly Romero  
Jack Rusley  
Bethsabee Sabbah  
Snehal Shah  
Sophie Shaikh  
Leticia Shanley  
Sara Skarbek-Borowska  
Kristen Smith  
Amy Starmer  
Fernando Stein  
Emily Thorell  
Alexis Toney  
Marisa Toomey  
Jordan Watson  
David Weisoly  
Cady Williams  
Kimberly Wisecup  
Jennifer Zank  
Kathryn Ziegler

For more information about how to get involved in the Membership Committee please contact Dr Wayne Franklin (waynehfranklin@gmail.com), committee chairperson or staffperson, Vanessa Shorte (vshorte@aap.org).
AHRQ Funding – In June, the House Appropriations Committee passed the House Labor, Health and Human Services, Education and Related Agencies FY 2016 spending bill. While this bill includes increases to the NIH budget, it also includes reductions in public health programs and health research. These reductions include cutting funding to patient-centered outcomes research (PCOR) by $100 million, banning the use of discretionary funds on PCOR research, slashing $6.2 billion for the CMS’ Center for Medicare and Medicaid Innovation and cutting all funding for the Agency for Healthcare Research and Quality (AHRQ). AHRQ is the agency that has funded some of the landmark studies and initiatives in quality and patient safety. If passed as written, AHRQ, the only federal agency with the mission to conduct health services research, would cease to exist. Soon after the House bill passed, the Senate Appropriations Committee approved an appropriations bill that would also cut spending for programs and research but would provide AHRQ with $236 million, 35% below its current budget. The House and Senate bills will go to conference for negotiation on a final budget, likely in the fall.

SCOTUS Upholds ACA, Again – The Supreme Court upheld subsidies and tax credits for purchasers of health insurance through the federal marketplace. In yet another threat to the Affordable Care Act, the Supreme Court (“SCOTUS”), heard “King v. Burwell” this past year which addressed the issue of whether Americans receiving tax credits and subsidies when purchasing insurance on federal marketplaces was legal. The language in the law stated that purchasers of health insurance on state exchanges could receive tax credits and subsidies but since 34 states opted to participate in the federal marketplace in lieu of developing their own marketplace, some challenged the legality of subsidies for purchasers in the federal exchange.

21st Century Cures Act – This is legislation passed by the House in early July that would add an additional $9.3 billion to the National Institutes of Health budget, create a Cures Innovation Fund to support breakthroughs in biomedical research and add $500 million to the Food and Drug Administration budget over the next five years. The bill would also allow speeding up the approval of potentially life-saving treatments. Cost is estimated at $106 billion to implement and its cost-saving provisions—including limiting Medicaid pay for durable medical equipment—would yield $12 billion over the next decade, according to the Congressional Budget Office. Supporters contend that the bill will expedite approval for medications and medical devices, getting these to patients faster whereas critics believe that it increases harm to patients by weakening oversight. The Senate plans to draft their version of the bill by the end of the year. House Bill available at 21st Century Cures Act
Quality in pediatrics can be difficult to measure but it certainly exists. Quality surrounds and permeates nearly every aspect of the patient experience. As a hospitalist, I witness the results of quality every day in the eyes of relieved parents who, after experiencing the health care gauntlet of the primary care doctor, emergency department, diagnostic tests, multiple subspecialist opinions, and maybe the operating room—leave the hospital with a fully recovered child. Lack of quality, unfortunately, is far too obvious. Imperfections in ourselves and the system exist, and these often lead to harming our patients and their caregivers. It is the lack of quality, and our capacity to change it, that motivates me and fuels my career.

My quality journey is part and parcel to my life journey. At a young age, unfortunate personal experiences exposed me to both the strengths and weaknesses of the healthcare system. Why did a routine procedure from a beloved physician lead to a life-threatening infection? A preventable procedural error, followed by more diagnostic errors, put me through the healthcare gauntlet, and led to two surgeries, three weeks in the hospital, and a lot of time to reflect upon how the experience could have been prevented. In contrast, how did hospice workers manage to heal my family’s spirit in the last days of my father’s life? It only took one motivated, dedicated and empathic health care provider to turn a nightmarish experience into something positive for my family.

As an idealistic art major in my first year in college, I had the opportunity to take pictures at a children’s hospital in Honduras. A hospital pediatrician (a hospitalist by today’s standards) introduced me to the patients and their families. I learned about their unfortunate circumstances and the resource-poor healthcare system that struggled to help them. Back home in my U.S. dark room, peering at the images of faces mostly smiling despite terrible adversity, I imagined doing more. After switching careers, I volunteered in Honduras nearly every year of medical school. The most impressive part of this experience was the ability of just a few passionate healthcare workers to improve healthcare delivery for so many and to do so with such limited resources.

What could be more terrifying to parents than watching their child struggle to breathe? As a young pediatrician, I quickly began to feel that the healthcare system’s response made this terrifying experience worse. We often label it an ALTE, an “Apparent Life Threatening Event,” and perform a series of unhelpful diagnostic tests, admit the child to the hospital, and —after a night of falsely alarming cardiorespiratory monitors—discharge home without a diagnosis nor a clear prognosis. It soon became my goal to improve this experience for patients, families and healthcare providers. I set out on what has become a 10-year journey to improve the diagnosis and management of ALTEs, including becoming the Chair of the AAP Subcommittee on ALTEs. I could not be more excited for the first AAP guideline on ALTEs (or now more aptly named “Brief Resolved Unexplained Events”) expected to be published this fall. However, guidelines must be used to improve care. As the vice-chair for the AAP’s Council on Quality Improvement and Patient Safety, I aim to find a way to actively implement and improve AAP guidelines across the vast array of pediatric settings.

I have also been fortunate to work at Seattle Children’s Hospital, a hospital dedicated to continuous

Continued on next page
improvement, where we have over 50 pathways to guide the evidence- and consensus-based management of common conditions. When I joined the hospital’s newly convened Clinical Effectiveness Team seven years ago, we were tasked with developing the first of these pathways as well as a streamlined process for future pathway development. We first needed to overcome a huge barrier: sifting through the literature to identify and synthesize relevant information. Needless to say, I gained a lot of experience in quality leadership and process and guideline development. Most important to my Quality Journey, however, was that I began to wrestle with the best way to teach and motivate physicians to continually improve the care they deliver. This led to my current position as the Director of Seattle Children’s Multi-Specialty Maintenance of Certification (MOC) Program.

MOC is a four-letter word for many physicians. I disagree. I believe MOC is the best tool — if yielded correctly of course — that we have to improve the health of our patients and healthcare system. At Seattle Children’s, I believe we have learned to improve the value of MOC. Our MOC projects teach and motivate physicians in quality improvement and are beginning to demonstrate improvement in patient- and family-centered outcomes. I believe sharing the experience of successful programs like ours will help improve the national value of MOC.

In many ways I feel that my Quality Journey has just begun. I uncover more questions than answers. Too often, I still witness harm from the lack of quality. Yet, I have no doubt that things are better. The US healthcare system is embracing and expecting quality like never before. And, like never before, I see motivated and passionate individuals making improvements.
Hello again! Please let me reintroduce myself as the AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) liaison to the Council on Quality Improvement and Patient Safety (COQIPS). As I am the first to assume this unique position my role may be unclear to some of you, so please let me briefly reiterate how I fit into the Council. I am tasked with actively participating in the COQIPS executive committee as a non-voting member representing the SOMSRFT, while also contributing to the COQIPS Membership/Bylaws Committee. I then summarize these experiences along with the Council’s current agenda in biannual reports to the SOMSRFT membership and Executive Committee. I am continually learning how to best function in my role as I go, and it has been interesting and fun thus far!

Much of this on-the-job education took place during my recent trip to the AAP Headquarters in Elk Grove Village, IL for the 2015 COQIPS Executive Committee Spring Meeting. Having the opportunity to sit at the table with many of our Council’s leaders for 2 days provided me with excellent insight into the administrative workings of the Council, better awareness of current Council projects, and understanding of the future direction of the group. One effort that I am particularly excited about is the newly available process for accepting Affiliate Members into COQIPS. Such members could include patients 16 years of age or older, parents, patient guardians, or foster parents, among others. My fellow COQIPS liaison Lisa Rossignol has been extremely influential in this effort, so please see her Parent Liaison Update in the next issue of Quality Connections.

I’ve also recently had the opportunity to learn from my fellow SOMSRFT members who are liaisons to various other AAP Sections and Councils. Over the past couple of months we’ve had the first-ever liaison conference calls to begin a dialogue on how we can best support each other, and they have been very productive. Much of the focus of our discussions has centered on how to best communicate each of our group’s ideas, activities, and opportunities with both the general SOMSRFT membership and Executive Committee. This is something many liaisons seem to be struggling with. We plan to continue to address how we can best take action on this critical issue during future monthly calls and at a SOMSRFT liaison meeting we’ve organized at the AAP National Conference and Exhibition (NCE) in October.

Speaking of the NCE, I’m excited to attend the COQIPS H-Program on October 24th, 2015, and I hope to see you there! In addition, I’ve been selected to participate in the AAP Young Physicians’ Leadership Alliance starting at this year’s NCE. This program is designed to include the sharing of leadership principles, behaviors, and tools that can benefit young physicians in achieving their personal and professional objectives. I hope that my involvement in this group will allow me to further my contributions to both COQIPS and SOMSRFT.

Lastly, I’d like to again share with you the large opportunity to grow COQIPS through greater trainee involvement. In fact, only about 1% of the >13,000 SOMSRFT members are members of the Council! I continue to work to provide information to trainees in as many places as possible, but this is a large audience to reach and I would love your help! If you work with medical students, residents, or fellows, then please discuss with them the resources and opportunities that the Council has to offer. One such opportunity is to share their QI and/or patient safety experience in a future issue of Quality Connections, as I did earlier this year. And don’t forget to remind them that COQIPS membership is FREE for all trainees. Don’t hesitate to contact me or have your trainees reach out to me at cory.darrow@uhhospitals.org with any questions, suggestions, or ideas for newsletter submissions.
Children’s Hospital Association Update

The Children’s Hospital Association (CHA) has launched a suite of new strategies for quality measures advocacy in response to opportunities emerging in the health care environment. To support a proactive approach to the national measures enterprise, CHA has for the first time established a subcommittee of its Board focused on measures, chaired by leading pediatric measurement advocate Dr. Andrea Benin. Dr. Sally Turbyville, an expert in measurement development and implementation from NCQA and NQF, joined the CHA staff earlier this year to formulate strategy and lead implementation. Here are priorities and highlights for 2015:

- Increasing the influence of children’s hospitals with leading measurement organizations through more effective engagement and collaboration. Examples include:
  - AAP’s quality measures initiative
  - NQF’s new Standing Committee on Pediatric Measures
  - NQF’s Medicaid Measures Application Partnership
  - The Joint Commission’s initiative to identify a new core set of pediatric measures
  - The Association of Health Insurance Plans (AHIP) initiative to identify a new core set of pediatric measures
  - US News and World Report
- Increasing advocacy for and support of the Pediatric Quality Measures Program (PQMP) and its seven Centers of Excellence in the development and dissemination of pediatric-specific measures.
- Developing recommendations for a set of measures for medically complex children. This measure set will support major new legislation for transforming care and payment models for these patients, H.R. 4930 “Advancing Care for Exceptional Kids Act of 2014” (ACE Kids Act).
- Developing a toolkit for selecting pediatric measures for specific programmatic needs. The toolkit includes a conceptual framework; a systematic process for defining program requirements, criteria for selecting measures, and decision categories; a data-driven catalogue of known pediatric measures from which to identify candidate measures; and a recommendation reporting template that includes gap assessment and implementation guidance.
- Identifying and supporting strategies to field-test new measures
- Providing new educational and information-sharing opportunities on measures issues and directions for hospital members.

For additional information, contact Mimi Saffer, VP, Quality Improvement and Quality Measurement at 919.542.3450.
Quality improvement is a global priority. The Quality Improvement Innovation Networks (QuIIN) has worked with the Section on International Child Health (SOICH) over the past few years to support quality improvement education and to mentor international pediatricians interested in improvement work. QuIIN itself has a few international members, with one physician in particular that we would like to highlight in this column. Ghulam Mustafa, MBBS, MCPS has been an enthusiastic contributor to several QuIIN projects and was recently honored at the recent Section for Hospital Medicine meetings in San Antonio, Texas in July. His most recent exemplary work was with the Improving Community-Acquired Pneumonia Quality Improvement Project (ICAP), which was run through the Value in Inpatient Pediatrics (VIP) Network, part of QuIIN, a program of the AAP.

Speaking at the Pediatric Hospital Medicine meeting, Dr. Mustafa joked about the proximity of his hospital in Multan, Pakistan, to the conference location in San Antonio: “Except that [to get to Multan], you must dig through the earth and emerge on the other side of the globe!”. The group of about 70 pediatric hospitalists listened with rapt attention as Dr. Mustafa, a pediatrician, pulmonologist, and associate professor of pediatrics at Nishtar Medical College, spoke about how “the ICAP project has turned the tables upside down” improving the treatment of pneumonia at his hospital.

Dr. Mustafa was initially interested in the bronchiolitis project (B-QIP) offered by the VIP Network but the project was closed by the time of his inquiry. Upon hearing that there was a community-acquired pneumonia project still open for recruitment, Dr. Mustafa expressed immediate interest, recognizing the potential impact of such an effort in a country where pneumonia is the leading cause of mortality for children under the age of five. When staff and project leaders questioned whether ICAP measures would apply to his hospital’s setting in Pakistan, Dr. Mustafa replied, “the anatomy, physiology and pharmacology of the children are the same in the East or the West,” thereby assuring a seat for participation in the ICAP project.
Pakistan’s number one medical college. The top four conditions at his hospital are asthma, bronchiolitis, pneumonia and tuberculosis. Nishtar Hospital is a tertiary care hospital that serves over 4 million people in the south of Punjab; Multan is the third largest city in Pakistan.

According to Dr. Mustafa, prior to the hospital’s involvement in ICAP, there were no uniformly accepted guidelines of care for community acquired pneumonia. Treatment decisions depended largely on the individual physician’s practice style and the child’s clinical presentation, often involving a combination of broad spectrum antibiotics and liberal use of CBC, CRP and chest x-rays for diagnosis. As one of 52 hospitals in the ICAP quality improvement collaborative, Nishtar hospital under Dr. Mustafa’s leadership achieved significant gains in narrow spectrum antibiotic use over the course of the nine-month project.

There are many more physicians akin to Dr. Mustafa around the globe, many in resource limited countries, who are eager to change health care culture and to incorporate innovation and best practice guidelines to their work. Collaborative efforts are an important part of what QuIIN, COQIPS, and the AAP should continue to support. We need to explore more and better ways to work effectively with SOICH and other international programs, and to build upon the enthusiasm and concrete successes of our efforts to seek out and support partners such as Dr. Mustafa.
Division of Chapter Quality Improvement Initiatives Announces the First Chapter Quality Network (CQN) ADHD Project and Substance Use Project
From the Department of Community, Chapter and State Affairs

The American Academy of Pediatrics (AAP) Division of Chapter Quality Improvement Initiatives facilitates and supports chapter quality improvement projects, including Chapter Quality Network (CQN) learning collaboratives. These projects give state chapters and their members the opportunity to participate in multi-state improvement efforts that result in improved care and outcomes at a population level. With support from the national office, AAP chapters and member pediatricians learn to apply evidence-based guidelines to standardize care and use quality improvement to embed reliable care systems into their everyday practice. Through participation in CQN projects, pediatricians can earn American Board of Pediatrics Maintenance of Certification Part 4 credit and continuing medical education credit.

ADHD
The division is pleased to announce the launch of its first CQN learning collaborative on ADHD. With the guidance of chapter leadership, practices in six states will systematically change pediatric care practices in accordance with the AAP ADHD guidelines. Practices will be required to identify a quality improvement team, develop practice-specific improvement goals, and conduct small tests of change to improve ADHD care for children.

The chapters that are currently recruiting practices for participation in the CQN ADHD project are:
- Arkansas Chapter
- Georgia Chapter
- New York Chapter 1
- New York Chapter 2
- Ohio Chapter
- Texas Chapter

*The CQN ADHD opportunity is made possible by an independent grant from Pfizer, Inc.*

Substance Use
In addition to the CQN ADHD project, the AAP is also working on the Practice Improvement to Address Adolescent Substance Use (PIAASU) project. The aim of the project is to address substance use and mental health concerns in adolescents by increasing the use of validated screening tools, successful brief interventions techniques and referral to treatment for substance use and mental health concerns among pediatric practices.

The chapters that are currently recruiting practices for participation in the CQN PIAASU project are:
- Connecticut
- Georgia
- Utah

Continued on next page
Continued from previous page, **Division of Chapter Quality Improvement Initiatives Announces the First Chapter Quality Network (CQN) ADHD Project and Substance Use Project**

The CQN PIAASU project is funded by generous support from the Conrad N. Hilton Foundation.

With the changes catalyzed by health care reform underway, CQN projects provide an opportunity to gain experience in quality improvement work and learn to lead improvement efforts at the practice level.

If you are interested in participating in the ADHD or substance use projects or if you have any questions, please contact your chapter representatives or Suzanne Emmer at 847/434-4077 or semmer@aap.org.

For more information about the Chapter Quality Network, visit [www.aap.org/cqn](http://www.aap.org/cqn).
EQIPP Courses deliver everything you need to identify and close practice gaps—-for good. The courses help satisfy MOC Part 4 requirements and are $199 included with AAP membership. Learn more: eqipp.org or email eqipp@aap.org

Available course topics: diabetes, GER/GERD, growth surveillance & linear growth failure, hypertension, immunizations, medical home, and eliminating tobacco use & secondhand smoke exposure

**EQIPP Will Be Monumental at NCE**

Our EQIPP team will be at the AAP Resource Center, booth #759, during NCE to answer all your questions. No time to stop by? Bring your lunch to our session:

**E-Learning Adds Value to Your AAP Membership**

Sunday, October 25 from 12:30 – 1:30 p.m. in room V2079
Connect with AAP for MOC success

The American Academy of Pediatrics (AAP) continues to expand its offerings for members to fulfill requirements for Maintenance of Certification (MOC).

The Academy provides solutions for individuals from online QI courses to PREP self-assessments to live CME events. The AAP MOC Portfolio Program also provides guidance for members interested in developing or providing MOC activities through nationally-affiliated AAP groups (e.g., Sections and Councils).

Discover which MOC solution is right for you, and keep up with developing news at the newly revised http://www.aap.org/mocinfo.

We Hope to See You at the 2015 National Conference & Exhibition in Washington, DC!
Expect the next issue of Quality Connections in January 2016!