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Council on Quality Improvement & Patient Safety, AAP Quality
Connections aims to translate timely information about quality improvement that busy
practitioners can use to improve care for their practice; increase awareness of the importance of QI
in their practice; and share updates on current AAP quality improvement programs and projects. Email feedback to
cguch@aap.org.

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

What an “H” program session at the 2016 NCE! Absolutely fantastic podium presentations with over 90 poster
presentations. Dr Laura Ferguson, Dr Julia Shelburne, Dr Trey Dunbar, and Dr Greg Hale of the COQIPS Abstracts Committee and the numerous volunteer abstract graders from our own council membership did an incredible job in making it so that many of our trainees and seasoned quality practitioners were able to demonstrate their research in advancing quality science in pediatrics. Dr. Elisha McCoy received the award for the best platform presentation. Dr Lalit Bajaj received the award for the best poster presentation. The afternoon was a joint session with the Council on Clinical Information Technology (COCIT). The speakers, Dr. Lalit Bajaj, Dr. Arti Desai and Dr. Steven Downs were all excellent. Please see the Education Section for more details.

Last but certainly not least, I want to thank Lisa Rossignol who was the inaugural family representative on our Executive Committee. She did some fantastic work and always lent a great insight as to family-centered care. She is leaving the council’s Executive Committee and we wish her well as she moves on. As a council, we are re-evaluating the role for the family representative as a liaison. I want to ask each of you to consider family members and teens (16 and over) within your practice that would benefit at being an affiliate member of COQIPS. It is free! Please have them apply at this website: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/coqips/Pages/Become-a-Member.aspx.

Wayne Franklin, MD, MPH, MMM, FAAP
Updates from the COQIPS Executive Committee

Education Committee Update

Education Committee - National Conference & Exhibition Wrap-Up

On Sunday, October 23, 2016 we hosted our third COQIPS education (H) program.

Thank you to our scientific abstract platform and poster presenters who participated in the program and congratulations to our Best Platform Presentation and Best Poster awardees listed below who will be recognized in the December 2016 online edition of the AAP News.

Best Platform Presentation
Elisha McCoy, MD
“Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis”

Best Poster
Lalit Bajaj, MD
“Reducing Unnecessary Utilization in Bronchiolitis”

Thank You, Faculty!
We want to extend a very special thank you to our COCIT H program faculty, Lalit Bajaj, MD, Arti Desai, MD, and Steve Downs, MD. Their panel discussion aimed to help participants shape their EHR to work for them and their practice, navigate the complex world of EHR data to support measurement and improvement, and meaningfully engage patients in their own health and healthcare through health IT.

2016 NCE Plenary Videos
2016 National Conference plenary sessions videos are available at this link: http://2016.aapexperience.org/educational-highlights/plenary-sessions/.

Overall NCE Evaluation
2016 Overall NCE Evaluation is available at: www.aapexperience.org/eval.

Thank you to everyone who attended and, to those that could not make it, we hope to see you next year for the 2017 National Conference and Exhibition in Chicago, IL!

If you have any questions about COQIPS education activities or if you would like to suggest an idea/topic for other educational programming, please contact either Cathleen Guch at cguch@aap.org or COQIPS Education Chairperson, Laura Ferguson, MD, FAAP at LFerguson@tamhsc.edu. We would love to hear from you!

2016 – 2017 COQIPS Executive Committee
Wayne Franklin, MD, MPH, MMM, FAAP
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AAP Quality Connections
Editors
Laura Ferguson, MD, FAAP
Allison Markowsky, MD, FAAP
Tricia Pil, MD, FAAP

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COQIPS Membership Update - Welcome New & Renewed Members!

To date we have 659 members! Welcome to our new and renewed members!

For more information about how to get involved in the Membership Committee please contact Dr Wayne Franklin (waynehfranklin@gmail.com), Membership Committee chairperson, or Cathleen Guch (cguch@aap.org).
New NIH National Institute for Child Health and Human Development (NICHD) Director

On August 25, 2016, Diana W. Bianchi, M.D. was announced as the new director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Dr. Bianchi started on October 31, 2016. Dr. Bianchi is a prenatal geneticist with clinical and research experience in both pediatrics and obstetrics. She comes to the NIH from the Floating Hospital for Children and Tufts Medical Center in Boston where she served as the founding executive director of the Mother Infant Research Institute and vice chair for pediatric research. Board certified in pediatrics, she completed her pediatric residency training at Boston Children’s Hospital and fellowship training in medical genetics and neonatal-perinatal medicine at Harvard Medical School.

Study Finds that Emergency Visits Increased After Obamacare Implemented in Illinois

The number of emergency room visits by adults ages 18 to 64 years in Illinois increased after the Affordable Care Act was implemented in 2014, according to a study published in the September issue of *Annals of Emergency Medicine*. The report found that 15.2 million patients visited emergency rooms in 201 Illinois nonfederal hospitals from 2011 to 2015. In 2011, there were 2.9 million visits to the emergency room and in 2015, the number of visits jumped to 3.2 million, an 8.1 percent increase. The study, which examined the effect of the Affordable Care Act on the number of emergency room visits, looked at Illinois data because the state expanded Medicaid and had large urban, suburban, and rural populations with variable income and insurance coverage. The findings cannot be explained by population changes alone, although the authors suggest that the increased use may reflect a temporary surge in health care utilization by previously uninsured patients prior to ACA implementation.

California Passes Bill AB72 to Protect Consumers from Surprise Out-of-Network Medical Bills

The California legislature passed a bill protecting consumers from surprise out-of-network bills. Under the new AB72 legislation, scheduled to take effect in July 2017, patients who receive non-emergent care from an out-of-network provider at an in-network facility will pay only the in-network rate (emergency physicians in California are already barred from the practice of balance billing). Health plans will pay non-contracting physicians the same amount normally paid to contracted physicians or 125% of the Medicare rate, whichever is greater. It is anticipated that there will be pressure on other states to follow California’s lead due to increasing attention being paid to shocking out-of-network bills. Opponents of the bill argued that the new legislation removes incentives for insurers to expand their provider networks, will increase premiums, and increase the number of lawsuits between providers and insurers over payment disputes.

Kaiser Health Tracking Poll for August 2016: Zika

The Kaiser health tracking poll found that almost all Americans have heard or read about the Zika virus (92 percent) and 36 percent say that passing new funding to deal with the outbreak in the U.S. should be a top priority for Congress. An additional 40% say it should be an important, but not a top, priority. A large majority of all partisans say that new Congressional funding should be at least an important priority especially since the CDC and NIH have had to divert funds from other projects to support federal Zika efforts.
Practice Partners with EHR Company to Improve Evidence-Based Diagnosis of Pediatric Hypertension

Michael Rinke, MD, MPH, FAAP
COQIPS Implementation Committee Co-Chairperson

The Reading, Pennsylvania pediatric practice All About Children Pediatric Partners, PC (AACPPP), founded in 1991 by C. Eve J. Kimball, MD, FAAP partnered with their electronic health record (EHR) vendor MediTouch to implement health information technology improvements and support exceptional quality of care for patients. They participated in the quality improvement project Reducing Diagnostic Errors in Primary Care Pediatrics (Project RedDE!), funded by the Agency for Healthcare Research and Quality and conducted by the Children’s Hospital at Montefiore and Quality Improvement Innovation Networks (QuIIN), a program of the American Academy of Pediatrics. The AACPPP team is committed to reducing the incidence of pediatric primary care diagnostic errors over about 30 months. Along with 30 other practices, AACPPP is using quality improvement methodology to decrease missed opportunities to diagnose actionable labs, elevated blood pressure, and adolescent depression.

Drs. Abdullah Sakarcan and Eve Kimball, NP Adrienne Salaneck, RNs Allison McKeown and Patti Hamlette, and Office Manager Ellen Bryan lead the AACPPP team. They began collecting data for missed opportunities to diagnose elevated blood pressure in September 2015 and noticed that the elevated blood pressure alerts in their EHR were incorrect according to the current best-practices for evidence-based blood pressure interpretation (the 4th Report/NHLBI/NIH metrics). Their group worked with MediTouch over the next 9 months to change this system for all pediatric patients. Dr Kimball explains the steps that were effective in making this change:

1. Defined the problem: AACPPP noted that elevated blood pressure alerts in the EHR were not appropriately identifying hypertensive patients according to latest evidence-based guidelines and some children with elevated blood pressures were being missed.
2. Researched the problem at the next level: AACPPP discussed with the MediTouch Medical Director the basis for the then blood pressure norms in use at that time.
3. Championed Change: AACPPP provided source material for the latest evidenced-based standards (the 4th Report/NHLBI/NIH metrics) and provided reasons that blood pressure percentiles for children under 17 were necessary using evidence shared via the Project RedDE! Collaborative.
4. Set a Timeline: AACPPP worked with MediTouch to determine the timeline for piloting the updated blood pressure percentiles and when they could expect to test it. The MediTouch medical team was receptive to making the suggested changes and their development team worked quickly to incorporate the suggested changes into the EHR.
5. Devised Temporizing Measures: In the meantime, AACPPP developed a workaround using a blood pressure calculating app and a spreadsheet from Project RedDE! where Clinical Floor Staff added alerts to the clinicians in the “chief complaint” portion of the EHR to avoid missing any children with elevated blood pressure.
6. Evaluated the Change: Once the new EHR changes were implemented, AACPPP verified that the MediTouch populated percentiles agreed with those percentiles calculated manually by Clinical Floor Staff.
7. Integration of Change: AACPPP adopted MediTouch alerts and continued the backup of alerting the clinicians in the “chief complaint” in the EHR.

Now that the elevated blood pressure percentiles in MediTouch are in line with the “4th Report” (NHLBI/NIH metrics), all practices using MediTouch will gain improved identification of children with elevated blood pressure.

For more information about Project RedDE!, please contact Liz Rice-Conboy, ericeconboy@aap.org.
Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future

To assist the next presidential administration in putting children and families at the center of its policy agenda, the American Academy of Pediatrics (AAP) produced the *Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future*. The *Blueprint* presents specific policy recommendations for the federal government to align its activities to promote **healthy children**, support **secure families**, build **strong communities**, and ensure that the United States is a **leading nation** for children.

Speaking Up for Children: A Conversation About Child Health in the Next Administration

On September 19, the American Academy of Pediatrics hosted a panel discussion in Washington, DC with leading medical and children’s health experts on how the 45th president of the United States should approach child health policy. The discussion took place on the heels of the AAP’s launch of its transition plan for the next presidential administration, *Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future*. The archived video can be accessed here.

Important Links:

- [A message from the AAP](#)
- [#VoteKids campaign](#)
- [Press Release](#)
- [Recommendations for Federal Agencies and Departments](#)
- [Downloadable PowerPoint slides](#) on the *Blueprint*. [Click here](#) for the PDF version.
- A [blog post](#) from the Center of Budget and Policy Priorities, a [story](#) from America’s Promise Alliance, and a [blog post](#) from Georgetown Center for Children and Families on the *Blueprint*.
Join the Section on Administration and Practice Management

SOAPM is the AAP “home” for the management and administration of pediatric practices. The main goal of SOAPM is to improve the practice of pediatrics! With over 1,100 members, SOAPM is dedicated to imparting basic and cutting-edge administration and practice management to its members. Join now to become a collective voice promoting the value of pediatric practice for pediatricians and for patients!

Pediatrics Publishing Opportunity – Patient, Family, Health Care Professional Perspectives

Abstract length: No abstract

Article length: 2,000 words or fewer

Author limit: Four (4) authors or fewer

Reference limit: 10 references or fewer

*Pediatrics* is interested in publishing articles that reflect the joint perspective of patients, families, and the health care professionals taking care of the family and child. These articles should be written collaboratively and reflect their shared thoughts about a topic related to children’s health care. Examples of topics that articles could address include shared decision-making, use of the Internet or other technologies to improve care, family-centered rounds, health care disparities, or issues related to medical education. These are just examples; the Executive Editorial Board would be willing to consider any relevant manuscript as long as it represents the voices of patients/families and healthcare providers. The manuscript should reflect a partnership amongst the authors.

If an individual patient’s story is to be shared as a narrative, the article should not just focus on that patient’s story and what went right or wrong, but reflect a broad perspective so that the lessons learned can be generalizable to others. The audience for these articles will primarily be health care professionals, but these articles will also be made free to the public so everyone can potentially benefit from reading the manuscript.

Specific points to consider: It would be acceptable for authors to write sections individually from their unique viewpoint. The article should contain a jointly written introduction and conclusion to ensure an overall collaborative voice.

Specific questions may be directed to Lewis First, MD, editor in chief of *Pediatrics* at lewis.first@uvm.edu.