



AAP QUALITY CONNECTIONS

Winter 2018, ISSUE #26

Message from the Chairperson

Wayne Franklin, MD, MPH, MMM, FAAP

Chairperson, AAP Council on Quality Improvement & Patient Safety



Dr Franklin

I am deeply grateful for the opportunity to have served as Chair of the Council on Quality Improvement and Patient Safety (COQIPS) for the past four years. In this role, I have become familiar with the Academy's extensive quality improvement (QI) community and initiatives. As *AAP Quality Connections* demonstrates, QI activities thrive in many areas of the Academy. COQIPS's contribution builds on the hard work of AAP members as individuals and groups.

It is exciting to see that COQIPS has become the home for AAP members with interest and expertise in quality improvement and patient safety. Membership into the council has grown 600% over the past four years, from 91 to 725 members. In these short four years, the COQIPS Executive Committee has worked hard to provide opportunities and resources for not only for our growing council membership but also the AAP membership-at-large. Several of these accomplishments are highlighted below:

- Council members have taken on leadership roles in the following COQIPS subcommittees: Education, Guidelines, Evidence and Transparency, Implementation, Policy, and Nominations.
- Several of our council members have served as quality improvement and patient safety leaders and representatives for national initiatives and programs.
- The Academy's Web site now includes [Implementation Guides](#) to help members put the following AAP guidelines into action: Childhood Hypertension, Sleep Apnea, Acute Bacterial Sinusitis, Dysplasia of the Hip, and Brief Resolved Unexplained Events.
- The COQIPS education "H" program at the AAP's National Conference showcases innovative quality improvement and patient safety projects from our council membership, other councils, sections and interest groups as well as Academy members-at-large.
- We partner with other councils and sections, including the Council on Clinical Information Technology (COCIT), the Section on Emergency Medicine (SOEM) and Section on Hospital Medicine (SOHM), to offer quality improvement education.

(Continued on page 2)



ABOUT US

Brought to you by the AAP 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.

INSIDE THIS ISSUE

MOC Part 4 Credit for Abstracts	3
COQIPS Call for Abstracts	4
QI & Patient Safety Sessions at the 2018 National Conference	5
COQIPS Membership Update	6
Call for AAP Maintenance of Certification (MOC) Portfolio Review Panel Members	7
Value in Inpatient Pediatrics (VIP) Network Launches National Asthma Project	8
National Policy and Advocacy Update	10
NICHQ Focuses on Population Health, Equity and Social Determinants of Health	11
Announcements, Opportunities, and Resources from the AAP	13

Message from the Chairperson continued

- We have piloted a model that uses the council education “H” program as a learning session for a larger QI collaborative. Other councils and sections are able to replicate this model for their own QI projects. Please contact Cathleen Guch cguch@aap.org for further information.
- We have worked on policy and advocacy at the federal level and have reviewed several policy statements from other AAP groups to provide the QI and patient safety perspective. In 2017, the Academy published the COQIPS-authored paper “A New Era in Quality Measurement: The Development and Application of Quality Measures”.
- COQIPS’s Guidelines, Evidence and Transparency committee is developing a manual that captures and documents current best practices in guideline development and outlines the process for developing AAP Clinical Practice Guidelines.

In July, Dr. Joel Tieder will assume the role of Chair of the Council. He brings an incredible amount of experience and leadership from within the AAP. He has served as Vice Chair of COQIPS for the past four years and has chaired the BRUE Guideline committee. In July, Dr. Ricardo Quinonez will become COQIPS Vice Chair. Dr. Quinonez is the past Chair of the Section on Hospital Medicine and has served in other leadership roles in the Academy, the Texas Chapter of the AAP and at his institution.

I am very thankful to have been able to serve as Chair after Dr. Xavier Sevilla, who spearheaded COQIPS’s historic transition from steering committee to council. I am proud to have worked with all of the current and past Executive Committee and Liaison members (see sidebar). And I would like to acknowledge the contributions of Dr. Alan Lieberthal, an Executive Committee member who passed away recently. Dr. Lieberthal dedicated many years at the Academy to guideline development and implementation, and we are setting up a memorial lecture/award in his honor to recognize others like him who make significant contributions in this area.

Past Executive Committee Members and Liaisons

David Bundy, MD, FAAP
Sean Gleeson, MD, FAAP
Daniel Neuspiel, MD, FAAP
Richard Shiffman, MD, FAAP
Cory Darrow, MD, FAAP (SOPT Liaison)
Suzette Oyeku, MD, FAAP (NICHQ Liaison)
Lisa Rossignol, MA (Parent/Family Liaison)

at the AAP, for all her help navigating the AAP.

Although I will be signing off as Chair on June 30th, I will serve as the immediate past chair for one year. I look forward to more progress, new resources and initiatives, and additional leadership opportunities for Academy members.

2017 – 2018 COQIPS Executive Committee & Liaisons

Wayne Franklin, MD, MPH, MMM, FAAP—
Chairperson
Joel Tieder, MD, MPH, FAAP—*Vice Chairperson*
Terry Adirim, MD, MPH, FAAP
Laura Ferguson, MD, FAAP
Michael Leu, MD, MS, MHS, FAAP
Brigitta Mueller, MD, MHCM, FAAP
Shannon Phillips, MD, MPH, FAAP
Ricardo Quinonez, MD, FAAP
Michael Rinke, MD, PhD, FAAP
Elizabeth Vickers Saarel, MD, FAAP
Hsiang “Shonna” Yin, MD, MS, FAAP
Scott Berns, MD, MPH, FAAP (NICHQ Liaison)
Kamila Mistry, PhD (AHRQ Liaison)
Virginia Moyer, MD, FAAP (ABP Liaison)
Ameel Patel, MD, FAAP (SOPT Liaison)
Mimi Saffer (CHA Liaison)

AAP Quality Connections Editors

Laura Ferguson, MD, FAAP
Allison Markowsky, MD, FAAP
Tricia Pil, MD, FAAP



MOC Part 4 Credit for Posters-Platform Abstracts Presented at Section/Council Programs at the 2018 AAP National Conference



The American Academy of Pediatrics (AAP), through its MOC Portfolio, will approve eligible, peer-reviewed poster or platform abstract presentations describing a quality improvement project presented at a Council or Section H Program at the National Conference for MOC Part 4 credit (25 points). Only abstracts that are accepted into council or section programs at the National Conference may apply.

Any author or co-author of a poster or platform presented at the H program is eligible for this credit if the abstract meets the [requirements described here](#).

Note: To be eligible for MOC credit, pediatricians must be individually named as an author at the time of abstract submission. Naming a network as an author and listing those members in another area of the abstract, poster, or oral presentation does not qualify.

There will be no fee for obtaining this credit if the author/co-author qualifies through the AAP MOC Portfolio. Authors may apply directly to the American Board of Pediatrics for a \$75 application fee.

This program will only apply to pediatrics and pediatric subspecialties boarded by the American Board of Pediatrics.

For additional information about this opportunity, please visit www.aap.org/moc or contact Tori Davis, QI and Certification Program Specialist at tdavis@aap.org.

- | | |
|--|--|
| Council on Clinical Information Technology | Section on Emergency Medicine |
| Council on Early Childhood | Section on Hospice and Palliative Medicine |
| Council on Injury, Violence, and Poison Prevention | Section on Hospital Medicine |
| Council on Quality Improvement and Patient Safety | Section on Integrative Medicine |
| Council on School Health | Section on Medicine-Pediatrics |
| Council on Sports Medicine and Fitness | Section on Neonatal Perinatal Medicine |
| Peds 21: Leveraging New Technologies to Transform Child Health | Section on Obesity |
| Section on Advances in Therapeutics and Technology | Section on Oral Health |
| Section on Breastfeeding | Section on Tobacco Control |
| Section on Cardiology and Cardiac Surgery | Section on Transport Medicine |
| Section on Critical Care | Section on Uniformed Services |

To submit an abstract for any of the groups listed above, please visit www.aapexperience.org/abstracts



Call for Abstracts

Council on Quality Improvement & Patient Safety Abstracts Program

Saturday, November 3, 2018

9:00 AM – 2:00 PM

Orlando, FL

SUBMISSION DEADLINE: April 13, 2018 at 11:59 PM EST

SUBMIT ONLINE: <https://www.conferenceabstracts.com/cfp2/login.asp?EventKey=IGUNVNXU>

The **Council on Quality Improvement and Patient Safety** welcomes the submission of abstracts for its program at the 2018 AAP National Conference & Exhibition.

Pediatricians, both experienced and in-training, in community-based as well as academic practice, generalists and specialists alike are encouraged to submit abstracts related to any aspect of quality improvement and/or patient safety, including those that fall into the following broad categories:

1. Quality Improvement Project: This category should have a measurable aim with a minimum of baseline data at time of submission of abstract and a MINIMUM of data from two improvement cycles at time of presentation. Baseline data should be included in the abstract and run or control charts must be submitted in the actual poster. SQUIRE guidelines are suggested as a way to structure the abstract and the presentation although not all projects will match all guidelines. The submitting author is strongly encouraged to review [SQUIRE guidelines](#). This type of activity could be considered for MOC Part 4 credit and will be considered for eligibility for award.

2. Innovation, Research or Education in Quality or Patient Safety: This category encompasses important or novel work in the field and includes data demonstrating the impact of the work. Abstracts will be presented in the standard Background, Methods, Results, and Conclusions format. Topics likely to be innovative in the field of QI and Patient Safety may include (but are not limited to) the quality tenets of healthcare equity, patient and family centeredness as well as new topics or methods in education, reporting, analysis, etc.

- All abstracts will be considered for poster presentations. Selected abstracts will be accepted for podium (oral) presentation. Abstracts submitted may be considered for either format at the discretion of the COQIPS Abstract Review Committee.
- Submission will not preclude future submission for journal publication, nor does prior presentation or acceptance at another medical or scientific meeting disqualify submission to this section. However, prior **publication** WILL disqualify submission.
- Abstract submissions are expected to have received Institutional Review Board approval or exemption when appropriate.
- Certificate awards will be given to the Best Poster Presentation, Best Podium Presentation, and Best Pediatric Trainee Abstract.
- Abstracts that are accepted into the program and would like to be considered for an award must submit their poster/presentation in advance. The deadline for submission of the poster/presentation is October 15, 2018. Instructions for doing this will be provided upon acceptance into the program.
- Presenters of accepted abstracts should notify [Laura Ferguson](#) as soon as possible if they must cancel their presentation.



Quality Improvement & Patient Safety-Related Sessions at the 2018 National Conference

H1084 Joint Program: Section on Emergency Medicine, Council on Quality Improvement and Patient Safety, and Section on Hospital Medicine

Quality Improvement Across the Continuum - The Sections on Emergency Medicine and Hospital Medicine have teamed up with the Council on Quality Improvement and Patient Safety to deliver a unique view of how patient safety and care improvement affects all providers from the emergency department to the inpatient unit. Looking at metrics and patient experience will provide tools and techniques for participants to begin to apply or continue to improve efforts of quality improvement and patient safety in their unique environments.

S4031 Teaching Pediatricians QI Skills: HPV Cancer Prevention Projects

Physician involvement in quality improvement (QI) science is essential for responding quickly to changing guidelines and delivering better patient care. This session will describe QI projects undertaken by AAP chapters to increase HPV vaccination rates and increase participants' capacity to address the next new guidelines. Faculty will provide examples of QI process products, lessons learned, resources (some specific to HPV vaccination, some more general), and opportunities for further QI collaboration.

S1126 Controversies in Screening: Evidence, Interpretation, and Implications

Experts from Bright Futures and the U.S. Preventive Services Task Force (USPSTF) will discuss the latest recommendations for preventive care and evidence supporting these recommendations, particularly as they relate to screening tests. Faculty will address how the USPSTF and AAP form their recommendations for children, the evidence review process, the purpose of both organizations' statements, and strategies to implement effective preventive care in outpatient practice.

I1037 Best Practice Preventive Care: It Can Be Done With the Time You Have

Attendees will break up into groups, and faculty will coach them on how to implement new evidence-informed Bright Futures recommendations in their practices. Participants will suggest which recommendations they would like to implement in their offices, e.g., screening for maternal depression, social determinants of health, or developmental delays/autism. Discussion of adolescent visits will focus on organizing practices to meet new screening recommendations. Faculty also will discuss quality improvement methodology.

D1115 Bronchiolitis: To Treat or Not to Treat

The management of bronchiolitis is challenging for pediatric practices and emergency departments (EDs). Parental frustration, patient discomfort, and an ever-changing body of literature on diagnosis and treatment have created a gap between science and practice, clinical judgment and evidence-based practice, and the treatment of bronchiolitis in the office vs. the ED. During this point-counterpoint session, faculty will examine care differences between the two settings, the science behind care delivered, and the value of old vs. new tools in treating bronchiolitis.

F3082 Pediatric Purse Strings: How to Predict the Cost of Care

Clinicians increasingly are expected to provide high-value care, often without knowing the cost of services they provide or recommend. Studies have shown that providing cost information to clinicians at the point of care reduces cost. However, it may seem impossible to get this kind of timely decision support to the busy pediatrician with dozens of payers. This session will highlight inexpensive and free ways to get actionable cost data to practice teams.

S3092 Moving From Volume to Value: The New Frontier in Health Care Financing

Every few months, there seem to be news reports announcing the demise of fee-for-service payments and how payments will be based on value and the accountable care organization (ACO) structure. Until these actually arrive, various interim "quality" payments are becoming a larger part of physician payment. Faculty will discuss ACO structures, the value concept, and interim quality measures.

COQIPS Membership Update

To date we have 725 members! Welcome to our new and renewed members!

Lukman Abdurrahim	Jeremy Loberger
Bridget Allard	Colleen Mayhew
Gina Allegretti	Raul Mendoza
Ali Asseri	Shruti Mittal
Liz Bayes Santos	Kimberly Monroe
Andrea Benin	Shayla Percy
Danielle Brazel	Susie Phillips
Eva Carrizales	Jennifer Rammel
David Comstock	Candice Ray
Wendy De La Rua	Micah Resnick
Gabriela Echenique Subervi	Mario Reyes
Alicia Guerrero	Sylvia Robinson
Joseph Hageman	Jose Rodriguez-Torres
Dawn Hill	Geoffrey Ruben
Carolyn Holland	Domenica Santamaria Obando
Naomi Hughes	Matthew Schefft
Joyce Koh	Crystal Shen
Karen Larregue	Agnes Sibilski
Karena Lawrence	Robert William Sprunk
Deborah Lee	Odett Stanley-Brown
Monica Lee	Christina Sugirtharaj
Matthew Leischner	Molly Taylor
Christiane Lenzen	Eric Whitney
Douglas Liano	Fanyu Yang

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).

Call for AAP Maintenance of Certification (MOC) Portfolio Review Panel Members

The AAP MOC Portfolio is currently accepting applications for volunteer members to review and provide feedback on MOC Part 4 applications and progress reports to ensure they meet the standards set forth by the American Board of Pediatrics (ABP). The MOC Portfolio Program is overseen by the Quality Cabinet, a group of AAP executive senior leaders who provide oversight for the Academy's quality improvement strategic direction.

Interested candidates should review the information below and complete the [application](#) process via SurveyMonkey by March 19, 2018. The AAP welcomes individuals with a variety of skills, characteristics, and attributes to apply. All applicants will be notified by May 14, 2018.

Selected reviewers will serve a two-year term with the option to renew for another two-year term (four years total) at the discretion of the Quality Cabinet. **Successful candidates will possess the following:**

- AAP membership in good standing
- Expertise in quality improvement. Expertise may be demonstrated through formal studies and/or accomplishments, which may include relevant job experience, articles written, and/or expertise in QI measurement, data collection and reporting, etc.
- Experience in critical review (e.g., articles, grants, IRB, etc.) at the institutional, local, or national level
- Capacity to periodically evaluate QI activities with respect to requirements and provide unbiased, thoughtful, and informative comments to the Portfolio Program and applicants to the program
- Availability to review applications and reports within a 10-business day period
- Availability to participate in teleconferences and email communication, as needed
- Experience using web-based programs (i.e., SurveyMonkey) to perform reviews and communicate information

Benefits for Review Panel Members

- Develop expertise on ABP's MOC standards
- Contribute to the advancement of QI at the AAP by evaluating new organizational quality improvement initiatives
- Contribute to the national effort to improve the quality of care for patients
- Acquire knowledge of various QI project models
- Receive recognition from the AAP to support career development and academic advancement
- Earn MOC Part 4 points by meeting the following requirements:

AAP Review Panel members must participate in all of the following:

- ⇒ Participate in the MOC Review Panel orientation
- ⇒ Review a minimum of four of any combination of the following: MOC Part 4 application, bi-annual report, or final report during a 2-year term
- ⇒ Provide timely feedback and approvals on assigned applications and reports

In addition to the requirements listed above, AAP Review Panel members must participate in one of the following activities below:

- ⇒ Provide feedback on the experience of participating as a reviewer for the MOC Portfolio program and offer feedback related to process improvement
- ⇒ Author an article for AAP News or other Academy communication
- ⇒ Provide coaching or technical assistance related to ABP Part 4 Standards and/or QI methodology to potential applicants (minimum of one phone call)

Reviewers meeting the above criteria are eligible for MOC Part 4 points only once during their 5-year MOC cycle

AAP Review Panel Members Responsibilities:

- Reviews applications and reports within ten business days
- Provides feedback/guidance to applicants
- Remains up-to-date on ABP standards

**Questions? Contact
Tori Davis, QI and Certification
Specialist, at TDavis@aap.org**

To apply to be part of the AAP MOC Portfolio Review Panel, please:

- Complete the application form here: <https://www.surveymonkey.com/r/AAPMOCReviewer2018>
- Submit a current CV

Value in Inpatient Pediatrics (VIP) Network Launches National Asthma Project: Pathways for Improving Pediatric Asthma Care (PIPA)

The Value in Inpatient Pediatrics (VIP) Network has accepted 84 hospitals to participate in a national quality improvement collaborative for children treated in the emergency department or hospitalized for asthma. The Pathways for



Improving Pediatric Asthma Care (PIPA) project, like previous VIP Network projects, provides quality improvement expert guidance, mentoring, data collection and reporting within a virtual learning collaborative aimed to improve care for children in the hospital setting. PIPA is led by Sunitha Kaiser, MD, MSc, FAAP.

Asthma affects nearly ten percent of American children¹ and is a leading cause of pediatric emergency visits and hospitalizations.²⁻⁴ Asthma is the leading cause of missed school days for chronic illness, placing a tremendous burden on families and resulting in three billion dollars of direct costs to the US healthcare system annually.⁵

Dr Kaiser

“Physicians face tremendous barriers to consistently practicing evidence-based care. This leads to wide variability in key outcomes for children with asthma, such as admission rates to hospitals and intensive care units. The goal of the PIPA project is to support hospitals around the country to address those barriers,” said Dr. Kaiser. “We are excited to offer some of the same tools and supports that are readily available at large children’s hospitals to community hospitals that often don’t have access to these resources.”

This project will give community hospitals the opportunity to provide children with the same high-quality and evidence-based care available at other academic children’s hospitals. The project will provide tools that will help support health care providers in selecting and providing appropriate medications, selecting appropriate tests, and effectively counseling families.



To improve the value of hospital care for children with asthma, PIPA aims to achieve the following:

- Decrease overall usage of chest radiography to 15 percent (ED setting)
- Decrease the inpatient length of hospital stay by 10 percent (Inpatient setting)
- Increase the early transition to bronchodilator administration via metered-dose inhaler by 40 percent (Inpatient setting)
- Decrease prescription of antibiotics at hospital discharge to 10 percent (Inpatient setting)

Improve documentation of assessment of asthma exacerbation severity at ED triage to 90 percent (ED setting)

Increase the proportion of eligible children who receive systemic corticosteroids within 60 minutes of ED arrival to 50 percent (ED setting)

Improve compliance with screening for second hand smoke exposure to 90 percent (Inpatient setting)

Improve documentation of referral to smoking cessation resources for eligible patients to 50 percent (Inpatient setting)

While the goals for the project are based on individual chart review, it is the hope that systems will be put into place to positively affect all pediatric patients treated for asthma.

This project will also offer Continuing Medical Education and American Board of Pediatrics Maintenance of Certification credits to physicians who meet the qualifying criteria.

Resources and strategies developed as part of the project will be available on the Academy’s VIP Website.

(Continued on next page)

Value in Inpatient Pediatrics (VIP) Network Launches National Asthma Project (Continued)

Hospital Participation List:

CA- Barton Memorial Hospital
CA- California Pacific Medical Center
CA- John Muir Medical Center
CA- Kaiser Walnut Creek
CA- Natividad Medical Center
CA- Providence Tarzana Medical Center
CA- Santa Rosa Memorial Hospital
CA- Stanford HealthCare-ValleyCare
CA- Stanford Hospital
CA- Sutter Delta Medical Center
CA- Valley Presbyterian Hospital
CT- Lawrence and Memorial Hospital
DE- AlduPont Hospital for Children
FL- University of Florida - Jacksonville
GA- WellStar Kennestone Hospital
IA- Blank Children's Hospital
ID- Saint Alphonsus
ID- St. Luke's Children's Hospital
IL- Advocate Children's Hospital
IL- AMITA Health Alexian Brothers Women's and Children's Hospital
IL- Centegra Hospital - Huntley
IL- Children Hospital of Illinois
IL- Children's Hospital University of Illinois at Chicago
IL- La Rabida Children's Hospital
IL- NorthShore University HealthSystem
IL- Northwestern Lake Forest Hospital
IL- Northwestern Medicine West at Central DuPage Hospital
IL- Rush University Children's Hospital
IN- Beacon Children's Hospital
IN- Peyton Manning Children's Hospital at St. Vincent
KS- Stormont Vail Health
KY- Kentucky Children's Hospital
LA- Ochsner Medical Center - North Shore
LA- Our Lady of the Lake Children's Hospital
LA- Slidell Memorial Hospital
MA- Boston Medical Center
MA- Floating Hospital for Children at Tufts Medical Center
MA- PM Pediatrics of Dedham
MD- Howard County General Hospital
MD- Peninsula Regional Medical Center
MD- PM Pediatrics Maryland
MD- St. Agnes Hospital
MD- University of Maryland Upper Chesapeake Medical Center
MI- Sparrow Hospital
MN- St Cloud Hospital
MO- Children's Mercy Kansas City
MO- CoxHealth
MO- Mercy Children's Hospital
MO- Women's and Children's Hospital
NC- Mission Children's Hospital
NC- Novant Health Hemby Children's Hospital
ND- Sanford Children's Hospital Fargo
NE- Children's Hospital & Medical Center
NJ- Hackensack University Medical Center
NJ- PM Pediatrics Livingston
NJ- The Unterberg Children's Hospital at Monmouth Medical Center
NM- CHRISTUS St Vincent Regional Medical Center
NY- Maimonides Children's Hospital
NY- New York Presbyterian Morgan Stanley Children's Hospital
NY- New York Presbyterian/Queens
NY- Richmond University Medical Center
NY- Rochester General Hospital
NY- Southside Hospital
NY- Stony Brook Children's Hospital
OH- Fairview Hospital
OR- Randall Children's Hospital at Legacy Health
OR- St. Charles Medical Center
PA- St. Christopher's Hospital for Children
PA- St. Mary Medical Center
SD- Sanford Children's Hospital
TN- The Children's Hospital at Tristar Centennial
TX- Baylor Scott & White Round Rock
TX- Children's Medical Center-Plano
TX- Children's Memorial Hermann
TX- Cook Children's Medical Center
TX- The Children's Hospital of San Antonio
VA- Centra @ Lynchburg General Hospital
VA- Children's Hospital of Richmond at Virginia Commonwealth University
VA- Mary Washington Hospital
VA- University of Virginia Children's Hospital
WA- Providence Regional Medical Center Everett
WI- American Family Children's Hospital
WI- Children's Hospital of Wisconsin
WI- St. Mary's Hospital
WV- Raleigh General Hospital
WV- West Virginia University Children's Hospital
WY- Wyoming Medical Center

References:

1. Centers for Disease Control. Asthma Surveillance Data 2016 [February 9, 2017]. Available from: <https://www.cdc.gov/asthma/asthmadata.htm>.
2. Agency for Healthcare Research and Quality. Overview of Hospital Stays for Children in the United States, 2012-2014. Available from: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.jsp>.
3. Agency for Healthcare Research and Quality. Overview of Children in the Emergency Department 2013 [February 9, 2017]. Available from: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb157.pdf>.
4. Leyenaar JK, Ralston SL, Shieh MS, Pekow PS, Mangione-Smith R, Lindenauer PK. Epidemiology of pediatric hospitalizations at general hospitals and freestanding children's hospitals in the United States. *Journal of hospital medicine*. 2016;11(11):743-9.
5. PediatricAsthma.org. The Burden of Children's Asthma [February 9, 2017]. Available from: http://www.pediatricasthma.org/about/asthma_burden.

National Policy and Advocacy Update

Tess Saarel, MD, FAAP, FACC, FHRS; @TessSaarelMD
COQIPS Policy and Advocacy Committee

In December 2017, the National Institutes of Health (NIH) rolled out an updated policy that will take effect in January 2019. Per this new policy, NIH-funded researchers must now submit data on the age of study participants at the time of enrollment, in addition to continuing to require a rationale if a specific age group will be excluded. Although the NIH has always required that children be included in NIH-funded biomedical research where appropriate and applicable, to date it has never tracked the age of research participants and therefore this requirement could not be enforced. The new policy will allow the NIH to more effectively track the inclusion of children and other currently underrepresented sex, race, and ethnic groups.

In addition, the opioid crisis continues to gain momentum in the United States. At present, 91 deaths a day are attributed to narcotic overdose alone. The number of children born with neonatal abstinence syndrome continues to rise rapidly as a consequence of this epidemic. Infants under one year of age represent the steepest rise in the number of children entering the foster care system, a phenomenon largely attributed to the opioid crisis. It has been estimated that in 2016 alone 92,000 children entered the foster care system due to parental drug abuse. The opioid crisis has hit the child protective services field very hard, along with the criminal justice, treatment services and lost wage support programs.

Health care has been Federal headline news for months, including funding of Medicaid and the Children's Health Insurance Program (CHIP). In January, the Trump administration issued a new policy allowing states to impose work requirements on some Medicaid recipients. This is a major policy shift and is the first time in 50 years that such a condition is being placed on eligibility. It is not clear which states, if any, will choose to impose work requirements on Medicaid recipients. It is likely that states who adopt this policy will face legal challenges, and there is little evidence that this policy will achieve sustained success in achieving long term employment and improved health outcomes.

First established in 1997, CHIP provides health insurance to children from working families who don't qualify for Medicaid but are unable to afford health insurance on their own. The program also covers approximately 370,000 pregnant women each year. National funding for CHIP failed to be renewed by Congress in September 2017, blocked by efforts at tax reform by Republicans in the Federal government including late December 2017, and no resolution was reached. CHIP was funded by a short term extension, but money was running out in many State run programs. In late January a bill was passed in Congress that extended CHIP funding for 6 years. On Feb. 9, Congress extended funding for the Children's Health Insurance Program (CHIP) for an additional four years. This new extension, combined with previously approved funding, ensures CHIP and other critical pediatric program components for a decade to come.

NICHQ Focuses on Population Health, Equity and Social Determinants of Health

Scott D. Berns, MD, MPH, FAAP

President and CEO of the National Institute for Children's Health Quality (NICHQ)



Dr. Berns

The past year has been full of activity at the National Institute for Children's Health Quality (NICHQ). I reached my two-year anniversary with NICHQ in October 2017 and I'm proud of the work we've done to identify and advance our 2020 strategic plan, build out our early childhood portfolio and staff expertise in this area, and close out several multi-year projects with notable results and impact.

NICHQ's [2020 Strategic Plan](#) has us expanding our impact to the population health level and the many touch points that support healthy children. This includes a focus on health equity and the significant needs and opportunities in addressing social determinants of health. Our core strategies to do so include:

- **Improvement:** Uphold high-quality, data-driven program delivery that improves children's health outcomes
- **Innovation:** Develop new methods and tools that translate NICHQ's unique approach to population health
- **Impact:** Address social determinants of health and their impact on health equity through our program
- **Influence:** Align organizations and stakeholders responsible for children's health to address multifaceted systems problems using evidence-based quality improvement processes

As part of the innovation strategy, we refined our nearly two decades of expertise preparing and supporting individuals, teams and organizations in making systems-level change into a [NICHQ Change Management Approach](#). We believe this approach is the best way to prepare, make and sustain change. Also moving us closer to our 2020 strategic goals, our project portfolio has transformed to include four additional projects focused on population health in the early childhood space. These new projects focus on:

- engaging pediatricians in supporting social-emotional development
- improving school readiness and reducing disparities in children ages birth to three
- establishing common metrics in the early childhood space
- identifying and disseminating policies that support early childhood health outcomes

These initiatives join our current flagship project, the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network ([ECCS CoIIN](#)). With them, NICHQ is positioned to have significant impact in the early childhood space, which is a key area for addressing long term health outcomes for children and families.

To lead and support the growing early childhood portfolio, Jill Sells, MD, FAAP, an innovative early childhood leader joined NICHQ in January as our Clinical Director of Early Childhood Initiatives. She brings decades of experience leading equity-focused, early childhood, system-level efforts that have led to improved children's health outcomes. We also welcomed Colleen Murphy, MSMOB, as our Early Childhood Project Director. Murphy brings over 20 years of experience working with early childhood programs at the state level, most recently providing technical assistance to states to support data efforts.

community in April 2018. In our increasingly virtual world, this is an exciting asset for any organization seeking to make rapid improvement by leveraging the collective knowledge of a community.

Four multi-year projects closed out in 2017 with tremendous results.

- Our Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality CoIIN](#)) saw a 5 percent reduction in national infant mortality rates, along with many other outcomes that you can read about in the [case study](#).
- Our Sickle Cell Disease Treatment Demonstration Program ([SCDTDP](#)) ended with more

(Continued on next page)

NICHQ (continued)

than 10,000 patients with sickle cell disease receiving care, reflecting a nearly 30 percent increase. You can read more about the outcomes in the [case study](#).

- The additional two multi-year projects focused on increasing breastfeeding rates in [New York](#) and [Texas](#) and collectively saw over 200,000 families provided with hospital environments that support breastfeeding.

Supporting many of our projects is the [NICHQ Collaboratory](#), a state-of-the-art, integrated online community and data management system specifically built to help learning collaborative participants work together to make rapid change on a shared set of objectives. We look forward to rolling out a new design and enhanced functionality to the online community in April 2018. In our increasingly virtual world, this is an exciting asset for any organization seeking to make rapid improvement by leveraging the collective knowledge of a community.

I look forward to seeing where 2018 takes us and welcome all to [reach out to me directly](#) should you want to learn more about our work or talk about partnering together on an initiative.

Interested in learning more about NICHQ? We invite you to [join our mailing list](#).



STRATEGIC PLAN 2016-2020

NICHQ's 2020 Strategic Plan is an evolution in the direction NICHQ is taking to meet its mission and vision. The organization has always focused its impact in the healthcare arena. Now, we are expanding our impact to the population health level and the many touch points that support healthy children. This includes a focus on health equity and the significant needs and opportunities in addressing social determinants of health.

www.NICHQ.org

MISSION | Driving change to improve children's health

VISION | Every child achieves optimal health

CORE STRATEGIES



IMPROVEMENT

Uphold high-quality, data-driven program delivery that improves children's health outcomes



INNOVATION

Develop new methods and tools that translate NICHQ's unique approach to population health



IMPACT

Address social determinants of health and their impact on health equity through our programs



INFLUENCE

Align organizations and stakeholders responsible for children's health to address multifaceted systems problems using evidence-based quality improvement processes

CORE VALUES

We pursue shared goals with integrity and passion
We are bold, innovative thinkers and doers
We build strong and enduring relationships
We are exceptional listeners and nimble

Announcements, Opportunities, and Resources from the AAP

Young Physicians Leadership Alliance (YPLA) Application – Deadline April 20, 2018

The Section on Early Career Physicians (SOECP) is pleased to announce the call for applications to our next Young Physicians' Leadership Alliance (YPLA) training, which will be held just prior to the AAP National Conference & Exhibition this November. This three-year training program is designed to develop leaders and build a leadership community amongst early career pediatricians and pediatric subspecialists. The program will include the sharing of leadership principles, behaviors, and tools that can benefit early career physicians in achieving their personal and professional objectives. [Click here](#) for more information and to access the application. The deadline for submissions is Friday, April 20, 2018.

New Online Training Courses on Fetal Alcohol Spectrum Disorders

The Centers for Disease Control and Prevention (CDC), in partnership with the Collaborative for Alcohol-Free Pregnancy, recently launched a new [training website](#) to support healthcare professionals in the prevention, diagnosis, and care management of children with fetal alcohol spectrum disorders (FASDs). These free, online trainings are available for pediatricians, pediatric clinicians, and other healthcare providers who work with kids and families living with the effects of prenatal exposure to alcohol. The courses provide continuing education credits, including CME, and allow learners the flexibility to complete the trainings at their own pace.

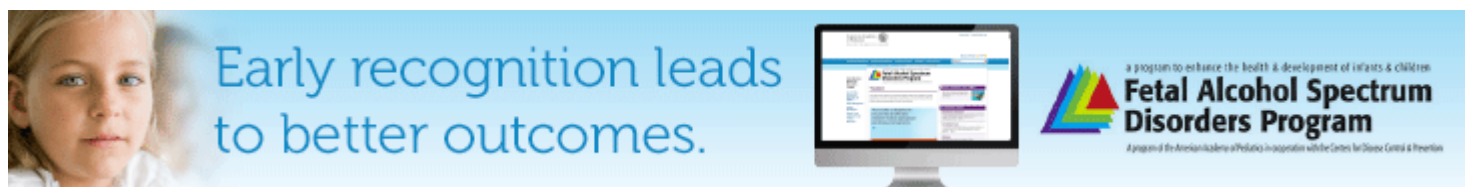
Courses currently available are the following:

- *FASD Primer for Healthcare Professionals*
- *Preventing Alcohol-Exposed Pregnancies*

Upcoming courses include the following:

- *Diagnostic Overview of FASDs: Recognition and Referral*
- *Implementing Alcohol Screening and Brief Intervention in Clinical Practice*
- *Interprofessional Collaborative Practice as a Model for Prevention of Alcohol-Exposed Pregnancies*

For more information and to access the courses and related resources, please visit CDC's new FASD Training page at www.cdc.gov/fasdtraining.



The Chapter Quality Network (CQN), along with the Texas Chapter of the AAP, will begin recruiting practices for participation in a quality improvement project to improve asthma care for children in Texas. The learning collaborative will be structured around geographic “hubs” in Austin, Dallas, Houston and San Antonio and will begin enrollment in March 2018. The project will offer MOC Part 2 and Part 4 points along with Performance Improvement (PI) CME for participants that meet project requirements. Interested practices can reach out to Kelly Dees (kellie.dees@txpeds.org) or Kristie Marcelle (kmarcelle@aap.org) for more information. The project is supported by an educational grant from GlaxoSmithKline.

Announcements, Opportunities, and Resources from the AAP

2018 AAP COUNCIL & SECTION ELECTIONS ARE NOW OPEN!

**WHAT:**

Elect the future leaders of your AAP Councils & Sections and vote on any applicable bylaw referendums.

WHY:

Exercise your right to vote as a member and to influence the future direction of the Council or Section.

WHEN:

March 1-30, 2018. The elected Council leaders will take office on July 1, 2018. The elected Section leaders will take office on November 1, 2018.

WHERE:

Access <https://www.aap.org/vote> to view the on-line ballot and biographical information on the candidates (if available). Use your AAP ID and password to log in. Please contact AAP Customer Service at 1-866-THE-AAP1 (1-866-843-2271) if you experience any issues logging in to AAP.org.

Note:

If you are a member of more than one Council or Section, you will see ballots only for the council(s) and section(s) conducting elections this year.

Any questions about this service may be directed to the Section and Council Elections Team at sectionelections@aap.org

Thank you in advance for your participation!