Happy New Year! Welcome to the Winter Issue of AAP Quality Connections. This issue not only highlights the incredible work of our members, but provides ways in which you can get involved in innovative quality initiatives.

A project that has demonstrated substantial improvements in care is the Chapter Quality Network Asthma Project. Clinicians from Alabama, Arkansas, Arizona and Ohio are participating in the third phase of CQN called the Accelerating Improved Care for Children with Asthma Program. In the first six months of this initiative, optimal care increased from 42% to 75%. The article highlights some of the innovative work developed by clinicians participating in this project.

Dr. Jason Newland, a pediatric infectious disease physician at Children’s Mercy, shares his journey from a fellow to a quality improvement expert for a national Collaborative focused on standardizing care to improve outcomes in pediatric ESRD. Dr. Elizabeth Mack, a pediatric intensivist at Palmetto Health Children’s Hospital, explains the Clinical Learning Environment Review (CLER) program and its goal to promote patient safety and quality in teaching hospitals.

This issue also contains several important updates and opportunities for member engagement. The AAP is now a portfolio sponsor for Maintenance of Certification (MOC). This means that the AAP approves its own projects for Part 2 and Part 4 MOC. The article describes how to apply for MOC credit for projects. The AAP Practice Excellence Program is also highlighted. This Program offers webinars, workshops, and software to provide tools to transform practices into the medical home model. A summary of the available EQIPP modules is also included in this issue.

Finally, I provide an update on the Council of Quality Improvement and Patient Safety.
Message from the Chair
Update on the Council on Quality Improvement and Patient Safety

Xavier Sevilla MD, MBA, FAAP
Chairperson, AAP Council on Quality Improvement & Patient Safety

Quality improvement in the American Academy of Pediatrics underwent an important and positive change in July 2013. The Steering Committee of Quality Improvement and Management (SCOQIM) morphed into the Council of Quality Improvement and Patient Safety. The committee was originally created in 2001 to advise the Board and the rest of the Academy on the expanding field of quality. As quality improvement has matured within the Academy, and throughout the pediatric world, it became necessary to change that structure to reflect the increased interest in this important field. For the first time, this shift will provide a home for pediatricians that have an interest in quality improvement and patient safety. This transformation created a unique opportunity to reframe the strategic priorities of this new Council.

With this in mind, the members of the executive committee of the Council of Quality Improvement and Patient Safety met at the Academy headquarters in late November 2013 for a strategic planning meeting. The first item on the agenda was to align with, and support, the Academy’s quality agenda, which involves setting the standard for children’s health of quality, supporting payment for quality improvement, and the measurement and reporting of quality from across the nation.

In the future, the Council sees quality improvement becoming an integral part of the daily practice of pediatrics so that every child gets the right care every time. To operationalize this idea into the work of the Council, the Council is being divided into several workgroups or subcommittees.

The membership subcommittee will be evaluating strategies on how to serve our current members of the Council, as well as how to grow the Council in the near future.

There was also a recommendation to create an education subcommittee. This body would be charged with developing and maintaining a strong education program in quality improvement for all AAP members. For the first time, there will be a specific program at the AAP National Conference and Exhibition (NCE) that will be specifically focused on quality improvement and patient safety.

The evidence subcommittee will develop tools and strategies to improve transparency of specific clinical recommendations in AAP policy statements and clinical reports. It will also be charged with the development of the AAP clinical practice guidelines.

The measurement subcommittee will be looking at educating and assisting AAP members in identifying, evaluating and using appropriate pediatric quality measures. It would also represent the Academy in discussions with external stakeholders regarding pediatric quality measures.

The group felt that we needed another workgroup that would focus on implementation strategies for quality improvement. The Council could work with other AAP organizations such as the Chapter Quality Network (CQN), as well as other chapters, committees, councils and sections to disseminate best practices on how to incorporate quality improvement into each practice.

This is by no means the final list. There may be other areas that you, as a Council member, can identify, nurture and turn into another subcommittee. As you can see, there are many opportunities to get involved within the Council. I invite each and every one of you to be part of one of our subcommittees and help advance quality improvement both within the Academy and throughout the country.
**Updates from the COQIPS Executive Committee**

**We Want To Hear From You!**

Council on Quality Improvement and Patient Safety (COQIPS) members are part of a growing network of AAP members who want to become involved in quality improvement and patient safety initiatives across the nation. We would like to encourage you to provide feedback about how the Council can best support you as well as take advantage of the current member offerings that includes participation in:

- Council educational events and opportunities. The Council will be having its first program at the 2014 NCE – more details can be found below.
- The development and review of AAP policy related to QI and Patient Safety.
- The COQIPS e-mail lists (Please reference the Membership flyer on page 14 for additional details about the COQIPS Listserv®).

To obtain additional feedback and suggestions from COQIPS members, please look for our very first Member Survey to be disseminated in the Spring of 2014. Survey results will allow the Council executive committee to determine and prioritize our goals based on your feedback related to topics in policy development, education, membership and engagement, guidelines, implementation and others.

We welcome member feedback at any time. Please feel free to send comments and suggestions to Vanessa Shorte at VShorte@aap.org.

**Membership Update – 282 Members and Growing!**

Thank you to everyone who has joined COQIPS over the past several months. As of December 2013, our membership has grown to 282 members. We hope that you will continue to spread the word to your colleagues about COQIPS membership. Please feel free to share the membership flyer on page 14 with those who may be interested in joining. Don’t forget that membership is free through June 2014!

For questions about how to join the Council, please contact the membership committee chairperson, Dr Wayne Franklin or Vanessa Shorte at VShorte@aap.org.

**COQIPS Policy Update**

Currently, COQIPS has several policies in different stages of the policy process. Classifying Recommendations for Clinical Practice (2004) has been revised and is in the final stages of peer review. Publication is expected in the first half of 2014.

The group is in the process of reaffirming Towards Transparent Clinical Policies (2008) and has begun discussions with Committee on Practice and Ambulatory Medicine (COPAM) for the revision of Principles for the Development and Use of Quality Measures (2008). In addition, COQIPS is working with the Committee on Medial Liability and Risk Management (COMLRM) on a new statement titled, Disclosure of Adverse Medical Events, which recently received final approval as an intent.

If you have questions about the AAP policy process, or are interested in authoring a new Academy document on a quality improvement or patient safety issue, please contact Lisa Krams at LKrams@aap.org.

A full listing of the Council’s policy statements can be found here: [http://pediatrics.aappublications.org/cgi/collection/steering_committee_on_quality_improvement_and_management](http://pediatrics.aappublications.org/cgi/collection/steering_committee_on_quality_improvement_and_management).

(Continued on next page)
Education Update

SAVE THE DATE! Quality Improvement & Patient Safety at the 2014 AAP National Conference & Exhibition

Monday, October 13, 2014
9AM-5PM

COQIPS will host its inaugural council program at the 2014 National Conference & Exhibition in San Diego, California!

The Council welcomes all Academy members who are interested in quality improvement (QI) and patient safety. The morning program will be dedicated to abstract presentations, a poster viewing, and networking reception. Those interested in submitting an abstract must submit by Friday, April 11, 2014. Abstracts should focus on QI and patient safety projects that use formal improvement methods and science and have measurable results that improve care of pediatric patients and families. For additional details, instructions, and guidelines, visit: https://aap.confex.com/aap/2014/cfp.cgi.

The afternoon panel presentations will focus on the future of pediatrics as it relates to QI and patient safety. Participants will leave with practical, implementable strategies to help improve patient care.

Speakers include:

- Thomas McInerny, MD, FAAP, AAP Immediate Past President, Associate Chair of Clinical Affairs, and Professor of Pediatrics at the University of Rochester Medical Center/Golisano Children’s Hospital at Strong
- Patrick Conway, MD, MSc, FAAP Chief Medical Officer and Director of the Office of Clinical Standards and Quality at Centers for Medicare & Medicaid Services
- Greg Randolph MD, MPH, FAAP, Director, Center for Public Health Quality and Professor of Pediatrics and Public Health at UNC-Chapel Hill
- H.Shonna Yin, MD, FAAP, Instructor of Pediatrics at NYU School of Medicine

For questions about the Council’s educational programs at the National Conference and Exhibition, please contact the education committee co-chairs, Drs Greg Randolph & Laura Ferguson, or Cathleen Guch at CGuch@aap.org.

“Quality improvement has become an integral piece of patient care. The Academy identifies Quality as a strategic pillar of its Agenda for Children, therefore the Council is going to be key in supporting the Academy’s mission and vision. This program is a very important step in that process. We are thrilled to provide this educational opportunity and hope that you will join us in sunny San Diego on Monday, October 13, 2014!”

- Xavier Sevilla, MD, MBA, FAAP
Chairperson, Council on Quality Improvement and Patient Safety
The Guidelines, Evidence, and Transparency Subcommittee (GETS) (formerly the Evidence Working Group) is in the process of creating a manual for clinical practice guideline development, which will detail the process we use for systematic review, formation of the subcommittees, and development of the key action statements and supporting text. The subcommittee also continues to lobby for increased transparency in other types of AAP clinical guidance statements. Please contact the GETS chairperson, Dr Rick Shiffman or staff, Caryn Davidson, CDavidson@aap.org if you are interested in working with GETS.

Continued from previous page, Updates from the COQIPS Executive Committee

Guidelines, Evidence, and Transparency Subcommittee Update

The Guidelines, Evidence, and Transparency Subcommittee (GETS) (formerly the Evidence Working Group) is in the process of creating a manual for clinical practice guideline development, which will detail the process we use for systematic review, formation of the subcommittees, and development of the key action statements and supporting text. The subcommittee also continues to lobby for increased transparency in other types of AAP clinical guidance statements. Please contact the GETS chairperson, Dr Rick Shiffman or staff, Caryn Davidson, CDavidson@aap.org if you are interested in working with GETS.

Continued from Cover, Chair News

Safety (COQIPS). In July 2013, the Steering Committee of Quality Improvement and Management (SCOQIM) was restructured to become COQIPS, which will provide a home for pediatricians that have interest in quality improvement and patient safety. I give an overview of the various workgroups and subcommittees that were formed and how pediatricians can get involved. An update on COQIPS activities is also included in this issue, including information about the upcoming member survey, a quality improvement and patient safety program at the AAP National Conference and Exhibitions, updates on COQIPS policies, and the work of the Guidelines, Evidence, and Transparency Subcommittee.

This issue demonstrates the expanding portfolio of quality improvement work by pediatricians across the country, as well as at the AAP. We hope that you will take advantage of many of these opportunities to broaden your quality improvement skillset and improve your care practices. If you are involved in an innovative quality improvement project, we would love to hear about it! Please contact Cathleen Guch at CGuch@aap.org if you would be interested in contributing to an upcoming issue.
My Quality Journey

Jason G. Newland, MD, Med
Medical Director of Patient Safety and Systems Reliability, Children’s Mercy Hospitals & Clinics

In 2006, I completed my Pediatric Infectious Diseases fellowship and joined the medical staff at Children’s Mercy Hospital & Clinics-Kansas City. While I had spent the previous two years as a fellow focused on the basic science of how an enterovirus enters a cell, I took on a clinical job with the goal of starting an antimicrobial stewardship program. In starting a stewardship program dedicated to the appropriate use of antibiotics, I began to learn about the value of quality improvement and rapid cycle change.

Through this work, our hospital created a community-acquired pneumonia clinical practice guideline that effectively led to the change of our inpatient antibiotic from ceftriaxone to ampicillin. However, after this guideline was implemented, there was no improvement in the duration of antibiotic therapy or the rate of blood cultures being obtained as we had intended. Unfortunately, I had not considered that quality improvement could have made this guideline more effective.

In 2010, I finally began to understand the impact quality improvement can have on clinical care when I began working with Lory Harte, a pharmacist and quality improvement expert at our hospital, on the prevention of surgical site infections. Lory encouraged our group to systematically approach our prevention strategy by using Plan, Do, Study, Act cycles around our change strategies. The results were staggering – our recent antibiotic timing achieving a 98% compliance rate, as well as a significant reduction in surgical site infections. Despite this success, in the spirit of continuous improvement, we still have our infections and our team continues to work diligently supported by our quality improvement efforts.

One of the most rewarding aspects of my quality improvement work has been my involvement in the Children’s Hospital Association’s SCOPE (Standardized Care to Improve Outcomes in Pediatric ESRD) Collaborative. This group of nephrology nurses and physicians from across the United States is dedicated to eliminating dialysis associated infections. As one of the quality improvement experts, I am learning how to teach and support other dedicated practitioners in their improvement work.

As I reflect on my short time working in quality improvement, I have learned two important lessons. First, data is essential in driving improvement projects. For my team, regularly reviewing the data and taking action based on this data helped us achieve the goals we established.

Second, and most important, it takes a team to be successful in quality improvement efforts. Healthcare is too complex to sustainably improve care alone. All members of the team are important and, without the team, improvement is usually not realized.
Are You Clear on CLER?

Elizabeth Mack, MD, MS, FAAP
AAP Section on Young Physicians, Pediatric Intensivist and Director of Quality at Palmetto Health Children's Hospital in Columbia, South Carolina

Have you heard rumors about CLER? Do you have an upcoming site visit? Do you even know what CLER stands for? Do you need some pointers on how to prepare for your visit? We’re here to help!

The ACGME established the Clinical Learning Environment Review (CLER) program to promote patient safety and quality in teaching hospitals by focusing on six key areas. The ACGME is visiting nearly 400 clinical sites throughout 2012-14 in order to generate an idea of the environment trainees are learning in with respect to patient safety. The intent of CLER is “to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation.”

The site visits are scheduled to occur every 18 months. The site visit begins and ends with a discussion with senior leadership including the Designated Institutional Official (DIO), CEO, chair of Graduate Medical Education Committee, and a resident. Soon CLER plans to start incorporating patient interviews into their visits as well. After the visit, the team will then draft a report which the site will have a chance to respond to before submitting the report to the CLER evaluation committee. This committee then evaluates the report, as well as the institution’s response, and submits recommendations to the institution.

Aggregate data will be submitted to the ACGME about the state of clinical learning environments around the country, but the information gleaned in the site visits is meant to be used by an institution to improve their own learning environment. CLER is not directly connected to accreditation, but obviously training programs will want to be prepared. The purpose is to improve, not to be punitive or to give citations. The only time CLER site visitors would notify ACGME (except in aggregate matter) is for an egregious life-threatening situation such as a PGY-1 doing surgery without an attending in OR.

The six areas of focus are:

1. Patient safety
   - assuring resident involvement in root cause analyses (RCAs)
   - overall occurrence report volume & portion of occurrence reports submitted by trainees
   - triggers for RCAs (i.e., not just sentinel events)
   - feedback to trainees about what happened after occurrence reports submitted
   - feedback to trainees after RCAs
   - triggers for RCAs (i.e., not just sentinel events)
   - safety culture (i.e., do they feel safe, fear retaliation, etc)
   - do errors/NMs get reported by trainees or do they assume nurses do the reporting?
   - clinical leaders/champions/models for patient safety i.e. imprinting
   - use of “old school” sometimes malignant M&M conferences which are not usually real investigation process & little follow-up/systems change vs. use of RCAs or more systematic investigative processes
   - responses to resident errors (do they get “educated” or does the system get changed?)
Continued from previous page, Are You Clear on CLER?

2) Quality improvement
   - how institutions engage residents to improve systems of care, improve outcomes, and reduce disparities
   - appropriate faculty training/development in QI
   - alignment of resident QI projects w institution safety/QI priorities

3) Transitions in care
   - transitions/handoff both between shifts & between units (a very common area of opportunity)

4) Supervision
   - familiarity of nursing staff with how to determine appropriate level of supervision required for each procedure & trainee

5) Duty hours oversight, fatigue management, mitigation
   - effective and meaningful oversight of compliance with duty hours
   - sleep and fatigue recognition education for faculty and trainees

6) Professionalism
   - tolerance of disruptive physicians (resident or attending)
   - how the site monitors professionalism of trainees and faculty

In sum, the goal of CLER is to minimize the “gotchas” and maximize the “ahas” leading to institutional learning and improvement in the safety culture and clinical learning environment. Take a moment to reflect on the areas of focus and self-assess your program’s clinical learning environment. In January 2014, the ACGME released the CLER Pathways to Excellence document3 as well as a brief executive summary4...be sure to reference these documents prior to your site visit. Are residents afraid to report near misses or errors? Is there a systems-based, non-punitive approach to solutions? Teach your trainees to be the physician you would select for yourself or your loved ones.

References:

2http://www.jgme.org/doi/pdf/10.4300/JGME-04-03-31

3http://www.acgme.org/acgmeweb/portals/0/PDFs/CLER_CLER_Brochure.pdf

4http://www.acgme.org/acgmeweb/portals/0/PDFs/CLER_CLER_ExecutiveSum.pdf

AAP Quality Connections is brought to you by the Council on Quality Improvement and Patient Safety (COQIPS). Greg Randolph, MD, MPH, FAAP, COQIPS member and Associate Professor of Pediatrics at University of North Carolina - Chapel Hill, and Megan Esporas, MPH, Associate Director, Quality Transformation Network at the Children’s Hospital Association, serve as co-editors.

To learn more about COQIPS, click here or contact Vanessa Shorte at vshorte@aap.org.

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Quality continues to be a top priority at the American Academy of Pediatrics (AAP). The AAP has operationalized the Institute of Medicine (IOM) definition of quality, asserting every child gets the right care every time. This AAP definition of quality encompasses the 6 dimensions of quality defined by the IOM as safe, effective, patient-centered, timely, efficient, and equitable (Crossing the Quality Chasm, IOM, 2001).

The AAP is committed to supporting members’ involvement in quality improvement initiatives, and in obtaining MOC credit for their efforts. To assist in this vision, in November 2012, the AAP was granted Portfolio Sponsorship from the American Board of Pediatrics (ABP). As a Portfolio Sponsor, the Academy reviews and approves its own projects for Part 2 and Part 4 Maintenance of Certification (MOC). The Quality Cabinet, a group of AAP executive leadership, oversees the AAP MOC Portfolio Program.

The portfolio status allows the Academy to more efficiently and effectively conduct quality improvement initiatives that meet the standards for MOC, and identify greater opportunity for collaboration among AAP groups working on quality improvement. Most importantly, it offers AAP members a unique opportunity to generate and participate in member-driven quality improvement projects that will benefit children and also receive MOC credit.

In order to apply through the AAP Portfolio Program, quality improvement projects must have oversight from the national AAP and follow the standards set forth by the ABP. Typically, AAP members interested in conducting a quality improvement project through the Portfolio Program work within established AAP groups (e.g., Sections, Councils) to develop a system for oversight for that project. The AAP group associated with the project is expected to have meaningful involvement during the project’s planning and implementation period. Interested groups should determine their readiness for quality improvement and identify opportunities to build their infrastructure to support quality improvement work. Once ready, groups are encouraged to work with their members to develop meaningful quality improvement initiatives.

In addition to working through Sections and Councils, the AAP has several existing programs that offer MOC Part 4 and Part 2 project opportunities, including the Quality Improvement Innovation Networks (Part 4), Chapter Quality Network (Part 4), Education in Quality Improvement for Pediatric Practices (Part 4), Pediatrics in Review Education Program (Part 2), and several CME courses offering Part 2. For more information, see pages 15 & 16.
AAP Practice Excellence Program (APEX)

The American Academy of Pediatrics Practice Excellence (APEX) program has been designed to provide practices with the necessary tools to transform into the medical home model of care. APEX offers webinars, workshops, and the upcoming web-based software application, the Digital Navigator, to meet your practice needs. Join us this March to view the webinar titled Effective Collections Strategies for Your Pediatric Practice.

Effective Collections Strategies for Your Pediatric Practice will be presented by Elizabeth W. Woodcock, MBA, FACMPE, CPC, on Thursday, March 13, 2014 at 1pm ET. During this webinar, attendees will learn to:

- Describe how to improve time of service collections and eliminate billing altogether.
- Determine tips for improving patient collections after the service is provided.
- Define standards for training reception staff so they know how to establish payment expectations with families and follow through by using effective collection techniques when patients receive services.
- Discover new ways to collect what families owe – from writing collections letters that get results to improving the effectiveness of your patient statements.

To learn more about this webinar, or to register: CLICK HERE.

For more information on APEX and its service offerings CLICK HERE or e-mail apex@aap.org.

AAP groups interested in obtaining MOC credits for a project they are working on should apply through the AAP Portfolio by completing an AAP MOC application form, which is then reviewed by the Quality Cabinet. Applying through the portfolio is free and applications can be obtained from Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives (JHealy@aap.org).

Several new models are being explored for offering MOC to AAP members. Stay tuned for additional information as it becomes available!

For additional information on the AAP MOC Portfolio Program, contact Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives at JHealy@aap.org.

At this time, individual member quality improvement efforts do not qualify for application through the Portfolio Program. Efforts must have oversight by the Academy during the planning and implementation of the project, typically by working through an established AAP group.

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**EVERY CHILD GETS THE RIGHT CARE EVERY TIME**

Institute of Medicine 6 dimensions of quality

**SAFE:** avoiding injuries to patients from the care that is intended to help them.

**EFFECTIVE:** providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.

**PATIENT-CENTERED:** providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

**TIMELY:** reducing waits and sometimes harmful delays for both those who receive and those who give care.

**EFFICIENT:** avoiding waste, including waste of equipment, supplies, ideas, and energy.

**EQUITABLE:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.


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To learn more about this webinar, or to register: CLICK HERE.

For more information on APEX and its service offerings CLICK HERE or e-mail apex@aap.org.
EQIPP Has Helped to Improve the Practice of Hundreds of Pediatricians. And it can improve yours too.

“It identified areas that I had overlooked and were critical. This year our office participated in an evaluation by NYSIIS program and we obtained a higher score than 90%!”

- EQIPP: Immunizations participant

“It absolutely improved our practice. We became more comfortable talking to patients about their tobacco use, knew more about tobacco use and cessation, and became aware of local resources for patients. We walked away energized about doing more quality improvement.”

- EQIPP: Eliminate Tobacco Use & Exposure participant

EQIPP modules deliver the information, tools and resources needed to identify and close practice gaps, improve documentation and follow-up, and better educate and engage parents. EQIPP also helps satisfy Maintenance of Certification Part 4 requirements.

Learn more: www.eqipp.org

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The percentage of pediatric visits during which children with asthma received optimal care increased from 42% to 75% in first six months of phase 3 of the Chapter Quality Network (CQN) Asthma Project (see graphic).

CQN works at the practice, chapter and national levels to improve quality of care and outcomes for children with asthma at a population level using evidence-based guidelines. Clinicians, practices and chapters use quality improvement (QI) methodology to set goals; assess barriers; test interventions and processes; work toward embedding changes into their workflow; and track their progress using a registry.

Teams of clinicians from Alabama, Arkansas, Arizona and Ohio are participating in the third phase of CQN called the Accelerating Improved Care for Children with Asthma Program. Optimal asthma care by pediatricians is defined as assessing asthma control, using a stepwise approach to identify treatment options or adjust treatment, having an up-to-date asthma action plan and ensuring children with persistent asthma are taking a controller medication.

Registries key to success
As of August, participants uploaded more than 16,000 patient records into the Academy’s National Asthma Registry and analyzed more than 5,500 patient encounters. Practice teams are focused on identifying all children with asthma through billing queries and then obtaining data on child health outcomes through web-enabled registries.

“This is a concept that our practices are finding extremely useful in learning to manage regular asthma well visits and flu vaccines for all patients, especially for children with asthma,” said Arizona Chapter quality improvement coach Diane Bryan. “The use of the registry also shows differences in practice styles for clinicians in each practice. As we standardize asthma care in practices, this is helping families get consistent messaging from their pediatric group.”

The Alabama Chapter has launched its own asthma-focused registry in partnership with the Center for Strategic Health Innovation at the University of South Alabama and is sharing aggregate data with the Academy.

“After learning the basics of QI science through the Alabama Chapter’s work on phases 1 and 2 of the CQN asthma project, we began building a sustainable QI infrastructure in our state,” said Andrew “Wes” Stubblefield, M.D., FAAP, a CQN project physician leader. “Following a great deal of conversation, negotiation and design, we were able to work through our partners to implement a secure, web-based patient registry for use in phase 3. Hopefully, we can continue our successful collaboration and modify this data collection and organization tool for use with different disease states as our QI work matures.”
The Alabama Chapter also is piloting a home visitation initiative in partnership with the Alabama Department of Public Health, designed in consultation with the Academy and the Boston Children’s Hospital Community Asthma Initiative. Trained social workers visit families to identify asthma triggers, educate them on self-management and coordinate care. They also distribute HEPA vacuums, bedding encasements, pest control materials and medication boxes as needed.

In addition, social workers collect data during the visits, which are included in the patient’s chart housed within the medical home at the Alabama Department of Public Health’s clinics.

QI programs spreading
The Arkansas Chapter has begun building a statewide partnership in QI to help pediatric practices prepare for the state’s Patient Centered Medical Home rollout. Key partners include families, Medicaid, Arkansas Blue Cross Blue Shield, Arkansas Children’s Hospital, the American Academy of Family Physicians and the Arkansas Foundation for Medical Care.

“CQN has been instrumental in providing the Arkansas AAP chapter with the tools, experience and confidence in spreading quality improvement in Arkansas,” said Dennis Z. Kuo, M.D., M.H.S., FAAP, a CQN project physician leader. “Our members know that we are the go-to organization when it comes to implementing QI in the practice setting. Our Medicaid colleagues are recognizing that we have the experience and the network in spreading QI among practices, particularly with the important ‘lessons learned.’”

Melissa Wervey Arnold, executive director of the Ohio Chapter, agrees that CQN has been instrumental in the chapter’s involvement in QI. Over the past four years, the chapter has received almost $4 million in QI-focused grants. “The growth of quality improvement programs in the Ohio AAP has led to a dramatic difference in long-term sustainable outcomes in our programs, and has made a direct impact in improving the lives of Ohio’s children,” Arnold said. “Without the initial support of the CQN, I am not sure we would have increased our QI programs.”

Phase 3, funded with support from The JPB Foundation, continues through March. Participating practices will continue to enter data, participate in monthly coaching calls and attend two additional learning sessions to improve care for children with asthma. Chapters continue to take leadership roles in the initiative, including curriculum planning for learning sessions; coaching and mentoring practices; leading monthly calls; and shaping the design of the initiative.

For more information on the Chapter Alliance for Quality Improvement or the Chapter Quality Network Asthma Project, contact Jessica Zar, in the AAP Department of Community, Chapter and State Affairs, at 800-433-9016, ext. 4739, or email caqi@aap.org.

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To join COQIPS, visit www.aap.org/COQIPSMembership

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Mission
The Council on Quality Improvement and Patient Safety (COQIPS) seeks to support the mission of the AAP in obtaining optimal health for all children by defining, promoting, improving, measuring, educating, and advocating for quality improvement (QI) and patient safety.

Member Benefits
Quality Connections – Receive the COQIPS Newsletter, published quarterly
E-mail List – Direct access to over 300 QI and patient safety experts and colleagues to share experiences and ask questions
Networking Opportunities — Network with colleagues and external organizations at the COQIPS section (H) program at the AAP National Conference & Exhibition
Leadership Opportunities— Participate in subcommittee work on essential projects focused on policy and advocacy, guidelines, membership, or education

2014 National Conference & Exhibition
COQIPS will host its inaugural education (H) program at the 2014 National Conference & Exhibition in San Diego!
Monday, October 13th
9:00 AM—5:00 PM

GET INVOLVED! We are looking for members who are interested in:
• Spearheading the development of COQIPS policy and review of other AAP policy
• Producing the Abstracts Program for the Council education (H) program
• Creating programs and materials for new and existing members
• Responding to requests for public comment from Federal entities and national organizations about important quality and patient safety issues affecting pediatricians

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The American Academy of Pediatrics was granted Portfolio Sponsorship from the American Board of Pediatrics. As a Portfolio Sponsor, the AAP can review and approve Academy projects for Part 2 and Part 4 MOC.

Questions about the AAP Portfolio?
Contact Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives at jhealy@aap.org or 800/433-9016, ext 4280.

Part 4

Performance in Practice
Part 4 requires pediatricians to demonstrate competence in systematic measurement and improvement in patient care.

Collaborative Quality Improvement Projects (25 points toward Part 4)

<table>
<thead>
<tr>
<th>Quality Improvement Innovation Networks (QuIIN)</th>
<th>The QuIIN is home to multiple pediatric quality improvement networks designed to improve care for children and their families in both the inpatient and outpatient setting. Members of the QuIIN are informed about opportunities to participate in QuIIN quality improvement projects offering MOC Part 4 credits through the Practice Improvement Network and Value in Inpatient Pediatrics Network as they become available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP Sections and Councils/Subspecialty Groups</td>
<td>AAP SECTIONS AND COUNCILS can develop a QI project, following the standards set forth by the ABP, for their memberships. Sections and Councils are expected to bring their own QI expertise, through their membership or hired consultants.</td>
</tr>
<tr>
<td>AAP Chapters</td>
<td>The CHAPTER QUALITY NETWORK (CQN) is designed to help chapters build capacity to lead quality improvement efforts with member practices that result in improved care for children. CQN projects work with a limited number of chapters and offer MOC Part 4 credit for participating pediatricians.</td>
</tr>
</tbody>
</table>

Online Modules (25 points toward Part 4)

<table>
<thead>
<tr>
<th>Education in Quality Improvement for Pediatric Practice (EQIPP)</th>
<th>The Academy's EQIPP program allows you to evaluate your practice online and meet requirements for MOC Part 4. The goal of EQIPP is to help physicians collect and analyze practice data over time to document improved quality of care. Physicians will learn what steps are necessary to improve their quality of care and be able to transfer their skills to multiple pediatric-specific clinical and practice management topics.</th>
</tr>
</thead>
</table>

ABP and Other Part 4 Opportunities

To view a listing of all projects approved by the ABP for MOC Part 4 credits, log into your ABP Portfolio at www.abp.org. Utilize the Activity Catalog search within your portfolio to find additional opportunities.

Performance Improvement Modules (20 points toward Part 4)

- ABP Performance Improvement Modules (PIMs) are web-based tools that enable you, as a pediatrician, to implement improvements in clinical care using quality improvement methods. PIMs guide you through the process of collecting and analyzing practice data over time and documenting improved quality of care.
- To access information about PIMs, including topics available, visit: www.abp.org/abpwebsite/moc/performanceinpractice/appprovedq1projects/pims.htm

EQIPP COURSES

- Asthma-Diagnosing and Managing in Pediatrics
- Eliminate Tobacco Use and Exposure
- Immunizations-Improve Your Practice Rates
- Newborn Screening: Evaluate and Improve Your Practice
- Oral Health in Primary Care
- Safe and Healthy Beginnings
- STEP Up Diabetes Care: Screening, Testing, Education, and Prevention
AAP Member Opportunities for Maintenance of Certification (MOC)

http://pedialink.aap.org/visitor/moc/home

**Evidence of lifelong learning and self-assessment**
Part 2 helps pediatricians enhance their clinical knowledge and practice skills via self-assessment.

### Live Event Activities (10 points toward Part 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
</table>
| Pediatrics Review and Education Program (PREP® Courses) | [PREP COURSE](http://pedialink.aap.org/visitor/moc/home#prepcourse) content is based on the content specifications issued by the ABP and features case-based sessions, hot topics and visual diagnosis components related to the latest information on clinical practice.  
  - PREP® The Course: March 8-12, 2014, Tempe, AZ and September 6-10, 2014, Denver, CO |
| Practical Pediatrics Courses                  | [PRACTICAL PEDIATRICS CME COURSES](http://pedialink.aap.org/visitor/moc/home#practicalcme) feature nationally prominent faculty presenting topics that highlight current issues in pediatrics. Each course combines lectures, interactive seminars, and question-and-answer sessions to allow you the opportunity to interact directly with faculty in solving the problems you encounter in everyday practice.  
  - May 23-25, 2014, Hilton Head Island, SC |

### Online-Only Activities (20 points toward Part 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PediaLink’s Learning Plan</td>
<td>Members can record and track practice questions, find solutions, and document how these outcomes enhance quality of care provided to patients in <a href="http://pedialink.aap.org/visitor/moc/home#learningplan">PEDIALINK’S LEARNING PLAN</a>. Eligible completed learning plan items that have a PREP Self-Assessment or PREP Subspecialty Self-Assessment question attached as a resource are eligible for MOC Part 2 credit.</td>
</tr>
<tr>
<td>Pediatrics Review and Education Program (PREP® Self-Assessments)</td>
<td><a href="http://pedialink.aap.org/visitor/moc/home#prepsa">PREP® SELF-ASSESSMENT FOR GENERALISTS AND SUBSPECIALISTS</a> include an essential compilation of clinically relevant review questions and critiques based on the ABP Content Specifications for MOC. There is a subspecialty line of self-assessments as well, based on subspecialty content specifications from the ABP.</td>
</tr>
</tbody>
</table>

### ABP and Other Part 2 Opportunities

To view a listing of all projects approved by the ABP for MOC Part 2 credits, log into your ABP Portfolio at [www.abp.org](http://www.abp.org). Utilize the Activity Catalog search within your portfolio to find additional opportunities.

### PREP® SELF-ASSESSMENTS

- PREP Self-Assessment
- NeoReviewsPlus
- PREP ICU
- PREP EMed
- PREP DBPeds
- PREP Nephrology
- PREP Infectious Diseases
- PREP Endocrinology
- PREP Adolescent Medicine
- PREP Hematology-Oncology
- PREP Pulmonology

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