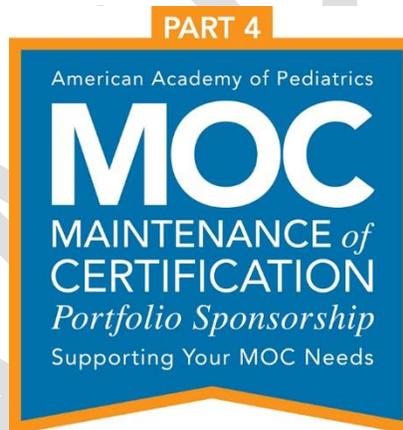




American Academy of Pediatrics Application for Maintenance of Certification Part 4



If you have questions about this application, please contact Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives at the information provided below.

Jill Healy, MS
Division of Quality
American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007

Phone: 800/433-9016, ext 4280
Fax: 847/434-8000
Email: jhealy@aap.org

INSTRUCTIONS:

Use this form to describe a quality improvement project seeking approval by the American Academy of Pediatrics as a Maintenance of Certification activity.

- Be sure you review Appendix B and related American Board of Pediatrics *Standards and Requirements for Quality Improvement Projects* before you complete this form.
- This form should be completed by the Quality Improvement Project Leader.
- To apply for MOC Part 4 Credit through the AAP, you must use this form and address all items. Incomplete forms will not be accepted.
- Please be concise.
- Submit your completed form to Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives at jhealy@aap.org.
- The initial review of your application will take place within 2-4 weeks of submission.

DESCRIPTION OF QUALITY IMPROVEMENT EFFORT

1. Date of Application July 20, 2015
2. Title of quality improvement effort: Don't Just Wait and See: Improving Developmental Screening and Follow-up
3. Type of quality improvement efforts:

- Continuous Quality Improvement (CQI)
- FADE
- IHI Collaborative Model
- LEAN
- Model for Improvement (PDSA/PDCA)
- Six Sigma (DMAIC)
- Total Quality Management (TQM)
- Other

4. Status of the quality improvement effort at the time of submission:

- Beginning
- Completed
- Ongoing with a planned end date
- Ongoing with no planned end date

Start date of the quality improvement effort: August 25, 2015 (orientation webinar)

End date of the quality improvement effort: January 30, 2016 (the last day of the Action Period)

5. Project Leader

1. Name: Donald Lighter, MD, MBA, FAAP, FACHE
2. Title: Director
3. Institutional/Organizational Affiliation: The Institute for Healthcare Quality Research and Education

4. AAP Group Providing Oversight to this Project: Division of Children with Special Needs; overseen by a 7 member Project Oversight Team with expertise in quality improvement, primary care, and developmental-behavioral pediatrics
5. Phone: 865/803-3759
6. Email: DLighterMD@ihqre.org

Attach or include a brief bio of the Quality Improvement Project Leader highlighting experience and expertise relevant to quality improvement.

Dr Lighter currently serves as Professor and core faculty for the Physicians' Executive MBA program at the University of Tennessee and as Director of The Institute for Healthcare Quality Research and Education where he works with organizations to improve quality management using techniques like Lean Six Sigma, the Baldrige Award management framework, and advanced information technologies. From 2009–2010, he served as Vice President for Quality at Well-Care Health Plans. Between 2001–2009 and again from 2010-2012, Dr Lighter served as the Chief Quality Officer for the Shriners Hospitals for Children, a 22 hospital system, where he worked in the areas of medical staff performance and compensation, leadership training, and medical affairs strategic planning. In 2012, Dr Lighter was appointed to a three year term as a Judge for the Malcolm Baldrige Performance Excellence Program, and he is also active in the Tennessee Center for Performance Excellence program, serving in several different capacities, including examiner, trainer, judge, and scorebook reviewer.

Dr Lighter's nearly 40 years in the health care industry includes academic and private practice in pediatrics, managed care leadership roles, Medicaid and Medicare quality management programs, and medical missionary work. In addition to these medical leadership positions, Dr Lighter has authored over 75 articles and chapters, as well as three widely used text books on health care quality improvement, the most recent published in 2013. Over the course of his career, Dr Lighter has led the formation of two IPAs and three HMOs, and development of a university PHO. He has also served as a consultant to the Board of the American Academy of Pediatrics on medical informatics and has received the Academy's highest informatics award. Over the past three years, Dr Lighter has become a surveyor for the National Committee on Quality Assurance (NCQA) and has been involved in multiple reviews of health plans throughout the United States.

6. Project Staff

- Name: Christina Boothby, MPA
- Email Address: cboothby@aap.org
- AAP Group: Department of Child Health and Wellness, Division of Children with Special Needs

7. Has the quality improvement effort been approved by one or more participating ABMS Boards?

- Yes
 No

Please list which Boards: [Click here to enter text.](#)

8. How is the quality improvement effort funded?

- Grant
- Internal
- Pharma or device funding
- Subscription
- Other

Is funding for quality improvement part of the organization's annual budget?

- Yes
- No

CLINICAL TOPIC

9. Describe the gap in quality that is causing this quality improvement effort to be undertaken. This can be done by comparing the current state of care within your organization relative to this quality improvement effort with the state of care in other settings.

An estimated 1 in 6 children aged 3-17 have been diagnosed with a developmental disability. Unfortunately, many children with developmental delays are not identified until they are school-aged. Early recognition and intervention of developmental delays is essential to ensure that a child is provided with the services needed to live to his or her full potential. Yet, only about 10% of children who are eligible to receive early intervention services are reported to receive such services.

One factor that influences early identification of children with developmental delays and referral of those children to early intervention services are the developmental screening practices of health care providers. In 2006, the American Academy of Pediatrics (AAP) released a revised policy statement recommending that standardized developmental screening tests be conducted regularly at the 9, 18 and 24/30 month visits. This policy statement also provided an algorithm for incorporating developmental screening in practice as well as appropriate follow-up and referrals when a positive developmental screen is found. Although, the percentage of pediatricians who have reported using standardized screening tools has increased over the past several years, this percentage remains relatively low with only 50% of pediatricians reporting using standardized screening tools. Pediatricians have cited the following barriers in using standardized screening tools: time limitations, lack of staff to perform screening, inadequate reimbursement, and lack of confidence in their ability to screen.

The relatively low percentage of pediatricians who routinely conduct developmental screening using standardized screening tools and the barriers cited by pediatricians, exemplifies the need to provide primary care pediatricians with the education, tools, and strategies to improve and promote monitoring, screening, and follow-up for developmental delays.

10. Is the quality improvement effort related to a national, regional, or local initiative?

Yes

No

What initiative? [Click here to enter text.](#)

GOALS AND OBJECTIVES

11. What is the specific aim of the quality improvement effort? *Note: an aim answers the questions how much improvement and by when. Your response should be a measurable goal within an identified timeframe.*

Between November 2015 and January 2016, project participants will collaborate to test, implement, disseminate, and plan to sustain strategies identified to improve and promote monitoring, screening, and follow-up for developmental concerns, so that:

- 90% of patients are screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visits.
- 90% of patients are screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit.
- The families of 90% of patients seen at the 9, 18, and 24- or 30-month health supervision visits receive a follow-up discussion of developmental screening results on the same day of the screening.
- The families of 90% of patients seen at the 18- and 24-month health supervision visit receive a follow-up discussion of autism screening results on the same day of the screening.
- 90% of patients seen at the 9, 18, and 24- or 30-month health supervision visits are referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
- 90% of patients seen at the 18- and 24-month health supervision visit are referred for follow-up care within 7 calendar days of receiving a positive autism screening result.

The following balancing measure has been included in the monthly progress report:
Think about the impact of "Don't Just Wait and See: Improving Developmental Screening and Follow-up." Because of the project, overall office wait time has: significantly decreased, decreased, remained the same, increased, or significantly increased

12. What is the specific patient population for this quality improvement effort?

The population includes the first 5 patients seen per month for the 9, 18, 24- and/or 30-month health supervision visits. A total of 15 to 20 patient records per month (30 to 40 patient records at baseline). For the developmental screening measures, participants can choose either the 24 or 30 month health supervision visit records depending on when they usually conduct screening.

13. Select the IOM Quality Dimensions addressed as part of this quality improvement effort:

Effectiveness

Efficiency

Equity

Patient-Centeredness

Safety

Timeliness

14. Measure Table.

Attach a table/spreadsheet that includes the following information for each measure used with the project. If the measures are not nationally endorsed, please explain how they were selected and developed.

The Pediatric Measurement Center of Excellence (PMCoE) has produced measures to help states, health care purchasers, consumers, and policymakers better understand and improve the quality of care for children in Medicaid and the Children’s Health Insurance Program (CHIP). The PMCoE is a collaborative project of the Medical College of Wisconsin, the American Academy of Pediatrics, Northwestern University, the AMA-PCPI, the American Board of Medical Specialties, the American Board of Pediatrics, Truven Health Analytics, and Children’s Hospital and Health System, Milwaukee.

The Don’t Just Wait and See: Improving Developmental Screening and Follow-up Project Oversight Team decided to incorporate two of the PMCoE measures because they focus on what happens after screening to ensure that children are not only screened for developmental delays, but that families understand the developmental screening results and, if necessary, are provided with the follow-up care that they need to ensure the best possible outcome. In addition, these measures align with the developmental screening measure included in the CHIPRA Initial Core Set, which has also been incorporated into the project.

The Project Oversight Team also decided to include measures specific to autism to ensure that pediatricians are screening for autism using standardized autism screening tools. There are not any nationally endorsed measures specifically related to autism.

See Appendix A for the measures grid.

- Measure Name and Type
- Measure Definition
- Source of Measure (eg, NQF, HEDIS, etc)
- Measure Calculation
- Measure Exclusion
- Data Source/Associated Data Collection Tool
- Measure Benchmark
- Measure Target/Goal (%)
- Collection Frequency
- Associated Questions

15. How are results captured and displayed over time?

Annotated run chart

Bar graph

Control chart

Data table

- Narrative
- Run chart
- Other

Attach results for the quality improvement showing data over time. If project is in beginning stage, please provide examples of how results are displayed.

Note: The attached file should contain the display format/s indicated above.

See Appendix B for sample run chart and narrative reports, including the monthly progress report and pre/post implementation survey.

Are results provided to participants in the format selected above?

- Yes
- No

16. Sampling strategy:

- Consecutive cases
- Convenience sample
- Entire population
- Random sample
- Other

Describe the sampling strategy:

During the baseline period of data collection in September 2015, the first 10 patient records for the 9, 18, and 24- and/or 30-month health supervision visits will be selected and reviewed (30 to 40 records total). Participants can choose between the 24- and 30- month visit for the developmental screening measures. During the Action Period (November 2015 – January 2016), the first 5 patient records for the 9, 18, and 24- and/or 30-month health supervision visits will be selected and reviewed each month (15 to 20 records total).

17. How often are data collected and submitted over the course of the quality improvement effort?

- Continuous
- Daily
- Weekly
- Monthly
- Quarterly
- Other

What is the frequency?

Record review data will be collected on a monthly basis and will be submitted within the Quality Improvement Data Aggregator (QIDA) between the 9th and 30th of each month. Monthly progress reports will also be submitted on a monthly basis via Survey Monkey between the 9th and 30th of each

month. In addition, a pre- and post-implementation survey will be disseminated to participants at baseline in September 2015 and at the conclusion of the project in January 2016.

18. What is your system for data collection?

Data will be collected in a number of ways, including: a pre and post implementation survey, record reviews, and monthly narrative progress reports.

The pre-implementation survey will be disseminated to participants via Survey Monkey in September 2015 during the baseline data collection period. The survey will provide baseline information on each participant's systems and processes related to developmental monitoring, screening, and follow-up.

The record reviews will be conducted on a monthly basis (30 to 40 records at baseline and 15 to 20 records during the Action Period) on the first patients seen each month for 9, 18, 24-, and/or 30-month health supervision visits to assess if a developmental and autism screening was conducted, if the results were communicated with families, and if a referral to follow-up care was provided (if applicable). All data will be entered into the AAP Quality Improvement Data Aggregator (QIDA) by the 30th of each month.

The monthly narrative progress reports will be submitted by the 30th of each month via Survey Monkey. The monthly progress report will provide the Project Oversight Team and staff with additional information about the tools/resources provided by the project that participants are testing and implementing on a monthly basis using Plan, Do, Study, Act cycles. In addition, the monthly progress reports will provide additional information related to any barriers participants faced and anything participants learned each month. The report will also assess the project's overall impact on office wait time and communication with patients (balancing measures).

The post-implementation survey will be disseminated via Survey Monkey during the last month of the Action Period (January 2016). The survey will assess if improvements were made to each participant's developmental monitoring, screening, and follow-up systems and processes because of the project's interventions.

19. Explain methods used to assure data quality and completeness.

Several methods will be incorporated to ensure data quality and completeness. We have taken several steps to optimize the level of data quality. A pre-work packet will be developed and distributed to project participants before baseline data collection begins to ensure they understand data collection methodologies and instructions. A measures table will also be included in the pre-work packet that details the operational definition of each measure and any exclusion criteria. In addition, all participants are required to attend an orientation webinar, which will describe the measures and next steps related to baseline data collection. During the webinar (and afterwards via email and phone), participants will be provided an opportunity to

ask questions.

Data that is entered into QIDA represents a sample of the patients in the practice. A beta test will be conducted by the QIDA Manager, project staff, and the Quality Improvement Expert before data is entered by participants to ensure that the data collection tool is working properly.

Reminders will be sent to each participant on a monthly basis approximately one week before the monthly data entry deadlines and follow-up will occur a few days before the deadlines for those participants that have not yet entered data.

The Project Leader/QI Expert will be available as needed for coaching and to address any data collection questions. The QIDA manager will be available as needed to address data entry or QIDA functionality questions.

In addition, project staff will use a spreadsheet to keep track of data entry by participants and participant attendance on webinars to ensure that all MOC requirements are met.

20. Attach a copy of a report to leadership for this quality improvement effort.

See Appendix C.

21. How are data used to drive improvement throughout the quality improvement effort?

This project uses data to drive improvement in several ways. The data will be used to measure the impact of the project on practice change and efforts to improve office systems and processes. Record review data will be converted to run charts to help participants determine if there was a change and if the change resulted in an improvement. The run charts will help participants identify areas that require more effort as well as areas they are excelling in.

Participants will have access to aggregate run charts and individualized run charts from record review data in QIDA for “real time” feedback to enhance their learning effort and to identify opportunities for improvement. The aggregate run charts will be discussed during monthly webinars. During each webinar, the Project Leader/QI Expert and Project Oversight Team members will present strategies to make improvements based on monthly run charts and monthly narrative progress reports.

Participants will use PDSA cycles to test interventions provided by the project. Each month participants will develop small tests of change to measure the impact of the intervention with the ultimate goal of making process improvements. Participants will go through several PDSA cycles each month on a small scale to measure the impact of the intervention and to improve upon the intervention (if necessary) before implementing the change on a larger scale. Baseline data (pre-implementation survey, record review data) will help guide these efforts when the project begins.

22. How frequently is feedback provided to the participating physicians?

- Daily
- Weekly
- Monthly
- Other

23. Classify the types of interventions used in the quality improvement effort.

Note: This list is not exhaustive and other intervention types are allowed.

- Education
- Reminders (daily, weekly, etc)
- Use of a checklist
- Use of a registry
- Other

Each participant will be provided with a Change Package with resources/tools to test to help improve developmental screening and follow-up. Participants will also have the option of working with Project Oversight Team mentors.

24. Describe the interventions that were or are being implemented that directly relate to achieving the aim of the quality improvement effort.

Note: This response may be supplemented by attaching a logic diagram or key driver diagram.

As part of the pre-work period, each participant will attend an orientation webinar that will provide an overview of the project's aim and measures, a brief overview of the Model for Improvement (Plan, Do, Study, Act), a demo of the Quality Improvement Data Aggregator (QIDA), and next steps related to baseline data collection. Baseline data collection will begin in September 2015 with the collection of up to 40 record reviews for patients seen for the 9-month, 18-month, and 24- and/or 30-month health supervision visits (10 records per patient cohort). A pre-implementation survey will also be disseminated to all project participants. The baseline data will assist Project Oversight Team members and participants in assessing systems/processes participants have in place before the project interventions are introduced.

After baseline data collection, a Learning Session (project intervention) will be held in October 2015. The Learning Session will provide participants time to identify opportunities for improvement and make plans for future improvement based on the results of baseline data. In addition, expert faculty in developmental-behavioral pediatrics will present on developmental screening and follow-up, including the introduction of helpful tools and resources from the project's Change Package (project intervention). The Change Package will be provided to each participant during the Learning Session. The Project Leader/Quality Improvement Expert will present on the Model for Improvement (PDSA) and tools from other quality improvement methodologies that may be helpful to participants

(process mapping, etc). At the end of the Learning Session, participants, as a group, will discuss barriers to implementation related to developmental screening and follow-up and then strategies to overcome those barriers. Project Oversight Team mentors (project intervention) will also visit each table to provide support. Project mentors will be available via phone and email to assist participants throughout the project. Group conference calls or “office hours” with project mentors may also be held during the Action Period.

During the 3-month Action Period, data from up to 20 patient records will be submitted via QIDA (5 per patient cohort). A narrative monthly progress report will also be submitted to assess the tools tested/changes made each month, barriers faced, and the project’s impact within other areas of the practice (office wait time). Monthly webinars (project intervention) will be held with all participants that will include an educational component, review of monthly data to determine areas that need improvement and strategies to make improvements, and time for participants to discuss strategies, successes, and challenges.

Following the Action Period, participants will be asked to submit a post-implementation survey as another way to assess the impact of the project.

How are the interventions expected to improve patient care?

This project will use collaborative quality improvement methods to improve care in practice by setting specific goals for the improvement of care at the level of the individual patient and by providing participants with the training, tools, and support to accomplish these changes. Participants will incorporate small tests of change using Plan, Do, Study, Act (PDSA) cycles to improve patient care. Tools, resources, education, and strategies provided by the project and the Project Oversight Team will be implemented within each practice and tested to see if these changes result in improvements in care.

Several interventions will be implemented to improve patient care. All participants will be required to attend a Learning Session in which baseline data will be presented (record review data and pre-implementation survey data), so participants can identify areas of strength and areas that need improvement. During the Learning Session, presentations related to quality improvement science and developmental screening and follow-up will be given by experts in the field. These educational sessions will provide participants with strategies to apply quality improvement to improve developmental screening and follow-up. During the Learning Session, a Change Package will also be provided to participants. The Change Package will include several resources and tools related to quality improvement and developmental surveillance, screening, and follow-up (developmental milestone checklists, a list of standardized screening tools, sample referral forms, etc) for participants to test within their practices. The Learning Session will also provide an opportunity for Project Oversight Team mentors to introduce themselves to participants. These mentors will provide guidance to participants throughout the project and will be available via email and phone to answer any questions participants may have. In addition “office hours” may be held with project mentors via conference call on a monthly basis.

Monthly webinars will also be held during the Action Period. These webinars will provide additional education to participants and provide an overview of aggregate run chart data. The webinars will be very interactive and will focus on strategies to improve patient care based on the monthly data (both run charts and monthly progress reports). The Project Leader/Quality Improvement Expert will facilitate the webinars and provide advice to participants on changes they could make to improve patient care. Project participants will also share their strategies, challenges, and successes, so they are able to learn from each other.

25. How will improvements from the interventions be sustained and spread?

Throughout the project, participants will be advised to discuss the project with other physicians and staff within the practice. Once an intervention has been tested and shown to improve patient care at the individual physician level, participants will be expected to implement and spread that change throughout the entire practice. A webinar will also be held during the last month of the Action Period to provide strategies and guidance on spreading and sustaining change.

26. What resources and/or tools are provided by the organization to assist with the implementation of the interventions?

A Change Package with resources and tools from the American Academy of Pediatrics, Bright Futures, the Centers for Disease Control and Prevention, Early Intervention, and more will be provided to participants. During the Learning Session, an overview of the resources/tools included in the Change Package will be provided.

In addition, a listserv will be initiated, to share ideas, strategies, and resources and to answer any questions related to implementation of the interventions. The listserv will also allow participants to share ideas and strategies with each other. Members of the Project Oversight Team will also be asked to strategically use the listserv to highlight a tool or resource from the Change Package on a weekly basis.

Members of the Project Oversight Team will serve as project mentors and will be available to assist participants via email and phone. In addition, the Project Leader/QI Expert will be available to assist participants with any QI related questions.

PHYSICIAN PARTICIPATION

27. What are, were, or will be the specific requirements for meaningful physician participation in the quality improvement effort?

Note: Describe the requirements relative to the standards and guidelines of the ABP Standards for active participation.

Active Role:

For MOC purposes, an “active role” means the pediatrician must (revised 5/2015):

- Be intellectually engaged in planning and executing the project.
- Implement the project’s intervention (the changes designed to improve care).

- Review data in keeping with the project's measurement plan.
- Collaborate activity by attending team meetings

In order to receive MOC Part 4 points, participants must:

- Participate in the project over a 5-month period (September 2015 – January 2016)
- Participate in a 60-minute orientation webinar for the quality improvement (QI) project
- Complete a web-based pre-implementation survey
- Submit baseline data for up to 40 of their own patients using a web-based data collection tool
- Attend an in-person Learning Session to be held on Friday, October 23 from 7:30 am – 11:00 am ET in Washington, DC (one day prior to the AAP National Conference & Exhibition)
- Register and attend at least one day of the AAP National Conference & Exhibition, beginning on Saturday, October 24, 2015
- Submit 3 months of data during the Action Period (up to 20 charts per month) using a web-based data collection tool
- Submit findings and progress through 3 brief monthly reports
- Participate in 3 webinars where data is presented, QI principles are discussed, and education on topics relevant to the project are presented by experts in the field during the Action Period
- Review reports provided about their data on a monthly basis; utilize data to guide future improvements
- Complete a web-based post-implementation survey

28. How do physicians participate?

- Individually
- Team
- Individually and Team

What is the unit of analysis?

- Individual
- Team/Practice/Unit
- Aggregate

29. Describe how physician participation is monitored through this quality improvement effort (ie, how does your AAP group provide oversight to the project, including physician participation)?

Note: AAP staff or the Project Leader should be involved in the tracking and monitoring of physician participation.

A Project Oversight Team has been involved in all aspects of project planning, including measure development, aim statement development, participation criteria, and MOC Part 4 requirements for physician participants. Project staff will develop a spreadsheet to track physician participation and engagement, including if data was submitted on a monthly basis. This spreadsheet will be updated at least on a monthly basis after each webinar. Attendance will also be taken on each call and

webinar. If a physician has been disengaged and not responsive to staff requests, this information will be shared with the Project Oversight Team and a decision will be made as to next steps.

30. Describe the process used to resolve disputes related to physician participation in this quality improvement effort.

Project staff will work with the Project Leader/QI Expert to resolve any disputes that may arise related to physician participation. All aspects of the physician's participation based on the tracking spreadsheet will be taken into account when assessing whether a physician qualifies for MOC Part 4 points or not. For instance, if a physician misses a "live" webinar but has still been very engaged in the project, there may be an opportunity for this physician to attend a recorded webinar and still receive MOC points. If there is still a dispute after the Project Leader/QI Expert is involved, the issue will be taken to the full Project Oversight Team for discussion of next steps during one of the monthly calls.

31. How many months does the project expect a physician to be actively involved in order to receive MOC Part 4 credit? *Please note: the ABP looks to Project Leaders to set requirements for length of participation based on the nature and needs of the project. Most MOC-approved projects to date have required 6-12 months participation.*

Physicians will be actively involved in the project for 5 months, including the baseline data collection period in September.

32. What is the estimated number of pediatricians that will participate in this effort?

- 1-10
- 11-50
- 51-100
- 101-1,000
- More than 1,000

If more than 100 participants, please explain how you plan to monitor physician participation:
[Click here to enter text.](#)

33. In what form is quality improvement education offered?

- Formal course
- Lectures
- Recommended reading
- Other

Describe in what form education is offered.

Education will also be offered via conference calls, monthly webinars and interactive discussions among participants, Project Oversight Team members, and the Project Leader/QI Expert.

34. Pediatricians seeking MOC credit must complete the ABP Attestation Form, which is co-signed by the Project Leader or by a “Local Leader,” depending on the project’s structure. This co-signing leader is responsible for adjudicating any disputes with physicians who wish to claim credit for MOC. Because this process could affect a physicians’ certification status, the co-signing Leaders should be physicians who are active participants in approved projects. Physician attestations for this project will be co-signed by:

- Project leader who is a physician
- Project leader who is not a physician
- Local leader who is a physician
- Local leader who is not a physician

35. Indicate any roles supporting this project in addition to project leadership. Check all that apply.

- QI expert
- QI coaches
- Data manager
- Data analyst
- Statistician
- Program coordinator/project manager
- Other

36. Is the project HIPAA compliant?

- Yes
- No

37. Check this box if you consider this project research:

(Note: if you have any questions about determining whether your project is research, please contact Margaret Wright, PhD, IRB Administrator at 847/434-4075 or mwright@aap.org)

If yes to the above, does the project have IRB approval? (Check one)

- We did not seek IRB approval.
- IRB approval is pending. Please submit a copy of the IRB approval letter/form when obtained.

What organization’s IRB is reviewing the project? American Academy of Pediatrics

- IRB approval is obtained. Please submit a copy of the IRB approval letter/form. Date of IRB approval: 7/10/15 What organization’s IRB approved the project? American Academy of Pediatrics

38. Attach any relevant files regarding the quality improvement effort that you wish to share with the reviewers. List attachments here: project measures grid (Appendix A); sample run chart, monthly progress report, and pre/post implementation survey (Appendix B); report to leadership (Appendix C); record review tool (Appendix D); and IRB approval letter (Appendix E)

ABP PROFILE INFORMATION

Please complete the following information that will be used to populate the ABP Web site.

39. Primary Project Contact

- Name: Christina Boothby
- Email: cboothby@aap.org
- Phone: 847/434-4311
- Organization Mailing Address: 141 Northwest Point Blvd, Elk Grove Village, IL 60007

40. Description of the activity in 300 words or less to be listed on ABP website

The Don't Just Wait and See: Improving Developmental Screening and Follow-up project will provide pediatricians with the tools and strategies to improve and promote monitoring, screening, and follow-up for developmental delays. Project participants will learn and test strategies to improve and promote monitoring, screening, and follow-up for developmental concerns, work and share strategies with colleagues, access practical tools and resources, and receive ongoing support, technical assistance, and feedback about progress. The project is open to 65 practicing primary care pediatricians nationwide who see at least 10 patients per month for 9-month, 18-month, and 24- or 30-month health supervision visits. Pediatric subspecialists are not eligible to apply. The first 65 participants who apply and meet the criteria for participation will be accepted.

The quality improvement project, Don't Just Wait and See: Improving Developmental Screening and Follow-up, is supported by the Centers for Disease Control and Prevention and managed by the American Academy of Pediatrics, Division of Children with Special Needs.

41. Completion Criteria to be listed on ABP website.

Specific expectations for physicians include:

- Be intellectually engaged in planning and executing the project
- Implement the project's intervention (the changes designed to improve care)
- Review data in keeping with the project's measurement plan
- Collaborate actively by attending team meetings
- Participate in the project over a 5-month period (September 2015 – January 2016)
- Participate in a 60-minute orientation webinar for the quality improvement (QI) project
- Complete a web-based pre-implementation survey
- Submit baseline data for up to 40 of their own patients using a web-based data collection tool
- Attend an in-person Learning Session to be held on Friday, October 23 from 7:30 am – 11:00 am ET in Washington, DC (one day prior to the AAP National Conference & Exhibition)
- Register and attend at least one day of the AAP National Conference & Exhibition, beginning on Saturday, October 24, 2015

- Submit 3 months of data during the Action Period (up to 20 charts per month) using a web-based data collection tool
- Submit findings and progress through 3 brief monthly reports
- Participate in 3 webinars where data is presented, QI principles are discussed, and education on topics relevant to the project are presented by experts in the field during the Action Period
- Review reports provided about their data on a monthly basis; utilize data to guide future improvements
- Complete a web-based post-implementation survey

42. Relevant Topics. Choose 3.

<input type="checkbox"/> ADHD <input type="checkbox"/> Abuse and Neglect <input type="checkbox"/> Access to Care <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Asthma <input type="checkbox"/> Auditory Screening <input checked="" type="checkbox"/> Autism <input type="checkbox"/> Bloodstream Infection <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Cancer <input type="checkbox"/> Care Coordination <input type="checkbox"/> Care Transitions <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chronic Care Management <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Communication <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input checked="" type="checkbox"/> Developmental Screening <input type="checkbox"/> Diabetes <input type="checkbox"/> Exercise <input type="checkbox"/> Febrile Infant <input type="checkbox"/> Gastroesophageal Reflux <input type="checkbox"/> Gastroesophageal Reflux Disease	<input type="checkbox"/> Genetics and Birth Defects <input type="checkbox"/> Handoffs <input type="checkbox"/> Health Promotion <input type="checkbox"/> Hypoplastic Left Heart Syndrome <input type="checkbox"/> Immunization <input type="checkbox"/> Improvement Methods <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Influenza <input type="checkbox"/> Intubation in PICU <input type="checkbox"/> Juvenile Idiopathic Arthritis <input type="checkbox"/> Leadership <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Literacy <input type="checkbox"/> Low Birth Weight <input type="checkbox"/> Medical Home <input type="checkbox"/> Mental Health <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Newborn Screening <input type="checkbox"/> Nurse Triage <input type="checkbox"/> Nutrition <input type="checkbox"/> Oral Health <input type="checkbox"/> Otitis Media/Otitis Media with Effusion <input type="checkbox"/> Overweight and Obesity <input type="checkbox"/> Parent Education <input type="checkbox"/> Patient Flow	<input type="checkbox"/> Patient Safety <input type="checkbox"/> Patient-Centered Care <input type="checkbox"/> Practice Improvement <input type="checkbox"/> Practice Redesign <input type="checkbox"/> Practice Redesign-Documentation <input type="checkbox"/> Prematurity <input type="checkbox"/> Preventative Services <input checked="" type="checkbox"/> Quality Improvement <input type="checkbox"/> Referral <input type="checkbox"/> Reliability <input type="checkbox"/> School Health <input type="checkbox"/> Self-management Support <input type="checkbox"/> Sepsis <input type="checkbox"/> Sexuality <input type="checkbox"/> Sexually Transmitted Disease <input type="checkbox"/> Sleep <input type="checkbox"/> Spread <input type="checkbox"/> Teamwork <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Univentricular Heart <input type="checkbox"/> Varicella-Zoster Virus <input type="checkbox"/> Very Low Birth Weight <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Vision Screening
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43. Does your project offer CME?

Yes

No

44. Relevant Pediatric Subspecialties (choose all that apply):

<input type="checkbox"/> All Specialties <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Developmental-Behavioral Pediatrics <input checked="" type="checkbox"/> General Pediatrics <input type="checkbox"/> Hospice and Palliative Medicine <input type="checkbox"/> Hospitalist <input type="checkbox"/> Medical Toxicology	<input type="checkbox"/> Neonatal-Perinatal Medicine <input type="checkbox"/> Neurodevelopmental Disabilities <input type="checkbox"/> Pediatric Cardiology <input type="checkbox"/> Pediatric Critical Care Medicine <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric Endocrinology <input type="checkbox"/> Pediatric Gastroenterology <input type="checkbox"/> Pediatric Hematology-Oncology	<input type="checkbox"/> Pediatric Infectious Diseases <input type="checkbox"/> Pediatric Nephrology <input type="checkbox"/> Pediatric Neurology <input type="checkbox"/> Pediatric Pulmonology <input type="checkbox"/> Pediatric Rheumatology <input type="checkbox"/> Pediatric Transplant Hepatology <input type="checkbox"/> Sleep Medicine <input type="checkbox"/> Sports Medicine
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45. Participation in approved quality improvement efforts is limited to:

- Physician members of the society/collaborative/association
- Physicians employed or contracted by the organization
- Physicians in the organization's health system or network
- Other, define: [Click here to enter text.](#)

46. Is there a direct diplomate cost to participate?

- Yes
- No
- Unknown

47. Web Site URL (if applicable) [Click here to enter text.](#)

48. As the Project Leader, I accept responsibility for managing this project in compliance with the standards and requirements of the American Board of Pediatrics on behalf of the American Academy of Pediatrics.

1. Maintaining Standards: I will ensure that our QI Project maintains the ABP standards for QI projects for MOC.
2. Attestations: I will attest to the participation of individual physicians and resolve disputes about attestations. Or, I will ensure that Local Leaders are designated to attest to the participation of individual physicians for MOC credit, and that they agree in writing to resolved any disputes about attestations.
3. Meaningful Participation Criteria: I will ensure that our QI project's requirements for length of physician participation is documented and communicated to physician participants, and that this and all requirements for meaningful participation are upheld.
4. Progress Report: I will ensure that AAP receives project updates every 6 months and that a formal Progress Report is completed annually (if selected) and at project completion.
5. AAP Group Oversight: I will ensure that the AAP group listed in this application is responsible for monitoring project progress and physician participation.

- I accept
- I do not accept

APPENDIX A. MEASURE TABLE

Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Exclusion	Data Source/ Associated Collection Tool	Measure Benchmark	Measure Target/ Goal (%)	Collection Frequency	Associated Questions
Age Appropriate Risk Assessment	% of patients who have documentation in chart that age appropriate risk assessments were performed at their 24 months visit	Bright Futures	<p><i>Target Population: All patients age 24 months seen in practice for health supervision care</i></p> <p><i>Numerator: # patients age 24 months with documentation in chart that age appropriate risk assessments were performed</i></p> <p><i>Denominator: All patients age 24 months seen in practice for health supervision care whose charts are reviewed</i></p>	N/A	Example		95%	Monthly	<p><i>Is there documentation in the medical record indicating that all age appropriate risk assessments were performed at the 24 month health supervision visit? (Note: answer "yes" if there is documentation that the patient was assessed for risks as outlined by Recommendations for Preventive Pediatric Health Care and Bright Futures Guidelines.</i></p>

Note: Several of the above categories are also required for projects utilizing the Quality Improvement Data Aggregator (QIDA) system. If your project is using QIDA, the final version of this grid will be used in your discussions with QIDA staff.

**APPENDIX B. American Board of Pediatrics Requirements for Maintenance of Certification (MOC) – Part 4
Portfolio Sponsor – American Academy of Pediatrics**

The following project guidelines apply to projects with participating physicians who are board certified in General Pediatrics and/or in subspecialties certified by the American Board of Pediatrics:

Adolescent Med	Ped Emergency Med	Ped Infectious Dis	Ped Pulmonary Med
Ped Cardiology	Ped Endocrinology	Medical Toxicology	Ped Rheumatology
Child Abuse Peds	Ped Gastroenterology	Neo-Perinatal Med	Sleep Medicine
Ped Critical Care	Ped Hem/Onc	Ped Nephrology	Sports Med
Devel & Behav Peds	Hospice & Palliative Med	Neurodevelopmental Disabilities	Transplant Hepatology

To be approved to confer credit for MOC Part 4, a QI project must include the following components:

- Impact on one or more of the Institute of Medicine quality dimensions: safety, effectiveness, timeliness, equity, efficiency, and patient-centeredness.
- Use of accepted quality improvement methods, including:
 - Aim statement (target population, desired numerical improvement, timeframe)
 - Performance measures, collected over time, preferably nationally endorsed; if not, must have documentation of the evidence base, measure specifications, and development process
 - At least one balancing measure, to indicate unintended consequences of changes
 - Comparison of performance to benchmarks
 - Use of a systematic sampling strategy and appropriate sample size
 - Include a minimum of 10 data points in each cycle (projects with larger samples [eg, hand hygiene] should use larger sample sizes)
 - Systematic implementation of changes
 - Use of data for improvement; analysis of measures over time
 - At minimum, 1 baseline and 2 follow-up data cycles
 - Reporting data in graphical display over time
 - Monitoring data quality – clear measure definitions and adequate data validation
- Regular reporting of project-wide and physician- or practice/unit-level data to all participants (typically, monthly) and executive leaders/sponsors and other key stakeholders (at least bi-annually and at project completion)
- Development of physicians’ demonstrated competency in quality improvement methods, by including training and educational resources on QI methods (e.g. seminars by QI experts, coaching by QI consultants, web-based curriculum)
- A documented organizational structure including a project leader, who is responsible for adjudicating any disputes regarding participation and MOC credit and use of Local Leaders, for multi-site collaboratives. Also to include institutional governance, specified start date, appropriate staffing and financial support, documented policies and procedures for management of project, system to track physician participation, and HIPAA compliance.
- A process for collecting, reviewing, and signing Attestation Forms, and resolving disputes
- A system to maintain up-to-date documentation and retain the documentation for 7 years after the project’s completion (to include project results; methods; participation monitoring, including completion data tracking; local leader acknowledgement forms if applicable)
- Demonstrate improvements in care – score of at least 3.0 (modest process improvements) on the ABP’s Improvement Progress Scale

Physician Meaningful Participation Requirements for QI projects approved for MOC Part 4 include:

- Demonstrate/document active participation as determined by the project completion requirements (length of participation)
- Be intellectually engaged in planning and executing the project.
- Implement the project's intervention (the changes designed to improve care).
- Review data in keeping with the project's measurement plan.
- Collaborate activity by attending team meetings
- Participate during current certificate period or MOC cycle

Project Leader responsibilities include:

- Designing a project that addresses the above components for MOC Part 4
- Determining if the project is research and obtaining appropriate IRB approval if it is
- Completing and submitting an AAP MOC Application form to the Quality Cabinet (via MOC Manager)
- Establish a process to work with an associated AAP group to provide oversight to the project (eg, Section, QuIIN, QIDA, etc)

Once the project is approved:

- Creating a system to track and monitor physician participation; monitor physician participation to ensure the above standards are met
- Providing feedback data reports to the physician participants on a regular basis
- Collecting and retaining Local Leader Acknowledgement Forms if appropriate
- Attesting for physician participants by signing their Attestation Forms; Handle any disputes that arise in the attestation process
- Sending physician completion data to the MOC Manager using the Completion Data Tracking spreadsheet
- Completing reports associated with project approval including bi-annual reports that will be reviewed by the Quality Cabinet; a final report at the close of a project; and, if selected by the ABP for an annual review, an annual report.
- Maintaining all project documentation for 7 years (including methods, results, participation, and leadership)

Affiliated AAP Group responsibilities include (eg, Section, QuIIN, QIDA, etc)

- Ensuring projects follow ABP standards throughout the planning and project implementation period
- Reviewing projects to determine the strength of QI (ie, Does the project know what they are trying to improve [QI aim statement], do the measures provide information to participants about whether or not they are seeing an improvement, and do the measures relate back to the QI aim)? Work with groups to develop sound QI protocols.
- Serving as an appeal process for unresolved disputes with attestations.
- Signing Project Leader attestation forms, to attest that they met the project leader requirements set forth by the ABP (ie, materially involved in the design *and* implementation of the project, involved for minimum of 12 months, understands principles of QI).
- Note: AAP Groups do not need to conduct the projects, but must be meaningfully involved in the design and ongoing implementation/monitoring of the project.

A project meeting the above criteria may be eligible for, and may request inclusion in, AAP's MOC Project Portfolio by completing an AAP MOC Part 4 Application. Submit completed applications to Jill Healy, MS, Manager, Quality Improvement and Certification Initiatives at jhealy@aap.org or fax 847/434-8000.