Continued evidence of QuIIN’s importance to the AAP

QuIIN holds a valued position with the other departments and programs at the AAP. Almost every division of the AAP understands the value of QuIIN and requests QuIIN input. This includes EQIPP, evidence based guideline development, the Section on Emergency Medicine, Bright Futures, Section on Mental Health, Committee on Clinical Information Technology, and the new Department of Subspecialty Pediatrics and Quality.

The opportunity is to continue to develop QuIIN as the voice of the practicing pediatrician and hospitalist at the AAP; and to use membership to engage in the development, testing and then spread of AAP projects and products.

The concern is how to oversee the activity so that new requests are reviewed and prioritized into the template of existing work and available capacity. This is made complicated by the nature of AAP work. Some projects have the need for quick response and have very short target completion dates. Some projects, in particular VIP projects, are unfunded and some of these would require a large amount of staff resources.

In the past we have tried to engage the Steering Committee into this prioritization process but the effective mechanism of involvement has been elusive to date. I would like more discussion with the Steering Committee about how to determine work scope and available staff resources.

A simple root cause analysis would show that QuIIN’s rate limiting factor is staff time and availability for new work and new initiatives. QuIIN, like the other programs of the AAP, has a defined budget that is set each year by AAP leadership. QuIIN works diligently to try to secure external funding for as much of its work as possible. Many QuIIN projects however have no funding, as mentioned above, or are pilots, or are small tests of change. These pilot and small projects are essential to QuIIN’s innovative spirit but they may consume as much staff resources as a major funded project.

I believe a 20 or 30% return to QuIIN by the AAP of external funding would allow QuIIN the flexibility to better manage its projects. Those funds could allow for example, additional QI expertise, temporary increases in staff to support additional work or dollars to further develop the membership network. They could be used as seed money to foster more input from membership.

Expansion of QuIIN to other AAP initiatives

There have been a number of efforts to extend the QuIIN concept to the Section on International Health. The SOICH leadership has great interest but no resources and the efforts to date have led to QI support for the SOICH I-CATCH grants.

There have been discussions to increase the QuIIN networks to include Emergency Medicine and perhaps some of the specialty sections such as Infectious Disease. This may be too much of a reach for QuIIN.

There is a new grant that may allow PROS and QuIIN to work collaboratively on translating research findings into pediatric practice culture. Similarly there are opportunities for closer interaction with the Chapter Alliance for Quality Improvement (CAQI).

Dr. Sachdeva will explore with QuIIN today the new Department of Quality and some thoughts about further integration of QuIIN into the AAP quality agenda. The AAP has the unique opportunity to improve health care by performing the research, translating the research into practice improvement and then disseminating that improvement through the multiple modalities of EQIPP, CAQI, publications and state chapter QI committees.

Availability of the QuIIN networks to external organizations

QuIIN continues to be the only national QI network of practicing pediatricians. As such it is seen as a valuable potential resource by a number of external organizations such as AMA, ABP, MCH, HRSA, children’s hospitals and medical schools. These projects almost always come with funding, an attraction that has been hard to resist to date. These projects however come with a high cost of staff time, since the external agencies have their own sets of hierarchy, staff changes, deadlines.

QuIIN still does not have a mechanism for analyzing value and costs and deciding early on to accept of reject the proposals.

The necessity of developing our grass roots network

The strength of QuIIN, be it PIN or VIP, is its network of practicing pediatricians. As there was very little growth in PIN in 2012 and more growth in VIP. We need to focus on our network to grow the numbers and also to grow involvement of the members. We seem to get very good response to our requests, which appears to show that QuIIN folks do read their emails and do respond.

A member organization however needs active ongoing development. The leader in member development is the on line membership sites that have spawned in the past five years. I believe QuIIN can learn a great deal from these sites. Some of the sites are so good that folks pay a monthly fee to access the site. Certainly, for QuIIN, the goal would be more regular and active involvement of QuIIN members in the quality work of the AAP.

Be a part of making change happen

http://quuin.aap.org