



# Accelerating Improved Care for Children with Asthma Program Chapter Quality Network (CQN3)

Do you want to improve your patient's asthma outcomes?

Interested in addressing challenges with time management in your busy practice?

Do you want support in implementing the NHLBI/NAEPP guidelines within your practice?

Are you interested in bringing quality improvement to your practice and receiving American Board of Pediatrics, MOC Part 4 credit?

## Project Overview and Requirements

Phase three of the American Academy of Pediatrics Chapter Quality Network (CQN3) asthma project will provide Chapters with tools, resources and technical support to lead a quality improvement (QI) effort amongst 12 to 15 member practices to improve asthma care and outcomes for children at a population level by implementing the NHLBI/NAEPP asthma guidelines.

## Childhood Asthma: Scope of the Problem

Despite excellent intentions and pockets of superb care, a major opportunity exists to improve care for children with asthma and their families, as much care is still delivered in ways that are not consistent with the evidence. Affecting 9.6 million children, childhood asthma is the most common serious pediatric chronic disease. African-American and Puerto Rican children have a higher prevalence of asthma compared with non-hispanic white children.<sup>1</sup> Furthermore, the incidence of pediatric asthma continues to grow and accounts for 14.7 million missed school days a year<sup>2</sup> and 44% of all asthma hospitalizations<sup>3</sup>.

## Ohio AAP Chapter Quality Network Asthma Program

Beginning in the January 2013 and ending in March 2014, 12 to 15 pediatric practices from Ohio will participate in a learning collaborative designed to help practices improve the care and outcomes of children with asthma by implementing the NHLBI/NAEPP asthma guidelines.

Selected teams will participate in 4 learning sessions, followed by action periods where they will have the opportunity to test changes in their clinical setting. During the action periods, sites will measure their progress toward improvement goals. Expert faculty will coach teams to assist them in applying key change ideas into their own organizations.

## Interested in participating in phase three of the CQN Asthma Project?

for more information contact:

### Physician Leaders

Kim Giuliano, MD at [GIULIAK@ccf.org](mailto:GIULIAK@ccf.org)

William Long, MD at [William.Long@kidzdoc.com](mailto:William.Long@kidzdoc.com)

### Project Leaders

Elizabeth Dawson [edawson@ohioaap.org](mailto:edawson@ohioaap.org)

Christine O'Connor at [Christine.OConnor@nationwidechildrens.org](mailto:Christine.OConnor@nationwidechildrens.org)

## Expectations for Participation in the Learning Collaborative

Effective participation in a learning collaborative requires a small, multidisciplinary team from each practice. The expectations for a practice interested in participating in this learning collaborative include:

1. Organizing a "Core QI team" from the Pediatric Practice consisting of several members including:
  - Lead Physician
  - Nurse / Nurse Practitioner or Medical Assistant
  - Practice Manager(One of these people must commit to being the day-to-day leader)
2. Full participation of the Core QI team for approximately 14 months, including attendance at each of the 4 learning sessions (2 in person, 2 via webinar), participation in monthly conference calls and listserv discussions.
3. Attendance of Core QI team at all learning sessions and monthly phone webinars/calls.
4. At a minimum, the Core QI team meets at least bi-weekly to plan and carry out tests of change.
5. Collect data at the point of care using the CQN encounter form.
6. Complete surveys (Practice Narrative and Value Survey).
7. All eligible (licensed to provide care) providers in the practice must sign consent forms.
8. All actively participating providers will enter monthly data into a registry and conduct small tests of change.
9. Willingness to use a registry to manage asthma patients and track quality improvement measures. The AAP will provide access to a national asthma registry at no cost for the entire length of the project, through June 30, 2014.
10. Each practice signing the National Asthma Registry Participation Agreement which includes a Business Associates Agreement (BAA) and Data Use Agreement (DUA) with the AAP to allow the collection of Protected Health Information (PHI) to be entered in a National Asthma Registry (NAR) which will be hosted by Remedy Informatics. This service provider is in full compliance with all HIPAA data protection requirements.
11. Post, share and review practice level data transparently with all clinicians in the practice and across the CQN collaborative (identifiable practice data cannot be shared outside of the collaborative without permission from the involved practices and from the principal investigator).
12. Allow the practice leader and chapter leadership team to view individual physician improvement data for coaching purposes.
13. Physician practice leaders attest to other physicians' meeting participation requirements for ABP MOC Part 4 credits.

Improve outcomes for your asthma patients

Meet American Board of Pediatrics maintenance of certification requirements for quality improvement

Receive expert coaching

Receive free access to a national asthma registry for 12 months

Improve the efficacy and efficiency of your office system

Access practical tools and effective strategies for how to integrate changes into your practice

1. Akinbami LJ, Moorman JE, Garbe PL, Sondik EJ. Status of childhood asthma in the United States, 1980-2007. *Pediatrics*. 2009;123(Suppl):S131-S145.

2. National Center for Health Statistics, Centers for Disease Control and Prevention. Asthma prevalence, health care use and mortality, 2003-2005. Available from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma03-05/asthma0305.htm>. Accessed November 29, 2006.

3. Asthma and Allergy Foundation of American. <http://www.aafa.org/display.cfm?id=8&sub=42>