

Pediatric Healthcare Improvement Initiative for Tennessee Best Practice Provider Resource Project Description

In the 16 years since the Institute of Medicine released “To Err is Human,” translational and quality science research has had little impact on medical quality and value. Kleinman et al. describe a need to progress on 2 intersecting fronts: empirical work needs to document and improve care in real time; and stakeholder engagement to develop a meaning-based understanding of health care. PHiIT has brought a large stakeholder group together to define a high-value metrics panel to evaluate best practice in ambulatory pediatric practices. These metrics were aggregated from CHIPRA, HEDIS and the National Improvement Partnership quality measures. PHiIT will assist practices in collecting these metrics, analyzing individual practice performance and assist QI Teams in each practice improvement. This practice improvement will occur through coaching design tools, sharing solutions across practices and collaborative learning from the success and failures of participating practices.

PROJECT AIM STATEMENT

To incorporate the Best Practice Provider Resource, a high-value metric panel, into the ambulatory pediatric practice over the course of one year through monthly Quality Improvement efforts.

PROJECT TIMELINE

- **Participate in the Continuing Medical Education (CME) Video Training Quality Improvement Science (45 minutes)**
<https://cme.mc.vanderbilt.edu/online-education> Scroll down to Pediatric Health Improvement Initiative for Tennessee QI Videos
Building QI Teams; Data Analysis; Developing an AIM statement; Using the Plan, Do, Study, Act Cycle (If this video has been completed in other projects, does not need to be repeated)
- **Staff Training on PHiIT and Quality Improvement**
- **Quality Improvement Team Requirements**
 - Form and meet regularly with in office QI Team
 - Document process changes and PDSA cycles between each quarterly data analysis report
 - Participate in support calls over 12 months.
- **Data Collection**
 - Instruction on utilizing QI TeamSpace for data collection and analysis

Phase 1 Data Set Collection:

- Focuses on **Well Care and Prevention in the First 2 Years**

- Criteria for chart query 2 month old well child visits and 2 year old well child visits
- Query total visits within the last **year** to select via randomization twenty (20) charts per provider for baseline
- Query total visits within the last **quarter** to select via randomization ten (10) charts per provider for follow-up [Five (5) 2 month old and Five (5) 2 year old]

Phase 2 Data Set Collection:

- Focuses on **Asthma Care**
- Criteria for chart query patient age between 5-21 years presenting for an asthma related visit
- Query total visits within the last **year** to select via randomization twenty (20) charts per provider for baseline
- Query total visits within the last **quarter** to select via randomization ten (10) charts per provider for follow-up

• **Phase 3 Data Set Collection:**

- Focuses on **Adolescent Health**
- Criteria for chart query patient age between 13-21 years presenting for any visit
- Query total visits within the last **year** to select via randomization twenty (20) charts per provider for baseline
- Query total visits within the last **quarter** to select via randomization ten (10) charts per provider for follow-up

• **Phase 4 Data Set Collection:**

- Focuses on **ADD/ADHD and Depression/Anxiety Care**
- Criteria for chart query patient presenting for an ADD/ADHD related visit
- Criteria for chart query patient presenting for a Depression or Anxiety related visit
- Query total visits within the last **year** to select via randomization twenty (20) charts per provider for baseline
- Query total visits within the last **quarter** to select via randomization ten (10) charts per provider for follow-up

• **Continued Quarterly Data Collection:**

- **Ten charts in each group (40 charts per quarter per provider)**
- Time estimate for data entry is 2-3 hours per provider per quarter

• **Practices present experience at PHiIT Learning Collaborative annually**

PROJECT RESOURCES

- Quality Improvement consulting from PHiIT staff and faculty
- Assistance with Practice QI Team Development
- Practice Quality and Design Tools and coaching
- Development of performance based value statement for investing in specific quality improvement work
- Training and coaching on data collection through online web portal
- Monthly calls with PHiIT team and other practice to share ideas and solutions



- Access to other practices' design ideas
- Data reports on practice performance with correlation to state aggregate data for other practices
- Direct feedback with continued development of a culture of continual practice improvement in your office

This program is **free of charge** and is conducted over a twelve-month period.

Maximum .75 CME hours and 25 PART IV MOC credit hours possible per year with additional MOC credit for each 12 month of participation

¹Lawrence C. Kleinman, LC and Dougherty, D. Assessing Quality Improvement in Health Care: Theory for Practice, PEDIATRICS Volume 131, Supplement 1, March 2013