CNHN Childhood Obesity MOC QI Learning Collaborative

Kick-Off Learning Session

November 2, 2011

Are we ready to begin to improve our care?

CNHN and Regional QI

- CNHN is supporting quality improvement programs to improve care regionally and help CNHN member pediatricians with required American Board of Pediatrics Maintenance of Certification
- QI expertise:
  - Working with the Goldberg Center for Community Pediatric Health and DC Partnership to Improve Children's Healthcare Quality at Children's National
  - Working with other state "improvement partnerships"
  - Successfully managed QI initiatives in DC and at Children's- ABP MOC approved!

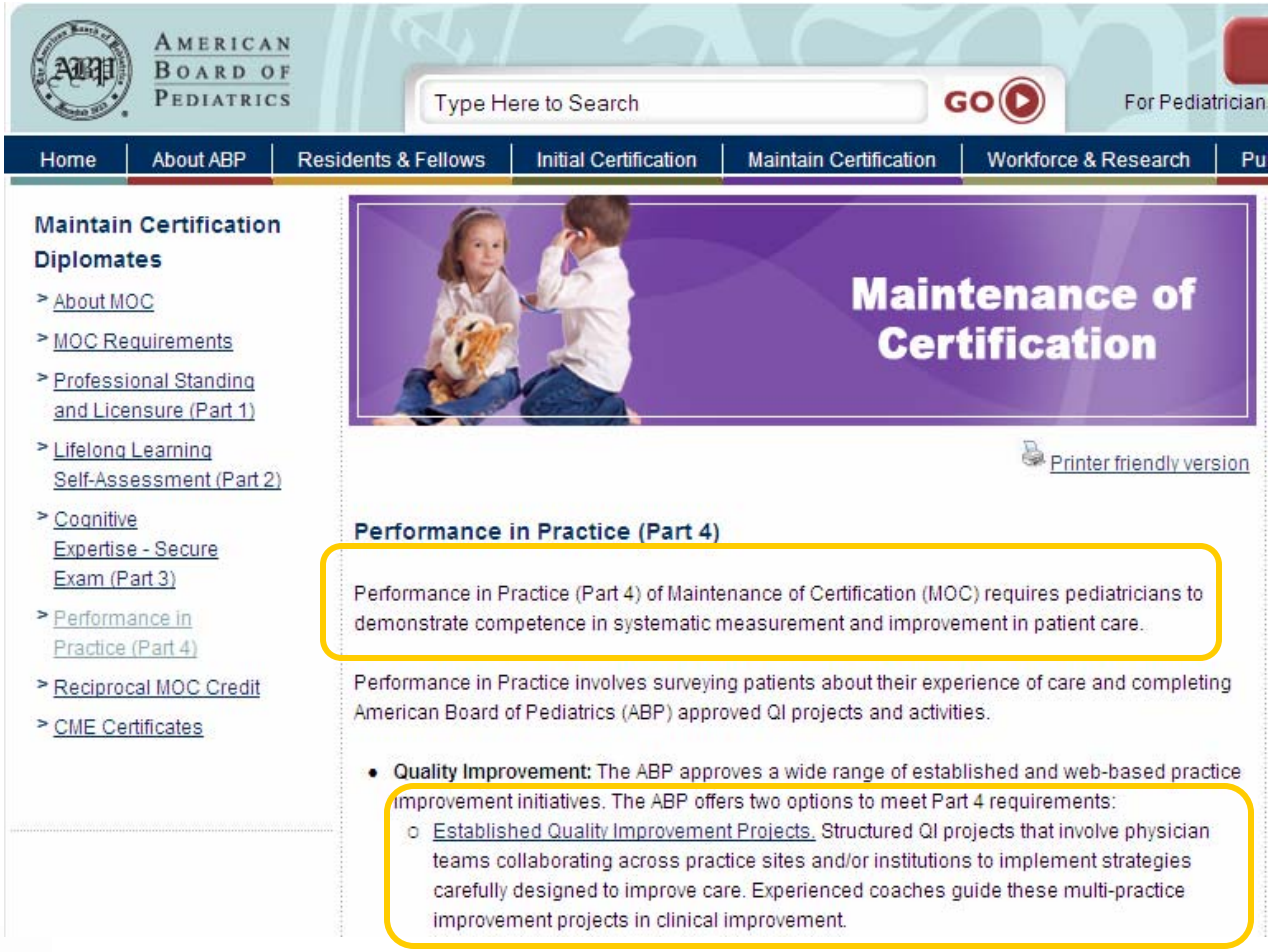
Web Conference Rules & Etiquette

- To see presentation- click on link in meeting invitation
- Can hear audio two ways:
  - Dial in by phone
  - Log in via computer
- **Please limit background noise & conversation**
  - **Use MUTE button if available**
  - **Never use HOLD (avoid practice recorded on-hold messages)**
- Questions encouraged- only 1 person can speak at a time
  - Identify yourself by name & practice
  - Can also use messaging feature to either "group" or individuals

ABP MOC Part 4: Quality Improvement

- Required for Maintenance of Certification
- Part 4:

ABP Maintenance of Certification: Performance in Practice (Part 4)



ABP Maintenance of Certification: Performance in Practice (Part 4)

Established QI Projects. Structured QI projects that involve ***physician teams collaborating across practice sites*** to implement strategies carefully designed to improve care. Experienced coaches guide these multi-practice improvement projects in clinical improvement.

Home | About AB

Maintain Certific
Diplomates

- About MOC
- MOC Requirements
- Professional Stand and Licensure (Par
- Lifelong Learning Self-Assessment (
- Cognitive Expertise - Secure Exam (Part 3)
- Performance in Practice (Part 4)
- Reciprocal MOC Credit
- CME Certificates

demonstrate competence in systematic measurement and in

Performance in Practice involves surveying patients about care and completing American Board of Pediatrics (ABP) approved QI projects.

- **Quality Improvement:** The ABP approves a wide range of established and web-based practice improvement initiatives. The ABP offers two options to meet Part 4 requirements:
  - Established Quality Improvement Projects. Structured QI projects that involve physician teams collaborating across practice sites and/or institutions to implement strategies carefully designed to improve care. Experienced coaches guide these multi-practice improvement projects in clinical improvement.

CNHN Regional MOC QI Project: Improving Childhood Obesity in Practice

- Multi-practice QI Learning Collaborative
  - 9 months: October 2011 – June 2012
  - ABP MOC Part 4 QI Credit: 25 points
- CNHN: QI project management
  - Children's Obesity Institute (clinical expertise)
  - CNHN & DC PICHQ (QI expertise & coaching)
    - Based on successful MOC-recognized QI projects
- Recruiting 20 practices/100 pediatricians
  - Info session: Wed October 12th (12-1 pm)
  - Kick-Off Learning Session: Wed November 2nd

The Learning Collaborative

- 24 participating practices
  - Maryland-8
  - DC-12
  - Virginia-4
- Over 100 providers

- Funding: CNHN
- QI: DC PICHQ

DC PICHQ
Partnership to Improve Children's Healthcare Quality

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Participating Practices

(The number of participating Providers)

- Pediatrics of Arlington (6)
- Primary Pediatrics (9)
- Capital Area Pediatrics-Sleepy Hollow (4)
- Pediatric & Adolescents Care of Silver Spring (5, 1 NP)
- Mary's Center (7)
- John Choi (1)
- Kids First Pediatrics (3)
- Pediatrics and Newborn Care (1)
- Friendship Heights Pediatrics (4)
- Spring Valley Pediatrics, PLLC (3)
- Spectrum Pediatrics (1)
- Jay A. Bernstein & Associates (4)
- Children's Healthcare Center-Waldorf (3)
- Children's Pediatricians & Associates at Foggy Bottom (7)
- Michelle Barnes Marshall, PC-Pediatrics and Adolescent Medicine (1)
- Cambridge Pediatrics (8)
- Ashburn Sterling Internal Medicine and Pediatrics (3)
- Upper Cardozo Health Center (2)
- CNMC-Children's Health Center- Main SZ Campus
- CNMC-Adolescent Health Center- Main SZ Campus
- CNMC- Children's Health Center- Good Hope Road SE
- CNMC- Children's Health Center- MLK Ave SE
- CNMC- Children's Health Center- Adams Morgan
- CNMC- Children's Health Center-Shaw (Comp Clinic)
- CNMC- Children's Health Center- THEARC/Mobile

What is a "learning collaborative"?

- A **learning collaborative** is a model for conducting a targeted quality improvement project with a *defined improvement aim, outcomes measures and timeframe*.

- Practice teams meet regularly to implement and measure small improvement pilots in their practice.
  - Practice-based QI is augmented by periodic web-based "learning sessions" (CME accredited) and monthly conference calls- where colleagues share solutions and best practices.

- Each practice is required to regularly collect and report a small amount quality data for the practice and each participating pediatrician.
  - Your practice improvement will be benchmarked against all practices participating in the QI learning collaborative.

To receive ABP MOC credit…

- Pediatricians & practices must demonstrate *active participation* in:
  - Kick-off & quarterly web-based **learning sessions**
    - QI basics and office management of childhood obesity
  - Baseline and monthly pediatrician/practice **chart audits**
  - Three (3) **practice mini-improvement cycles**
  - Brief monthly practice **team meetings** to review your practice QI data & progress
  - **Monthly QI project conference call** with QI team & participating practices
  - CNHN QI practice coaching office visit (as needed)
- CNHN will make your required ABP MOC QI as *user-friendly* as possible

Web-based QI learning & participation

- Permits regional multi-practice learning
  - Live web/audio conference or recorded
  - Internet access required…
  - If you are reading these slides- you can do it!
- Supports data entry and sharing of QI performance data & resources
  - Benchmark your practice performance vs group
- CME credit for participation hours

CME Accreditation

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

- **ACCREDITATION:**
- This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The George Washington University School of Medicine and Health Sciences and Children's National. The George Washington University School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians
- **PHYSICIAN CME CREDIT:**
- The George Washington University School of Medicine and Health Sciences designates this continuing medical education activity for a maximum of **28.5** AMA Physician Recognition Award Category 1 Credits™.
- Participants will be required to certify attendance or participation on an hour-for-hour basis.

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Childhood Obesity QI Collaborative CME Learning Objectives

- **Learning Objectives:** At the conclusion of this learning collaborative, participants should feel confident in their ability to identify and engage patients who are at risk of being overweight and or are obese.

- Participants will be able to:
  1. Identify "best practice" recommendations & guidelines for practice management of childhood obesity.
  2. Identify opportunities to implement clinical "best practices" in your practice setting.
  3. Conduct PDSA cycles within a practice setting to improve childhood obesity identification and management.

Children's National Obesity QI MOC Team

- QI Team Members
  - Mark Weissman, MD- mweissma@childrensnational.org
  - Tamara John, MPH- tjohn@childrensnational.org
  - Vincent Schuyler, BS- vschuyle@childrensnational.org
  - Pat Johnson, PhD- pschatz@childrensnational.org
- Obesity Institute
  - Susma Vaidya, MD- svaidya@childrensnational.org
  - Yolandra Hancock, MD- yhancock@childrensnational.org

No faculty disclosures

- Today's presenters:
  - Mark Weissman, MD
  - Tamara John, MPH
  - Susma Vaidya, MD
  - Yolandra Hancock, MD
  - Joel Ranck (CME Planning)

- All presenters have signed disclosure statements indicating:
  - No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
  - No unapproved or investigational use of any drugs, commercial products or devices

Why do a QI project on Childhood Obesity?

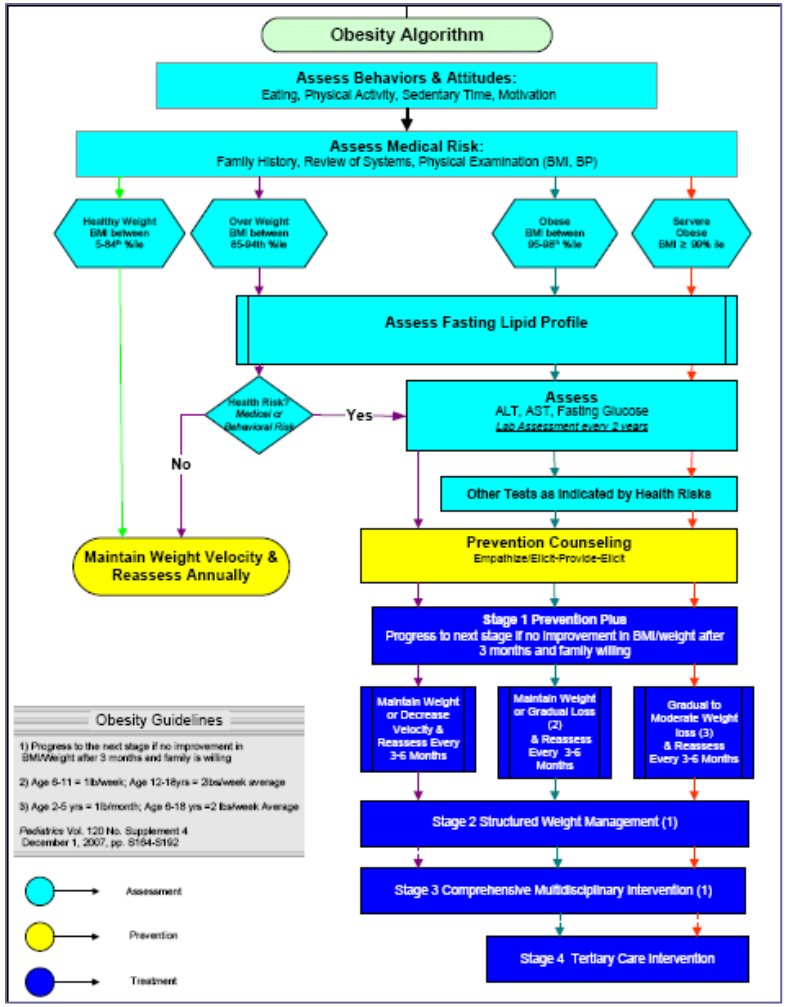
- Widespread clinical condition in all practice settings
- Most practices have room for improvement
  - Gap between best practice guidelines and real world practice
- NCQA HEDIS measure
  - Insurance plans benchmarking your performance
- Modeled after successful ABP MOC projects in other states

MOC QI Aim Statement

- ABP: QI Project Aim Statement should be explicit: target population, numerical improvement and timeframe for improvement.

- CNHN Aim Statement (preliminary):
  - During our learning collaborative (October 2011– June 2012), participating practice pediatricians will improve their office identification and management of childhood obesity at well-child visits, as measured by:
    - Improvement in BMI/%ile calculation (from baseline to 90% of visits)
    - Improvement in appropriate nutritional & activity counseling (from baseline to 90%)
    - Improvement in follow-up management of high risk patients (by 20% from baseline)

Practical/practice implementation of Office Obesity Care Algorithm



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Childhood Obesity MOC QI Learning Collaborative

Quality Improvement in Primary Care Practice

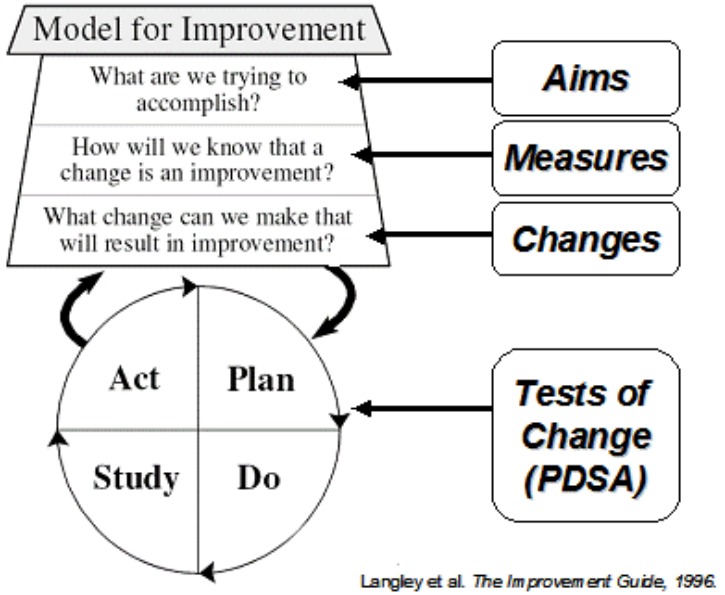
The MOC Version…

How does a learning collaborative work?

- Pediatric practices participate with other practices to improve the quality of care they deliver.
- Key components:
  - Initial objective assessment of current practice (chart audits)
  - Participation in Learning Session to hear the evidence & "best practices" and learn how to implement process improvement in your practice
  - Ongoing follow-up and technical assistance, including periodic assessments (chart audits to assess whether improvement is happening), conference calls (to get questions answered and learn from other practices)
  - An end-of-collaborative assessment to measure your improvements, allow comparisons with other practices, and guideyour next efforts
  - A formal or informal wrap-up session to help you organize your thoughts and to provide advice on maintaining the improvements in the future

Model for Improvement: Three questions

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in an improvement?



Langley et al. *The Improvement Guide*, 1996.

Use answers to plan PDSA cycle: PLAN-DO-STUDY-ACT

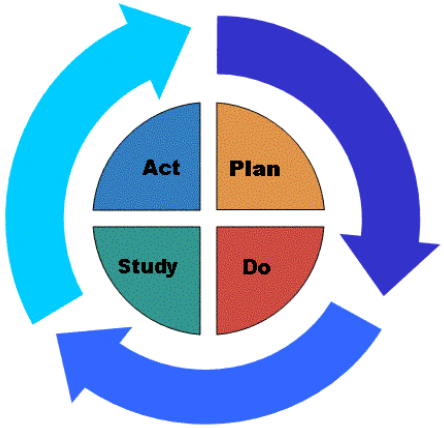
- **PLAN**- decide on small, well-defined change in the way you do something that you think will move you toward the desired improvement (something you can accomplish in a day or two)
- **DO**- implement you plan for a short period of time (think days, not weeks/months)
- **STUDY**- while implementing the change, measure the impact of the change and monitor for unexpected consequences. Review with the rest of the team all ideas for an improved implementation or revised strategy.
- **ACT**- decide what to do next…
  - You might want to make the change permanent (and look for additional ways to improve in the future) or
  - You might want to revise or modify the change slightly because it didn't work like you planned, or
  - You might want to try another approach altogether because your change didn't work at all.
- The PDSA cycle is meant to be used repeatedly and continuously to result in on-going quality improvement.

Keep PDSA cycles simple…

- Let's try this (for the next 5-10 patients, for one week) and then measure what works/doesn't, then adjust and try again until successful.
- Then implement more broadly in practice and measure (again).
- Participating practices will design and measure simple PDSA cycles (and share results)- move incrementally toward overall goal(s)

Implement & measure tests of change in your practice to improve obesity care

- After benchmarking practice data (chart audit), each practice will be required to developed a PDSA pilot
- Moves practice closer to shared goal- improving obesity identification & management in practice
- Examples:
  - To improve BMI screening & classification at well-child visits, we will implement (select from bundle of best practices):
    - place BMI%ile charts in all pre-visit charts, train nursing staff in BMI measurement/calculation, enter appropriate pediatric BMI ICD9 code to assessment/problem list
- Measure results of PDSA
  - Limited monthly chart audit to measure success/impact
  - Review results and make adjustments to improve
- Three PDSA cycles over 9 months



Who is Your Team Leader?

- Qualities of a team leader?
  - Is the practice champion
    - Most often a physician
  - Is able to lead practice change
  - Is computer literate
  - Is organized
  - Is able to submit the required reports on or before the stated due dates

- Even though you submit your data as a team, each provider earns MOC credit individually.
- It is the providers responsibility to ensure that their participation and documentation requirements have been met and submitted

Information From Our Practice Teams

Please provide the following information to Tamara John

- tjohn@childrensnational.org
- 202-476-5xxx

- Team leader
  - Name
  - Email address
- Primary office contact:
  - Name
  - Phone number

Additional learning sessions

- Advanced Obesity Management: What to do with lab results (and more…)
- Office management: Readiness to change and goal setting
- QI success stories from LC practices
- Other topics TBD based on practice input

How to earn MOC Credit

Team Activities

- Chart Audits:
  - Submit 1 baseline chart audit report- 30 charts
    - Three month review- August 2011-October 2011
    - Due by Wednesday, November 30th
  - Submit monthly chart audit reports- 10 charts/month, 7 monthly reports

- Team Meetings:
  - Submit monthly team meeting reports-8 monthly reports
    - Dedicate 30 – 60 minutes a month to discuss your team's obesity data & practice improvement activities

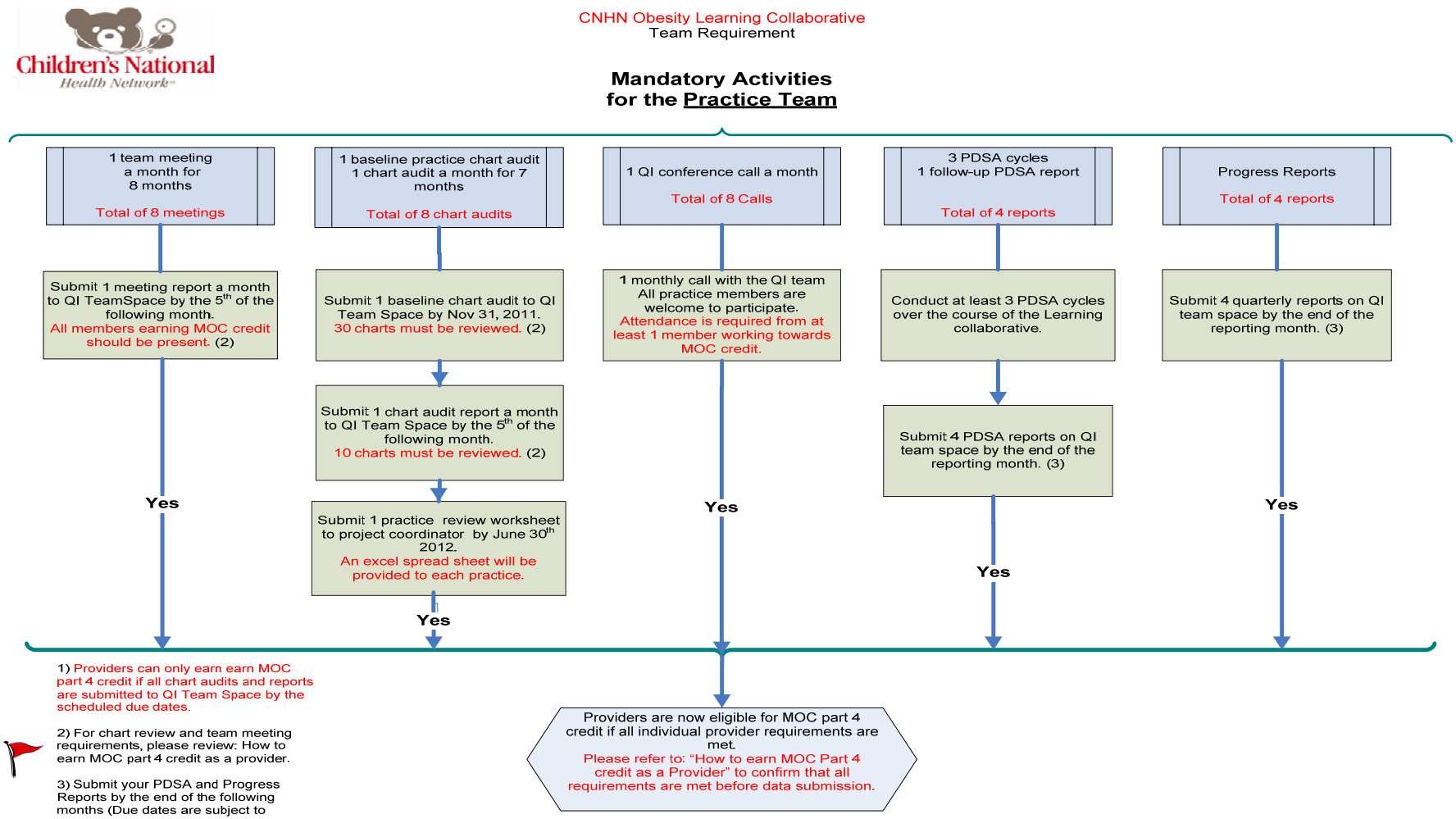
Team Activities Continued

- QI Conference Calls:
  - Attend monthly conference calls with the QI team-8 calls
    - At least one member from each practice team must be on each call

- PDSA Cycles:
  - Conduct at least 3 PDSA Cycles over the course of the learning collaborative
  - Submit 3 PDSA Reports
  - Submit 1 Follow-up report

- Team Progress Reports:
  - As part of your PDSA Cycle reports you will discuss your team's Obesity LC data & improvement progress to date.

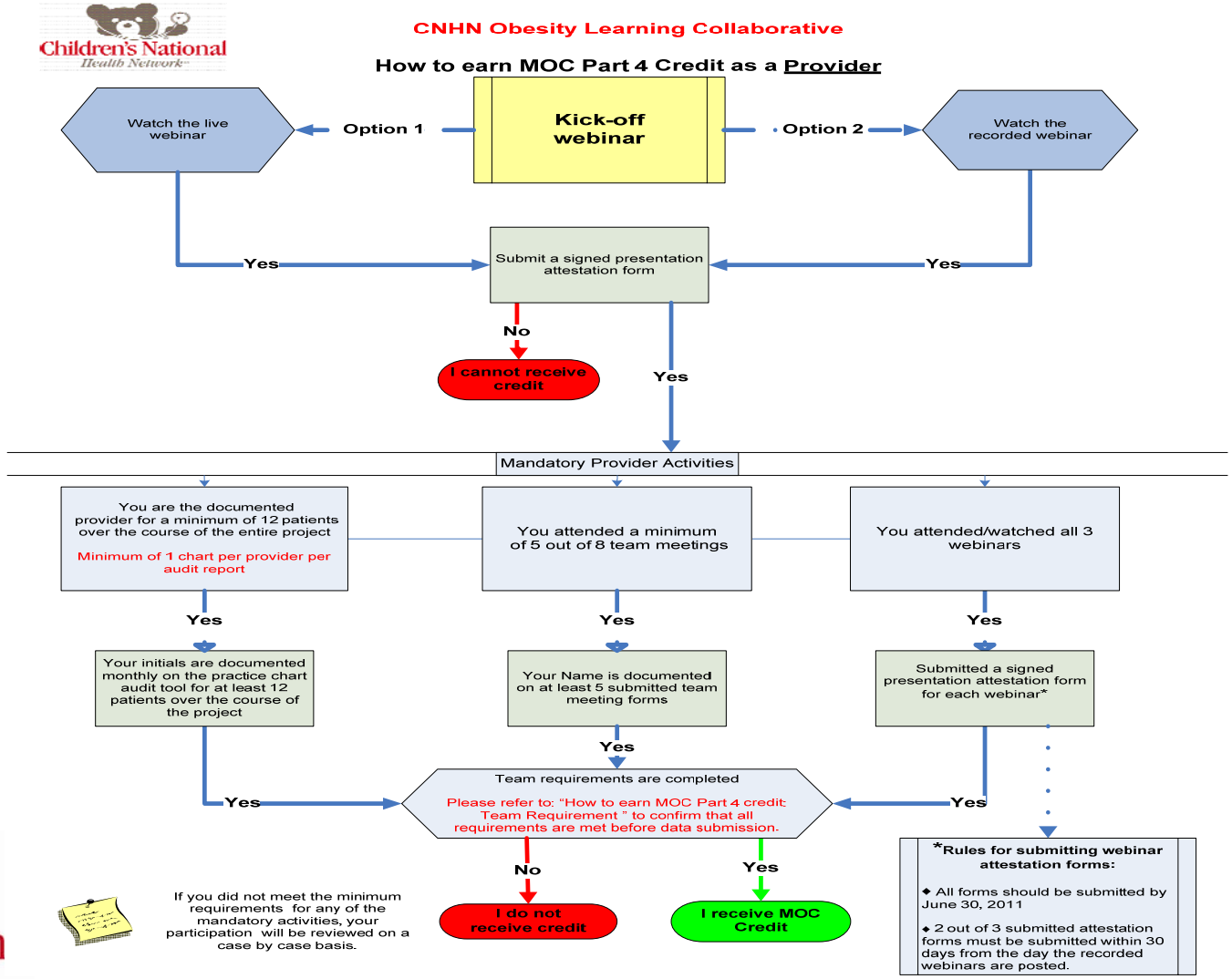
How To Earn Credit As A Practice Team



Provider Activities

- Chart Audits
  - Team members who are working towards MOC credit must be the documented provider for at least 12 patients over the course of the entire project
    - Minimum of 1 chart per provider *per audit report*
- Monthly Meetings:
  - Each provider must attend a minimum of 5 out of 8 team meetings
- Webinars:
  - Must attend/watch all 3 webinars
  - Submit the CME/Webinar attestation form

How To Earn Credit As A Provider



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MOC & CME credit

- We are submitting prospectively & anticipate ABP MOC Part 4 approval for 2011-2012
  - Typically 25 points
- We are additionally approved for up to 28.5 hours CME credit by GWUMC CME office
  - Approved activities
    - Learning session webinars
    - Monthly chart audit (up to 1 hour)
    - Monthly practice team meeting (up to 1 hour)
    - Monthly QI LC conference call (up to 1 hour)
  - Must submit attestation/documentation of participation

QI Team Space

Tamara John, MPH
Quality Improvement Practice Coach
Phone: 202-476-5481
Email: tjohn@childrensnational.org

Practice Data Entry

One stop shop:

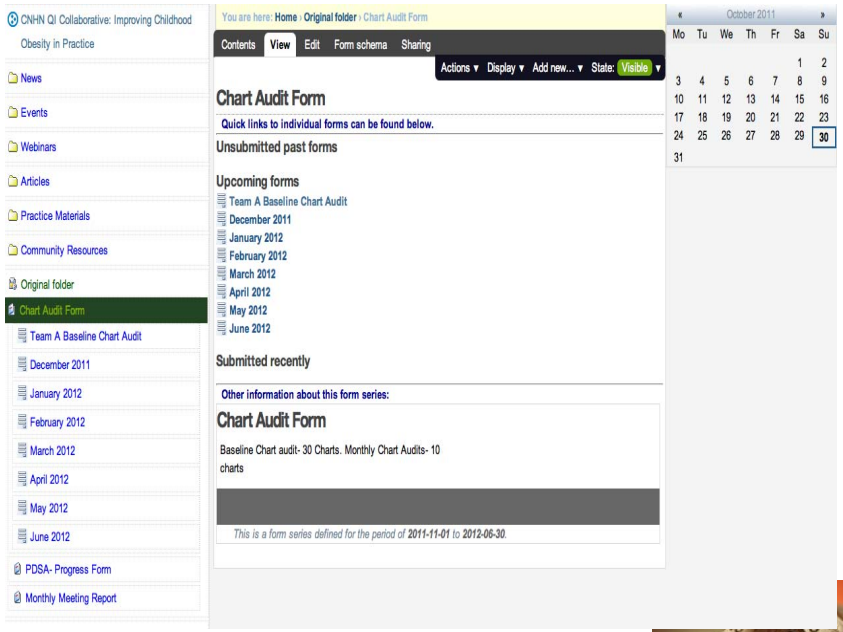
QI Team Space

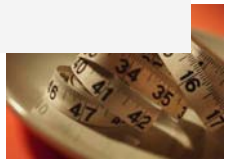
Benefits Of Using QI TeamSpace

- Automated process for:
  - Data entry
  - Data validation
  - Report generation and publishing
- Increased efficiency
- Reduced errors
- Elimination of redundant data entry

QI TeamSpace

- Access
  - Practice materials
- Receive
  - Meeting/Event notifications
- Watch
  - Recorded webinars
- Complete and submit data reports/forms:
  - Chart Audit
  - Monthly Meeting
  - PDSA Cycle





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QI TeamSpace Demonstration

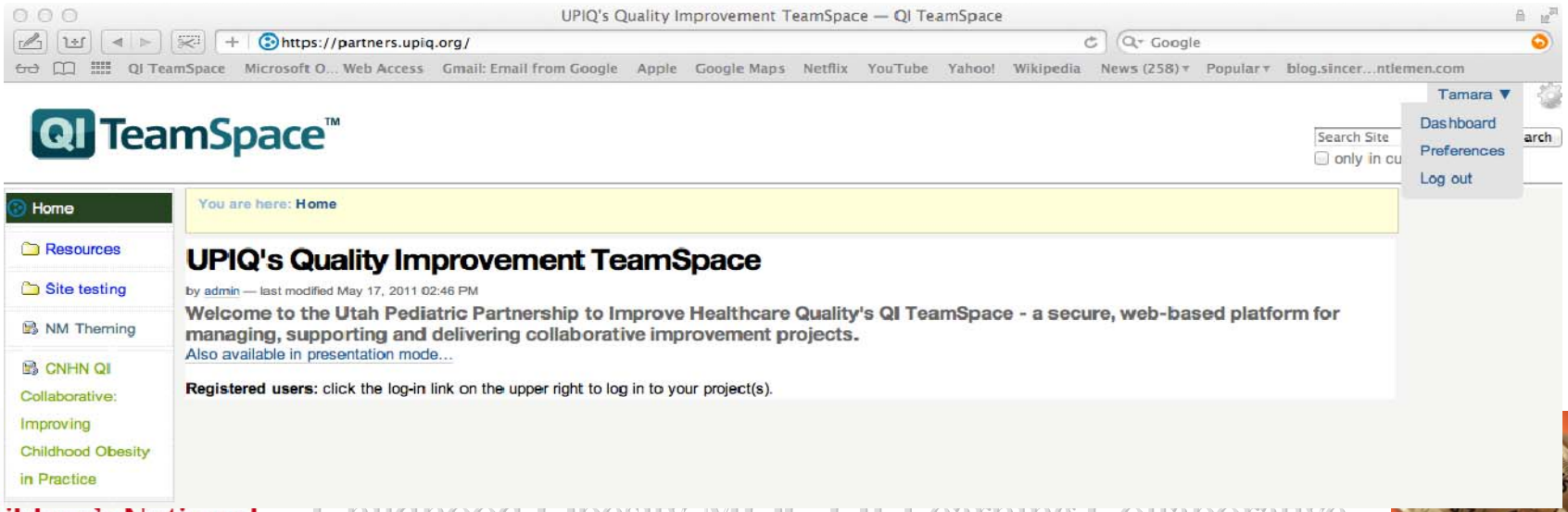
https://partners.upiq.org

QI TeamSpace Demo

The Basics

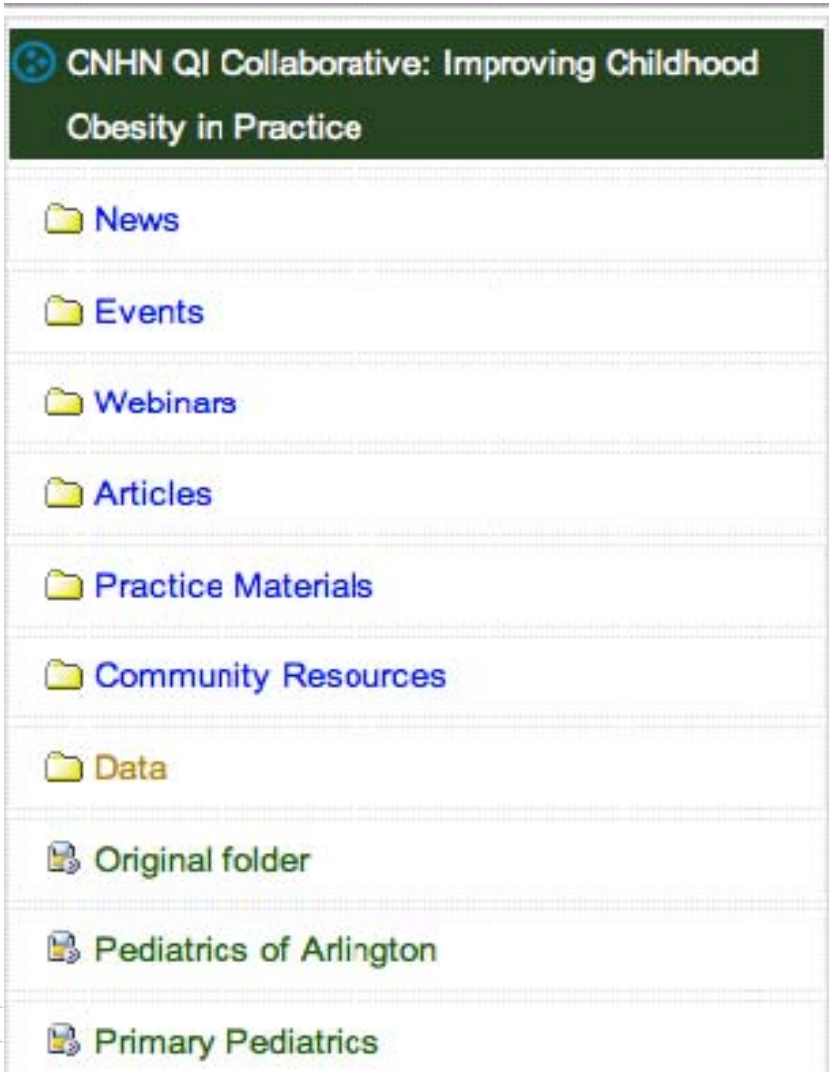
How to Access QI TeamSpace

- Website: https://partners.upiq.org
  - You should receive an email from QI TeamSpace with your log in information
  - Log in using your email address and password
  - Click on CNHN QI Collaborative: Improving Childhood Obesity in Practice to access your practice page



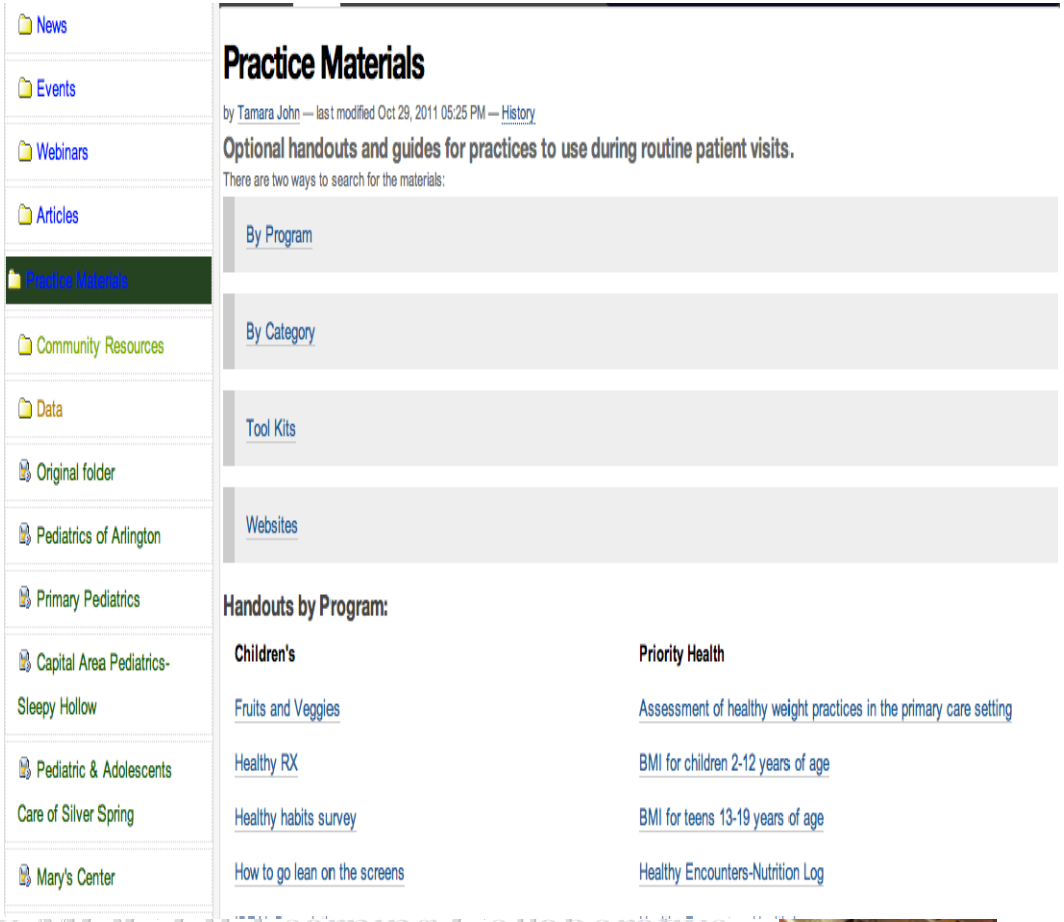
QI TeamSpace Navigation

- The Left Navigation Toolbar:
  - Access the recorded webinar
  - Access obesity-related articles
  - Access all of your practice materials
  - Access local Community Resources
    - If you know of any weight-related resources in your area, please let us know
  - Access your Team Folder



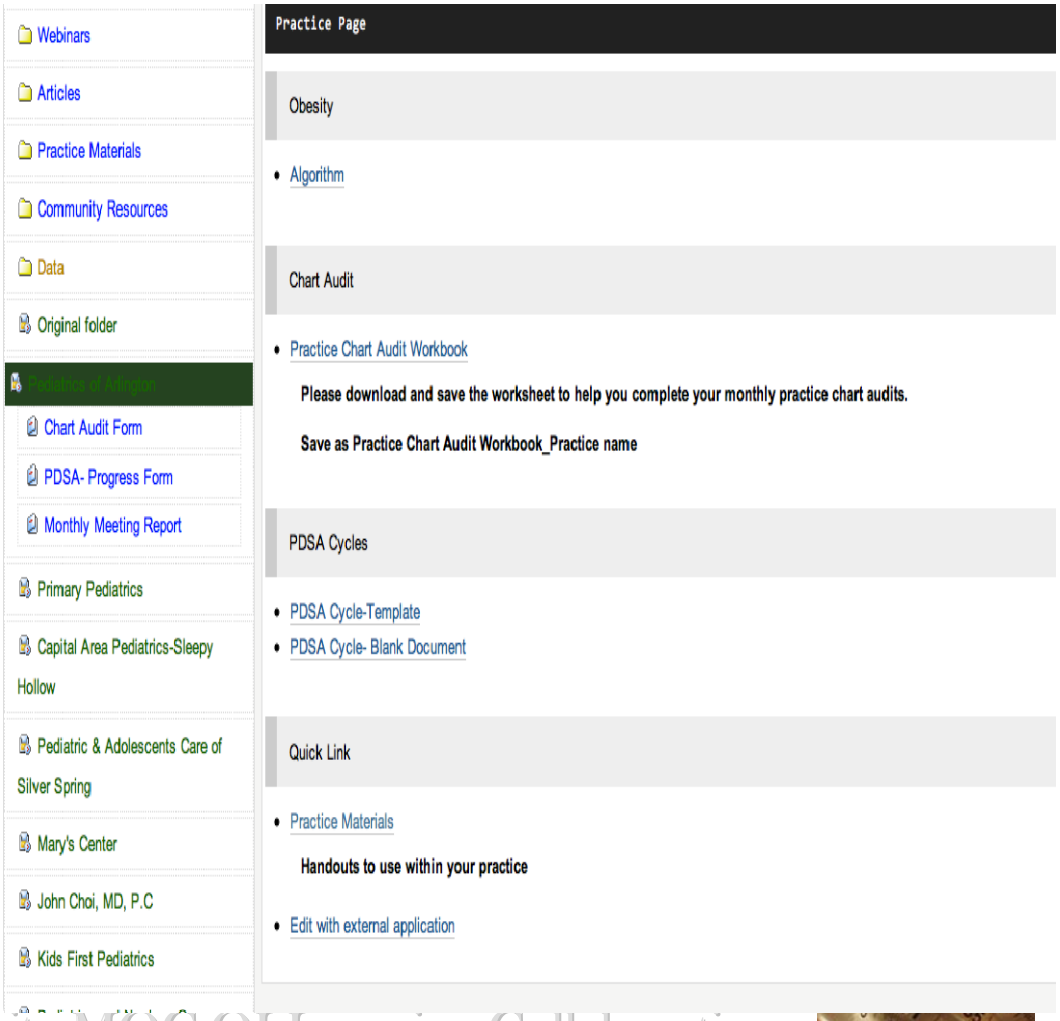
Practice Materials

- Access Patient Handouts
- Access Parent Handouts
- Access Practice Assessment Tools
- Navigate by:
  - Program
  - Category
  - Tool Kit
  - Website



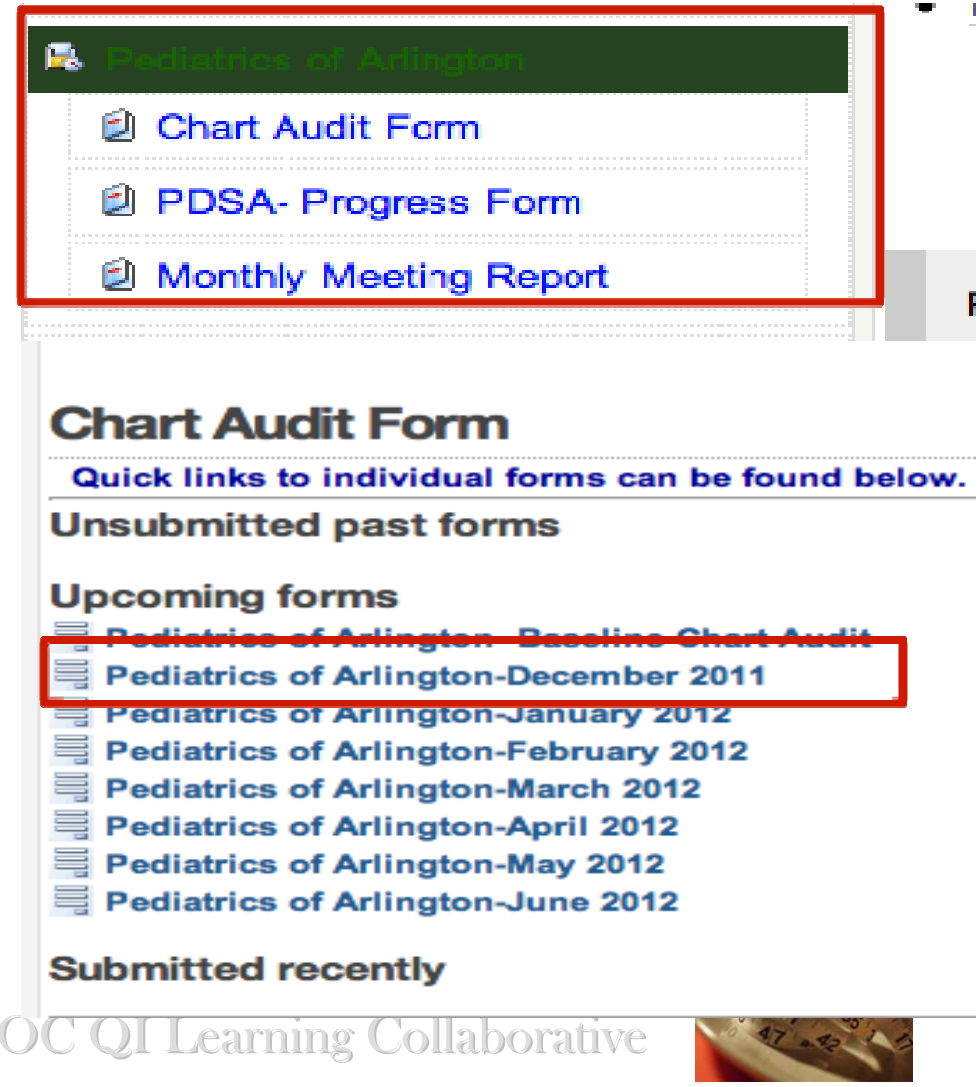
Practice Team Page

- Access your Chart Audit forms
  - Chart Audit practice workbook
- Access your PDSA/Progress Form
  - Example of a PDSA Cycle
  - Blank PDSA Cycle form
- Access your Monthly Meeting report



Accessing Your Forms/Reports

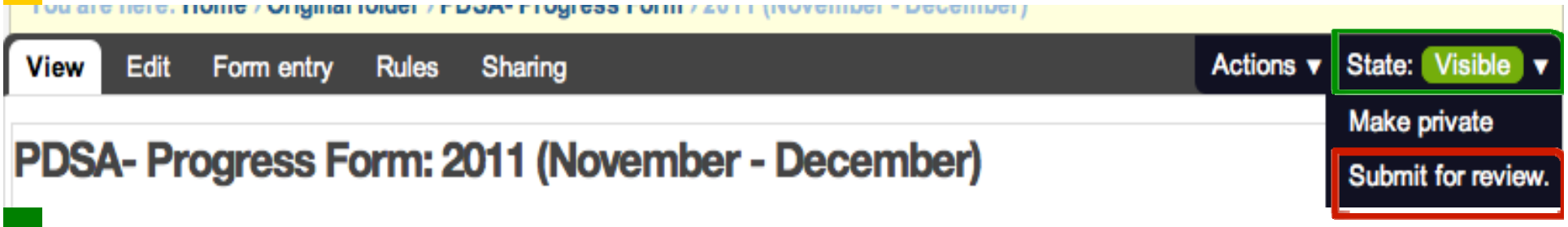
- Click on your team folder in the left navigation tool bar
- Click on the report you want
- Under the "Upcoming Forms" header on the main page, all available/reports forms will be available
- Select the form/report you want based on the month
  - If you want to submit your December chart audit data- select the report that corresponds to that month.



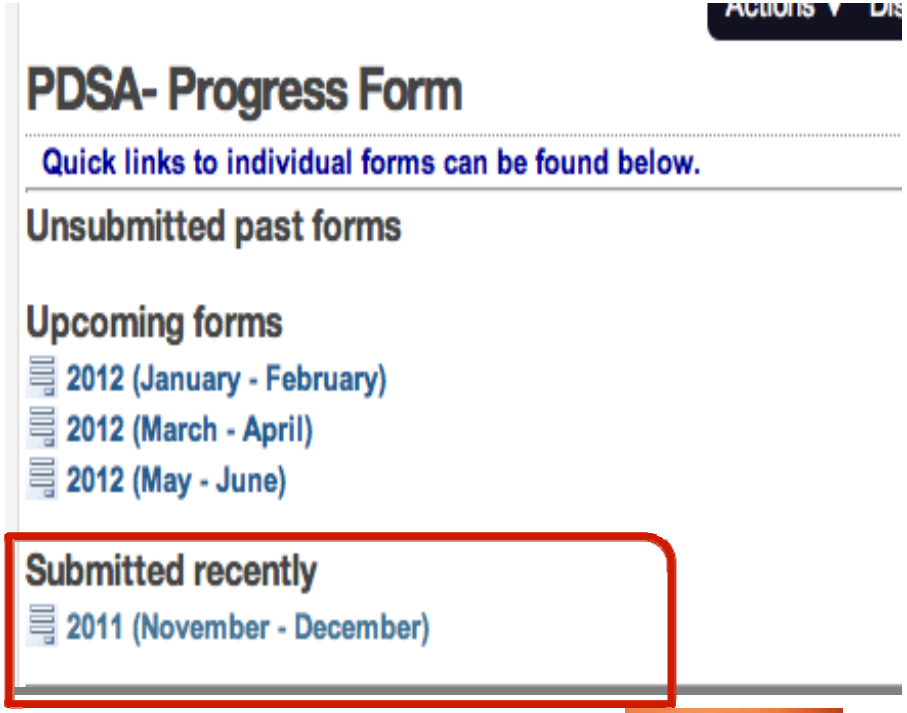
How to Enter Data

- Once you have opened the form you want
- Click on "Form Entry" at the top of the team page
  - Chart Audits- enter the number of rows you want added (30 for baseline, 10 for monthly audit), hit the "**Add Rows**" button
    - Each row represents a new chart
  - Team Meetings- follow the prompts on the page
  - PDSA/Progress Reports-Follow the prompts on the page
- Enter your data
- Once you have completed the form click "Save" at the bottom of the page.

How to Submit Your Data



- Once you are ready to submit your completed form/report, go to the "State" Button at the top of the page
  - The state should read "visible" .
- Click on the arrow next to "visible" and Select "Submit for review"
- The form/report has now been submitted and will appear under the "Submitted Recently" tab on the form/report page.



Next Steps

Baseline Chart Audit
and QI Team Site Visit

Schedule a QI coach visit at your practice

- Please email Tamara John:
  - A date and a time that is convenient for the QI Practice Coach to meet with your team.
  - This short visit will help you with:
    - Chart audits
    - PDSA Cycles
    - QI Team space

Chart Audit

- Baseline Chart Audit
  - 30 patient charts
- Monthly Chart Audit
  - 10 patient charts

- Inclusion criteria for chart audits
  - Patients who are between 2-18 yrs old
  - Patients who were seen for a **well child visit** from August 2011-October 2011

At all well child visits, were the following measures assessed (indicate Y or N)?

1. BMI was documented during the visit
2. BMI %ile was documented during the visit on appropriate growth chart
3. Abnormal weight diagnosis was documented in the problem list or chart
4. Family and patient health risks were assessed
5. Nutrition was assessed during the visit
6. Physical activity was assessed and addressed
7. A weight related health message was given during the visit and was documented in the patient notes

If BMI%ile > 85%ile, were the following measures should be assessed (Y or N)?

1. Patients with a BMI ≥ 85%ile have self management goals documented in their chart
2. Obesity related screening labs were ordered for patients with a BMI ≥ 85%ile
3. Patients with a BMI ≥85%ile have a follow up visit scheduled with their healthcare provider
4. Patient with a BMI ≥95%ile AND comorbidities have a referral to a specialist
5. NEW: For BMI >85%ile, documented & coded for extended counseling & management

Chart Review Worksheet

January Chart Audit

CNHN Obesity Work Sheet

Chart	Provider Name	Patient Initial	Date of Visit (01/01/01)	Pt age at time of vsit yrs only Age (1-2 digits)	BMI was documented during the visit (Y or N)	BMI %ile was documented during the visit on appropriate growth chart (Y or N)	Abnormal weight diagnosis was documented in the problem list or chart (Y or N)	Family and patient health risks were assessed (Y or N)	Nutrition was assessed during the visit (Y or N)	Physical activity was assesed and addressed (Y or No)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

January Chart Audit

CNHN Obesity Work Sheet

Chart	A weight related health message was given during the visit and was documented in the patient notes (Y or N)	Patients with a BMI ≥ 85%ile have self management goals documented in their chart (Y or N)	Patients with a BMI ≥85%ile had a fasting lipid profile ordered (Y or N)	Obesity related screening labs were ordered for patients with a BMI ≥ 85%ile (Y or N)	Patients with a BMI ≥85%ile have a follow up visit scheduled with their healthcare provider (Y or N)	Patient with a BMI ≥95%ile plus comorbidities have a referral to a specialist (Y or N)
1						
2						
3						
4						
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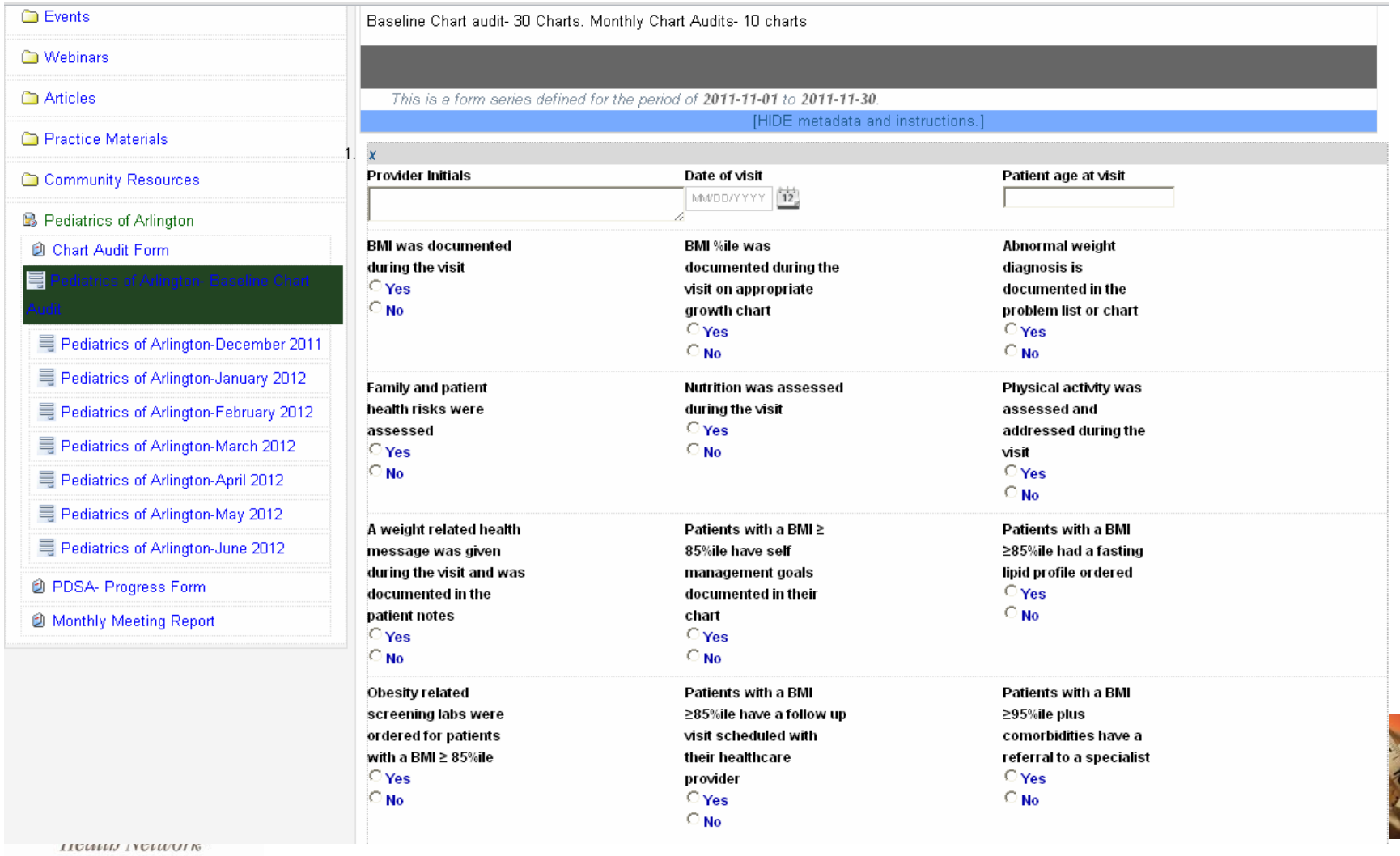
6						
7						
8						
9						
10						

QI TeamSpace Chart Audit Form



Don't worry about baseline results!

- Don't worry if your baseline data isn't great- that leaves more room for improvement!
- Helps target where your practice can focus improvement

Thank you for your participation

- Next QI conference call:
- Wednesday, December 7th @ 12 – 1pm

- For questions, help or information, please contact:
  - Tamara John, MPH
  - 202-476-5481
  - tjohn@childrensnational.org

Are we ready to get started?

Children's National Health Network