



Improving Asthma Care in Pediatric Practice **QI BASICS**

CNHN Childhood Asthma
MOC QI Learning Collaborative

Kick-Off Learning Session
October 3, 2012



Childhood Asthma MOC QI Learning Collaborative



Childhood Obesity QI Collaborative:

CME Learning Objectives

- **Learning Objectives:** At the conclusion of this learning collaborative, participants should demonstrate their ability to improve the identification and management of children with asthma in their practice setting.
- **Participants will be able to:**
 1. Identify “best practice” recommendations & guidelines for practice management of childhood asthma.
 2. Identify opportunities to implement clinical “best practices” in your practice setting.
 3. Conduct PDSA cycles within a practice setting to measurably improve childhood asthma identification and management.



Today's Presenters:

Have no conflicts to disclose



Mark Weissman, MD



Tamara John, MPH



Stephen Teach, MD,
MPH



Rhonique Shields-Harris
MD, MHA, FAAP

- 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



CME Accreditation



- **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 **30** AMA Physician Recognition Award Category 1 Credits™.
- Participants will be required to certify attendance or participation on an hour-for-hour basis.



Are we ready to begin to improve our care?



QI Home for the region's pediatricians

• DC PICHQ

- DC Partnership for Children's Healthcare Quality (2005)
- Based in Children's National's Goldberg Center for Community Pediatric Health
- Part of evolving National Improvement Partnership Network (NIPN) (CHIPRA funded)

• Key regional QI projects with measurable improved outcomes

- DC EPSDT (2005-2009)
- DC Immunizations (2007-2011)
 - ABP MOC Accredited
- NCQA PCMH (2010-2011)
- Childhood Obesity (2011-2012)
 - ABP MOC Accredited
- Childhood Asthma (2012-2013)
 - ABP MOC pending



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[My ABP Portfolio Home](#) Welcome Dr. Cara L. Biddle • ABPID #: 663143

Activity Profile

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Sponsor(s)	Children's National Medical Center
Title	CNH- DC PICHQ Childhood Obesity Learning Collaborative
Description	Sponsored by Children's National Health Network for its members, the overall goal of the CNH Childhood Obesity QI Learning Collaborative is to improve childhood obesity screening and management in diverse pediatric practice settings across our region. We have recruited close to 100 pediatricians from 30 unique practices including inner-city federally-qualified health centers and suburban private practices. Participating pediatricians receive CME credit (Up to 29 hours) and Part 4 Maintenance of Certification (MOC) recognition from the American Board of Pediatrics. Multidisciplinary experts from Children's National Medical Center's Obesity Institute and QI team members from the DC Partnership to Improve Children's Healthcare Quality (DC PICHQ) translated "best practice" recommendations into a user-friendly Obesity Care Algorithm for community practitioners. We developed and validated preliminary target measures through baseline chart audits of the participating practices. Our Childhood Obesity QI Learning Collaborative was able to improve recommended childhood obesity screening and management regionally over the nine month project. Additionally, we were able to demonstrate the success of a regional web-based approach to quality improvement supported by a QI website (QI TeamSpace), local practice coaching and dedicated QI staff and resources.
Completion Criteria	Once you have met the activity completion criteria set by the sponsor organization, complete the QI Project Physician Attestation form (see link below) and forward to the sponsor organization for signature. The sponsor organization notifies the American Board of Pediatrics of your completion.
Attestation Form	Attestation Form

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Childhood Asthma MOC QI Learning Collaborative

MOC: From Obesity to Asthma

- CNHN completed successful **Improving Childhood Obesity in Practice** QI-MOC program
 - 30 practices, 150 pediatricians in DC, MD and VA-improved care together
 - ABP MOC Part 4 credit (25 points) & CME credit (up to 30 hours)
 - High provider satisfaction scores
- Now launching new QI-MOC program: **Improving Asthma Care in Pediatric Practice**
 - 50 practices, 250 pediatricians in DC, MD and VA
 - Partnered with: Maryland & DC AAP, ImpactDC
 - October 2012 – June 2013



Why do a QI project on Childhood Asthma?

- Widely prevalent chronic condition across our region & diverse practice sites
- Gap between “best practice” and real world care
- Pediatrician asthma care is already being profiled by payers (HEDIS)
- Improving asthma care can improve clinical outcomes and reduce cost-positioning for new payment models
- Successful asthma QI projects to guide us



Partners in Improvement

- Children's National Health Network
 - *Funding & member benefit*
- DC PICHQ
 - *QI expertise & infrastructure*
- ImpactDC & local asthma experts
 - *Clinical asthma expertise*
- American Academy of Pediatrics
 - Maryland & DC Chapters
 - *Practice recruitment & support*
 - *AAP Asthma Champions*



Special recognition to Maryland AAP Chapter

- Maryland AAP chapter interested in building statewide ***quality improvement partnership*** with key government, payer & provider stakeholders
- Partnering with our QI MOC project to:
 - Recruit & engage Maryland pediatricians in regional QI initiatives
 - Assist with practice QI coaching
 - Develop experience and infrastructure to sponsor & support future Maryland QI activities

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Childhood Asthma MOC QI Learning Collaborative



Map of Participating Practices

Children's National
Medical Center

Capital Area Pediatrics

Children's Pediatrician's
and Associates

Northern Virginia

Maryland

District of Columbia



Participating Practices

District of Columbia



- ☐ CNMC@ AHC
- ☐ CNMC@CHC-SZ
- ☐ CNMC@GHR/MLK
- ☐ CNMC@Comp/Morgan
- ☐ CNMC@THEARC
- ☐ CNMC-CHT Residents
- ☐ Children's Pediatricians & Associates-Foggy Bottom
- ☐ Children's Pediatricians & Associates-Residents
- ☐ Upper Cardozo Health Center

Maryland



- ☐ Cambridge Pediatrics
- ☐ Children's Pediatricians & Associates-Canton
- ☐ Children's Pediatricians & Associates-College Park
- ☐ Children's Pediatricians & Associates-Silver Spring
- ☐ Children's Pediatricians & Associates-Gaithersburg
- ☐ Children's Pediatricians & Associates-Upper Marlboro
- ☐ Dundalk Pediatric Associates
- ☐ Gateway Pediatric Associates
- ☐ Primary Pediatrics
- ☐ McDayden-Eyo &Strott and Associates
- ☐ Menchavez Pediatrics
- ☐ Melvin Stern
- ☐ Clinic For Children P.A
- ☐ Medstar Franklin Square Pediatrics @ Perry Hall

Maryland Continued



- ☐ Complete Healthcare
- ☐ The Pediatric Center
- ☐ Corazon P Sanchez
- ☐ Shah Associates
- ☐ Albert & Austin MD, P.A
- ☐ Friendship Pediatrics, P.A
- ☐ Frederick Pediatric Associates
- ☐ Padder Health Services
- ☐ Youn Mannan LLC
- ☐ Discovery Pediatrics
- ☐ St Agnes Pediatrics Associates
- ☐ Community Clinic, INC
- ☐ The Pediatric Center of Frederick
- ☐ Wyman Park Pediatrics

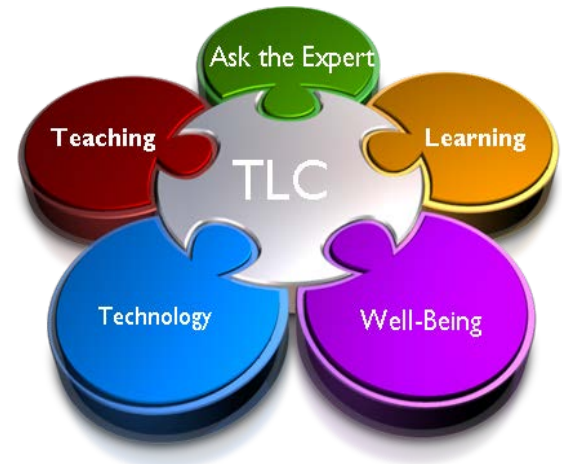
Northern Virginia



- ☐ ALL Pediatrics- Lake Ridge
- ☐ ALL Pediatrics- Lorton
- ☐ Capital Area Pediatrics-Herndon
- ☐ Capital Area Pediatrics-Sleepy Hollow
- ☐ Capital Area Pediatrics-Vienna
- ☐ Capital Area Pediatrics-CAP
- ☐ Pediatrics and Newborn Care
- ☐ Town Pediatrics, PC
- ☐ West End Pediatrics
- ☐ Rockbridge Health
- ☐ Arlington Pediatric Center

Web-based QI Learning & Participation

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



Patient & practice privacy

- We do not request, report or share any patient-identified data.
 - We can complete & sign a Business Associate agreement if requested.
- We do share practice data in blinded, de-identified fashion so you can compare (& improve) your practice performance to all other participating practices
 - We will invite high-performing practices to share tips & successes for key measures
 - We will invite practices to share PDSA cycle successes & failures- and invite comments from colleagues
- We will be aggregating unique reporting cohorts:
 - Children's National practices
 - Maryland AAP practices



ABP MOC Part 4: Quality Improvement

- Now required for Maintenance of Certification
- 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.

demonstrate competence in systematic measurement and improvement

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

- **Quality Improvement:** The ABP approves a wide range of in-person 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-DC PICHQ Regional MOC QI Project: Improving Asthma Care in Pediatric Practice

- Multi-practice QI Learning Collaborative
 - 9 months: October 2012-June 2013
 - ABP MOC Part 4 QI credit: 25 points (approval pending)

The screenshot shows the ABP My ABP Portfolio Home page. At the top, there is a navigation bar with links: Our Organization, Become Certified, Take an Exam, Maintain Certification, Workforce & Research, and Verify Certification. A search bar and a 'Log Off' button are also present. The main content area is titled 'My ABP Portfolio Home' and 'Welcome Dr. Cara L. Biddle • ABPID #: 663143'. The 'Activity Profile' section is highlighted, showing details for the 'CNHN-DC PICHQ Childhood Obesity Learning Collaborative'. The description states that the project aims to improve childhood obesity screening and management in diverse pediatric practice settings across the region, involving 150 pediatricians from 30 unique practices. It mentions that participating pediatricians receive CME credit (up to 28 hours) and Part 4 Maintenance of Certification (MOC) recognition from the American Board of Pediatrics. The project was a regional web-based approach to quality improvement, supported by a QI website (QI TeamSpace), local practice coaching, and dedicated QI staff and resources. The completion criteria state that once the activity completion criteria set by the sponsor organization is met, the QI Project Physician Attestation form should be completed and forwarded to the sponsor organization for signature. The sponsor organization then notifies the American Board of Pediatrics of the completion. The attestation form link is provided at the bottom of the activity profile.

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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*.



Asthma QI Aim Statement (preliminary)

- During our learning collaborative (September 2012– June 2013), participating pediatricians will improve their office management of childhood asthma, achieving the following measures for 90%* of office asthma visits:
 - Asthma identification, severity classification and assessment of control
 - Assessment and counseling of asthma triggers
 - Asthma controller therapy for persistent asthma
 - Written asthma action plan
 - Scheduled follow-up asthma visits
- *QI project measures & aims will be finalized based on benchmark practice chart audits
 - Alternate: 20% improvement from baseline



National Recommendations for Asthma Care

- Inhaled corticosteroids
- Asthma action plan
- Asthma severity
- Asthma control
- Follow-up visits
- Allergy and irritant control

Summary of GIP Priority Messages and the Underlying EPR-3 Recommendations*

<p>MESSAGE: Inhaled Corticosteroids Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma, and should be utilized by patients and clinicians as is recommended in the guidelines for control of asthma.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that long-term control medications be taken on a long-term basis to achieve and maintain control of persistent asthma, and that inhaled corticosteroids (ICSs) are the most potent and consistently effective long-term control medication for asthma. [Evidence A].</p>	<p>MESSAGE: Asthma Control At planned followup visits, asthma patients should review level of control with their health care provider based on multiple measures of current impairment and future risk in order to guide clinician decisions to either maintain or adjust therapy.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that every patient who has asthma be taught to recognize symptom patterns and/or Peak Expiratory Flow (PEF) measures that indicate inadequate asthma control and the need for additional therapy (Evidence A), and that control be routinely monitored to assess whether the goals of therapy are being met – that is, whether impairment and risk are reduced (Evidence B).</p>
<p>MESSAGE: Asthma Action Plan All people who have asthma should receive a written asthma action plan to guide their self-management efforts.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that all patients who have asthma be provided a written asthma action plan that includes instructions for: (1) daily treatment (including medications and environmental controls), and (2) how to recognize and handle worsening asthma (Evidence B).</p>	<p>MESSAGE: Followup Visits Patients who have asthma should be scheduled for planned followup visits at periodic intervals in order to assess their asthma control and modify treatment if needed.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that monitoring and follow up is essential (Evidence B), and that the stepwise approach to therapy – in which the dose and number of medications and frequency of administration are increased as necessary (Evidence A) and decreased when possible (Evidence C, D) be used to achieve and maintain asthma control.</p>
<p>MESSAGE: Asthma Severity All patients should have an initial severity assessment based on measures of current impairment and future risk in order to determine type and level of initial therapy needed.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that once a diagnosis of asthma is made, clinicians classify asthma severity using the domains of current impairment (Evidence B) and future risk (Evidence C, and D*) for guiding decisions in selecting initial therapy.</p> <p><i>*Note: While there is not strong evidence from clinical trials for determining therapy based on the domain of future risk, the Expert Panel considers that this is an important domain for clinicians to consider due to the strong association between history of exacerbations and the risk for future exacerbations.</i></p>	<p>MESSAGE: Allergen and Irritant Exposure Control Clinicians should review each patient's exposure to allergens and irritants and provide a multipronged strategy to reduce exposure to those allergens and irritants to which a patient is sensitive and exposed, i.e., that make the patient's asthma worse.</p> <p>EPR-3 Recommendations: The Expert Panel recommends that patients who have asthma at any level of severity be queried about exposure to inhalant allergens, particularly indoor inhalant allergens (Evidence A), tobacco smoke and other irritants (Evidence C), and be advised as to their potential effect on the patient's asthma. The Expert Panel recommends that allergen avoidance requires a multifaceted, comprehensive approach that focuses on the allergens and irritants to which the patient is sensitive and exposed – individual steps alone are generally ineffective (Evidence A).</p>



And local asthma experts

- Children's National: Impact DC
- AAP: Chapter Asthma Champions
- University of Maryland
- Other interested participants



What is a “learning collaborative”?

- 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

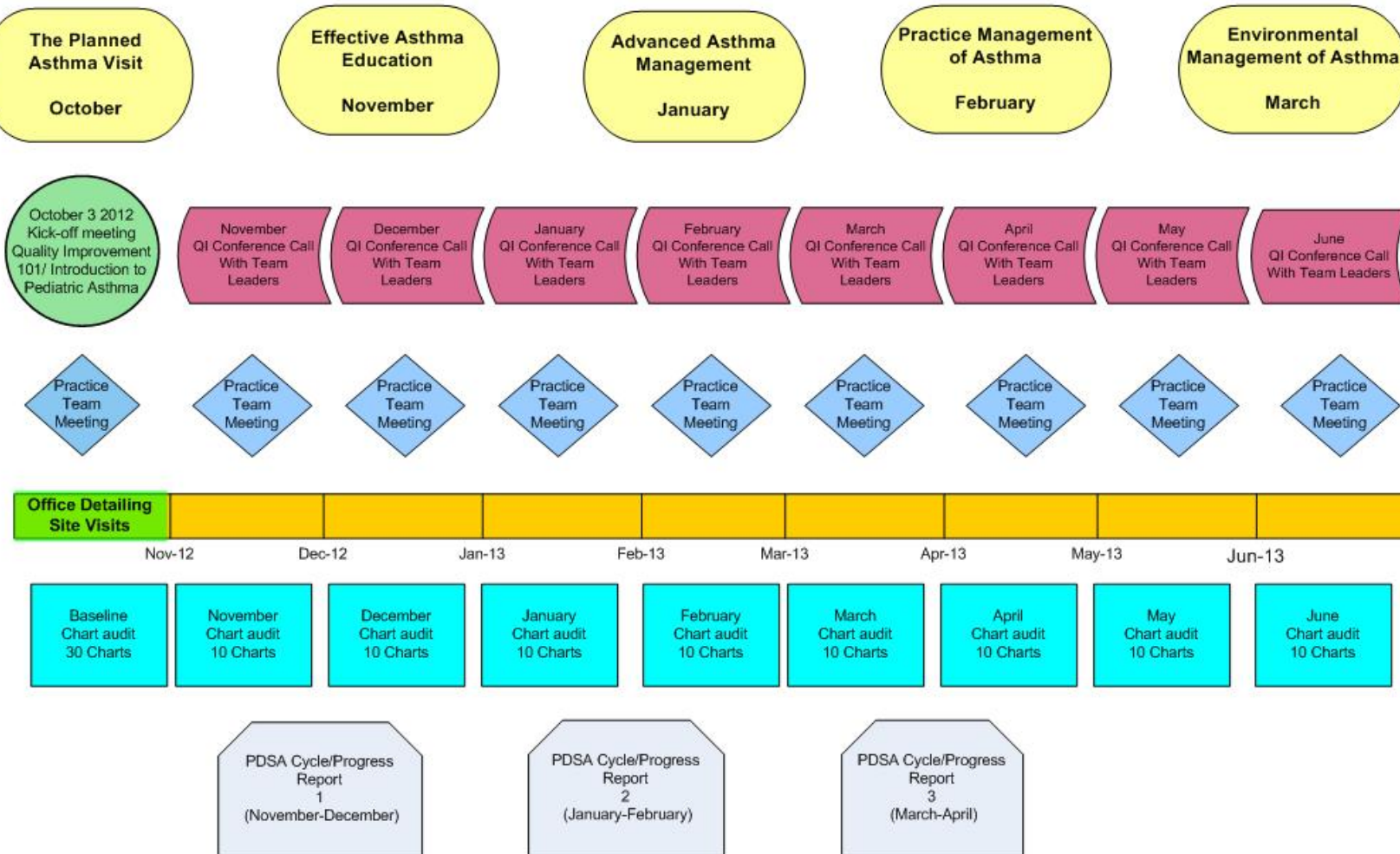


QI Learning Collaborative model

- Do QI as practice team- get individual MOC & CME credit
 - 9 month “virtual” project (October – June)
 - Web-based learning conferences (live or recorded)
 - Baseline and monthly chart audits to measure asthma care & improvement
 - Monthly practice team meeting to look at data & implement mini-improvements
 - Monthly team leader project calls with other practices to share data & tips
 - Hands-on QI coaching in your practice & by phone



Children's National Health Network Asthma Learning Collaborative Project Work Flow



To receive ABP MOC credit...

- Pediatricians & practices must demonstrate *active participation* in:
 - Kick-off & web-based **learning sessions**
 - QI basics and office management of childhood asthma
 - 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



QUALITY IMPROVEMENT IN PRIMARY CARE PRACTICE

The MOC Version...

Mark Weisman, MD

Chief, Division of General Pediatrics & Community Health
Executive Director, Children's National Health Network
DC Partnership to Improve Children's Health Care Quality



Childhood Asthma MOC QI Learning Collaborative

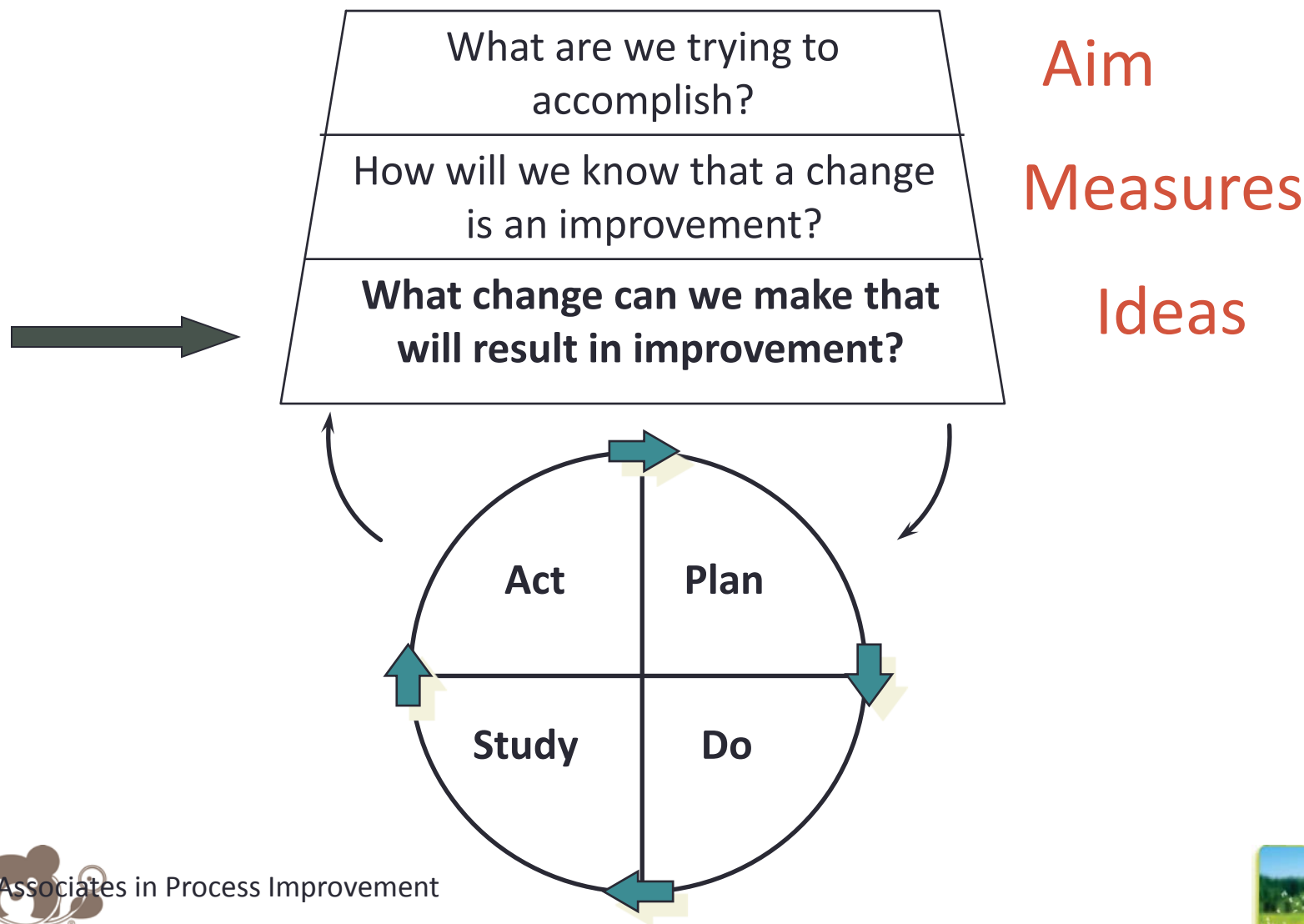


How does a Learning Collaborative work?

- 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 kick-off 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 guide your 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”



From: Associates in Process Improvement



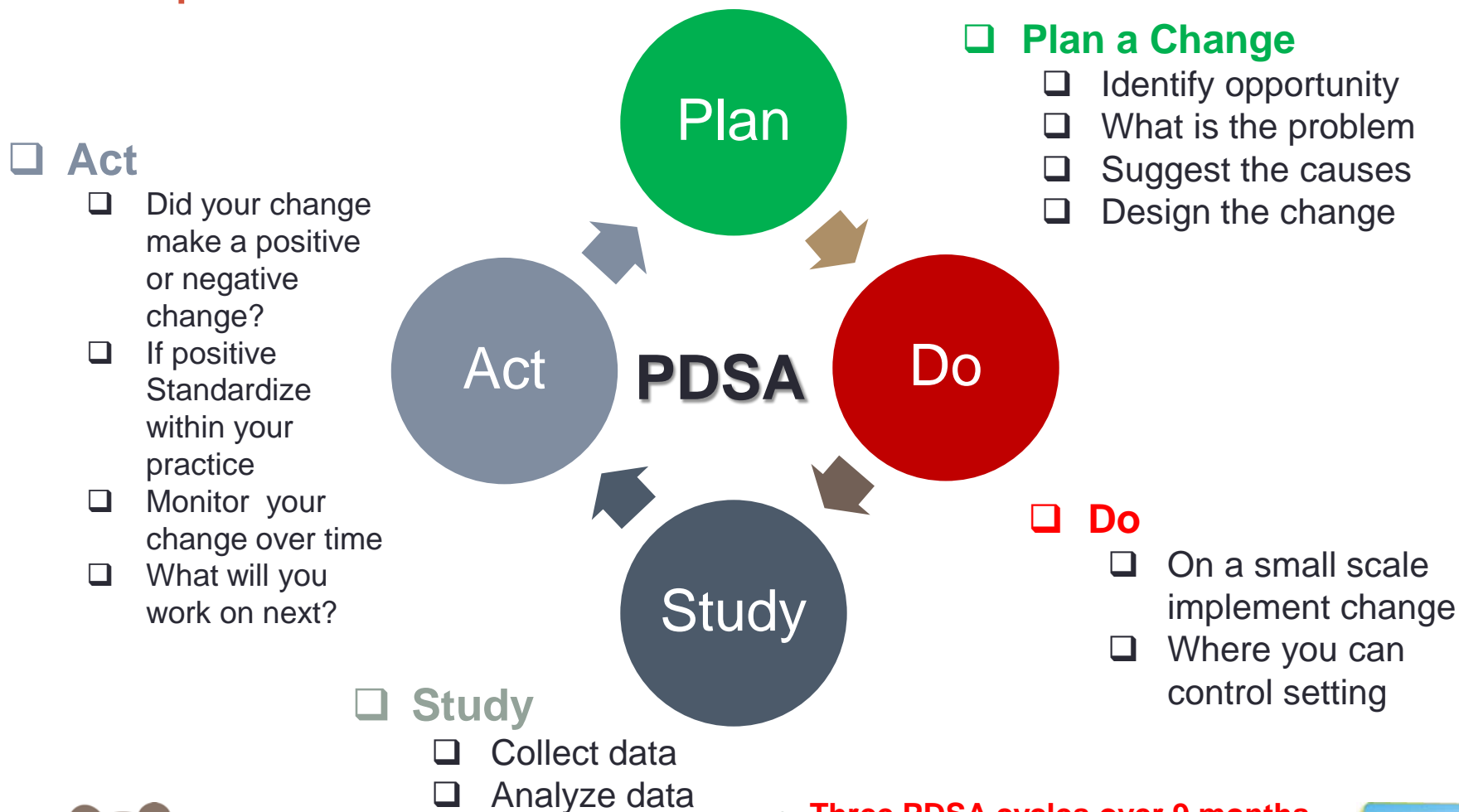
Use ideas for change to plan PDSA cycle:

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 your 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 your ideas for an improvement 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 did not work at all.
- The PDSA cycle is meant to be used repeatedly and continuously to result in on-going quality improvement



Implement and measure test of change in your practice to improve asthma care



Remember: Keep it simple!



- PLAN and DO a change (for the next 5-10 patients, for one week) and then STUDY (measure) what works/doesn't, then adjust and ACT (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)



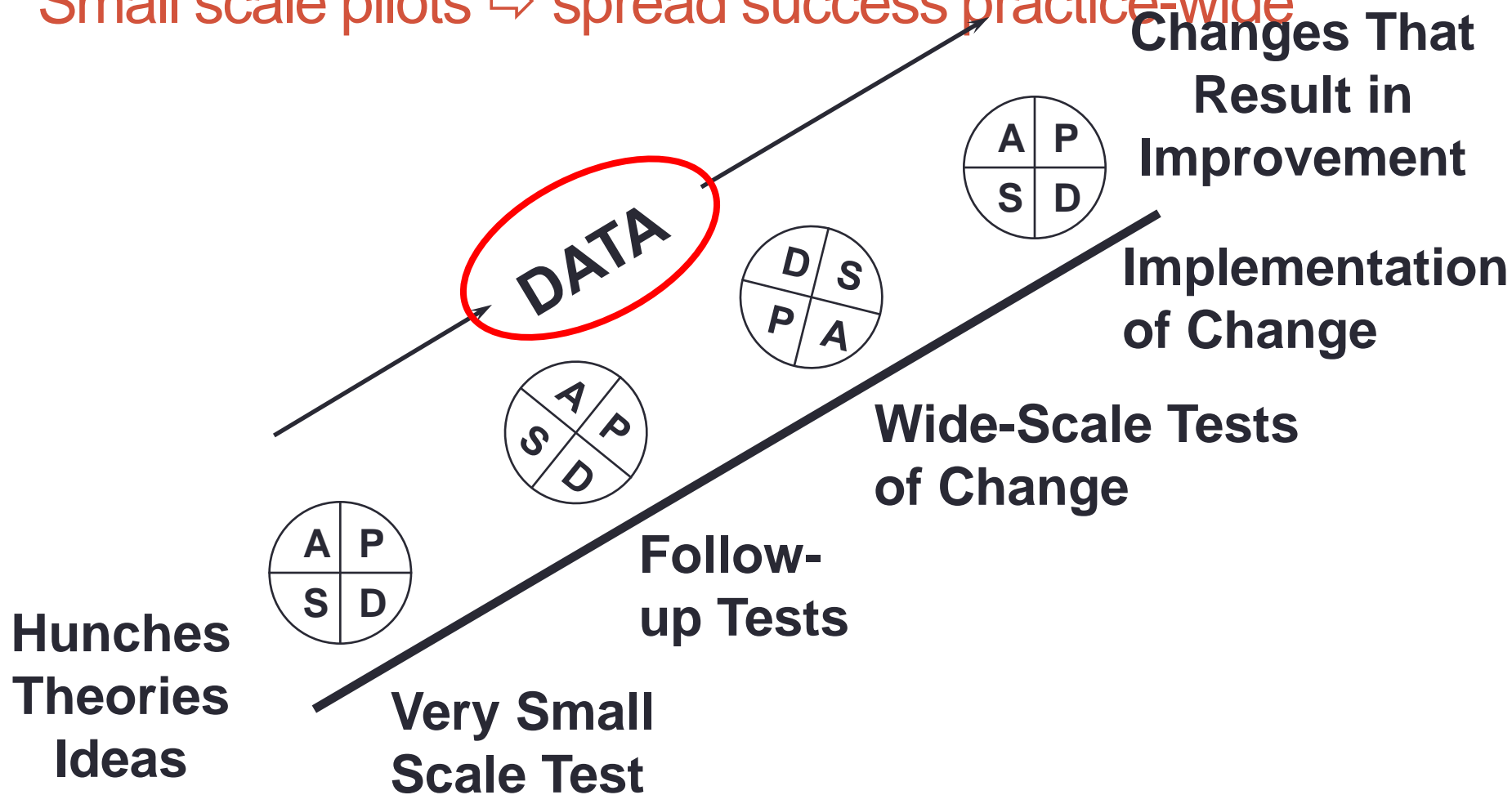
PDSA cycle- Case example

- Your benchmark chart audit data shows low completion of written asthma action plans.
- You discuss your practice data & ideas for improvement at a practice team meeting.
- Providers think they would take the time to complete asthma action plans if readily available but can't find the form when they need them.
- The practice decides to pre-print copies of asthma action plan and have nurses clip to chart for all visits where parent states child has asthma.
- The practice implements for one week and then studies how many asthma visits (493.xx) had written asthma action plan.
- Based on data, the practice then decides to...



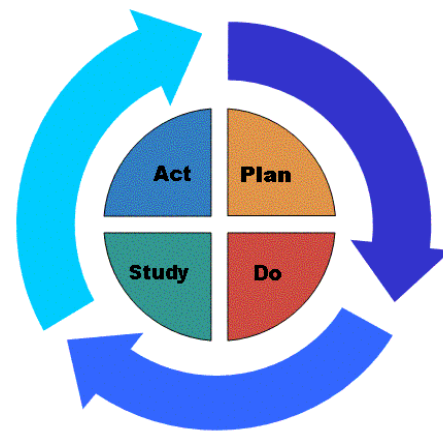
Repeated Use of the PDSA Cycle:

Small scale pilots \Rightarrow spread success practice-wide



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

- After benchmarking practice data (chart audit), each practice will be required to develop PDSA pilots
- Moves practice closer to shared goal- improving asthma care in practice
- **Measure results of PDSA**
 - Limited monthly chart audit to measure success/impact
 - Review results and make adjustments to improve
- ABP: document three PDSA cycles over 9 months
 - You will likely do more...



Who is your practice “Asthma Champion”?

- 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 be met and submitted

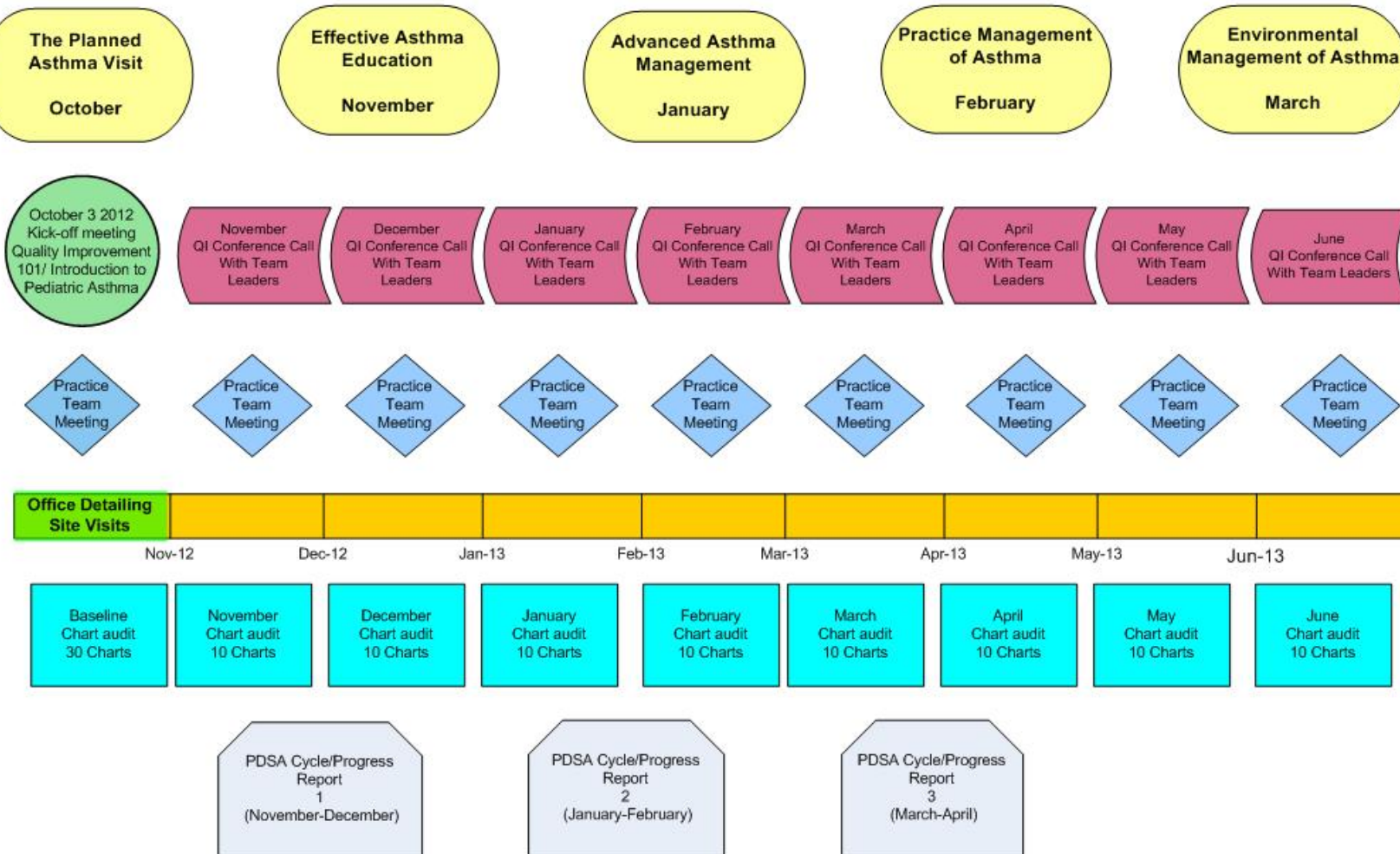
HOW TO EARN MOC CREDIT

- ✓ **As a Practice Team**

- ✓ **As a Provider**



Children's National Health Network Asthma Learning Collaborative Project Work Flow

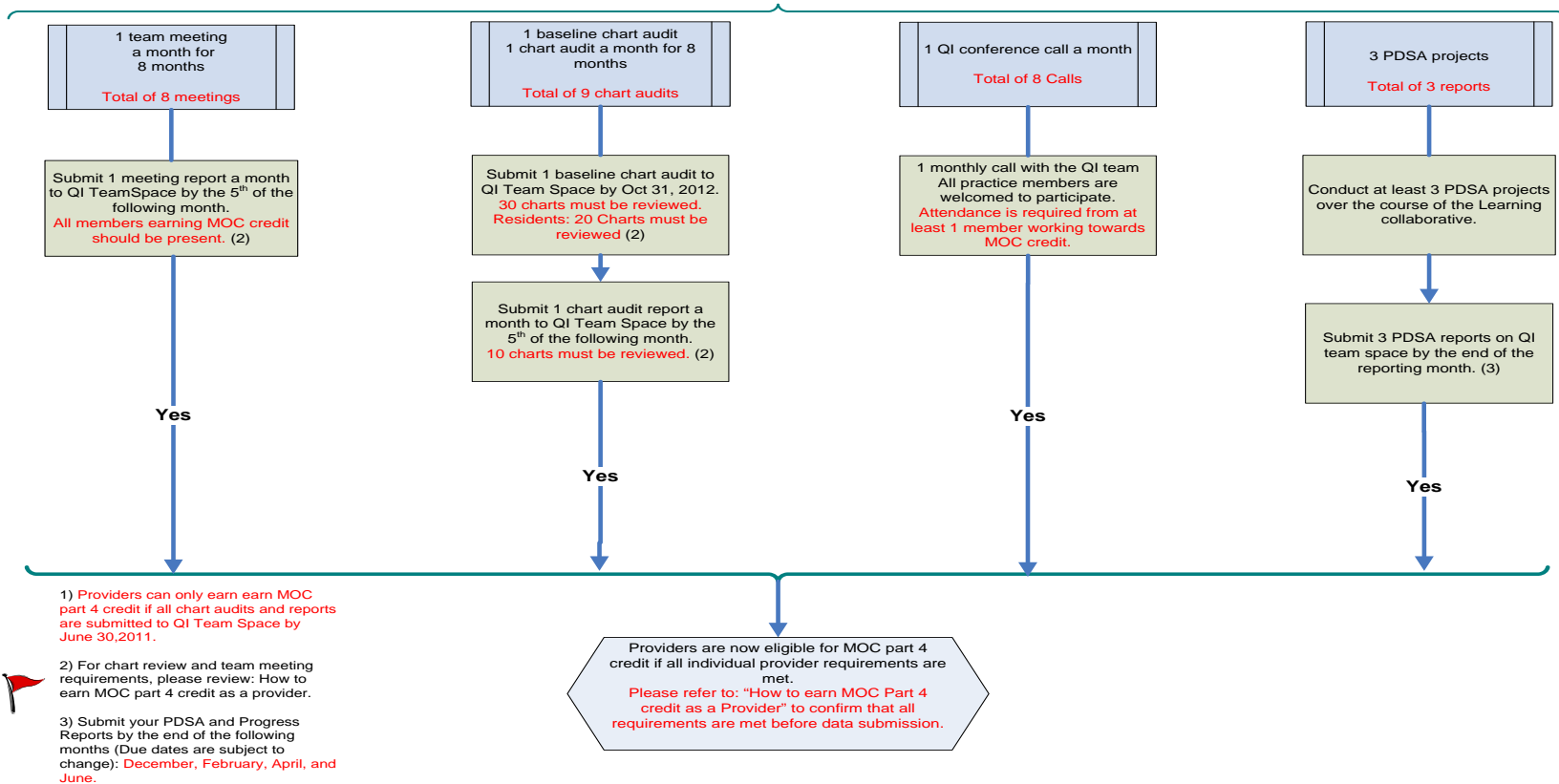


How to earn credit as a Practice Team



CNHN Asthma Learning Collaborative
Team Requirement

Mandatory Activities for the Practice Team



Children's National
Health Network™

Childhood Asthma MOC QI Learning Collaborative



Team Activities

- **Chart Audits:**

- Submit 1 baseline chart audit report- 30 charts
 - Three month review- July/August 2012- October 2012 (asthma sick, follow-up, or well-child visit)
 - Due by October 31st
- Submit monthly chart audit reports-10 charts, 8 reports
 - Due by the **5th** of every month

- **Team Meetings:**

- Submit monthly team meeting reports- 9 reports
 - We can provide team meeting agenda tools
 - Dedicate at least 15 minutes a month to discuss your teams Asthma LC activities



Team Activities Continued

- **QI Conference Calls:**

- Attend monthly conference calls with the QI team-8 calls
 - Held the **Second Thursday** of the every month
 - At least one member from each team should be on every call
 - Most times this is your Asthma Champion/Team Leader
 - Others welcome! (for added CME credit)

- **PDSA Cycles:**

- Conduct at least 3 PDSA Cycles over the course of the learning collaborative
- Submit 3 PDSA Reports to QI TeamSpace

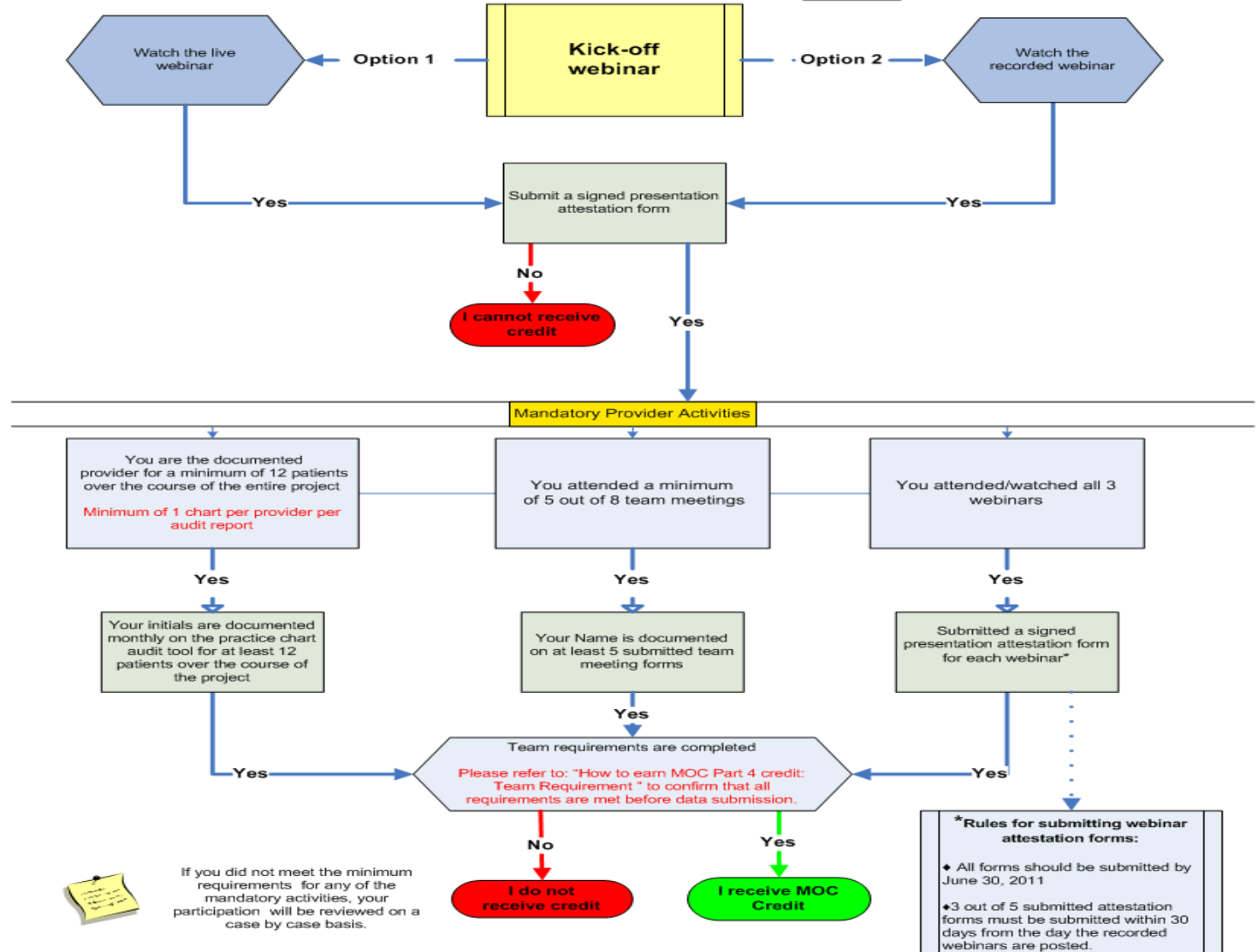


How to earn Credit as a Provider



CNHN Asthma Learning Collaborative

How to earn MOC Part 4 Credit as a Provider



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
 - Very part-time providers- must demonstrate active participation in: chart audit, data review, practice team meetings, improvement planning, measurement
- Monthly Meetings:
 - Each provider must attend a minimum of 5 out of 9 team meetings
- Webinars:
 - Must attend & watch at least 4 learning sessions
 - Submit a CME/Webinar attestation form for each learning session



Asthma Learning Sessions (CME accredited)

- **Quality Improvement Basics**
- **Asthma Best Practices**
 - Introduction to pediatric asthma, NHLBI guidelines, primary care asthma management
- **The Planned Asthma Visit**
 - Office assessment of severity & control, barriers to optimal management, medication & device technique, environmental assessment, key educational messages
- **Advanced Asthma Management**
 - Severe or complex asthma cases, common asthma co-morbidities, role of the subspecialist, pulmonary function testing
- **Effective Asthma Education**
 - Asthma and health literacy, partnering with families, advanced inhalation device training, practical counseling to reduce environmental triggers, tools and resources
- **Practice and Population Management of Asthma**
 - Creating and using an asthma registry, coding to improve reimbursement



MOC & CME credit

- We are submitting our application within a month & anticipate ABP MOC Part 4 approval for 2012-2013

- Typically 25 points

Note: If you need MOC Credit by December 2012 this project will not meet December 2012 deadline!

- We are additionally approved for up to 30 hours of CME credit by GWUMC CME office

- Approved activities

- Monthly Chart audits(up to 1 hr each)
 - Monthly Practice team meetings (up to 1 hr each)
 - Monthly conference calls (up to 1 hr each)
 - Learning session webinars (1 hr each)

- Must submit attestation forms/documentation of participation
 - CME workbook



QI TEAM SPACE



Tamara John, MPH
Quality Improvement Practice Coach



Benefits Of Using QI TeamSpace

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

The screenshot displays the 'Children's National Medical Center' QI Workspace site. The header features the center's logo and a user profile for 'Tamara John'. A search bar is located in the top right. The left sidebar contains a navigation menu with links to Home, News, Events, Users, and two collaborative learning groups. The main content area, titled 'Welcome to the CNHN QI Workspace site', includes a breadcrumb trail, a list of actions (Contents, View, Edit, Rules, Sharing), and a state indicator 'Shared with workgroup'. Below the welcome message, there are three large images: a group of children and a teddy bear, hands holding a globe, and a group of smiling children. The text 'Shaping the Future of Community Health' is overlaid on the globe image. A small image of a child blowing a dandelion is in the bottom right corner.

Children's National Medical Center

Tamara John ▼

Search Site Search

☐ only in current section

You are here: Home

Contents View Edit Rules Sharing Actions ▼ Display ▼ Add new... ▼ State: Shared with workgroup ▼

Welcome to the CNHN QI Workspace site

by admin — last modified Sep 25, 2012 01:56 PM — [History](#)

Also available in presentation mode...

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- Events
- Users
- CNHN Asthma QI Learning Collaborative
- CNHN QI Collaborative: Improving Childhood Obesity in Practice

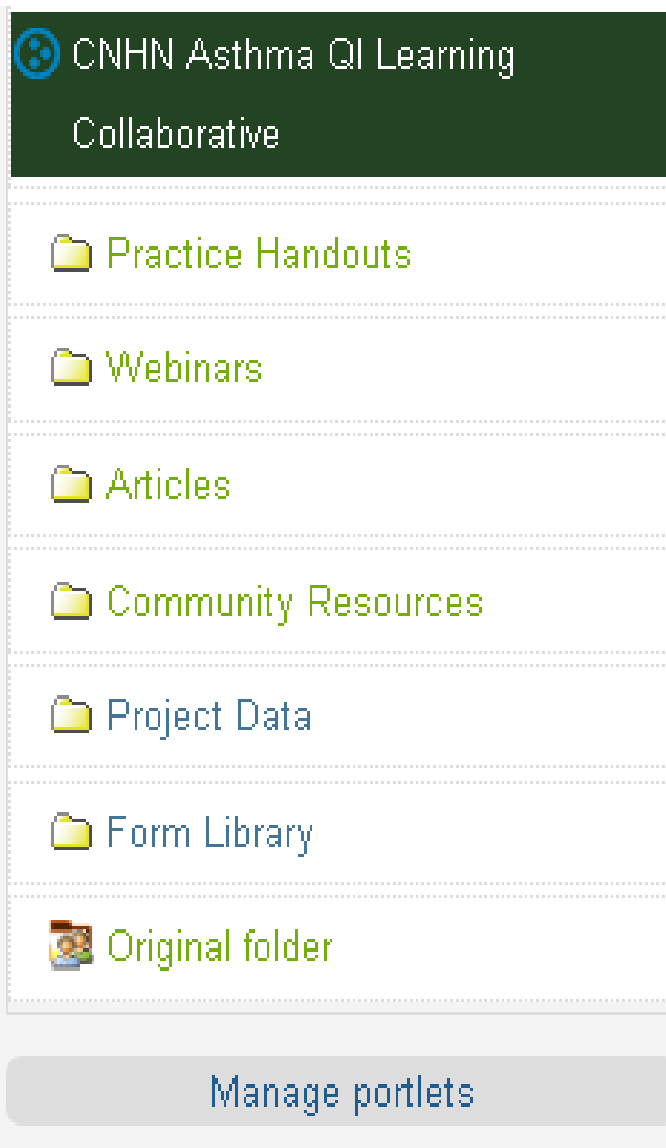
Children's National Medical Center

Shaping the Future of Community Health

Children's National Medical Center

QI TeamSpace

- **Access**
 - Practice materials
 - National Guidelines
- **Watch**
 - Recorded webinars
- **Complete and submit data reports/forms:**
 - Chart Audit
 - Monthly Meeting
 - PDSA Cycle



The screenshot displays a sidebar menu for the 'CNHN Asthma QI Learning Collaborative'. The menu items are as follows:

- CNHN Asthma QI Learning Collaborative** (Header)
- Practice Handouts
- Webinars
- Articles
- Community Resources
- Project Data
- Form Library
- Original folder
- [Manage portlets](#) (Button)



QI TEAMSPACE WEBSITE

The Basics



Childhood Asthma MOC QI Learning Collaborative



How to Access QI TeamSpace Login and password

- Website: <https://cnhnqi.childrensnational.org> – Use Google Chrome, Safari, or Fire Fox web browsers to sign in to QI TeamSpace
 - You should receive an email from: “**User Account Information for CNHN QI Project Collaboration Workspaces**” with your log in name (the email given to me at the start of the project)
 - Check your junk mail if the you do not receive a email before Tuesday, October 9th.
 - The email will ask you to click on a link to set up your password
 - Make sure your password is something easy for you to remember
 - **The link expires 8 days from the time the email was sent**
 - If you do not access the link within the 8 day period
 - You can always return to our webpage and ask to reset you password through the log in button
 - **Do not try to re-register yourself because you will not gain access to your team folder.**



QI TeamSpace: Logging-in

<https://cnhnqi.childrensnational.org>

Click the log-in tab



Home
News
Events
Users

Log in Register

Search Site
only in current section

E-mail

Password

Log in

Forgot your password?

If you have forgotten your password, we can send you a new one.

New user?

If you do not have an account here, head over to the registration form.

Click here if you forgot your password



QI TeamSpace

Children's National Health Network (CNHN) and its partners use this site to facilitate online collaboration, resource sharing, and data collection related to the various quality improvement projects in which they participate. Use the menu bar on the left to find your project and navigate the site.



Access to Project Folder



Children's National
Medical Center®

Your name should appear
here once you log-in

TJ ▼

Search Site

Search

☐ only in current section

Home

You are here: Home

News

Events

Users

CNHN Asthma

QI Learning

Collaborative

Welcome to the CNHN QI Workspace site

by admin — last modified Sep 25, 2012 01:56 PM

[Also available in presentation mode...](#)

Click here to access your project
folder.

If you can not access this folder, please let
me know



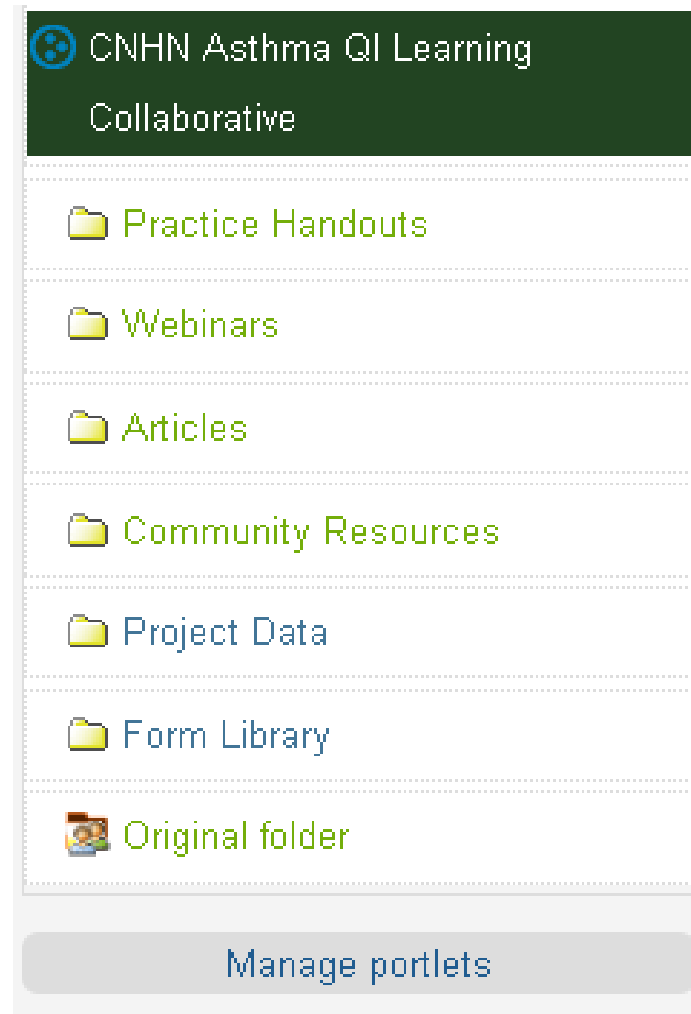
Children's National
Health Network™

Childhood Asthma MOC QI Learning Collaborative



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 asthma-related resources in your area, please let me know
- Access your Team Folder



Practice Materials

- Access links to Patient Handouts
- Access links to Parent Handouts
- Access links to Practice Assessment Tools
- Access to Asthma Action Plans
 - Maryland
 - DC
 - Virginia

[CNHN Asthma QI Learning Collaborative](#)

[Practice Handouts](#)

[Webinars](#)

[Articles](#)

[Community Resources](#)

You are here: [Home](#) > [Practice Handouts](#)

Practice Handouts

by [Tamara John](#) — last modified Sep 26, 2012 03:21 PM

Asthma Action Plans

DC Asthma Action Plan	Maryland Asthma Action Plan	Virginia Asthma Action Plan
Asthma Action Plan English	Asthma Action Plan English	Asthma Action Plan English
Asthma Action Plan Spanish	Asthma Action Plan Spanish	Asthma Action Plan Spanish

National Resources and Guidelines

National Asthma Guidelines	National Organizations	Environmental Information
NHLBI Guidelines	AAAAI Homepage	Environmental Protection Agency Resources
Guidelines Implementation Panel Report	Asthma & Allergy Network/Mothers of Asthmatics	Asthma Community Network Asthma Site Indoor Air Quality
	Allergy and Asthma Foundation of America	National Environmental Education Foundation Pediatric Asthma Initiative
	American Lung Association	Smoke Free Kids
	Centers for Disease Control and Prevention (CDC)	Air Quality Index/Forecast
	National Asthma Control Initiative (NACI)	Regional Air Quality Issues
		Pollen Counts

Local and Regional Resources

Practice Team Folder

- Access your Chart Audit forms
 - Chart Audit practice workbook
- Access your PDSA/Progress Form
 - Blank PDSA Cycle form
- Access your Monthly Meeting reports
- You can only see your assigned practice folder & aggregate “all practice” data.



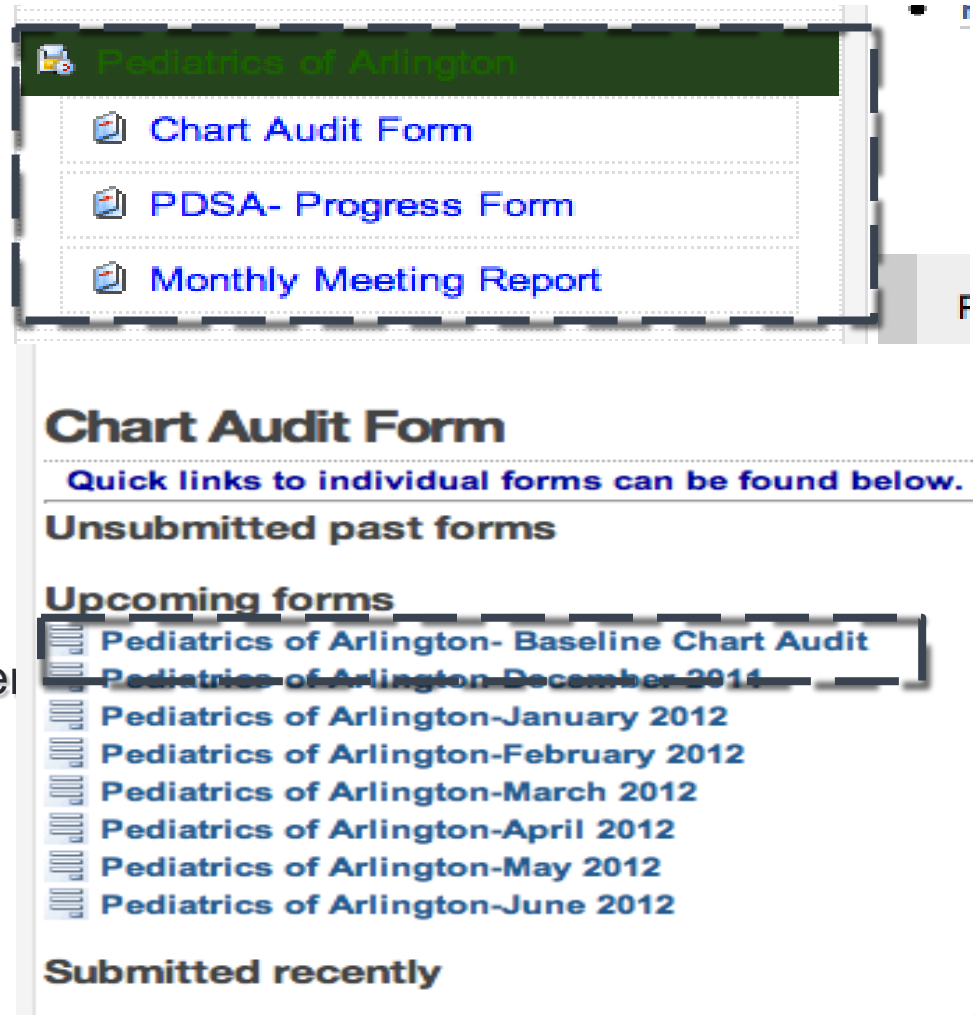
Patient & practice privacy

- We do not request, report or share any patient-identified data.
 - We can complete & sign a Business Associate agreement if requested.
- We do share practice data in blinded, de-identified fashion so you can compare (& improve) your practice performance to all other participating practices
 - We will invite high-performing practices to share tips & successes for key measures
 - We will invite practices to share PDSA cycle successes & failures- and invite comments from colleagues
- We will be aggregating unique reporting cohorts:
 - Children's National practices
 - Maryland AAP practices



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.



The screenshot shows a web interface for the Pediatrics of Arlington. At the top, there is a green header bar with the text "Pediatrics of Arlington". Below this, there is a list of three items: "Chart Audit Form", "PDSA- Progress Form", and "Monthly Meeting Report". Each item has a small icon to its left. Below this list, there is a section titled "Chart Audit Form" with a subtitle "Quick links to individual forms can be found below." Underneath, there are two main sections: "Unsubmitted past forms" and "Upcoming forms". The "Upcoming forms" section is highlighted with a dashed box and contains a list of reports: "Pediatrics of Arlington- Baseline Chart Audit", "Pediatrics of Arlington-December 2011", "Pediatrics of Arlington-January 2012", "Pediatrics of Arlington-February 2012", "Pediatrics of Arlington-March 2012", "Pediatrics of Arlington-April 2012", "Pediatrics of Arlington-May 2012", and "Pediatrics of Arlington-June 2012". Below this, there is a section titled "Submitted recently".

Pediatrics of Arlington












-  [Chart Audit Form](#)
-  [PDSA- Progress Form](#)
-  [Monthly Meeting Report](#)

Chart Audit Form

Quick links to individual forms can be found below.

Unsubmitted past forms

Upcoming forms

-  [Pediatrics of Arlington- Baseline Chart Audit](#)
-  [Pediatrics of Arlington-December 2011](#)
-  [Pediatrics of Arlington-January 2012](#)
-  [Pediatrics of Arlington-February 2012](#)
-  [Pediatrics of Arlington-March 2012](#)
-  [Pediatrics of Arlington-April 2012](#)
-  [Pediatrics of Arlington-May 2012](#)
-  [Pediatrics of Arlington-June 2012](#)

Submitted recently



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 as draft or the Save and submit” button at the bottom of the page.

You are here: Home › Original folder › PDSA- Progress Form › 2011 (November - December)

View Edit **Form entry** Rules Sharing

PDSA- Progress Form: 2011 (November - December)

Practice Chart Audit Data: October 2012

This form's reporting period is dated from 2012-10-01 to 2012-10-31.

Instructions :

1 **+ Add row(s)**

Process changes or notes

Enter any notes pertaining to this period.

☒ Save form as draft



Don't freak out!

- We are here to help
 - Office coaching visit in October 2012
 - Phone or email consultation
- Tamara John
- 202-476-5481
- tjohn@childrensnational.org





**TAKE YOUR
NEXT STEP**

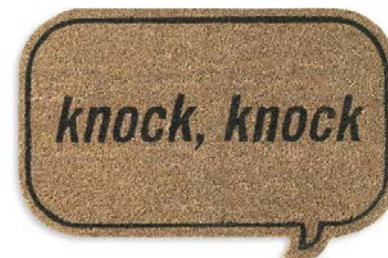
**WHAT ARE YOUR PRACTICE'S
NEXT STEPS?**



Practice Next Steps

What should happen at the team level before the end of October 2012

- Kick-Off Webinar
 - Complete the CME Attestation form for CME credit.
 - The recorded webinar will not be available for at least a week
- Schedule a 45-60 minute site visit with the QI coach
 - During the month of October (The earlier the better).
 - Email Tamara John @tjohn@childrensnational.org
 - The visit will focus on
 - Practice and provider responsibilities
 - QI TeamSpace
 - Chart Audits, Monthly Meeting reports & PDSA Cycles
 - Any Questions you or your team may have regarding the project
- A scheduled team meeting to discuss the QI project within your practice
 - This should be documented in QI TeamSpace



Baseline Chart Audit- Start to work on this

- 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
 - Asthma visit: sick, follow-up or well-child visit where asthma identified/addressed
 - How are you going to find your patients with asthma?
 - Billing: ICD9 = 493.xx
 - EMR registry
 - Stack of flagged charts



Asthma QI Aim Statement (preliminary)

- During our learning collaborative (September 2012– June 2013), participating pediatricians will improve their office management of childhood asthma, achieving the following measures for 90%* of office asthma visits:
 - Asthma identification, severity classification and assessment of control
 - Assessment and counseling of asthma triggers
 - Asthma controller therapy for persistent asthma
 - Written asthma action plan
 - Scheduled follow-up asthma visits
- *QI project measures & aims will be finalized based on benchmark practice chart audits
 - Alternate: 20% improvement from baseline

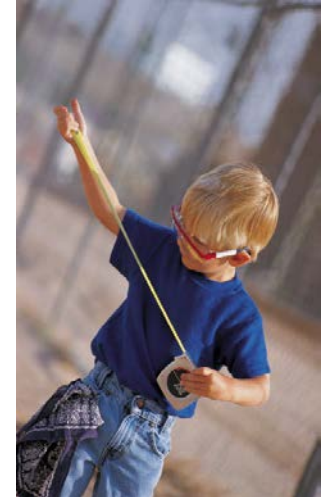


Project Measures-

Should be documented at all Well, Sick & planned asthma visits

KEY ASTHMA MOC MEASURES

1. An **asthma diagnosis** was documented in the patient chart or problem list
2. **Asthma severity** was documented in the patient's chart at this or at a prior visit
3. The patient's asthma severity was classified as persistent
4. **Inhaled corticosteroids** were prescribed if the patient's asthma was classified as persistent
5. **Asthma control** was assessed at this visit
6. The patient's **exposure to allergens and irritants** was assessed and addressed
7. The patient was given an updated **Asthma Action Plan** during their visit
8. The patient has a scheduled or recommended **follow-up visit** documented in their chart



Project Measures-

Should be documented at all Well, Sick & planned asthma visits

ADDED ASTHMA MOC MEASURES

- 9. The patient's use of asthma inhalation device(s) was assessed and proper technique reviewed
- 10. The influenza vaccine was recommended for the 2012-2013 flu season
- 11. The influenza vaccine was administered to the patient according to CDC guidelines during the 2012-2013 flu season

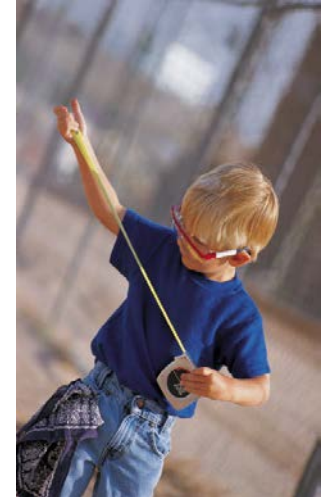


Chart Review Worksheet

Each practice will have access to an excel chart review workbook



Baseline Chart Audit

CNHN Asthma Work Sheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Chart	Provider Name	Patient Initials	Patient age in years at time of visit	Date of Visit (01/01/01)	Type of Visit (Well, Sick, Planned) This is a drop-down field	An asthma diagnosis is documented in patient chart on problem list	Asthma severity is documented in the patient chart at this visit or at a prior visit	The patient's asthma severity was classified as persistent	Inhaled corticosteroids were prescribed if asthma classified as persistent	Asthma control was assessed at this visit	The patient's exposures to allergens and irritants was assessed and addressed	The patient was given an updated asthma action plan during their visit	The patients has a scheduled or recommended follow-up visit documented in their chart	The patient's use of asthma inhalation device(s) was assessed and proper technique reviewed	The influenza vaccine was recommended for the 2012-2013 flu season	Patient received influenza vaccine according to CDC guidelines (applies during flu season)
1																	
2	1																
3	2																
4	3																
5	4																
6	5																
7	6																
8	7																
9	8																
10	9																
11	10																
12	11																
13	12																



Childhood Asthma MOC QI Learning Collaborative



QI TeamSpace Chart Audit Form

Practice Chart Audit Data: October 2012

This form's reporting period is dated from 2012-10-01 to 2012-10-31.

Instructions [HIDE metadata and instructions.]

1. ☒ Provider Initials

If you want to erase a row of data use the (x) at the top of each chart audit row

Date of visit
01/01/2012

Patient Initials

Patient age at time of visit

Type of visit

☒ Well
☐ Sick
☐ Planned

An asthma diagnosis was documented in the patient chart or problem list

☐ Yes
☐ No

Asthma severity was documented in the patient's chart at this or a prior visit

☐ Yes
☐ No

The patient's asthma severity was classified as persistent

☐ Yes
☐ No

Inhaled corticosteroids were prescribed if the patient's asthma was classified as persistent

☐ Yes
☐ No

Asthma control was assessed at this visit

☐ Yes
☐ No

All project measures are "Yes" or "No" responses

The patient's exposure to allergens and irritants was assessed and addressed

☐ Yes
☐ No

The patient was given an updated Asthma Action Plan during their visit

☐ Yes
☐ No

The patient has a scheduled or recommended follow-up visit documented in their chart

☐ Yes
☐ No

The patient's use of asthma inhalation device(s) was assessed and proper technique reviewed

☐ Yes
☐ No

The Influenza vaccine was recommended for the 2012-2013 flu season

☐ Yes
☐ No

The Influenza vaccine was administered to the patient according to CDC guideline during the 2012-2013 flu season

☐ Yes
☐ No

Click here to add your rows

+ Add row(s)

Make sure to save your form from time to time

Process changes or notes

Enter any notes pertaining to this period.

✓ Save form as draft → Save and submit 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



Questions & discussion

