

Chapter Quality Network Asthma Phase 4 Project

Participate in CQN4 and learn how to:

- Employ NHLBI Guidelines to provide optimal care for every child with asthma
 - Implement efficient asthma care workflows
 - Use a registry to effectively manage your asthma population
- All while earning MOC Part 4 credit**

Project Overview and Requirements

The American Academy of Chapter Quality Network Asthma Phase 4 Project will provide Chapters with tools, resources and technical support to lead a quality improvement (QI) effort amongst 10 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

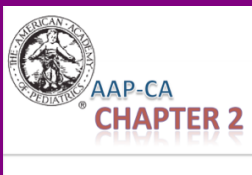
Despite excellent intentions and pockets of superb care, a major opportunity exists to improve care for children with asthma and their families, as much care is still delivered in ways that are not consistent with the evidence. Affecting 9.6 million children, childhood asthma is the most common serious pediatric chronic disease. African-American and Puerto Rican children have a higher prevalence of asthma compared with non-hispanic white children.¹ Furthermore, the incidence of pediatric asthma continues to grow and accounts for 12.8 million missed school days a year² and 44% of all asthma hospitalizations³.

AAP-CA Chapter 2 - Chapter Quality Network Asthma Program

Beginning in January 2015 and ending in October 2015, 10 to 15 pediatric practices from AAP-CA Chapter 2 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, each followed by an action period 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 four of the CQN Asthma Project? For more information contact:



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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 individuals must commit to being the day-to-day leader)
2. Full participation of the Core QI team for approximately 10 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. At a minimum, the Core QI team meets at least bi-weekly to plan and carry out tests of change.
4. Collect data at the point of care using the CQN encounter form and enter monthly data into a registry.
5. Complete surveys (Practice Narrative and Value Survey).
6. All eligible (licensed to provide care) providers in the practice must sign consent forms.
7. 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 December 31, 2015.
8. Each practice must sign the National Asthma Registry Participation Agreement which includes a Business Associate Agreement and Data Use Agreement with the AAP to allow the collection of Protected Health Information (PHI) to be entered in a National Asthma Registry hosted by Remedy Informatics. This service provider is in full compliance with all HIPAA data protection requirements.
9. 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).
10. Allow the practice leader and chapter leadership team to view individual physician improvement data for coaching purposes.
11. 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, 1980-2009. *123(Suppl):S131-S145*.
2. The State of Childhood Asthma, United States, 1980 - 2005. December 29, 2006. Akinbami LJ. U.S. Depai