

# The American Academy of Pediatrics and Quality Improvement

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QUALITY IS 1 of the 3 main pillars supporting the American Academy of Pediatrics (AAP) Agenda for Children. The AAP has developed and promoted quality improvement (QI) programs to its membership for several decades. For more than 20 years, the AAP has maintained a committee of pediatrician leaders who have demonstrated an expertise in the area of QI and quality measurement, currently named the Steering Committee on Quality Improvement and Management. This committee works on developing pediatric QI measures, identifying patient safety programmatic and educational opportunities, reviewing evidence-based clinical practice guidelines, writing QI-related policy statements, and determining methodologies for implementing QI in both primary care and specialty pediatric practices. In July 2012, the AAP appointed Ramesh Sachdeva, MD, as associate executive director for QI.

Quality has been defined by the Institute of Medicine as the “degree to which healthcare services increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>1</sup> It proposed measuring quality using a framework of 6 dimensions: effectiveness, equity, efficiency, patient-centered, safety, and access. The AAP has operationalized this definition and framework as the “right care for every child every time.” The model for quality at the AAP utilizes a 3-step process: 1) developing quality guidelines for practice; 2) implementing strategies for education (EQIPP), small-scale testing of innovations (QuIIN) and rapidly spreading successful change (CAQI); and 3) measuring quality to allow continuous QI, creating a culture of transparency and shared learning, and enhancing efforts for advocacy at the federal and state levels.

The AAP continues to be the trusted source for policies and evidence-based and informed guidelines that involve the care of children. It continues to update existing guidelines and develop new guidelines to provide clinicians with state-of-the-art recommendations to improve the care for children.

However, despite the availability of best practices in health care, there continues to be a gap in the adoption of these recommendations.<sup>2</sup> This quality gap is a significant challenge for health care.<sup>3</sup> As demonstrated by researchers such as Dr Rita Mangione-Smith, this quality gap can be

impressive, with many children failing to receive the recommended care.<sup>4</sup> To close this quality gap, the AAP is actively accelerating its efforts to translate evidence into clinical practice using a strategy that aims to leverage education, small-scale innovations, and mechanisms for large-scale dissemination of improvements.

The Education in Quality Improvement for Pediatric Practice (EQIPP) program consists of several online modules to lead pediatricians through the QI for their patients, including effective follow-up of newborn screening; implementation of Bright Futures guidelines; transforming their practice into a medical home; and improving the immunization rates of their patients. Successful completion of an EQIPP module provides the pediatrician with American Board of Pediatrics (ABP) Maintenance of Certification (MOC) credit.

Testing new ideas that can be implemented in both office-based and inpatient settings is conducted by pediatricians through the Quality Improvement Innovation Network (QuIIN). QuIIN comprises several hundred pediatricians working on implementing QI projects, several of which have achieved impressive results and provide ABP MOC credit.

The AAP leverages its strong partnership with state chapters to facilitate the spread of new QI ideas through the Chapter Alliance for Quality Improvement (CAQI). A recent project implemented by CAQI is the Chapter Quality Network (CQN), aimed at improving the care of children with asthma. CQN, now in its third iteration, has demonstrated a measurable improvement in optimal asthma care for children, with an increase in compliance from under 40% to over 80% in ensuring that children receive care consistent with national best practices. This improvement was accomplished rapidly across multiple states over a 12-month period. Alabama, Arizona, Arkansas, and Ohio are participating in the CQN network and will soon be implementing an asthma registry for further improvement in care. The success of the CQN experience that has resulted in a significant improvement in asthma care for children at a large scale across 4 states within the United States provides evidence of the positive impact on quality of care resulting from the QI efforts by AAP, and

also underscores the tremendous opportunity to further expand this success across all states within the country.

The AAP is actively involved in national efforts for developing and enhancing quality measures that are clinically meaningful and can effectively serve the need to measure the quality of care within state and health care programs and that will also allow greater success for advocacy. Recent examples of success in this area include the active leadership role of the AAP in 2 Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) state demonstration grants (South Carolina and Florida) from the Centers for Medicare and Medicaid Services (CMS) as well as an active role in 5 of the 7 funded national Centers of Excellence by the Agency for Healthcare Research and Quality in the Pediatric Quality Measurement Program. (Agency for Healthcare Research and Quality, Pediatric Quality Measures Program [PQMP], Centers of Excellence Grant Awards, <http://www.ahrq.gov/chipra/pqmpfact.htm>).

In November 2012, the AAP received Portfolio status from the ABP, which will allow the AAP to approve QI projects proposed by its sections and chapters. This will help AAP members develop QI activities and provide ABPMOC credit. The MOC portfolio status for the AAP will serve as a catalyst for acceleration of clinically meaningful QI activities by pediatricians and pediatric medical subspecialists.

The AAP is uniquely positioned to identify opportunities for innovation, learning, and spread of best practices both within the United States and internationally, particularly by leveraging the growth in data related to QI. A recent initiative launched by the AAP is the Quality Improvement Data Aggregator (QIDA), which will serve as a national data repository for QI in the future.

Future directions for QI will also involve a closer link to research efforts to close the long-standing gap between discovery and adoption of innovations. An example of this endeavor is the Pediatric Research in Office Settings (PROS) program, which is now successfully evolving to encompass the ePROS, which will incorporate the growth of electronic health records to enhance clinical quality improvement. Research networks can serve as an invaluable resource for shared learning to achieve clinically relevant improvements.<sup>5</sup> Strengthening the link between quality research and QI will provide academic pediatricians, pediatric medical subspecialists, and academic medical centers a new horizon for translational research to avail many growing grant opportunities in this arena.

In the era of implementation of the Affordable Care Act and with the growth of accountable care organizations, optimal care for children will increasingly require a strong connection between primary care pediatricians, pediatric subspecialists, and pediatric surgical specialists across the continuum of an integrated delivery system. To meet these evolving models of health care delivery, the AAP will actively work on developing clinically meaningful opportunities for QI for both primary care and subspecialist pediatricians.

At the national level, the AAP has advocated for QI in the Affordable Care Act, Medicaid, and the Children's

Health Insurance Program with the Department of Health and Human Services, CMS, and Center for Medicare and Medicaid Innovation and has representatives working with the National Quality Forum, National Committee for Quality Assurance, and AQA. AAP members have been instrumental in developing practical quality measures for all these organizations. Additionally, the AAP is partnering with the Academic Pediatric Association on several QI initiatives, especially in the growing field of QI research in pediatric hospital medicine.

Over the coming years, the AAP will expand its QI activities for members by providing the guidance, education, and tools to implement continuous QI in their primary care and specialty practices. The goal is to have all pediatricians regularly benchmarking their processes and outcomes against best practices and performing "plan-do-study-act" cycles of improvement as a regular part of their practice activities. This will require an understanding of QI implementation methodologies to determine which ones can be successfully implemented with minimal expenses in terms of time, personnel, and resources.<sup>6</sup> Ultimately, quality improvement will become an integral part of the day-to-day practice of every pediatrician so that every child can get the right care every time.

The AAP continues to work diligently toward fulfilling its quality pillar mission and has set ambitious goals to make QI a basic activity of every primary care pediatrician and pediatric subspecialist. The AAP also recognizes the critical linkages payment and health information technology have in enhancing the quality of care delivered in pediatric settings and continues to work to shape meaningful use criteria to make them more amendable to pediatrics and explore payment reform methodologies that incorporate the concepts of value and quality.<sup>7</sup> As with many other successful AAP activities, with the dedication, hard work, resourcefulness, and persistence of its members and staff, the AAP will achieve its goal of improving the health care and health of all children, adolescents, and young adults.

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