

Practice Application

**Thank you for your interest in the AAP Lead Testing ECHO
Learning Collaborative!**

Primary care practices will work to develop and implement quality improvement processes to improve care for children affected by lead poisoning. Participating practices will be asked to identify a multi-disciplinary team to participate in the program and adhere to the quality improvement framework. The project will run January 2019 through July 2019.

Participating practices **must:**

- Provide primary care to patients 6-72 months of age.
- Secure approval from practice leadership to participate in this project.
- Agree to the following:
 - Participate in the project for its duration of 7 months.
 - Complete 1 retrospective pre-post evaluation survey per participant.
 - Complete monthly retrospective chart reviews (minimum of 20 charts per month) for a total of 7 cycles through AAP Quality Improvement Data Aggregator (QIDA).
 - Hold at least 6 team meetings to review data and plan and implement PDSA (Plan, Do, Study, Act) process improvement cycles.
 - Participate in all 8 ECHO sessions (January - July 2019; will meet twice in January and then once per month through project end).
- Identify a core project team that will be responsible for providing leadership and oversight within the practice for the project. The team may include, at a minimum, a primary care physician who will serve as physician lead; a nurse; and/or an additional team member such as front office staff, practice manager, or care coordinator (this role will be responsible for data submission for the project). Practices may choose to include additional members on the core project team, and all practice staff can participate in educational offerings.
- If required by their institution, seek Institutional Review Board (IRB) approval for participation. (Please note: The AAP IRB has approved this project. AAP IRB approval is typically sufficient for most participating practices since no identifiable protected health information is being collected for this project).

The application deadline is January 7, 2019.

ECHO sessions occur virtually using Zoom video conference technology. A kick-off session will be held on Thursday, January 17, 2019, 5:00-6:00pm ET. Monthly sessions will occur on the last Thursday of the month, 4:00-5:00pm ET, beginning January 31, 2019.

This application can be completed by the physician champion or a designee. If you are unable to finish the application in one session, you may return to the survey at a later time. For questions, contact Shannon Limjuco at slimjuco@aap.org.

* 1. Please enter your name, email address, and phone number below:

Name:

Email address:

Phone number:

Credentials:

Section I: Practice Information and Demographics

* 2. Practice Name:

* 3. Practice Location:

Street Address (Primary Location):

City

State

Zip Code

* 4. Which of the following best describes the setting of your practice?

Urban

Suburban

Rural

* 5. Which of the following best describes your practice?

Independent primary care practice

Academic medical center

Multi-specialty group practice

Federally qualified health center

Hospital-affiliated practice

Government hospital/clinic

* 6. Does your practice have more than one location that will be implementing this project?

Yes

No

7. How many of your practice's affiliated offices or locations plan to participate in this project?

Please list the contact information for your project team.

Team may include a primary care physician (physician champion/MOC local leader), a nurse and/or an additional team member, such as front office staff, practice manager, or care coordinator. *This information is required for your application to be considered complete; however if you do not have this information now, you may submit your application and follow-up with your team member details at a later date.*

8. Team Member 1 - Physician champion/MOC local leader:

First Name:

Last Name:

Credentials:

Email:

9. Team Member 2

First Name:

Last Name:

Credentials:

Email:

Role in practice:

10. Team Member 3 (Optional)

First Name:

Last Name:

Credentials:

Email:

Role in practice:

11. Please list additional participants, if applicable.

* 12. Approximately how many patients (6-72 months of age) does your practice currently see each month?

<10

> 50 but less than 100

> 10 but less than 20

> 100

> 20 but less than 50

* 13. Approximately what percentage of your patients have:

Private Insurance

Public Insurance

No Insurance

Section II: Interest and Qualifications

We are selecting practices for this project with a range of prior experience with quality improvement (QI) initiatives. Please help us to better understand your current level of experience by answering the following:

* 14. Have you participated in any quality improvement efforts within the last two years?

Yes

No

* 15. How do you think participation in this learning collaborative will impact quality of care at your practice?

* 16. What are the strengths of your practice and the proposed project team?

* 17. If your practice is selected for participation in this learning collaborative, what challenges do you anticipate and how do you plan to address these?

* 18. Does your practice anticipate major changes over the next 6 months, such as new leadership, a change in practice management structure, or a new EHR system? If yes, please describe:

* 19. Please describe any other special projects or initiatives that your practice will be working on while this QI project is in progress:

* 20. Senior leadership within my practice/system is:

Aware of the requirements for the project (required)

Supportive of my practice's participation in this project

Willing to provide core quality improvement team members with time to engage in improvement work for the project

Section III: Authorizations

This project has been approved by the AAP Institutional Review Board (IRB). No Protected Health Information (PHI) will be obtained in any of the data collection tools.

* 21. Will your practice require local IRB approval to participate in this project?

Note: The AAP IRB has approved this project and it has been considered exempt as it is a quality improvement project.

Yes

Unsure

No

If yes, how much time do you anticipate that you will need to allow for the IRB process?

* 22. Will your practice require a local data use and/or data sharing agreement to participate in this project?

Yes

Unsure

No

How much time do you anticipate that you will need to allow for authorization?

By submitting this application, you agree to all of the participation requirements:

Participation requirements

Expectations for the project team:

- Participate in the project for its duration of 7 months (January - July 2019).
- Complete 1 retrospective pre-post evaluation survey per participant.
- Each practice is required to complete monthly retrospective chart reviews for a total of 7 cycles through AAP Quality Improvement Data Aggregator (QIDA).
- Hold at least 6 team meetings to review data and plan and implement PDSA (Plan, Do, Study, Act) process improvement cycles.
- Participate in all ECHO sessions (8 total; a kick off session will be held on January 17; after which sessions will be held monthly on the LAST Thursday of the month at 4:00-5:00pm ET).

Minimum requirements for pediatricians to receive Part 4 Maintenance of Certification (MOC) credit (*AAP Project team is applying for MOC 4 credits. Pending approval):

- Be intellectually engaged in planning and executing the project.
- Implement the project's intervention (the changes designed to improve care).
- Collaborate actively by participating in at least 5 project or practice team meetings or conference calls at which data are reviewed, strategies discussed, and plans for new improvement activities are made (unless clinical care interferes).
- Provide direct care visits to patients (6-72 months of age) as part of the project.
- Participate in the project for its duration of 7 months.
- Complete participation under current American Board of Pediatrics (ABP) certificate or MOC cycle.

Additional responsibilities of physician champion/MOC local leader:

- Assist in forming a project team at the practice and serve as team leader or support and advise the team leader.
- Review monthly practice data.
- Support the participation of other pediatricians who are participating for MOC credit in implementing the project's interventions.

- Track participation in required activities, sign, and submit Physician Attestation Forms verifying that pediatricians in the organization seeking credit for MOC Part 4 fulfilled the completion criteria.
- Resolve any disputes related to the validity of a pediatrician's participation in the project.

* 23. The AAP is planning to launch this ECHO in January 2019. Is your practice available to attend a kick-off session on January 17 (5:00-6:00pm ET) and monthly sessions on the LAST Thursday of the month (4:00-5:00pm ET)?

* 24. Senior leader sign-off:
(Please enter name in textbox)

* 25. Name of person submitting this application:

Thank you for submitting your application. We will contact the physician champion/MOC local leader with any questions. Teams will be notified of their acceptance by January 9, 2019.

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