EQIPP Overview

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January 6, 2017
To get started...

When determining which option would work best for the chapter, it is important to think about the following:

<table>
<thead>
<tr>
<th>Overview</th>
<th>EQIPP</th>
<th>Peer to Peer*</th>
<th>Design Your Project*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQIPP is an online quality improvement course that is free for AAP members and offers Maintenance of Certification Part IV credit. Chapter members can sign up as a group.</td>
<td></td>
<td>Also known as academic detailing or EPIC, leader physicians schedule time in offices to teach others key improvement concepts</td>
<td>Leverage existing chapter resources and networks that exist to spread key improvement concepts</td>
</tr>
<tr>
<td>Know Your Rates</td>
<td>A data collection tool is included in the module that measures HPV vaccine rates</td>
<td>Specific project measures could be developed and tracked through QIDA or another mechanism determined by the chapter</td>
<td>Specific project measures could be developed and tracked through QIDA or another mechanism determined by the chapter</td>
</tr>
<tr>
<td>Education/Intervention</td>
<td>Content is available in the module to support a strong recommendation for HPV and reminder recall</td>
<td>The AAP has a cadre of resources that could support peer-to-peer education</td>
<td>The AAP has a cadre of resources that could support the educational component of the chapter designed QI effort</td>
</tr>
<tr>
<td>Evaluate</td>
<td>The module requires a baseline and two follow up chart pulls</td>
<td>Physician project leaders would conduct a site-based evaluation</td>
<td>Chapters would determine how to evaluate their project. QIDA could support this function</td>
</tr>
</tbody>
</table>
Interventions

Options
- Series initiation: Give a strong provider recommendation
- Series completion: Use reminder-recall

EQIPP
- Education for both of these interventions is built into the content of the course. Practices would be self-directed in implementing the interventions that they choose.

QIDA
- The education and assistance for interventions would need to be provided by chapter leaders. Technical assistance and direction in implementing interventions would also be provided by chapter leaders.
Project Requirements

Baseline data collection

- EQIPP: Chart pulls, including a baseline data collection, are included in the EQIPP process.
- QIDA: Each chapter or district project will have its own QIDA site where practices enter data on specific measures pulled from 10 or more consecutive charts.

Education/intervention

- EQIPP: Education is included in the EQIPP content.
- QIDA: Education would need to be provided by chapter leaders.

Follow up measures

- EQIPP: Follow up chart pulls are done and entered into EQIPP as part of the process.
- QIDA: Each chapter or district project will have its own QIDA site where practices enter data on specific measures pulled from 10 or more consecutive charts.
- At least two follow up chart pulls are needed to qualify for MOC credit.
EQIPP – General Information

Academy’s Online Quality Improvement Education Program
- Designated as 2 AMA Category 1 CME activities
  - Online enduring material
  - Performance improvement

Designed to teach quality improvement principles & methods to pediatric professionals by associating clinical and practice-based topics to quality improvement efforts

Based on the *Model for Improvement*
Benefits/Advantages/Features

Approved for **AMA PRA Category 1 credit™**

Meets American Board of Pediatrics – Maintenance of Certification, Part 4 Performance in Practice requirements

Easy access anywhere

Allows asynchronous, self–paced use

Used in isolation or as part of a collaborative

Emphasizes team functioning

Vetted improvement practices (KCAs)

Pre-defined measures
Benefits/Advantages/Features

- Data input and analysis and display tool
- Allows self comparison over time
- Allows comparisons to other practices

AAP MEMBER BENEFIT!
- ($0 fee for AAP members; $199 for non members)
Welcome to EQIPP: Immunizations

This course is designed to help you increase immunization rates in your practice. The course features two tracks: the 19-23 month track and the adolescent track with data collection activities specific to each population.

To begin, select your track of interest from the left hand navigation or from the view track summary button below.

Note: Each track is eligible for Maintenance of Certification recognition from the American Board of Pediatrics. You have the option to complete one or both tracks.

Course Overview

View Track Summary

Common Questions

Faculty

CME Information

How do I get started?
There is no "right" way to begin using EQIPP. You might begin by exploring the "lay of the land." See what is contained on each tab. Get acquainted with the key clinical activities – what they are and why they are important – by reviewing the material in the Clinical Guide. Or you may
EQIPP: Immunizations

Course Introduction

19-23 Month

Adolescent

Improve your vaccine rates for Tdap, Meningococcal, HPV, and Influenza in the Adolescent patient.

Start Track

Clinical Guide: Key Clinical Activities

- Develop Effective Office Practices to Increase Your Immunization Rates
- Address Vaccine Hesitancy
- Implement Reminder Recall System
- Manage Catchup Schedule
- Adolescent Platform
- Know Your Costs to Immunize

Common Questions  Faculty  CME Information
Introduction to the Project

This EQIPP course will help your team create improvement projects to address gaps in key measures identified in this course.

The team will use the data collection tools and project improvement activities included in EQIPP to collect and enter baseline and follow-up data as it works to improve care through Plan, Do, Study, and Act (PDSA) cycles. EQIPP courses requires you to do some work online and some offline.

For more on teams, click here.

Overview of Improvement Project Tasks

With Your Team:

1. Collect and enter baseline data to measure your current level of care and create a starting point for improvement. Note: Each member of the team needs to enter their own baseline data in order to receive credit.

2. Analyze results to identify gaps in key clinical activities. If you are collaborating with others in a group, you can compare your data to other EQIPP subscribers in your group, as well as to district, state, and recommended goals.

3. Select one or more gaps and create improvement plan(s) to clarify the improvement idea(s) to be tested. Note: The Clinical Guide provides relevant background information for each key clinical activity. It is recommended that you review related content before beginning an improvement plan.

4. Test ideas quickly on a small scale through PDSA cycles to determine if changes lead to improvement. Note: The formation of subteams can facilitate the testing of multiple ideas or the creation of multiple projects simultaneously once the team is comfortable using PDSA cycles.

5. Collect and analyze follow-up data to measure the results of the test. (A minimum of two follow-up data points are required.)
## Patient Demographics

**Directions:** Use this tool for the next 20 charts of patients seen in your office.

- Ten charts for 13 year olds
- Ten charts for 16-17 year olds

The ages of 13 – 17 year olds were chosen to align with National Immunization Survey (NIS) data for benchmarking. This is to help identify areas in practice that could be improved and lead to fewer missed opportunities.

**NOTE:** EQIPP does not record any patient identifying information. You may enter it here for your own record-keeping purposes. No one sees these results but you. This chart review is not punitive. What you, the user, choose to do with the results is up to you. Critically examine your office’s immunization practices and make changes to improve your immunization rates.

### Table: Patient Demographics

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>13 years</td>
<td>16-17 years</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

### Questions

3. Does an easily accessible immunization record exist in the patient’s medical record?

4. **For 13 year olds:** Has the patient received the **Tdap** vaccine (1 dose)?

5. Has the patient received the following **Meningococcal** doses:
   - 5a. 1 dose Meningococcal
   - 5b. 2nd dose Meningococcal

6. For 16-17 year olds:
   - 5b. 2nd dose Meningococcal

7. Has the patient received the following **HPV** vaccine series?
   - 6a. 1 dose HPV
   - 6b. 2nd dose HPV
   - 6c. 3rd dose HPV

8. **If yes to 6c:** If HPV series completed, was this done by 13 years of age?

9. **If yes to 6c:** Has the patient received the **Influenza Vaccine** in the past 12 months?
Measures – EQIPP: Immunizations – Adolescent Track

% of 13 year old patients with a completed Tdap immunization

% of 13 year old patients with 1 dose of the Meningococcal immunization series

% of 16-17 year old patients with a completed Meningococcal immunization series (2 doses)

% of patients with a completed HPV immunization series
  ◦ % of patients with 1 dose of HPV immunization series
  ◦ % of patients with 2 doses of HPV immunization series
  ◦ % of patients with 3 doses of HPV immunization series

% of patients with completed HPV immunization series by 13 years of age

% of patients with an Influenza vaccination given in the most recent or current flu season
Baseline Data Collection

Data Collection Tool

Question 1
Age
- A. 13 years
- B. 16-17 years

Question 2
Gender
- A. Male
- B. Female

Question 3
Does an easily accessible immunization record exist in the patient’s medical record?
- A. Yes
- B. No

Question 4
Has the patient received the Tdap vaccine (1 dose)?
- A. Yes
- B. No
- C. Unable, due to parent refusal
- D. Unable, due to vaccine shortage or acceptable medical contraindications

Question 5
Has the patient received the following Meningococcal doses:

Question 5a
1 dose Meningococcal
- A. Yes
- B. No
- C. Unable, due to parent refusal
- D. Unable, due to vaccine shortage or acceptable medical contraindications

Question 5b
2nd dose Meningococcal
- A. Yes
- B. No
- C. Unable, due to parent refusal
- D. Unable, due to vaccine shortage or acceptable medical contraindications

Question 6
Has the patient received the following HPV vaccine series?

Question 6a
1 dose HPV
- A. Yes

Analyze Baseline Results

Run Chart

Show data for:
- My Data
- My Group
- My Chapter
- My District
- All Subscribers

Diagnosis
Consider onset of diagnosis when key indicators are present
- Yes
- No

Update
Analyze data and Identify Gaps

Analyze data with your team. Analysis is based on quality gaps (measures) in key clinical activities. Compare your data to other EQIPP subscribers in your group, district, state and recommended goals. Identify and select the gaps (measures) for improvement.

### Identify Quality Gaps and Select for Improvement

<table>
<thead>
<tr>
<th>Selected for Improvement</th>
<th>Key Clinical Activity</th>
<th>Measure Analyzed</th>
<th>My Score</th>
<th>Goal</th>
<th>Quality Gap</th>
<th>Run Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of 16-17 year old patients having received the 2nd Meningococcal dose</td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients having completed Tdap vaccine (1 dose)</td>
<td></td>
<td>100%</td>
<td></td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients having completed the 1st HPV dose vaccine</td>
<td></td>
<td>100%</td>
<td></td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients having completed the HPV vaccine series by 13 years of age</td>
<td></td>
<td>100%</td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients having received the 1st Meningococcal dose</td>
<td></td>
<td>100%</td>
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<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients having received the Flu vaccine in the past 12 months</td>
<td></td>
<td>100%</td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients who are eligible for 2nd dose that have received the 2nd HPV dose vaccine</td>
<td></td>
<td>100%</td>
<td></td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients who are eligible for 3rd dose that have completed the HPV vaccine series</td>
<td></td>
<td>100%</td>
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<tr>
<td></td>
<td>Develop Effective Office Practices to Increase Your Immunization Rates</td>
<td>% of patients who have a standalone immunization form within the medical record</td>
<td></td>
<td>100%</td>
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</table>
Key Clinical Activities
Develop Effective Office Practices to Increase Your Immunization Rates

Introduction

Successfully vaccinating all children who need immunizations in a practice is one of the most important aspects to maintaining high immunization rates. Missed opportunities because of office policies or pediatrician beliefs can lead to under-immunization.

The National Vaccine Advisory Committee standards recommend that offices assess each patient’s vaccination status at every encounter and offer indicated vaccines or refer for vaccination, if necessary. Barriers to receiving vaccines such as delays in scheduling, requiring a well-child-care visit, and long waiting periods should be minimized.

Did You Know:

There have been recent increases in vaccine-preventable diseases due, in part, to under-immunization.

In 2013, the CDC reported:

- 187 cases of measles (>600 cases in 2014)
- 28,639 cases of pertussis
- 9 cases of rubella
EQIPP – Modified Learning Collaborative(s)

EQIPP courses provide:
◦ Educational intervention
◦ Data collection system
◦ Tracking for MOC and CME

EQIPP staff can also provide:
◦ Additional data reporting

<table>
<thead>
<tr>
<th>AAP ID</th>
<th>Last</th>
<th>First</th>
<th>Email</th>
<th>Group</th>
<th>Launch Date</th>
<th>QI Basics</th>
<th>Improve Plan</th>
<th>Baseline</th>
<th>Follow Up 1</th>
<th>Follow Up 2</th>
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<td>1332133</td>
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<td><a href="mailto:mtheodoro@kumc.edu">mtheodoro@kumc.edu</a></td>
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<td>969481</td>
<td>Brinn</td>
<td>Melissa</td>
<td><a href="mailto:mbrinn1@jhmi.edu">mbrinn1@jhmi.edu</a></td>
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</table>
EQIPP – Reporting

Measure reports aggregated by Chapter

Milestone Completion Status Report

Frequency based on need of Chapter
  ◦ Monthly, Quarterly, as needed
Setting Chapters up for Success

• Ensure all chapter participants are linked correctly (provide list of participants to EQIPP staff)
  • Participant name, AAP ID, Practice name/group name

• Determine participant expectations (due dates, if appropriate)

• Share timeline/expectations with EQIPP staff (reporting frequency)
Contact Information

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