Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents (IIRA) Project

We invite you to join the CQN Improving Immunization Rates for Adolescents Project, sponsored by the American Academy of Pediatrics (AAP) and funded by independent grants from Pfizer and Sanofi Pasteur. NCPeds, the North Carolina State Chapter of the AAP, will lead this quality improvement learning collaborative with 10-15 practices, aiming to improve immunization rates for adolescents 16-18 years of age.

The “Core QI Team”
Participating practices will form a “core QI team” composed of:
1. A physician leader,
2. A nurse or medical assistant, and
3. A practice manager or office administrator

This team will lead the project in the practice and will be required to attend the learning sessions and calls listed below. They will also be expected to lead Plan-Do-Study-Act (PDSA) cycles in their practice. Practices are encouraged to enroll additional physicians and other team members in the project, but those team members are not required to attend learning sessions or calls. Participating practices are required to collect monthly data on the project measures, which are outlined on the next page.

Please refer to the IIRA Project Incentives document for a full list of participation requirements and criteria to receive MOC credit and performance improvement CME credit.

Meetings & Calls

<table>
<thead>
<tr>
<th>Through Sept. 1, 2020</th>
<th>Practice enrollment into project &amp; QIDA</th>
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<tbody>
<tr>
<td>September 2020</td>
<td>Practice Onboarding Webinar will be available for participants to view starting September 2020.</td>
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<tr>
<td></td>
<td>This webinar will provide an orientation to the project including the data collection process. Please contact your Chapter Project Manager for the link to this webinar.</td>
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<tr>
<td>October 7, 2020</td>
<td>Baseline data due</td>
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<tr>
<td>October 9-November 18, 2020</td>
<td>Learning Session 1- Dates to be determined by NCPeds</td>
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<td></td>
<td>• In-person, all-day session hosted by NCPeds (Date TBD)</td>
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<td>• Raleigh, North Carolina</td>
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<tr>
<td>October/November 2020</td>
<td>One-hour practice webinar #1 *Hosted by NCPeds</td>
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<td>January 2021</td>
<td>One-hour practice webinar #2</td>
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<td>*Date &amp; Time TBD</td>
<td>• Practices will review data and share progress on PDSA cycles</td>
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<tr>
<td>Month</td>
<td>Learning Session</td>
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<tr>
<td>February</td>
<td>Learning Session 2</td>
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<td>March</td>
<td>One-hour practice webinar #3</td>
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<td>April</td>
<td>One-hour practice webinar #4</td>
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<td>May</td>
<td>Learning Session 3- Dates to be determined by NCPeds</td>
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<td>June</td>
<td>One-hour practice webinar #5</td>
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<td>July</td>
<td>One-hour practice webinar #6</td>
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<tr>
<td>August</td>
<td>Learning Session 4 Celebration Webinar</td>
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**Required Measures** Project data will be collected on a monthly basis for 11 data cycles (including one baseline data cycle). Data will be collected at the practice level and submitted through the AAP’s data collection tool, the Quality Improvement Data Aggregator (QIDA).

**Project measures**

- **HPV Vaccination Rate**: The percentage of patients 16-18 years old who are up-to-date on human papillomavirus (HPV) vaccines (series completion)
- **Tdap Vaccination Rate**: The percentage of patients 16-18 years old who are up-to-date on the tetanus, diphtheria and acellular pertussis (Tdap) vaccine
- **MenACWY Vaccination Rate**: The percentage of patients 16-18 years old who are up-to-date on quadrivalent meningococcal conjugate (MenACWY) vaccines (series completion)
- **HepA Vaccination Rate**: The percentage of patients 16-18 years old who are up-to-date on hepatitis A (HepA) vaccines (series completion)
- **Influenza Vaccination Rate**: The percentage of patients 16-18 years old who received an influenza vaccine within the past year
- **MenB Vaccination Rate**: The percentage of patients 16-18 years old who have received the meningitis B (MenB) vaccine (series initiation)*
- **MenB Education Rate**: The percentage of patients 16-18 years old who received education regarding the meningitis B (MenB) vaccine
- **Adolescent Well Visit Rate**: The percentage of patients 16-18 years old who attended a well visit within the past year
- **Missed Opportunity Rate**: The percentage of patients 16-18 years old that do not receive all eligible vaccinations when they present in the office**

*Optional measure/**The MenB vaccine is not included in this measure
For the vaccination rate measures and the adolescent well visit measure, practices will be asked to collect data on their practice patient population of 16-18-year-olds. For the MenB education measure and the missed opportunity measure, practices will be asked to collect data on a sample of 16-18-year-old patients with an office visit occurring during the data collection month.
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Project Incentives & Requirements

Thank you for your interest in the IIRA project. We want to ensure that you and your practice staff understand the various requirements and educational incentives that are available for participation in the project. CQN IIRA will offer American Board of Pediatrics Maintenance of Certification (MOC) Part 2 and Part 4, as well as Performance Improvement Continuing Medical Education (PI CME) credits.

General Requirements for Participating Practices

1. Establish a core quality improvement (QI) team with at least three members, including:
   a. 1) a physician leader, 2) a nurse or medical assistant, and 3) a practice manager or administrator
   b. One member is asked to commit to be the day-to-day team contact.

2. All core QI team members and active participants must acknowledge participation requirements and incentives through an enrollment survey. All clinical and non-clinical practice staff (even if they are not active participants) should be aware of and support the project.

3. Complete the work outlined in the Practice Onboarding Packet.

4. Core QI team members should attend and participate in each of the four learning sessions (2 in-person, 2 webinar). Specifically, the physician leader must attend.

5. Core QI team members should attend chapter practice webinars (6 webinars) to review data and share best practices.

6. At a minimum, the core QI team must meet once a month to plan and revise tests of change.

7. All actively participating providers must participate in conducting tests of change.

8. All participating practices must collect and submit practice-level data monthly (for 11 months) to the Quality Improvement Data Aggregator (QIDA) data collection tool. Use of QIDA will require acceptance of a disclosure statement.

9. Participating practices must complete practice-level surveys to provide feedback, assess progress, and identify barriers.

10. The core QI team must share and review practice-level data with all project participants in the practice, as well as allow practice data to be shared across the CQN collaborative. Identifiable practice data cannot be shared outside of the collaborative without permission from the PI.

11. The chapter physician leader will attest that participating physicians have met meaningful participation requirements for ABP MOC Part 2 and Part 4 credit.

The requirements for each type of credit are outlined on pages 4-6.
Maintenance of Certification Part 4 (50 points)
MOC Part 4 is awarded in two cycles for the project. Each cycle will award 25 points of MOC4 credit upon completion of the required elements.

- Cycle 1 will cover October 2020-February 2021, with credit awarded in March 2021.
- Cycle 2 will cover March 2021-August 2021 and credit will be awarded in August/September 2021.

MOC Part 4 Criteria for the Physician (Cycle 1: October 2020-February 2021; 25 points):
- Meet once a month with practice project participants to review improvement data and plan tests of change
- Lead a Plan-Do-Study-Act (PDSA) ramp during at least one action period, and post PDSA worksheet to the project online repository.

MOC Part 4 Criteria for the Physician (Cycle 2: March 2021-August 2021; 25 points):
- Meet once a month with practice project participants to review improvement data and plan tests of change
- Lead a Plan-Do-Study-Act (PDSA) ramp during at least one action period, and post PDSA worksheet to the project online repository.
- Implement and test a reminder/recall system to improve adolescent well visits.

MOC Part 4 Criteria for the Practice (Cycles 1 and 2):
- Establish core quality improvement (QI) team (physician; nurse, nurse practitioner or medical assistant; and practice manager).
- Members of core QI team attend all learning sessions and disseminate learnings to other practice members.
- Members of core QI team attend six practice webinars with their chapter and submit at least one Plan Do Study Act (PDSA) cycle to the project online repository per month.
- Collect and submit practice-level data on project measures for 11 monthly data cycles (baseline and 10 project data collection cycles).
- Complete practice-level surveys to provide project feedback and assess progress and identify barriers.

Maintenance of Certification Part 2
MOC Part 2 will be awarded in August/September 2021 at the conclusion of the project. There will be 20 points awarded for MOC Part 2. There is no partial credit for MOC Part 2 awarded.

MOC Part 2 Criteria for the Physician:
- Attend 2 of the following Learning Sessions:
  - Learning Session 1 (Full day, in person)
  - Learning Session 2 (1.5 hour webinar)
  - Learning Session 3 (Full day, in person)
- Complete an end-of-project evaluation survey within 21 days of survey distribution.
MOC Part 2 Criteria for the Practice:

- Complete three practice-level surveys within 21 days of survey distribution.

Performance Improvement Continuing Medical Education Requirements (PI CME)

Physicians and other allied health professionals must meet the requirements below to receive up to 20 points of PI CME credit at the end of the project in August/September 2021.

A PI CME activity is one during which evidence-based performance measures and QI interventions are used to help physicians identify patient care areas for improvement and change their performance. This type of CME activity differs in structure from other CME learning models that may also use QI data (e.g., live activities, enduring materials). All CME credit will be awarded as follows:

PI CME Criteria for the Physician and Allied Health Professional:

- Learning Session 1 (in-person) – 5 points
- Learning Session 2 (webinar) – 5 points
- Learning Session 3 (in-person) – 5 points

Participants who attend all 3 learning sessions will be awarded an additional 5 points, for a total of 20 points. Partial credit for attending one or two of the above sessions will also be awarded.