

This quality improvement (QI) project is being conducted by the Early Hearing Detection and Intervention (EHDI) program as part of a cooperative agreement between the National Center for Medical Home Implementation and the American Academy of Pediatrics.

This project focuses on the engagement of primary care practice teams that have a diversity of backgrounds and experiences. Specifically, we are recruiting five primary care practice teams with three members per team; at least one (1) primary care pediatrician needs to be on the team and should function in the leadership role. A parent/caregiver partner must also be included on the team. Participating teams are encouraged to also include non-physician members such as a nurse, office manager, or other practice staff as members of the practice team. However, practice team composition should be based on what has the potential to be the most relevant and meaningful to the practice. As such, practice teams may decide to include other clinicians within the practice as members of the team.

Only one application per practice team will be required/necessary. One person from each team will need to complete the application; however, the other team members need to be listed in the application and need to have a firm confirmed commitment for involvement.

In order to progress through this application, please use the following navigation buttons:

- Click the Next button to continue to the next page.
- Click the Previous button to return to the previous page.
- Click the Done button to submit your application.

If you have any questions, contact:

Christina Boothby, MPA
Manager, Division of Children with Special Needs
cboothby@aap.org
847/434-4311

* 1. Please enter your contact information in the boxes below.

First Name

Last Name

Title

Name of Practice

Email Address

Street Address

Street Address 2

City

State

Phone Number

Alternate Phone Number

2. Please enter the contact information for the second practice team member.

First Name

Last Name

Title/Position

Email Address

3. Please enter the contact information for your parent/caregiver partner.

First Name

Last Name

Email Address

* 4. Do you plan to have additional pediatric primary care providers within your practice participate in this quality improvement project?

- Yes
- No
- Unsure at this time

* 5. Practice Size (by # of physicians)

- Single Provider
- 2-4 Physicians
- 5-7 Physicians
- > 7 Physicians

* 6. Practice Size (by # of distinct provider locations)

- Single site
- 2-4 sites
- 5-7 sites
- >7 sites

* 7. Practice Size (by # of newborns entering the practice monthly)

- ≤10 newborns
- 11-50 newborns
- >50 newborns

* 8. Please indicate your practice type.

- Independent Practice
- Hospital Affiliated Practice
- Affiliated with University or Medical School
- (County) Public Health Department
- Federally Qualified Health Center
- Other (please specify)

* 9. Which electronic health records system does your practice use? If your practice does not use electronic health records, please indicate "not applicable" below.

* 10. Please describe the geographic location of the practice.

- Urban
- Suburban
- Rural

Other (please specify)

* 11. Estimated percentage of patients who use Medicaid or another state/federally-funded program to support their medical expenses.

* 12. What percentage of your patients would you estimate to be in the following ethnic groups? (If you have no patients in a specific group, please indicate "0" in that space. Percents should add up to 100.)

Non-Hispanic/Latino

Hispanic or Latino

* 13. What percentage of your patients would you estimate to be in the following racial groups? (If you have no patients in a specific group, please place a "0" in that space. Percents should add up to 100.)

Asian

American Indian or Alaska
Native

Black or African American

White

Other

* 14. In the past three years, has your practice engaged in any formal quality improvement project?

Yes

No

If Yes, please explain:

Project implementation will occur January 2017 through August 2017. Each practice team is required to:

- Complete a web-based pre- and post-implementation survey
- During the pre-work period, hold a brief discussion/interview with a family from your practice to assess gaps in patient care and to develop change strategies based on these gaps
- Participate in a 1-day in-person Learning Session on February 12 at the AAP Headquarters in Elk Grove Village, IL (travel expenses will be covered)
- Perform monthly chart reviews to measure practice-based change around project aims and measures
- Submit findings and progress through 6 monthly narrative reports
- Engage in education on EMDI and quality improvement via participation in a series of five, one-hour facilitated discussions following a series of Plan-Do-Study-Act (PDSA) periods or "action" periods
- Participate in one quality improvement coaching call with the QI advisor
- Participate in a post-project feedback call

* 15. All members of our practice team will be available to participate in the Learning Session held at the American Academy of Pediatrics Elk Grove Village office on February 12, 2017.

- Yes, all members of our practice team will be able to participate
- No, not all members of our practice team will be able to participate (please specify details below)

Other (please specify)

16. All members of our practice team will be available to participate in an orientation webinar on January 5, 2017 at 1:00pm ET/12:00pm CT?

- Yes, all members of our practice team will be able to participate
- No, not all members of our practice team will be able to participate (specify details below)

Other (please specify)

* 17. The project involves conducting chart review and reporting on de-identified health records and has been approved by the AAP Institutional Review Board (IRB). Will you be required to obtain separate approval from your own Institutional Review Board for this project?

- Yes
- No
- Not Sure

Your application is now complete!

Applications will be reviewed by the EHDI QI Expert Group.
You will be notified of your participation no later than December 28, 2016.

Thank you for your time.

Please click "Done" to submit now.

If you have any questions about this application or the project, contact:

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