

TEAMSS Project Frequently Asked Questions – Updated 2.20.24

Question	Response
Logistics and Administration Questions	
What should my practice team look like?	The team must include at least one physician to act as the Physician Champion. Additionally, the team can include a combination of clinicians or staff that help your primary care practice take care of adolescents. This includes physicians, social workers, nurses, office staff, medical assistants, etc. We encourage teams comprised of representatives from all roles related to the processes, workflows, and care provision for adolescent substance use and mental health.
What is the goal of this project?	From March 2024 to February 2025, we will use quality improvement methodologies in a learning collaborative format to improve rates of substance use and mental health screening and follow-up for adolescents aged 12-18 years in primary care practices.
What is the timeline for this project?	This is an 11-month project, which will begin with onboarding in March 2024 and continue through February 2025. See below for a full project schedule . Practice representation is required at all Learning Sessions, and additional attendance requirements may apply to those seeking professional credit for their participation in this project.
I cannot attend the Promotional Webinar. How can I access that information?	Everyone who registered for the Promotional Webinar will receive the recording and slides after the session. Click here to view the recording of the webinar and click here for a copy of the slides used during the presentation . For further help accessing this information, please reach out to Anna Correa (acorrea@aap.org).
Application Questions	
Who should apply for this project?	Any pediatric primary care practices that are interested in improving care and support for adolescent substance use and mental health. The main focus of this project is substance use screening and follow-up, but there is also opportunity to improve processes for anxiety, depression, and suicide screening.
How does the application process work?	Due to the limited space for enrollment, anyone interested in participating in this project must submit an application by February 25, 2024. The

	<p>application asks basic questions about your practice and team, as well as your patient population and current screening practices. Applications will be reviewed by national team leaders. Selection criteria include: practice setting, location, and type; patient population; QI experience; current screening practices and needs.</p>
<p>Can I see all the questions on the application prior to filling out the survey?</p>	<p>Yes, please click here for a PDF of all the questions on the application for your reference as you complete the application.</p>
<p>When will we know if we have been accepted to enroll in the project or not?</p>	<p>We will notify all applicants of their application status in early March.</p>
<p>Is travel required for participation?</p>	<p>No. The project will take place entirely virtually to allow for participation from a wider range of practices.</p>
<p>Is there a required minimum number of annual well visits for adolescents aged 12-18 years for participating practices?</p>	<p>There is no required minimum number of annual well visits for participation. However, if your practice rarely sees patients aged 12-18 years for well visits, your experience may be limited with fewer data points.</p>
<p>Who can be a Physician Champion?</p>	<p>This role must be filled by a physician who will lead data collection and serve as the main point of contact for the practice. Physician Champions will receive recognition and commendation for their leadership role in a national QI collaborative.</p>
<p>My practice does not have a formal substance use and/or mental health screening process in place. Can we still participate in this project?</p>	<p>Yes. It is possible for all practices to participate, regardless of where they are in the screening implementation process. If a practice already has a process for depression screening and follow-up, the groundwork is laid for adding substance use screening and follow-up—thus making QI efforts in an 11-month timeframe more feasible. While a lack of any procedure for screening and follow-up does not preclude a practice from participating in this project, we encourage practices to consider their capacity for participation in a rigorous project that focuses on improving substance use and mental health care. Practices interested in building these screening processes from the ground up may consider other projects offered by the AAP which will provide more support for early process development.</p>

My practice already does screening for substance use and/or mental health. Can we still participate in this project?	Yes. This project can support both the development of new and the improvement of existing processes.
Substance use, depression, anxiety, AND suicide risk? That seems like a lot for my team to address in 11 months.	All practices will collect data on all the measures listed in the table, but it is not required to test change strategies for all four health topics. Substance use QI is required. Anxiety, depression, and suicide risk topics will be included in our learning collaborative, and we encourage and can support QI efforts addressing these health topics as appropriate for your practice.
My practice exists in a unique context that most other practices wouldn't relate to. Is this project appropriate for us?	Yes. One of the main benefits of the "all teach, all learn" approach of this QI collaborative is that diverse practices can find ways to help each other learn and grow together. Even if your practice serves a unique patient population, has specific needs in your location, or operates differently than most other practices, you are encouraged to apply.
My practice has never participated in a Quality Improvement (QI) effort before. Can we still participate in this project?	Yes. QI experience is not mandatory for participation in this project. The curriculum will introduce QI, and our dedicated QI coach will host office hours and coaching sessions to ensure your practice can improve care for patients and QI confidence.
Will practices need to apply for IRB approval?	No, this project has been approved as exempt through the AAP's IRB and will not require practice-level applications for ethical approval. A copy of the approval can be provided upon request.
Data and Measurement Questions	
What will be measured during this project?	Please see the measurement list below. All practices will collect data on all the measures listed in the table, but it is not required to test change strategies for all four health topics. Substance use QI is required. Anxiety, depression, and suicide risk topics will be included in our learning collaborative, and we encourage and can support QI efforts addressing these health topics as appropriate for your practice.
Participation and Expectations Questions	
What is expected for participants?	<ul style="list-style-type: none"> Establish a practice QI team and ensure all team members are enrolled in the project

	<ul style="list-style-type: none"> • Collect and submit practice-level data on project measures for 11 data cycles (baseline and 10 monthly cycles) • Practice team is represented at all Learning Sessions and shares learnings with colleagues • Provide direct or consultative care to adolescent patients eligible for mental health and substance use screening as part of the project • Participate in PDSA and data reviews with QI Coach via coaching calls and Learning Sessions • Meet at least monthly with practice QI team to review data according to project measurement strategy and plan tests of change • Implement change strategies from the Key Driver Diagram • Complete all surveys by due date required by the project to collect feedback, assess progress, and evaluate project activities
<p>What are the benefits of participation?</p>	<ul style="list-style-type: none"> • Lead your practice toward improvement in a timely, important, and relevant topic • Expand skills and confidence conducting screening and follow-up for substance use and mental health • Engage in learning collaborative with other pediatric primary care practices nationwide • Utilize support from a QI Coach • Develop teamwork, processes, and workflows to support improved procedure • Opportunities for professional credit • Small practice stipend for practices who complete the project
<p>What kind of professional credit are you offering for work on this QI project?</p>	<p>We will offer:</p> <ul style="list-style-type: none"> • 20 PI CME (Performance Improvement Continuing Medical Education) • 20 MOC2 (American Board of Pediatrics Maintenance of Certification Part 2) • 50 MOC4 (American Board of Pediatrics Maintenance of Certification Part 4) • 20 NAPNAP (National Association of Pediatric Nurse Practitioners)

Can my practice apply if not all team members are AAP members?	Yes. AAP membership is not a requirement for participation in this project.
Project Content Questions	
What health topics will be featured in this project?	This project focuses on substance use and also covers anxiety, depression, and suicide screening and follow-up. All practices will collect data on all the measures listed in the table, but it is not required to test change strategies for all four health topics. Substance use QI is required. Anxiety, depression, and suicide risk topics will be included in our learning collaborative, and we encourage and can support QI efforts addressing these health topics as appropriate for your practice.
Who is the patient population of interest for this project?	Adolescents aged 12-18 years who are visiting a primary care provider for a well visit.
Are patients with co-morbid or chronic conditions excluded from this study?	Patients are not excluded from this study due to other diagnoses they may have, but the inclusion criterion for measurement is patients in the age range, visiting a practice for a well child visit. For example, a patient who is diagnosed with Fetal Alcohol Spectrum Disorders would still be eligible for inclusion in the data collection, so long as their visit is a well child visit and not an ongoing care appointment for FASD.
What is a “QI Learning Collaborative”?	A QI Learning Collaborative format allows for participants to share lessons, challenges, and experiences with each other. The participation of diverse practices at varying stages of screening/follow-up procedure will enrich the collaborative nature of the project, providing further support toward physician wellness.
I have additional questions. Who can I contact?	If your questions are not answered in this FAQ, please reach out to project manager, Anna Correa (acorrea@aap.org)

TEAMSS Schedule

#	Title	Duration	Timeline
1	Project Promotional Webinar with Q&A	60 minutes	February 15, 2024 2:00-3:00 pm CST
2	Project Onboarding	90 minutes	March 20, 2024 2:00-3:30 pm CST
3	Project Data Strategy & QIDA Training (on-demand recording)	60 minutes	On demand, March 2024
4	Learning Session 1, Call 1	4 hours	April 17, 2024 11:30 am-3:30 pm CST
5	Learning Session 1, Call 2	4 hours	April 18, 2024 11:30 am-3:30 pm CST
6	QI Coaching Session	1 hour	May/June 2024
7	Learning Session 2	90 minutes	August 8, 2024 12:00-1:30 pm CST
8	QI Coaching Session	1 hour	October 2024
9	Learning Session 3, Call 1	4 hours	December 4, 2024 3:00-7:00 pm CST
10	Learning Session 3, Call 2	4 hours	December 5, 2024 3:00-7:00 pm CST
11	Learning Session 4	90 minutes	February 26, 2025 12:00-1:30 pm CST

TEAMSS Measurement List

Measure	Definition	Numerator	Denominator
Substance use screening	<ul style="list-style-type: none"> • % of adolescents seen for a well visit with documentation in their chart that a validated substance use screening tool was administered and scored/interpreted 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -Who have documentation in their chart that a validated substance use screening tool was administered, scored/interpreted	# patients meeting the following criteria: -12-18 years old -Seen for a well visit
Follow-up to positive screening for substance use	<ul style="list-style-type: none"> • % of adolescents with a positive screening for substance use with documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit - With a positive substance use screening -Who have documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive substance use screening
Depression screening	<ul style="list-style-type: none"> • % of adolescent well visits with documentation that a validated depression screening tool was administered and scored/interpreted. 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -Who have documentation in their chart that a validated depression screening tool was administered and scored/interpreted.	# patients meeting the following criteria: -12-18 years old -Seen for a well visit

Follow-up to positive screening for depression	<ul style="list-style-type: none"> % of adolescents with a positive screening for depression with documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for depression -Who have documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for depression
Suicide risk screening	<ul style="list-style-type: none"> % of adolescent well visits with documentation that a validated suicide risk screening tool was administered and scored/interpreted. 	% of adolescent well visits with documentation that a validated suicide risk screening tool was administered and scored/interpreted.	# patients meeting the following criteria: -12-18 years old -Seen for a well visit
Follow-up to positive screening suicide risk	<ul style="list-style-type: none"> % of adolescents with a positive screening for suicide risk with documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for suicide risk -Who have documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for suicide risk
Anxiety screening	<ul style="list-style-type: none"> % of adolescent well visits with documentation that a validated anxiety screening tool was administered and scored/interpreted. 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -Who have documentation in their chart that a validated anxiety	# patients meeting the following criteria: -12-18 years old -Seen for a well visit

		screening tool was administered and scored/interpreted.	
Follow-up to positive screening for anxiety	<ul style="list-style-type: none"> • % of adolescents with a positive screening for anxiety with documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up 	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for anxiety -Who have documentation of receiving brief advice/brief intervention AND/OR referral to treatment and plan for follow up	# patients meeting the following criteria: -12-18 years old -Seen for a well visit -With a positive screening for anxiety