

# AMERICAN ACADEMY OF PEDIATRICS QUALITY IMPROVEMENT PROJECT



## OPTIMIZATION OF THE PEDIATRIC MEDICAL HOME FOR CHILDREN WITH CONGENITAL HEART DISEASE

AAP Staff Contacts  
Nataliya Shtym, MPH  
nshtym@aap.org

Sandra George, MPH  
sgeorge@aap.org

The American Academy of Pediatrics (AAP) is recruiting pediatric primary care providers to participate in a quality improvement project which proposes to engage multiple practices in a virtual learning collaborative approach to advancing the integration of care and quality of life for children and youth living with congenital heart disease (CHD). This project is funded through a cooperative agreement between the American Academy of Pediatrics and the Cooperative Agreement from the Centers for Disease Control and Prevention, National Center for Birth Defects and Developmental Disabilities, grant number #5NU38OT000282.

Congenital heart disease (CHD), which is present in about 1.0% (1 in 110) of all live births in the United States, is the most common birth defect. Defined generally as malformations present at birth that involve the heart or major associated blood vessels, CHD includes a remarkably heterogeneous group of conditions, with very different prevalence, risk factors, and outcomes. Crucially, CHD is a significant contributor to birth defect related morbidity, mortality, and healthcare costs, in early life and increasingly among adolescents and adults.

### **Note:**

The project team applied for the CME/MOC eligibility with the AAP Accreditation Team. Credit will be available when approved.

- Participants of this project will have the opportunity to earn 20 Continuing Medical Education (CME) credits if all requirements are met.
- Pediatricians will have the opportunity to earn Maintenance of Certification (MOC) credits.

*Practices are not expected to have a minimum # of CHD patients to participate.*

## Congenital Heart Disease Quality Improvement Learning Collaborative

Patients with CHD have complex health care needs that are often provided for and coordinated by the primary care pediatrician (PCP) through the medical home. It is critical now more than ever during a pandemic that the needs of a high risk population are met. This project aims to increase the integration between primary care and specialty pediatricians to improve cardiac and non-cardiac health outcomes for children (0-18 years) with CHD in the context of the pediatric medical home such that:

- 100% of children have a plan of care that incorporates patient and condition specific plan of care that is updated at least annually.
- 100% of children have document communication between the medical home and the cardiologist at least annually
- 100% of children have a documented visit with a cardiologist at least annually, or frequency as determined by the patient's cardiologist.



## Application Process

Interested pediatric practices should complete an online form <https://tinyurl.com/us72fcya>. Applications will be reviewed by the interdisciplinary expert group.

Application will close on: **November 7, 2022**  
Project Kickoff: **November 16, 2022**

Please direct any questions about the application process to Nataliya Shtym at [nshtym@aap.org](mailto:nshtym@aap.org)

**Proposed High- Level Timeline: Project implementation will occur from November 2022 to July 2023.**

### Pre-work (11/2022)

- Participate in a 30-min. project orientation webinar (or view recording) and 1-hour learning session.
- Submit baseline qualitative survey regarding current non-cardiac care management processes and communication with subspecialists (i.e., cardiologist).
- Submit quarterly aggregate/de-identified responses based on project-specific registry/tracking system.

### Action period (12/2022 – 07/2023)

- Maintain practice-based registry/patient tracking system for all patients with congenital heart disease in the practice.
- Implement plan-do-study-act (PDSA) cycles of change to implement iterative quality improvements for the practice.
- Submit monthly qualitative progress reports (10-question survey)
- Participate in monthly 30 min. virtual meetings to review improvements and areas of focus for the next month.

### Post Action Period (08/2023)

- Complete final data collection based on established practice registry/tracking system
- Participate in final project focus group to review final data and discuss lessons learned and discuss possible opportunities for public health policies and interventions.