

Georgia AAP Member Practices Complete the Chapter Quality Network (CQN) U.S. Immunizations Project

In February 2017, thirteen Georgia AAP member practices began the CQN Practice Improvement process to address infant immunization rates. The project was led by the national office of the American Academy of Pediatrics (AAP). The chapter leadership team included myself, Dixie Griffin, MD as physician lead, and Flavia Rossi, MD, as co-physician lead, along with Dr. Harry Keyserling as the immunization expert. Also, Georgia Chapter staff members Shanrita McClain and Noreen Dahill, assisted us with project management needs. The aim of the project was for all the participants to make improvements in vaccination rates for children up to two years of age.

The project timeline spanned 12 months and included four learning sessions, monthly practice calls, and 12 months of data collection. The data collected supported the reporting of project measures which included improving missed opportunities rates, raising individual coverage rates in the HEDIS Combination Childhood Immunization Status (CIS) to reach or exceed the state average of Healthy People 2020 goals by 90%, showing improvement in the HEDIS Combination 3 (CIS) Composite (DTaP, IPV, MMR, HIB, HepB, VZV, PCV) and recalling targeted patients that are not up-to-date on childhood vaccines. The practice teams had the opportunity to learn and assist each other as they shared their successes and barriers in achieving their quality improvement measures.

The project used the Institute of Healthcare Improvement (IHI) Breakthrough Series Model for Improvement. A QI framework for rapid change using learning sessions, acting period, and Plan-Do-Study-Act (PDSA) for rapid action change process was used. Monthly measurements of the data showed that all practices were able to implement positive change and sustain that change through the 12-month life of the project. The model for improvement included working collaboratively so that practices could learn from each other. Some practices reported adding daily huddles to their workflow, pre-visit planning, rapid-cycle testing of ideas, and creating tools for better communication with their patients as examples of gains from their participation.

Nationally six AAP Chapters participated in the CQN Immunizations Project; Georgia lead all chapters with the highest number of practices participating in the project at thirteen. Each practice implemented recall methods and decreased missed opportunities to vaccinate. The single greatest barrier encountered was reaching the 90% coverage rate for DTaP. The DTaP average for all thirteen practices was 84% while all other project measures were exceeded. Georgia was recognized by the CQN Immunizations Project Leadership as the only Chapter to reach 7 of the 8 project measurement goals for coverage rates surpassing all other five AAP Chapters.

We congratulate the participating practices on their successful completion of the CQN Immunizations quality improvement project.

Dixie Griffin, MD