

August 15, 2000

Dear Colleague,

The *Evaluating a Quality Improvement Strategy (EQUIS)* project is a randomized clinical trial to determine whether a quality improvement intervention in primary care practices serving children can improve the clinical care, health outcomes and experience of care for children with asthma.

We are offering practices the opportunity to participate in a learning collaborative modeled closely on the Breakthrough Series without charge. This collaborative will focus on asthma care, and will seek the same level of breakthrough change in quality of care as is a hallmark of all IHI initiatives. Practices that participate in the collaborative will send a team to three one day training sessions. We will conduct these sessions here in Boston. These teams will also participate in monthly conference calls, and collect a limited amount of data on an ongoing basis to assess their progress towards their aims. In between these training sessions, practice teams will undertake multiple "tests of change" in order to achieve the project goals.

This program is being offered by the National Initiative for Children's Healthcare Quality (NICHQ), led by Charles Homer, MD, FAAP. NICHQ is a new program of the Institute for Healthcare Improvement closely linked to the AAP and focused exclusively on children's health care. NICHQ is able to offer this program without charge because it is being undertaken with a formal evaluation. This evaluation is supported by a grant from the federal Agency for Healthcare Research and Quality (AHRQ) and the National Heart, Lung, and Blood Institute.

Practices that agree to participate will be randomly selected to join the collaborative in year one or in year two. In the year that the practice does not receive the intervention, the providers will give 'usual care.'

We have designed the "research" level data collection to be as unobtrusive to the practice as possible. The impact of the project will be assessed with data obtained from three sources at three different points in time—baseline, after year one and after year two. A patient/parent survey will provide information on quality of care (appropriateness, communication), patient experience of care (access, satisfaction), health status and outcomes. Claims data (if feasible) will provide information on cost and utilization. Finally, there will be a provider survey to measure professional satisfaction and several aspects of clinical practice before and after exposure to the quality improvement program.

In addition to the synopsis above, an overview of what this project entails and what benefits your practice can obtain are provided on the attached information sheets.

In order to meet the statistical requirements of the project, we hope to recruit 40 practices across all sites. Our hope is to start as soon as practices are recruited, and could offer the first learning session this fall. In order to enroll in this project, or if you have any questions, please call Charles Homer at 617-754-4809 or Pat Heinrich, R.N., at 617-754-4875. You can also email Dr. Homer at chomer@ihi.org or Ms. Heinrich at pheinrich@ihi.org.

We here at NICHQ are excited about this opportunity to improve care and advance knowledge about improvement. We hope that you can join us in helping achieve the mission of this important project!

Sincerely,

EQUIS Project Team

EQUIS Component Overview

The Evaluating Quality Improvement Strategies project has two components:

- Quality Improvement
- Evaluation

Quality Improvement

The quality improvement activity starts with the creation of a practice "asthma team." The multidisciplinary team, including a physician and *at least* one additional staff member, attends learning sessions and participates in, biweekly conference calls. Practice asthma teams assess care at baseline using a short patient survey and chart review provided by NICHQ. Office teams attend three "learning sessions" through the course of the project. Team members will be guided to choose an aim for improvement, plan and test changes, implement successful changes, and maintain the changes. The NICHQ project team will provide asthma and improvement tools to facilitate the work.

Evaluation

This project also includes a formal assessment of the effectiveness and cost effectiveness of this method in improving processes and outcomes of care. Half of the participating practices will be selected at random to participate in the program during the first year; the other practices will participate in year two. Children with asthma in the participating practices will be identified through the use of insurance claims or encounter data. With physician consent, the identified asthmatics will be interviewed by a telephone survey. This survey will assess health status and experience of care for the selected child. Additionally, claims experience for hospitalization, emergency department and office visits will be tracked over time, if available.

What are the requirements to participate in this project?

1. Practice desires to improve care for children with asthma.
2. Practice commits to formation of a practice specific multidisciplinary asthma team including a physician and *at least* one additional staff member to convene monthly team meetings.
3. All team members attend three eight-hour training sessions spread out over a nine month project period. These could be changed to two four-hour sessions held on consecutive days/evenings.
4. Asthma teams participate in coaching calls for 60 minutes every 2 to 4 weeks.
5. Practices complete a minimal baseline data collection including a brief written patient survey and corresponding 6-item chart review for 10-20 patients at the beginning of the project.
6. Repeat data collection in #5 for a minimum of 2 patients each week.
7. Practices facilitate the formal assessment of effectiveness of the program (patient telephone survey and data analysis) by the research project team.

How will your practice benefit from participation in this project?

1. Improved health outcomes for children with asthma in your practice, together with enhanced patient and family satisfaction.
2. Enhanced personal satisfaction by you and your staff in the care you provide and the way you provide it- a chance to reinforce your reason for being in health care!
3. Improved office-flow by reduction in the frequency of “walk in wheezers” that disrupt office efficiency.
4. Training and CME sessions based on the latest evidence based guidelines for care of pediatric patients with asthma.
5. Training and consultation from expert national faculty throughout the project.
6. Training in improvement techniques that can be used to improve care not only for patients with asthma, but also for patients with other diseases
7. Ongoing support, monitoring, and feedback to assist in project implementation as well as ongoing change management in your office practice.