

**PURPOSE:** Improve the care of patients with atopic dermatitis (AD) in a pediatric network of clinics by educating the health care team on best practices, providing tools and resources for the clinic team, and supporting the clinics through a practice redesign process

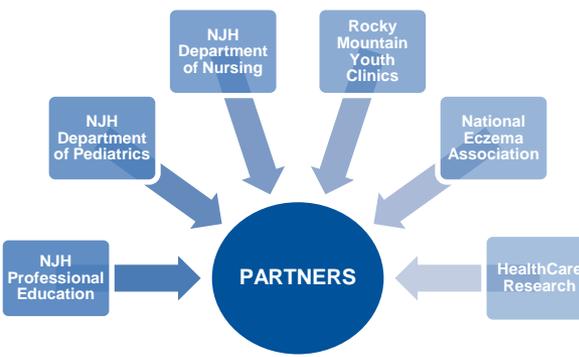
## DESIGN

Based on an identified practice gap and area of need, as well as on the findings from several AD studies that were conducted at National Jewish Health (NJH). Rocky Mountain Youth Clinics evidenced the practice gap and engaged in the initiative as a critical partner.

AD is a common chronic inflammatory and pruritic skin disease of children and impacts the quality of life of patients and their families. Educating patients and caregivers about the chronic relapsing nature of AD, as well as basic therapy, is essential to improve outcomes.

A performance improvement continuing medical education (PI CME) initiative based on the outcomes of previous NJH CME programs, as well as "lessons learned" from current PI CME programs conducted by NJH.

Designed to meet the criteria for the American Board of Pediatrics (ABP) Maintenance of Certification Part 2 (Self-assessment) and Part 4 (Quality Improvement).



## METHODS

- Baseline assessment of needs**
- » Collaborative meetings between NJH and RMYC
  - » Barrier survey to understand needs of RMYC providers and staff
  - » Review of best practices for managing and treating AD
  - » Development of checklist for AD patient visits

- Initial educational intervention**
- » Half-day multi-disciplinary training: lecture + hands-on

- Development of resources in English and Spanish**
- » Provider manual
  - » Patient workbook
  - » Patient e-book
  - » Clinic resource carts
    - » Dolls for moisturizer demonstration
    - » Laminated itch severity scales and life quality indexes
    - » NEA-provided patient information brochures

- In-clinic educational interventions**
- » Two small-group visits by NJH nurse and professional education staff
  - » Three main clinics, two mobile units, two school-based clinics

- Checklist collection and analysis**
- » Start of initiative, two mid-points, conclusion of initiative

- EHR data collection and analysis**
- » Three EHR pulls
    - » New AD patient visit prompts incorporated into EHR

## INTERVENTION

Live, half-day multi-disciplinary training

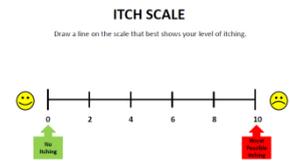
In-clinic NJH nurse educator visits (2)

Incorporation of AD patient visit checklist

Implementation of EHR prompts for AD patient visit

Development of resources for all clinics

Roundtable discussion of lessons learned on online platform



## OUTCOMES

- » Approved for 25 MOC Part 4 points
- » Self-assessment at training approved for 10 MOC Part 2 points
- » Pre-initiative RMYC practice barrier survey key findings
  - » Patient/parents underestimate severity of symptoms
  - » Patient/parents non-compliant with medications
  - » Patient/parents don't schedule follow-up visits after seen initially

Checklist data showed immediate improvement on care indicators following the live, multi-disciplinary training and sustained performance throughout the program.

Indicator of AD Care	Phase 1 (n=210)	Phase 2 (n=105)	Post-intervention Phase 1-2	Phase 3 (n=143)	Phase 4 (n=154)	Post-intervention Phase 1-4
<b>Outcomes Goal: Assess AD Severity</b>						
AD severity assessed and documented	39%	73%	+38	76%	77%	+38
Itch scale used	1%	67%	+68	57%	55%	+50
<b>Outcomes Goal: Incorporate Team-based Care</b>						
Document well to ED for AD in last 8 months	4%	0%	+4	0%	1%	-5
Referral made to specialist for AD	0%	4%	-4	12%	6%	-2
<b>Outcomes Goal: Provide Patient Education</b>						
Home management plan provided	52%	81%	+29	69%	66%	+14
Skin care reviewed	69%	97%	+6	94%	90%	+1
Home moisturizing plan reviewed	0%	92%	+92	85%	87%	+87
Chronic nature of AD reviewed	45%	90%	+45	83%	82%	+37
Potential AD triggers discussed	32%	69%	+34	62%	59%	+27
<b>Outcomes Goal: Prescribe Medications for AD</b>						
Received a topical corticosteroid	83%	95%	+2	96%	78%	-5
Non-steroidal topical drug recommended/prescribed	79%	73%	-3	94%	91%	+45
Oral anti-itch drug prescribed	16%	26%	+10	15%	25%	+9
<b>Outcomes Goal: Arrange for Follow-up Care</b>						
Follow-up plan discussed	52%	95%	+43	81%	80%	+28

## Survey says...

- » In a self-reflection survey at the end of the initiative:
  - » All (100%, n=15) said they were now better able to treat AD patients as a result of the program
  - » All of these HCPs reported they were either "extremely skilled" or "somewhat skilled" in 6 out of 7 skills recognized as key elements of quality AD care
  - » Most (60-93%) reported they had made either "some change" or "significant change" in specific behaviors related to optimal management of AD patients as a result of the initiative
  - » The majority (80-93%) of HCPs thought that the practice changes would be sustainable going forward