



Agenda

(IN EST TIME)	SESSION	SPEAKER / PRESENTER
12:00 – 12:20 PM	Welcome and NIPN Ahead	Wendy Davis, MD, FAAP
12:20 – 1:20 PM	The CHILD Registry and Evolving Vision for Quality at AAP	Xavier Sevilla, MD, MBA, CPHQ, CPPS, FAAP AAP Senior Vice President, Quality
1:20 – 2:00 PM	Role-specific breakout sessions	Leadership: Applying Health Equity Coaches: QI Adaptations for Remote Interactions
2:00 – 2:10 PM	Break	
2:10 - 3:10 PM	State Spotlights	 ACEs/Trauma-Informed Care in Pediatric Primary Care – NH PIP Suicide Prevention: Ramkumar – QTIP Health Aspects of Kindergarten Readiness – OPIP
3:10 – 3:55 PM	Topic-specific breakout Sessions and Report Out	Adolescent Mental Health ACES/Trauma Informed Care Developmental Screening Social Determinants of Health Social Emotional Health
3:55 – 4:00 PM	Closing Remarks	Wendy Davis, MD, FAAP







National Improvement Partnership Network Annual Meeting

NIPN Ahead!

Wendy Davis, MD FAAP – Associate Executive Director Rachel Wallace-Brodeur, MS MEd CPHQ – Quality Improvement Coach





Thank you, Annual Meeting Planning Group!

- □ Rachel Wallace-Brodeur, VCHIP
- Christy Fay, VCHIP
- Mindy Craig, CO
- Nicholine Gilliland, Frameshift
 Group
- Allison Koneczny, VCHIP
- □ Jen Le, VCHIP
- Diane Liu, UPIQ



EVENT SCHEDULE PLANNER 2021

PROJECT PHASE	STARTING	ENDING	PROJECT ACTION ITEMS	STARTING	ENDING
PHASE 1	07/01/2021	07/01/2021	IOCK-OFF/PLANNING	07/01/2021	07/01/2021
PHASE 2	07/01/2021	10/29/2021	PLANNING	07/01/2021	10/29/2021
	07/01/2021	08/13/2021	FINALIZE PRESENTATION TOPICS & REACH OUT TO SPEAKERS	07/01/2021	08/13/2021
	08/13/2021	09/17/2021	FINALIZE SPEAKERS	08/13/2021	09/17/2021
	07/01/2021	09/17/2021	FINALIZE FULL AGENDA	07/01/2021	09/17/2021
	67/01/2021	10/29/2021	CONTINUE WITH PLANNING & FINE TUNING	07/01/2021	10/29/2021
PHASE 3	08/23/2021	11/03/2021	REGISTRATION LINK LIVE	08/23/2021	11/03/2021
	11/03/2021	11/03/2021	PRESENTATIONS DUE	11/03/2021	11/03/2021
PHASE 4	11/05/2021	11/05/2021	REMINDER EMAIL W: LINK, MATERIALS TO ATTENDEES	11/05/2021	11/05/2021
	11/08/2021	11/08/2021	ANNUAL MEETING DAY	11/08/2021	11/08/2021

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Objectives

Describe the year in review



Share NIPN accomplishments

 Consider the road ahead: leveraging the power of our network in these extraordinary times

Because "you can't really know where you are going until you know where you have been." – **Maya Angelou**

Objectives

Describe the year in review

Leadership Transition; NIPN membership

2021

https://www.dewittcm.com/blog/

■ The pandemic context: COVID-19; structural racism & health equity; wellness & resilience (our patients & families, ourselves)

Share NIPN accomplishments

 Consider the road ahead: leveraging the power of our network in these extraordinary times

2021: A Year of (Ongoing) Change

VCHIP Leadership – saying goodbye to:

- Judy Shaw, EdD MPH RN FAAP VCHIP
 Executive Director
- Rachael Comeau, EdD MBA CPHQ VCHIP Assistant Director

With profound gratitude for leading us through the first two decades!

With sincere appreciation to Keith Robinson, MD – for service as VCHIP's Interim Executive Director









2021: A Year of (Ongoing) Change

And introducing . . .

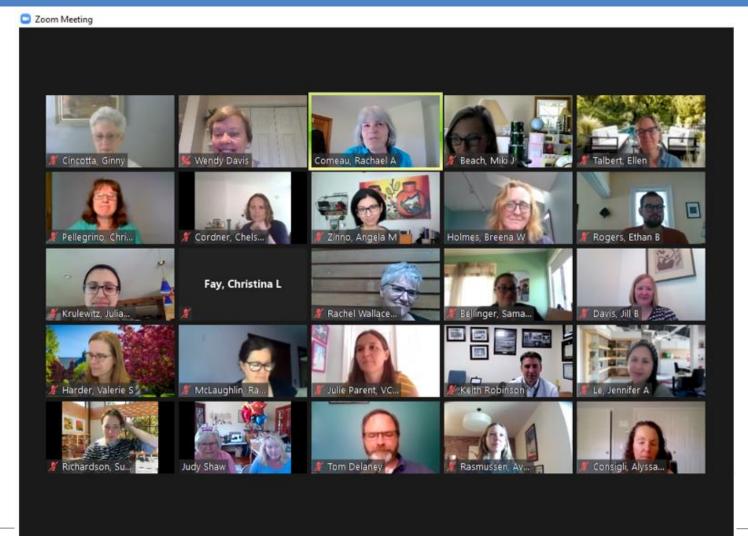
Rachel Garfield, MHS PhD – VCHIP's new Executive Director!







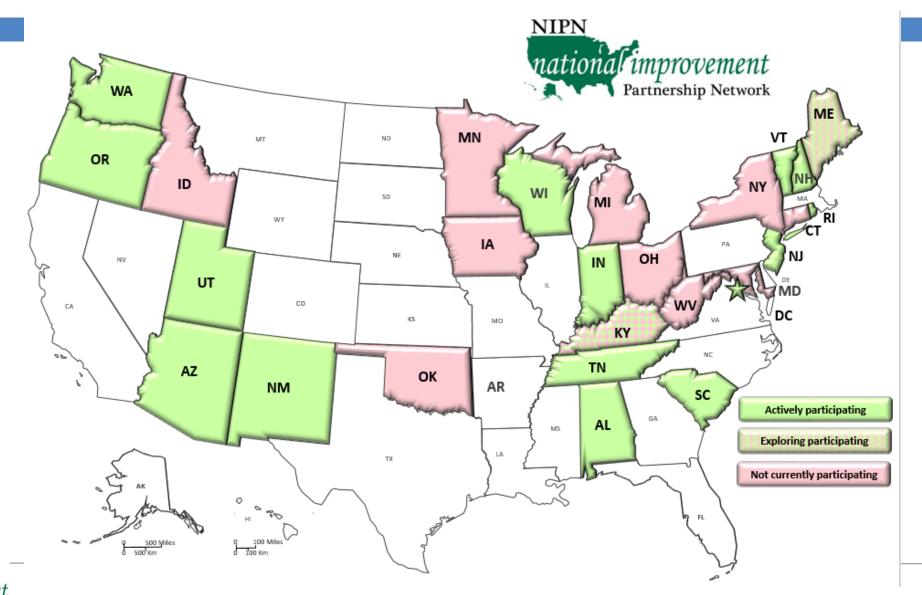
A Note of Gratitude to Our VCHIP Team – and Yours!







NIPN 2021







Where we've been...

Foundation for High Performing Medical Homes (HPMH)

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents

American Academy of Pediatrics

VCHIP MOC project 2020-2022

- Returning to our roots: improving preventive service delivery through primary care & public health integration
- National model: Johnson & Bruner, Child & Family Policy Center
- Global Aim Increase % of HPMH who:
 - Provide reliable, comprehensive, family-centered preventive services and well child visits based on Bright Futures; use a 2-generation approach with families; provide appropriate care coordination/case mgt.; use community services & supports for healthy development; use QI to constantly adapt and improve.

Design for High Performing Pediatric Medicaid Homes in Medicaid

Well-Child Visits

- Comprehensive well-child visits as required under EPSDT.
- Adherence to AAP Bright Futures scope and schedule.
- Screening for physical, developmental, social-emotional-behavioral health, maternal depression and other social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family engagement, focused on two-generation approaches to ensuring child health
- Other primary care practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all as part of medical home.
- Intensive care coordination/ case management for those with higher needs identified.
- Structured, family-focused approach to assess and respond to medical and non-medical health-related needs.
- Linkages to community resources, with active identification and engagement of those resources.

Other Services

- Child/family support programs, including those designed to be collocated in primary care (e.g., Healthy Steps, Project DULCE).
- Integrated behavioral health in primary care setting.
- Referrals to and integration with other services such as home visiting, family support, early intervention, early childhood mental health, and other programs.

Suggested citation: Johnson K and Bruner C. A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medica. Homes and Improving Lifelong Health. Child and Family Policy Center. October, 2018.





CHAMP Practice Network – October, 2021

Northwestern Vermont

- Community Health Centers of Burlington, Riverside Health Center
- Essex Pediatrics
- Lakeside Pediatrics
- · Northwestern Pediatrics, Enosburg Falls
- Northwestern Pediatrics / Georgia Health Center
- Northwestern Pediatrics, St. Albans
- Rebecca Collman, MD
- Richmond Pediatric & Adolescent Medicine
- · Shelburne Pediatrics
- Timber Lane Pediatrics, Burlington
- · Timber Lane Pediatrics, Milton
- Timber Lane Pediatrics, South Burlington
- · Thomas Chittenden Health Center
- UVM Children's Hospital Pediatric Primary Care, Burlington
- UVM Children's Hospital Pediatric Primary Care, Williston
- UVMMC Family Medicine. Colchester
- UVMMC Family Medicine, Hinesburg
- UVMMC Family Medicine, Milton
- UVMMC Family Medicine, South Burlington
- Vermont Naturopathic Clinic

Southern Vermont

- Brattleboro Primary Care
- Community Health Centers of the Rutland Region
- Green Mountain Pediatrics
- Hogenkamp & Hogenkamp
- Mountain Valley Medical Clinic
- · Springfield Health Center
- SVMC Pediatrics Northshire Campus
- SVMC Pediatrics Bennington



Northeastern Vermont

- CHSLV Appleseed Pediatrics
- NCHC Concord Health Center
- · NCHC Danville Health Center
- NCHC Hardwick Area Health Center
- NCHC Island Pond Health Center
- North Country Pediatrics
- North Country Primary Care, Barton Orleans
- North Country Primary Care Newport
- St. Johnsbury Community Health Center
- St. Johnsbury Pediatrics

Central Vermont

- CVMC Pediatric Primary Care
- · Gifford Health Care: Primary Care
- · Little Rivers Health Care, Bradford
- Little Rivers Health Care, Wells River
- Little Rivers Health Care, East Corinth
- Mt. Ascutney Hospital & Health Center
- Ottauguechee Health Center
- Porter Pediatric Primary Care
- · Rainbow Pediatrics
- South Royalton Health Center
- The Health Center
- UVMHN Family Medicine, Berlin
- White River Family Practice





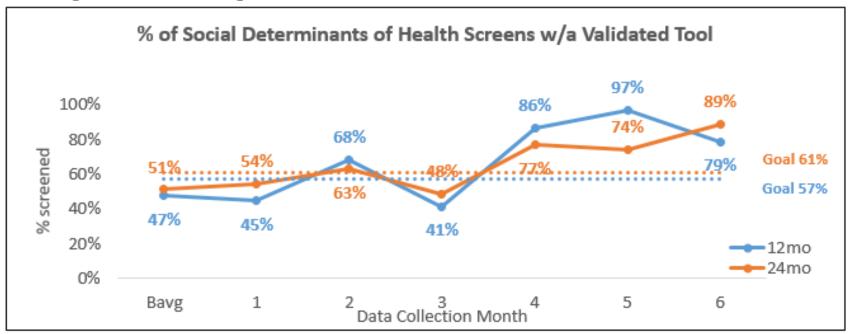
Where we've been...

CHAMP MOC Project FY 2021

Year 1 of Strengthening our System of HPMH – Selected results

(cont'd.):

Measure 8A: Increase the % of 12 month and 24-month patients who had a SDOH screen completed at their HSV using a validated screening tool to 10% over baseline



Results: The percent of children aged 12 and 24-month who had a SDOH screen completed at their HSV using a validated screening tool at the time of their 12 or 24-month health supervision visit. For 12-month-olds, the rate started at 47% during baseline and increased to 79%. For 24-month-olds, the rate started at 51% during baseline and increased to 89%.





VCHIP: COVID-19 Pandemic Response

- UCHIP/AAP/AAFP/VDH COVID-19 calls: leveraging the CHAMP practice network by creating a forum in which to address:
 - Situation updates (focus on the impact on Vermont's most vulnerable children & families)
 - Sharing of real-time scientific information/clinical guidance (with local adaptation as needed); identify strategies to adjust service delivery for our patients and families
- □ To date (since March 18, 2020) we have conducted:
 - 211 calls; approximately 900+ unique attendees joined > one call in 2021
 - 70 primary care practices in 12 VT counties (80% in CHAMP Network); 24 subspecialties; 21 K-12 schools in 8 counties; 38 health-related orgs.





Where We've Been... Structural Racism and Health Equity (VT)

- Health disparities created by barriers to the equal enjoyment of good health based on race, ethnicity, sexual orientation, gender identity, and disability status.
 - Vermonters who experience health inequities report they face discrimination, prejudice, & racism often invisible to others; do not trust and feel misunderstood by "the system"; do not feel valued, included, or safe; feel svcs. not designed to support them. (VT DOH)
- AAP-Vermont chapter convenes Task Force on Race & Health Equity (Spring 2020)
 - Leverage resources from AAP national
 - Develop/adapt guidance/resources: to improve care of BIPOC patients.; for practices working towards creating a culturally safe medical home; for families experiencing racism (screening tools & guidance for providers); for families to promote anti-racism.







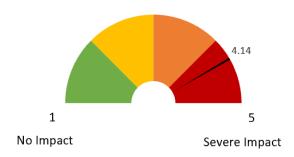
Where we've been...

Building Resilience & Wellness in a Pandemic

VCHIP COVID-19 Survey: Stressors on Vermont Practices (June – Aug 2020)

Impact:

- Severe impact: diminished somewhat over time as practices adapted
- Multiple dimensions: operational, wellness and patient/family concerns



What positive moments or changes have you seen during this period?

- Increases in engagement among staff, problem solving, and leadership
- Gratitude from families and communities for continuing to provide pediatric care
- Support of our local communities by providing cloth masks and PPE to share with staff and families
- Practice being supportive for healthcare workers with school aged children





Objectives

Describe the year in review



□ Share NIPN accomplishments

- Improving Adolescent and Young Adult Health (AYAH): focus on screening for Major Depressive Episodes
- □ IP Leadership Learning Sessions
- IP interviews

Consider the road ahead: leveraging the power of our network in these extraordinary times

Funding Opportunities – MCHB

Adolescent and Young Adult Health National Capacity Building Program

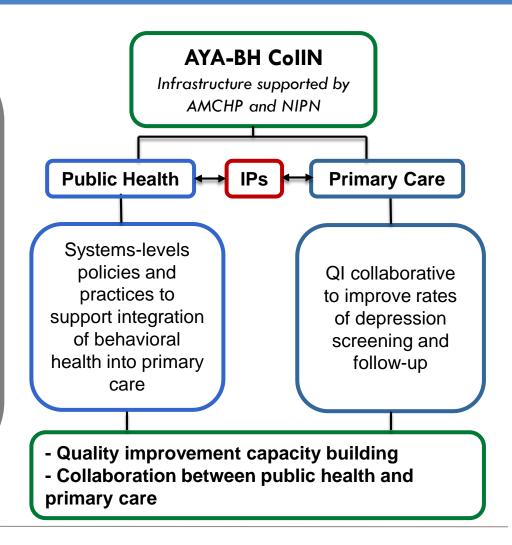
- □ UCSF (lead) + AMCHP + NIPN + UMN
- NIPN role: conduct multi-state virtual QI collaborative to improve depression screening and follow-up.
- Opportunity to leverage effective ways to connect public health to primary care
- Cohort 1 (Feb. 2019-Mar. 2021): IN, MN, SC, VT, WI
- Cohort 2 (Oct. 2021-June 2022): AZ, CA, IA, OH, PA





Adolescent and Young Adult Behavioral Health CollN

Achieve an 80% screening rate of patients ages 12-25 for a major depressive episode using an ageappropriate standardized tool with documentation of a follow-up plan if the screen is positive.



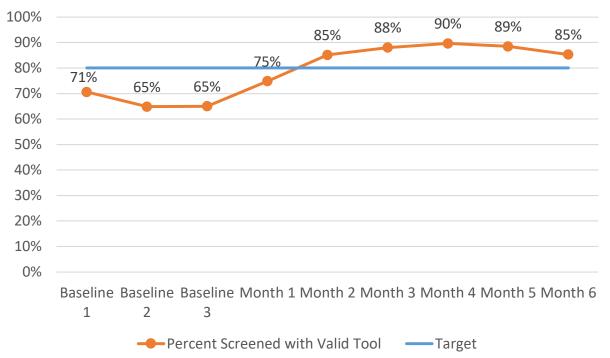




QI Collaborative: Cohort 1 Results

29 practices (5 states) 1,613 charts reviewed

Percent of AYA Screened for Depression



Depression screening rate

Baseline: 67% Month 6: 85%

T-test p-value < 0.01

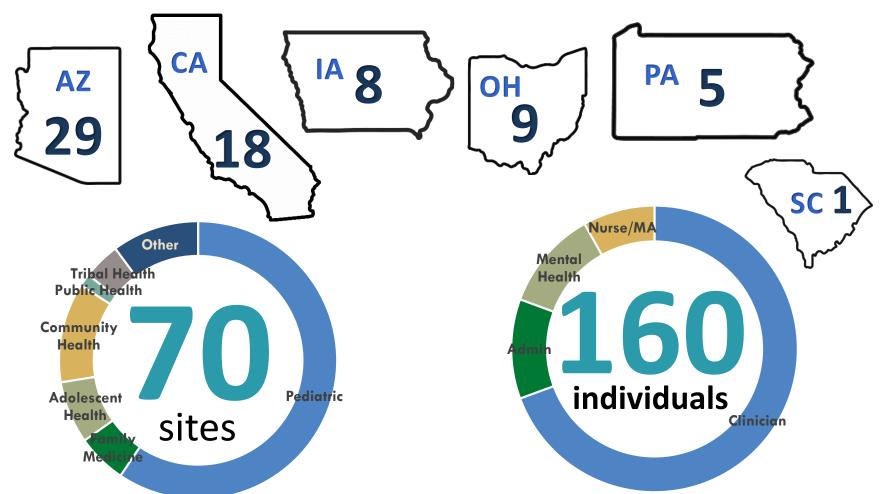
93%

of patients with a positive depression screened had a documented follow-up plan





Cohort 2 Participants







Changes for Cohort 2

- Less didactic, more peer learning
 - 20 minutes of every learning session dedicated to peer learning
- Increase interaction between public health and clinical arms
 - State-specific breakout groups during learning session to share the public health and primary care approaches to addressing depression in mental health
- Data element to close the referral loop





IP Interviews

- Goal: Reconnect with IPs to assess the health of our IPs and NIPN
- Contacted 16 IPs, 15 agreed to be interviewed
 - AL, AZ, CO, IN, ME, NH, NJ, NM, OR, RI, SC, TN, UT, DC, WI
- Interviews conducted July-December 2020
- Performed qualitative analysis using Nvivo to identify themes





IP Interviews

Factors in IP Success

Themes:

Leadership

- "The division chief of General Pediatrics and his vice chair are very supportive...that leadership sponsorship was vital."
- "the passion that I have...this has been a labor of love"

Infrastructure support

"The infrastructure of the hospital system to help us with HR and benefits and accounts payable and all of that, it makes a huge difference."

Experience

- "We have data to back up that we can get results"
- "We've built a reputation of doing good work"



IP Interviews

Factors in IP Success

Themes (cont'd.)

Flexibility

- "We're pretty agile, that offers us at least the flexibility to flow people out"
- "The services we offered March, April, and May were completely different than what we normally offer, and I think that increased our value to the practices."

Relationships

- "it's taking advantage of those opportunities or smaller grants to build relationships"
- "in the end this is all about networking and being trusted and feeling connected"





IP Leadership Learning Sessions

- □ 9 scheduled
 - 2 didn't proceed due to low attendance
- □ 14 IPs
 - □ AL, AZ, CO, DC, IN, NH, NJ, NM, OR, SC, TN, UT, VT, WA
- 23 individuals
- Seeking your feedback: how to continuously improve engagement and collaboration across network?





IP Leadership Learning Sessions

Date	Attendees	Topic
1/25/21	13	Determining Purpose and Structure of these calls
2/22/21	9	Addressing Health Disparities
3/22/21	10	Promoting Resiliency and Health; Non-chart data sources
4/29/21	4	Proactive planning to address post-pandemic health
5/24/21	7	Proactive planning to address post-pandemic health
6/28/21	10	Operationalizing integration of health equity in QI
8/23/21	9	Steering Committees
9/22/21	3	Getting data from practices
10/25/21	5	Key partners for forming and sustaining IPs





Objectives

- Describe the year in review
- Share NIPN accomplishments
- Consider the road ahead: leveraging the power of our network in these extraordinary times
 - Addressing mental/social-emotional health of patients, families, communities, colleagues
 - Social determinants of health
 - Continuing on the path to equity

Because "you can't really know where you are going until you know where you are going until you know where you have been." – Maya Angelou



What does the future hold for NIPN?







The road ahead... Declaration of National Emergency in Children's Mental Health

- □ AAP, AACAP & CHA urging policymakers to swiftly address the crisis.
 - Actions requested: increase federal funding to ensure access to MH services, (improved telemedicine); support effective models of school-based MH care; accelerate integration of MH care in primary care pediatrics; strengthen efforts to reduce risk of suicide in children and adolescents; fully fund community-based systems of care; promote and pay for trauma-informed care; address workforce challenges.
- Pre-pandemic, rates of childhood MH concerns/suicide had been rising steadily for > decade – pandemic toll quantified in CDC reports
- AAP addressing these challenges as a strategic priority
 - **New** resources and funding to support national & chapter efforts!



The road ahead...

Addressing SDoH & Promoting Health Equity

- Social Determinants of Health
- Health Equity
- Action steps (both!)
 - Build capacity & infrastructure in our organizations
 - Improve measurement & accountability
 - In our projects & organizations
 - Sustain momentum & thought leadership







The road ahead...

Building Wellness & Resiliency in a Pandemic

- Wellness among our clinicians and teams
 - Harvard Business Review (January 2021) https://hbr.org/2021/01/the-secret-to-building-resilience
- Wellness-centered Leadership:

Care about people always; cultivate individual/team relationships;

inspire change

Academic Medicine. 96(5):641-651, May 2021)







Building Resilience

What Are Your Top Relational Sources of Resilience?

A well-developed network of relationships can help you rebound from setbacks. Identify the spheres that are most important to you. Are you falling short in some categories?

Source: Rob Cross, Karen Dillon, Danna Greenberg Harvard Business Review, January 2021

national improvement
Partnership Network

Connections that provide empathic support so that we can release negative emotions Connections that help us shift work or manage surges

Connections that help us to laugh at ourselves and the situation

Connections that remind us of the purpose or meaning in our work



Connections that help us to make sense of people or politics in a situation

Connections that help us find the confidence to push back and self-advocate

Connections that help us to maintain perspective when setbacks happen Connections that help us see a path forward

The road ahead...

Building Wellness & Resiliency in a Pandemic

- Trauma-informed care
 - AAP policy Trauma-Informed Care in Child Health Systems: https://doi.org/10.1542/peds.2021-052579
 - AAP clinical report *Trauma-Informed Care*: https://doi.org/10.1542/peds.2021-052580 (*Pediatrics* August 2021)
- Relational health:
 - AAP policy Preventing Childhood Toxic Stress: Partnering With Families & Communities to Promote Relational Health https://doi.org/10.1542/peds.2021-052582 (Pediatrics August 2021)
- VCHIP: reinvigorating statewide engagement with Touchpoints





Thank you – for all that you are doing and are about to do!

When we strengthen families, we ultimately strengthen the community. Our goal is that parents everywhere work with supportive providers, feel confident in their parenting role, and form strong, resilient **attachments** with their children. To help achieve this, providers must be responsive to parents, knowledgeable about child development, and eager to see every parent succeed.

-T. Berry Brazelton, MD





