The National Improvement Partnership Network (NIPN) and its member Improvement Partnerships (IPs) have demonstrated their ability to substantially improve the quality of care for children and adolescents through continuous improvement within and across states, transcending institutional and state boundaries.

NIPN and member IPs support care improvement, achieve more evidence based care, spread innovation, and adapt and implement measures for use across the network. This robust, multistate enduring capacity for improvement is poised to have even greater impact on the quality and outcomes of care for children.

The first state IP emerged in 1999. In July 2009, the National Improvement Partnership Network (NIPN) was formed to accelerate improvement and impact in and across the IP states by providing a shared-learning environment, technical assistance, and dissemination of quality improvement knowledge and innovation.

Selected IP Projects
- Adolescent Health (NH, NM, OR, SC, VT)
- Autism Screening (AL, IN, MD, ME, OH, OR, UT, VT)
- Asthma (AR, AZ, DC, ID, IN, NM, OH, SC, TN, UT, VT)
- Developmental Screening (AL, AZ, IN, ME, NH, NJ, NM, OH, OR, SC, VT)
- Medical Home/CSHCN (AR, AZ, DC, IA, ID, IN, NH, NM, OR, SC, UT, VT)
- Mental/Behavioral Health (AL, AZ, DC, IA, ID, IN, ME, NH, NJ, NM, OH, OR, SC, TN, UT, VT)
- Obesity (AL, DC, ID, MD, ME, NJ, NM, OH, SC, UT, VT)
- Oral Health (ME, NJ, NM, SC)
- Preventive Services (AZ, DC, NH, NJ, NM, OH, OR, SC, UT, VT)

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Working with Federal, State and Other Funding Sources

15 IPs reported a total of $25,673,491 in contract funding from 80 sources

Multi-Stakeholder Partnerships

All IPs partner with their Medicaid and Public Health

<table>
<thead>
<tr>
<th>Partners involved in 15 IPs</th>
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<tr>
<td>State Agencies</td>
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<td>Advocacy Group</td>
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<td>Insurers/MCOs</td>
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<td>Academic Institution</td>
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<td>Other</td>
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*Refer to Academic Pediatrics article (2013;13:S84–S94 - Table 4) for full list of Federal funding sources

What We Achieve

- IPs improve child health quality and outcomes, achieving evidence-based standards of care (usually >80% performance) across a range of topics, including:
  - Immunization % children 19-35mo with completed series in DC increased from 71% → 87%
  - Asthma Action plans in New Mexico increased from 20% → 80%
  - NCQA Patient Centered Medical Homes scores in Oregon increased 19%
  - Autism screening with MCHAT in Utah increased from 35% → 94%

How We Do It

- Translate scientific evidence and expert guidelines into daily practice
- Align local priorities and develop local solutions
- Leverage the resources of multiple agencies and organizations
- Bring clinical expertise and QI experience to state policy discussions
- Share our learning to accelerate impact

A Learning Network

IPs have access to other network IPs and contacts and NIPN – provided services.

Examples of NIPN Services to Support Peer Learning

- All-Sites Webinar Series
- Real time feedback and information from expert colleagues
- Technical Assistance Resources and QI Coaching Support
- Annual Meeting

States that are interested in developing an IP program are provided a Readiness Assessment call, access to the NIPN network, and invited to participate in All-Sites webinars to learn more about the work of IPs.

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