LOGIC MODEL: LOCAL PROVIDER-BASED QUALITY IMPROVEMENT AND ITS IMPACT ON PEDIATRIC CARE

RESOURCES (INPUTS)
Dedicated or consumed by the program

OUHSC-OKC DFPM Research Team
- QI research expertise
- Relationships with practices
- Facilitator training program

OUHSC Department of Community Pediatrics and Child Study Center
- Pediatric quality indicators initiative (A)

OUHSC-Tulsa College of Medicine
- Pediatric EHR initiative (D)

OSU-COM
- HIT and HIE initiative (B)
- Relationships with practices

OKHCA
- Project Director
- PCMH initiative
- PF program for adults

Canadian County HAN
- Experience with PF and LLC

National Improvement Partnership Network

***Getting to Outcomes* (RAND)**

Constraints related to the initiative

- Competing demands for time/interests of clinicians/practices
- Difficulty scheduling meetings
- Trouble recruiting local facilitators
- Facilitator turnover
- Cost of food for LLCs
- Incomplete attendance at LLCs
- Issues regarding completeness and veracity of data
- Dependence on success of categories A, B, and D

ACTIVITIES (PROCESS)
Use of the resources to fulfill the mission

HAN Assessment
- Identify participating practices
- Identify local resources

Facilitator Recruitment/Employment
- Develop job description/qualifications
- Develop and implement recruitment strategies

Facilitator Training
- Add materials on categories A, B, and D
- Conduct didactic training
- Coordinate experiential training

Academic Detailing
- Schedule and conduct visits
- Obtain business associate agreements

Local Learning Collaboratives
- Establish schedule and agenda for LLCs
- Conduct monthly meetings

Performance Feedback
- PFs collect baseline and monthly performance data according to plans in categories A, B, D, and E

Oversee CQI process
- Establish videoconferencing with HANs
- Include FFs in DFPM PF meetings
- DFPM researchers attend LLC Q 6 mo.
- OKHCA attend monthly FF meetings

Coordinate CQI activities with activities in categories A, B, and D
- Include reps from A, B, and D in PF training
- Reps from A, B, and D attend one PF meeting/mo.
- Quarterly meeting of reps from A, B, and D

Transfer funding and supervisory responsibility for CQI process to HANs
- Include HAN admin. reps. via telconf. In monthly PF meetings in year 3
- DFPM and HAN admin. reps. meet in year 3

EXPECTED EFFECTS (OUTCOMES)
Benefits for participants during and after activities

Local CQI Infrastructure
- Performance assessment and feedback re categorical activities at baseline and monthly
- Every 6 monthly academic detailing
- PF facilitation of activities within other grant categories
- LLC meetings monthly
- Transfer of funding and supervision to the HANs

Practices
- Increased priority for improving pediatric care measured by the quality indicators
- Increased capacity for overall improvements in care
- Increased willingness and ability to conduct rapid QI cycles related to the quality indicators
- Increased ability to use HIT/HIE to improve care coordination across transitions in care
- Increased willingness and ability to implement the pediatric EHR

Pediatric Care
- Improvements in care as measured by Pediatric quality indicators.
- Improved coordination of care between:
  - PCPs and sub-specialists
  - PCPs and obstetricians
  - PCPs and hospitals
  - PCPs and community services
- Increased use of electronic methods for documenting pediatric care