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

**RESOURCES (INPUTS)**
Dedicated or consumed by the program

- OUI SC-OKC JFM Research Team
- OI research expertise
- Relationships with providers
- Faculty training program
- OUHSC Department of Community Pediatrics and Child Study Center
- Pediatric quality indicators initiative (C)
- OUHSC-Tulsa College of Medicine
- Pediatric EHR initiative (C)
- OSU-COM
- HIT and EHR initiative (E)
- Relationships with providers
- 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)

**ACTIVITIES (PROCESS)**
Use of the resources to build the mission

- HAN Assessment
  - Identify participating practices
  - Identify local resources
- Facilitator Recruitment/Employment
  - Develop recruitment/communication materials for local activities
  - Develop and implement recruitment strategies
- Facilitator Training
  - Develop training materials on categories A, B, and C
  - Conduct facilitator training
  - Conduct facilitation training
- Academic Detailing
  - Schedule and conduct CME visits
  - Obtain business associate agreements
- Local Learning Collaboratives
  - Establish and manage LLCs
  - Conduct non-meetings
- Performance Feedback
  - PFs collect baseline and monthly performance data according to plans in categories A, B, and C
- Oversee CQI process
  - Establish working groups with HANS
  - Include FFs in CQI PF meetings
  - FFs provide feedback to LLCs, 6 mo.
  - QM-RQ monthly FF meetings
- Coordinate CQI activities with activities in categories A, B, and D
  - Include reports from A, B, and D in PF training
  - Reports from A, B, and C are discussed in PF meetings
  - Quarterly meetings: reports from A, B, and D

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

- Local COI infrastructure
  - Performance assessment and feedback: categorical activities at baseline and monthly
  - Evaluated monthly for academic detailing
  - PF facilitation of activities within other grant categories
  - LLC meetings monthly
  - Transfer of learning and supervision to the FFs
- Pediatric Care
  - Improvements in care as measured by Pediatric quality indicators
  - Increased coordination of care between PFs and subspecialists
  - PFs and subspecialists
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**Constraints related to the initiative**
- Competing demands for time/interests of clinicians/practice staff
- Difficulty scheduling meetings
- Trouble recruiting local facilitators
- Facilitator turnover
- Costs of EHR for LLCs
- Incomplete data from LLCs
- Issues regarding completeness and accuracy of data
- Dependence in success of categories A, B, and D

**Practices**
- Increase: Quality of care in pediatric care as measured by the quality indicators
- Increase: Access to overall improvements in care
- Increase: Willingness and capacity to conduct rapid-cycle projects
- Increase: Ability to use HIT/HE for improved care coordination and transition of care
- Increase: Willingness and capacity to implement the pediatric EHR