Alliance for Pediatric Quality: Creating a Community of Practice to Improve Health Care for America’s Children

Paul V. Miles, MD*, Marlene Miller, MD, MScb, Donna M. Payne, FACHEc, Robert Perelman, MD, FAAPd, Mimi Saffer, MAe, Edward Zimmerman, MSf, for the Alliance for Pediatric Quality

CONVENING THE PEDIATRIC HIT COMMUNITY

The Alliance for Pediatric Quality is convening the pediatric HIT community to ensure that HIT standards support the health care needs of children and help us improve care for children. Access to comparative data in pediatrics is essential, given the very small sample sizes associated with many pediatric conditions. Interoperability, efficient data collection, and reporting capabilities are especially important in pediatrics, because they are necessary to guide the work of quality improvement and public reporting for child health.
Since 2003, through the activities of its individual organizations, the Alliance for Pediatric Quality has been working behind the scenes to ensure that HIT addresses specific child health requirements. Children, who represent nearly one third of the US population, receive care through HIT systems in a variety of settings, not solely in a pediatric environment. For example, in a 2004 study conducted by the Centers for Disease Control and Prevention, 75.8% of children (newborn to 18 years of age) received care from a primary care generalist. At a minimum, there are currently >66,000 board-certified family physicians, 60,000 board-certified pediatricians, and 22,000 board-certified emergency physicians practicing in the United States. The pediatric community has increased its resolve to bring together multiple practice communities to help ensure that any HIT system that might be used by these physicians, regardless of the setting, is equipped with pediatrics-specific functional messaging and terminology data standards.

In the past year, significant achievements have accrued as a result of the liaison role of the alliance in HIT. In particular, the alliance supports the work of the Health Level 7 Pediatric Data Standards Special Interest Group, an active volunteer group consisting primarily of child health practitioners, chief medical information officers, and informaticists who work together to develop data standards important for child health care. In 2007, the special interest group published a standard that provided a reference list of pediatric functions that should be present in electronic health record systems. The list included growth charts, body weights for calculation of drug dosages, and pediatric normative values for monitoring of laboratory test results, body measurements, and vital signs. The special interest group also completed phase 1 of an alliance-led HIT initiative, the Quality Reporting Document Architecture, which aims to develop a standard mechanism for communicating patient-level information used for reporting of quality measures among HIT systems.

The alliance actively supports the work of the Council on Clinical Information Technology, a volunteer organization that includes >600 members of the AAP. These AAP volunteers have an interest in the application of information technology to clinical pediatrics. In March 2007, the council authored a clinical report that was a significant contribution to pediatric HIT and data standards work. The council educates AAP members about HIT, contributes to the development of AAP policy on HIT, and provides guidance to pediatricians about the selection and use of clinical information technology in their practice.

In February 2007, the alliance was instrumental in convening the Pediatric Health Informatics and Technology Special Interest Group. This group includes 80 active representatives who participate in the Healthcare and Information Management Systems Society to provide pediatric input on challenges facing the HIT industry. The Healthcare and Information Management Systems Society is a membership organization focused exclusively on providing global leadership for the optimal use.
of HIT and management systems to improve health care. The alliance has collaborated with this group when seeking volunteers for pediatrics-specific input on a multitude of projects.

**INFLUENCING THE ADOPTION OF PEDIATRIC DATA AND HIT STANDARDS**

Health care data standards are useful only if they are included in vendor software. The alliance influences the adoption of child health care data standards by supporting and endorsing the work of the Pediatric Data Standards Special Interest Group, the Council on Clinical Information Technology, and the Pediatric Health Informatics and Technology Special Interest Group. It also communicates aligned pediatric interests to decision-making organizations, such as the Certification Commission for Health Information Technology. The Certification Commission for Health Information Technology is an independent, voluntary, private-sector commission that certifies software vendor electronic health record products by using an approved set of functional standards. In 2007, it formed a child health expert panel to identify child health certification criteria for electronic health record systems.

**BUILDING CONSENSUS FOR QUALITY IMPROVEMENT**

In 2007, as part of its Improve First strategy, the alliance convened the pediatric quality and patient safety community to prioritize areas for improvement and related, ongoing, evidence-based, improvement programs, with associated quality measures that can be spread throughout the pediatric community to improve care (Fig 1). In 2008, the alliance launched the Improve First implementation phase to improve care measurably in the priority areas by spreading and increasing involvement in the targeted quality improvement initiatives, that is, the Catheter-Associated Blood Stream Infections in the PICU Collaborative, Trailblazer Improvement Collaborative for Pediatric Inflammatory Bowel Disease, Improving Performance in Practice Asthma Initiative, and Cystic Fibrosis Foundation Quality Improvement Initiative.

By aligning its 4 founding organizations and therefore its expertise and spheres of influence, the Alliance for Pediatric Quality continues to work with the broader pediatric HIT community to speed the adoption of pediatric data standards while defining data collection and reporting systems that work for both quality improvement and electronic health record systems. With this foundation, hospitals and physicians should be better positioned to improve the quality of health care for US children by implementing technology equipped to care for children, actively participating in improvement initiatives, conducting meaningful measurement of care, and appropriately reporting for accountability.

**REFERENCES**

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