Introduction/Background/History: Please include any relevant information that may be helpful for others to understand this initiative.

This program has been designed to address a practice gap identified by a Colorado-based youth clinic network, Rocky Mountain Youth Clinics (RMYC). The atopic dermatitis (AD) “champion” at RMYC provided a statement that expertly pinpoints this gap: “We will tremendously benefit from learning more effective ways to educate our families, with better handouts and skilled professionals demonstrating how to effectively keep the skin’s moisture. Another challenge for our practice is having a staff member dedicated to make phone calls for follow-up visits and to reinforce the patient education. At (this clinic), we strive to provide evidence-based care; however, in the last 2 years we have had new physicians, NPs and PAs who are recent graduates, so for us, this educational opportunity is priceless. And at the end, providing good care for our patients, saving the costs from unnecessary ED visits and specialist consults, are our ultimate goals that we hope to achieve with this opportunity.”

Initiative Goal: Please describe the overall goal of this initiative, including the patient population or disease area that this initiative will address.

From the outset of this initiative, our goal is to achieve sustainable improvements in the delivery of inter-professional AD care within the identified youth clinic network that results in improved patient outcomes and reduced morbidity related to AD. The initiative not only involves providing education and training opportunities, but focuses on building a community of practice and infrastructure through the use of non-educational strategies, including patient education materials, PDSA feedback cycles, and the integration of the tools and prompts in the EMR. Our goal is to provide RMYC with the knowledge, skills, tools, supports and infrastructure to sustain best practices in their network. We plan to use the lessons learned from our partnership with RMYC to improve our delivery of ongoing education programs. In addition, we intend to publish our work to permit others to learn from our efforts and to contribute to the evidence and growing body of knowledge in the implementation and knowledge of translation sciences. Lastly, we have partnered with Medscape to disseminate the outcomes of this project to a national healthcare provider (HCP) audience. The patient population includes medically underserved AD pediatric patients treated by RMYC across Colorado metro areas, as well as parts of rural Colorado.

Target Learners: Please describe the intended participants of this educational initiative, as well as the estimated number of learners.

Participants will be healthcare providers from RMYC, including approximately 53 HCPs, as well as some community pharmacists. The live, multidisciplinary education will be recorded for use with RMYC staff who are employed after the interventions take place.

Collaborators: Please include a brief description of the role of each collaborator in the initiative.

- NJH – accreditation, content development, project management
- RMYC – the pediatric network is committed to collaborate with NJH and other partners in this initiative, provide access to data, and RMYC providers and staff are dedicated to attending educational interventions
- National Eczema Association (NEA) – a patient advocacy group, which will work with NJH’s patient education team to provide patient education materials and resources, including family support groups
- Healthcare Resources, Inc. - third-party, educational outcomes provider for electronic medical record data collection and outcomes analysis
- Medscape CME – production/distribution of roundtable discussion on the outcomes of the program at the conclusion of the initiative, which will be disseminated to a national audience via an online activity

**Educational Design:** Please describe how this initiative will be designed, as well as the approximate time span of this initiative.

This Performance Improvement Continuing Medical Education (PI CME) initiative is a one-year comprehensive program that strives for sustainable improvements in the diagnosis and treatment of AD in an underserved population through the achievement of several goals:

- **First,** the initiative will provide live interdisciplinary interactive workshops and site-specific in-clinic reviews and trainings to support team delivery of evidence based AD care that is sustainable.
- **Second,** the program will include several non-educational strategies, including:
  1. The development and distribution of point-of-care patient education materials, in English and Spanish, as well as educational tools to help HCPs teach and communicate with patients to support effective self-management of AD.
  2. The development and integration of the following prompts within the EMR - these tools will be used with 100% of RMYC patients with symptoms associated with AD, or who have an AD diagnosis:
     1. The Visual Analogue Scale (VAS) to assess itch severity
     2. The Children’s Dermatology Life Quality Index (CDLQI) to assess quality of life before treatment
     3. Distribution of patient education materials for patient self-management at time of visit
     4. Follow-up call two weeks after visit to administer the CDLQI to assess quality of life after treatment and to schedule follow-up visits
     5. Number of school days missed related to patient’s AD in the past three months prior to the patient visit
- **Lastly,** a roundtable **Multidisciplinary Panel Discussion** featuring expert faculty who will disseminate to a national audience of HCPs the performance improvement outcomes of this initiative, delivered as an enduring internet CME activity on [www.medscape.com](http://www.medscape.com).

**Publication Strategy:** Please describe how educational outcomes results from this initiative will be disseminated.

Educational outcomes will be submitted for publication to the Journal of Continuing Education in the Health Professions (JCHEP), and will be published on National Jewish Health’s website, www.njhealth.org, and in National Jewish Health’s quarterly newsletter. In addition, an abstract will be submitted for presentation at the annual Alliance for Continuing Education in the Health Professions (ACEHP) meeting. A recorded, roundtable discussion of the outcomes will also be presented online at [www.medscape.com](http://www.medscape.com) at the completion of the initiative.

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<table>
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<tr>
<th>Educational/Quality/Professional Practice Gaps</th>
<th>Strategies Used to Identify Gaps (e.g., peer-reviewed published data, national consensus sources for clinical performance/quality measures, chart audit/EHR data, medical claims data, etc.)</th>
<th>Learning Objectives</th>
<th>ABMS MOC Process (Part I-IV) and/or Core Competencies Addressed (e.g., IOM, ACGME, ABMS)</th>
<th>Educational Outcomes/Measures (Please include Moore Level(^1) when appropriate)</th>
<th>Strategies Used to Measure Outcomes (e.g., direct and objective performance assessments, chart audits, medical claims data, EHR data, disease screening audits, patient surveys, etc)</th>
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</table>
| RMYC HCPs are not effectively identifying & diagnosing AD | RMYC EMR data, interviews with RMYC leaders, peer-reviewed published data | To appropriately identify and diagnose AD | • ABMS – Medical Knowledge, Practice-Based Learning and Improvement  
• IOM – Employ Evidence-Based Learning and Improvement, Utilize Informatics | • Percentage of providers who administer the VAS itch severity scale (Moore Level 5 – Performance);  
• Percentage of patients with AD diagnosis who received a VAS itch severity scale (Moore Level 6 – Patient Health) | EMR Chart Audits/Data |
| Six percent (6%) of patients with an AD diagnosis were referred to the ED or a specialist, indicating that RMYC is not effectively treating or controlling AD | RMYC EMR data, interviews with RMYC leaders | Incorporate team-based care and treatment of patients with AD | • ABMS – Medical Knowledge, Interpersonally and Communications Skills  
• IOM – Work in Interdisciplinary Teams, Apply Quality Improvement, Utilize Informatics | • Percentage of patients with AD diagnosis who are referred to the ED or specialist (Moore Level 6 – Patient Health)  
• Cost savings analysis | EMR Chart Audits/Data |
| Adherence to self-management of AD is poor; RMYC does not currently utilize patient education tools for self-management | Interviews with RMYC, peer-reviewed published data | Provide patient education tools for effective self-management of AD | • ABMS – Interpersonal and Communication Skills, Professionalism  
• IOM – Provide Patient-Centered Care, Utilize Informatics | • Percentage of providers who distribute patient education materials to patients with AD diagnosis at the time of visit (Moore Level 5 – Performance) | EMR Chart Audits/Data |

| QoL is negatively affected by AD; RMYC is not currently assessing the effect of AD on QoL (missed school days, Quality of Life indicator scale) or administering proper follow-up care of AD patients | Interviews with KOLs, interviews with RMYC, peer-reviewed published data | Utilize tools within the EMR to prompt providers to monitor patients with AD | **ABMS – Patient Care, Interpersonal and Communication Skills, Professionalism**  
**IOM – Provide Patient-Centered Care, Work in Interdisciplinary Teams, Utilize Informatics** | **Percentage of providers who administer the CDLQI scale in a follow-up call two weeks after the patient visit (Moore Level 5 – Performance)**  
**Percentage of patients with improved CDLQI scale before and after treatment (Moore Level 6 – Patient Health)**  
**Percentage of providers who record the number of school days missed related to AD three months prior to the patient visit (Moore Level 5 – Performance)**  
**Percentage of patients with improved school days missed related to AD at follow-up visit (Moore Level 6 – Patient Health)**  
**Percentage of patients who schedule a follow-up visit within three months of visit (Moore Level 6 – Patient Health)** | EMR Chart Audits/Data |

*Please contact the independent medical education provider for additional information regarding the initiative.*

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