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.

What is an Improvement Partnership?
- a durable, regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children’s health care.

What do Improvement Partnerships do?
- At the practice/provider level:
  - Coach providers and practice teams to measurably improve care
  - Engage clinicians and staff in primary care quality improvement (QI)
  - Develop, test, and share tools, measures, and strategies
  - Support practices/providers in meeting regulatory and certification requirements (e.g., PCMH, MOC, CME)

At the state and system levels:
- Build the local capacity for QI
- Serve as a convener and “honest broker”
- Spread successful approaches statewide
- Inform policy

What does NIPN do?
- Serves as a convening organization
- Provides TA and mentorship for existing IPs (webinars, annual meetings)
- Facilitates information exchange among states and regions to reduce duplication, host a repository for tools & materials
- Develops core set of practice-based measures for all IQI (asthma & obesity available on website; adolescent health metrics under development)
- Conducts annual process evaluation of IP’s projects, measures, participants, staffing, funding, partners, incentives, etc.
- Facilitates integration between health care delivery and public health sectors with an emphasis on QI that impacts population health

Background
The Improvement Partnership (IP) model has been replicated in over 25 states. NIPN has developed a model that is sustainable and scalable in most states. NIPN coaches and supports states in their development of an IP and provides ongoing support through an array of services and resources, such as monthly webinars, annual meetings, web resources and connections to pediatric QI experts.

Methods
NIPN conducts an annual process evaluation, gathering information on the QI activities in states, including information on Maintenance of Certification (MOC) activities conducted in each state. In 2014, 16 IPs reported
- 60 active projects (Table 1)
- 28 projects offering MOC (Figure 1)
- $41,745,364 in current funding from 92 sources (Figure 2)

Table 1: Topics covered by IP projects: 2010-2014 (closed and current)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of Charts Assessed</th>
<th>Results of Baseline Measure</th>
<th>Results of Final Measure</th>
<th>Mean Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>350</td>
<td>87%</td>
<td>94%</td>
<td>7%</td>
</tr>
<tr>
<td>Developmental and Autism Screening</td>
<td>500</td>
<td>60.0%</td>
<td>60.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Immunization</td>
<td>200</td>
<td>76.7%</td>
<td>76.8%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Obesity Prevention</td>
<td>300</td>
<td>87%</td>
<td>94%</td>
<td>7%</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>400</td>
<td>99.4%</td>
<td>99.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Physical Activity and/or Exercise</td>
<td>500</td>
<td>60.7%</td>
<td>60.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>BMI% documented</td>
<td>400</td>
<td>76.7%</td>
<td>76.8%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Figure 1: MOC Credit by Topic and IP: Active Projects in 2014

Figure 2: Funding of NIPN Member IPs

Results

Conclusions
Improvement Partnerships engage clinicians and staff in practice-based quality improvement activities and through participation meet certification and training requirements. This robust, multistate, capacity, transcending institutional and state boundaries, has improved child health quality and outcomes, achieving evidence-based standards of care (usually >80% performance) across a range of topics. National Improvement Partnership Network and its member Improvement Partnerships support care improvement, achieve more evidence-based care, spread innovation, and adopt and implement measures for use across the network. This robust, multistate existing capacity for improvement is poised to have even greater impact on the quality and outcomes of care for children.

“Many people talk about the quality of child health care, but few do anything about it. Improvement Partnerships are the exception. They are designed to fill the need for leadership and action. Where IPs exist, state policy makers, public health agencies, health care leaders, and payers have somewhere to turn to make high quality health care for children a reality.”

Ed Schor, MD, Former Vice President, Commonwealth Fund