## Integrating Positive Parenting into Pediatric Primary Care: Evaluation of a Project ECHO Quality Improvement Program ✓

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Purpose/Objectives: The Keystones of Development (KoD) online curriculum equips pediatricians to promote positive parenting behaviors and early child development during well-child visits. The curriculum focuses on six keystones that promote children's cognitive and emotional growth: Secure Attachment, Autonomy, Self-Regulation, Perspective Taking, Problem Solving and Academic Knowledge. It is currently used at over 150 residency programs and has been shown to result in statistically significant improvement in residents' promotion of positive parenting behaviors. This Project ECHO® Maintenance of Certification (MOC) Part 4 Quality Improvement (QI) program is the first time this curriculum is offered to community-based pediatricians and is designed to provide hands-on support to help families to build relationships and skills that can buffer the impacts of adversity. Through monthly TeleECHO™ sessions we hope to demonstrate an increase in providers' competence in promoting early relational health through positive parenting behaviors. Design/Methods: From May-October 2021, physicians engage in monthly TeleECHO™ sessions guided by a Hub team of experts consisting of two general pediatricians, a child abuse pediatrician, developmental psychologist, licensed clinical social worker, QI coach, and NJAAP Chapter staff. At program start, participant demographics and baseline data on knowledge,

attitudes and behaviors were collected. Participants view curriculum modules, discuss implementation practices, and complete a behavioral checklist monthly. Each practice submits one case presentation documenting a particularly challenging or successful patient encounter. Bi-monthly, participants complete chart abstractions to gauge progress towards QI goals. Feedback is collected from participants following each session. Parent surveys will be collected towards the end of the program. Results: Nineteen practices (20 physicians) who have practiced for an average of 24 years are enrolled. Data collection is ongoing. Baseline data shows that the majority (91%) of participants believe that parenting behaviors can be improved through their interactions during well visits, while fewer (41%) feel that they have sufficient time to discuss parenting behaviors. Eighty-two percent of participants felt they had enough knowledge about parenting behaviors to advise parents and caregivers, yet only 53% of knowledge-related pre-test questions were answered correctly. At baseline, participants reported often or always discussing parenting (53%), modeling parenting behaviors (46%), and praising caregivers (76%), and after TeleECHO™ Session 1 these increased to 83%, 90%, and 89% respectively. Conclusion/Discussion: Baseline data suggests that community pediatricians recognize the importance of their role in promoting positive parenting behaviors in well child care. Although many pediatricians reported already engaging in this behavior, an impressive increase in discussing, modeling and praising positive parenting behaviors occurred after just one TeleECHO™ session. Early data suggests that, like pediatric residents, community pediatricians can benefit from education on promoting positive parenting behaviors via an online curriculum with group discussion. In addition, a digital curriculum offers potential for replication and scale as a MOC opportunity.