



Performance Improvement Team
presents:

**Accelerated Learning
Education Program**

**Pediatric
Preventive Care**

**Childhood Immunization Status Combination-10,
Adolescent Immunizations Combination 2
(CIS-10, IMA-2)**

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October 6, 2020

Webinar Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1

Click Switch Audio

You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

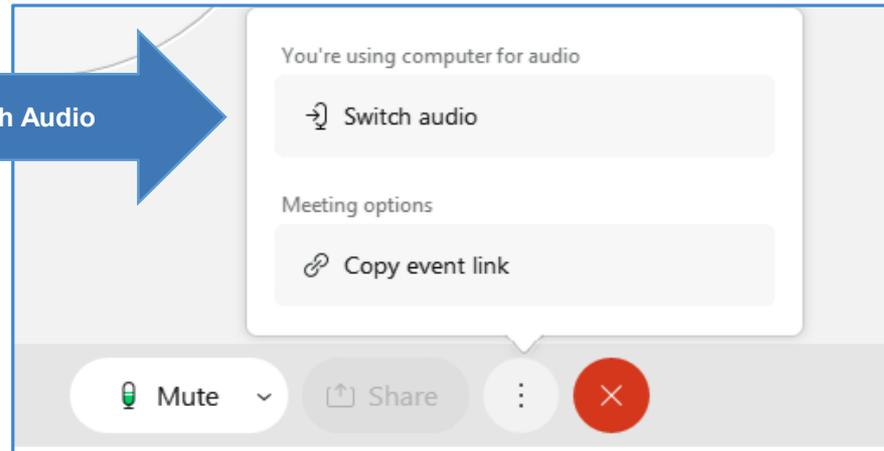
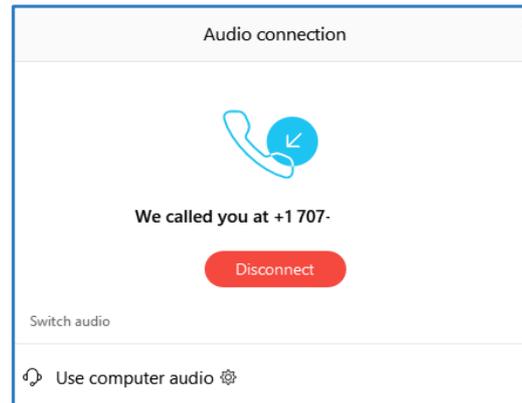


Figure 2

Enter telephone number

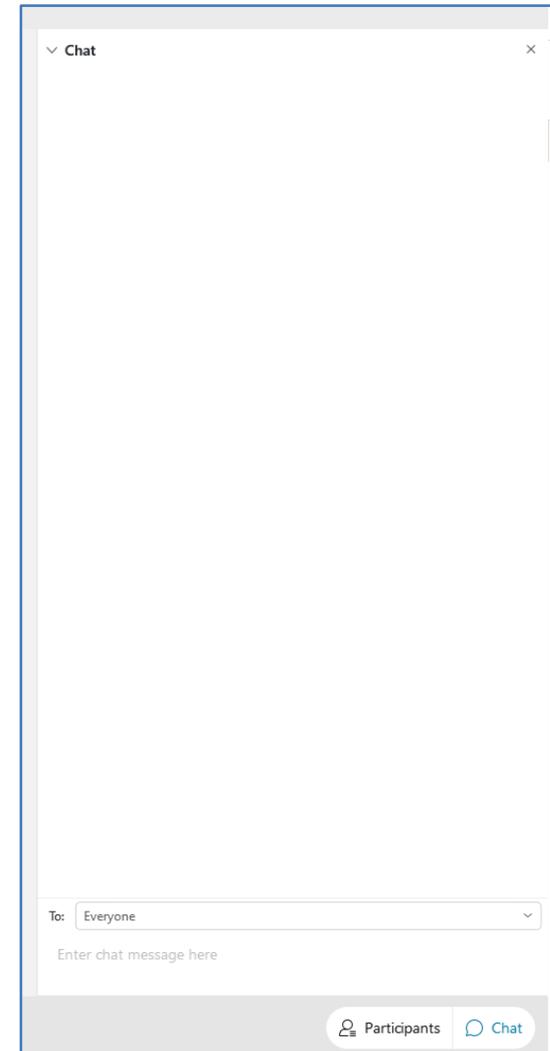


Webinar Instructions

- All attendees have been muted to eliminate any possible noise/interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select “**Everyone**” when sending a message.



Figure 1



Conflict of Interest

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

CME credit is for physicians, physician assistants and other healthcare professionals whose continuing educational requirements can be met with AAFP CME.

Agenda

- Accelerated Learning Education Program
- Measures Clinical Significance and Specifications
- Review/Share Best and Promising Practices
- Commitment - One Change to Make Immunization Adherence Easier for Members/Patients
- Resources/Offerings
- Voices from The Field
- Questions
- Evaluation and CME/CE Credit

Accelerated Learning

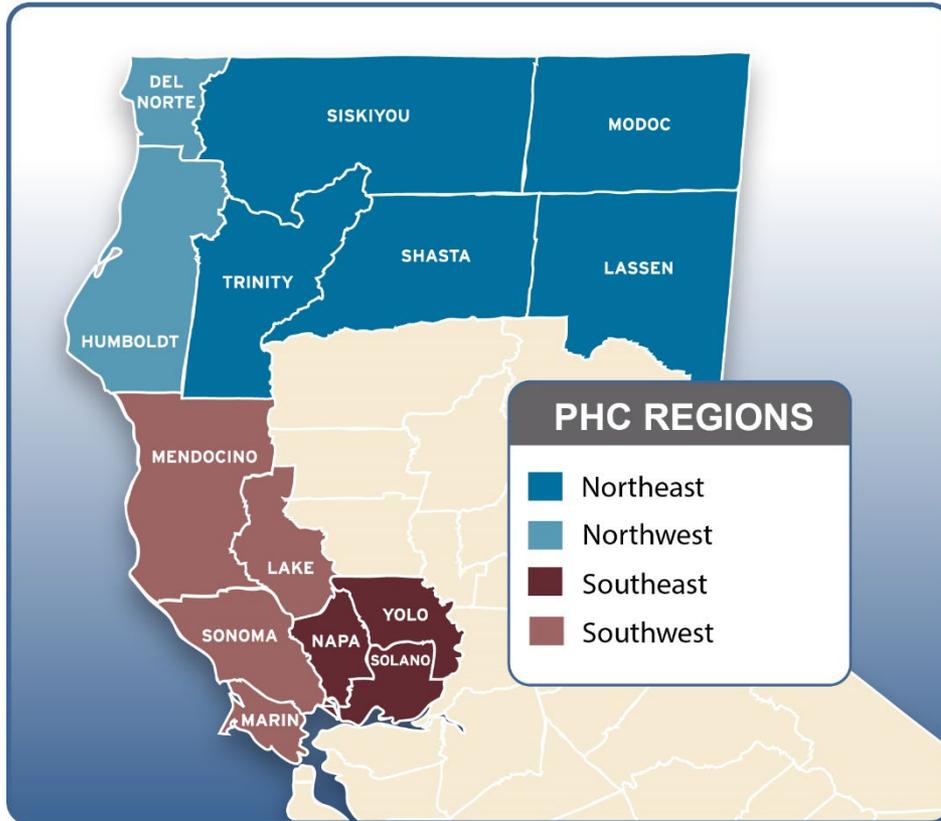
- Clinical Significance of Measures
- Healthcare Effectiveness Data and Information Set (HEDIS®) and PHC's Primary Care Provider Quality Incentive Program (PCP QIP) Specifications
- Quality Performance Improvement Tools
- Best and Promising Practices
- Access to PHC Improvement Advisors
- PHC Medical Directors' Support
- CME/CE Credit

Objectives

At the end of this session, you will be able to:

- Define the Healthcare Effectiveness Data and Information Set (HEDIS®) and PHC's Primary Care Provider Quality Incentive Program (PCP QIP) specifications, timeframes, and documentation to maximize measure adherence
- Identify best and promising practices that providers can use to address clinical process, interpersonal communication, education/outreach, and technical barriers in providing pediatric preventive services
- Commit to one change you will test in your practice site to make immunization adherence an easier choice for members/patients

Partnership HealthPlan of California (PHC) Regions



Southeast: Solano, Yolo, Napa

Southwest: Sonoma, Marin, Mendocino, Lake

Northeast: Lassen, Modoc, Siskiyou, Trinity, Shasta

Northwest: Humboldt, Del Norte



Partnership HealthPlan of California

Mission

To help our members, and the communities we serve, be healthy

Vision

To be the most highly regarded managed care plan in California

Focus

1. Quality in everything we do
2. Operational excellence
3. Financial stewardship

Accelerated Learning Program

- Pediatric Preventive Care Focus Measures: Well-Child Visits (W15)
- **Pediatric Preventive Care Focus Measures: Childhood Immunization Status Combination-10 and Adolescent Immunizations Combination 2 (CIS-10 and IMA-2)**
- Women's Health Focus Measures: Cervical and Breast Cancer Screening
- Colorectal Cancer Screening
- Asthma Medication Ratio

Background on Measures

**California State Auditor Report
(March 2019):
“Millions of Children in Medi-Cal Are Not
Receiving Preventive Health Services”⁽¹⁾**

**Vaccines For Children CDPH
Program letter *“Routine
Childhood Immunizations
during COVID-19 Pandemic.”***

**Vaccines For
Children CDPH
Program letter
*“Routine
Childhood
Immunizations
during COVID-19
Pandemic.”***

1. Full report: <http://auditor.ca.gov/pdfs/reports/2018-111.pdf>
Customizable graphics: <http://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html>



Childhood Immunization Status Combination 10 (CIS-10)



Childhood Immunization Status Combination 10 (CIS-10)

Description:

The percentage of members who turn 2 years old during the measurement year who had the following immunizations as reflected in the next slide.

Denominator:

Number of continuously enrolled members who turn 2 years old in the measurement year (MY).

Childhood Immunization Status Combination¹⁰ (CIS-10)

Numerator: Follow the recommended vaccine schedule:⁽²⁾

Dosage	Abbreviation	Description
At birth and second birthday		
3	(HepB)	Hepatitis B
Between 42 days old and second birthday		
2 or 3	(RV)	Rotavirus (dosage dependent on manufacturer)
4	(DTaP)	Diphtheria, Tetanus and acellular Pertussis
At Least 3	(Hib)	Haemophilus Influenza type B
3	(IPV)	Polio
4	(PCV 13)	Pneumococcal conjugate vaccine
On or between the first and second birthday		
1	(MMR)	Measles, Mumps, and Rubella
1	(Varicella)	Chickenpox
1	(HepA)	Hepatitis A
Annual – Between 180 days old and second birthday		
2	(IIV)	Influenza

2. CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>¹⁵

Medical Record Documentation

MMR, Hepatitis B, VZV, and Hep A count any of the following:

- Evidence of the antigen or combination vaccine.

Note: HepB notes in the medical record indicating that the member received the immunization “at delivery” or “in the hospital” with date of service may be counted.

- Documented history of the illness.

Note: For documented history of illness *or* a seropositive (blood) test result, there must be a note indicating the date of the event, which must have occurred by the member’s second birthday.

Medical Record Documentation

DTaP, HiB, IPV, PCV, RV, and PCV

Evidence of the antigen (vaccine) or combination vaccine:

For combination vaccinations that require more than one antigen (e.g., DTaP and MMR), document evidence that all components were given of all the antigens.

DTaP: May be documented using a generic header or “DTAP/DTP/DT.” At least four DTaP vaccinations with different dates of service on or before the child’s second birthday.

- **HiB:** At least three HiB vaccinations with different dates of service on or before the child’s second birthday.
- **IPV:** Immunizations documented using a generic header (e.g., polio vaccine) or “IPV/OPV” can be counted as evidence of IPV. At least three IPV vaccinations with different dates of service on or before the child’s second birthday.

Medical Record Documentation

RV: Any of the following on or before the child's second birthday meet criteria:

- At least two doses of the two-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rotarix 2 Dose Schedule]) on different dates of service.
- At least three doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rota Teq 3 Dose Schedule]) on different dates of service.
- At least one dose of the two-dose rotavirus vaccine (Rotavirus Vaccine [2 Dose Schedule]) and at least two doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [3 Dose Schedule]), all on different dates of service.

Challenges to Note

Rotavirus (RV)

- **Proactive scheduling** of the RV vaccine is critical!

Rotavirus cannot be given as part of a “catch-up” schedule, RV cannot be initiated in children if they are older than 15 weeks.

If the infant has not completed the full schedule by eight months, no further vaccines are given, and the child cannot be in the numerator.

Medical Record Documentation

- **For all immunizations:** If antigen was received, document as one of the following:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
 - Documentation from California Immunization Registry (CAIR).

Medical Record Documentation

- A note that the “patient is up-to-date” with all immunizations without the dates of all immunizations and the names of the immunization **is not** enough evidence of immunization for HEDIS or QIP reporting.
- Retroactive entries are unacceptable if documented after the second birthday.
- Vaccination administered prior to 42 days after birth (between birth and 41 days old) are not compliant for DTaP, IPV, Hib, RV, and PCV.
- Document parental refusal to vaccinate (Z28 code).

Exclusions to Childhood Immunization Status Combo 10

Children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates.

Any of the following are optional exclusion criteria:

Any particular vaccine: Anaphylactic reaction to the vaccine or its components

DTap: Encephalopathy

MMR, VZV: Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia; Anaphylactic reaction to neomycin

IPV: Anaphylactic reaction to streptomycin, polymyxin B or neomycin.

Rotavirus: Severe combined immunodeficiency

Hepatitis B: Anaphylactic reaction to common baker's yeast

Children in Hospice (mandatory exclusion)

PCP QIP 2020 Measurement Set

POINT ALLOCATION AND THRESHOLD CHANGES:

<u>CLINICAL MEASURES</u>	<u>FAMILY PRACTICE</u>	<u>INTERNAL MEDICINE</u>	<u>PEDIATRICS</u>	<u>50TH</u>
	Points Per Measure			Full Points
Well-Child Visit, First 15 months of Life (W15)	15.0		25.0	65.83%
Controlling High Blood Pressure (CBP)	15.0	20.0		61.04%
Colorectal Cancer Screening (COL)*	12.5	20.0		32.24%
Diabetes - HbA1C Good Control ≤ 9 (A1c) (CDC)	12.5	20.0		50.97%
Childhood Immunization Combo 10 (CIS-10)	15.0		25.0	34.79%
Asthma Medication Ratio (AMR)	15.0	20.0	25.0	63.58%
	<u>85.0</u>	<u>80.0</u>	<u>75.0</u>	
<u>Non-Clinical Measures</u>				
PCP Office Visits**	15.0	20.0	25.0	TBD
TOTAL POINTS AVAILABLE	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	

* Colorectal Cancer Screening is the only measure in the PCP QIP that does not have an NCQA Threshold equivalent for PHC. The threshold here is the 25th percentile across the entire plan.

** The threshold for PCP Office Visits will be established after PHC has more data on the impact of the COVID-19 Pandemic and orders to shelter in place.

Childhood Immunization Status Combo 10 PCP QIP 2020

<u>PCP QIP</u> <u>2020</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family	15.0	34.79%	50 th
	Pediatric	25.0		
No Partial Points				



Telehealth: New PHC Members Initial Health Assessments

- PHC expects an influx of new members in the months to come.
- An in-person physical exam is still required. However, DHCS is extending the deadline for completing IHAs until the conclusion of the national emergency due to COVID*.
- Be sure to include the age appropriate Staying Healthy Assessment as well as other appropriate routine screening.
- If done virtually, **use 99213-5 or 99203-5 with the 95 modifier.**

eReports 2020

QIP - eReports

Threshold Report

Select a PCP Select Provider Clear

Core Clinical Measurement Set

[Refresh](#) 

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Asthma Medication Ratio 2020	52.04 %	51	98	NA	NA	63.58%	63/51	NA	NA
Childhood Immunization Status CIS 10 2020	13.79 %	44	319	NA	NA	34.79%	111/44	NA	NA
Colorectal Cancer Screening 2020	19.39 %	422	2176	32.24%	702/422	NA	NA	NA	NA
Controlling High Blood Pressure 2020	0.52 %	4	772	NA	NA	61.04%	472/4	NA	NA
Diabetes - HbA1C Good Control 2020	15.20 %	112	737	NA	NA	50.97%	376/112	NA	NA
Well Child First 15 Months 2020	18.40 %	39	212	NA	NA	65.83%	140/39	NA	NA

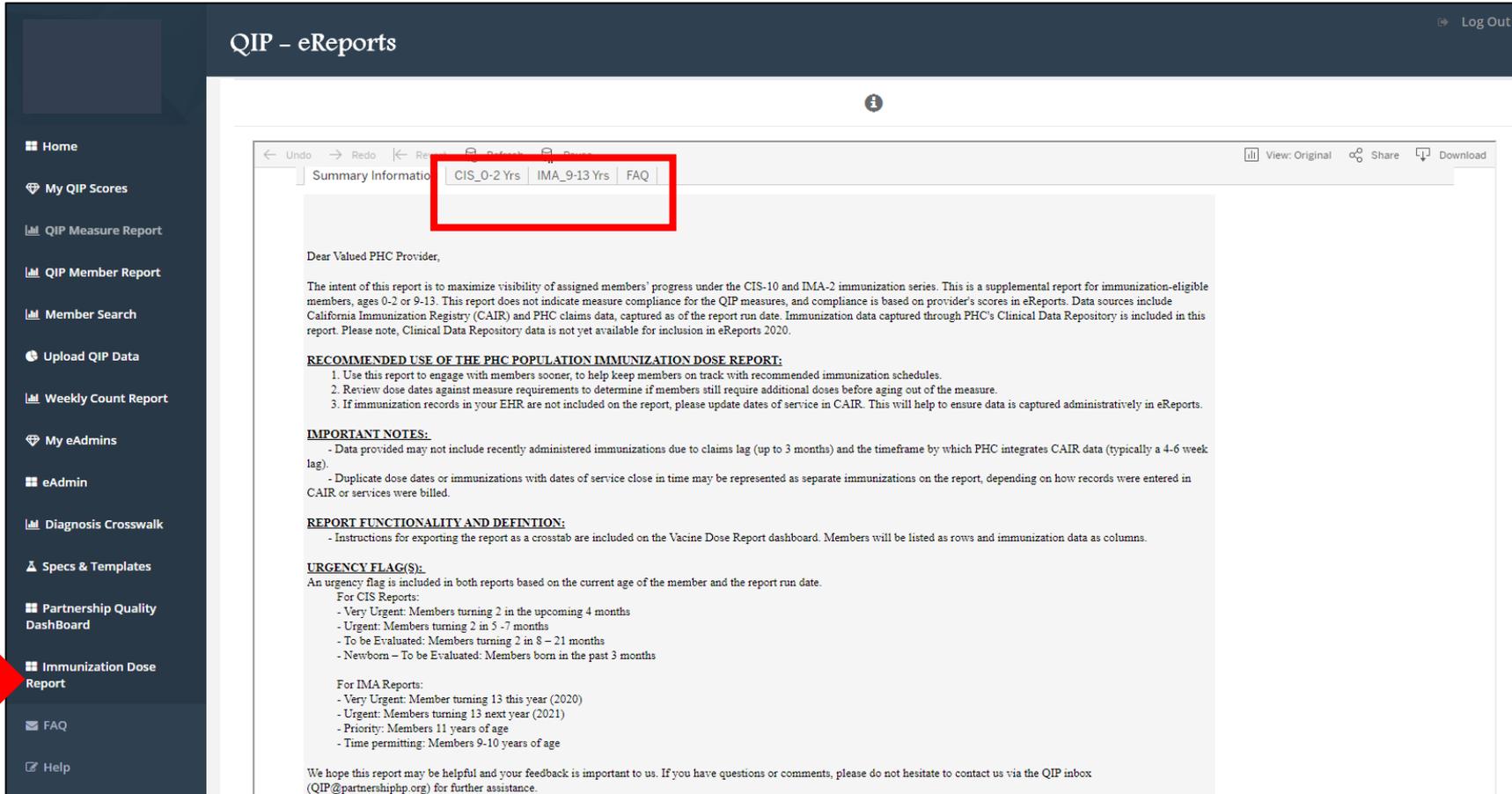
Monitoring Measures (Not in the Core Clinical Measurement Set)

[Refresh](#) 

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Adolescent Well Care 2020	9.76 %	257	2634	NA	NA	54.26%	1430/257	NA	NA
Breast Cancer Screening 2020	52.96 %	403	761	NA	NA	58.67%	447/403	NA	NA
Cervical Cancer Screening 2020	50.04 %	1682	3361	NA	NA	60.65%	2039/1682	NA	NA
Diabetes - Retinal Eye exam 2020	17.31 %	126	728	NA	NA	58.88%	429/126	NA	NA
Immunization for Adolescents 2020	16.15 %	52	322	NA	NA	34.43%	111/52	NA	NA
Well Child 3-6 Years 2020	13.27 %	155	1168	NA	NA	72.87%	852/155	NA	NA

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- [QIP Measure Report](#)
- [QIP Member Report](#)
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- [Diagnosis Crosswalk](#)
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- [PHC Internal User Menu](#)
- [Partnership Quality Dashboard](#)
- [Immunization Dose Report](#)
- [FAQ](#)
- [Help](#)

Immunization Dose Reports – On Demand



QIP – eReports Log Out

Home
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QIP Measure Report
QIP Member Report
Member Search
Upload QIP Data
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My eAdmins
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Partnership Quality DashBoard
Immunization Dose Report
FAQ
Help

Summary Information | **CIS_0-2 Yrs** | IMA_9-13 Yrs | FAQ

Dear Valued PHC Provider,

The intent of this report is to maximize visibility of assigned members' progress under the CIS-10 and IMA-2 immunization series. This is a supplemental report for immunization-eligible members, ages 0-2 or 9-13. This report does not indicate measure compliance for the QIP measures, and compliance is based on provider's scores in eReports. Data sources include California Immunization Registry (CAIR) and PHC claims data, captured as of the report run date. Immunization data captured through PHC's Clinical Data Repository is included in this report. Please note, Clinical Data Repository data is not yet available for inclusion in eReports 2020.

RECOMMENDED USE OF THE PHC POPULATION IMMUNIZATION DOSE REPORT:

1. Use this report to engage with members sooner, to help keep members on track with recommended immunization schedules.
2. Review dose dates against measure requirements to determine if members still require additional doses before aging out of the measure.
3. If immunization records in your EHR are not included on the report, please update dates of service in CAIR. This will help to ensure data is captured administratively in eReports.

IMPORTANT NOTES:

- Data provided may not include recently administered immunizations due to claims lag (up to 3 months) and the timeframe by which PHC integrates CAIR data (typically a 4-6 week lag).
- Duplicate dose dates or immunizations with dates of service close in time may be represented as separate immunizations on the report, depending on how records were entered in CAIR or services were billed.

REPORT FUNCTIONALITY AND DEFINITION:

- Instructions for exporting the report as a crosstab are included on the Vaccine Dose Report dashboard. Members will be listed as rows and immunization data as columns.

URGENCY FLAG(S):

An urgency flag is included in both reports based on the current age of the member and the report run date.

For CIS Reports:

- Very Urgent: Members turning 2 in the upcoming 4 months
- Urgent: Members turning 2 in 5 -7 months
- To be Evaluated: Members turning 2 in 8 – 21 months
- Newborn – To be Evaluated: Members born in the past 3 months

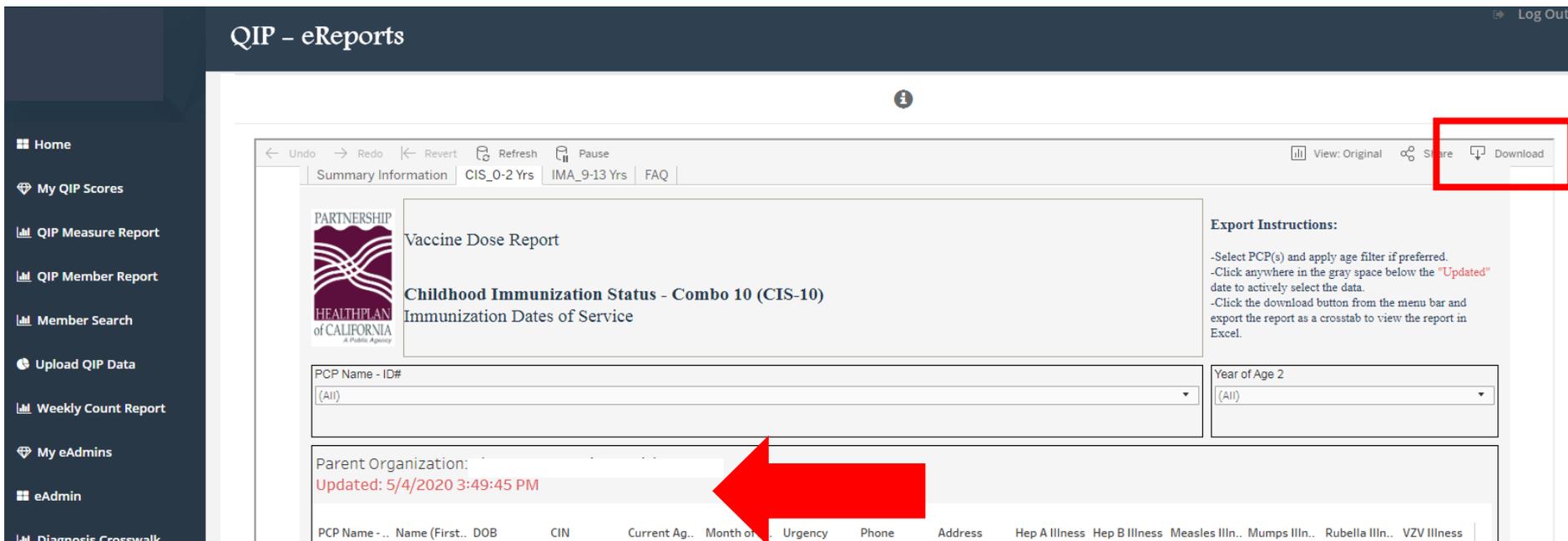
For IMA Reports:

- Very Urgent: Member turning 13 this year (2020)
- Urgent: Members turning 13 next year (2021)
- Priority: Members 11 years of age
- Time permitting: Members 9-10 years of age

We hope this report may be helpful and your feedback is important to us. If you have questions or comments, please do not hesitate to contact us via the QIP inbox (QIP@partnership.org) for further assistance.

How to Download the Immunization Dose Reports?

1. Click the data table to select data.
2. Click Download and select Data or Crosstab.
3. Report will download into Excel.



The screenshot shows the 'QIP - eReports' web application. The left sidebar contains navigation options: Home, My QIP Scores, QIP Measure Report, QIP Member Report, Member Search, Upload QIP Data, Weekly Count Report, My eAdmins, eAdmin, and Diagnosis Crosswalk. The main content area displays a 'Vaccine Dose Report' for 'Childhood Immunization Status - Combo 10 (CIS-10) Immunization Dates of Service'. The report includes filters for PCP Name and Year of Age 2, and a 'Parent Organization' section with an 'Updated' timestamp. A table header is visible at the bottom with columns for PCP Name, Name, DOB, CIN, Current Ag., Month of, Urgency, Phone, Address, and various illness categories. A red box highlights the 'Download' button in the top right corner of the report area, and a red arrow points to the 'Updated' timestamp.

Best and Promising Practices

***Seize Every Opportunity:* Establish a practice commitment to update and complete immunizations:**

- Utilize “flag” alerts in the EMR/EHR.
- Conduct chart scrubbing **prior** to the visit.
- Use standardized templates.
- Use your huddle time to brief/communicate.



Best and Promising Practices

Increase Access:

- Reduce waiting times/need to make an appointment, create immunization only services and/or walk-in clinics.
- Increase or make more convenient the hours when services are provided.
- Initiate back-to-school summer clinics.



Best and Promising Practices

Communication/Education:

- Staff - use approved tailored scripts.
- Communication - portals, texts, and/or calls.
- Use approaches that align with your demographics.
- Patient information: ensure information is consistent, welcoming, in plain and person-centered appropriate language.



Best and Promising Practices

Strengthen Internal Operating Practices:

Submit timely claims and encounter data within 90 days of service.

- Use accurate codes to capture services completed.
- Review operational work flows.
- Use/Participate - California Immunization Registry (CAIR2).
- Review measure rates with staff and report back progress.
- Schedule a standing meeting with your QI staff to review the resources.

Monitoring Measures

Immunization for Adolescents Combination
2 (IMA-2) has been removed from the
2020 PCP QIP – now Monitoring Measure

Monitoring Measures

Monitoring Measures (Not in the Core Clinical Measurement Set)

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %
Adolescent Well Care 2020	9.47 %	617	6514	NA	NA	54.26%
Breast Cancer Screening 2020	50.97 %	735	1442	NA	NA	58.67%
Cervical Cancer Screening 2020	57.50 %	3752	6525	NA	NA	60.65%
Diabetes - Retinal Eye exam 2020	26.43 %	327	1237	NA	NA	58.88%
Immunization for Adolescents 2020	29.63 %	227	766	NA	NA	34.43%
Well Child 3-6 Years 2020	16.61 %	473	2848	NA	NA	72.87%

Intentions for the Monitoring Measurement Set

- Not part of the Core Measurement Set.
- No points assigned for incentive dollars.
- Ability to monitoring your performance with access to the member gap in-care lists.

Immunizations for Adolescents Combination 2 (IMA - 2)



Immunizations for Adolescents Combination 2 (IMA-2)

Description:

The percentage of members who turn 13 years of age during the measurement year who had the following immunizations as reflected in the next slide.

Denominator:

Number of continuously enrolled members who turn 13 years of age during the measurement year.

Numerator:

Number of eligible population (13 years of age during the measurement year) in the denominator who had all the immunizations by the 13th birthday.

Immunizations for Adolescents Combination 2 (IMA-2)

Meningococcal: At least one meningococcal conjugate vaccine, with a date of service **on or between the member's 11th and 13th birthdays.**

Tdap: At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, with a date of **service on or between the member's 10th and 13th birthdays.**

HPV: At least two HPV vaccines, with different dates of service **on or between the member's 9th and 13th birthdays.**

Note: There must be at least 146 days between the first and the second dose of the HPV vaccine.

Medical Record Documentation

Evidence that the antigen was provided from either of the following:

- Medical record notation indicating the **name** of the specific antigen and the **date** of the immunization.
A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations.
- Documentation from California Immunization Registry (CAIR).

Medical Record Documentation

- A note that the “patient is up-to-date” with all immunizations but does not list the dates of all immunizations and the names of the immunization **is not** sufficient evidence of immunization for HEDIS or QIP reporting.
- Retroactive entries are unacceptable.

Medical Record Documentation

HPV: For the two-dose HPV vaccination series, there must be at least 146 days between the first and second doses of the HPV vaccine.

Meningococcal: Immunization documented under a generic header of “meningococcal” and was administered meets criteria.

Immunizations under generic header of meningococcal polysaccharide vaccine or meningococcal conjugate vaccine meet criteria.

Tdap: Immunizations documented using a generic header of “Tdap/Td” can be counted. Ensure you differentiate between **Tdap** and **DTaP** - Think “T” for teen.

Exclusions to Immunizations for Adolescents Combo 2 (IMA-2)

Adolescents who had a contraindication for a specific vaccine **are excluded from the denominator.**

Any of the following meet exclusion criteria:

- **Any particular vaccine:** Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday.
- Anaphylactic reaction (due to serum) to the vaccine or its components with a date of service prior to October 1, 2011.
- **Tdap:** Encephalopathy with a vaccine adverse-effect code anytime on or before the member's 13th birthday.
- **Members in Hospice (mandatory exclusion).**

Best and Promising Practices

IMA-2: Co-administer the human papillomavirus vaccine (HPV) with other vaccines.

Reframing:

“HPV is the only anti-cancer vaccine available.”

IMA-2: Provider recommendation and explanation are essential! Establish rapport with the adolescent member; parents/guardians prefer unambiguous recommendations especially with HPV.

IMA-2: Focus ahead on members turning 13 in future years, opposed to only the current measurement year.

References

References:

National Committee on Quality Assurance (NCQA) HEDIS® 2020 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

California Immunization Registry (CAIR) CAIRweb.org

1. Full report: <http://auditor.ca.gov/pdfs/reports/2018-111.pdf>

Customizable graphics: <http://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html>

2. CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>

3. The Needs to Optimize Adolescent Immunization, American Academy of Pediatrics: <https://pediatrics-aappublications.org/content/139/3/e20164186>

Resources

- https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelines_duringCOVID19Pandemic_03_27_20.pdf
- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx>
- *Northwest Regional Telehealth Resource Center, Quick Start Guide to Telehealth During the Current Public Health Emergency. March 2020.*
<https://nrtrc.org>
- California Telehealth Resource Center, <http://www.caltrc.org/knowledge-center/best-practices/sample-forms>
- California Primary Care Association, www.CPCA.org
- Center for Care Innovations, <https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>



PHC Resources

Quality Improvement Program: QIP@partnershiphp.org

2020 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2020.aspx>

QI Monthly Newsletters:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx>

Measure Highlights:

<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>

eReports: <https://qip.partnershiphp.org/>



Upcoming QI Events

Accelerated Learning Education Program: CME/CE approved
Asthma Medication Ratio Academic Detailing - October 20

Virtual ABCs of Quality Improvement: CME/CE approved
October 7, 14, 21, and 28 / November 4 and 12
(No cost individual coaching available)

2019 PCP QIP High Performers - How'd They Do That?
October 8 and November 5

Change Management/Change Fatigue and QI
October 27

http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx



Questions?

Voices from the Field



Voices From The Field

Dr. Anne Martin-Ko
Kelly Keath, LVN



Evaluations

Please complete your evaluation. Your feedback is important to us!



Contact Us

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