

Performance Improvement Team presents:

## **Accelerated Learning Education Program**

### **Well-Child Visits and Immunizations (0 - 2 Years)**

***Dr. Jeff Ribordy, MD, MPH, FAAP, Medical Director***

***Joy Dionisio, MPH, Improvement Advisor***

April 13, 2021

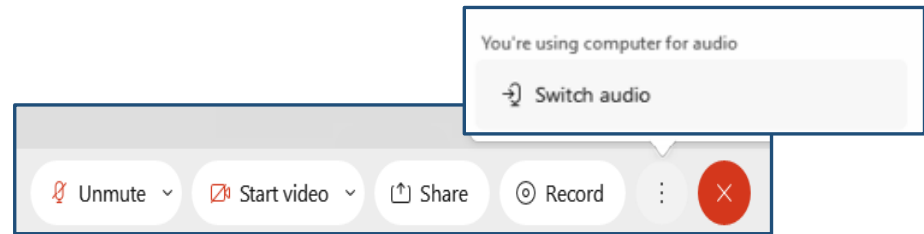


# Webinar Instructions

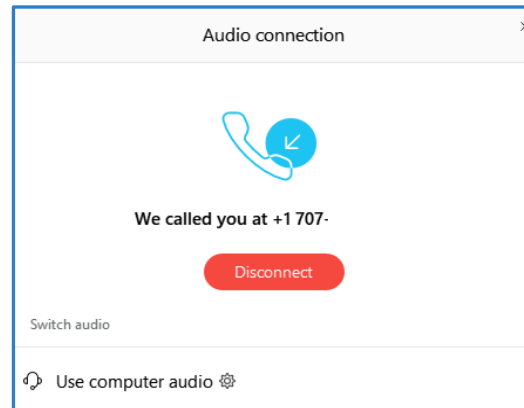
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

**Figure 1**

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



**Figure 2**

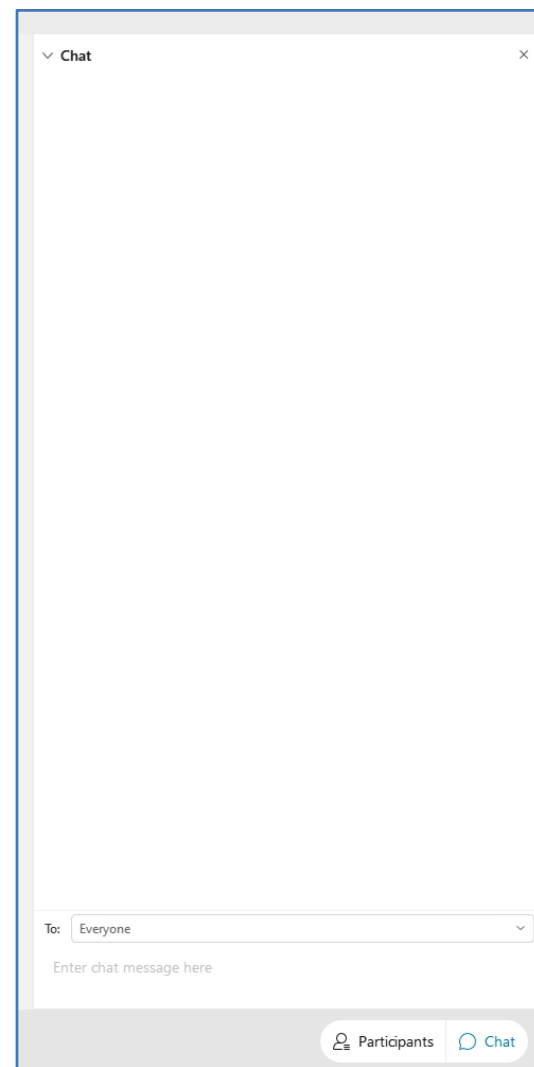


# Webinar Instructions

- 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 and CME Credit

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.

\*The AAFP has reviewed Accelerated Learning Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 04/13/2021 to 04/13/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Well-Child Visits and Immunizations (0 - 2 Years)

\*\*Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.

Performance Improvement Team presents:

## **Accelerated Learning Education Program**

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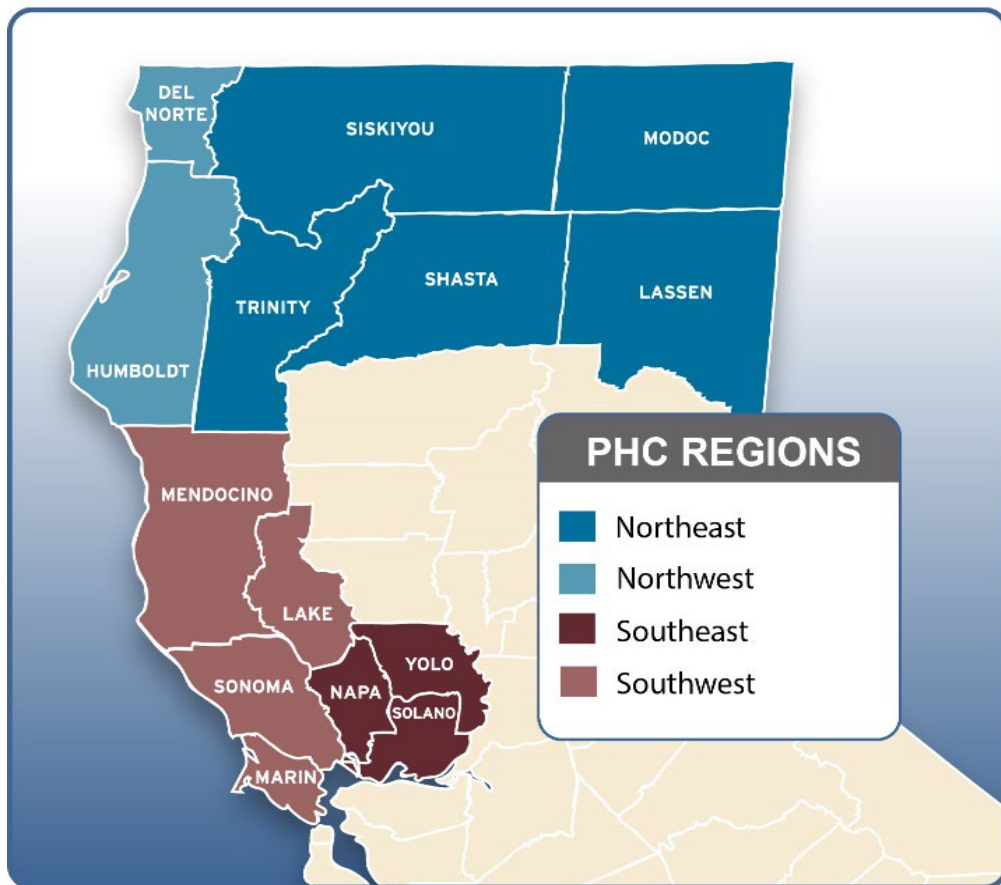
April 13, 2021



# Agenda

- Accelerated Learning Education Sessions
- Measure Clinical Significance and Specifications
- Review/Share of Best and Promising Practices
- Commitment - One Change to Make Well-Child Visits Easier for Members/Patients
- Resources/Offerings
- Voices from the Field
- Questions
- Evaluation and CME/CE Credit

# 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 (PHC)

JD

**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:**

- Quality in everything we do
- Operational excellence
- Financial stewardship



# Objectives

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

- Understand clinical background, specifications, and performance threshold definitions of the *Well-Child Visits for the First 15 Months of Life* and *Childhood Immunizations Status* measures.
- Document the minimum five components that are necessary for clinical standard practice for the well-child visits for 0 - 2 year olds.
- Identify best and promising practices that can be used to address clinical process, interpersonal communication, education, outreach, and technical barriers to improve well-child and immunizations services for children ages 0 - 2.

# Accelerated Learning Program

- Early Cancer Detection (Cervical, Breast, and Colorectal Screening)
- Controlling High Blood Pressure
- Diabetes Management HbA1C Good Control
- Improving Asthma Care and the Asthma Medication Ratio
- Child and Adolescent Well-Care Visits (3 - 17 Years)

# Background on Measures

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

**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>

# Well-Child Visits in the First 15 Months of Life



# Well-Child Visits in the First 15 Months of Life

## **Description:**

The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care provider (PCP) at or before turning 15 months old.

## **Denominator:**

Number of continuously enrolled members who turn 15 months old during the measurement year (MY).

DOB between October 3, 2020, and October 2, 2021.

# Well-Child Visits in the First 15 Months of Life

## **Numerator:**

Number of members who received six or more complete well-child visits with a PCP, on different dates of service, on or before the child turned 15 months old.

**NOTE:** The well-child visit must occur with a PCP. The PCP does not have to be the assigned provider.

**NEW 14 Day Rule:** There must be at least 14 days between each date of service.

# 2021 PCP QIP Clinical Measures

## CLINICAL DOMAIN

PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5 - 64 YRS	68.52%	63.58%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	55.96%	50.97%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	66.91%	61.04%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	40.39%	34.43%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.98%	58.67%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.49%	60.65%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	42.02%	34.79%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	41.84%	32.24%	6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	70.92%		--	--	12 / --
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	64.96%		--	--	12 / --
✓		✓	Child and Adolescent Well Care Visit		3 - 17 YRS	TBD		10 / --	--	15 / --
✓		✓	Well Child Visits in the First 15 Months of Life		UTILIZATION	15 MONTHS	69.83%	65.83%	10 / 8	--

# Well-Child Visits in the First 15 Months of Life

## 2021 PCP QIP

<u>PCP QIP</u> <u>2021</u>	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	Family	10 Points	69.83%	75 <sup>th</sup>
	Pediatric	12.5 Points		
<b>Partial Points</b>	Family	8 Points	65.83%	50 <sup>th</sup>
	Pediatric	9 Points		



# Well-Child Visits in the First 15mos of Life FAQ – PCP QIP

**Q:** How can I use eReports to identify members in the denominator for this measure?

**A:** eReports provides various options to identify measure eligible members. 1) Download the entire denominator list 2) Use the *Member Report* function to search for members and determine if they are in the denominator for this measure.

**Q:** How do we make sure that our claims count toward this measure?

**A:** 1. We recommended using the diagnosis crosswalk feature in eReports to reconcile all applicable codes used to capture claims data and subsequent numerator compliance 2. Ensure 14-day rule is followed

**Q:** Is Blood Lead Screening a PCP QIP measure?

**A:** No. It is a DHCS requirement for PCPs to screen for lead exposure in children. Please continue to screen!

# Telehealth and Well-Child Visits

- **NCQA is now allowing** well-child visits to be done in-person, virtually by phone or video, secure text messaging or e-mail, or a combination of these.
- If a portion or all of a well-child visit is done virtually, use **992xx with modifier .95**
- For a portion of a well-child visit with the physical exam/complete well-child visits **use preventive visit codes: 99381-5 (new) or 99391-5 (established)**.
- *A minimum of 14 days* must elapse between well-child visits to be counted as separate visits for the purposes of this measure.

# Medical Record Documentation

- Documentation should include a note indicating a visit to a PCP and the date of the well-child visit.
- The component services can be provided in visits other than well-child visits, including acute care visits (when applicable).  
*Note: Unless the services are specific to the assessment or treatment of an acute or chronic condition.*
- Can have services that occur over multiple visits as long as the time frame is within the measure.
- Inpatient or emergency department visit services provided are not eligible for adherence.

# Five Components of a Well-Child Visit

1. Health history: Examples - allergies, medications, and immunizations documented on different dates of service as long as **all** are documented within the measurement year.
2. Physical developmental history: Examples include “**development appropriate for age,**” must mention specific development - scooting, creeping or crawling, may stand with support, etc.
3. Mental developmental history: Examples include “**development appropriate for age,**” must mention specific development.
4. Physical exam.
5. Health education/anticipatory guidance: ***Information given with discussion*** is provided on issues – document that there was a review of information /handouts.

# Exclusions

Children in hospice (mandatory exclusion).

# Summary

Screening	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
<b>Well-Child Visits in the First 15 Months of Life</b>	Age $\leq$ 15 months	6 well care visits with PCP by age 15 months; <ul style="list-style-type: none"> <li>In person</li> <li>Virtually</li> <li>A combination</li> </ul>	<ul style="list-style-type: none"> <li>Physical exam required</li> <li>Visits can be divided up into different components</li> <li>Services must occur in time frame of specified age</li> <li>At least 14 days between dates of service.</li> </ul>	<ul style="list-style-type: none"> <li>CPT &amp; HCPCS codes</li> <li>Virtual visits billed using a .95 modifier after the CPT code affiliated with the visit</li> <li>Documentation to include history of health, physical development, mental development and physical exam</li> </ul>

# Questions



# Poll Questions

1. In the Well-Child Visits in the First 15 Months of Life measure, there should be at least six or more visits that are at least 14 days apart on or before the child's 15-month birthday.

True  False

2. One of the five components of the Well-Child Visit measure is Health Education/Anticipatory Guidance. As a clinical standard practice, handouts *and* discussion must be documented during a visit.

True  False



# Childhood Immunization Status Combination 10



# Childhood Immunization Status Combo 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).

DOB between January 1, 2019, and December 31, 2019.

# Childhood Immunization Status Combo 10

**Numerator:** Follow the recommended vaccine schedule:<sup>(2)</sup>

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

2. CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.htm><sup>28</sup>

# 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

**Rotavirus (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

For 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)**

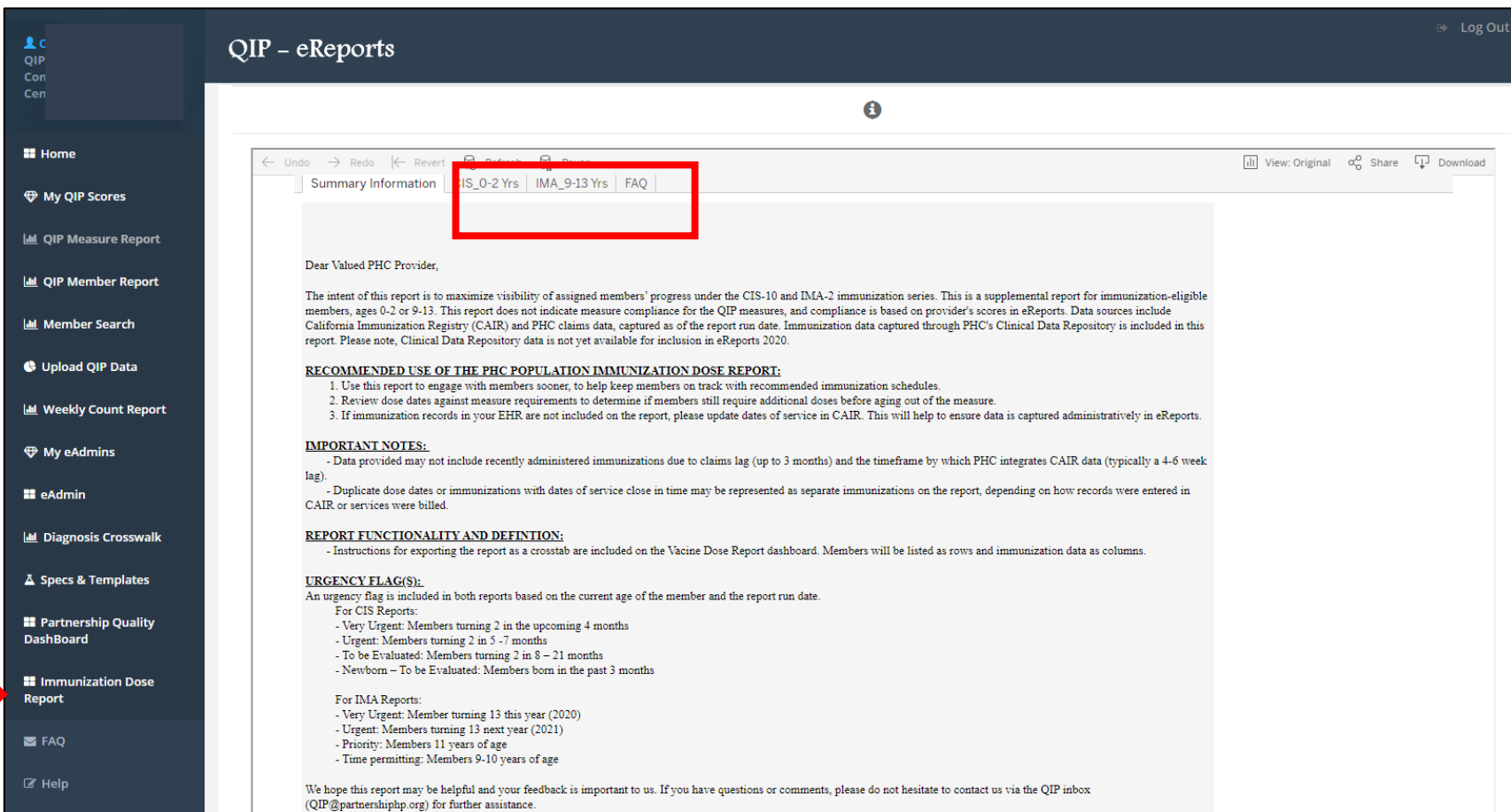


# Childhood Immunization Status Combo 10 PCP QIP 2021

AS

<u><b>PCP QIP 2021</b></u>	<b>Practice Type</b>	<b>Total Points</b>	<b>Threshold</b>	<b>Percentile</b>
<b>Full Points</b>	Family	7 Points	42.02%	75 <sup>th</sup>
	Pediatric	12 Points		
<b>Partial Points</b>	Family	5 Points	34.79%	50 <sup>th</sup>
	Pediatric	9 Points		

# Immunization Dose Reports - On Demand



**QIP - eReports** Log Out

**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

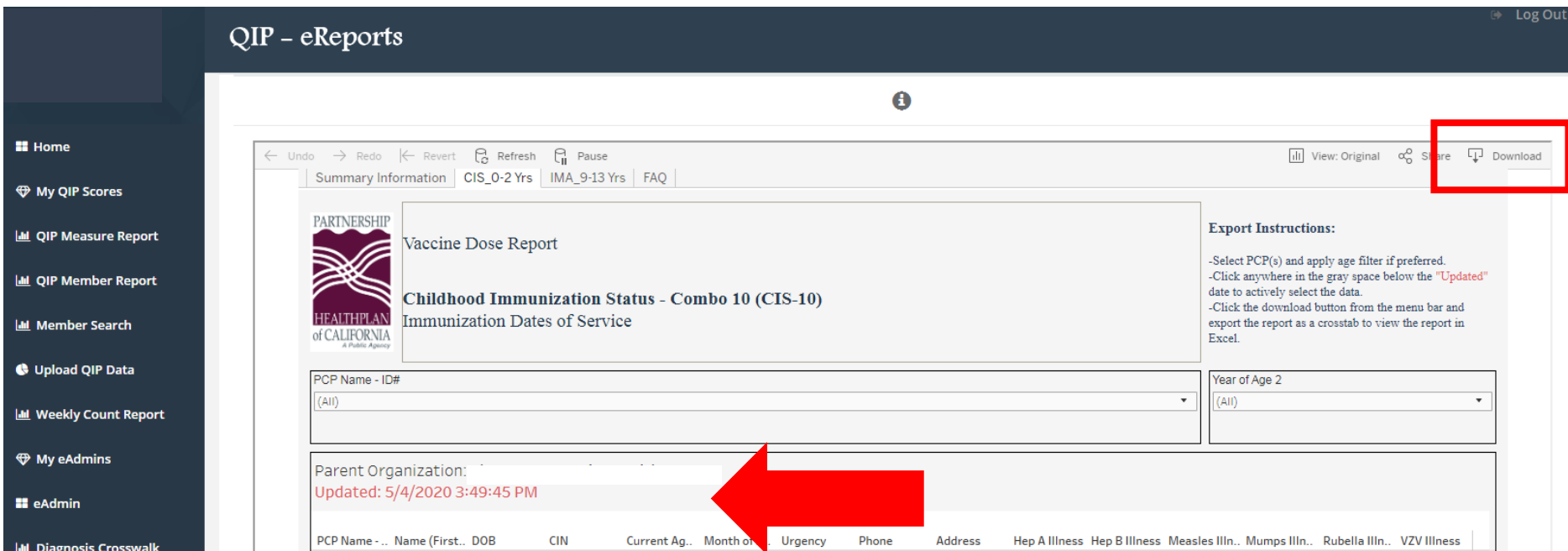
For IMA Reports:

- 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@partnershiphp.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' interface. On the left is a navigation menu with options like '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' titled 'Childhood Immunization Status - Combo 10 (CIS-10) Immunization Dates of Service'. The report includes a 'PARTNERSHIP of CALIFORNIA' logo and a 'Parent Organization' field with an 'Updated: 5/4/2020 3:49:45 PM' timestamp. A table header is visible at the bottom with columns: PCP Name, Name (First..), DOB, CIN, Current Ag., Month of, Urgency, Phone, Address, Hep A Illness, Hep B Illness, Measles Illn., Mumps Illn., Rubella Illn., and VZV Illness. In the top right corner, a 'Download' button is highlighted with a red box. A large red arrow points from the 'Download' button towards the table header.

# Childhood Immunization Combo 10 FAQ – PCP QIP

**Q:** How can I use eReports to identify members who need immunizations?

**A:** eReports provides various options to identify measure eligible members. 1. Use the Immunization Dose Reports (IDR) for both Childhood Immunization Status 10 and Immunizations for Adolescents measures 2. Download the denominator list

**Q:** How do I make sure that my data uploads are captured in eReports consistently?

**A:** 1. Verify dates of service in EHR prior to uploading 2. The dates of service should match the billing and CAIR records.

# Childhood Immunization Combo 10 FAQ – PCP QIP

**Q:** What billing codes are captured to meet the Childhood Immunization measure?

**A:** Denominator eligibility is solely based on age. CAIR data and eReports uploads are used to meet numerator compliance.

**Q:** Can we exclude members who have missed early required vaccinations?

**A:** No, these members cannot be excluded.

# Summary

Immunization Series	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
<p><b>Childhood Immunization Status Combo 10</b></p>	<p>Age <math>\leq</math> 2 years</p>	<ul style="list-style-type: none"> <li>• Dtap</li> <li>• Polio</li> <li>• MMR</li> <li>• HiB</li> <li>• HepB</li> <li>• Chicken Pox</li> <li>• Pneumococcal</li> <li>• HepA</li> <li>• Rotavirus</li> <li>• Flu Vaccines</li> </ul>	<p>Special attention to dosage timing affiliated with age group.</p>	<ul style="list-style-type: none"> <li>• CPT &amp; CVX Codes</li> <li>• Documentation in the California Immunization Registry</li> </ul>



# Questions



# Poll Questions

1. For the Childhood Immunization Status Combo 10 measure, HepB notes in the medical record that state patient received immunization “at delivery” or “in the hospital” with date of service is counted for adherence.  
 True  False

# Best and Promising Practices

## ***Seize Every Opportunity: Establish a practice commitment to pediatric well-visits and complete immunizations***

- Every visit can be viewed as an opportunity to complete an exam (sick visits when applicable).
- Ensure documentation of all components in the medical record for each visit where preventive services are addressed.
- Place next well-child visit sticker on health card. Schedule next appointment before the member/patient leaves the office or while “waiting” to be seen by the provider (e.g., in the exam room).
- Schedule the sixth well-child visit appointment prior to the 15-month birthday.
- Actively pursue missed appointments with letters and reminder calls. Reminder calls by staff are more effective than auto calls.

# Best and Promising Practices

## ***Set up EMR Alerts to:***

- Flag patients who are due for well-child services at every member/patient encounter so staff member can easily identify and communicate to parents/guardians.
- Triggers staff to make reminder phone calls.
- Use standardized templates in EMRs to guide providers and staff through the visit to ensure all components were met and documented.

## ***Increase Access:***

- Offer extended evening or weekend hours.
- Reduce wait times/ need to make an appointment, create immunization only services and/or walk-in clinics
- Initiate back-to-school summer clinics
- Identify and address barriers to care (transportation, language, cultural beliefs). Partner with established community agencies, schools, after-school programs, and faith-based organizations.

# Best and Promising Practices

## ***Communication/Education:***

- Educate staff to schedule visits within the time frames.
- Use gap lists to help manage your total population. Make outreach calls, and/or send letters/texts/alerts in portals reminding members/guardians of visit. Use personalized birthday cards as reminders.
- Use all visits as teachable moments to increase well-child visits and immunization compliance, and health literacy.
- Member information: Ensure information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications (based on patient's preference).

# Best and Promising Practices

## ***Strengthen Internal Operating Practices:***

- Submit timely claims and encounter data within 90 days of service.
- Use complete and **accurate codes** to capture services completed.
- Review operational work flows - can reduce barriers and promote more efficient delivery.
- Use your huddles to brief/communicate members needing service - scrub charts prior to huddles.
- Use/Participate – California Immunization Registry (CAIR2)
- Report back to all levels of staff on your progress to meet measures. Builds common language for quality improvement.
- Schedule a standing meeting with your QI staff to review the resources offered by PHC.

# Best and Promising Practices

Commit to one change you will try in your practice site to make well-child visit and immunizations adherence an easier choice for members/patients.





## **Accelerated Learning Education Program**

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

April 27 - Early Cancer Detection (Cervical, Breast, and Colorectal Screening)

May 11 - Controlling High Blood Pressure

May 25 - Diabetes Management HbA1C Good Control

July 14 - Improving Asthma Care and the Asthma Medication Ratio

July 27 - Child and Adolescent Well-Care Visits (3 - 17 years)

*\*All sessions are from noon to 1 p.m. except Early Cancer Detection (noon to 1:30 p.m.)*

## **ABCS of Quality Improvement**

This training consists of five sessions and the following topics will be covered:

June 02 - The Model for Improvement and Creating an Aim Statement

June 09 - Using Data for Quality

June 16 - Understanding the Role of Measurement in Quality Improvement

June 23 - Tips for Developing Change Ideas for Improvement

June 30 - Testing and Implementing Changes via the Plan-Do-Study-Act Cycle

*\*All sessions are from noon to 1 p.m.*

## **Leadership and QI Success**

October 5 - Leadership and QI Success featuring Community Medical Center



# Voices from the Field



# Voices from the Field

## Adventist Health - Ukiah Valley and Howard Memorial

Miranda Musgrave, CMA  
Quality Analyst and QI Champion



# ADVENTIST HEALTH MENDOCINO COUNTY QUALITY TEAM

04/13/2021

A series of several parallel white lines of varying lengths and thicknesses, all slanted diagonally from the bottom-left towards the top-right, located in the lower right quadrant of the slide.

- ▶ Support Staff and Providers are educated to intervals for WCC
- ▶ Access to proper diagnosis codes, utilize Diagnosis Crosswalk (build Dx codes into favorites)
- ▶ Chart Prep
- ▶ Making sure future appts are scheduled before the guardian leaves
- ▶ Reminder Calls
- ▶ PEC360 Outreach to Outstanding WCC, pull eReports
- ▶ Chart Audit and upload
- ▶ Monthly BO Meetings, review data from eReports

## WELL CHILD VISITS

- ▶ Encourage discussion of vaccines at all visits
- ▶ Catch a child up on vaccines during an acute visit
- ▶ Offer a nurse visit if a parent is reluctant to do all at once, to help keep child on schedule
- ▶ Safe space for parents to receive education on vaccines (VIS)
- ▶ Pulling Immunization Dose Report (awareness of child's age)
- ▶ Chart Audit and upload

# CHILDHOOD IMMUNIZATION STATUS

## CIS10

# Q & A

## What questions do you have for us?



# PHC Resources

**QI/Performance Team:** [ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org)

**Quality Improvement Program:** [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org)

**2021 PCP QIP Webpage:**

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx>

**QI Monthly Newsletters:**

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

**Measure Highlights:**

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

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

## A Quick Guide to Starting Your Quality Improvement Projects

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





# Resources

- [https://eziz.org/assets/docs/VFC\\_Letters/VFCletter\\_PediatricIZGuidelines\\_duringCOVID19Pandemic\\_03\\_27\\_20.pdf](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](http://www.CPCA.org)
- Center for Care Innovations, <https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>

## **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.*

American Academy of Pediatrics Guidelines for Health Supervision at [www.aap.org](http://www.aap.org) and Bright Futures: Guidelines for Health of Infants, Children and Adolescents (published by the National Center for Education in Maternal and child Health) at [www.Brightfutures.org](http://www.Brightfutures.org)

*National Committee on Quality Assurance (NCQA) HEDIS® Technical Specifications for Health Plans; NCQA HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2 Narrative. HEDIS® is a registered trademark of NCQA.*

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. Staying Healthy Assessment- California Department of Health Care Services:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

3. APRIL 27, 2020 ALL PLAN LETTER 20-004 (REVISED) TO: ALL MEDICAL MANAGED CARE HEALTH PLANS

# Contact Us

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# Evaluation

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

