

PARTNERSHIP



of CALIFORNIA

*A Public Agency*



Performance Improvement  
Team presents:  
**Accelerated Learning  
Education Program**

**Pediatric Health: Child and  
Adolescent Well-Care Visits  
(3-17 years), Screenings,  
and Immunizations for  
Adolescents**

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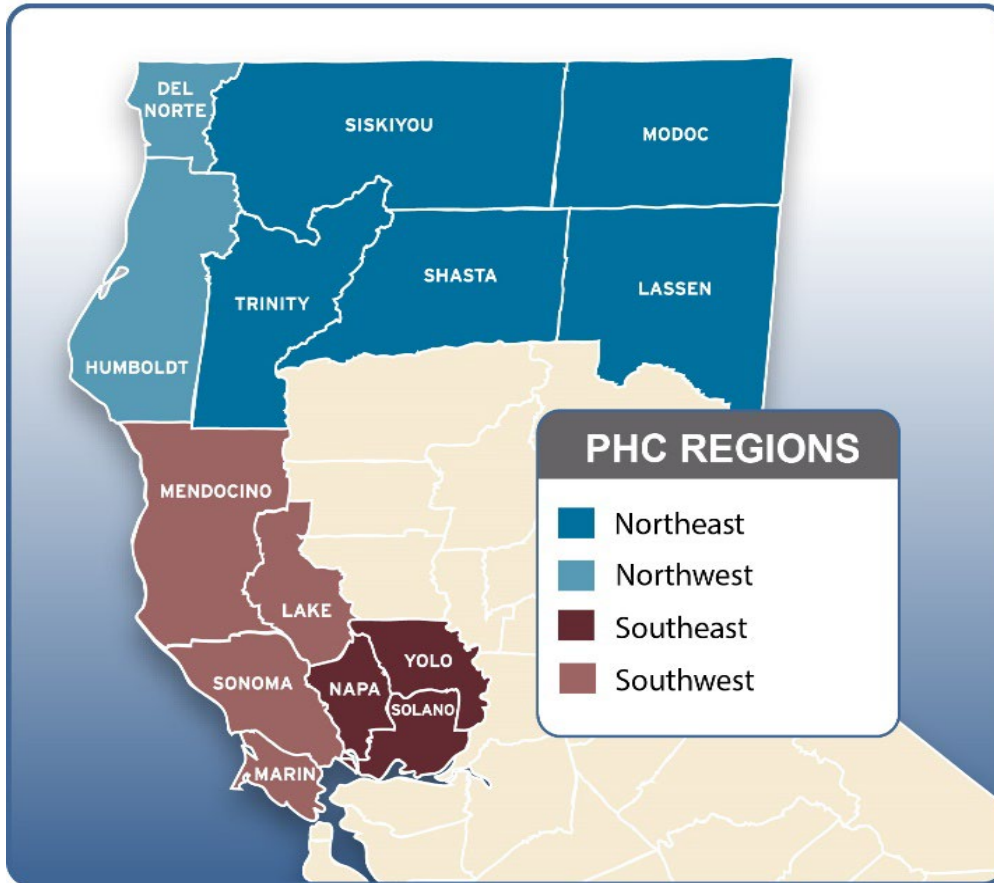
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February 15, 2022*

# Objectives

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

- Understand clinical background, specifications, and performance threshold definitions of the PCP QIP *Child and Adolescent Well-Care Visits, Screenings, and Immunizations for Adolescents* measures.
- Apply documentation requirements, including telehealth, to maximize measure performance adherence.
- Ensure that screenings such as Weight Assessment, Counseling for Nutrition and Physical Activity in the child and adolescent well-care visits assessment.
- Identify best and promising practices.

# 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

# PHC Mission, Vision, Focus

## **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

# Background on Measures

JR

**California State Auditor Report  
(March 2019):  
“Millions of Children on 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>



# Child and Adolescent Well-Care Visit



# Measure Specifications


**Description:** The percentage of members 3 -17 years of age who had at least one well-care visit with a PCP or an OB/GYN during the measurement year (MY).

**Denominator:** Number of continuously enrolled members 3 -17 years of age as of the measurement year (MY).

**Numerator:** Number of members in the denominator with at least one completed well-care visit with a PCP or OB/GYN during the measurement year (MY).


*The practitioner does not have to be the practitioner assigned to the member*


# Five Segments to Include

- 
- Health history: Can include, but is not limited to, past illness (or lack of), surgery or hospitalization (or lack of these) and family health history.
  - Physical development history – Includes age-appropriate milestones like motor development for infants and children; Tanner Stages, puberty, or smoking, illicit drug use, and alcohol use for adolescents.
  - Mental development history – Milestones can include appropriate communication and mental milestones for age; reading for enjoyment; doing well in school; loving, caring and supportive relations with family; sexual identity.
  - Physical exam – Includes records of at least two body systems not related to the reason for the visit if the visit is for an acute or chronic condition. Note of “physical exam WNL” is acceptable.
  - Health education/anticipatory guidance – By health care provider in anticipation of emerging issues that a child or family may face. e.g., Notes of tobacco screening, use or exposure; physical abuse or neglect; preventive teaching in anticipation of child’s development. Must be age-specific.





# Chart Tips: Non-Adherence

- 
- Notes of allergies or medications or vaccine status alone. If all three are documented, it meets health history standard.

- 
- Note of “appropriate age” without specific mention of development.
  - Note of “well developed” alone.

- 
- Note of “appropriate for age” without specific mention of development.
  - Note of “neurological exam.”

- 
- Vital signs alone.
  - Visits to an OB/GYN if the visit is limited to OB/GYN topics alone (for adolescent well visits).

- 
- Information regarding medication or vaccines or their side effects.
  - Teaching, advising, or educating in response to a sick episode - services that are specific to an acute or chronic condition.

# New PHC Members Initial Health Assessments

- PHC has had an influx of new members in the last two years.
- 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.

\* All Plan Letter 20-004 4.27.2020 CDHCS

# Child and Adolescent Well-Care Visits 2022

## Description

The percentage of members 3 - 17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

## Points and Thresholds by Practice Type

Please see the [Summary of Measures Table](#) for points, thresholds, and relative improvement criteria.

## Denominator

The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31, 2022 (DOB between January 1, 2005 and December 31, 2019).

## Numerator

The number of children in the eligible population with at least one well-child visit with a PCP or OB/GYN during the measurement year (January 1, 2022 and December 31, 2022).

Because well-care visit measure is administrative only, the services and documentation in the supplemental data (e.g., medical record) must be clinically synonymous with the codes in the measure's administrative specification (HEDIS MY 2021, n.d).

Services that occur over multiple visits may be counted, as long as all services occur in the time frame specified by the measure.

## Exclusions

This measure does not have any exclusions.

## TARGETS:

**53.83% - 75<sup>TH</sup> PERCENTILE (FULL POINTS)**

**45.31% - 50<sup>TH</sup> PERCENTILE (PARTIAL POINTS)**

## CODES USED

### Denominator:

No codes applicable as eligibility is solely defined by age.

### Numerator:

Codes to identify Well-Child Visits from claims/encounter data: Well-Care

## EXCLUSIONS

This measure does not have any exclusions.

# BMI Assessment, Nutrition/ Physical Activity Counseling and Screenings

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# BMI Assessment, Nutrition/Physical Activity Counseling and Screenings

**Description:** The percentage of assigned members 3 - 17 years of age who had an outpatient visit with a PCP or an OB/GYN and who had *evidence of* the following during the measurement year.

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

**Denominator:** The number of assigned members 3 - 17 years of age as of the MY who had an outpatient visit with a PCP or an OB/GYN.

**Numerator:** The number of assigned members with evidence that BMI percentile documentation, counseling for nutrition and counseling for physical activity or referral for nutrition education and referral for physical activity was documented at least once during the MY.

# BMI Assessment

**Documentation must include ALL of the following during the measurement year:**

Height

Weight

Body Mass Index (BMI) percentile as a value to meet criteria (e.g., “85<sup>th</sup> percentile” or growth chart with BMI percentile plotted)

**Note:** Ranges and threshold do not meet criteria - a distinct BMI percentile is required.

Member-reported body mass index, height, and weight are acceptable.



# Nutrition Counseling

## Documentation should have date and at least one of the following:

Discussion of current nutrition behaviors  
(e.g., eating habits, dieting behaviors)

Checklist indicating nutrition was addressed

Counseling or referral for nutrition education

Member received educational materials on nutrition  
during a face-to-face visit

Anticipatory guidance for nutrition

Weight or obesity counseling

# Physical Activity Counseling

## Documentation should have date and at least one of the following:

Discussion of current physical activity behaviors (e.g., exercise, participation in sports/activities)

Checklist indicating physical activity was addressed

Counseling or referral for physical activity

Member received educational materials on physical activity during a face-to-face visit

Anticipatory guidance for physical activity

Weight or obesity counseling

# Additional Information on Documentation

- Virtual visits are billed using a .95 modifier after the CPT code for the visit.
- Have clear notations of Physical Activity and Nutrition-include specific recommendations.

Key phrases can include:

- “counseled on the importance of nutrition and physical activity”
- “advised on diet and exercise”
- “increase fruits and vegetables and lean meats, eats a balanced diet; participates in school sports activities, runs or hikes”
- Counseling elements cannot be related to an acute or chronic condition.
- **Exclusions:** Members who have a diagnosis of pregnancy during the MY. Must include a note with a diagnosis of pregnancy.

# Codes for BMI, Counseling

Screening	ICD-10	HCPCS	CPT
BMI <5 <sup>th</sup> %tile	Z68.51	—	—
BMI ≥5 <sup>th</sup> and <85 <sup>th</sup> %tile	Z68.52	—	—
BMI ≥85 <sup>th</sup> and <95 <sup>th</sup> %tile	Z68.53	—	—
BMI ≥95 <sup>th</sup> %tile	Z68.54	—	—
Nutrition counseling	Z71.3	G0270, G0271, G0447 S9449, S9452, S9470	97802, 97803, 97804
Physical activity	Z71.82	G0447, S9451	—

# Depression Screening and Follow-Up

**Description:** The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

**Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument.

**Follow-up on Positive Screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen.

**Examples of follow-up on positive screen:**

An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.

A depression case management encounter.

A behavioral health encounter, including assessment, therapy, collaborative care or medication management.

A dispensed antidepressant medication.

**Or**

Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen).

**QIP Unit of Service - Electronic Clinical Data Systems (ECDS) Measures:** Participation to include data collection of defined clinical components for PHC members within your organization. Further detail of defined clinical components and interface access criteria is TBD and will be published with implementation instruction by the end of Q1 of the Measurement Year.

# Depression Screening

## Instruments for Adolescents (12 - 17 years)

Patient Health Questionnaire (PHQ-9)<sup>®</sup>

Patient Health Questionnaire Modified for Teens (PHQ-9M)<sup>®</sup>

Patient Health Questionnaire-2 (PHQ-2)

Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®\*</sup>

Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)

PROMIS Depression

*\*There may be cost or licensing requirement associated with using these tools.*



# Additional Screenings: Tobacco Use Screening

**Description:** The percentage of members 11 - 21 years of age who had tobacco use screening or counseling one or more times during the measurement year (MY).

**Denominator:** Assigned members aged 11 - 21 years of age during the MY.

**Numerator:** Assigned members 11- 21 years of age who had tobacco use screening or counseling one or more times during the MY.

Tobacco use includes any type of tobacco and aligns with U.S. Preventive Services Task Force (USPSTF) recommendations.

**PHC QIP Unit of Service Measure:** \$5 per tobacco use screening or counseling of members 11- 21 years of age after 3% threshold of assigned members screened. HCPCS: 4004F

# Unhealthy Alcohol Use Screening and Follow-Up (ASP)

**Description:** The percentage of members 11 - 21 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

**Unhealthy Alcohol Use Screening:** The percentage of members who had a systematic screening for unhealthy alcohol use.

**Alcohol Counseling or Other Follow-up Care.** The percentage of members receiving brief counseling or other follow-up care within two months of screening. The follow up must **include one** of the following. **Feedback** on alcohol use and harms. **Identification** of high-risk situations for drinking and coping strategies. **Increase** the motivation to reduce drinking. **Development** of a personal plan to reduce drinking. **Documentation** of receiving alcohol misuse treatment.

## **QIP Unit of Service - Electronic Clinical Data Systems (ECDS) Measures:**

Participation to include data collection of defined clinical components for PHC members within your organization. Further detail of defined clinical components and interface access criteria is TBD and will be published with implementation instruction by the end of Q1 of the Measurement Year.

# Unhealthy Alcohol Use Screening and Follow-Up ( ASP)

**Eligible Screening Tools** Standard assessment instruments with thresholds for positive findings include:

<b>Instruments for Adolescents (12 - 17 years)</b>  <b>AUDIT &amp; AUDIT-C</b>	<b>Positive Finding</b>  ≥5 for AUDIT, and ≥3 for AUDIT-C  ( <a href="https://doi.org/10.1016/j.drugalcdep.2018.04.015">https://doi.org/10.1016/j.drugalcdep.2018.04.015</a> )
<b>CRAFFT (2.0 -&gt; 2.1+N)</b>	
<b>GAIN</b> ( <a href="https://gaincc.org/instruments/">https://gaincc.org/instruments/</a> )	

# Unhealthy Alcohol Use Screening and Follow-Up (ASP)

W7000	Alcohol and/or substance (other than tobacco) use disorder screening; self administered
W7010	Alcohol and/or substance (other than tobacco) use disorder screening; provider administered structured screening (e.g., AUDIT, DAST)
W7020	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes
W7021	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes
W7022	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 20 minutes
4004F	Patient screened for tobacco use and received cessation intervention (counseling and/or pharmacotherapy), if identified as a tobacco user (PV, CAD)

# CRAFFT+N Questionnaire

## The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

**During the PAST 12 MONTHS, on how many days did you:**

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

  
# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

  
# of days

4. Use a **vaping device\*** containing nicotine and/or flavors, or use any **tobacco products†**? Put "0" if none.

  
# of days

*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

# CRAFT+N Questionnaire

- |  |    |     |
|--|----|-----|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | No | Yes |
| 6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | No | Yes |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?   | No | Yes |
| 8. Do you ever FORGET things you did while using alcohol or drugs?   | No | Yes |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | No | Yes |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?   | No | Yes |



# CRAFT+N Questionnaire

- |  |     |    |
|--|-----|----|
| 1. Have you ever tried to quit using, but couldn't?  | Yes | No |
| 2. Do you vape or use tobacco now because it is really hard to quit?                                     | Yes | No |
| 3. Have you ever felt like you were addicted to vaping or tobacco?                                       | Yes | No |
| 4. Do you ever have strong cravings to vape or use tobacco?  | Yes | No |
| 5. Have you ever felt like you really needed to vape or use tobacco?                                     | Yes | No |
| 6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? | Yes | No |
| 7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)...                |     |    |
| a. did you find it hard to concentrate because you couldn't vape or use tobacco?                         | Yes | No |
| b. did you feel more irritable because you couldn't vape or use tobacco?                                 | Yes | No |
| c. did you feel a strong need or urge to vape or use tobacco?  | Yes | No |
| d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?                  | Yes | No |

# Follow-up Care for Children Prescribed ADHD Medications

**Percentage of children ages 6 - 12 who are newly prescribed ADHD medication and had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.**

**Initiation Phase:** The percentage of members 6 - 12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

**Continuation and Maintenance (C&M) Phase:** The percentage of members 6 - 12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits within 270 days (9 months) after the Initiation Phase.

**QIP Unit of Service - Electronic Clinical Data Systems (ECDS) Measures:** Participation to include data collection of defined clinical components for PHC members within your organization. Further detail of defined clinical components and interface access criteria is TBD and will be published with implementation instruction by the end of Q1 of the Measurement Year.

# Developmental and ACEs Screenings

## Prop 56 Funded Priority

JR

Funds two important screenings for children and adults:

- Development Screening
- ACEs Screening

Enhanced funding for all providers including: FQHCs, RHCs, and Indian Health Services (outside of prospective payment)

- Developmental - \$59.90 per screening (up to three screenings between 9 - 30 months of age)
- ACEs - \$29 once per lifetime for adults or as appropriate for children

Standardized Screening/Testing Coding Fact Sheet for Primary Care Pediatricians: Developmental/Emotional/Behavioral – AAP  
<https://www.dhcs.ca.gov/provgovpart/Documents/Trauma-Screenings-Policy-10.3.pdf>

Prop 56 (Tobacco Tax) Incentive Programs – Detailed Summary

\*MUST bill with Type 1 – individual NPI in one of three available fields, rendering, ordering, prescribing, billing

### Developmental Screening

- CPT - 96110, with modifier for autism screening
- Three screens per child
- Can be non-provider screening
- When performed with E/M code a 25 modifier should be used with the E/M code OR a 59 modifier to the 96110
- \$59.90
- Screening tool - listed in notice

### ACEs Screening

- CPT G9919 - positive (4+) and recommended f/u and G9920 - negative screen
- Children: PEARLS (age appropriate version)
  - Frequency as appropriate but not more than once per year per provider, per MCP
- Adults up to age 65 - ACEs Screening tool
  - Once in lifetime per provider
  - Excludes dually eligible
- Must complete online training
- \$29 each



# Immunizations for Adolescents Combination 2



# Call to Action in Closing the Gap

Current Immunization activity is not enough to catch up on missed doses in the coming months.

As compared with 2019, in 2020 (CA Department of Public Health May 2021) :

- 19% fewer children ages 4 - 6 received a dose of MMR
- 20% fewer adolescents ages 11 - 13 years old received a dose of Tdap

# COVID-19 Vaccination

Advisory Committee on Immunization Practices (ACIP) recommendation Pfizer vaccine for 12 - 15 years of age (May 2021). CDC recommendation to add 5 -11 years of age (Nov. 2021); boosters - 16 and 17 years old.

CDC and AAP: co-administration is permissible with other routine vaccines.

AAP recommends that all children be vaccinated, included those who have been sick or tested positive for COVID-19.



# Immunizations for Adolescents Combination 2

## **Description:**

The percentage of members who turn 13 years of age during the measurement year who had the following immunizations as stated 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 13<sup>th</sup> birthday.

# Immunizations for Adolescents Combination 2

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

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

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

**Note:** With different dates of service at least 146 days apart.

# 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

**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**.

# Medical Record Documentation

## Non- Adherence:

- For meningococcal conjugate, do not count meningococcal recombinant (serogroup B) (MenB) vaccines.
- 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 for QIP reporting.
- Retroactive entries are unacceptable – all services must be rendered and entered on or before the 13<sup>th</sup> birthday.
- Document parental refusal (Z28 code). Counted as non-compliant.

# Exclusions to Immunizations for Adolescents Combo 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 must be a note with the day of the event any time on or before the member's 13<sup>th</sup> birthday.
- ☐ Anaphylactic reaction (due to serum) to the vaccine or its components with a date of service prior to October 1, 2012.
- ☐ **Tdap:** Encephalopathy with a vaccine adverse-effect code anytime on or before the member's 13<sup>th</sup> birthday.
- ☐ Members in hospice.

# Immunizations for Adolescents

## FAQ - PCP QIP

**Question:** What billing codes are captured to meet the Adolescent Immunization measure?

**Answer:**

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

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

**Answer:**

No, these members cannot be excluded.

# Timeline for addressing 2022 and 2023 PCP QIP Measures

2022				2023
Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Q1: Jan - Mar
Year-round: On call system to reduce ED visits; Quick hospital follow-up to prevent readmissions; Control of CHF and COPD to reduce admissions				
<ul style="list-style-type: none"><li>Childhood Immunization Status (0-2 yrs)</li><li>Well-Infant Visits (0-15 months)</li><li>Asthma Medication Ratio</li><li>Controlling High Blood Pressure (18-85 yrs)</li><li>Diabetes Management: HbA1C good control (18-75 yrs)</li><li>Child (Turning 3-11 yrs) and Adolescent Well Care (12-17 yrs) Visits***</li></ul>  				



# California Redwoods







## **Primary Care Provider Quality Improvement Program (PCP QIP)**

# Summary of 2022 QIP

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	70.67%	64.78%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	61.63%	56.81%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	62.53%	55.35%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	43.55%	36.74%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	58.70%	53.93%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	63.66%	59.12%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	45.50%	38.20%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	TBD		6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	76.64%	70.11%	--	--	12 / 9
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	72.81%	66.18%	--	--	12 / 9
✓		✓	Child and Adolescent Well Care Visit	UTILIZATION	3 - 17 YRS	53.83%	45.31%	10 / 8	--	12.5 / 9
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	61.25%	54.92%	10 / 8	--	12.5 / 9

# Child and Adolescent Well-Care Visit

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b> <b>Partial Points</b>	<b>Family Medicine</b>	<b>10 Points</b> <b>8 Points</b>	<b>53.83%</b> <b>45.31%</b>	<b>75<sup>th</sup></b> <b>50<sup>th</sup></b>
<b>Full Points</b> <b>Partial Points</b>	<b>Pediatric</b>	<b>12.5 Points</b> <b>9 Points</b>	<b>53.83%</b> <b>45.31%</b>	<b>75<sup>th</sup></b> <b>50<sup>th</sup></b>

# Counseling for Nutrition for Children/Adolescents and Counseling for Physical Activity for Children/Adolescents

PCP QIP 2022	Measure	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b> <b>Partial Points</b>	<b>Nutrition</b>	<b>Pediatric</b>	<b>12 Points</b> <b>9 Points</b>	<b>76.64%</b> <b>70.11%</b>	<b>75<sup>th</sup></b> <b>50<sup>th</sup></b>
	<b>Physical Activity</b>	<b>Pediatric</b>	<b>12 Points</b> <b>9 Points</b>	<b>72.81%</b> <b>66.18%</b>	<b>75<sup>th</sup></b> <b>50<sup>th</sup></b>

# Immunization for Adolescents Combination 2

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	<b>Family Medicine</b>	<b>7 points</b>	<b>43.55%</b>	<b>75<sup>th</sup></b>
	<b>Pediatric</b>	<b>12 points</b>	<b>43.55%</b>	<b>75<sup>th</sup></b>
<b>Partial Points</b>	<b>Family Medicine</b>	<b>5 points</b>	<b>36.74%</b>	<b>50<sup>th</sup></b>
	<b>Pediatrics</b>	<b>9 points</b>	<b>36.74%</b>	<b>50<sup>th</sup></b>

# Questions





# Best and Promising Practices

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

- ✓ Utilize “flag” alerts in the EMR/HER.
- ✓ Review care gaps daily.
- ✓ Conduct chart scrubbing **prior** to the visit. Leverage CAIR2 data to update charts.
- ✓ Use standardized templates.
- ✓ Use your daily huddle time to brief/communicate.



# Best and Promising Practices

## **Increase Access:**

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



# Best and Promising Practices

## **Increase Access:**

- ✓ Identify and address barriers to care (transportation, language, cultural beliefs).
- ✓ Partner with established community agencies, faith-based organizations.
- ✓ Strengthen partnership with schools and after school programs-clinic days at their site.
- ✓ Consider using an equity approach to increase screening rates for targeted communities. Identify barriers that affect specific communities, and plan interventions to address these barriers.

# Best and Promising Practices

## Communication/Education:

- ✓ Staff - use approved tailored scripts and talking points.
- ✓ In-house training.
- ✓ Communication - portals, texts, and/or calls.
- ✓ Outreach to those “no-show” and repeat cancellations.
- ✓ Have handouts attached to well child templates.



# Best and Promising Practices

## **Communication/Education:**

- ✓ Use all visits as teachable moments to increase well visits and health literacy.
- ✓ Use approaches that align with your demographics.
- ✓ Patient information: ensure information is consistent, in plain, and person-centered appropriate language.
- ✓ Maximize on-line patient portal.

# Best and Promising Practices

## **Immunization for Adolescents:**

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

*REINFORCE* messaging:

It is part of the routine immunization schedule.

*REFRAMING:* Now or Never approach

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

Provider recommendation and explanation are essential! Establish rapport – deliver unambiguous recommendations especially with HPV.

Focus ahead on patients turning 13 in future years.

# Best and Promising Practices

## Strengthen Internal Operating Practices:

- ✓ Use California Immunization Registry (CAIR2), ideally with a bi-directional interface between CAIR and your HER.
- ✓ Submit timely claims and encounter data within 90 days. Submit claims sooner - 30 days toward the end of the MY.
- ✓ Use complete and accurate codes.
- ✓ Review operational/clinical work flows.
- ✓ Report back to staff on your progress. **Celebrate success.**
- ✓ Schedule a standing meeting with your QI staff to review the resources offered by PHC.



# Best Practices - Screening

- Utilize EHR portal to complete screening/surveys prior to visit.
- Alternatively have members arrive 15 minutes prior to appointment to complete screenings.

# Strategy for eReports

## QIP - eReports

Log Out



"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."

GROUP NAME:

Remove Impersonation

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)
Child and Adolescent Well Care 2021	20.53 %	39	190	NA	NA	47.54%	91/39	NA	NA
Asthma Medication Ratio 2021	45.83 %	11	24	NA	NA	63.58%	16/11	68.52%	17/11
Breast Cancer Screening 2021	35.63 %	31	87	NA	NA	58.67%	52/31	63.98%	56/31
Cervical Cancer Screening 2021	42.78 %	160	374	NA	NA	60.65%	227/160	66.49%	249/160
Childhood Immunization Status CIS 10 2021	17.65 %	3	17						
Colorectal Cancer Screening 2021	33.33 %	82	246						
Controlling High Blood Pressure 2021	40.28 %	29	72						
Diabetes - HbA1C Good Control 2021	47.83 %	22	46						

### QIP Member Reports

Select a measure: Child and Adolescent Well Care 2021

Select a PCP:

☐ Numerator ☒ Denominator

Apply Filter and Display Report

Clear

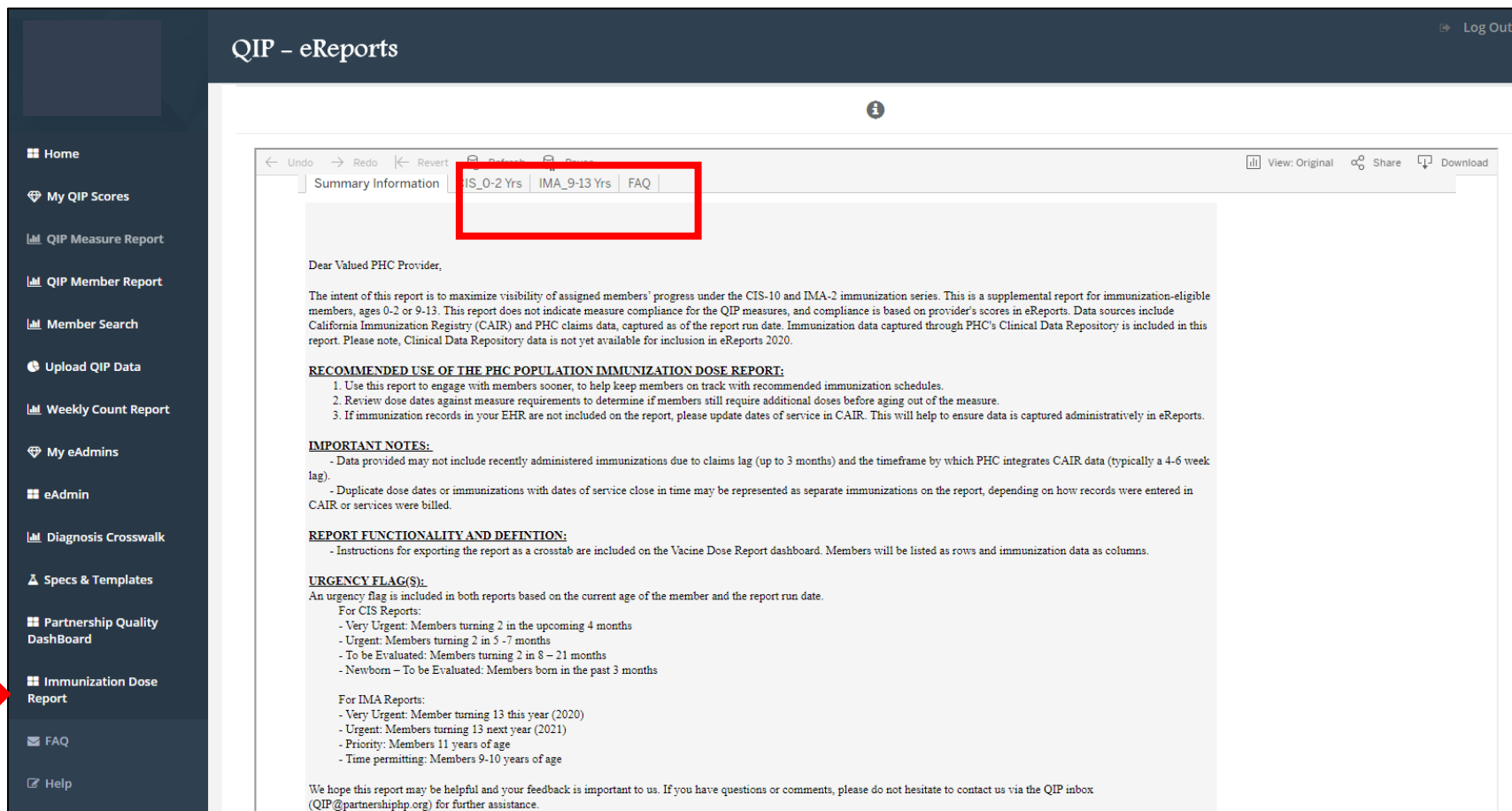
Number of members displayed for the selected measure: 190

Export Data Sources

Refresh

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	DOS	PCP	NewMember	Details
Denominator										N	<a href="#">Details</a>
Denominator										N	<a href="#">Details</a>
Denominator										N	<a href="#">Details</a>

# Immunization Dose Reports - On Demand



**QIP - eReports** Log Out

**Home**

- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- eAdmin
- Diagnosis Crosswalk
- Specs & Templates
- Partnership Quality DashBoard
- Immunization Dose Report**
- FAQ
- Help

**Summary Information** | **IS\_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

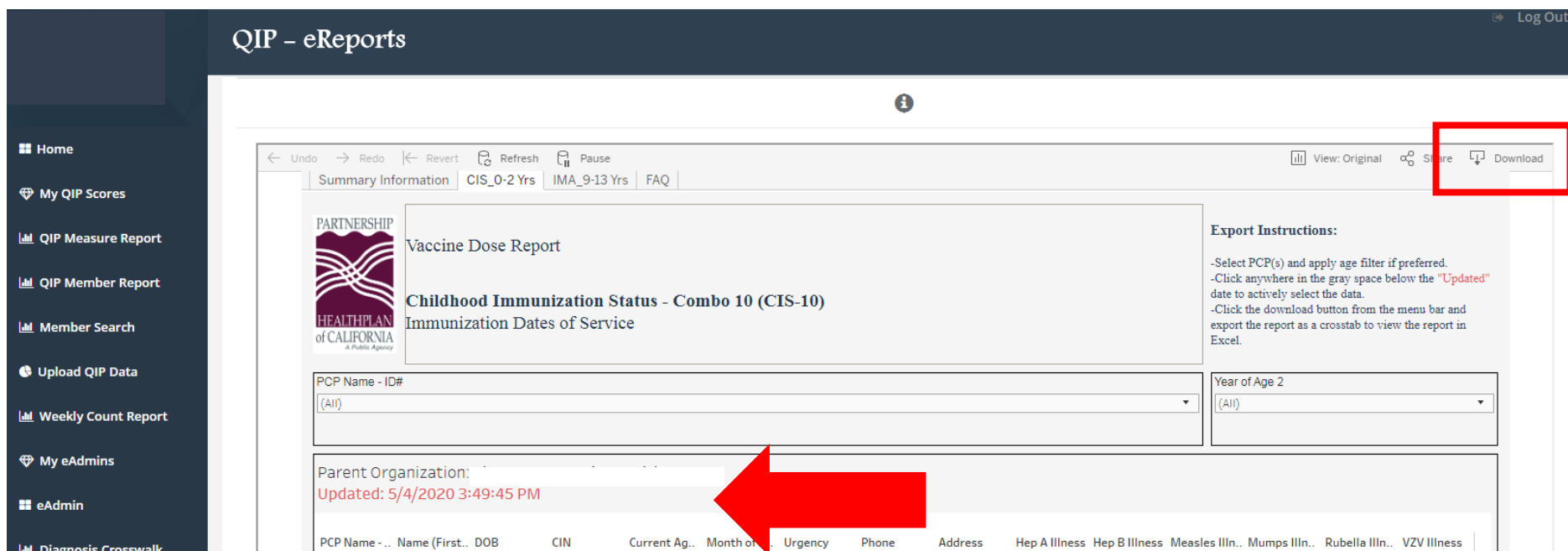
**For IMA Reports:**

- 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 interface. On the left is a dark sidebar with navigation links: 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 is titled "QIP - eReports" and contains a "Vaccine Dose Report" section. This section includes a "Childhood Immunization Status - Combo 10 (CIS-10)" report with "Immunization Dates of Service". Below this are two dropdown menus: "PCP Name - ID#" and "Year of Age 2", both set to "(All)". A red arrow points to the "Parent Organization:" field, which shows "Updated: 5/4/2020 3:49:45 PM". At the bottom, there is a table header 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 of the report area, there is a "Download" button highlighted with a red box. Above this button are icons for "View: Original", "Share", and "Download".

# Voices from the Field



# Voices from the Field

FM

## **Presenter:**

**Constance Mitchell  
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PHN**

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# Questions





# Best and Promising Practices

Commit to one change you will test in your practice site to make Child and Adolescent Well-Care Visits (3 - 17 years), Screenings, and Immunizations for Adolescents adherence an easier choice for members/patients



# Upcoming Trainings / Events

FM

## Accelerated Learning Education Program

The Accelerated Learning webinars are designed to enhance learning on a subgroup of measures that are part of our Primary Care Provider Pay for Performance Program (PCP QIP).

***CME/CE credits are available for each session.***

- **March 1** - Diabetes Management HbA1C Good Control
- **March 15** - Controlling High Blood Pressure
- **April 12** - Early Cancer Detection (Cervical, Breast, and Colorectal Cancer Screening)
- **June 7** - Pediatric Health: A Cluster of Services for 0 - 2 Years Old
- **July 12** - Pediatric Health: Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents

## Let's Talk - Advance Care Planning

- **March 2 and March 3** - *limited to 40 attendees*

Registration for all courses can be accessed here:

[http://www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)

# Quality Improvement Trainings

## On-Demand Courses

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

### Webinars



PHC provides resources and webinars to help our providers improve performance across a variety of clinical, operational and patient experience metrics.

[Click Here for On Demand Courses](#)

- Accelerated Learning
- PCP QIP High Performers - How'd They Do That?
- Project Management 101
- Tools for Prioritizing Quality Measures
- Understanding the Benefits Delivery System

# PHC Resources

## **QI/Performance Team:**

[ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org)

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

## **2022 PCP QIP Webpage:**

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

# 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>
- ❑ 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>
- ❑ California Immunization Registry (CAIR) <http://cairweb.org/how-cair-helps-your-practice/>

# Resources

- ❑ <https://www.niaaa.nih.gov/alcohols-effects-health/professional-education-materials/alcohol-screening-and-brief-intervention-youth-practitioners-guide/resources>
- ❑ <http://crafft.org/>

# Summary of 2022 QIP

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	70.67%	64.78%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	61.63%	56.81%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	62.53%	55.35%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	43.55%	36.74%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	58.70%	53.93%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	63.66%	59.12%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	45.50%	38.20%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	TBD		6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	76.64%	70.11%	--	--	12 / 9
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	72.81%	66.18%	--	--	12 / 9
✓		✓	Child and Adolescent Well Care Visit	UTILIZATION	3 - 17 YRS	53.83%	45.31%	10 / 8	--	12.5 / 9
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	61.25%	54.92%	10 / 8	--	12.5 / 9



# Summary of 2022 QIP

PRACTICE TYPE			NON-CLINICAL				FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS					FAMILY	INTERNAL	PEDS
ACCESS AND OPERATIONS									
✓	✓	✓	Ambulatory Care Sensitive Admissions	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5 / 4	5 / 4	--	
			Risk Adjusted Readmission Rate	FULL POINT TARGET TBD	PARTIAL POINT TARGET TBD	5 / 4	5 / 4	--	
APPROPRIATE USE OF RESOURCES									
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5 / 4	5 / 4	5 / 4	
PATIENT EXPERIENCE									
✓	✓	✓	Patient Experience	CAHPS	ACCESS	COMMUNICATIONS	10 / 8	10 / 8	10 / 8
					FULL POINTS 50TH Percentile 47.62%	FULL POINTS 50TH Percentile 75.17%			
					PARTIAL POINTS 25TH Percentile 43.17%	PARTIAL POINTS 25TH Percentile 70.97%			
				SURVEY OPTION	FULL POINTS	PARTIAL POINTS	10 / 8	10 / 8	10 / 8
PARTS 1 AND 2	PARTS 1 OR 2								

# Summary of 2022 QIP

UNIT-OF-SERVICE				
PRACTICE TYPE			MEASURE	CRITERIA
FAMILY	INTERNAL	PEDS		
✓	✓		Advance Care Planning Attestations	Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for: • \$100 per Attestation, maximum payment \$10,000. • \$100 per Advance Directive/POLST, maximum payment \$10,000
		✓	Extended Office Hours	Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification).
✓	✓	✓	PCMH Certification	\$1,000 yearly for achieving or maintaining PCMH accreditation.
			Peer-led Self-Management Support Groups (both new and existing)	\$1,000 per group (Maximum of 10 groups per parent organization).
✓	✓	✓	Health Information Exchange	One time \$3000 incentive for signing on with a local or regional health information exchange; Annual \$1500 incentive for showing continued participation with a local or regional health information exchange. The incentive is available once per parent organization.
			Initial Health Assessment	\$2,000 per parent organization for submitting all required parts of improvement plan regardless of visit volume.
✓	✓	✓	Health Equity	\$2000 per parent organization for submission of proposed plan to adopt internal best practices supporting a Health Equity initiative.
			Tobacco Screening	\$5,00 per tobacco use screening or counseling of members 11- 21 years of age after 3% threshold of assigned members screened.
✓		✓	Blood Lead Screening	Tier 1-3, \$1000, \$3000, \$5000 per parent organization for the number of children between 24 to 72 months who had capillary or venous lead blood test for lead poisoning.
			Dental Varnish	\$1,000 per parent organization for submission of proposed plan to implement fluoride varnish application in the medical office.

# Claims Companion

CLINICAL DOMAIN						
PRACTICE TYPE			MEASURE	CODING	NUMERATOR CODING RULES	NUMERATOR COMPLIANCE
FAMILY	INTERNAL	PEDS				
✓	✓	✓	Asthma Medication Ratio	REFERENCE MEASURE(S) CODE-SET IN eREPORTS DIAGNOSIS CROSSWALK	REFERENCE DETAILED SPECIFICATIONS - IN eREPORTS	CLAIMS & PHARMACY DATA ONLY NO eREPORTS UPLOAD AVAILABLE
✓	✓		Comprehensive Diabetic Care - HbA1c Control			eREPORTS UPLOAD - ADHERE TO UPLOAD SCHEDULE
✓	✓		Controlling High Blood Pressure			
✓		✓	Immunization for Adolescents - Combination 2			
✓	✓		Breast Cancer Screening			
✓	✓		Cervical Cancer Screening			
✓		✓	Childhood Immunization Status - Combination 10			
✓	✓		Colorectal Cancer Screening			
		✓	Counseling for Nutrition for Children/Adolescents			
		✓	Counseling for Physical Activity for Children Adolescents			
✓		✓	Child and Adolescent Well Care Visit			
✓		✓	Well Child Visits in the First 15 Months of Life		ADHERE TO 14-DAY RULE (IN-BETWEEN DATES OF SERVICE)	

# Evaluations

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



# Contact Us

## **Regional Medical Director, Northwest Region**

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## **Quality Improvement Advisor:**

Flora Maiki, MHA ([fmaiki@partnershiphp.org](mailto:fmaiki@partnershiphp.org))

## **QI/Performance Team:**

[ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org)

# References

## **References:**

*National Committee on Quality Assurance (NCQA) HEDIS® Measurement Year 2020 and Measurement Year 2021 Vol 2 Technical Specifications for Health Plans. 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)

Centers for Disease Control and Prevention (CDC): Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020.

[WWW.Crafft.org](http://WWW.Crafft.org)

CDC and AAP:(<https://www.aappublications.org/news/2021/05/12/cdc-aap-pfizer-covid-vaccine-teens-051221>)

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. The Needs to Optimize Adolescent Immunization, American Academy of

Pediatrics: <https://pediatrics.aappublications.org/content/139/3/e20164186>