

Performance Improvement Team presents:

Accelerated Learning Education Program

Pediatric Health: A Cluster of Services for 0-2 Year Olds

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Agenda

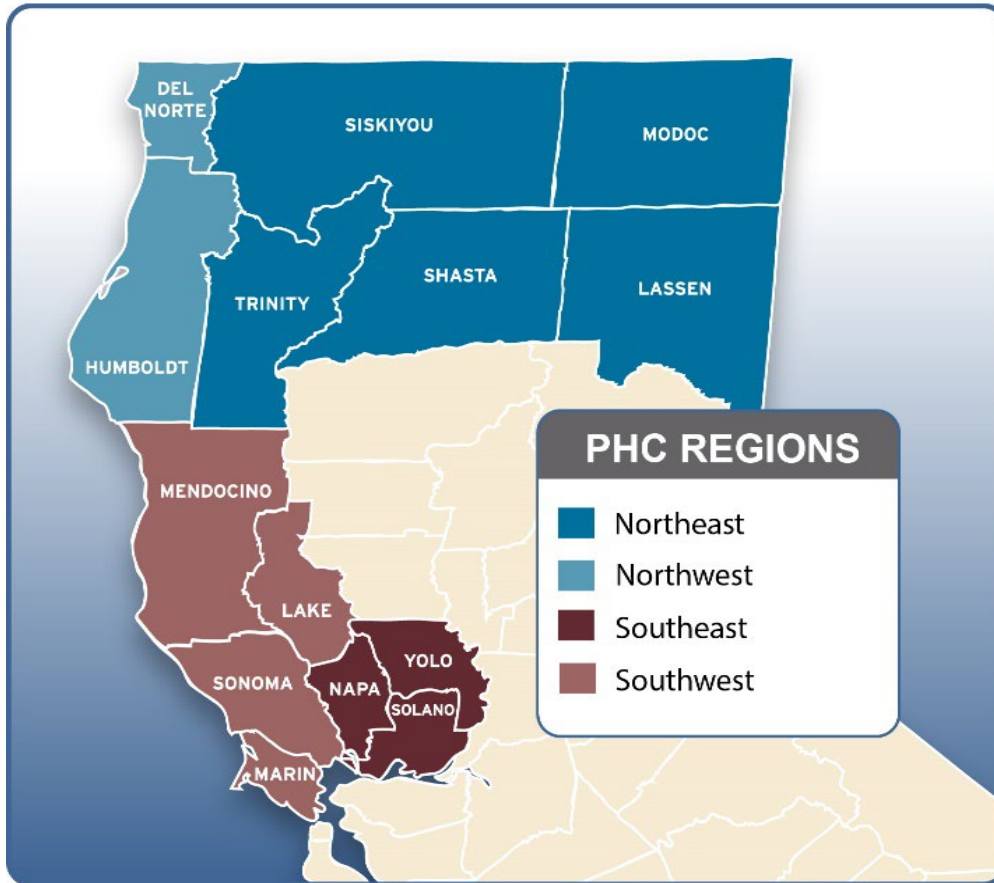
- Accelerated learning education program 2022 sessions
- Overview of clinical measures
 - Clinical Significance and Background
 - Specifications
 - Threshold Definitions
- Review and share of best and promising practices
- Resources/offerings
- Voices From The Field
- Questions
- Evaluation and CME/CE Credit

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 ages 0-2.
- Understand the recommended screenings: *Blood Lead Screening, Dental Fluoride Varnish Use, and other age appropriate screenings*
- 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.

About Us



Southeast: Solano, Yolo, Napa

Southwest: Sonoma, Marin, Mendocino, Lake

Northeast: Lassen, Modoc, Siskiyou, Trinity, Shasta

Northwest: Humboldt, Del Norte

About Us

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

Accelerated Learning Program

- Pediatric health: A cluster of services for ages 0-2
- Pediatric health: Child and adolescent well-care visits (3-17 years)
- Early cancer detection (cervical, breast, and colorectal Screening)
- Controlling high blood pressure
- Diabetes management HbA1C good control

Summary of 2022 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	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		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

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



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, 2020, and December 31, 2020.

Childhood Immunization Status Combo 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

- **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)**

Knowledge Check

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

True

False

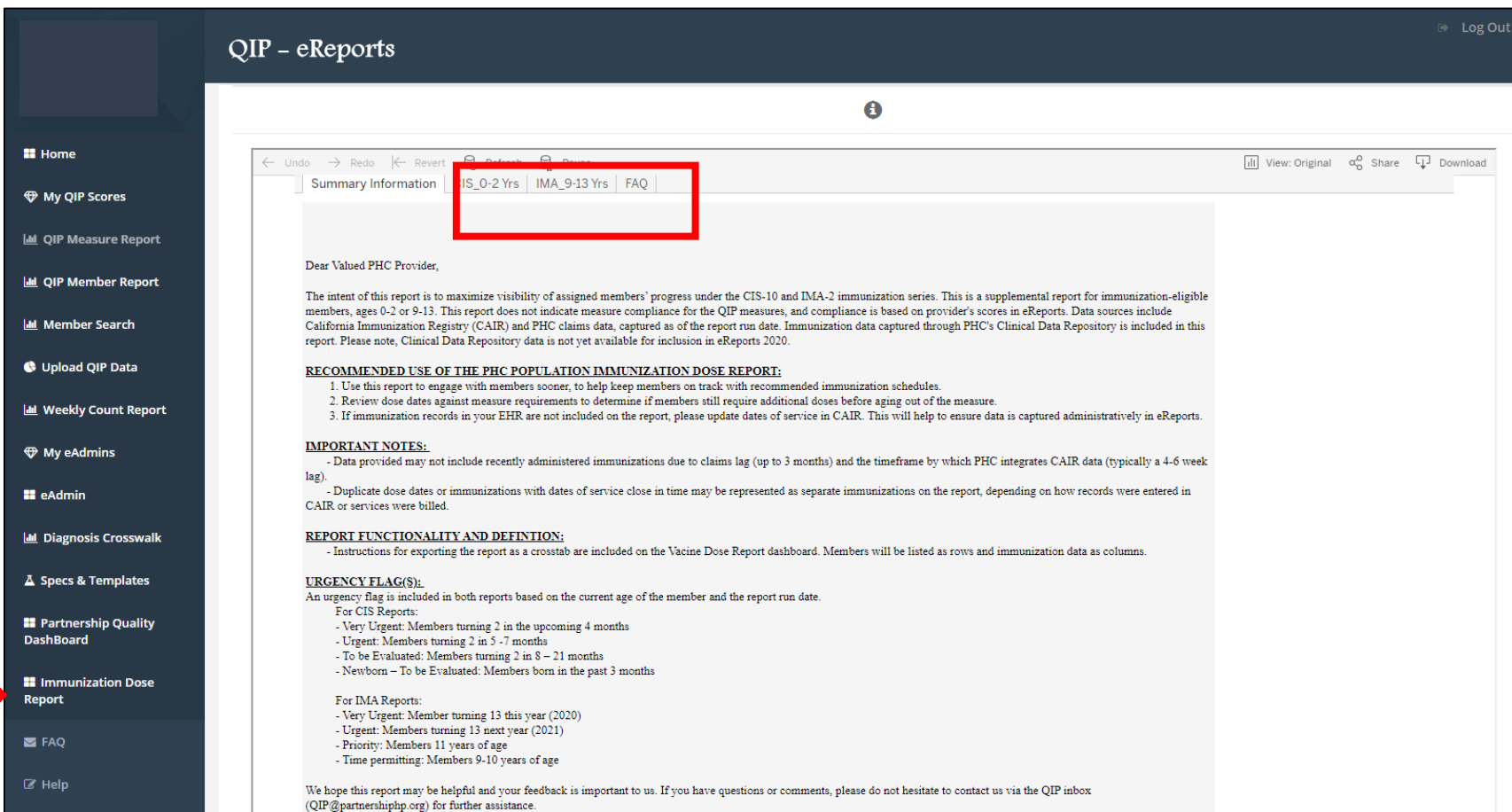


Childhood Immunization Status Combo 10 PCP QIP 2022

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<u>PCP QIP 2022</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family	7 Points	45.50%	75 th
	Pediatric	12 Points		
Partial Points	Family	5 Points	38.20%	50 th
	Pediatric	9 Points		

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 | **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

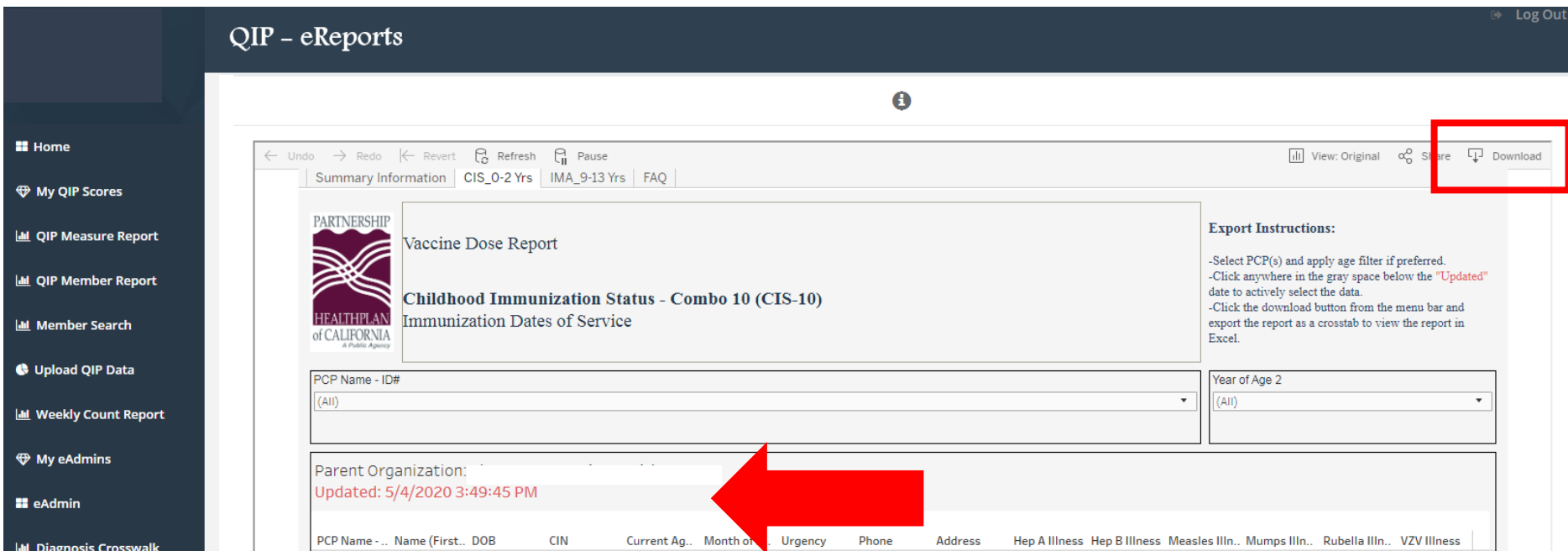
For IMA Reports:

- 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 is titled 'Vaccine Dose Report' and 'Childhood Immunization Status - Combo 10 (CIS-10) Immunization Dates of Service'. It includes a toolbar with 'Undo', 'Redo', 'Revert', 'Refresh', and 'Pause'. Below the toolbar are tabs for 'Summary Information', 'CIS_0-2 Yrs', 'IMA_9-13 Yrs', and 'FAQ'. A red box highlights the 'Download' button in the top right corner. Below the report title, there are two dropdown menus for 'PCP Name - ID#' and 'Year of Age 2', both set to '(All)'. A red arrow points to the 'Updated: 5/4/2020 3:49:45 PM' timestamp. At the bottom, a table header is visible 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'.

Childhood Immunization Combo 10 FAQ - PCP QIP

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

Answer: 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

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

Answer:

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

Question: What billing codes are captured to meet the Childhood 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.

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.

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

Exclusions

Children in hospice (mandatory exclusion).

Telehealth and Well-Child Visits

- NCQA is 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. PCP QIP accepted through the end of 2022.
- **NOTE:** Now that COVID levels have dropped, PHC expect that pediatric preventive visits will be done in person, in whole or in part. This is the standard by AAP and DHCS.
- 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.

Well-Child Visits in the First 15 Months of Life 2022 PCP QIP

<u>PCP QIP</u> <u>2022</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family	10 Points	61.25%	75 th
	Pediatric	15 Points		
Partial Points	Family	8 Points	54.92%	50 th
	Pediatric	11 Points		

Well-Child Visits in the First 15 Month of Life FAQ - PCP QIP

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

Answer: 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.

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

Answer:

1. We recommend 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.

Question: Is Blood Lead Screening a PCP QIP measure?

Answer: Yes, it is a Unit of Service measure and a DHCS requirement for PCPs to screen for lead exposure in children. Please continue to screen!

Knowledge Check

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



Steps in Well-Child Coding Algorithm

JR

Services	Notes	CPT Code	Comments
Pediatric Preventive Care Visit	All preventive care visits should include surveillance	99381-99394 (EPSDTa)	
Developmental Screening	The expectation is that the screening tool will be completed by a parent or non-physician staff member and reviewed by the physician	96110	
Developmental/medical evaluation	If performed by the physician as an outpatient office visit	99211-99215b or 96110; or 96111 if objective developmental testing is performed	99214 is used for evaluations performed by the physician that are detailed and moderately complexed or at least 25mins) 99215 is used for evaluations that are comprehensive or take >40 mins 99244 is used for “moderate activities” of up to 60mins 99245 is utilized for “high” activity of up to 80mins
Outpatient Consultation	Typically performed by a tertiary, local out-of-office referral source or referring physician	99241-99245 these codes include “reporting” of the consulting physician, if completed by letter or office notes	The request for consultation must be recorded in the patient's chart; services/procedures and consulting physician's impressions must be recorded; time spent counseling and coordinating care should be specifically documented



Steps in Well-Child Coding Algorithm

JR

Services	Notes	CPT Code	Comments
	If a more extensive report is developed, this code is used; these costs may not be reimbursable	99080	
Developmental disorder identified	For follow-up visits with the patient and parents to complete the consultation or to discuss the results of the initial consultation	99211-99215c	
Identify as a child with special health care needs, initiate chronic condition management	Children with special health care needs are likely to require expanded time and a higher level of medical decision-making	99211-99215	these codes may be reported using time alone as the factor if more than half of the reported time is spent in counseling
Prolonged services	At any point during the algorithm when outpatient office or consultation codes are used, prolonged physician service codes may be reported in addition when visits require considerably more time than typical for the base code alone	99354	For first 30-74min of outpatient face-to-face prolonged services
		99355	For each additional 30min
		99358	For first 30-74 min of non-face-to-face prolonged services
		99359	For each additional 30min
Extended developmental testing/evaluation	Used for extended developmental testing typically provided by the medical provider (up to 1hr)	96111	Reported in addition to evaluation and management (E/M) services provided on the same date

Screening Tools

96110

Developmental screening (i.e., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

SWYC: Milestones

Ages & Stages Questionnaires-3 (ASQ-3)

Parents' Evaluation of Developmental Status (PEDS)

PEDS: Developmental Milestones Screening Version

Modified Checklist for Autism in Toddlers (M-CHAT)

Screening Tools

96127

Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Baby & Preschool Pediatric Symptom Checklist (SWYC)

Ages and Stages Questionnaire: SocialEmotional-2 (2015)

Edinburgh Maternal Depression

Patient Health Questionnaire (PHQ)—9

Screen for Child Anxiety Related Disorders (SCARED)

Spence Children's Anxiety Scale (SCAS)

CAGE-AID & CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)

Vanderbilt ADHD Diagnostic Rating Scales

Screenings and New Measures

- Dental fluoride varnish use
- Lead screening in children
- Developmental screening in the first three years of life
- Audiological diagnosis no later than three months of age
- Appropriate treatment for children with upper respiratory infection
- Percentage of eligibles who received preventive dental services

Dental Fluoride Varnish Use

- Percentage of members 6 months to 5 years of age within the PCP, Family or Pediatric practice having at least one or more dental varnish application during the MY.
- Incentives with PCP QIP
 1. Parent organization submission of proposed plan to implement fluoride varnish application in the medical office - \$1,000 per parent organization.
 2. Minimum 2% of the sites assigned members must receive fluoride varnish. The incentive amount for reaching this threshold is \$5 per application.

Note: PHC will extract claims data within the measurement year recognizing the following codes:

- 99188 (non-dental practitioner)

Lead Screening in Children

- The number of children between 24-72 months who had one or more capillary or venous blood lead test for lead poisoning in the lifetime of the member
- Incentives with PCP-QIP
 - Minimum of 50 lead screens performed anytime in the past 60 months on the following incentive tiers:
 - Tier 1: Minimum lead screening - \$1,000
 - Tier 2: Lead screening rate of 50%, and at least 15% RI of 2021 lead screenings - \$3,000
 - Tier 3: Lead screening rate > 75% - \$5,000

Note: PHC will extract claims data within the measurement year recognizing the following codes:

- CPT: 83655
- LOINC codes: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Developmental Screening in the First Three Years of Life

- The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday
- CPT Code: 96110 billed in the 12 months prior to birthday
- If site qualifies, can also receive Prop 56 bonus (\$29/screen)

Audiological Diagnosis No Later Than Three Months of Age

- Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than 3 months of age (90 days)
- Hearing screening results indicate Fail/Refer (denominator population) and have an audiological diagnosis:
 - SNOMED-CT equals Hearing Normal 164059009
 - Permanent Conductive 44057004
 - Sensorineural 60700002
 - Mixed 77507001
 - OR Auditory Neuropathy Spectrum Disorder 443805006
- AND Age of diagnosis is less than 91 days at the time of diagnosis

Appropriate Treatment for Children With Upper Respiratory Infection

- Percentage of children 3 months – 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode

Percentage of Eligibles Who Received Preventive Dental Services

- Percentage of individuals ages 1 to 20 years who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service
- Numerator: Individuals receiving at least one preventive dental service as defined by HCPCS codes D1000-D1999 (or equivalent CDT codes D1000-D1999 or equivalent CPT codes)

Questions



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, 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.



Upcoming Trainings / Events

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.

- **February 15 and July 12** - Pediatric Health: Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents
- **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

Project Management 101 webinars

This two-session webinar introduces concepts and tools used in project management. Participants will learn project management principles and tools used in each phase of managing a project successfully.

- **January 26** - Session 1 and **February 2** - Session 2

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

Q & A

What questions do you have for us?



PHC Resources

QI/Performance Team: ImprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2022 PCP QIP Webpage:

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

References:

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

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.

American Academy of Pediatrics Guidelines for Health Supervision at 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

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 MEDI-CAL MANAGED CARE HEALTH PLANS

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Evaluation

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

