



Childhood Immunization: A Closer Look

Presenters:

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Training Objectives

- How to earn points - PCP QIP on CIS-3
- Measure specifications
 - CIS-3
 - CIS-10
- Best practices and how to avoid pitfalls
- PHC Immunization Dose Report

Our Challenge

Source: CA Dept. of Public Health, Immunization Branch 2017-18 Kindergarten Iz Rates

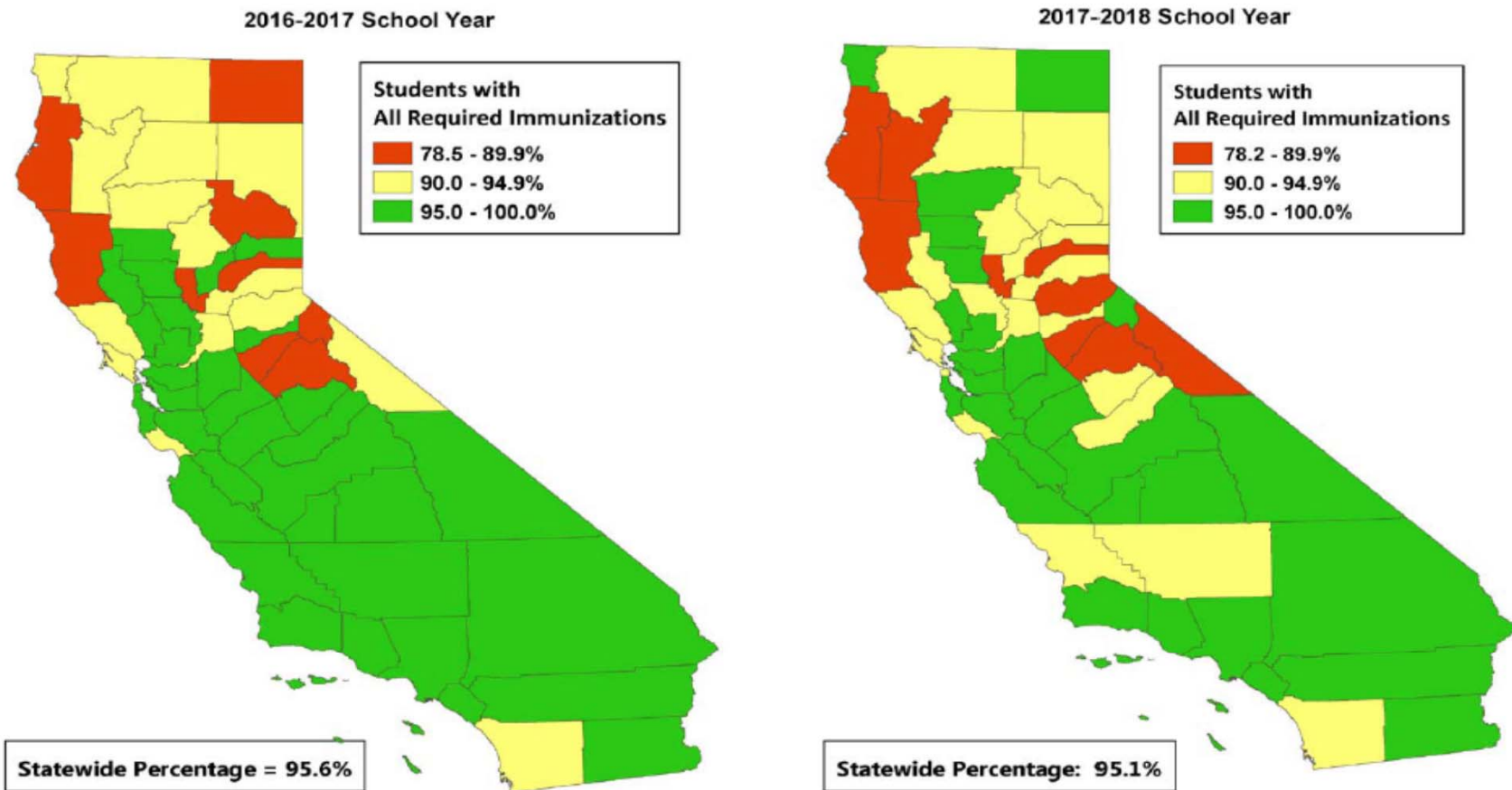
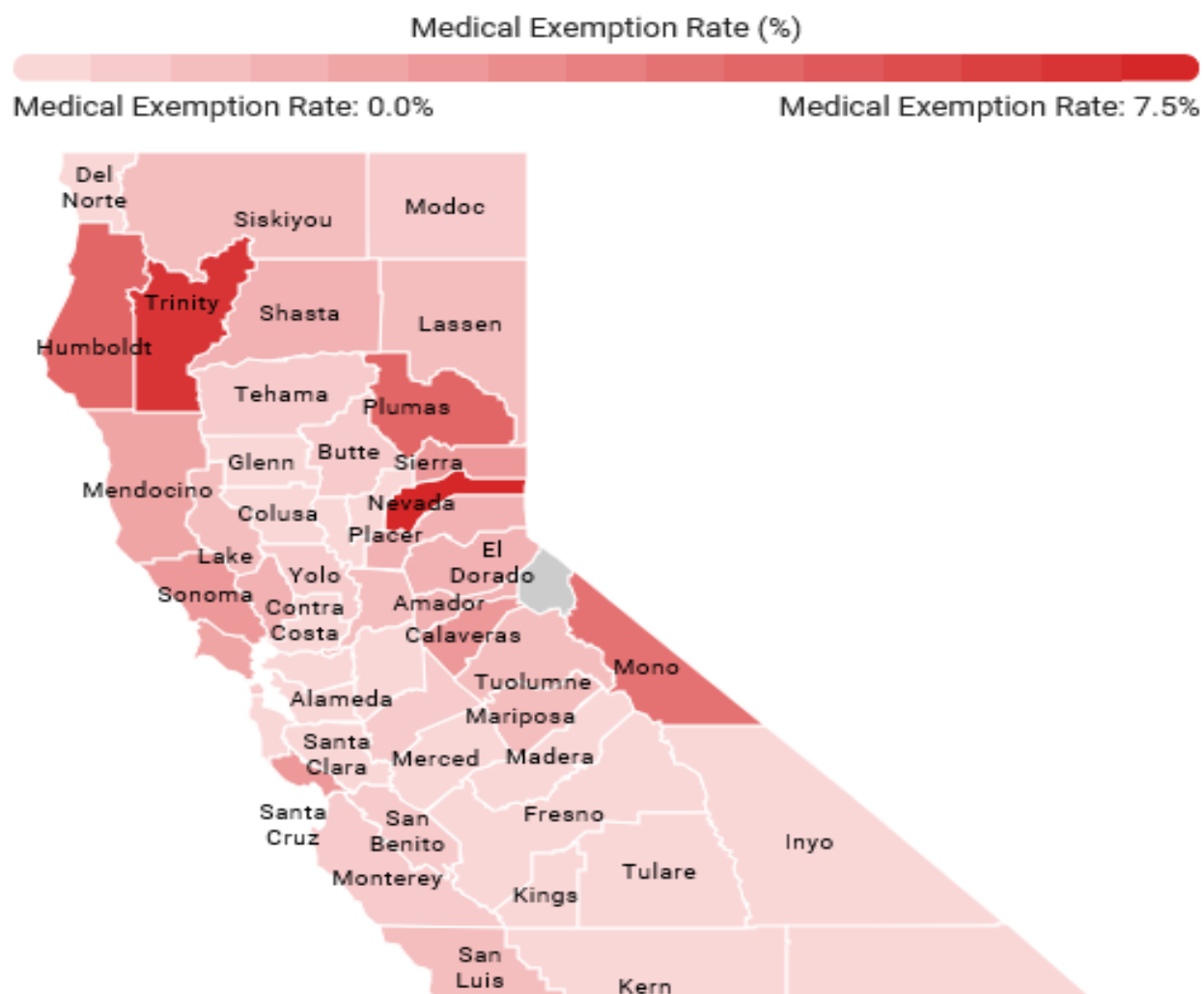


Figure 9. Kindergarten Students with All Required Immunizations, by County, 2016-2017 and 2017-2018 School Years
See pages 3 and 4 for additional information.

Medical Exemptions on the Rise



Source: [California Department of Public Health](#)

QIP Specifications: CIS – 3

Numerator: Number of members who received the following vaccines before their 2nd birthday:

Dosage	Abbreviation	Description
3	(HepB)	Hepatitis B
4	(DTaP)	Diphtheria, Tetanus and acellular Pertussis
At Least 3	(Hib)	Haemophilus Influenza type B
3	(IPV)	Polio
4	(PCV 13)	Pneumococcal conjugate vaccine
1	(MMR)	Measles, Mumps, and Rubella
1	(Varicella)	Chickenpox

Denominator: Number of continuously enrolled Medi-Cal members that turn 2 years old in the MY

2019 Targets & Thresholds

Point Type	Practice Type/ Points		Rate	Percentile
Full Points	Family	10	74.70%	90th
	Pediatric	15		
Partial Points	Family	5	70.8%	75th
	Pediatric	7.5		
Relative Improvement	must meet the minimum performance threshold (50 th percentile)			
-				

CIS - 3

Numerator:

Follow the recommended vaccination schedule:

- **DTap: 4**
- **IPV: 3**
- **HiB: 3**
- **PCV: 4**

On or before the child's 2nd birthday, document vaccine and dates of service for each vaccine dose

AND

- **Hepatitis B:**

3 HepB vaccines with different dates of service and/or history of hepatitis illness. **Note:** First HepB may be given “at birth” administered by the hospital

AND...

CIS - 3

Numerator (continued):

- **MMR:**

- 1 MMR vaccine with a date of service **between the child's first and second birthday**, **or**
- 1 measles and rubella vaccine AND one mumps vaccine or history of the illness on or before the child's 2nd birthday

AND

- **Chickenpox VZV:**

- 1 VZV vaccine, with a date of service **between the child's first and second birthday** **or** history of varicella illness

Important Documentation Tips:

- **Hepatitis B:** the only childhood vaccine administered prior to 42 days after birth.
 - Documentation in the medical record indicating immunization “at delivery” or “in the hospital” **including** date of immunization may be counted. This information can be contained in hospital records, or CAIR (California Immunization Registry).
- **Documented History of Illness:** can be noted in the medical record by listing the date of the event, which must have occurred by the member’s 2nd birthday

Important Documentation Tips (Continued)

- A note that the “member is up to date” with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for QIP reporting
- Document parental refusal to vaccinate (Z28 code)
(Not a Exclusion for QIP)

CIS- 3 and CIS -10 Comparison

Vaccine	Dispense Count	CIS - 3	CIS - 10
Hep B	3	x	x
Rotavirus (RV)	2 or 3	(no)	x
DTP/DTaP	4	x	x
Hib	3	x	x
PVC	4	x	x
IPV	3	x	x
Influenza (annual)	2	(no)	x
MMR	1	x	x
VZV Chickenpox	1	x	x
Hep A	1	(no)	x



Two Vaccines to Focus on First

Rotavirus

- RV5: 3 doses: 2 mo, 4 mo & 6 mo
- RV1: 2 doses: 2 mo & 4 mo
- Scheduling of vaccine can be a challenge.
- First dose of either vaccine must be given before **15 weeks of age**
- All doses should be completed by 8 months

Influenza

- Two doses given by age 2

CDC Recommended IZ Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	
HepB	HepB			HepB							
	RV	RV	RV								
	DTaP	DTaP	DTaP		DTaP				DTaP		
	Hib	Hib	Hib	Hib							
	PCV13	PCV13	PCV13	PCV13							
	IPV	IPV	IPV						IPV		
			Influenza(Yearly)*								
				MMR					MMR		
				Varicella					Varicella		
				HepA§							

Range of recommended ages for all children

Source: Center for Disease and Control Prevention



Best Practices – Create a System

- **Establish a system (preferably electronic) to track immunizations from birth**
 - Schedule Well Child appointment before the child leaves the office
 - Ensure the next appointment falls within the recommended timeframe of the CDC schedule

Best Practices - Maximize Opportunities

- **Set up a system that supports EVERY visit as a vaccination opportunity:**
 - For each child's scheduled appointments (well, sick and follow-up visits) review and assess vaccine status
 - Give all eligible vaccines in the same visit



Best Practices - Engage

- **Voice your strong support of immunization**
 - Confident recommendation and education by a healthcare professional is the main reason parents decide to vaccinate
- **Encourage parents with welcoming questions**
- **Remind parents about upcoming appointments**
 - Give reminders by phone, text, email, or postcard
 - Utilize your EHR patient portal for reminders and follow-up
 - Encourage parents to download the app

Other Strategies to Consider

- Offer immunization-only clinics at alternate times and advertise them
- Implement standing orders
- Use the CDC catch-up immunization schedule
- Ensure clinic staff have a in-depth knowledge and are up to date with the immunization schedule
- Participate in state vaccine registry
- Partner with local schools to educate parents

Partnership Health Plan Immunization Dose Report



Immunization Dose Reports

- Provides Population-Wide View of all IZs
 - Does not require looking up each member individually
- Allows for further analysis of trends and identification of gaps
- Serves as a great start for auditing:
 - Doses not in CAIR
 - Doses not billed
 - Identification of doses given from other providers

Example Report

Name	DOB	DTAP 1	DTAP 2	DTAP 3	DTAP 4	HepB 1	HepB 2	HepB 3
Minnie Mouse	1/1/2017	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17
Mickey Mouse	1/2/2017	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17
Goofy Dog	1/3/2017	5/5/17	9/15/17			5/5/17	9/15/17	12/15/17
Pluto Dog	1/4/2017	5/5/17	9/15/17	12/15/17		5/5/17	9/15/17	12/15/17
Daisy Duck	1/5/2017	5/5/17	9/15/17			5/5/17	9/15/17	12/15/17

- Report will include assigned members turning 2 in 2019 and 2020
- Providers are encouraged to check doses against their own records and update CAIR and bill accordingly, in addition to targeting members for compliance
- Dosage dates listed are based on claims as well as CAIR data feed:
 - PHC's CAIR feed occurs each 4-6 weeks (recent IZ's may not be included)

Example Report (continued)

Best Practice Recommendation

Name	DOB	Status	DTAP 1	DTAP 2	DTAP 3	DTAP 4	HepB 1	HepB 2	HepB 3	HIB 1	HIB 2	HIB 3	MMR 1
Minnie Mouse	1/1/2017	Compliant	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Mickey Mouse	1/2/2017	Too late	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	
Goofy Dog	1/3/2017	Too late	5/5/17	9/15/17			5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Pluto Dog	1/4/2017	Target now	5/5/17	9/15/17	12/15/17		5/5/17	9/15/17	12/15/17	5/5/17	9/15/17		8/23/18
Daisy Duck	1/5/2017	Too late	5/5/17	9/15/17			5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	
Donald Duck	1/6/2017	Compliant	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Chip Chipmunk	1/7/2017	Compliant	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Dale Chipmunk	1/8/2017	Too late	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Miss Piggy	1/9/2017	Too late	5/5/17				5/5/17			5/5/17			
Papa Smurf	1/10/2017	Target now	5/5/17	9/15/17	12/15/17		5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	
Daffy Duck	1/11/2017	Target now	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Rainbow Bright	1/12/2017	Too late											
Cabbage Patch	1/13/2017	Compliant	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17	9/15/17	12/15/17	5/5/17	9/15/17	12/15/17	8/23/18
Power Ranger	1/14/2017	Too late	5/5/17	9/15/17	12/15/17	8/23/18	5/5/17			5/5/17	9/15/17	12/15/17	
Taz Devil	1/15/2017	Target now	5/5/17	9/15/17	12/15/17		5/5/17	9/15/17	12/15/17	5/5/17	9/15/17		

Add a column and categorize members:

- Who is already compliant?
- Who is too far behind?
- Who else can become compliant?



Example Report (continued)

How this report is different from eReports

- Includes members turning 2 in current and future year (2019 and 2020)
 - Provides insights to identify gaps in the 1st year of life
- Reflects dates of service based only on claims and CAIR data feed
 - If the dates of service exist only in a provider's EHR, PHC will not have the data on file
 - If dates of service are uploaded into eReports, this will not translate to PHC records, as PHC cannot use QIP upload data for HEDIS compliance
- Data included in report reflects all dose data that PHC receives:
 - For example – If a DOS billed for the 4th PVC is different from the CAIR date (i.e. billed as 3/1/19 and CAIR feed provides 3/7/19), both dates will appear on report

How to Request the Dose Reports

**QIP Inbox –
qip@partnershiphp.org**

Upcoming Webinars

Advanced Access

- Advanced Access is designed to establish and refine the empanelment process; optimize care teams; improve clinical outcomes; and increase patient, provider, and staff satisfaction.

Date and Time: 12:00 pm – 1:00 pm

April 24, 2019

June 4, 2019

May 7, 2019

June 18, 2019

May 21, 2019

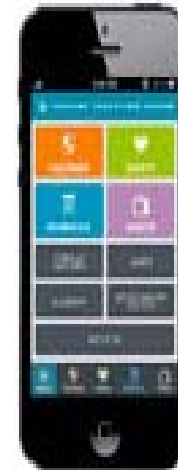
Register:

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



Resources

- PHC Quality Measure Highlight - CIS-10
- CDC Recommended Schedule Link:
<https://www.cdc.gov/vaccines/schedules/index.html>
- California Immunization Registry (CAIR)
<http://cairweb.org/how-cair-helps-your-practice/>
- Brochures, websites, blogs, testimonies:
<http://www.vaccineinformation.org/infants-children/>
- Smartphone App



Vaccines on the Go:
What You Should Know

Resources – Guide to FAQ

Questions Parents Ask About Vaccinations for Babies

Why are vaccinations important?	Vaccinations protect your child against serious diseases by stimulating the immune system to create antibodies against certain bacteria or viruses.
What diseases do vaccines protect against?	Immunizing your baby with vaccines protects against serious diseases like measles, whooping cough, polio, meningococcal disease, tetanus, rotavirus, hepatitis A, hepatitis B, chickenpox, influenza, and more. Vaccines won't protect children from minor illnesses like colds, but they can keep children safe from many serious diseases.
I don't know anybody who has had these diseases. Why does my baby need these vaccines?	While a few of these diseases have virtually disappeared because of vaccination, reported cases of people with diseases like measles and whooping cough have been on the increase lately. Even if some diseases do completely disappear in the U.S., they are common in other parts of the world and are just a plane ride away. If we stop vaccinating against these diseases, many more people will become infected. Vaccinating your child will keep him or her safe.
Are there better ways to protect my baby against these diseases?	<p>No. Breastfeeding has many benefits and may offer some temporary immunity for certain illnesses, but experts agree that it is not an effective means of protecting a child from the specific diseases prevented by vaccines. Likewise, vitamins won't protect against the bacteria and viruses that cause these serious diseases. Chiropractic remedies, naturopathy, and homeopathy are totally ineffective in preventing vaccine-preventable diseases.</p> <p>Some parents think that getting the "natural" disease is preferable to "artificial" vaccination, leading to a "natural" immunity. Some even arrange chickenpox "parties" to ensure their child gets infected. It's true that for some diseases, getting infected will lead to immunity, but the price paid for natural disease can include paralysis, brain injury, liver cancer, deafness, blindness, or even death. When you consider the seriousness of these risks, vaccination is definitely the better choice.</p>
Are vaccines safe?	<p>Vaccines are safe, and scientists continually work to make sure they become even safer. Every vaccine undergoes extensive testing before being licensed, and vaccine safety continues to be monitored as long as a vaccine is in use.</p> <p>Most side effects from vaccination are minor, such as soreness where the injection was given or a low-grade fever. These side effects do not last long and are treatable.</p> <p>Serious reactions are very rare. The tiny risk of a serious reaction from a vaccination has to be weighed against the very real risk of getting a dangerous vaccine-preventable disease.</p>



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p4025.pdf, Item #P4025 (3/19)

CONTINUED ON THE NEXT PAGE ▶



Questions



Evaluations!

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



Thank You!