Performance Improvement Team presents

Accelerated Learning Education Program:

Pediatric Care for 3- to 17-Year-Olds

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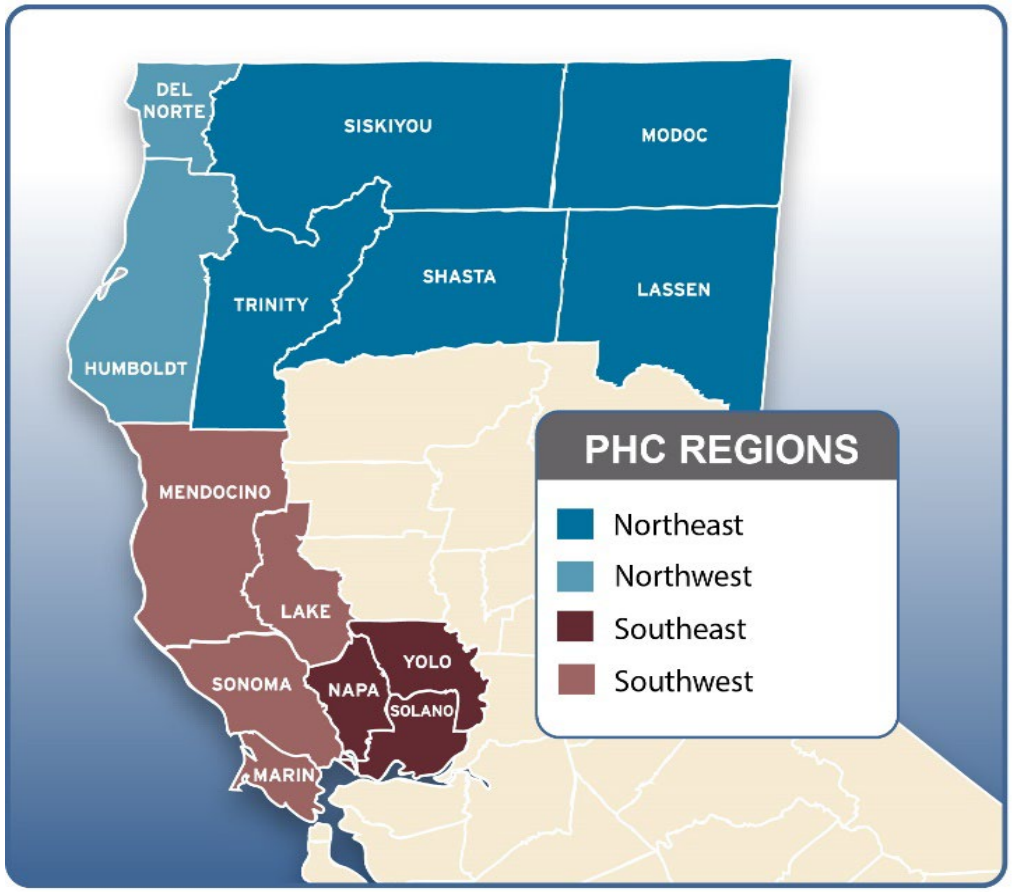
Objectives

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

- Understand clinical background, specifications, and performance threshold definitions of the 2023 PCP QIP *Child and Adolescent Well-Care Visits, Screenings,* and *Immunizations for Adolescents* measures.
- Apply documentation requirements to maximize measure performance adherence in the delivery of child and adolescent well-care visits, screenings, and immunizations of adolescent clinical services.
- Identify best and promising practices that can be used to address clinical work flows, improve interpersonal communication, member and staff education, eliminate barriers to access, improve outreach for under-resourced communities, and technical tips to improve well-care visits, screenings, and immunizations for adolescents, especially for patients from groups that have been historically, economically, or socially marginalized.

Partnership HealthPlan of California (PHC) Regions



Mission

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

Vision

To be the most highly regarded managed care plan in California

Background on Measures

California State Auditor Report (March 2019): "Millions of Children on Medi-Cal Are Not Receiving Preventive Health Services"(1)

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

Child and Adolescent Well-Care Visits 2023

Denominator

The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31 of the measurement year (DOB between January 1, 2006 and December 31, 2020).

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, 2023 and December 31, 2023).

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 2022 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:

57.44% - 75TH PERCENTILE (FULL POINTS)

48.93% - 50TH 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.

Child and Adolescent Well-Care Visits Rates by Region PHC QIP data 2022

TT

NE	NW	SE	SW
42.21	47.88	48.18	49.35

NW

Asian/Pacific Islander	41.94
Black	45.41
Hispanic	50.75
Laotian	60.81
Native American	48.70
Other	51.33
Unknown	51.27
White	44.92

NE

Asian Indian	58.00
Asian/Pacific Islander	39.60
Black	45.46
Chinese	54.72
Filipino	30.00
Hispanic	44.90
Laotian	39.11
Native American	40.68
Other	41.12
Unknown	45.99
Vietnamese	47.50
White	40.26

75th%	53.83
50th%	45.31
25th%	39.41
below 25th%	

SW

Asian Indian	47.48
Asian/Pacific Islander	51.81
Black	40.68
Cambodian	55.56
Chinese	42.18
Filipino	37.40
Hawaiian	56.45
Hispanic	53.98
Korean	24.32
Native American	37.30
Other	53.30
Unknown	44.23
Vietnamese	45.19
White	39.67

SE

Asian Indian	56.86
Asian/Pacific Islander	43.40
Black	36.52
Chinese	46.33
Filipino	38.88
Guamanian	38.78
Hawaiian	33.85
Hispanic	53.27
Japanese	38.71
Korean	47.92
Laotian	25.00
Native American	26.92
Other	46.10
Samoan	36.36
Unknown	47.75
Vietnamese	44.09
White	39.53

** Rates > 30 denominator

Race and Ethnicity Trends by County

TT

The PHC NE region overall has the lowest rates for the Child and Adolescent Well Care Visits NE region most populations are under the target

Filipino

- Below 25th Percentile in all regions except NW where race is not reported

Laotian

- Low in NE and SE but at the 75th Percentile in the NW.
- Not reported in the SW

Overall, lower rates in the Northern rural/ frontier counties vs Southern Region with a combination of rural and urban communities

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.

- 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.

Screenings

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).

Depression Screening

Instruments for Adolescents (12 - 17 years)
Patient Health Questionnaire (PHQ-9)®
Patient Health Questionnaire Modified for Teens (PHQ-9M)®
Patient Health Questionnaire-2 (PHQ-2)
Beck Depression Inventory-Fast Screen (BDI-FS)®*
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

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.

Unhealthy Alcohol Use Screening and Follow-Up

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

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

Unhealthy Alcohol Use Screening and Follow-Up

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. **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.*	# of days

CRAFFT+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**

CRAFFT+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.

ACEs Screenings

Routine ACEs screening facilitates:

- Early Intervention
- Opportunities to prevent and reduce continue exposure to trauma
- Prevent and reduce continued exposure to adversity
- Reduction in negative health outcomes
- Informed clinical assessment and treatment

https://www.acesaware.org/

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
- ACEs - $29 one per lifetime for adults or as appropriate for children

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

June 18, 2022, CDC and the ACIP recommendation- added that all children 6 months through 5 years should receive a COVID -19 vaccine.

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 13th birthday.

Immunizations of Adolescents ~ Rates by Region PHC QIP data 2022

TT

NE	NW	SE	SW
17.02	22.42	41.48	42.93

NW

Hispanic	37.72
Native American	20.00
Unknown	10.96
White	19.07

NE

Hispanic	23.65
Native American	12.12
Unknown	16.81
White	15.03

75th%	43.55
50th%	36.74
25th%	30.90
below 25th%	

SW

White	26.79
Black	20.55
Hispanic	52.01
Native American	22.58
Other	36.03
Unknown	27.78
White	25.86

SE

Asian Indian	53.13
Asian/Pacific Island	41.67
Black	24.68
Filipino	25.33
Hispanic	49.72
Other	36.62
Unknown	31.40

** Rates > 30 denominator

Race and Ethnicity Trends by County

The PHC NE region overall has the lowest rates for the Immunizations of Adolescents. NE region all populations are under the 25th percentile with Hispanics at the 50th.

The PHC Southern Region overall most populations are below the 50th Percentile.

Black population is below the 25th percentile in both the SW and SE regions.

Immunizations for Adolescents Combination 2

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

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

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

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 13th birthday.
- Document parental refusal. 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 13th birthday.
- ❑ Anaphylactic reaction (due to serum) to the vaccine or its components.
- ❑ **Tdap**: Encephalopathy with a vaccine adverse-effect code anytime on or before the member's 13th 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-2 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.

Questions

Voices from the Field

Voices from the Field

Presenter:

Alyssa Arismendi-Alvarez QI Director
Community Medical Center

Child and Adolescent Well Care Visits

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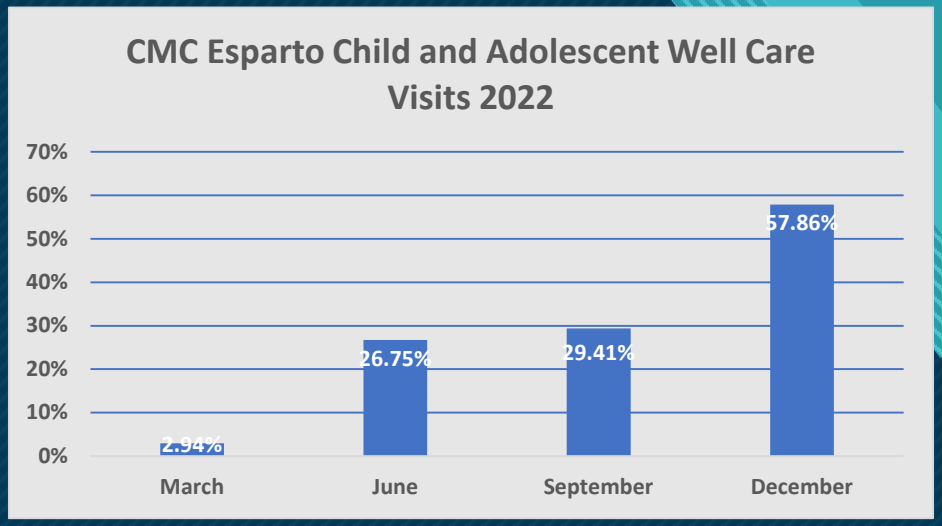
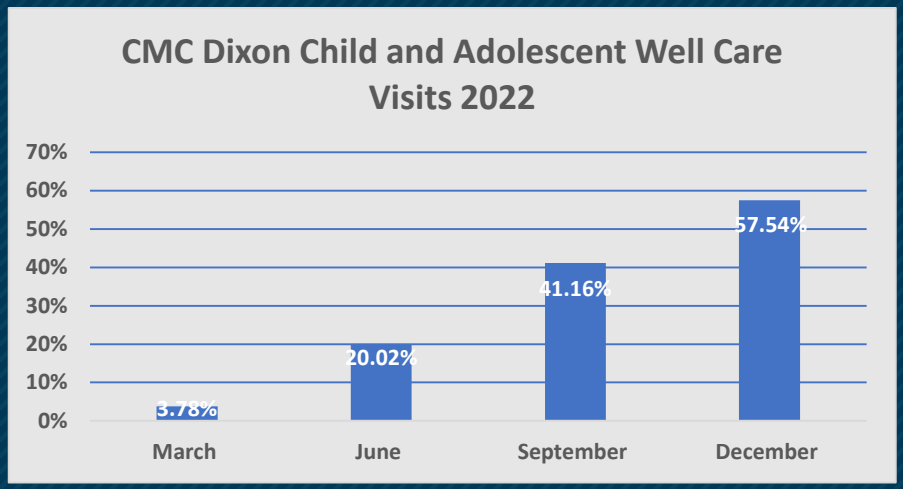
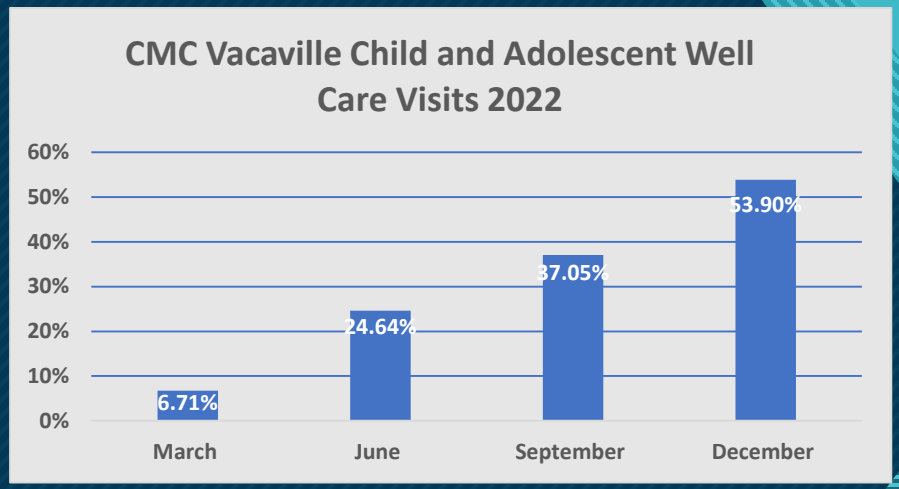

CMC Esparto Child and Adolescent Well Care Visits 2022
70%
60%
50%
40%
30%
20%
10%
0%
2.94%
26.75%
29.41%
57.86%
March
June
September
December


CMC Dixon Child and Adolescent Well Care Visits 2022
70%
60%
50%
40%
30%
20%
10%
0%
3.78%
20.02%
41.16%
57.54%
March
June
September
December


CMC Vacaville Child and Adolescent Well Care Visits 2022
60%
50%
40%
30%
20%
10%
0%
6.71%
24.64%
37.05%
53.90%
March
June
September
December

Challenges

- Getting patients on the phone
- Getting patients to schedule an appointment
- Access issues: parents did not want patients to miss school for this appointment so Population Health Specialist would have to schedule 4-6 weeks out
- Parents did not want to schedule if their child was sick, parent(s) would state they would contact the clinic once child was well

Successes

- Adding a Regional Population Health Specialist who speaks Spanish to help with inreach and scheduling (site MAs who also speak English and Spanish also helped with scheduling appointments)
- Scheduling patients in afternoons and on Saturdays
- Appointment reminders via text message and phone call
- No-shows were inreached as soon as possible to reschedule the missed appointment
- Scheduling opened two slots per day on the pediatrician's schedule that could be used to schedule the child and adolescent well child visits
- Data/outcomes shared on a weekly basis with the site's Center Leadership Team
- Participated in Practice Facilitation with Partnership HealthPlan
- Members with other insurance (who showed up on the PHP lists) were contacted by the CMC Population Health Specialist and asked to contact PHP to tell PHP the patient(s) had other insurance

Team Care at CMC

- PCMH Care Teams
- Daily huddles
- Pre-visit planning reports (Relevant)
- Robust confirmation calls
- Appointment reminders via text message and phone call
- Chart scrubbing

Thank You

Questions

Best and Promising Practices

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

- ✓ Utilize ePrompts in the EMR/EHR.
- ✓ Review care gaps daily.
- ✓ Conduct Pre-Visit Planning **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), - bi-directional interface.
- ✓ Submit timely claims and encounter data within 90 days.
- ✓ 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.
- Schedule future appointments in the exam room.

Questions

Evaluation

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

Contact Us

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QI/Performance Team:

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Upcoming Trainings

Accelerated Learning Webinar Series

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

The Accelerated Learning Series offers Quality Improvement teams the opportunity to take the next step towards improving quality service and clinical outcomes around specific measures of care. These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures with a focus on direct application on best practices with examples from quality improvement teams who are doing the work.

Sessions will be offered during the lunch hour and will be approximately 60-90 minutes in length. CME/CEs will be offered for live attendance.

Planned sessions include:
- 02/22/23 - Controlling High Blood Pressure
- 03/15/23 - Diabetes Management - HbA1c Control
- 03/29/23 - Asthma Medication Ratio
- 04/25/23 - Early Cancer Detection: Cervical, Colorectal, Breast Cancer Screening

Register: http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx
Contact: improvementacademy@partnershiphp.org

Upcoming Trainings

HPV Announcement Approach Training

Target Audience: The full health care team of vaccine prescribers, providers, nurses, medical assistants (anyone who may be discussing vaccines with parents and kids, including schools and other community organizations).

Improving provider recommendations is one of the best ways to increase HPV vaccine uptake and prevent six HPV cancers. Join us for this 60-minute training where we will cover the latest evidence on HPV, HPV Vaccine, the use of presumptive announcements. Participants will learn and practice new communication techniques that will help them strengthen their presumptive announcements, follow-through with hesitant parents, and save clinical time.

Planned session:

- **Monday, February 13, 2023, Noon – 1 p.m.**

Facilitator: D. Irene Landaw

Presented by: The California HPV Vaccination Roundtable and the American Cancer Society

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

Contact: improvementacademy@partnershiphp.org

PHC QI Resources

A Quick Guide to Starting Your Quality Improvement Projects

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

PHC QI Resources

QI/Performance Team:

ImprovementAcademy@partnershiphp.org

DHCS Formulary Search Tool

https://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx

Quality Improvement Program Email: QIP@partnershiphp.org

2022 PCP QIP Webpage:

http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2022.aspx

Measure Highlights:

http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspxQI

Monthly Newsletters:

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

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

Resources

- https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelinesduringCOVID19Pandemic_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
- 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/

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2. Staying Healthy Assessment- California Department of Health Care Services: https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

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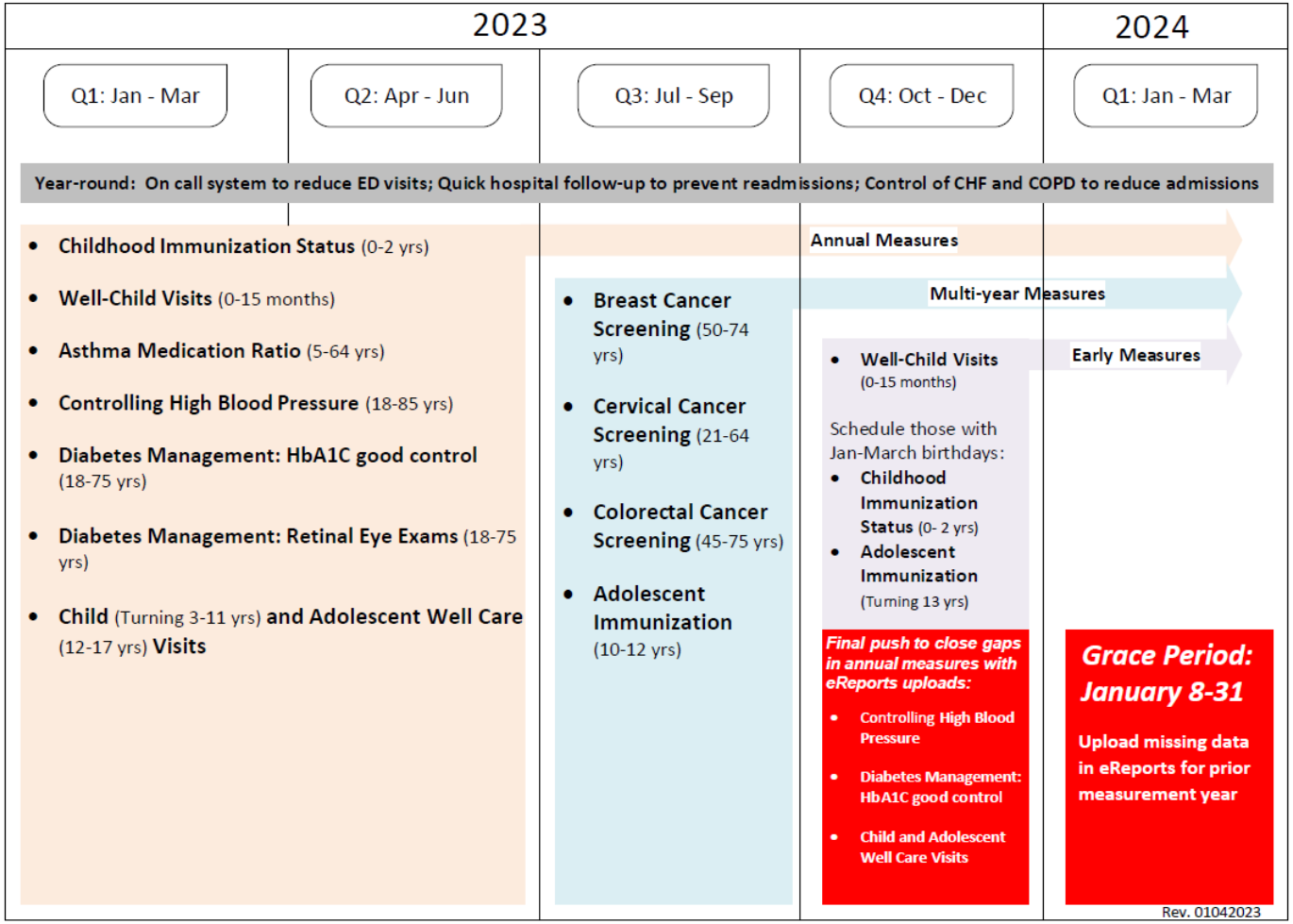
Primary Care Provider Quality Improvement Program (PCP QIP)

Timeline for Addressing 2023 and 2024 PCP QIP Measures

Timeline for addressing 2023 and 2024 PCP QIP Measures



2023 Core Measurement Set - Pediatrics

2023 Core Measurement Set – Pediatrics

Measure Name	Full Point Target	Partial Point Target	Full Points	Partial Points
CLINICAL DOMAIN: CLINICAL MEASURES				
Asthma Medication Ratio	75th Percentile (69.67%)	50th Percentile (64.26%)	13	10
Child and Adolescent Well Care Visits	75th Percentile (57.44%)	50th Percentile (48.93%)	16	12
Childhood Immunization Status: Combo 10	75th Percentile (42.09%)	50th Percentile (34.79%)	16	12
Immunizations for Adolescents – Combo 2	75th Percentile (41.12%)	50th Percentile (35.04%)	16	12
Well-Child Visits in the First 15 Months of Life	75th Percentile (61.19%)	50th Percentile (55.72%)	16	12
NON-CLINICAL DOMAIN: ACCESS AND OPERATIONS [4]				
Avoidable ED Visits	60th Percentile (9.18)	70th Percentile (11.44)	7	5
PCP Office Visits	Greater than 1.5 visits per member per year on average	Greater than 1.5 visits per member per year on average	6	4
NON-CLINICAL DOMAIN: PATIENT EXPERIENCE				
Patient Experience (CAHPS)	50th Percentile (Access 45.19%) 50th Percentile (Communication 69.69%)	25th Percentile (Access 37.86%) 25th Percentile (Communication 66.34%)	10	8
Patient Experience (Survey)	Submits Parts 1 and 2	Submits Part 1 or 2		
		TOTAL POINTS	**100**	**75**

2023 Core Measurement Set – Family Medicine

Core Measurement Set – Family Medicine

Measure Name	Full Point Target	Partial Point Target	Full Points	Partial Points
CLINICAL DOMAIN: CLINICAL MEASURES				
Asthma Medication Ratio	75th Percentile (69.67%)	50th Percentile (64.26%)	6	4
Breast Cancer Screening	75th Percentile (56.52%)	50th Percentile (50.95%)	6	5
Cervical Cancer Screening	75th Percentile (62.53%)	50th Percentile (57.64%)	6	4
Child and Adolescent Well Care Visits	75th Percentile (57.44%)	50th Percentile (48.93%)	9	7
Childhood Immunization Status: Combo 10	75th Percentile (42.09%)	50th Percentile (34.79%)	6	5
Colorectal Cancer Screening	50th Percentile (40.23%)	25th Percentile (32.80%)	5	4
Comprehensive Diabetes Care: HbA1c Control	75th Percentile (64.48%)	50th Percentile (60.10%)	6	4
Comprehensive Diabetes Care - Retinal Eye Exams	75th Percentile (56.51%)	50th Percentile (51.09%)	5	3
Controlling High Blood Pressure	75th Percentile (65.10%)	50th Percentile (59.85%)	6	4
Immunizations for Adolescents – Combo 2	75th Percentile (41.12%)	50th Percentile (35.04%)	6	5
Well-Child Visits in the First 15 Months of Life	75th Percentile (61.19%)	50th Percentile (55.72%)	9	7
NON-CLINICAL DOMAIN: APPROPRIATE USE OF RESOURCES[2]				
Ambulatory Care Sensitive Admissions	TBD	TBD	5	4
Risk Adjusted Readmission Rate	TBD	TBD	5	4
NON-CLINICAL DOMAIN: ACCESS AND OPERATIONS				
Avoidable ED Visits	TBD	TBD	5	4
PCP Office Visits	Greater than 1.8 visits per member per year on average	Between 1.5 and 1.8 visits per member per year on average	5	3
NON-CLINICAL DOMAIN: PATIENT EXPERIENCE				
Patient Experience (CAHPS)	50th Percentile (Access 45.19%) 50th Percentile (Communication 69.69%)	25th Percentile (Access 37.86%) 25th Percentile (Communication 66.34%)	10	8
Patient Experience (Survey)	Submits Parts 1 and 2	Submits Part 1 or 2		
		TOTAL POINTS	**100**	**75**

2023 PCP QIP – Unit of Service Measurement Set

Unit of Service				
Practice Type			Measure	Criteria
Family	Internal	Pediatrics		
X	X		Advance Care Planning	Minimum 1/1000th (0.001%) of the sites assigned monthly membership18 years and older for: $100 per Attestion, maximum payment $10,000 $100 per Advance Directive/POLST, maximum payment $10,000
X	X	X	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	$1000 yearly for achieving or maintaining PCMH accreditation.
X	X	X	Peer-led Self-Management Support Groups	$1000 per group, either new or existing. (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. This incentive is available at the parent organization level.
X	X	X	Health Equity	$2000 per parent organization for submission of a report of their implementation of their Health Equity initiative.
X		X	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.
X	X	X	Tobacco Screening	$5.00 per tobacco use screening or counseling of members 11– 21 years of age after 3% threshold of assigned members screened.
			Electronic Clinical Data System (ECDS)	$5,000 per parent organization for participating in Electronic Clinical Data System (ECDS) implementation by the end of the measurement year. For parent organizations that submitted initial data for ECDS in prior year, they are also eligible for the $5000 incentive if they continue to submit an ECDS file for 2023 data monthly, staring no later than June of 2023.