Performance Improvement Team presents

Accelerated Learning Education Program: Preventative Care for 0 to 2 Year Olds

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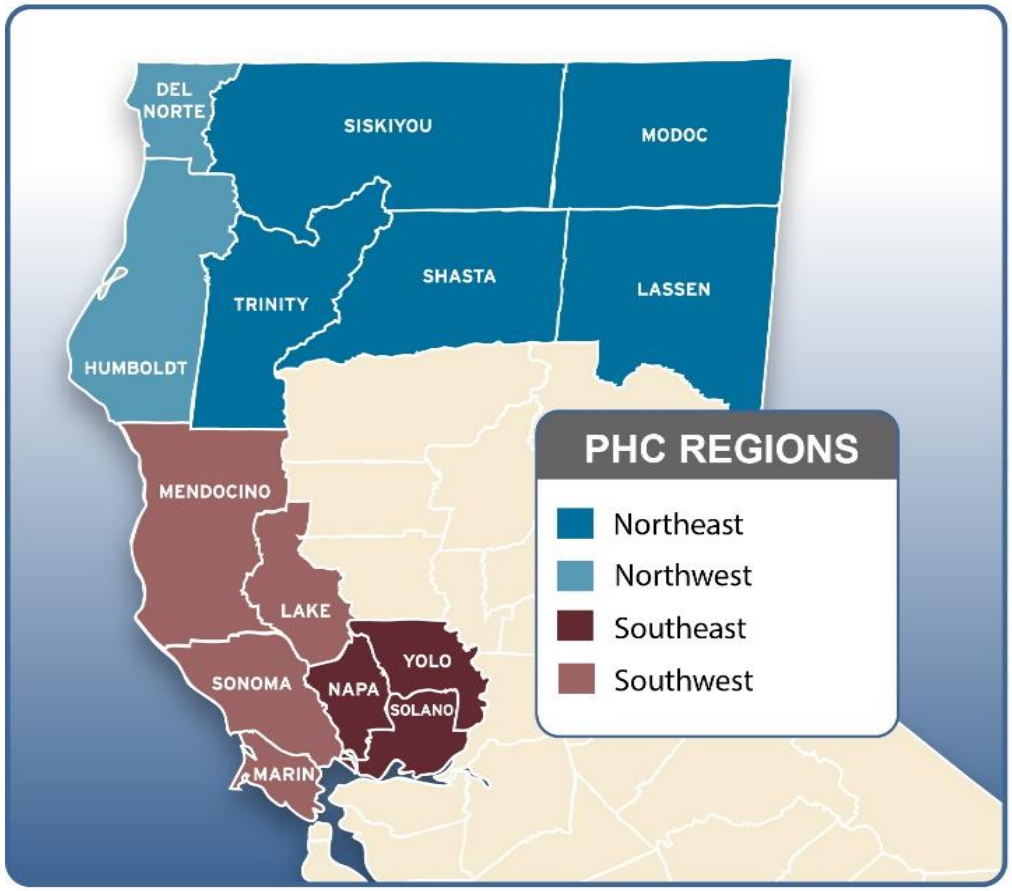
January 26, 2023

Objectives

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

- Understand clinical background, specifications, and performance threshold definitions of the 2023 *Well-child Visits for the First 15 Months of Life* and *Childhood Immunizations Status* measures.
- Ensure that blood lead screening is being documented and dental fluoride varnish use is being promoted.
- Document the minimum five components that are necessary for clinical standard practice for the well-child visits for 0 - 2 year olds.
- Identify best and promising practices that can be used to address clinical processes, improve interpersonal communication and education, eliminate barriers to access, improve outreach for groups that have been historically, economically, or socially marginalized, and improve technical barriers to improve well-child and immunizations services for children ages 0 - 2.

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 in 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

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, 2023, and December 31, 2023.

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)	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

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):**

  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 8 months, no further vaccines are given, and the child will not 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 (CAIR2).

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)**

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, 2021, and October 2, 2022.

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).

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.

Screening Tools

Please refer to Diagnosis Crosswalk in eReports for CPT code
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

Please refer to Diagnosis Crosswalk in eReports for CPT code
Brief emotional/behavioral assessment (e.g., 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: Social Emotional–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

- Dental fluoride varnish use
- Lead screening in children
- Developmental screening in the first three years of life
- Percentage of eligible PHC members 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 applications during the Measurement Year.
- 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.

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
  - Incentive paid at Parent Organization. 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 > 75% - $5,000
    - Tier 3: Lead screening rate of 50%, and at least 15% Relative Improvement (RI) of 2022 lead screenings - $3,000

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.

- If site qualifies, can also receive Prop 56 bonus ($29/screen).

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).

Rates Across PHC

Childhood Immunization Status Combo 10 and Well-Child Visits in the First 15 Months of Life

Date: Oct 22

Ethnicity: None

Childhood Immunization Status CIS 10

P25: 31.87

P50: 38.20

P75: 45.50

P90: 53.66

Race Score, Population
(Arrow indicates high/low)

ASIAN/PACIFIC ISLANDER	33.33 (25th) / 69
BLACK	17.45 (<25th) / 298
EAST ASIAN	63.64 (90th) / 22
HISPANIC	37.46 (25th) / 2,664
NATIVE AMERICAN	13.33 (<25th) / 120
OTHER	30.46 (<25th) / 69
SOUTH ASIAN	68.75 (90th) / 32
SOUTHEAST ASIAN	35.29 (25th) / 85
UNKNOWN	21.08 (<25th) / 2,154
WHITE	19.48 (<25th) / 1,643

Date: Oct 22

Ethnicity: None

Well Child First 15 Months

P25: 44.99

P50: 54.92

P75: 61.25

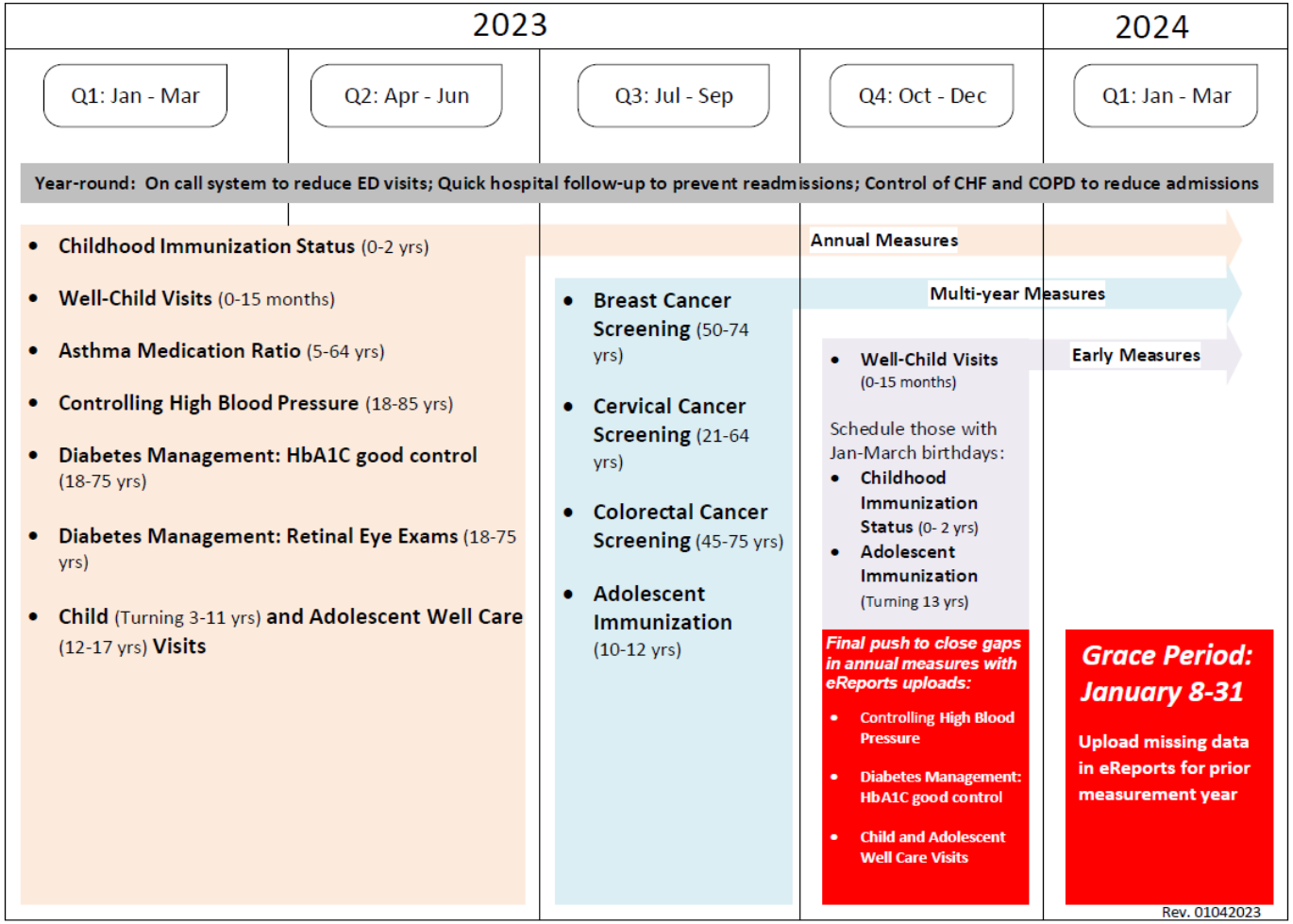
P90: 68.33

Race Score, Population
(Arrow indicates high/low)

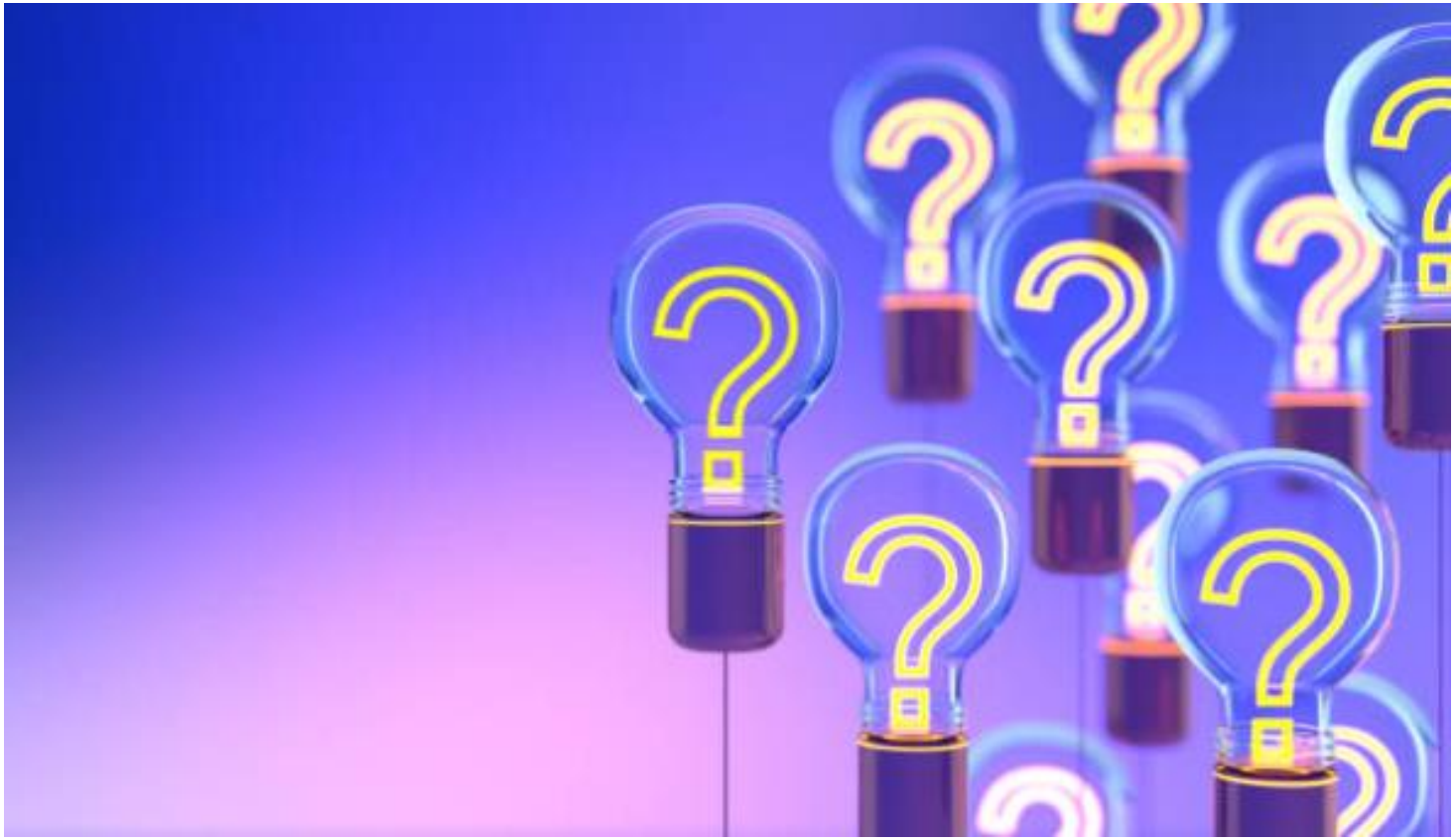
ASIAN/PACIFIC ISLANDER	45.71 (25th) / 35
BLACK	39.01 (<25th) / 141
EAST ASIAN	50.00 (25th) / 12
HISPANIC	54.76 (25th) / 1,574
NATIVE AMERICAN	36.54 (<25th) / 52
OTHER	57.89 (50th) / 957
SOUTH ASIAN	62.50 (75th) / 8
SOUTHEAST ASIAN	48.65 (25th) / 37
UNKNOWN	48.11 (25th) / 1,374
WHITE	47.62 (25th) / 756

Timeline for addressing 2023 and 2024 PCP QIP Measures

Timeline for addressing 2023 and 2024 PCP QIP Measures



Questions



Voices from the Field

WHAT'S MISSING?
IMPROVING SERVICES FOR CHILDREN 0-2

PHC Accelerated Learning Education Program (1/26/23)
Katie Amaya, MPH

Shasta Community Health Center
a californiahealth+ center

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a california health+ center

Well Child Visits 0-15 months

Where to start?

- **Look at data**
  - How many visits are patients completing?
    - *Chart audit to understand what is happening for both those with 4 or 5 visits (they are coming!) and for those with only 1 or 2 visits (where are they?)*
  - How many kids have a future WC appt scheduled?
    - *Understand how many were within our 4 walls and left without an appt*
  - Do we have enough capacity?
- **Observe the process**
  - What is the patient experience?
  - Is "what we think is happening" really happening?
  - Where do we get in our own way?

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Well Child Visits 0-15 months

Some things we are trying…

- Regular training on WC periodicity
- Alert on pre-visit planning and discussed at morning huddle
- Schedule NB, 2W, 2M visits all at once
- Scribes can schedule appointment while patient is in exam room
- Convert sports physicals to WC appts
- UC team will look for and schedule due WC appts
- Adaptive scheduling templates:
  - Saturday WC clinic at Main location
  - Weekday WC Clinic at Anderson location
  - Placeholders on Resident schedules for when schedules open

Immunizations

Where to start?

- **Look at data**
  - How many patients truly are 100% anti-vax?
    - *Less than 10%*
  - What immunizations do kids miss the most of?
    - *2nd flu, Rotavirus timing*
- **Observe the process**
  - Alert available on pre-visit planning (EHR vs CAIR)
  - Communication from providers
  - "Just walk-in" for follow-up vaccines – led to no reminders and lack of follow-up
  - Misunderstanding on flu vaccine supply
  - This is a community issue, not just at the individual level

Immunizations

Some things we are trying

- **Messaging/Communication**
  - Frameworks Institute
  - The Community Guide
  - CME session on strategies for providers when communicating with vaccine-hesitant families
  - Participate in local immunization coalition
- **Operations**
  - Switched from RotaTeq (3 doses) to Rotarix (2 doses)
  - Scheduling follow-up vaccines on nurse-only schedule
  - Messaging to nursing staff on flu vaccine supply
  - Starting to collaborate with schools

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Blood Lead Testing

Where to start?

- **Look at data**
  - How are we performing?
  - When we don't screen, we also don't experience the benefit/impact it can have
- **Observe the process**
  - Provider orders labs – patient needs to make the extra stop
  - Lab on-site at our Main location – for all others you need to trave
  - Labs don't get completed
  - No alert on pre-visit planning

Blood Lead Testing

Some things we are trying

- **Onsite equipment**
  - The Good - Grant from McConnell Foundation to purchase blood le screeners for all four primary care locations
  - The Bad – Cartridges were recalled, then delayed by one year
  - The Ugly – False positives are not hard to get. Positives are reporte to public health and require two subsequent negative blood draws
  - We found two cases so far of lead contamination!
- **Operations**
  - Alert added to daily huddle content when screening is due or last result was high
  - Will eventually build a measure in Relevant to monitor progress in screening rate

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Dental Fluoride Varnish

Where to start?

- **Look at data**
  - How are we performing? *2-3%*
- **Observe the process**
  - Previously had dental MA in Peds dept, not sustainable
  - Planned a huge roll-out in March 2020 - cue the pandemic
  - Medical and Dental medical record systems do not currently cross-populate
  - Alert was present, we have a clinical practice guideline, but not consistently executed

Dental Fluoride Varnish

Some things we are trying

- **Make it a priority**
  - Re-launch All-Staff training
- **Operations**
  - Documentation – confirmed nursing/MA standing orders, outlined workflow in an SOP
  - Updated frequency of alert for pre-visit planning
  - Will eventually build a measure in Relevant to monitor progress – until then PHC will provide data updates quarterly

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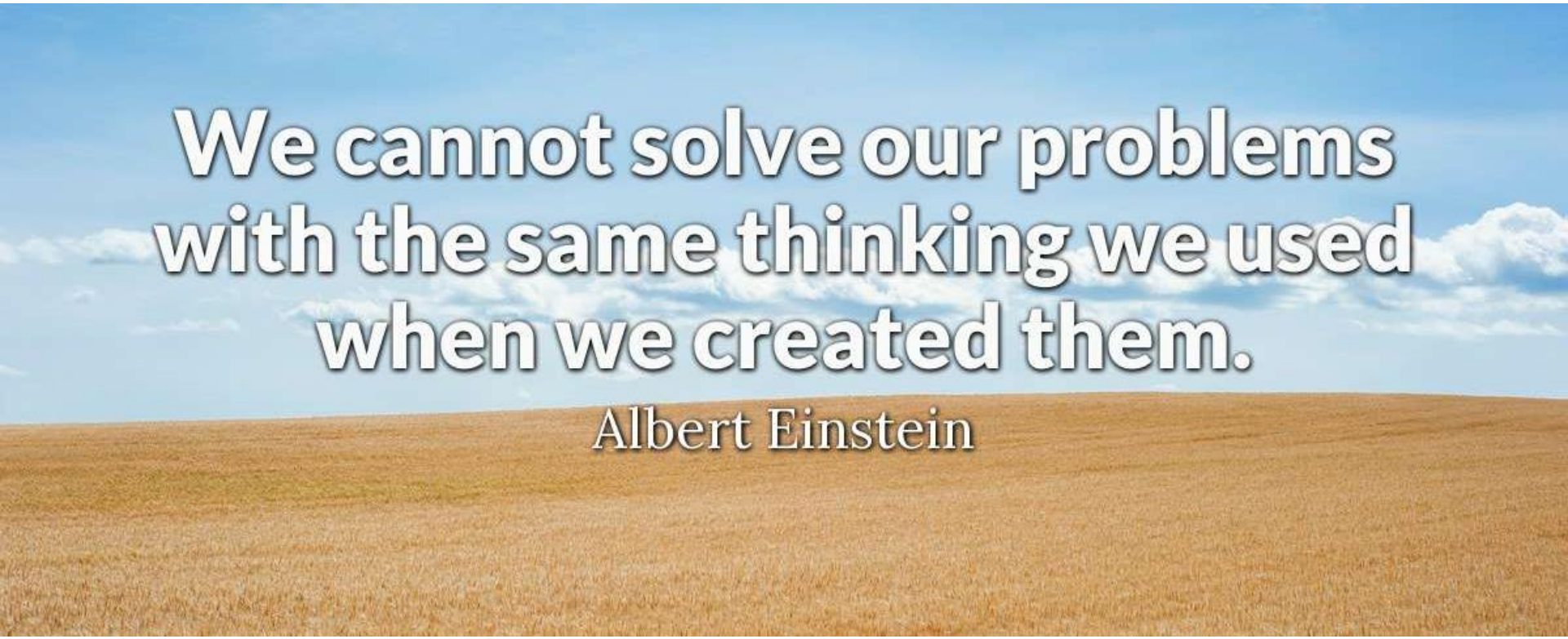

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Questions

Best and Promising Practices

PHC Best and Promising Practices

Best and Promising Practices

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

- ✓ Utilize “e-prompts” 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.
- ✓ Improve in-reach.

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.
- ✓ Identify and address barriers to care.
- ✓ Empower parents/guardians to schedule appointments via Patient Portal.

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, person-centered, and culturally appropriate language.
- ✓ Maximize on-line patient portal.

Best and Promising Practices

Strengthen Internal Operating Practices:

- ✓ Use California Immunization Registry (CAIR2), ideally with a bi-directional interface between CAIR2 and your Electronic Health Record.
- ✓ 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 .

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.
- ✓ When screening patients for upcoming appointments, identify possible language barriers beforehand (i.e. Interpreter services)

Best and Promising Practices

Equity Approaches:

- ✓ Consider using an equity approach to increase screening rates.
- ✓ Looking at Well-Child Visits measure compliance rates by race, ethnicity, location (zip code) and preferred language, healthcare barriers can be identified.
- ✓ If parents or caregivers express concerns regarding vaccines, be mindful in assuming they are anti-vaccine and instead seek understanding and attempt to address concerns.

Partnership Tools

Health Disparity Dashboard coming soon in 2023 to the Provider Portal

- ✓ Ability to analyze Well-Child Visit (Birth to 15 months) and immunization completion rates by race and ethnicity.

Partnership Tools

The **Preventive Care Dashboard –** Now live in eReports.

- ✓ Shows each Providers Member list (birth to 15 months) measure denominator along with dates for each completed visit.
- ✓ Shows gap list.
- ✓ Track, schedule, and complete six (6) well-child visits before 15 months old.
- ✓ Note: Look for communication distributed by the QIP team.

Evaluation

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

Upcoming Trainings

Accelerated Learning Webinar Series: January - April 2023

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:
- 02/08/23 - Preventative Care for 3-17 Year Olds
- 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 Email:** 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/Quality-Measure-Highlights.aspx
- **QI Monthly Newsletters:** http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx
- **eReports:** https://qip.partnershiphp.org/

Contact Us

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References

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 NCQ

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

Well-Child Visits in the First 15 Months Summary

Screening	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
Well-Child Visits in the First 15 Months of Life	Age ≤ 15 months	6 well care visits with PCP by age 15 months; • In person • Virtually • A combination	• Physical exam required • Visits can be divided up into different components • Services must occur in time frame of specified age • At least 14 days between dates of service.	• CPT & HCPCS codes • Virtual visits billed using a .95 modifier after the CPT code affiliated with the visit • Documentation to include history of health, physical development, mental development and physical exam

Childhood Immunization Status Combo 10 Summary

Immunization Series	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
Childhood Immunization Status Combo 10	Age ≤ 2 years	• Dtap • Polio • MMR • HiB • HepB • Chicken Pox • Pneumococcal • HepA • Rotavirus • Flu Vaccines	Special attention to dosage timing affiliated with age group.	• CPT & CVX Codes • Documentation in the California Immunization Registry

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
- *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

Primary Care Provider Quality Improvement Program (PCP QIP)

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 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**

Summary of 2023 QIP

Practice Type			NON-CLINICAL			Full / Partial Points		
Family	Interna	Peds				Family	Internal	Peds
Access and Operations								
✓	✓	✓	Avoidable ED Visits	Full Point Target TBD	Partial Point Target TBD	5 / 4	5 / 4	7 / 5
✓	✓	✓	PCP Office Visits	Greater than 1.8 visits PMPY on average	Between 1.5 and 1.8 visits PMPY on average	5 / 3	5 / 3	6 / 4
Appropriate Use of Resources								
✓	✓		Ambulatory Care Sensitive Admissions	Full Point Target TBD	Partial Point Target TBD	5 / 4	5 / 4	–
✓	✓		Risk Adjusted Readmission Rate	Full Point Target TBD	Partial Point Target TBD	5 / 4	5 / 4	–
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	10 / 8	10 / 8
✓	✓		Patient Experience (Survey)	Submits Parts 1 and 2	Submits Parts 1 or 2	–	–	–

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.