



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

**Pediatric  
Preventive Care**

**Childhood Immunization Status Combination-10,  
Adolescent Immunizations Combination 2  
(CIS-10, IMA-2)**

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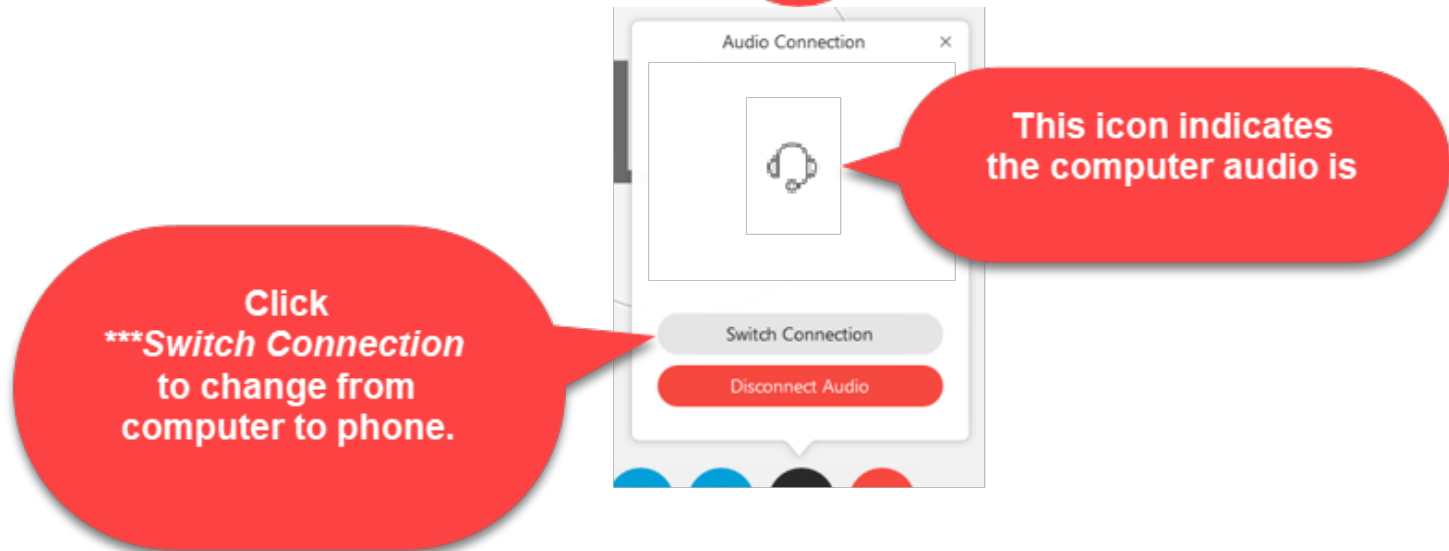
# Webinar Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and talking during the webinar.

Figure 1



Figure 2

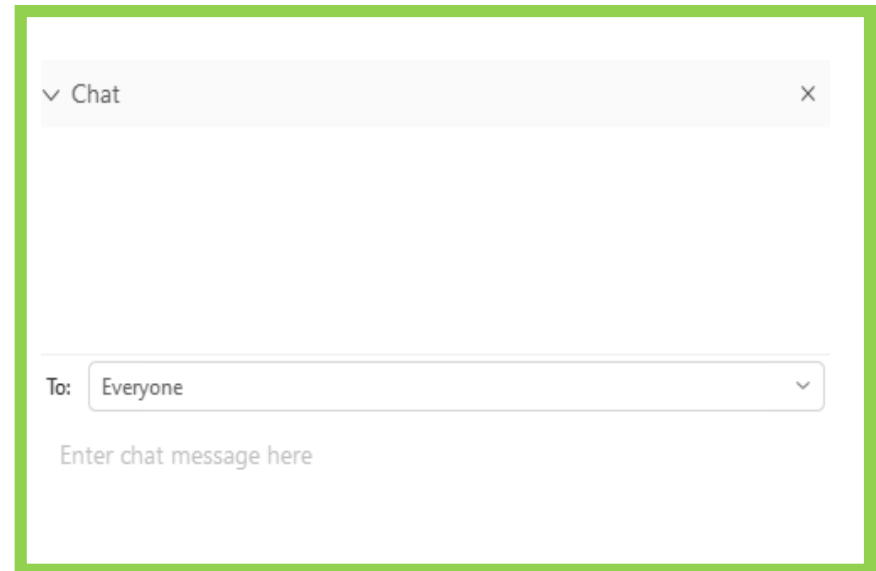


\*\*\*There are two options to *Switch Connection* to telephone audio.

# Webinar Instructions

- All participants have been muted to eliminate any possible noise interference/distraction.
- We will answer questions following the presentation. If you have any questions, **please type your questions into the Chat box located to the right of the screen.**

Figure 1



# Conflict of Interest

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

CME credit is for physicians, physician assistants and other healthcare professionals whose continuing educational requirements can be met with AAFP CME.

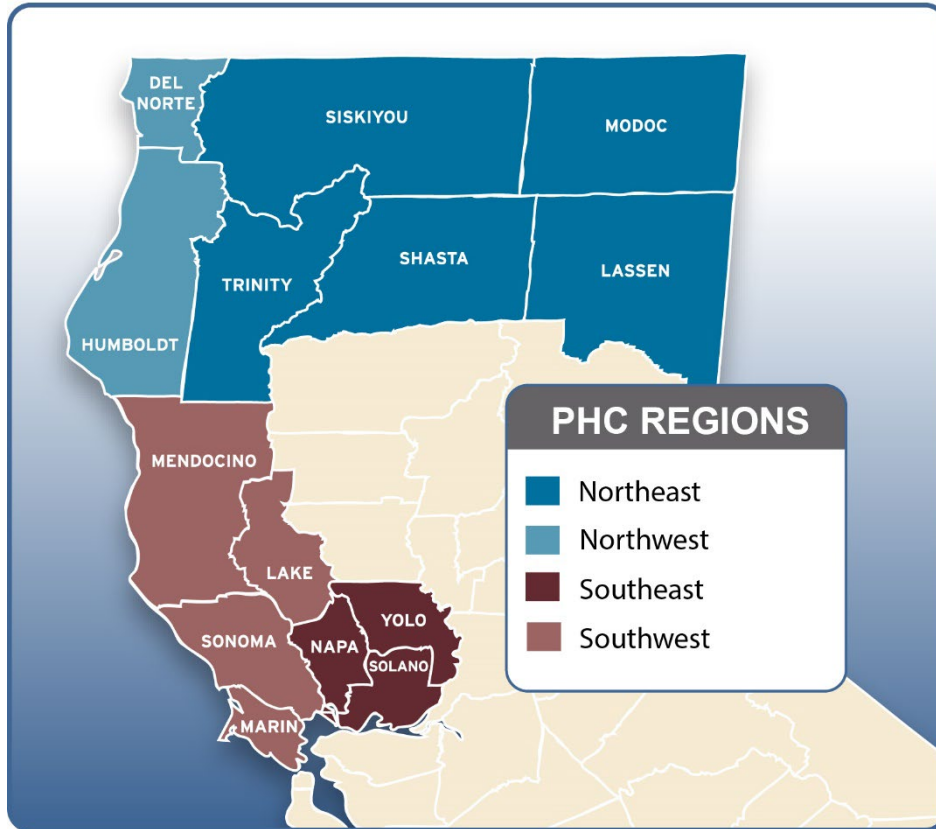
# Agenda

- Accelerated Learning Education Program
- Measures Clinical Significance and Specifications
- Review/Share Best and Promising Practices
- Commitment - One Change to Make Immunization Adherence Easier for Members/Patients
- Resources/Offerings
- Voices From The Field
- Questions
- Evaluation and CME/CE Credit

# Accelerated Learning

- Clinical Significance of Measures
- Healthcare Effectiveness Data and Information Set (HEDIS®) and PHC's Primary Care Provider Quality Incentive Program (PCP QIP) Specifications
- Quality Performance Improvement Tools
- Best and Promising Practices
- Access to PHC Improvement Advisors
- PHC Medical Directors' Support
- CME/CE Credit

# Partnership HealthPlan of California (PHC) Regions



**Southeast:** Solano, Yolo, Napa

**Southwest:** Sonoma, Marin, Mendocino, Lake

**Northeast:** Lassen, Modoc, Siskiyou, Trinity, Shasta

**Northwest:** Humboldt, Del Norte



# Partnership HealthPlan of California (PHC)

## **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**

1. Quality in everything we do
2. Operational excellence
3. Financial stewardship



# 2020 PCP QIP Measures

- Proposed Changes to the 2020 PCP QIP Measurement Set Were Announced April 13<sup>th</sup>
- Final approval will be obtained from our Physician Advisory Committee, Early May 2020
- The final details and full specifications will be released by Mid-May 2020.



# Background on Measures

**California State Auditor Report  
(March 2019):  
“Millions of Children in Medi-Cal Are Not  
Receiving Preventive Health Services”<sup>(1)</sup>**

**Vaccines For Children CDPH  
Program letter *“Routine  
Childhood Immunizations  
during COVID-19 Pandemic.”***

**Vaccines For  
Children CDPH  
Program letter  
*“Routine  
Childhood  
Immunizations  
during COVID-19  
Pandemic.”***

1. Full report: <http://auditor.ca.gov/pdfs/reports/2018-111.pdf>  
Customizable graphics: <http://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html>



# Childhood Immunization Status Combination 10 (CIS-10)



# Childhood Immunization Status Combination 10 (CIS-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).

# Childhood Immunization Status Combination<sup>10</sup> (CIS-10)

**Numerator:** Follow the recommended vaccine schedule:<sup>(2)</sup>

Dosage	Abbreviation	Description
<b>At birth and second birthday</b>		
3	(HepB)	Hepatitis B
<b>Between 42 days old and second birthday</b>		
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
<b>On or between the first and second birthday</b>		
1	(MMR)	Measles, Mumps, and Rubella
1	(Varicella)	Chickenpox
1	(HepA)	Hepatitis A
<b>Annual – Between 180 days old and second birthday</b>		
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

**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

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)**

# PCP QIP Performance on CIS-3

MeasureName	Geo Level	Dimension	CY2018	CY2019
			Dec-18	Dec-19
<b>Childhood Immunization Status CIS 3</b>  <u>Score Targets</u>  90th Percentile : 79.56 75th Percentile : 74.70 50th Percentile : 70.80 25th Percentile (MPL): 65.45	NORTHEAST	LASSEN	47.50	40.34
		MODOC	70.37	57.58
		SHASTA	54.94	52.46
		SISKIYOU	47.37	51.13
		TRINITY	42.11	42.50
	NORTHWEST	DEL NORTE	46.78	48.37
		HUMBOLDT	49.39	53.19
	SOUTHEAST	NAPA	73.28	74.63
		SOLANO	60.11	59.91
		YOLO	51.10	71.65
	SOUTHWEST	LAKE	51.34	54.95
		MARIN	79.47	79.51
		MENDOCINO	60.88	65.55
		SONOMA	66.55	70.75

# Immunizations for Adolescents Combination 2 (IMA - 2)



# Immunizations for Adolescents Combination 2 (IMA-2)

## **Description:**

The percentage of members who turn 13 years of age during the measurement year who had the following immunizations as reflected in the next slide.

## **Denominator:**

Number of continuously enrolled members who turn 13 years of age during the measurement year.

## **Numerator:**

Number of eligible population (13 years of age during the measurement year) in the denominator who had all the immunizations by the 13<sup>th</sup> birthday.

# Immunizations for Adolescents Combination 2 (IMA-2)

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

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

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

**Note:** There must be at least 146 days between the first and the second dose of the HPV vaccine.



# Medical Record Documentation

Evidence that the antigen was provided from either of the following:

- Medical record notation indicating the **name** of the specific antigen and the **date** of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations.
- Documentation from California Immunization Registry (CAIR).

# Medical Record Documentation

**HPV:** For the two-dose HPV vaccination series, there must be at least 146 days between the first and second doses of the HPV vaccine.

**Meningococcal:** Immunization documented under a generic header of “meningococcal” and was administered meets criteria. Immunizations under generic header of meningococcal polysaccharide vaccine or meningococcal conjugate vaccine meet criteria.

**Tdap:** Immunizations documented using a generic header of “Tdap/Td” can be counted. Ensure you differentiate between **Tdap** and **DTaP** - Think “T” for teen.

# Medical Record Documentation

- 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 of immunization for HEDIS or QIP reporting.
- Retroactive entries are unacceptable.

# Exclusions to Immunizations for Adolescents Combo 2 (IMA-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 or its components any time on or before the member's 13<sup>th</sup> birthday.
- Anaphylactic reaction (due to serum) to the vaccine or its components with a date of service prior to October 1, 2011.
- **Tdap:** Encephalopathy with a vaccine adverse-effect code anytime on or before the member's 13<sup>th</sup> birthday.
- **Members in Hospice (mandatory exclusion).**



## **Gateway Measure: Proposal to suspend- Pending Physician Advisory Committee (PAC) approval**

Beginning Measurement Year 2020, PHC has added a gateway measure for all practice types to the PCP QIP.

- There are two components to the Gateway Measure:

### **1) Timely Claims Submissions**

Performance on timely claim submissions will be assessed at the *Parent Organization* level

### **2) PCP Office Visits**

Performance on PCP office visits will be assessed at the *Provider Site* level

# Best and Promising Practices

## ***Seize Every Opportunity:* Establish a practice commitment to update and complete immunizations**

- Utilize “flag” alerts in the EMR/EHR
- Conduct chart scrubbing **prior** to the visit
- Use standardized templates
- Use your huddle time to brief/communicate



# Best and Promising Practices

## Increase Access

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



# Best and Promising Practices

## Communication/Education

- Staff - use approved tailored scripts
- Communication - portals, texts, and/or calls.
- Use approaches that align with your demographics
- Patient information: ensure information is consistent, welcoming, in plain and person-centered appropriate language,





# Best and Promising Practices

**IMA- 2:** Co-administer the human papillomavirus vaccine (HPV) with other vaccines.

*Reframing:*

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

**IMA-2:** Provider recommendation and explanation are essential! Establish rapport with the adolescent member; parents/ guardians prefer unambiguous recommendations especially with HPV

**IMA-2:** Focus ahead on members turning 13 in future years, opposed to only the current measurement year.

# Best and Promising Practices

## ***Strengthen Internal Operating Practices:***

Submit timely claims and encounter data within 90 days of service.

- Use accurate codes to capture services completed
- Review operational work flows
- Use/Participate - California Immunization Registry (CAIR2)
- Review measure rates with staff and report back progress
- Schedule a standing meeting with your QI staff to review the resources

# Voices From The Field

**Farhan Amin, Quality  
Improvement Director**





# PHC Resources

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

**2020 PCP QIP Webpage:**

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2020.aspx>

**QI Monthly Newsletters**

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

**Measure Highlights:**

<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>

**eReports** <https://qip.partnershiphp.org/>

# References

## **References:**

*National Committee on Quality Assurance (NCQA) HEDIS<sup>®</sup> 2020 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS<sup>®</sup> is a registered trademark of NCQA.*

*National Committee on Quality Assurance (NCQA) HEDIS<sup>®</sup> 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS<sup>®</sup> is a registered trademark of NCQA.*

*California Immunization Registry (CAIR) CAIRweb.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. CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>

3. The Needs to Optimize Adolescent Immunization, American Academy of Pediatrics: <https://pediatrics-aappublications.org/content/139/3/e20164186>

# Telehealth Resources

- [https://eziz.org/assets/docs/VFC\\_Letters/VFCletter\\_PediatricIZGuidelines\\_duringCOVID19Pandemic\\_03\\_27\\_20.pdf](https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelines_duringCOVID19Pandemic_03_27_20.pdf)
- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx>
- *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](http://www.CPCA.org)
- Center for Care Innovations, <https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>



**Questions?**

# Contact Us

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