



Performance Improvement Team
presents:

**Accelerated Learning
Education Program**

**Pediatric Well-Child Visits
(W15)**

Dr. Jeff Ribordy, MD, MPH
Medical Director

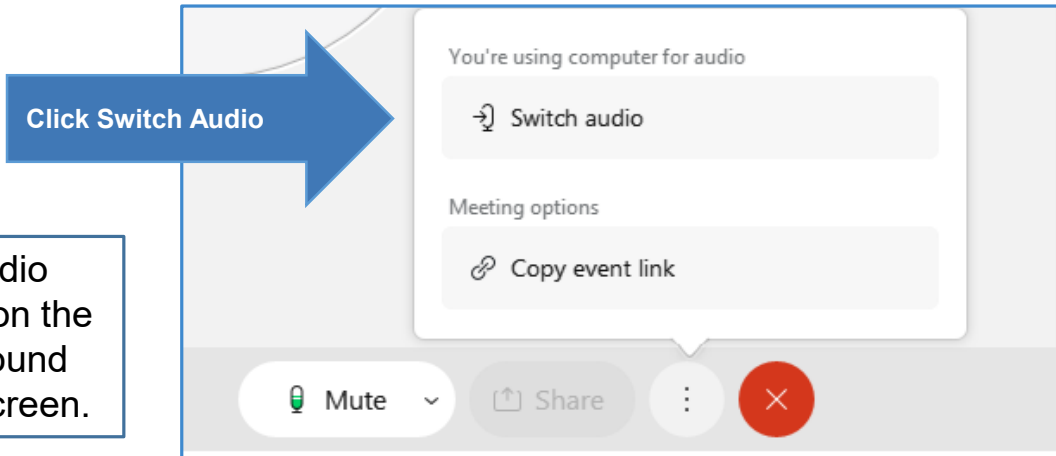
Flora Maiki, MHA
Improvement Advisor

September 22, 2020

Webinar Instructions

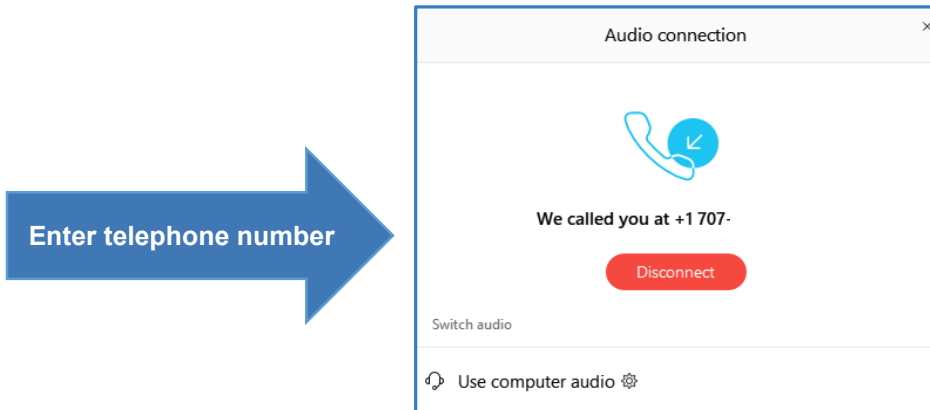
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1



You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

Figure 2



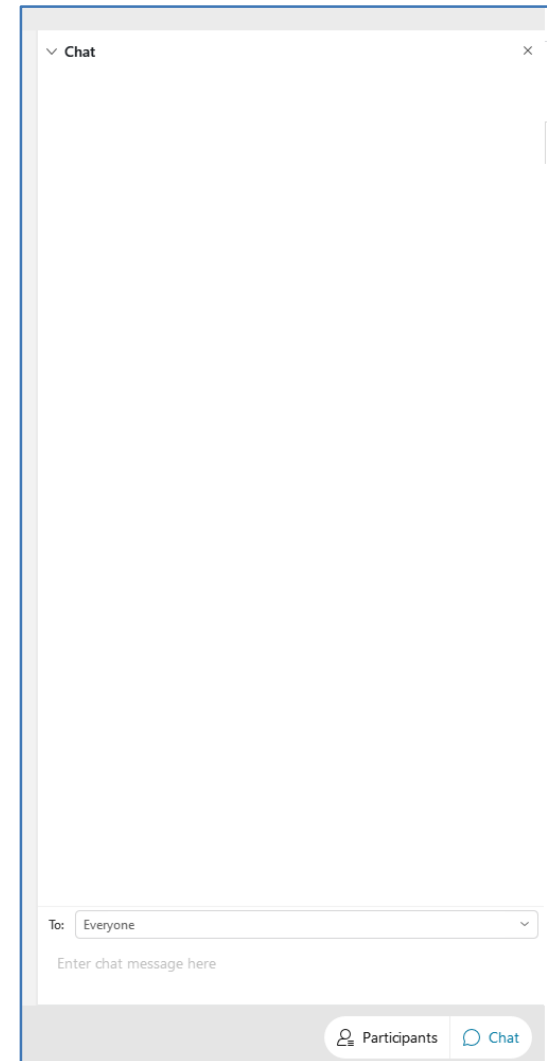
Enter telephone number

Webinar Instructions

- All attendees have been muted to eliminate any possible noise/interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select “**Everyone**” when sending a message.



Figure 1



Conflict of Interest and CME credit

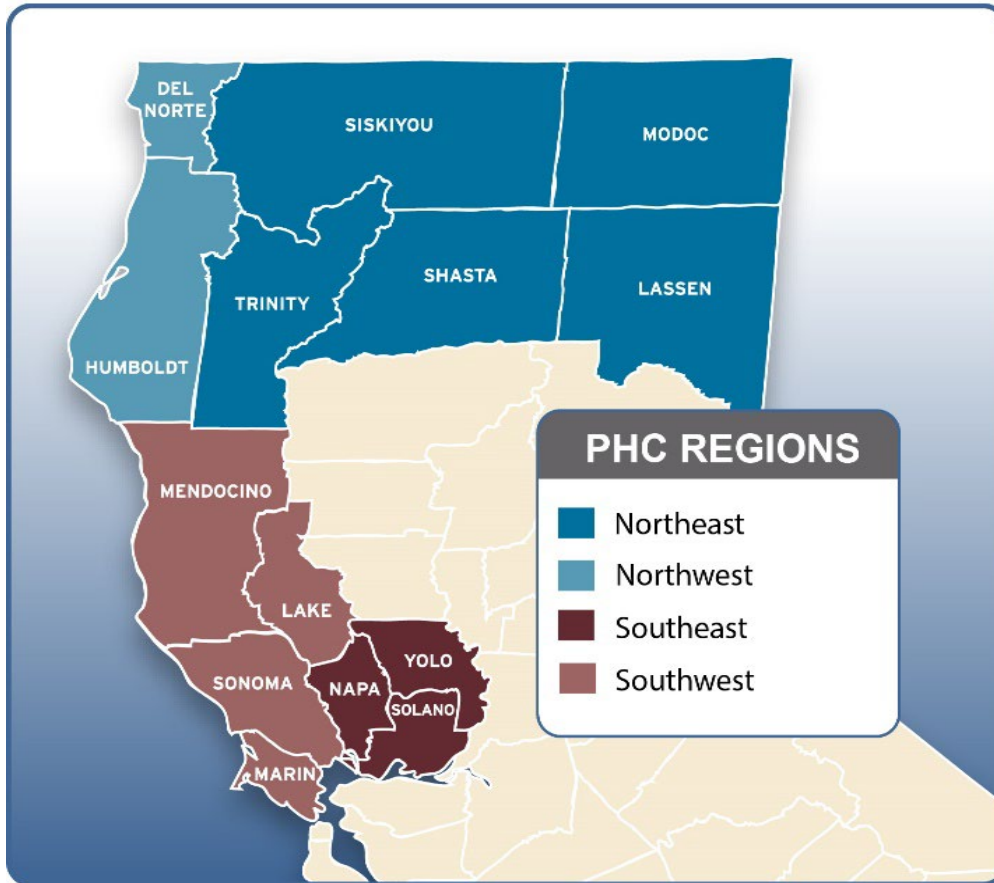
All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

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 Sessions
- Measure Clinical Significance and Specifications
- Review/Share of Best and Promising Practices
- Commitment - One Change to Make Well-Child Visits Easier for Members/Patients
- Resources/Offerings
- Voices from The Field
- Questions
- Evaluation and 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

- Quality in everything we do
- Operational excellence
- Financial stewardship

Objectives

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

- Define the Healthcare Effectiveness Data and Information Set (HEDIS®) and PHC's Primary Care Provider Quality Incentive Program (PCP QIP) specifications, timeframes, and documentation to maximize measure adherence
- Document the minimum five (5) components that are necessary for clinical standard practice for the well child visits
- Identify best and promising practices that providers can use to address clinical process, interpersonal communication, education/outreach, and technical barriers in providing pediatric well-child preventive services
- Commit to one change you will test in your practice site to make well-child visits an easier choice for members/patients

Accelerated Learning Program

- Women's Health Focus Measures: Cervical and Breast Cancer Screening
- Pediatric Preventive Care Focus Measures: Childhood Immunization Status Combination-10 and Adolescent Immunizations Combination 2 (CIS-10 and IMA-2)
- **Pediatric Preventive Care Focus Measures: Well-Child Visits (W15)**
- Colorectal Cancer Screening
- Asthma Medication Ratio (AMR): Academic Detailing, Improving Asthma Care

Background on Measures

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

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

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

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

Well-Child Visits in the First 15 months of Life (W15)



Well-Child Visits in the First 15 Months of Life (W15)

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).

Well-Child Visits in the First 15 Months of Life (W15)

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.

PCP QIP 2020 Measurement Set

POINT ALLOCATION AND THRESHOLD CHANGES:

<u>CLINICAL MEASURES</u>	<u>FAMILY PRACTICE</u>	<u>INTERNAL MEDICINE</u>	<u>PEDIATRICS</u>	<u>50TH</u>
	Points Per Measure			Full Points
Well-Child Visit, First 15 months of Life (W15)	15.0		25.0	65.83%
Controlling High Blood Pressure (CBP)	15.0	20.0		61.04%
Colorectal Cancer Screening (COL)*	12.5	20.0		32.24%
Diabetes - HbA1C Good Control <9 (A1c) (CDC)	12.5	20.0		50.97%
Childhood Immunization Combo 10 (CIS-10)	15.0		25.0	34.79%
Asthma Medication Ratio (AMR)	15.0	20.0	25.0	63.58%
	<u>85.0</u>	<u>80.0</u>	<u>75.0</u>	
<u>Non-Clinical Measures</u>				
PCP Office Visits**	15.0	20.0	25.0	TBD
TOTAL POINTS AVAILABLE	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	

* Colorectal Cancer Screening is the only measure in the PCP QIP that does not have an NCQA Threshold equivalent for PHC. The threshold here is the 25th percentile across the entire plan.

** The threshold for PCP Office Visits will be established after PHC has more data on the impact of the COVID-19 Pandemic and orders to shelter in place.

Well-Child Visits in the First 15 Months of Life (W15) 2020 PCP QIP

<u>PCP QIP</u> <u>2020</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family	15 Points	65.83%	50 th
	Pediatric	25 Points	65.83%	50 th
No Partial Points				

Telehealth and Well-Child Visits

- NCQA is now allowing well-child visits to be done in-person, virtually by phone or video, secure text messaging or e-mail, or a combination of these.
- If a portion or all of a well-child visit is done virtually, use **992xx with modifier .95**
- For a portion of a well-child visit with the physical exam / complete well-child visits) **use preventive visit codes: 99381-5 (new) or 99391-5 (established).**
- *A minimum of 14 days* must elapse between well-child visits to be counted as separate visits for the purposes of this measure.



Telehealth: New PHC Members Initial Health Assessments

- PHC expects an influx of new members in the months to come.
- An in-person physical exam is still required. However, DHCS is extending the deadline for completing IHAs until the conclusion of the national emergency due to COVID.*
- Be sure to include the age appropriate Staying Healthy Assessment, as well as other appropriate routine screening.
- If done virtually, **use 99213-5 or 99203-5 with the 95 modifier.**

eReports 2020

QIP - eReports

Threshold Report

Select a PCP Select Provider Clear

Core Clinical Measurement Set

[Refresh](#)

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Asthma Medication Ratio 2020	52.04 %	51	98	NA	NA	63.58%	63/51	NA	NA
Childhood Immunization Status CIS 10 2020	13.79 %	44	319	NA	NA	34.79%	111/44	NA	NA
Colorectal Cancer Screening 2020	19.39 %	422	2176	32.24%	702/422	NA	NA	NA	NA
Controlling High Blood Pressure 2020	0.52 %	4	772	NA	NA	61.04%	472/4	NA	NA
Diabetes - HbA1C Good Control 2020	15.20 %	112	737	NA	NA	50.97%	376/112	NA	NA
Well Child First 15 Months 2020	18.40 %	39	212	NA	NA	65.83%	140/39	NA	NA

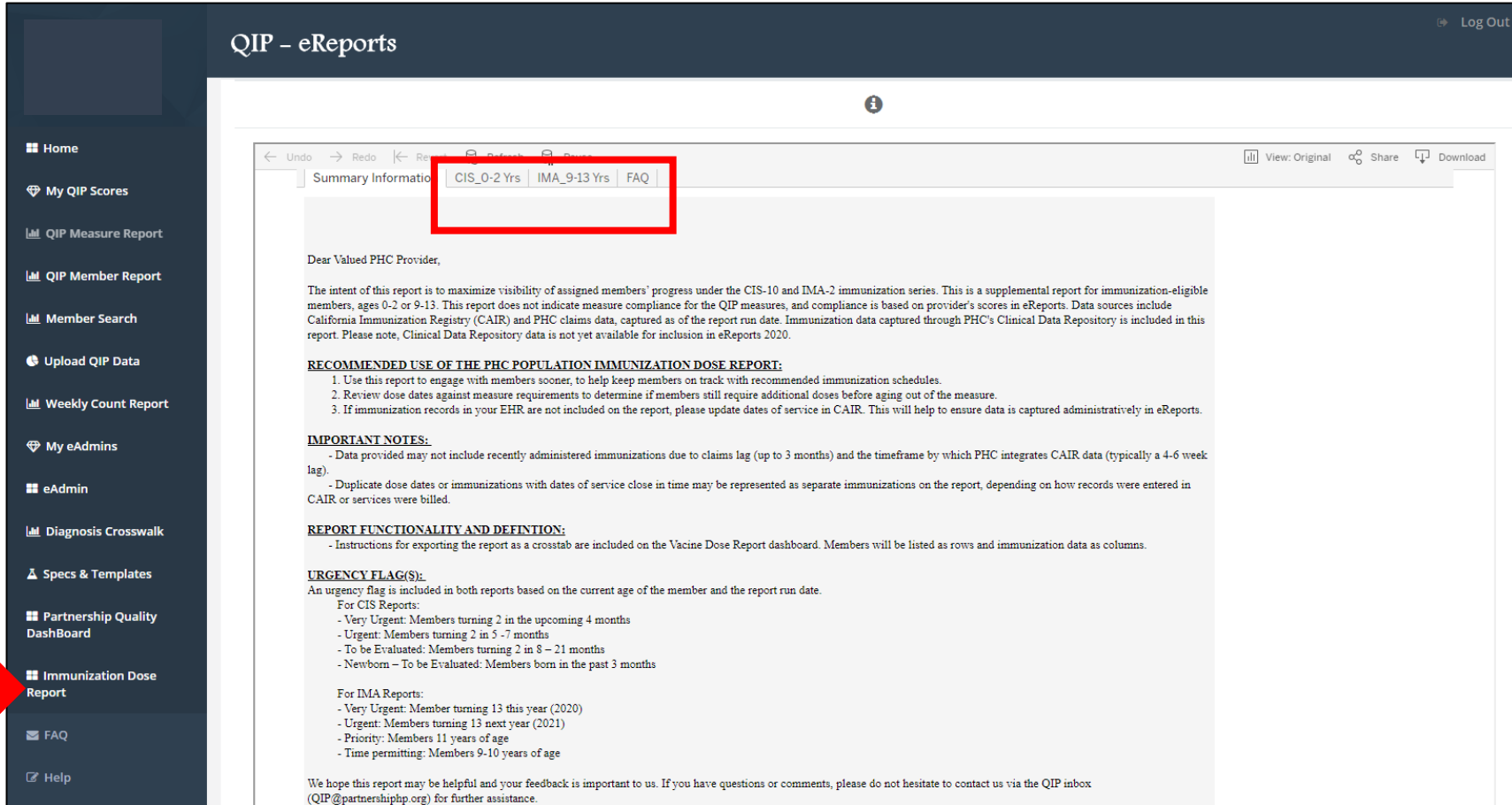
Monitoring Measures (Not in the Core Clinical Measurement Set)

[Refresh](#)

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Adolescent Well Care 2020	9.76 %	257	2634	NA	NA	54.26%	1430/257	NA	NA
Breast Cancer Screening 2020	52.96 %	403	761	NA	NA	58.67%	447/403	NA	NA
Cervical Cancer Screening 2020	50.04 %	1682	3361	NA	NA	60.65%	2039/1682	NA	NA
Diabetes - Retinal Eye exam 2020	17.31 %	126	728	NA	NA	58.88%	429/126	NA	NA
Immunization for Adolescents 2020	16.15 %	52	322	NA	NA	34.43%	111/52	NA	NA
Well Child 3-6 Years 2020	13.27 %	155	1168	NA	NA	72.87%	852/155	NA	NA

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- eAdmin
- Diagnosis Crosswalk
- Specs & Templates
- PHC Internal User Menu
- Partnership Quality DashBoard
- Immunization Dose Report
- FAQ
- Help

Immunization Dose Reports – On Demand



QIP – eReports Log Out

Home

- My QIP Scores
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- My eAdmins
- eAdmin
- Diagnosis Crosswalk
- Specs & Templates
- Partnership Quality DashBoard
- Immunization Dose Report**
- FAQ
- Help

Summary Information | CIS_0-2 Yrs | IMA_9-13 Yrs | **FAQ**

Dear Valued PHC Provider,

The intent of this report is to maximize visibility of assigned members' progress under the CIS-10 and IMA-2 immunization series. This is a supplemental report for immunization-eligible members, ages 0-2 or 9-13. This report does not indicate measure compliance for the QIP measures, and compliance is based on provider's scores in eReports. Data sources include California Immunization Registry (CAIR) and PHC claims data, captured as of the report run date. Immunization data captured through PHC's Clinical Data Repository is included in this report. Please note, Clinical Data Repository data is not yet available for inclusion in eReports 2020.

RECOMMENDED USE OF THE PHC POPULATION IMMUNIZATION DOSE REPORT:

1. Use this report to engage with members sooner, to help keep members on track with recommended immunization schedules.
2. Review dose dates against measure requirements to determine if members still require additional doses before aging out of the measure.
3. If immunization records in your EHR are not included on the report, please update dates of service in CAIR. This will help to ensure data is captured administratively in eReports.

IMPORTANT NOTES:

- Data provided may not include recently administered immunizations due to claims lag (up to 3 months) and the timeframe by which PHC integrates CAIR data (typically a 4-6 week lag).
- Duplicate dose dates or immunizations with dates of service close in time may be represented as separate immunizations on the report, depending on how records were entered in CAIR or services were billed.

REPORT FUNCTIONALITY AND DEFINITION:

- Instructions for exporting the report as a crosstab are included on the Vaccine Dose Report dashboard. Members will be listed as rows and immunization data as columns.

URGENCY FLAG(S):

An urgency flag is included in both reports based on the current age of the member and the report run date.

For CIS Reports:

- Very Urgent: Members turning 2 in the upcoming 4 months
- Urgent: Members turning 2 in 5 -7 months
- To be Evaluated: Members turning 2 in 8 – 21 months
- Newborn – To be Evaluated: Members born in the past 3 months

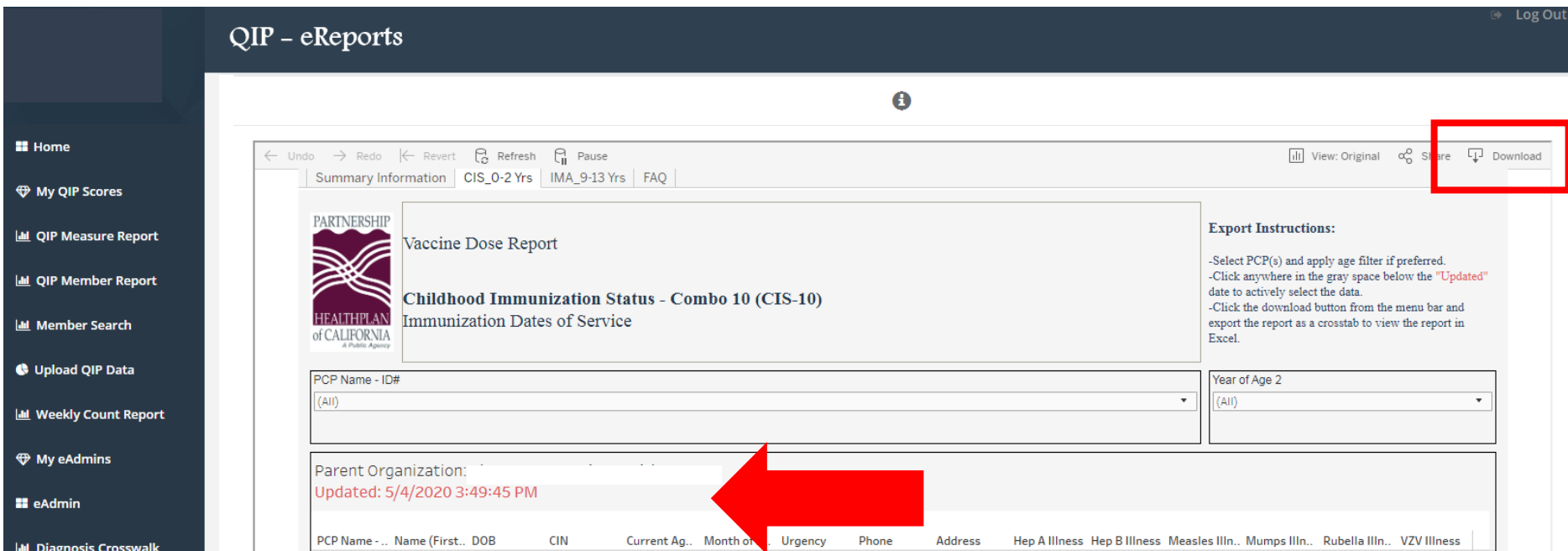
For IMA Reports:

- Very Urgent: Member turning 13 this year (2020)
- Urgent: Members turning 13 next year (2021)
- Priority: Members 11 years of age
- Time permitting: Members 9-10 years of age

We hope this report may be helpful and your feedback is important to us. If you have questions or comments, please do not hesitate to contact us via the QIP inbox (QIP@partnership.org) for further assistance.

How to Download the Immunization Dose Reports?

1. Click the data table to select data.
2. Click Download and select Data or Crosstab.
3. Report will download into Excel.



The screenshot displays the 'QIP - eReports' interface. On the left is a navigation menu with options like 'Home', 'My QIP Scores', 'QIP Measure Report', 'QIP Member Report', 'Member Search', 'Upload QIP Data', 'Weekly Count Report', 'My eAdmins', and 'eAdmin'. The main content area shows a 'Vaccine Dose Report' for 'Childhood Immunization Status - Combo 10 (CIS-10) Immunization Dates of Service'. The report includes a 'Summary Information' tab, a 'PCP Name - ID#' dropdown menu, and a 'Year of Age 2' dropdown menu. A red box highlights the 'Download' button in the top right corner. A red arrow points to the 'Updated: 5/4/2020 3:49:45 PM' timestamp. Below the report is a table with columns for PCP Name, Name (First, DOB, CIN, Current Ag., Month of, Urgency, Phone, Address, Hep A Illness, Hep B Illness, Measles Illn., Mumps Illn., Rubella Illn., and VZV Illness.

Medical Record Documentation (W15)

- Documentation should include a note indicating a visit to a PCP, the date when the well-child visit occurred.
- 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.

Medical Record Documentation

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. See Staying Healthy Assessment (SHA).⁽²⁾

Exclusions

- Members in hospice are excluded from the eligible population.

Proposition 56: Developmental Screening and ACEs Screening

- Developmental screening: \$60 million budgeted state-wide:
 - Paid based on use of CPT code: 96110, without a modifier, once for each age group: 0-1 year old, 1-2 years old, and 2-3 years old
 - Rate: \$59.50
 - Nine standardized tool options as defined in CMS Core Measure Set Specifications (not the same at AAP)
 - Any other tool used (such as the MCHAT for autism screening), must add a KX modifier. These will be paid the usual claim rate, but not be eligible for the bonus payment.
 - PHC will institute an education and audit process to assist with the transition to use of only the allowed tools for children under the age of 3
- There is also ACEs screening, although after 7/1/20, providers must have completed a two-hour training to bill for this. The reimbursement is \$29.



Measure Alert PCP QIP 2021



W15 and Well-Child Visits in the First 30 Months of Life -W30- (pending **PCP QIP**)

- W15 is 6 or more well child visits by the 15 months birthdate (current)
- Two well child visits with a PCP between 15 months plus 1 day to the child's 30 month birthday
- No longer a Hybrid Measure
- Removed the telehealth exclusion
- Telehealth visits must be billed using the value sets for these measure (i.e., Well-Care Value, Online Assessments Value Set)
- Denominator = The eligible population
- Numerator = Children who turned 30 months old during the MY and had two or more well-child visits in the last 15 months

Well-Child Visits Measures W34 and AWC
have been removed from the
2020 PCP QIP
now are Monitoring Measures

Monitoring Measures

Monitoring Measures (Not in the Core Clinical Measurement Set)

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %
Adolescent Well Care 2020	9.47 %	617	6514	NA	NA	54.26%
Breast Cancer Screening 2020	50.97 %	735	1442	NA	NA	58.67%
Cervical Cancer Screening 2020	57.50 %	3752	6525	NA	NA	60.65%
Diabetes - Retinal Eye exam 2020	26.43 %	327	1237	NA	NA	58.88%
Immunization for Adolescents 2020	29.63 %	227	766	NA	NA	34.43%
Well Child 3-6 Years 2020	16.61 %	473	2848	NA	NA	72.87%

Intentions for the Monitoring Measurement Set

- Not part of the Core Measurement Set.
- No points assigned for incentive dollars.
- Ability to monitoring your performance with access to the member gap in-care lists.

Measure Alert PCP QIP 2021





Measure Alert PCP QIP 2021



Child and Adolescent Well-Care Visit (WCV): replaces the former W34 and AWC HEDIS (***pending PCP QIP***)

- Added members 7 - 11 years
- Removed the Hybrid Data Collection Method
- Removed the telehealth exclusion
- Telehealth visits must be billed using the value sets for these measure (i.e., Well-Care Value, Online Assessments Value Set)
- Denominator** = The eligible population

Numerator = One or more well-care visits (Well-Care Value Set) during the measurement year.

The well-care visit must occur with a PCP or an OB/GYN practitioner. The practitioner does not have to be the practitioner assigned to the member.

Poll Questions

Q1. Visits which occur via synchronous telehealth (which requires real-time audio and video), telephone visits, and asynchronous (virtual check-ins includes: e-visits, use of patient portal, secure text messaging or email) WILL MEET administrative criteria if the visits are billed using the value sets for these measures (i.e., Well-Care Value, Online Assessments Value Set). T/F

Q2. A MINIMUM OF 14 DAYS must elapse between well-child visits to be counted as separate visits for the purposes of the W15 measure. T/F

California Redwoods



Best and Promising Practices

Seize Every Opportunity: Establish a practice commitment to pediatric/well visits

- ✓ Every visit can be viewed as an opportunity to complete an exam (sick visits when applicable).
- ✓ Ensure documentation of all components in the medical record for each visit where preventive services are addressed.
- ✓ Place next well-child visit sticker on health card. Schedule next appointment before the member/patient leaves the office or while “waiting” to be seen by the provider (e.g., in the exam room).
- ✓ Schedule the sixth well-child visit appointment prior to the 15-month birthday.
- ✓ Actively pursue missed appointments with letters and reminder calls. Reminder calls by staff are more effective than auto calls. Assign to staff.

Best and Promising Practices

Set up EMR Alerts to:

- ✓ Flag patients so each staff member can use to identify and communicate to parents/guardians who are due for well-child services at every member/patient encounter.
- ✓ Triggers staff to make reminder phone calls.
- ✓ Use standardized templates in EMRs to guide providers and staff through the visit to ensure all components were met and documented.

Increase Access:

- ✓ Offer extended evening or weekend hours.
- ✓ Identify and address barriers to care (transportation, language, cultural beliefs). Partner with established community agencies, schools, after-school programs, and faith-based organizations.

Best and Promising Practices

Communication/Education:

- ✓ Educate staff to schedule visits within the time frames.
- ✓ Use gap lists to help manage your total population. Make outreach calls and/or send letters/texts/alerts in portals of the need for a visit. Use personalized birthday cards as reminders.
- ✓ Use all visits as teachable moments to increase well-child visits and health literacy.
- ✓ Member information: Ensure information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications. (Based on patient's preference.)

Best and Promising Practices

Strengthen Internal Operating Practices:

- ✓ Submit timely claims and encounter data within 90 days of service.
- ✓ Use complete and **accurate codes** to capture services completed.
- ✓ Review operational work flows - can reduce barriers and promote more efficient delivery.
- ✓ Use your huddles to brief/communicate members needing service - scrub charts prior to huddles.
- ✓ Report back to all levels of staff on your progress to meet measures. Builds common language for quality improvement.
- ✓ Schedule a standing meeting with your QI staff to review the resources offered by PHC (e.g., coaching support, maximizing eReports, and PQD usage).

Best and Promising Practices

- ✓ Commit to one change you will test in your practice site to make well-child visit adherence an easier choice for members/patients.



Upcoming QI Events

Training and Education 2020 Noon - 1 p.m.

Accelerated Learning Education Program: CME/CE approved

- Childhood Immunization (CIS10 & IMA2) - October 6
- Asthma Medication Ratio Academic Detailing - October 20

Virtual ABCs of Quality Improvement: CME/CE pending

October 7, 14, 21, and 28 / November 4 and 12
(No cost individual coaching available)

2019 PCP QIP High Performers - How'd They Do That?

October 8 and November 5

Tools for Prioritizing Quality Measures- October 1

Change Management/Change Fatigue and QI- October 27

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

Voices from the Field



Voices from the Field

Petaluma and Rohnert Park Health Centers

Tiffany Jimenez, RN, MSN

Quality Improvement and Care Innovations Director

Petaluma
HealthCenter

The logo for Petaluma HealthCenter features the text "Petaluma HealthCenter" in a bold, sans-serif font. The word "Petaluma" is on the top line, and "HealthCenter" is on the bottom line. The "C" in "Center" is white and is partially enclosed by a large, solid green circle that overlaps the text.

Q & A

What questions do you have for us?



PHC Resources

QI/Performance Team: ImprovementAcademy@partnershiphp.org

Quality Improvement Program: 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/>

PHC QI Resources

A Quick Guide to Starting Your Quality Improvement Projects

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



Resources

- https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelines_duringCOVID19Pandemic_03_27_20.pdf
- <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx>
- *Northwest Regional Telehealth Resource Center, Quick Start Guide to Telehealth During the Current Public Health Emergency. March 2020.*
<https://nrtrc.org>
- California Telehealth Resource Center, <http://www.caltrc.org/knowledge-center/best-practices/sample-forms>
- California Primary Care Association, www.CPCA.org
- Center for Care Innovations, <https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>

References

References:

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.

National Committee on Quality Assurance (NCQA) HEDIS® 2019 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

National Committee on Quality Assurance (NCQA) HEDIS® Technical Specifications for Health Plans; NCQA HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2 Narrative. HEDIS® is a registered trademark of NCQA.

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 MEDICAL MANAGED CARE HEALTH PLANS

Contact Us

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Evaluation

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

