

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

A Public Agency



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

Child and Adolescent
Well-Care Visits,
Immunizations,
Counseling for Nutrition
and Physical Activity for
Children/Adolescents

*Dr. Jeff Ribordy, MD, MPH
Medical Director*

*Flora Maiki, MHA
Improvement Advisor
July 27, 2021*

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.

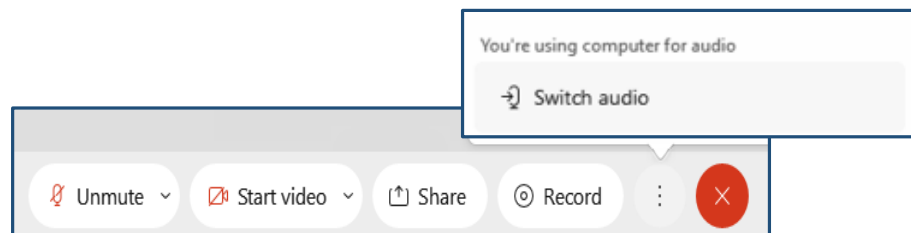
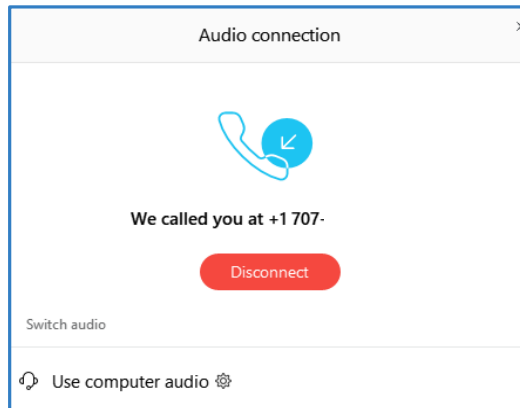


Figure 2

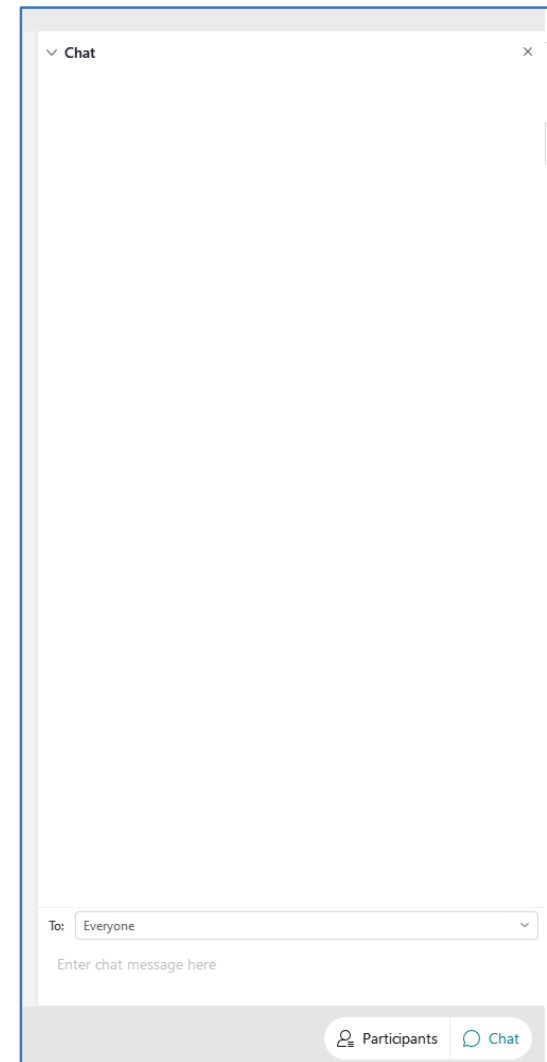
Enter telephone number



Webinar Instructions

Figure 1

- All attendees have been muted to eliminate any possible noise/interference/distracton.
- 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.



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.

The AAFP has reviewed Accelerated Learning Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 04/13/2021 to 04/13/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Child and Adolescent Well-Care Visits (3 - 17 Years).

Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.

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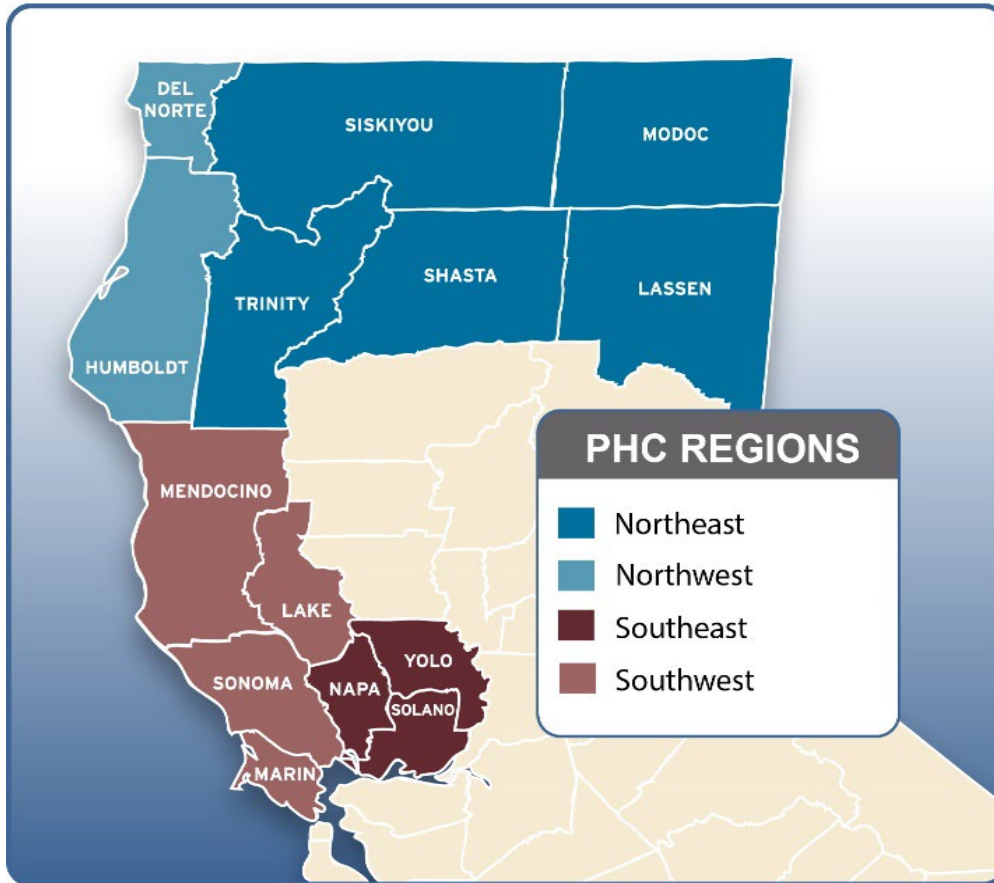
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Accelerated Learning Program

- Well-Child Visits and Immunizations (0 - 2 years)
- Early Cancer Detection (Cervical, Breast, and Colorectal Cancer Screening)
- Controlling High Blood Pressure
- Diabetes Management HbA1C Good Control
- Improving Asthma Care and the Asthma Medication Ratio
- **Child and Adolescent Well-Care Visits (3 - 17 years)**
Immunizations for Adolescence – Combination 2,
Counseling for Nutrition for Children/Adolescents
and Counseling for Physical Activity for
Children/Adolescents

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:

- Understand clinical background, specifications, and performance threshold definitions.
- Apply documentation requirements, including telehealth, to maximize measure adherence.
- Ensure that the two additional indicators, Counseling for Nutrition for Children/Adolescents and Counseling for Physical Activity for Children/ Adolescents accompany the Child and Adolescent Well-Care visit assessment.
- Identify best and promising practices to close gaps in services.

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>

Child and Adolescent Well-Care Visit



Measure Specifications

Description: The percentage of members 3-17 years of age who had at least one well-care visits with a PCP or an OB/GYN during the measurement year (MY).

Denominator: Number of continuously enrolled members 3-17 years of age as of the measurement year (MY).

Numerator: Number of members in the denominator with at least one completed well-care visit with a PCP or OB/GYN during the measurement year (MY).

The practitioner does not have to be the practitioner assigned to the member.

Telehealth

- Visits which occur via synchronous telehealth and asynchronous, meet administrative criteria if the visits are billed using the value sets for these measure (i.e., well-care value, online assessments value set).
- If a portion or all of a visit is done virtually, use the modifier .95 after the CPT code for the visit.
- Visits that include a physical exam, use preventive visit codes: 99381-5 or 99391.

Child and Adolescent Well-Care Visits

Description

The percentage of members 3 - 17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Points and Thresholds by Practice Type

Please see the [Summary of Measures Table](#) for points, thresholds, and relative improvement criteria.

Denominator

The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31, 2021 (DOB between January 1, 2004 and December 31, 2018).

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, 2021 and December 31, 2021).

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 2021, 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.

PHC policy on Virtual Well Child Visits during COVID-19 emergency: Well-child visits may be performed in-person, virtually by phone or video, or a combination of these, depending on the judgement of the clinician balancing the local public health implications of in-person visits and the individual needs of the patient. Virtual visits are billed using a .95 modifier after the CPT code for the visit.

TARGET:

47.54¹

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.

¹ The target is based on PHC's plan-wide 75th percentile, as this is a first year measure.

Counseling for Nutrition and Physical Activity for Children/Adolescents



Counseling for Nutrition and Physical Activity for Children/Adolescents

Description: The percentage of assigned members 3-17 years of age who had an outpatient visit with a PCP or an OB/GYN during the MY and who had *evidence of counseling for nutrition and counseling for physical activity or referral for nutrition education and referral for physical activity during the MY.*

Denominator: The number of assigned members 3-17 years of age as of the MY who had an outpatient visit with a PCP or an OB/GYN.

Numerator: The number of assigned members with evidence that counseling for nutrition and counseling for physical activity or referral for nutrition education and referral for physical activity was documented at least once during the MY.

Counseling for Nutrition for Children/Adolescents

Documentation should have date and at least one of the following:

Weight or obesity counseling

Anticipatory guidance for nutrition

Member received educational materials on nutrition during a face-to-face visit

Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)

Checklist indicating nutrition was addressed

Counseling or referral for nutrition education

Counseling for Physical Activity for Children/Adolescents

Documentation should have date and at least one of the following:

Weight or obesity counseling

Anticipatory guidance for physical activity

Member received educational materials on physical activity during a face-to-face visit

Discussion of current physical activity behaviors (e.g., exercise, participation in sports activities)

Checklist indicating nutrition was addressed

Counseling or referral for physical activity

Counseling for Nutrition and Physical Activity for Children/Adolescents

- Virtual visits are billed using a .95 modifier after the CPT code for the visit.
- Exclusions: Members who have a diagnosis of pregnancy during the MY.

Developmental and ACEs Screenings

Prop 56 Funded Priority

Funds two important screenings for children and adults

- Development Screening
- ACEs Screening

Enhanced funding for all providers including: FQHCs, RHCs, and Indian Health Services (outside of prospective payment)

- Developmental - \$59.90 per screening (up to three screenings between 9 - 30 months of age)
- ACEs - \$29 once per lifetime for adults or as appropriate for children

Standardized Screening/Testing Coding Fact Sheet for Primary Care Pediatricians: Developmental/Emotional/Behavioral – AAP
<https://www.dhcs.ca.gov/provgovpart/Documents/Trauma-Screenings-Policy-10.3.pdf>

Prop 56 (Tobacco Tax) Incentive Programs – Detailed Summary

*MUST bill with Type 1 – individual NPI in one of three available fields, rendering, ordering, prescribing, billing

Developmental Screening

- CPT - 96110, with modifier for autism screening
- Three screens per child
- Can be non-provider screening
- When performed with E/M code a 25 modifier should be used with the E/M code OR a 59 modifier to the 96110
- \$59.90
- Screening tool - listed in notice

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
- \$29 each

Immunizations for Adolescents Combination 2



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 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.

Note: With different dates of service at least 146 days apart.

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

Advisory Committee on Immunization Practices (ACIP) recommendation for Pfizer vaccine for 12-15 years of age in May 2021.

CDC and AAP: co-administration is permissible with other routine vaccines.

It makes sense to catch up routine vaccines now for school-age children, +/- COVID-19 vaccine to allow for safe return to in-person instruction.

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**.

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 for QIP reporting.
- Retroactive entries are unacceptable.

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 or its components any time on or before the member's 13th 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 13th birthday.
- ☐ **Members in Hospice (mandatory exclusion).**



Primary Care Provider Quality Improvement Program (PCP QIP)

PCP QIP

CLINICAL DOMAIN										
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5 - 64 YRS	68.52%	63.58%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	67.15%	61.48%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	66.91%	61.04%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	40.39%	34.43%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.98%	58.67%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.49%	60.65%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	42.02%	34.79%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	41.84%	32.24%	6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	70.92%		--	--	12 / --
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	64.96%		--	--	12 / --
✓		✓	Child and Adolescent Well Care Visit	UTILIZATION	3 - 17 YRS	47.54%		10 / --	--	12.5 / --
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	69.83%	65.83%	10 / 8	--	12.5 / 9

Child and Adolescent Well-Care Visit

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	10 points	47.54%	50th
	Pediatric	12.5 points	47.54%	50th

Counseling for Nutrition for Children/Adolescents and Counseling for Physical Activity for Children/Adolescents

PCP QIP 2021	Measure	Practice Type	Total Points	Threshold	Percentile
Full Points	Nutrition	Pediatric	12 points	70.92%	50th
Full Points	Physical Activity	Pediatric	12 points	64.96%	50th

Immunization for Adolescents Combination 2

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	7 points	40.39%	75th
	Pediatric	12 points	40.39%	75th
Partial Points	Family Medicine	5 points	34.43%	50th
	Pediatrics	9 points	34.43%	50th

Questions



Best and Promising Practices

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

- ✓ Utilize “flag” alerts in the EMR/EHR.
- ✓ Review care gaps daily.
- ✓ Conduct chart scrubbing **prior** to the visit.
- ✓ 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 summer 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.

Best and Promising Practices

Communication/Education:

- ✓ Staff - use approved tailored scripts.
- ✓ In-house training - staff to schedule visits within the time frames.
- ✓ Communication - portals, texts, and/or calls.
- ✓ Outreach to those “no-show”
- ✓ and repeat cancellations.



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.

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:

- ✓ Submit timely claims and encounter data within 90 days.
- ✓ Use complete and accurate codes to capture services completed.
- ✓ 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.

Strategy for eReports

QIP - eReports

Log Out



"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."

GROUP NAME:

Remove Impersonation

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)
Child and Adolescent Well Care 2021	20.53 %	39	190	NA	NA	47.54%	91/39	NA	NA
Asthma Medication Ratio 2021	45.83 %	11	24	NA	NA	63.58%	16/11	68.52%	17/11
Breast Cancer Screening 2021	35.63 %	31	87	NA	NA	58.67%	52/31	63.98%	56/31
Cervical Cancer Screening 2021	42.78 %	160	374	NA	NA	60.65%	227/160	66.49%	249/160
Childhood Immunization Status CIS 10 2021	17.65 %	3	17						
Colorectal Cancer Screening 2021	33.33 %	82	246						
Controlling High Blood Pressure 2021	40.28 %	29	72						
Diabetes - HbA1C Good Control 2021	47.83 %	22	46						

QIP Member Reports

Select a measure: Child and Adolescent Well Care 2021

Select a PCP:

☐ Numerator ☒ Denominator

Apply Filter and Display Report

Clear

Number of members displayed for the selected measure: 190

Export Data Sources

Refresh

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	DOS	PCP	NewMember	Details
Denominator										N	Details
Denominator										N	Details
Denominator										N	Details

Voices from the Field




Voices from the Field

FM

Presenter: Martha Cueto-Salas, MD., F.A.A.P

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Questions





Upcoming QI Events



The Role of Leadership in Quality Improvement Efforts

Date: September 23, 2021 **Time:** Noon - 1 p.m.

Location: Petaluma Health Center

Interview with top performing leadership including the CEO and CMO

Date: October 5, 2021 **Time:** 11 a.m. - Noon

Location: Community Medical Center

Interview with top performing leadership including the CMO, COO, Director of Quality, and FNP

Quality Improvement Trainings

On-Demand Courses

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

Webinars



PHC provides resources and webinars to help our providers improve performance across a variety of clinical, operational and patient experience metrics.

[Click Here for On Demand Courses](#)

- Accelerated Learning
- PCP QIP High Performers - How'd They Do That?
- Project Management 101
- Tools for Prioritizing Quality Measures
- Understanding the Benefits Delivery System

PHC Resources

QI/Performance Team:

ImprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2021 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.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/>

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>
- ❑ 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.

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

Centers for Disease Control and Prevention (CDC): Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020.

CDC and AAP: (<https://www.aappublications.org/news/2021/05/12/cdc-aap-pfizer-covid-vaccine-teens-051221>)

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. The Needs to Optimize Adolescent Immunization, American Academy of

Pediatrics: <https://pediatrics.aappublications.org/content/139/3/e20164186>

Evaluations

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



Contact US

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