

2021 Quality Measure Highlight

Immunizations for Adolescents



MEASURE DESCRIPTION

The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Denominator: The number of continuously enrolled Medi-Cal members who turn 13 years of age during the measurement year.

Numerator: The number of adolescents 13 years of age during the measurement year who had the following immunizations administered by their thirteenth birthday according to the recommended schedule*.

*CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>

Measure Type: Hybrid (medical record / claims / encounters / California Immunization Registry [CAIR])

Coding

Meningococcal vaccine CPT: 90734

Tdap vaccine CPT: 90715

HPV vaccine CPT: 90651

Intent / Importance: For adolescents in the community to be as healthy as possible with the assistance of scheduled vaccinations. These vaccines are recommended for adolescents to prevent them from acquiring serious diseases and to help protect against disease in populations that lack immunity, such as infants, elderly and individuals with chronic conditions.

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

Relative Improvement

- A site’s performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Compliant Documentation

Evidence that the antigen was rendered 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 administered
Documentation from California Immunization Registry (CAIR)

HPV: For the two doses of the HPV vaccination series, there must be at least 146 days between the first and second dose. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25. *To align with Advisory Committee On Immunization Practices (ACIP) recommendations, the minimum interval for the two-dose HPV vaccination schedule is 150 days (5 months), with a 4-day grace period (146 days).*

Meningococcal: Immunizations documented under a generic header of “meningococcal” and generic documentation that the “meningococcal vaccine,” “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” were administered meet criteria. *To align with ACIP recommendations, only the quadrivalent meningococcal conjugate vaccine (serogroups A, C, W and Y) is included in the measure.*

Tdap: Immunizations documented using a generic header of “Tdap/Td” can be counted as evidence of Tdap.

*Note: Ensure you differentiate between **Tdap** and **DTaP**. This measure is looking for evidence of the **Tdap** (Think “T” for teen).*

Non-Compliant Documentation

- For meningococcal conjugate, do not count meningococcal recombinant (serogroup B) (MenB) vaccines.
- A note that the “member is up to date” with all immunizations but does not list the dates of all immunizations and the names of the immunization agents **does not constitute sufficient evidence** of immunization for QIP reporting.
- Retroactive entries are unacceptable as all services must be rendered and documented in the medical record by the deadline established in the measure (e.g., if the deadline is by the 13th birthday all services must be documented in the medical record on or before the 13th birthday).

Exclusions

- Exclude adolescents who had a contraindication for a specific vaccine.
- Members in hospice are excluded from the eligible population.
- 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.

Best and Promising Practices

Establish formal practice commitment to vaccinations.

- Utilize “flag” alerts in the EMR / EHR system so staff can identify and communicate to members/parents/guardians that immunization are due at every member encounter.
 - Focus on members turning 13 in future years, opposed to only the current measurement year.
 - Conduct chart scrubbing prior to the visits to determine if immunizations are due.
 - Use standardized templates in the EMR / EHR system to guide providers and staff through visits to ensure all components were met and documented.
 - Use huddle time to brief/communicate re: the member/patient needing service(s).
 - Use acute visits, as appropriate, to provide immunizations.
 - Create immunization only services or walk-in immunization clinics.
- Educate and provide scripting for providers and staff on how to educate and complete vaccination.
 - Communicate with families when vaccination are due (reminders) or late (recall) via portals, texts, and/or calls.
 - Co-administer the human papillomavirus vaccine (HPV) with meningococcal and Tdap. State that the HPV vaccine is part of the routine immunization schedule.
 - Provide education: “HPV is the only anti-cancer vaccine available.”
 - Ensure information is consistent, welcoming, in plain and person-centered language, appropriate, and delivered in traditional and electronic applications (based on patient preference).
 - Use approaches that align with your demographics (partner with local schools, faith-based organizations).
- Strengthen internal operating practices.
 - Document parental refusal (Z28 code). (Members with documented parent refusal are counted as non-compliant with the measure specification.)
 - Use California Immunization Registry (CAIR) resources for practices <http://cairweb.org/how-cair-helps-your-practice/>
 - Hardwire coding in EMR / EHR to accurately reflect visit reasons and diagnosis.
 - Timely submission of claims and encounter data within 90 days of service.