



# 2024 Best Practices Lead Screening for Children


## **Partnership Tools and Programs:**

- In 2023, Partnership invited providers to apply for a [LeadCare II Point of Care testing device](#) which allows clinic staff to collect and run specimens on site. Participants in the program are provided with a device and are eligible to own it after 12 months, if the clinic is successful in meeting lead testing targets. This program will be offered again in 2024. Providers will be notified when the new application period opens.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventative Care for 0-2 Year Olds* for more information about blood lead testing.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303 Monday – Friday 7 a.m. – 7 p.m. PST.

## **Member Care:**

- All children enrolled in Medi-Cal must receive lead prevention education at well-child visits from 6 months through 6 years of age. This education must be documented. Add this to EMR templates for each well child visit.
- All children on Medi-Cal must be tested for lead exposure at 12 and 24 months. Abnormal lead results require documentation of follow-up. Include blood lead testing completion and coding steps in EMR templates for 12-month and 24-month well child visits, at minimum, but practices are encouraged to add prompts to each well child visit from 12 months to 6 years in order to identify and test any children missing age-appropriate lead testing.
- To catch children whose blood lead test is not complete after 24 months old, utilize “flag” alerts in the EMR / EHR system or pre-visit planning tools so that each staff member can identify and communicate to caregivers, at every member encounter, that their child is due for screening services and offer testing that day.
- Utilize Partnership-provided quarterly lists (and/or internally produced) lists of patients behind on testing, to guide outreach to families
- Create standing orders for internal staff so that capillary specimens can be collected when the patient is roomed
- Train staff to use affirmative language when talking with parents about lead testing rather than asking parents if they would like their child tested

- Provide education internally to all providers and clinic staff serving children on the need for testing and communicate best practices
- Consider obtaining a point of care lead testing machine which reduces barriers to testing by allowing for collection of the sample in the exam room and running of the sample on site rather than sending the patient to an on-site or off-site lab.
- If you are looking at testing options, consider reaching out to your county Public Health lab to see if they offer lead testing. Some county Public Health Labs have obtained point of care testing devices and are able to receive capillary specimens from clinics for testing. Public Health then reports results to the clinic and to CDPH.

 An important key to success is specimen collection in the exam room, regardless of where the specimen is then run. Sending parents and children to a lab (even on-site) should be avoided, if at all possible, as it leads to lower testing rates.

### **Equity Approaches:**

- Consider using an equity approach to increase screening rates for targeted communities. By looking at blood lead test completion rates by such factors as race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify disparities in testing rates that affect specific communities, and plan interventions to address these disparities.
- Ensure member information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Have a conversation with caregivers to confirm that information about blood lead testing is mutually understood, caregivers agree with any plans made, and caregivers were given the opportunity to ask questions.

### **Data and Coding:**

- Submit claims and encounter data within 90 days of service.
- Code point of care tests as part of encounter/claims submission.
- Compare EHR or lab requisition forms with HEDIS code to ensure lab order is in alignment with measure.

### **Helpful Links:**

#### **[2024 PCP QIP Technical Specifications](#)**

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

#### **[QIP eReports Portal](#)**

- 2024 Detailed PCP QIP Technical Specifications
- Measure Reports
- Diagnosis Code Crosswalk Report

- QIP Member Report