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Improving Measure Outcomes:
Pediatric Preventative Care for 3-17 Year Olds

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Learning Objectives

Improving Measure Outcomes: Preventative Care for 3 - 17 Year Olds

- Apply measure specification requirements to maximize measure performance adherence in the delivery of child and adolescent well-care visits, screenings, dental varnish and immunizations.
- Define the clinical background, specifications, and performance threshold definitions of the 2024 Primary Care Provider Quality Improvement Program Specifications: Child and Adolescent Well-Care Visits and Immunizations for Adolescents measures.
- Identify best and promising practices that can be used to address clinical work flows, improve interpersonal communication, member and staff education, eliminate barriers to access, improve outreach for under-resourced communities, and technical tips to improve child and adolescent well-care visits, screenings, and immunizations for adolescents, especially for patients from groups that have been historically, economically, or socially marginalized.

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Overview of Clinical Guidelines for Pediatric Preventative Measure (3-17)

- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Blood Lead Screening
- Dental Fluoride Varnish Use

Well-Care Visits: Five Segments to Include

1. **Health history:** Can include, but is not limited to, past illness (or lack of), surgery or hospitalization (or lack of these) and family health history.
2. **Physical development history**: Includes age-appropriate milestones like motor development for infants and children; Tanner Stages, puberty, or smoking, illicit drug use, and alcohol use for adolescents.
3. **Mental development history**: Milestones can include appropriate communication and mental milestones for age; reading for enjoyment; doing well in school; loving, caring and supportive relations with family; sexual identity.
4. **Physical exam**: Includes records of at least two body systems not related to the reason for the visit if the visit is for an acute or chronic condition. Note of "physical exam WNL" is acceptable.
5. **Health education/anticipatory guidance**: By health care provider in anticipation of emerging issues that a child or family may face. e.g., Notes of tobacco screening, use or exposure; physical abuse or neglect; preventive teaching in anticipation of child's development. Must be age-specific.

Non-Adherence for Well-Care

1. **Health History**: Notes of allergies or medications or vaccine status alone. If all three are documented, it meets health history standard.
2. **Physical Development History**: Note of “appropriate age” without specific mention of development. Note of “well developed” alone.
3. **Mental Development History**: Note of “appropriate for age” without specific mention of development.
4. **Physical Exam**: Vital signs alone. Visits to an OB/GYN if the visit is limited to OB/GYN topics alone (for adolescent well visits).
5. **Health Education/Anticipatory Guidance**: Information regarding medication or vaccines or their side effects. Teaching, advising, or educating in response to a sick episode - services that are specific to an acute or chronic condition.

Child and Adolescent Screenings

For a American Academy of Pediatrics (AAP) list of available screening tools, visit:

https://publications.aap.org/toolkits/resources/15625/?autologincheck=redirected

Youth Depression in California

According to the 2022 KIDS COUNT® Data Book, developed by the Annie E. Casey Foundation:

- California youth experienced the second largest increase in anxiety and depression among all states; 11.9% of children age 3 to 17 were diagnosed with depression or anxiety in 2020, up from 7% in 2016.
- Suicide rate among Black youth has increased in recent years, occurring at a rate of nearly twice that of other children (12.3 per 100,000 youth vs. 6.6 per 100,000).
- 41% of heterosexual youth reported feelings of sadness, hopelessness, and rejection by family daily for 2+ consecutive weeks; 75% of LGBTQ+ youth reported such feelings.
- There's an increased need for behavioral health services, but California children are also facing access barriers. In recent years 65% of California youth diagnosed with major depression do not receive treatment because of lack of access.

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Depression Screening

Depression Screening and Follow-Up:

- Ages 12 and up
- Screening Tool Option: **PHQ-9 Modified for Teens (PHQ-A)**
- The Severity Measure for Depression - Child Age 11 - 17 (adapted from PHQ-9 modified for Adolescents [PHQ-A]) is a 9- item measure that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11 - 17.

CA Youth Tobacco Use In Rural Settings

Prevalence

Youth attending school in Far Northern California and Eastern Central California had the highest prevalence of any tobacco use. Additionally, youth in rural areas had the highest prevalence of any tobacco product use (Figure 5).

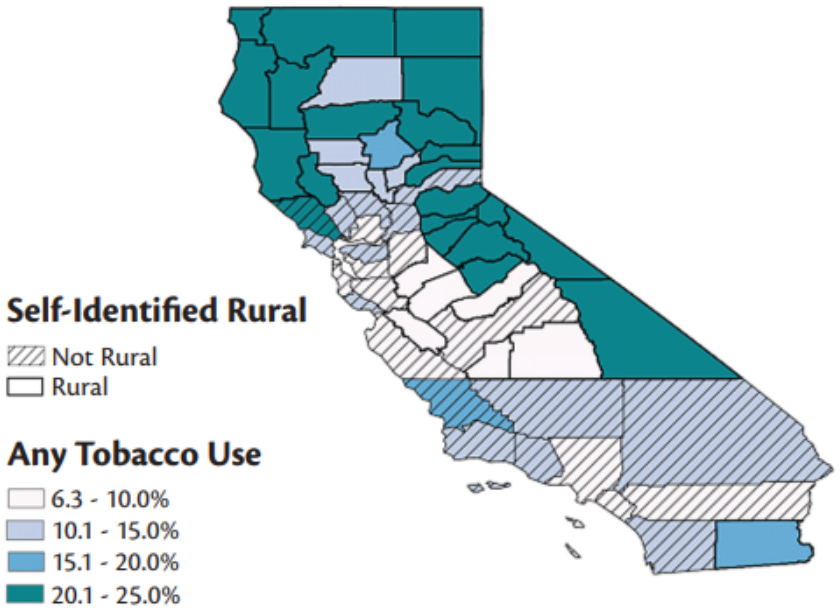

Figure 5. California high school student current (past 30 day) use of any tobacco product by geographic region.

Note. Any tobacco product use includes students who reported using vapes, cigarettes, little cigars or cigarillos, big cigars, smokeless tobacco, hookah, and/or heated tobacco products in the past 30 days.

Data source. 2019-2020 California Student Tobacco Survey.

CA Youth Alcohol Use

- California has the highest number of youth (under 21) reporting alcohol use and binge drinking as of a 2023 analysis by Oxford Treatment Center.

- The CDC reports that alcohol is the most commonly misused drug in the country by youth. It's estimated that there are more than 3,900 alcohol-related youth deaths each year.

- Drinking among individuals under age 21 can have harmful effects, including (but not limited to) disruptions in normal growth development, legal problems, and memory problems.

Substance Use Screening Including Alcohol and Tobacco

Unhealthy Alcohol Use Screening and Follow-Up & Tobacco Use Screening:

- Ages 11 - 21
- **Screening Tool Option**: Car, Relax, Alone, Forget, Trouble Questionnaire (CRAFFT 2.1+N)
  - This tool is included on the AAP screening tool list for ages 11 - 21 years of age. It screens for substance use including tobacco, alcohol and other drugs. It also includes vaping. The tool is available in over 30 languages and is free of charge.

Adverse Childhood Events Screening (ACEs)

ACEs affect nearly two million children in CA across socioeconomic lines, putting them at risk for health, behavioral, and learning problems.

ACEs are traumatic childhood experiences - which include abuse, neglect, and being exposed to violence, mental illness, divorce, substance abuse, or criminal activity that often leave people more vulnerable to environments and behaviors that can lead to poor health. The more ACEs an individual has experienced, the higher their risk climbs.

ACEs Lead to Increased Risk of Negative Physical Health Outcomes - A person with four or more ACEs is:

- 2.1 times as likely to die from heart disease
- 2.3 times as likely to die from cancer
- 5.9 times as likely to contract a sexually transmitted infection

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Adverse Childhood Events Screening (ACEs)

ACEs Lead to Increased Risk of Negative Mental Health Outcomes - A person with four or more ACEs is:

- 4.4 times as likely to suffer from depression
- 4.7 times as likely to seek help from a mental health professional
- 30.1 times as likely to attempt suicide

ACEs Lead to Increased Risk of Substance Use - A person with four or more ACEs is:

- 2.9 times as likely to smoke
- 7.4 times as likely to experience alcoholism
- 10.3 times as likely to use injection drugs

16.3% of California adults reported having been exposed to four or more Adverse Childhood Experiences (ACEs) before the age of 18.

27 out of 58 counties (46.6%) in California were above the state average prevalence of adults reporting having been exposed to four or more ACEs.

ACES Screening

Adverse Childhood Events (ACEs):

- All ages, starting early, annually
- **Screening Tool Option**: PEARLS

The Pediatric ACEs and Related Life-events Screener (PEARLS) is used to screen children and adolescents ages 0 - 19 for ACEs. The PEARLS tool includes a screening for ACEs (Part 1) as well as a screen for additional adversities (Part 2). There are three versions of the tool available, based on age and reporter:

- PEARLS child tool, for ages 0-11, to be completed by a parent/caregiver.
- PEARLS adolescent tool, for ages 12-19, to be completed by a parent/caregiver.
- PEARLS for adolescent self-report tool, for ages 12-19, to be completed by the adolescent.

https://www.acesaware.org/

Immunizations for Adolescents Combination 2

9th Birthday	10th Birthday	11th Birthday	12th Birthday	13th Birthday
		At least one meningococcal conjugate vaccine on or between 11th and 13th birthdays		
	At least one Tdap vaccine on or between 10th and 13th birthdays			
At least two HPV vaccines, on or between 9th and 13th birthdays, with at least 146 days between doses				

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

Non-Adherence

For meningococcal conjugate, do not count meningococcal recombinant (serogroup B) (MenB) vaccines.

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 – all services must be rendered and entered on or before the 13th birthday.

Document caregiver refusal. Counted as non-compliant.

Any of the following meet exclusion criteria

- **Any particular vaccine:** Anaphylactic reaction to the vaccine must be a note with the day of the event any time on or before the member's 13th birthday.
- Anaphylactic reaction (due to serum) to the vaccine or its components.
- **Tdap**: Encephalopathy with a vaccine adverse-effect code anytime on or before the member's 13th birthday.
- Members in hospice.

Blood Lead Testing

California regulations require lead testing at ages 12 months and 24 months for Medi-Cal enrolled children. Catch-up testing must be done up 72 months of age (if not tested at 24 months or if previous test results are not documented).

- Capillary testing results of 3.5mcg/dL or higher require a confirmatory venous test.
- If the results of previous testing are not available, repeat testing is required.

Blood Lead Testing

- Lead prevention education must be documented at every WCC from 6 months to 6 years.
- Parental refusal of lead testing (and the reason) must be obtained in writing, signed by the parent and placed in the medical record. If a parent refuses to sign, the provider must sign, noting that parents have declined and why, if known.

Dental Fluoride Varnish Use

The American Academy of Pediatrics recommends children receive fluoride varnish treatments between two to four times a year until the age of five.

Dental caries remains the most common chronic disease of childhood in the United States. Studies show that low-income children are often at higher risk for dental decay. Early detection of dental disease and opportunities for varnish application during annual check-ups are more likely to occur in the PCP office.

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Health Disparities and Inequities

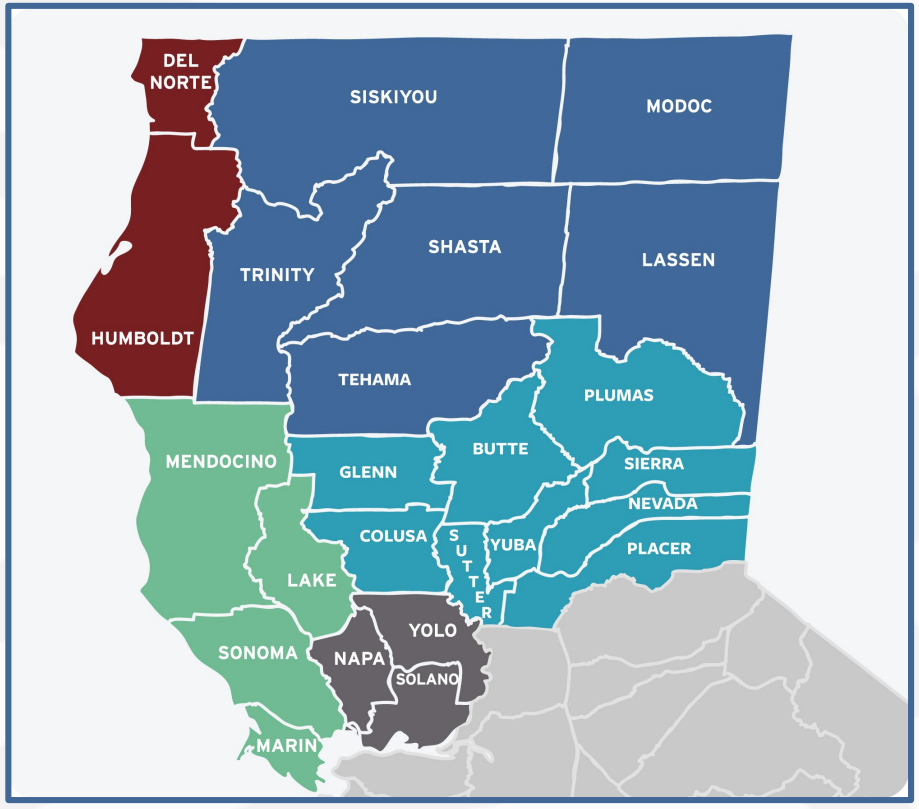
- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Blood Lead Screening

Why Collect Demographics Data

Capturing demographics data like language, race, ethnicity at the organization/clinic level may assist with:

- Identifying race/ethnicity related disparities
- Enhancing availability of interpreters and translated, health-education member-facing materials
- Adaptation of existing services to better meet the cultural and health needs of members
- Improved community relations
- Improve member-clinician communication
- Improve member satisfaction

Partnership's Regions



Southeast: Solano, Yolo, Napa

Southwest: Sonoma, Marin, Mendocino, Lake

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

Northwest: Humboldt, Del Norte

East: Glenn, Butte, Plumas, Colusa, Sutter, Yuba, Nevada, Sierra, Placer

East Data Not Yet Available

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Health Equity Data* from Partnership for Child and Adolescent Well-Care Visits (3-17 years)

NE	NW	SE	SW
44.60	53.21	51.10	54.40

NW

Asian/Pacific Island	52.85
Black	57.79
Hispanic	57.66
Laotian	42.42
Native American	48.45
Other	54.14
Unknown	55.69
White	50.73

NE

Asian Indian	43.75
Asian/Pacific Island	49.28
Black	39.72
Chinese	59.18
Filipino	44.44
Hispanic	49.75
Laotian	48.21
Native American	43.62
Other	46.83
Unknown	48.41
Vietnamese	61.77
White	41.56

75th%	57.44
50th%	48.93
25th%	43.50
below 25th%	

SW

Asian Indian	46.30
Asian/Pacific Island	56.74
Black	44.82
Cambodian	54.35
Chinese	34.40
Filipino	48.00
Hawaiian	53.13
Hispanic	58.90
Native American	45.68
Other	53.71
Unknown	51.32
Vietnamese	51.41
White	45.61

SE

Asian Indian	54.84
Asian/Pacific Island	47.39
Black	37.05
Chinese	48.49
Filipino	42.82
Guamanian	28.57
Hawaiian	32.26
Hispanic	55.70
Korean	52.27
Native American	44.21
Other	52.03
Samoan	28.57
Unknown	49.33
Vietnamese	44.66
White	42.00

*2023 QIP Data

Health Equity Data* from Partnership for Immunizations for Adolescents

NE	NW	SE	SW
20.00	32.57	46.19	43.42

NW

Hispanic	47.09
Native American	30.53
Unknown	18.75
White	28.74

NE

Asian/Pacific Islander	21.88
Hispanic	28.09
Native American	12.50
Unknown	22.76
White	18.03

75th%	41.12
50th%	35.04
25th%	30.41
below 25th%	

SW

Black	27.91
Hispanic	53.29
Native American	18.92
Other	31.45
Unknown	29.03
White	24.34

SE

Asian Indian	58.82
Black	26.83
Filipino	43.55
Hispanic	53.94
Other	34.86
Unknown	38.52
White	29.17

**2023 QIP Data*

Health Equity Data* from Partnership for Lead Screening in Children (Testing Only)

NE	NW	SE	SW
45.92	62.35	55.64	49.99

NW

American Indian an	62.22
Hispanic	69.31
Other/Unknown	65.13
White	52.52

NE

Hispanic	52.85
Other/Unknown	46.91
White	43.69

75th%	70.07
50th%	62.79
25th%	49.61
below 25th%	

SW

American Indian an	20.51
Asian/Pacific Island	53.66
Black	38.71
Hispanic	64.02
Other/Unknown	44.75
White	31.79

SE

Asian/Pacific Island	56.29
Black	39.09
Hispanic	63.73
Other/Unknown	54.20
White	46.56

**2023 Partnership Claims and Encounter Data Only (not QIP data).*
Reflects only members turning 2 years of age in 2023 *who have had at least 1 lead test completed by their 2nd birthday.*

Health Disparities - Potential Drivers

Barriers to pediatric care include:

- Caregiver concerns with language and immigration status
- Poverty, unequal access to healthcare
- Lack of education
- Vaccine hesitancy due to mistrust in healthcare system
- Lack of transportation
- Difficulty for parents/caregivers taking time off work
  - Financial stressors (transportation associated costs, reduction in pay)
- Competing priorities, including caring for other children, school schedules, and caregiver's own medical needs

Children are generally referred to as a vulnerable population in reference to their health because of their relative inability to advocate for their own interests and to protect themselves.

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Overview of Measures: QIP Specifications, Tools and Resources (3-17 years)

- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- 1st HPV Dose - Early Administration
- Dental Fluoride Varnish Use

Child and Adolescent Well-Care Visits (3-17 years) Clinical Measure

Description

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

Denominator

The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31 of the measurement year (DOB between January 1, 2007 and December 31, 2021).

Numerator

The number of children in the eligible population with at least one well-care visit with a PCP or OB/GYN during the measurement year (January 1, 2024 and December 31, 2024).

eReports uploads are allowed January 9, 2025 through January 31, 2025 (not before). All data appearing in eReports during 2024 will be administrative only.

Immunizations for Adolescents Clinical Measure

Description

The percentage of continuously enrolled 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 between January 1 and December 31 of the measurement year (DOB between January 1, 2011 and December 31, 2011).

Numerator

The number of children in the eligible population (13 years of age during the measurement year) in the denominator who had all required immunizations ***by*** their 13th birthday.

eReports uploads are allowed March 1, 2024, through January 31, 2025.

Early Administration of the 1st HPV Dose Unit of Service (UOS) Measure

Description

In 2022, 58% of PHC's members turning 13 did not complete the 2-dose series for HPV vaccinations.

The CDC recommends 1st HPV doses start between ages 11 and 12 (and can actually start at age 9).

PHC's data indicates that members completing their 1st HPV dose by 12 years are much more likely to complete their 2nd by 13, as compared to members who completed their 1st dose after 12.

The purpose of this new UOS measure is to incentivize providers to administer the first HPV dose by the age of 12 in order to have the required 6-month pause between the first and 2nd dose and another 6 months to administer the 2nd HPV dose before the 13th birthday.

Partnership will provide a $50 incentive for early administration of HPV.

Please re-check the specifications in for final updates to this new measure in April 2024.

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Dental Fluoride Varnish Unit-of-Service (UOS) Measure

Denominator

Assigned members aged 6 months to 5 years during the measurement year. (DOB between January 1, 2019, and July 1, 2024).

Numerator

Percentage of members 6 months to 5 years of age within the PCP, Family or Pediatric practice having at least one or more dental varnish applications during the measurement year.

- **Thresholds**
  - Part I: Parent organization submission of proposed plan to implement fluoride varnish application in the medical office - $1,000 per parent organization (only eligible for this Part if it was not completed in prior years).
  - Part II: Minimum 2% of the sites assigned members must receive fluoride varnish. The incentive amount for reaching this threshold is $5 per application.

Quality Incentive Program Tools

Primary Care Provider Quality Improvement Program (PCP QIP)

To get to this page: *PartnershipHP.org > Providers > Quality > Quality Improvement Programs (QIP) > Primary Care Provider Quality Improvement Program (PCP QIP)*

Click “Learn More about the 2024 PCP QIP”

PCP QUALITY IMPROVEMENT PROGRAM

The Primary Care Provider Quality Improvement Program (PCP QIP), designed in collaboration with Partnership HealthPlan of California providers, offers substantial financial incentives, data resources, and technical assistance to primary care providers who serve our capitated Medi-Cal members so that significant improvements can be made in the following areas:

- Prevention and Screening
- Chronic Disease Management
- Appropriate Use of Resources
- Primary Care Access and Operations
- Patient Experience

Contact Us

Email: QIP@partnershiphp.org (please allow two business days for a response)
Fax: (707) 863-4316

PCP QIP Overview

To help orient our providers to the PCP QIP year, we have provided measurement set documents, a code list, and other useful tools and resources.

Learn More about the 2024 PCP QIP

New 2023 Equity Adjustment

Webinars

PCP QIP webinars

Upcoming Webinars and Trainings

On Demand Courses

PCP QIP Page

- What are the measures and changes from 2023 to 2024?
- Specifications Summary
- Non-Clinical Code Lists
- eReports Link
- Annual Timeline Recommendations

PCP QIP 2024

This page includes measurement documents and tools referring to the last and current program years spanning
January 1, 2023 – December 31, 2024.

Approved 2024 PCP QIP Measure Summary (Added January 3, 2024).

Measurement Set Documents

Measure Specifications

Measures vary by practice type. The following document includes measure descriptions and requirements as well as data submission processes by type.

2024 Specifications Manual

Code List

Clinical Measurement Set - Please use eReports Diagnosis Crosswalk to view the code set.

Non-Clinical Measures - Non-clinical code set (Updated October 12, 2022).

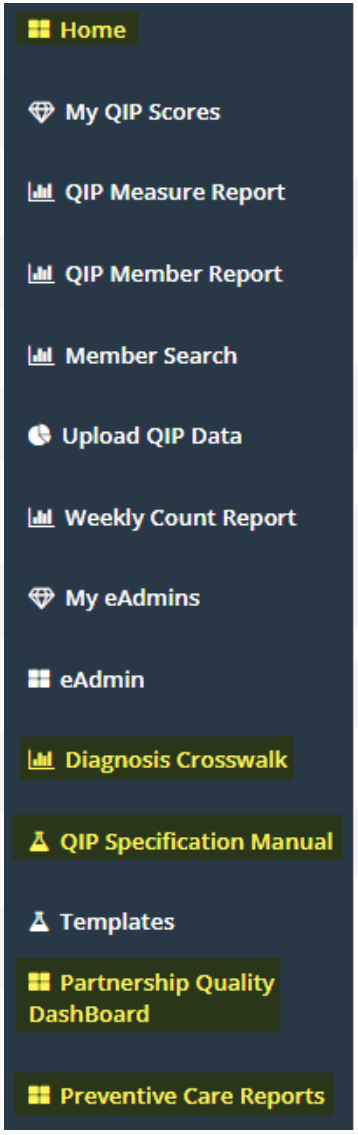
Tools

Click here for eReports

Please refer to the specifications document for your practice type for a data submissions timeline and submission templates.

Timeline for Addressing 2024 and 2025 PCP QIP Measures
Added January 3, 2024

eReports Menu



- Home screen
  - Home button takes you to your current performance dashboard
- Diagnosis Crosswalk
  - Billing codes for numerator compliance
- QIP Specification Manual
  - Detailed specifications
- Partnership Quality Dashboard (PQD)
  - Historical performance view
  - Estimated QIP dollars
  - QIP Stoplight report
- Preventative Care Reports
  - Immunizations and well-care visits

eReports Home

https://qip.partnershiphp.org/Default.aspx

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 2023	52.67 %	404	767	NA	NA	48.93%	376/404	57.44%	441/404
Asthma Medication Ratio 2023	80.00 %	8	10	NA	NA	64.26%	7/8	69.67%	7/8
Childhood Immunization Status CIS 10 2023	43.10 %	25	58	NA	NA	34.79%	21/25	42.09%	25/25
Immunization for Adolescents 2023	18.87 %	10	53	NA	NA	35.04%	19/10	41.12%	22/10
Well Child First 15 Months 2023	52.94 %	9	17	NA	NA	55.72%	10/9	61.19%	11/9

eReports: Diagnosis Crosswalk Coding Questions

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- eAdmin
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- Partnership Quality DashBoard
- Preventive Care Reports

Back to Basics

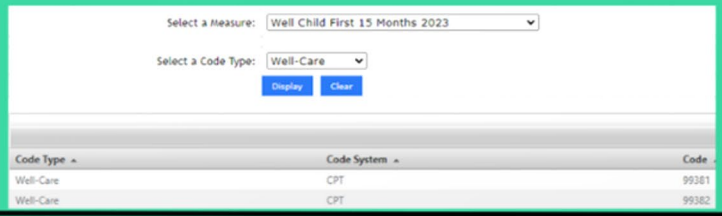
DID YOU KNOW?

About the

Diagnosis Crosswalk

Found in eReports, the **Diagnosis Crosswalk** contains billing codes required for numerator compliance for *all* QIP clinical measures.

Choose your measure of interest and all codes included in the measure logic are listed.



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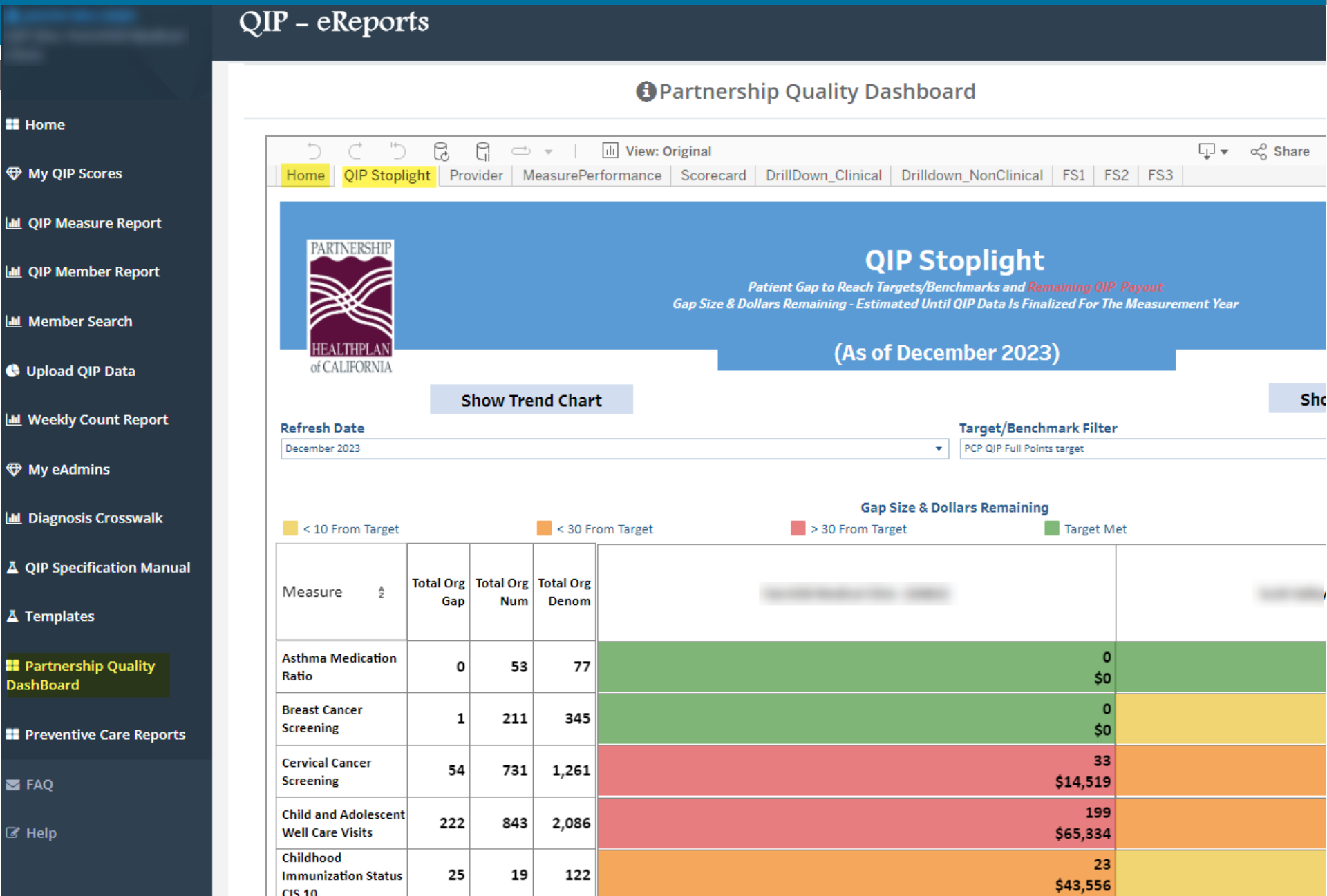
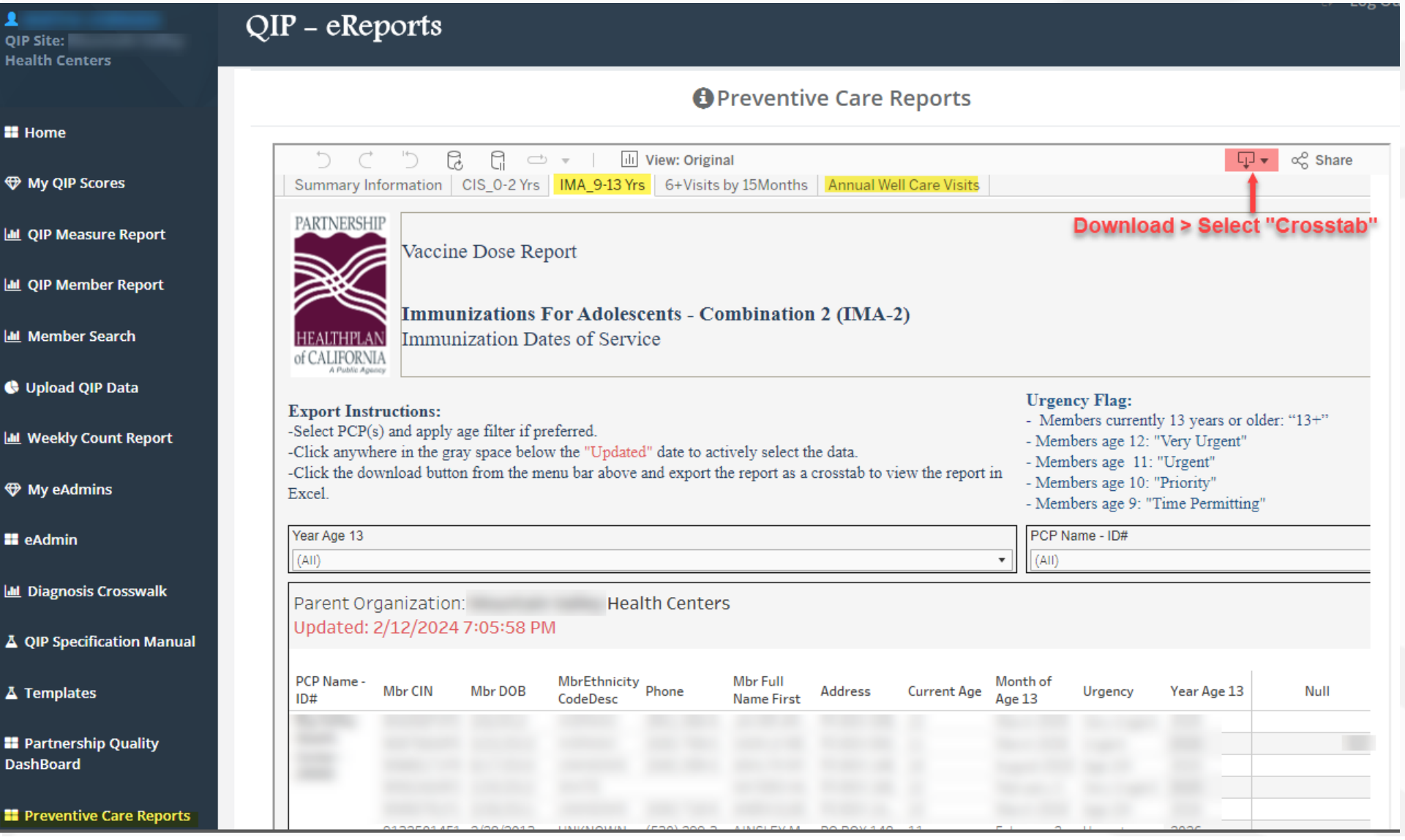
eReports: PQD - QIP Stoplight Report



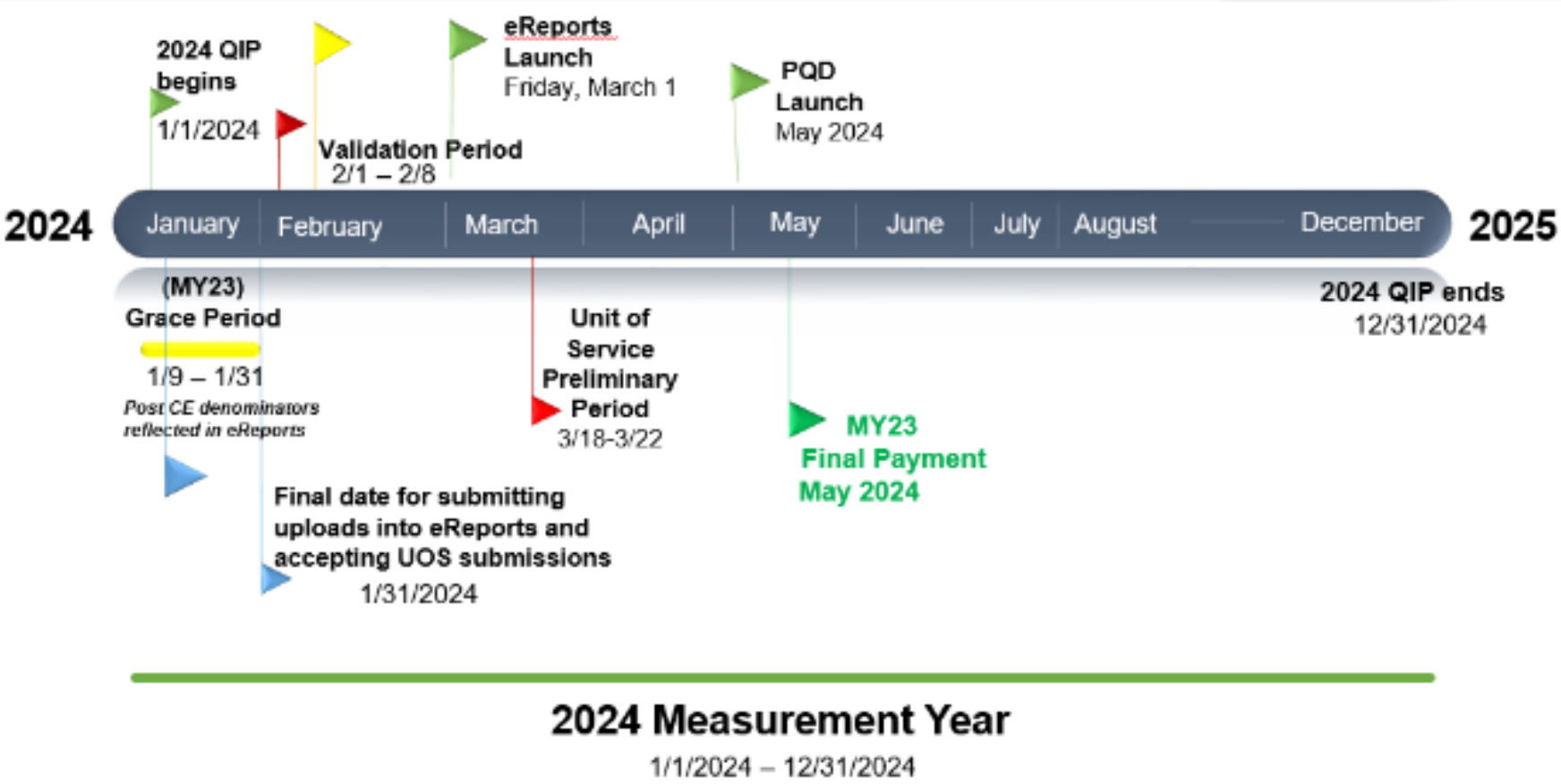
eReports: Preventative Care Reports



Additional Resources

- Need to reach the PCP QIP Team? QIP@PartnershipHP.org
  - eReports access
  - Measure specification questions
- Need a resource for improving performance? Reach out to the Performance Improvement Team: ImprovementAcademy@PartnershipHP.org
  - Coaching, measure best practices, sounding board, project planning guidance, facilitation
- Partnership Quality Dashboard (PQD) User Guide
- Link to PCP QIP Webinars Page: 2024 Kick-Off Webinar recordings are now available for PCP QIP and eReports

PCP QIP Timeline



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Putting Quality Into Practice

Measure Best Practices

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- COVID VACCINE INCENTIVE PROGRAM

MEASURE BEST PRACTICES

The 2024 Measure Best Practices documents are resources for th
(PCP QIP) measure set, which aligns closely with the Managed C
Partnership HealthPlan of California is held accountable by the De
Best Practice document includes Partnership tools and resources,
for patient education, outreach, and equity, data and coding resou

Breast Cancer Screening

Cervical Cancer Screening

Child & Adolescent Well Care ★

Childhood Immunizations Status

Colorectal Cancer Screening

Controlling Blood Pressure

Comprehensive Diabetes Care: HbA1c - Good Control

Comprehensive Diabetes Care: Retinal Eye Exam

Immunizations for Adolescents ★

Lead Screening for Children ★

Unit of Service Dental Flouride Varnish

Well Child Visits 15 Months

Performance Improvement

2024 Best Practices

Child & Adolescent Well-Care Visits

Best and Promising Practices

Partnership Tools and Programs

- The **Preventative Care Report** is continuously available in the eReports portal and is updated daily. This dashboard shows each provider's member list for the Child and Adolescent Well-Care Visits measure denominator, along with a history of completed visits and other information for scheduling Well Child Visits. Use this dashboard to track, schedule and complete annual visits for all children in your practice.
- The Preventative Care Report now contains race/ethnicity and language fields. Use this dashboard to look at Child and Adolescent Well-Care Visits completion rates by

Link to Measure Best Practices

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Measure Best Practices – Well-Care Visits

- Leverage acute and sick exams by converting them to a WCV if the member is due and/or offer vaccines for which they may be due
- Offer extended evening or weekend appointments to accommodate work/school schedules, if feasible
- If possible, schedule next appointment before the member leaves the office/while they are waiting to be seen by the clinician
- Use standardized templates in EMRs/EHRs to guide clinicians and staff through the visit requirements
- Select an age group for focus

Measure Best Practices – Well Care Visits

- Annual well-visits can occur anytime during the calendar year
  - Does not have to be 12 months since the last appointment
  - Can have multiple well-visits during the calendar year (but only 1 is needed for measure compliance)
- Consider unique models of care for your patient populations
  - Annual family well-care visits - Book whole family for annual well-care visits together
  - Group visits
  - Walk-in opportunities – “Until full…”

Measure Best Practices - Immunizations

- Offer immunization-only appointments
- Deploy a vaccine walk-in schedule
- Offer HPV starting a 9 years old
- Utilize the new HPV UOS Measure in the PCP QIP
- Schedule 2nd HPV dose at 1st dose encounter
- Work with local schools and community partners to develop vaccine clinics
- Immunize at acute or sick visits, as appropriate
- Designate a ‘vaccine coordinator’
- Chart scrubbing for all visits for immunizations
- Offer incentives directly to youth

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Measure Best Practices – Lead Testing

- Create standing orders
- Collect sample when patient is in the office
  - Ideal to have a Point of Care testing device to allow for collection of sample early in the visit, provide results to provider before they enter the room
- Apply for a LeadCare II Point of Care testing device
- EMR / EHR Alerts - Identify children who have not completed blood lead testing
- Utilize lists provided by Partnership (emailed quarterly by the QIP team)

Measure Best Practices: Equity Approaches

- Review measure completion rates by race, ethnicity, location, preferred language and develop tailored interventions
- Identify and address barriers to care (transportation, hours of operation, child care); partner with established community agencies, schools, after-school programs and faith-based organizations to address barriers
- Have a conversation with pre-teens and caregivers to confirm that vaccination information and next steps covered in the visit are mutually understood, pre-teen and caregivers agree with any plans made, and the family is given the opportunity to ask questions

Voices from the Field

Isabelle Lunsford, MSN, RN, PHN

Director of Clinical Services

opendoor Community Health Centers

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Improving Measures Outcomes

Pediatrics: Ages 3-17

Isabelle Lunsford MSN, RN, PHN| Director of Clinical Services
February 28, 2024| Voices from the Field

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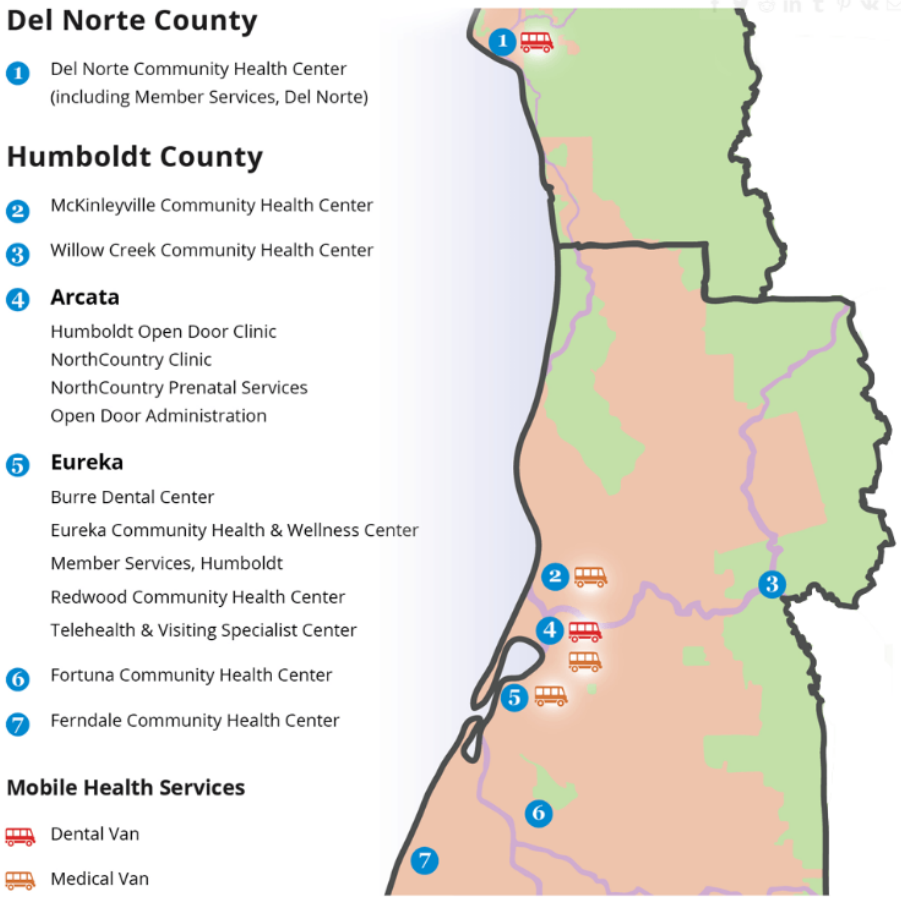
Background

- Founded in 1971
- Staff: 800
- Patient Population: 62,000 in 2 counties
- Service area: size of Connecticut
- EMR: OCHIN EPIC
- 12 health care delivery locations
- Services
  - Medical
  - Dental & Dental Residency
  - Behavioral Health
  - Gynecology & Pregnancy
  - Mobile Medical & Dental
  - Residencies: Dental, Family Medicine, and Advanced Practice Clinician (APC)
  - Specialty Services



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Measure 3. Child and Adolescent Well-Care Visits

The percentage of members continuously enrolled 3-17 years of age who had at least 1 comprehensive well care visit with a PCP during the measurement year.

- Pilot Project in 2019 (pre-covid) to improve this measure.
- Focused on Kindergarten physical (4 & 5 year-old WCCs).

Project Objectives

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- Increase access for 4-5 year old patients to schedule WCC (1,300 children were due).
- Increase numbers for the Quality Measure that measures yearly WCC for the 3-6 age group (we were under 50% at most sites, when goal was 82.6%).
- Determine patient and staff satisfaction using this model.
- Determine if sustainable and expandable for ODCHC system.

Best Practices: Talking Points for Outreach

- We now have 2 options available for this age group.
- We are offering a group WCC visit, where a small group of kids of the same age will come and participate in fun interactive stations for hearing, vision, dental and other assessments.
- They will get stamp card and stamps as they complete their activities for a prize at the end.
- They will be examined by a provider individually in a private room, while the group goes over some education topics.
- Immunizations can be done.
- This qualifies as kindergarten physical.

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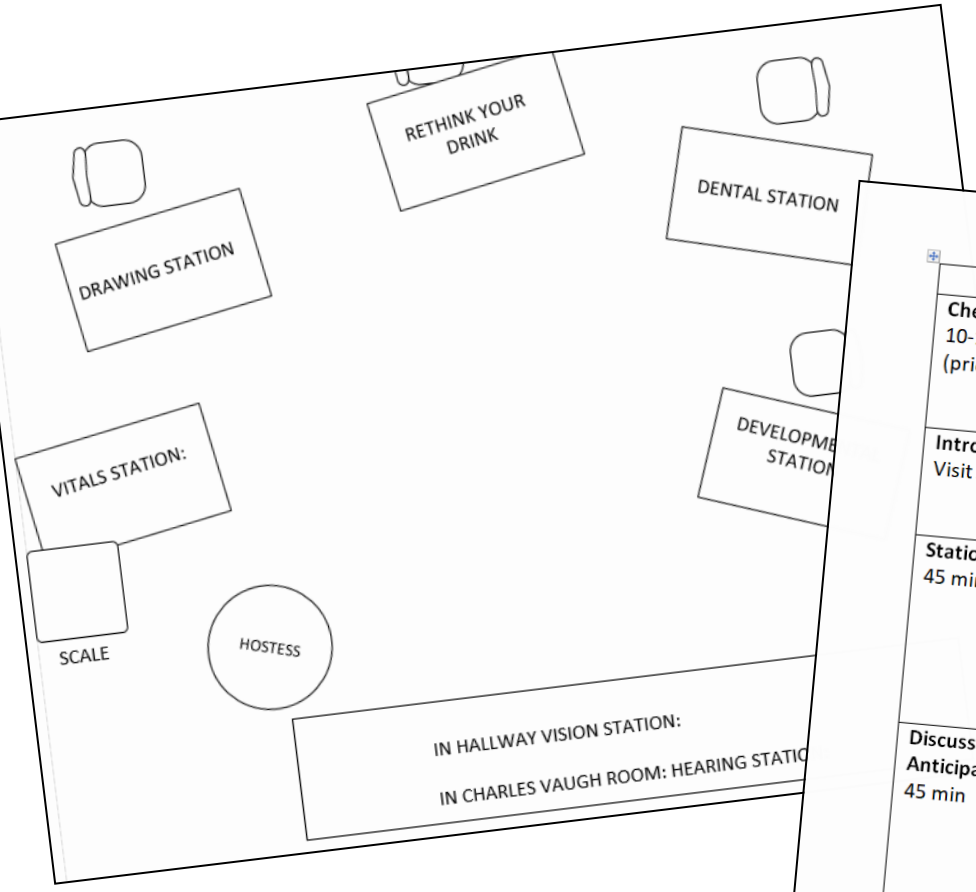
Group Set up: How did it all work?



Activity/ Time	Description	Staff Needed	Supplies Needed
Check in 10-15 min (prior to visit start)	Check in at main desk and come upstairs. Greeted by Hostess, given packets and seated in hallway.	Hostess	Parent Packets Activity Cards
Introduction Visit start: 2 min	Facilitator will introduce staff and review group visit instruction talking points.	Facilitator and co-facilitator.	White board
Stations 45 min	Kids will move between; vitals, vision, hearing, development, dental, & rethink drink stations.	Hostess, MA 2, MA 3, MA 4, RDA, Facilitators	Audiometer, Snellen chart, 2 balls, dental equipment, paper and pens, "nurse on stick", scale, 2 Hula Hoops, Books, Stamps
Discussion/ Anticipatory Guidance 45 min	Kids and parents will sit down for questions and discussion in group: group will be divided into 2. One facilitator will bring group down to garden for tour and discussion. While other Member services staff leads discussion with	Facilitator and co-facilitator Hostess-collect chart note and questionnaire when they sit down.	Discussion Prompts for Facilitators: White board

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Group Set up: How did it all work

MEDICAL CHART NOTE FOR GROUP VISIT

Date of Group Visit	Patient Name (Apply Billing Sheet Label Here if Available)				
M T W R F S					
Vitals in Database ☐	Blood Pressure	Pulse	Respiration	Temperature	Height

Enrolled in WIC	Med List Reviewed	Tobacco Risk	Parent Name:	Allergies
☐-Yes ☐-No ☐-Unknown	☐-Yes ☐-No ☐-No Meds	☐-Use ☐-Exposure ☐-No Use		

CC

Insurance: **CHDP/VFC** **PRIVATE**

School Paperwork:

School:

Fax number:

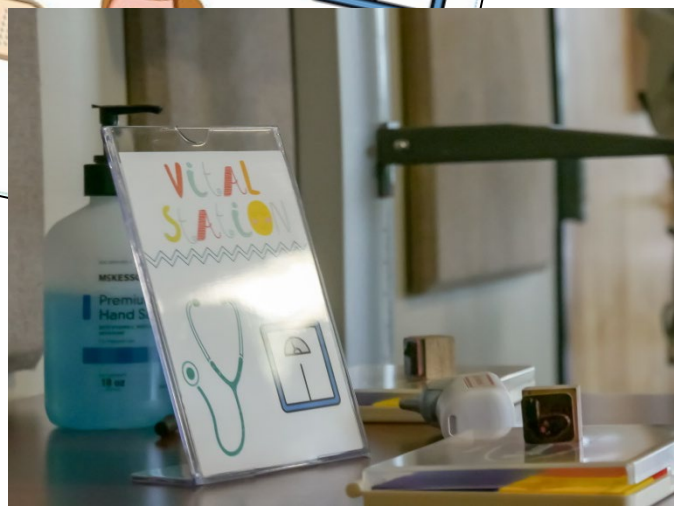
Nml	Abn	EXAMINATION Circle Nmls; Note Abns	
☐	☐	General	NAD VSS WN/WD
☐	☐	Eyes	EOMI PERRL Clear Sclera
☐	☐	Ear/Nose	NC/AT TM/LM Visible Canal Clear
☐	☐	Throat	OP Pink No Exudate
☐	☐	Thyroid	Not Enlarged - CLN
☐	☐	Cardio	RRR s1 s2 No M/R/G
☐	☐	Resp	No W/R/R, B Nml Air Movement
☐	☐	GI	Abd Soft NTNDw/NABS No HSM
☐	☐	GU	Normal M/F Anatomy
☐	☐	Extrem	No C/C/E Nml Musc Bulk/Tone

IMMUNIZATIONS DUE: (ATTACH CAIR REPORT)

☐MMRV ☐MMR ☐HEPB ☐PCV13 ☐UTD
☐KINRIX ☐VZV ☐HEPA ☐DTAP

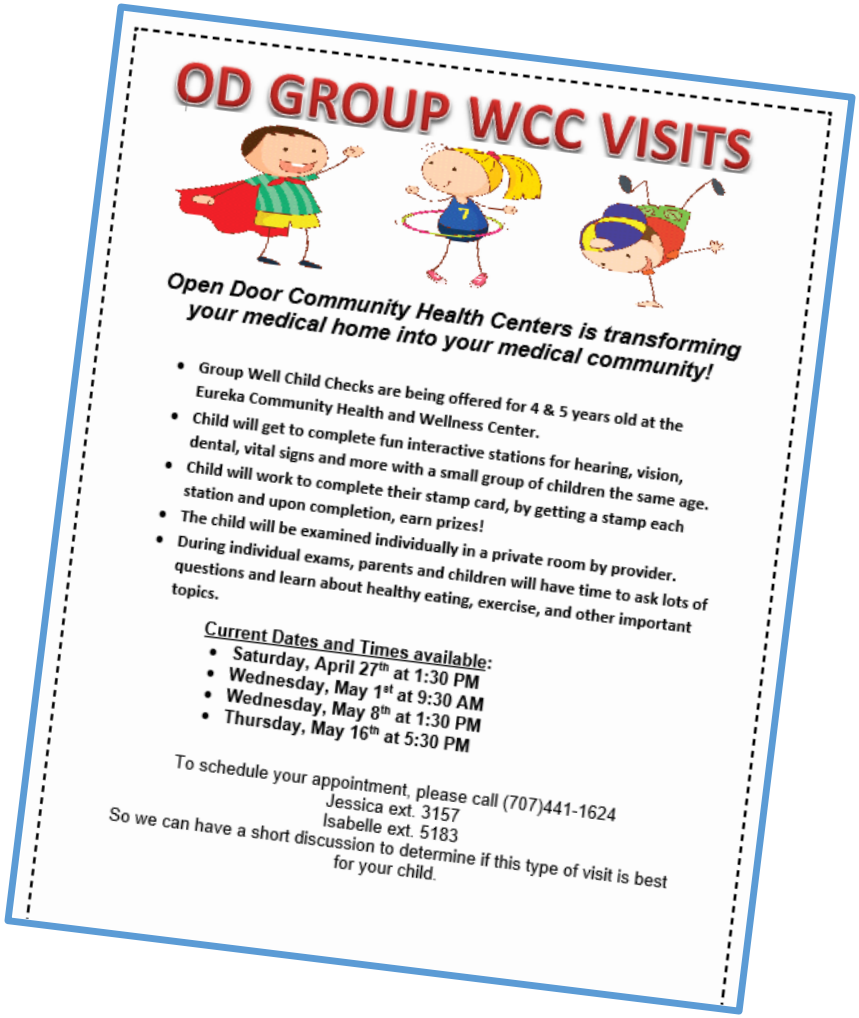
Notes : discuss w/ parent-

Personal Social: Can identify (name, age, sex, city they live):	Personal Social: Can identify (name, age, sex, city they live):
Developmental Questions for 4 y/o: (yes/no)	**Developmental Questions for 5 y/o: (yes/no)**



Challenges- Scheduling

- New type of visit, so there was some hesitation by parents when scheduling.
- Presented both options (group or individual) when doing outreach via mychart, phone and on flyer.



OD GROUP WCC VISITS

Open Door Community Health Centers is transforming your medical home into your medical community!

- Group Well Child Checks are being offered for 4 & 5 years old at the Eureka Community Health and Wellness Center.
- Child will get to complete fun interactive stations for hearing, vision, dental, vital signs and more with a small group of children the same age.
- Child will work to complete their stamp card, by getting a stamp each station and upon completion, earn prizes!
- The child will be examined individually in a private room by provider.
- During individual exams, parents and children will have time to ask lots of questions and learn about healthy eating, exercise, and other important topics.

Current Dates and Times available:

- Saturday, April 27th at 1:30 PM
- Wednesday, May 1st at 9:30 AM
- Wednesday, May 8th at 1:30 PM
- Thursday, May 16th at 5:30 PM

To schedule your appointment, please call (707)441-1624
Jessica ext. 3157
Isabelle ext. 5183
So we can have a short discussion to determine if this type of visit is best for your child.

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Best Practice: Anticipatory Guidance

- Healthy Foods and beverages (limiting juice, children help with meal prep, eating together as family, balanced meals, 5 fruits and veggies a day, etc.)
- Physical activity and screen time (60 minutes of active play a day, limit tv and screen time to 1 hour a day)
- Keep children away from tobacco smoke and products
- Gun safety (gun unloaded, locked up, bullets separate)
- Helmet use and protective gear when riding bike, scooter, skates
- Proper car/ booster seat for age and weight
- Bedtime routine, need 11-13 hours of sleep
- Water safety (setting water heater to less than 120, and never leave child alone near water)
- Sunscreen while outside
- Smoke and carbon monoxide alarms in house (check every 6 months)
- Chores and routine (give child a few simple chores: picking up toys, clothes, clearing table)

Project Highlights

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- *Mayor of Eureka learned about project and asked to visit* during National Health Center Week (*she had a focus on child health that year).*

- Revamped *Bright Futures Parent Handout*: Included local resources (helmets, booster seats, gun safes, healthy community).
- Large focus on healthy eating and activity education by Member Services, reviewed healthy plate, garden tour, farmer's market, etc.
- Potential for other community partners to come and offer free education regarding car seats and other county services.
- Dental station with RDA, applied varnish and education and referral to dental clinic as needed.
- KIDS HAD FUN!!!

Project Summary: Some Data

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- Scheduled 10 patients, with no shows and cancellations started scheduling 12. 21% no show rate, compared to 50% for traditional visit.
- Staffing: 9 staff (4 MAs, RN, RDA, Provider, 2 facilitators).
- Visits last about 90 minutes.
- Average time at all stations: 40 minutes
- Average time with provider 11 minutes
- Evening clinic was the most successful for attendance.

Patient Satisfaction

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Survey Questions (A total of 21 parents responded)	Average response (1-5)
I would recommend this type of group visit to friends or family	4.5
I would bring my child to another group visit in the future	4.8
The group visit was described well to me when scheduled	4.4
The instructions were clear for moving between the stations	4.7
The provider had enough time with my child	4.7
My child was happy to participate in the group setting	4.8
I was given enough time to ask questions during the group session	4.8
The entire group visit process was explained clearly	4.5

What did you like about your visit today?

- The nutrition and screen time information
- Fun time for my daughter, everyone was so friendly and helpful
- Going to the stations
- Everyone keeps kids busy and interested
- Everything! Great way to keep to keep kids interested
- It was fun and engaging for the child
- I liked the communication to the children
- Everyone was kind and patient
- Everyone was good with children
- My child thought it was fun!
- The different activities were fun
- Fun to be with other kids and fun stations
- All the great smiles, info. on activities, foods, etc. It was so much fun. Balls too ☺
- We loved the setup and everybody was lovely!

What could we have done better at your visit today?

- More rhymes or statements about importance of what was learned today.
- Limit group time to 10-15 by having more providers available for health exam.
- More stations or less kids (wait at stations to open up)
- More stampers so colors don't mix (lol)
- A little more time, I felt a little rushed
- Arrows, numbers at stations

Staff Satisfaction

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Survey Questions (A total of 8 staff responded)	Average Response (1-5)
I do WCC regularly in my current position	4
I enjoyed working at the group WCC	5
I would prefer to work a group WCC over a traditional WCC.	4.5
If ODCHC continues with group visits, I would be interested in working them.	4.8
I enjoyed the patient interactions while working during the group visits	4.7
I enjoyed the collaborative experience of working with other staff from different departments	5
This experience brought me job satisfaction.	4.8

What I enjoyed least about working at the group WCC?

- I knew it was ending after 4 sessions, also the "exam room" set up for genital exams.
- Immunizations
- Parents waiting to see the doctor
- Parents complaining about how long it took
- My station was rushed during the last group visit
- Room layout could be improved by opening up space at the front of conference room
- Ensure that all groups are able to participate in full discussion

What I enjoyed most about working at the group WCC?

- This is how I envisioned working in primary care. The visits are well-rounded, fun, educational, and family/community focused. The staff and provider are offered a perspective into the children's behavior, development, social interactions, and bonding that we do not typically get in 15 minute visits….
- I felt excited to come into work when it was group WCC days, even on my day off/weekend. The team is awesome and collaborative. We all enjoyed doing the WCCs. This brought a lot of joy to my practice and made me feel proud of our work as a team.
- Patient/ parent interactions. Increased access for pediatrics, better content education, working with others I usually don't.
- They are fun, increase access, more content than regular WCC, good hours.
- Seeing patients interact, play together, enjoying when going to the other different stations because it wasn't only doing something/ task but enjoying it.
- Having group interactions and seeing kids interact with each other.
- Working together as a team and seeing children excited about healthcare.
- Kids seemed happier to be there for this event compared to regular doctor appointments.
- Sharing healthy tips to help inspire children and families in eating healthy, being active and connecting with others.

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In Summary:

Did we meet our objectives?

- Increase access for 4-5 year old patients to schedule WCC? **YES**
- Increase numbers for the Quality Measure that measures yearly WCC for the 3-6 age group? **YES**
- Determine patient and staff satisfaction using this model? **YES**
- Determine if sustainable and expandable for ODCHC system? **YES**

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Moving forward

Potential for Expansion of Group Visits

Centering Parent Model
Same group of postpartum mom & babies. All WCC checks together until age 1
Detect Post Partum Depression
Breastfeeding support
Improve Immunization rates
Centering Healthcare Institute offers support in implementation

Childhood Obesity
Utilize Member Services (staying healthy material)
Pediatric Case Manager & Nutritionist
County Programs
Instead of “weight checks”
Provide meaningful interventions & goals
Accountability for parents

Age groups 3-6
Follow current outline
Slight change to stations
Utilize county partners
QI leads help outreach
Meet Partnership goal
Other sites

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Current Status:

- After pilot, leadership team approved for expansion of group visits and dedicated staff position: *Group Visit Coordinator.*
- *Group Visit Coordinator* started and after a few sessions, pandemic shifted focus away from these visit types and we were focusing on virtual visits. This position is no longer staffed.
- Currently not scheduling group visits for pediatrics, however one site has requested to start implementing these during the summer and will work with their school district to inform patients.

Thank You!

ilunsford@opendoorhealth.com

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Upcoming Opportunities and Evaluation

Upcoming Trainings:
HPV Vaccination Best Practice Program

The American Cancer Society in partnership with The National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a quarterly **HPV Vaccination Best Practice Learning Program** for health systems. Each session will delve into key interventions, best practices, highlight health systems and provide strategies to increase HPV vaccination. ***Registration is required for all sessions and CME, CNE, and Pharmacy continuing education credits will be offered for each webinar.***

Registration:

https://us02web.zoom.us/webinar/register/9316993736726/WN_KDjofY4lT6mi84KoBRtcyg

Session 1: The Announcement Approach. March 7, 2024, 11 a.m.
The first session, "The Announcement Approach Training" features renowned experts Dr. Noel Brewer and Dr. Jessica Young. In this exclusive webinar, participants will learn making effective HPV vaccine recommendations and counseling hesitant parents. This session promises invaluable insights and strategies for healthcare systems and professionals.

Session 2: Patient & Parent Interventions. May 8, 11 a.m.

Session 3: Provider Interventions. August 28, 11 a.m.

Session 4: System & Policy Interventions. November 20, 11 a.m.

Upcoming Trainings:
Improving Measure Outcomes Webinar Series

Improving Measure Outcomes Webinar Series

2024 Remaining Sessions:

- March 13, 2024 - Chronic Disease
- March 27, 2024 - Diabetes Management
- April 10, 2024 - Women's Cancer Screenings
- April 24, 2024 - Women's Sexual and Reproductive Health

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

Contact: improvementacademy@partnershiphp.org

Upcoming Trainings:
ABCs of QI In-Person Trainings

ABCs of Quality Improvement

Wednesday, March 20 in Redding - 8:30 a.m. to 4:30 p.m. - **IN PERSON**
McConnell Foundation, 800 Shasta View Drive
Breakfast and lunch included for attendees

Wednesday, May 1 in Chico - 8:30 a.m. to 4:30 p.m. - **IN PERSON**
Enloe Health, 1531 Esplanade
Breakfast and lunch included for attendees

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

Contact: improvementacademy@partnershiphp.org

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Evaluation

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

Contact Us

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ImprovementAcademy@partnershiphp.org