Improving Measure Outcomes:

Preventative Care for 3 - 17 Year Olds

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Learning Objectives

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

- Define the clinical background, specifications, and performance threshold definitions of the 2025 Primary Care Provider Quality Improvement Program Specifications: *Child and Adolescent Well-Care Visits, Immunizations for Adolescents, Blood Lead Screening, and Topical Fluoride in Children* measures.

- Apply measure specification requirements to maximize measure performance adherence in the delivery of child and adolescent well-care visits, screenings, topical fluoride and immunizations.

- 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.

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

- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Blood Lead Screening
- Topical Fluoride in Children

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Well-Care Visits: Five Segments to Include

1. **Health history:** Past illness, surgery, or hospitalization and family health history.
2. **Physical development history**: Age-appropriate milestones like motor development for infants and children; Tanner Stages, puberty, 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 the 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 ages 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.

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).

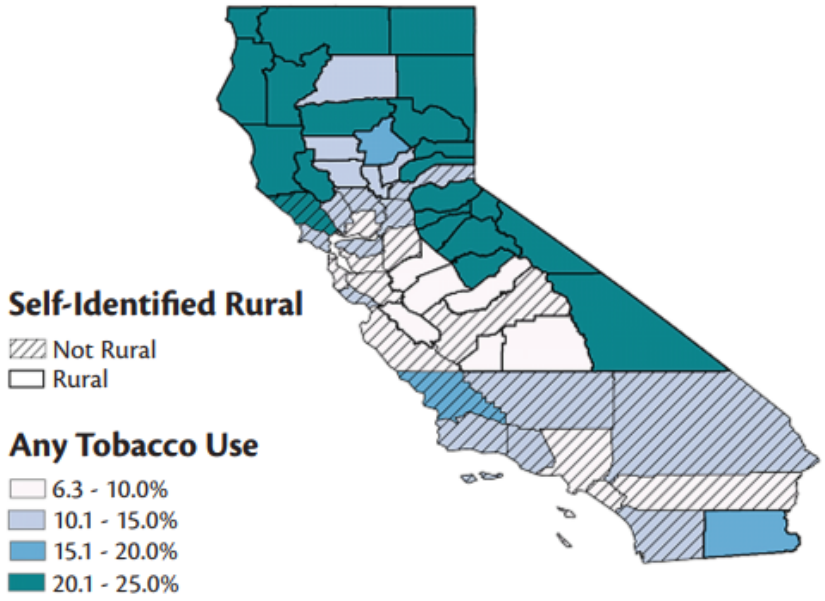

Figure 5. California high school student current (past 30 day) use of any tobacco product by geographic region.

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 disruptions in normal growth development, legal problems, and memory problems.

Substance Use Screening Including Alcohol and Tobacco

Unhealthy Alcohol Use Screening and Follow-Up and 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

Adverse Childhood Events Screening

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 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.

Adverse Childhood Events Screening

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 as well as a screen for additional adversities. 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 six months to six 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.

Topical Fluoride Varnish

- 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.

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
- Topical Fluoride in Children

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Child and Adolescent Well-Care Visits (3-17 Years)

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, 2008 and December 31, 2022).

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, 2025, and December 31, 2025).

  eReports uploads are allowed January 12, 2026, through January 31, 2026 (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, 2012, and December 31, 2012).

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, 2025, through January 31, 2026.

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

Purpose

The purpose of this UOS measure is to incentivize providers to administer the first HPV dose by the age of 12 years in order to complete the 2-dose series before the 13th birthday. This allows for the minimum 6-month interval between doses

Eligible Population

Assigned members who turn 9 - 12 years of age during the current measurement year (DOB between January 1, 2013, and December 31, 2016).

Incentive

Incentive payment: $50.00 per early administration of the 1st HPV dose. Minimum 5% of the site's monthly assigned members who complete their first HPV dose in the measurement year. (Assigned members 9 to 12 years of age who received their 1st HPV by their 12th birthday during the measurement year)

These patients are not in the Adolescent Immunization QIP Measure – Where can I get a list? In eReports > *Preventative Care Reports* > *IMA_9-13 Yrs* tab

Topical Fluoride in Children
Monitoring Measure

Purpose

Topical fluoride varnish (TFV) application is recognized as one of the most effective strategies for preventing dental caries and improvement of oral health in all children.

According to the CDC, the prevalence of untreated cavities (tooth decay) in the primary teeth of children from low-income households is about three times higher than that of children from higher income households.

Young children are seen in primary care settings earlier and more frequently than in dental offices, making well child visits an ideal opportunity for early detection of caries and varnish application.

Denominator

The number of continuously enrolled Medi-Cal members between 1-4 years of age as of December 31 of the measurement year (DOB between December 31, 2021, and December 31, 2024).

Numerator

The number of assigned children who had two or more fluoride varnish applications during the measurement year, on different dates of service.

Fluoride Varnish Billing Change

Partnership urgently needs your help in updating Dental Center billing practices!

- Dental Centers in FQHC, Rural Health Centers, and Tribal Health Centers must use **ICD code Z29.3** (Encounter for prophylactic fluoride administration) to bill fluoride varnish services
  - Combine with CDT/CPT's D1206, D1208, 99188
- Dental Center services will only count towards the Topical Fluoride for Children measure if they use both ICD and CDT/CPT codes
- Measure includes children ages 1-20 years. Measure requires minimum of 2 fluoride varnish applications per year.

Questions? Contact: DentalSupport@partnershiphp.org

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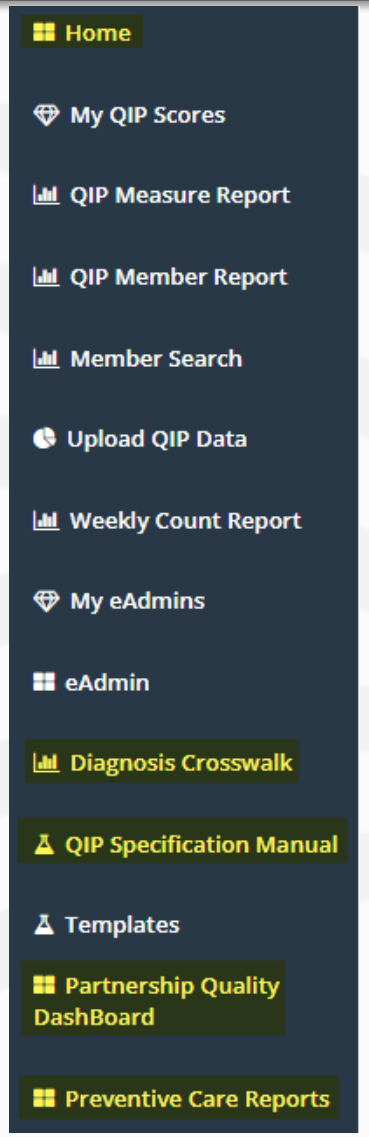
Quality Incentive Program (QIP) Tools

PCP QIP Tool Links:

- **PCP QIP Webpage** > Click the link: '*Learn More about the 2025 PCP QIP*'
- **eReports** >
  - **Diagnosis Crosswalk**
  - **Disparity Analysis Dashboard**
  - **"Help" Section >**
    - **PQD User Guide**
    - **Preventive Care Reports User Guide**

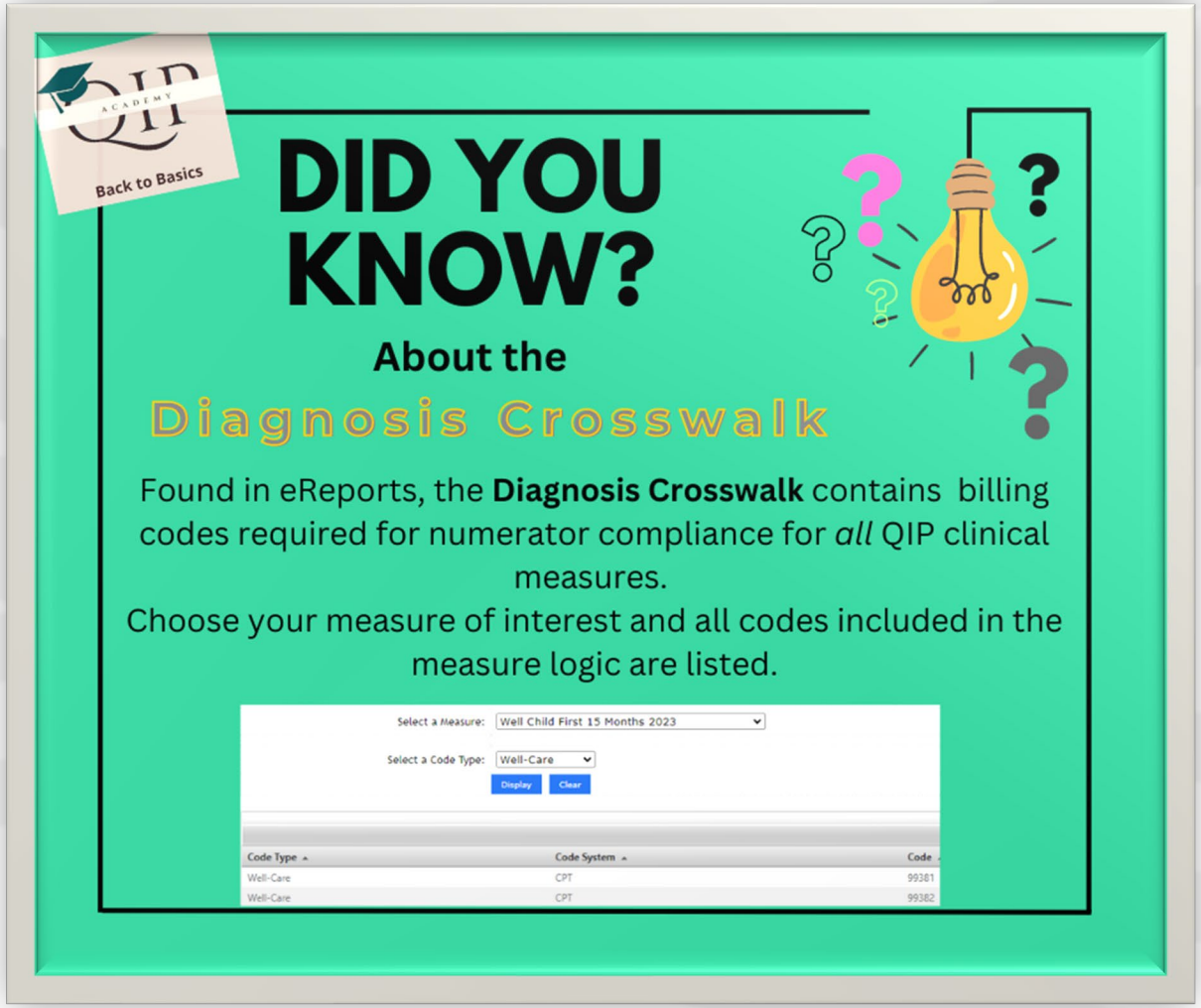
eReports Menu



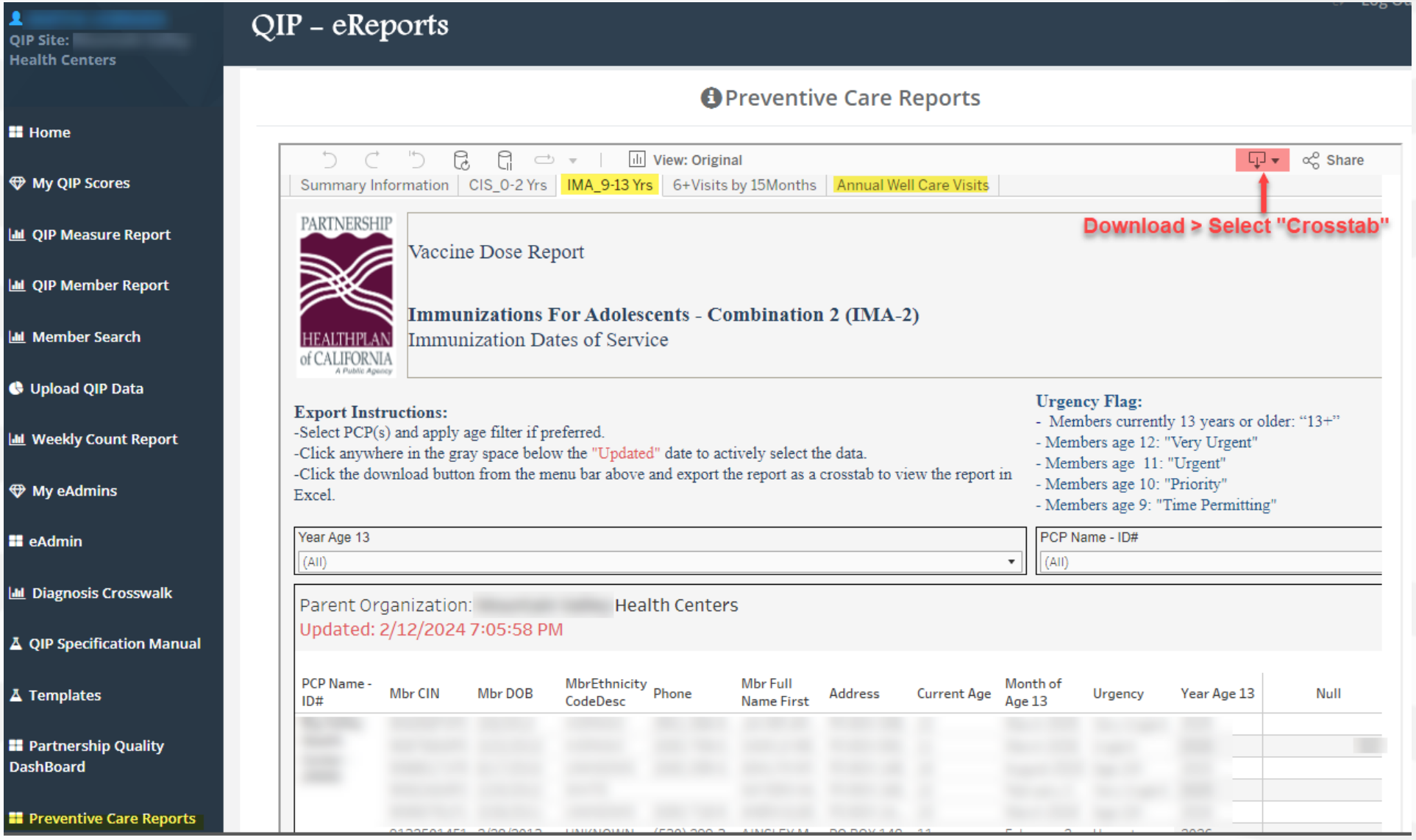
- Home
  - Home button takes you to your current performance dashboard
- Diagnosis Crosswalk
  - Billing codes for numerator compliance
- QIP Specification Manual
  - Detailed specifications (best practice – Use the eReports version)
- Partnership Quality Dashboard (PQD)
  - Historical performance view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

eReports: Diagnosis Crosswalk Coding Questions

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- eAdmin
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- Partnership Quality DashBoard
- Preventive Care Reports

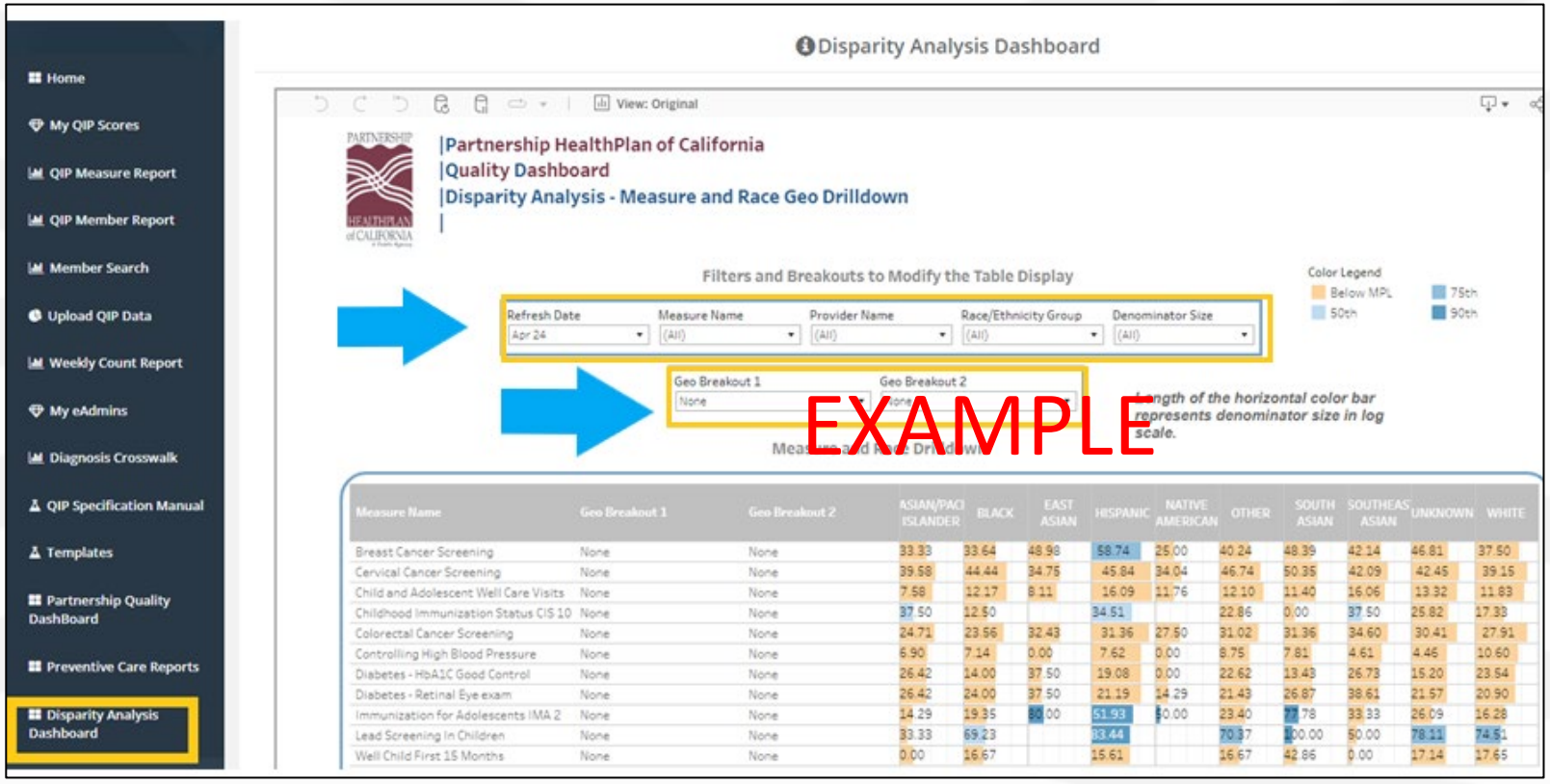


eReports: Preventative Care Reports



Disparity Analysis Dashboard

Purpose: To promote the ease of identification of PCP QIP measure performance across race/ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race/ethnicity group stratification.



Care Gap Identification by Staff

Best practice for pre-visit and/or check-in processes is to identify needed care gaps within the PCP QIP. This can be done two ways:

- **eReports > Member Search**
  - Provide staff involved in these processes with access to eReports. They can conduct a member search and will display the care gaps from the PCP QIP
  - Access to eReports can be given by your organization's designated eAdmin
- **Provider Online Services > ePrompts**
  - Ensure staff involved with insurance verification knows about and utilizes ePrompts within the Provider Online Services
  - Access to Provider Online Services is provided by your Provider Relations Representative
  - Not all PCP QIP Clinical Measures transmit to ePrompts

PCP QIP Timeline

Grace Period (MY25)
1/12/2026 – 1/31/2026

Measurement Year
1/1/2025 – 12/31/2025

1/12/2026 - **Final denominators posted on eReports**

Validation Period
Review final rates inclusive of uploads
2/2/2026-2/6/2026

1/31/2026
Final date for submitting uploads in eReports and UOS submissions

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

- Link to PCP QIP Webinars Page: 2025 Kick-Off Webinar recordings are now available for PCP QIP and eReports

Putting Quality Into Practice

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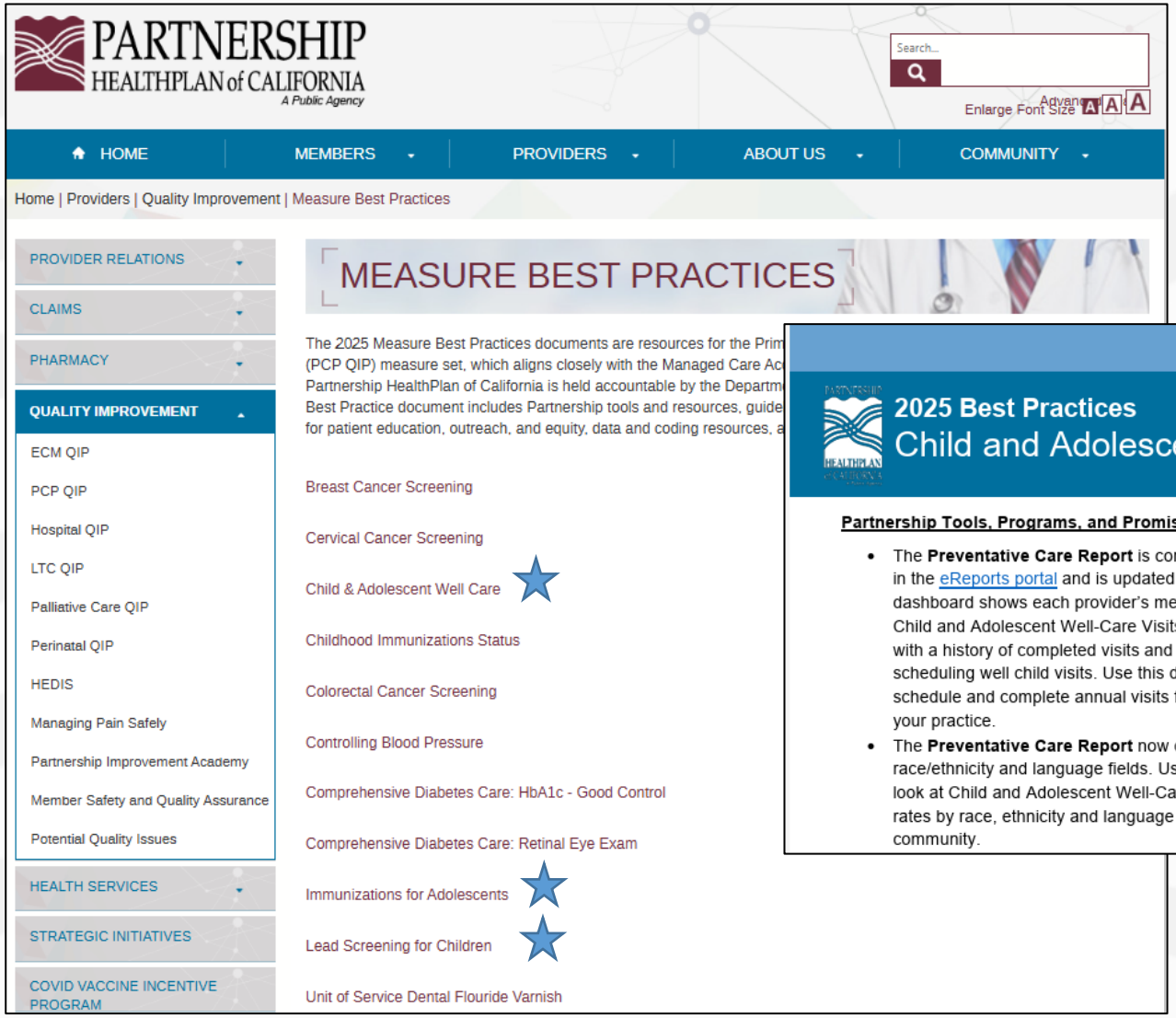
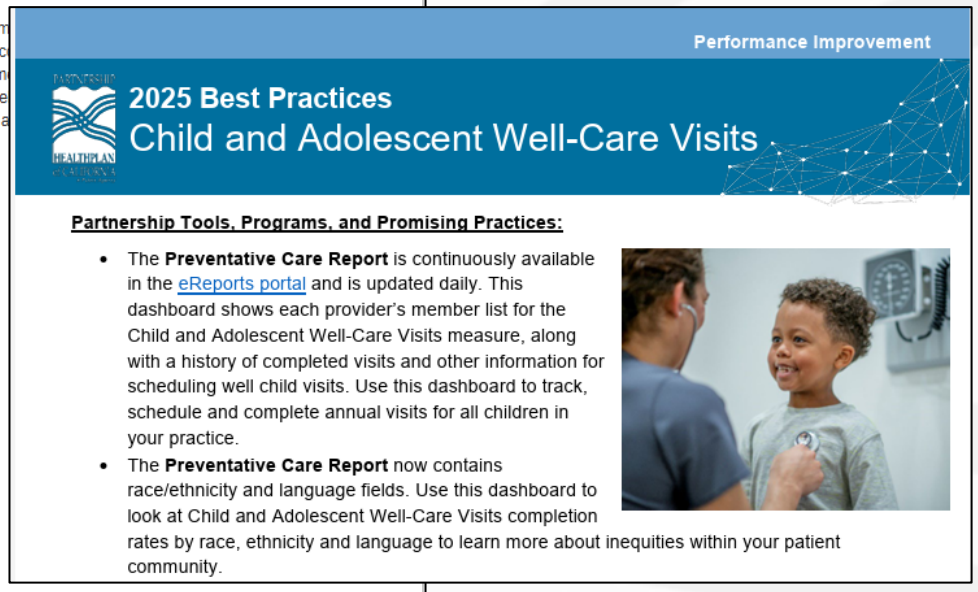
Measure Best Practices





Link to Measure Best Practices

Measure Best Practices: Well-Care Visits

- Leverage acute and sick exams by converting them to a well-care visits WCV if the member is due and/or offer vaccines for which they may be due.
- Check for needed services when patients present: Front office staff and/or pre-visit planning staff can check for QIP services due through eReports > Member Search *or* ePrompts located in the Provider Online Services portal.
- Reduce missed opportunities by utilizing scribes and nursing staff to schedule well child future appointments when members/patients are waiting in the exam room.
- Use standardized templates in EMRs/EHRs to guide clinicians and staff through the visit requirements.
- Set up EMR/EHR alerts to flag well-care visits needed when patient are outreached or present for services.

Measure Best Practices: Well-Care Visits

- Allow flexibility for scheduling annual visits (i.e., does not have to have a minimum 12 months between visits; multiple well-care visits may occur in a year).

- Consider different options for modality of care for your patients:
  - Back-to-back/coordinated appointments for all children in the family.
  - Conduct annual well-care visits for the entire family.
  - Offer extended evening or weekend appointments to accommodate work/school schedules, if feasible.
  - Open a well-care-specific walk-in schedule block, “until full”.
  - Consider a group model visit.

Measure Best Practices: Adolescent Immunizations

- Offer immunization-only appointments.
- Deploy a vaccine walk-in schedule.
- Offer HPV starting a nine years old.
- Utilize the new HPV UOS Measure in the PCP QIP.
- Schedule 2nd HPV dose at 1st dose encounter (or reminder/alert).
- 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.
- Investigate the opportunity to conduct school-focused immunization clinics

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
- EMR / EHR Alerts - Identify children who have not completed blood lead testing.
- Utilize BLS reports provided by Partnership (emailed quarterly by the QIP team).
- Ensure utilization of correct billing codes:
  - **83655**: Used by clinics who collect and run the specimen and provide results to the parent
  - **83655 + modifier 26**: Used by clinics who collect the specimen and provide results to the patient but do not run the test
- Apply for a LeadCare II Point of Care testing device through the website (see next slide)

Measure Best Practices: Lead Testing

LEAD POISONING AND PREVENTION

Childhood Lead Exposure: The Evolving Landscape

By Teresa Frankovich, M.D, Associate Medical Director

Recent headlines about high lead levels found in fruit pouches consumed by young children, highlight the fact that lead exposure is not a thing of the past, but an important part of our present. Exposure to this metal can cause a wide range of health problems, including irreversible brain damage, particularly in young, developing brains. There is no known "safe" level of lead exposure.

In your practice, you have likely spoken with parents about lead exposure occurring in older (pre-1978) homes, due to lead-based paints that were once widely used. Of course, lead may be found in soil, particularly around older homes and industrial sites and in water that flows through older pipes containing lead. Until relatively recently, parents were advised primarily about these sources of exposure. But lead is also being found in other, unexpected places, necessitating a change in what we communicate to parents about exposure risks. Read More.

Partnering for Pediatric Lead Prevention Program: Point of Care Testing Initiative

Partnership HealthPlan of California invites your organization to apply to participate in a program aimed at improving lead testing rates for Partnership enrolled, age-appropriate pediatric patients in the primary care setting. California mandates lead testing for children enrolled in publicly supported programs, such as Medi-Cal, but lead testing rates have remained below the national Medicaid Benchmark in all of Partnership's service areas. Lead testing is crucial in identifying children with lead exposure – and success in testing is highly associated with in-clinic specimen collection. Partnership will be awarding LeadCare II Point of Care testing devices to qualifying primary care sites within the Partnership network.

[Webpage link]

We are now accepting applications year round! Please make sure to review all available materials prior to applying.

- Partnering for Pediatric Lead Prevention PPT (Program overview)
- Partnering for Pediatric Lead Prevention Program FAQ
- Partnering for Pediatric Lead Prevention Application
- *Partnering for Pediatric Lead Prevention Webinar: March 7, 2024*
  - Recording
  - Presentation

Please send all questions and/or application submissions to LeadPOC@partnershiphp.org.

Internal Resources

Lead Declination Forms – Partnership Developed

- English I English Large Font
- Hmong
- Lao
- Russian I Russian Large Font
- Spanish I Spanish Large Font
- Tagalog I Tagalog Large Font
- Vietnamese

Quality Improvement Programs (QIP)

- 2024 PCP QIP Measure Summary
- 2024 PCP QIP Measure Specifications Manual
- 2024 Measure Best Practices

Questions regarding QIP? Please reach out to the QIP team at:

Email: QIP@partnershiphp.org (please allow two business days for a response)

Fax: (707) 863-4316

Site Review Resources

- MRR – Pediatric Preventative – Blood Lead Screening
- MRR – Pediatric Preventative – Blood Lead Screening FAQs
- CHDP Resource Link – Printable Card for Patients

Questions regarding the site review resources? Please reach out to the Site Review Team at:

External Resources

- American Academy of Pediatrics: Lead Exposure
- California Department of Public Health (CDPH): Childhood Lead Poisoning Prevention Branch (CLPPB)
- CDC Childhood Lead Poisoning Prevention
- County Childhood Lead Poisoning Prevention Program (CLPPP)
  - Butte County
  - Colusa County
  - Del Norte County
  - Glenn County
  - Humboldt County
  - Lake County
  - Lassen County
  - Marin County
  - Mendocino County
  - Modoc County
  - Napa County
  - Nevada County
  - Placer County
  - Plumas County
  - Shasta County
  - Sierra County
  - Siskiyou County
  - Solano County
  - Sonoma County
  - Sutter County
  - Tehama County
  - Trinity County
  - Yolo County
  - Yuba County
- National Lead Poisoning Prevention Week: October 19 – 25, 2025
- United States Environmental Protection Agency: Lead

Measure Best Practices: Topical Fluoride Varnish

- Through your Local Oral Health Program, train provider teams to provide health education on dental fluoride varnish, prepare and complete a fluoride varnish, and document and code completion of the fluoride varnish.
- If practice offers dental services, schedule the child's next dental visit during check-out, or as part of the rooming process.
- Create a flag alert for the next fluoride treatment needed.
- Use standing orders for application of topical fluoride varnish.
- Include topical fluoride varnish as part of your pre-visit planning process.
- Stock exam rooms with pre-prepared fluoride varnish kits to streamline completion.
- Provide parents/caregivers with a list of pediatric dentists in their area who accept Medi-Cal Dental. Lists can be found on Local Oral Health Program websites.

Health Disparities

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.

Measure Best Practices: Equity Approaches

- Actively monitor the Disparity Analysis Dashboard in eReports.
- Review measure completion rates by race, ethnicity, location, preferred language and develop tailored interventions.
- Identify and address barriers to care (transportation, hours ochildcare, childcare); 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.

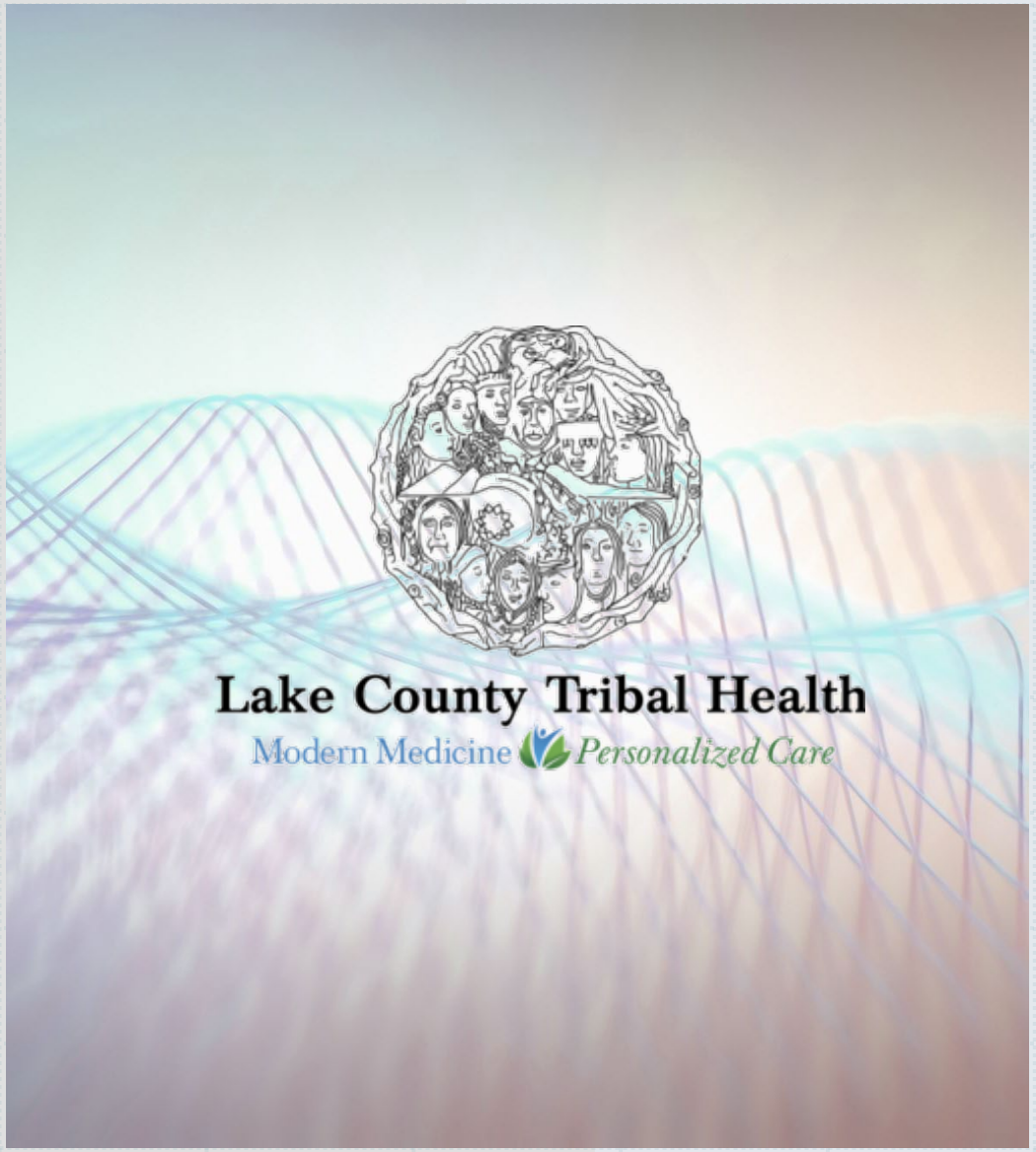
Pediatric Well Care Visits 3-17 Years of Age

Our Mission:

To promote the positive change in the physical, spiritual, emotional, and social health status of the American Indians/Alaska Natives and communities we serve through culturally sensitive health care services.

Erica Ortiz: RN GPRA/QIP Coordinator

Alejandra Herren: CMA Quality/GPRA Pediatric Assistant



Background

- Indian Health Service **Compacted Facility (Tribal FQHC)**
- Patient Population: **16,000**
- Staff: 320
- Rural Area located in Lake County
- EMR: NextGen
- 3 Different Clinic Sites: Lakeport, Southshore and Pediatric Clinic
- Services: Medical, Dental, Pediatrics, Obstetrics, Comprehensive Healing and Pain Management, Human Services, Public Health & Outreach, **Mobile Clinic, Pharmacy**, **Purchased** Referred Care, Transportation, Diabetes **Specialty** Care Clinic and Physical Therapy.

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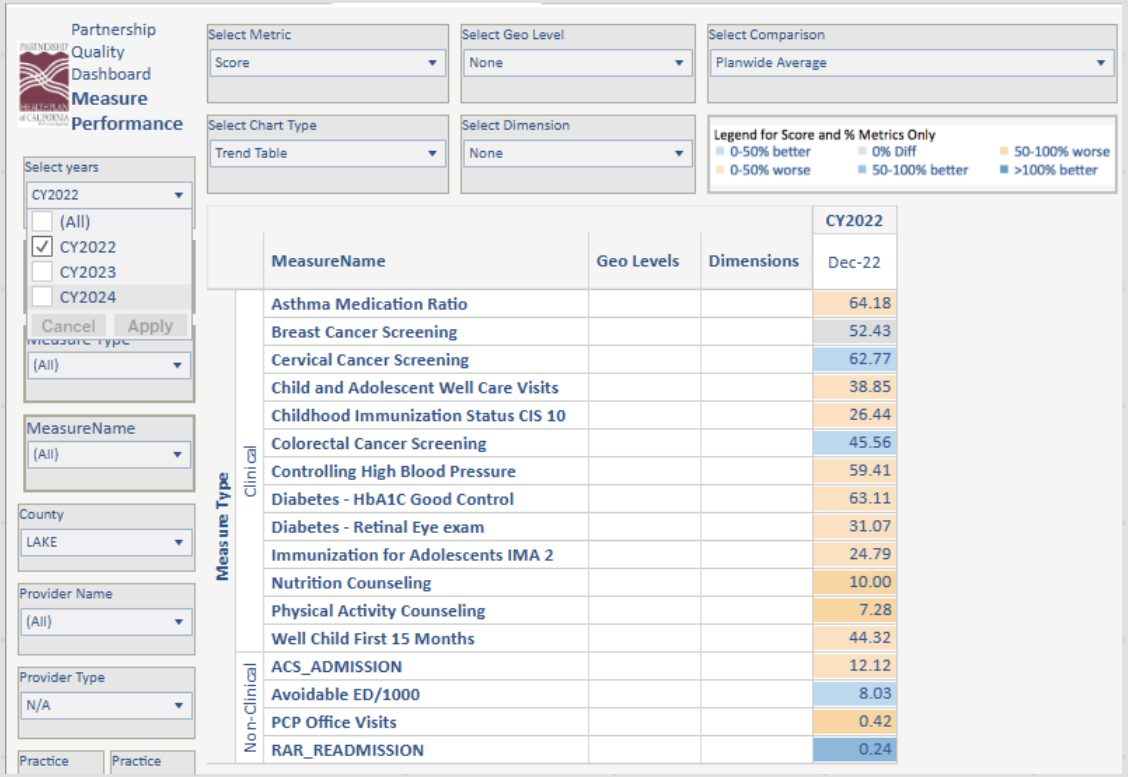
Modified QIP Program 2023



Measure Type	MeasureName	Geo Levels	Dimensions	CY2022 Dec-22
Clinical	Asthma Medication Ratio			64.18
Clinical	Breast Cancer Screening			52.43
Clinical	Cervical Cancer Screening			62.77
Clinical	Child and Adolescent Well Care Visits			38.85
Clinical	Childhood Immunization Status CIS 10			26.44
Clinical	Colorectal Cancer Screening			45.56
Clinical	Controlling High Blood Pressure			59.41
Clinical	Diabetes - HbA1C Good Control			63.11
Clinical	Diabetes - Retinal Eye exam			31.07
Clinical	Immunization for Adolescents IMA 2			24.79
Clinical	Nutrition Counseling			10.00
Clinical	Physical Activity Counseling			7.28
Clinical	Well Child First 15 Months			44.32
Non-Clinical	ACS_ADMISSION			12.12
Non-Clinical	Avoidable ED/1000			8.03
Non-Clinical	PCP Office Visits			0.42
Non-Clinical	RAR_READMISSION			0.24

Before: 2022 QIP Scores

Measure Type	MeasureName	Dec-24
Clinical	Breast Cancer Screening	59.74
Clinical	Cervical Cancer Screening	71.38
Clinical	Child and Adolescent Well Care Visits	69.77
Clinical	Childhood Immunization Status CIS 10	21.43
Clinical	Colorectal Cancer Screening	52.19
Clinical	Controlling High Blood Pressure	77.25
Clinical	Diabetes - HbA1C Good Control	76.16
Clinical	Diabetes - Retinal Eye exam	71.80
Clinical	Immunization for Adolescents IMA 2	48.00
Clinical	Lead Screening In Children	90.44
Clinical	Well Child First 15 Months	76.47

After: 2024 QIP Scores

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The Process

Improvement Advisor

Action Plan

Leadership Support

Clinician to **Clinician** meeting

Educating and Training staff on Measure Specifications

Creating and Implementing new processes and workflows

Monthly Challenges

Expanding the Quality Team

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Pediatric Well Care Visit 3-17

Best Practices that has allowed us to exceed the 90th percentile benchmark

Alerts

WHEN PATIENTS FALL INTO THE PARTNERSHIP PREVENTATIVE CARE REPORTS, **THEY ARE TRACKED AND ALERTS ARE SET IN THE PATIENTS CHART**

EXAMPLE NOTES:

*"**WCV** DUE, LEAD SCREENING, IMMUNIZATIONS DUE, CIS 10"*

THIS WILL PROMPT FOR MEDICAL ASSISTANT TO ADDRESS THOSE KEY ITEMS.

IF **THE ALERTS ARE** NOT ADDRESSED AT THE TIME OF VISIT, **THE QUALITY TEAM WILL NOTIFY THE PROVIDER TEAMS ON FRIDAY'S WHEN THE CHART AUDITS ARE SENT OUT.**

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Provider Teams Pre-Visit Planning

Each **Provider team consists of 2** Medical Assistants**, 1 MA Scribe** and 1 LVN

Daily Preps are printed and utilized during the pre-visit planning and office visit. MA's scrub charts the day prior to the patients visit.

Care guidelines**/Gaps in Care/Alerts/last WCV** are identified and noted.

Labs and Immunizations are reviewed.

If immunizations are missing from their chart, **teams** must locate and document.

Utilizing CAIR2, Sutter, Adventist Health.

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Quality Teams Daily Auditing/ Scrubbing Charts

Notifies the provider teams of any missed opportunities through an email trend at the end of each work week.

Chart Audits are sent every Friday.

Missed opportunity examples: Missed Well Child Visits, Immunization Updates, Lead Screenings, Low HGB Follow Up, **addressing if no- show's** are not called at the end of the day.

The teams must provide outreach and schedule patient depending on the missed opportunity. **Telephone notes** for all outreach **are required.**

The provider teams must notify the quality team via email when all missed opportunities are addressed, usually within a week deadline.

When the **chart audits were initiated** we had over 100 missed opportunities each month.

Educating staff, creating workflows, monthly admin meetings.

We are now averaging 20-30 on a monthly basis.

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Converting Office Visits

During the previsit planning the MA must review the patients chart to verify if they are up to date with their WCV.

If a patient is due, they highlight it on their daily prep so they can notify the provider at the time of the appointment.

If appropriate the provider will notify the team that they can convert the office visit to a WCV.

If patient is too ill for their WCV, the MA will schedule a follow up and schedule them before their departure.

The MA will schedule their visit while they are in the patient's room.

All sports physicals require an up-to-date WCV. If the WCV is not up-to-date the appointment will be converted to a WCV.

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Preventative Care Reports

- Excel Spreadsheets are maintained for each measure.
- Everyone in our Quality Team has access to these reports.
- They are maintained and tracked on a daily basis.
- The quality team has notes highlighted on the spreadsheets regarding important dates/ appointments and etc that is needed for each specific measure.
- If a patient does not have an upcoming appointment we call and schedule the patient for their well child exam.
- Pediatrics has 4 Providers in our Lakeport Facility. 2 NP's, 2 MD's and 1 MD at our Southshore Clinic.
- This provides sufficient availability for WCV appointments.

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Questions???

Thank you!

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Upcoming Trainings

Improving Measure Outcomes Webinar Series: February - April 2025

The *Improving Measure Outcomes Webinar Series* allows Quality Improvement teams to make knowledge actionable, improving quality service and clinical outcomes around specific measures of care.

Planned sessions include:

- March 12, 2025 - Chronic Disease and Colorectal Cancer Screening
- March 26, 2025 - Perinatal Care and Chlamydia Screening
- April 9, 2025 - Breast and Cervical Cancer Screenings
- April 23, 2025 - Diabetes Control

**Sessions offered during the lunch hour and approximately 60 minutes in length. CME/CEs will be offered for live attendance.*

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

Questions: improvementacademy@partnershiphp.org

ABCs of Quality Improvement

The ABCs of Quality Improvement is an in-person training designed to teach you the basic principles of quality improvement:

- Introduction to Quality Improvement and the Model for Improvement
- Learn how to create an Aim Statement (project goal)
- Learn how to use data to measure quality and drive improvement
- Tips for developing change ideas for improvement
- Testing changes via the Plan-Do-Study-Act cycle

Date: Tuesday, March 25, 2025
Time: 8:30 a.m. – 4:30 p.m.
Location: The McConnell Foundation
800 Shasta View Dr, Redding
Registration and light breakfast from 8:30 – 9 a.m.
Lunch will be provided.

Registration is FREE

Scan me

*The AAFP has reviewed ABCs of Quality Improvement (QI) and deemed it acceptable for AAFP credit. Term of approval is from 11/07/2024 to 11/07/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session ABCs of Quality Improvement (QI) is approved for 5.50 Live AAFP Prescribed credits.
**Provider approved by the California Board of Registered Nursing, Provider Number CEP16728, for 5.50 contact hours.

Email questions to improvementacademy@partnershiphp.org

ACCREDITED NCQA HEALTH PLAN

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

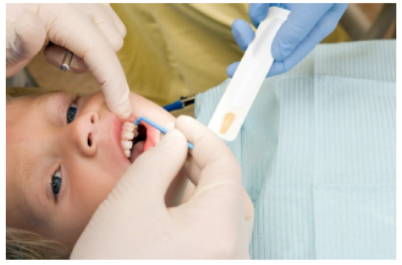
Fluoride Varnish Services

Attention Dental Centers

Fluoride Varnish Services – Urgent Request for Assistance

Please forward to your dental departments

Fluoride varnish services completed in FQHC, RHC, and Tribal Health Dental Centers count toward DHCS Topical Fluoride Varnish measure rates!



Dental Centers ***must*** use ICD code **Z29.3** (Encounter for prophylactic fluoride administration) in combination with CDT code **D1206** or **D1208** when billing for fluoride varnish application.

Medical providers ***must*** use CPT code 99188 when billing for fluoride varnish application (ICD code **Z29.3** is recommended, but not required).

The Topical Fluoride Varnish for Children measure includes children, ages 1-20 years. The measure requires a minimum of two fluoride varnish applications per year.

Please partner with us in this endeavor, as this measure greatly affects Partnership and, in turn, your health centers!

For questions contact: dentalsupport@partnershiphp.org

PartnershipHP.org (800) 863-4155

Partnering for Pediatric Lead Prevention Program

Partnership invites your organization to participate in a program aimed at improving lead testing rates for age-appropriate pediatric patients in the primary care setting.

Partnership is awarding LeadCare II Point of Care testing devices to qualifying primary care sites within the Partnership network. Program materials and resources are available now on our Lead Poisoning and Prevention webpage.

Applications are now accepted year-round!

For more information, questions, or to submit an application, email: leadPOC@partnershiphp.org

Evaluation

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

Contact Us

Associate Medical Director:
Teresa Frankovich, MD
tfrankovich@partnershiphp.org

QI/Performance Team: ImprovementAcademy@partnershiphp.org

Evaluation

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