Well-Child Measure Highlight

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Agenda

1) Background, Focus & Objectives
2) Sharing Best Practices: AHS
3) Measure Descriptions
4) Best & Promising Practices
5) Pay-for-Performance (P4P)
6) Resources

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Background

- CA Governor Newsom's focus: preventive health for children
- DHCS increased accountable measures related to children
- DHCS's Goals:
  - Close racial/ethnic disparities in well-child visits and immunizations by 50%.
  - Ensure all health plans exceed the 50th percentile for all children's preventive care measures.

Resource: The California Department of Health Care Services (DHCS). (2022). *Comprehensive Quality Strategy*. DHCS. https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx

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Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Today's Focus

Primary Measures

- Well-Child Visits in the First 0-15 Months of life (W30-6+)
- Well-Child Visits in the First 15-30 Months of life (W30-2+)

Correlating Measures

- Childhood Immunization Status-Combination 10 (CIS-10)
- Developmental Screening in the First Three Years of Life (DEV)
- Lead Screening in Children (LSC)
- Topical Fluoride for Children (TFL-CH)
- Individual Health Appointments (IHA)

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Objectives

At the end of this webinar, you will be able to:

- Have a better understanding of the well-child measure definitions.
- Walk away with tactics to promote preventative measures.
- Identify best and promising practices that can be used in your practices.

Sharing Best Practices

Alameda Health Systems (AHS)

Dr. Simms-Mackey

Chair of Pediatrics

Well-Child Visits in First 15/30 Months of Life

Presenter:
Pamela Simms-Mackey, MD, FAAP
Chair, Department of Pediatrics
Chief, Graduate Medical Education
Alameda Health System

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Problem Statement

AHS's ambulatory pediatric clinical quality metrics lag state and national benchmarks. These metrics include:

- *Well child and adolescent care (age 3-21)*
- *Well child visits in first 15/30 months of life*
- *Childhood immunization status (age 2)*
- *Immunization for Adolescents (age 13)*
- *Weight assessment and counseling (age 3-18)*
- *Lead screening (age 2)*
- *Developmental screening (ages 0-3)*
- *Chlamydia screening (annual, age 16-18)*

Improvement in performance on these metrics is critical to receive ~$12M annually in supplemental funding.

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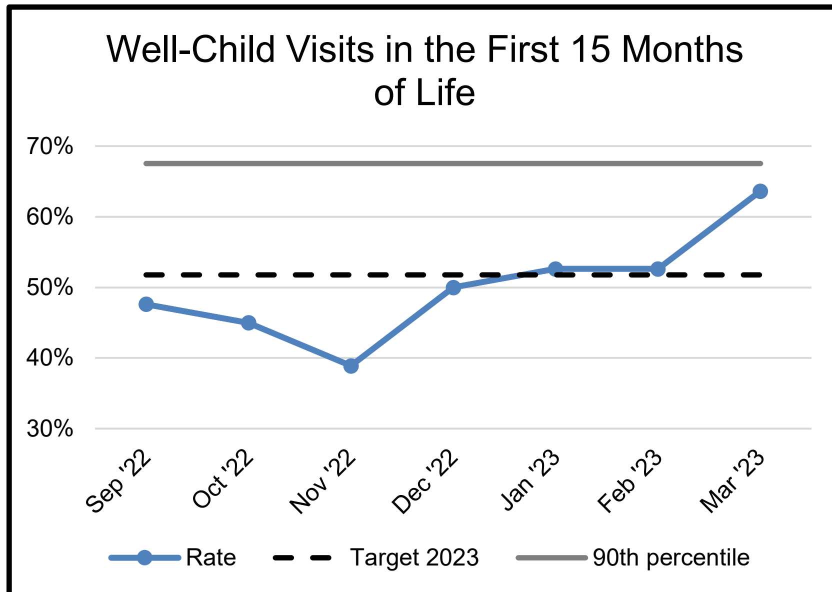
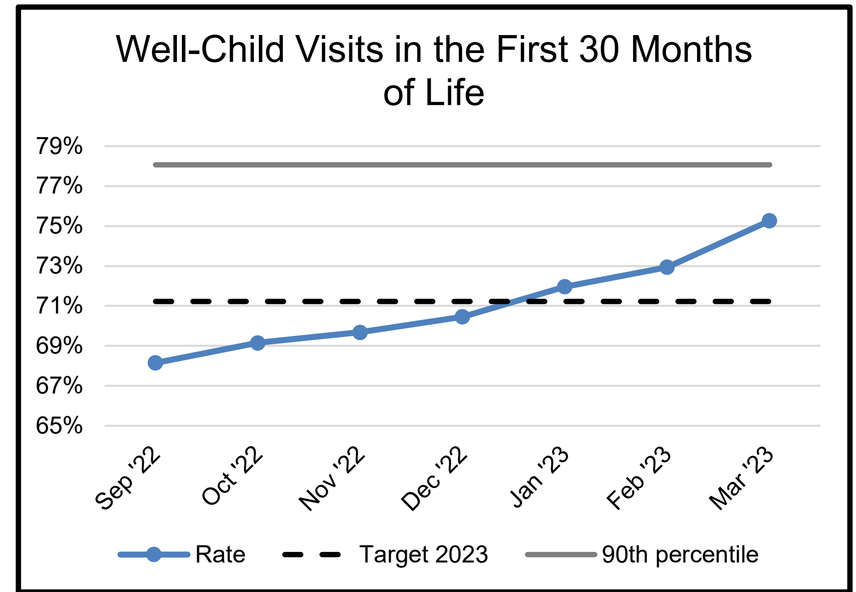
Current QIP Performance





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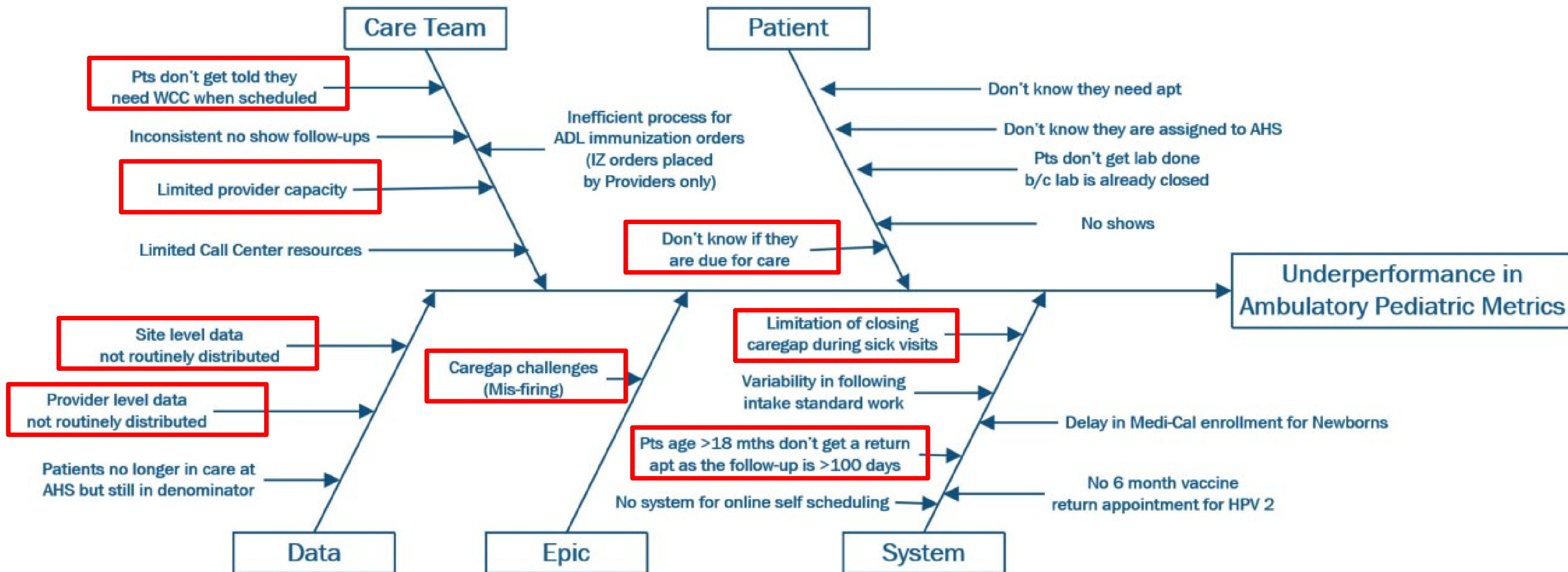
Root Cause Analysis



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Interventions

Cause/Barrier	Action	Impact/Effort
Patients don't know they are due	Text-based outreach to pts when they are overdue for well child, immunization and lead screening	High/High
Patients left without next appointment scheduled	Revise scheduling template to book appointments six months out for Well Child visits	High/Medium
Site/provider data not tracked or routinely disseminated	Develop process measures & disseminate data	Medium/Medium

Monthly Text based Outreach

Patient population

- Due for Well Child
- Age: 0 – <3 years
- No upcoming appointment scheduled

Process

Well text/voice message sent to patients

Family calls Call Center to schedule appointment

Patient scheduled with PCP

If no Well Child appointment with PCP available within the next 4 weeks, appointment with another provider in the same clinic is offered

Message

Text

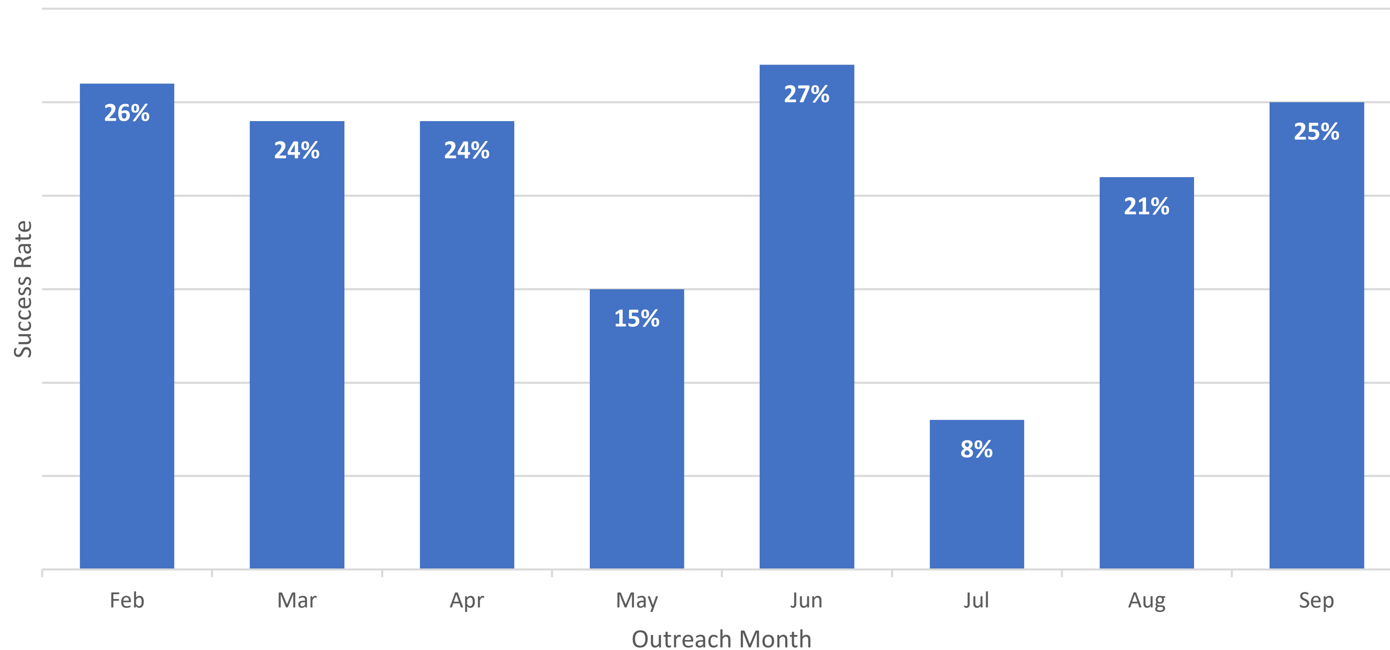
Highland Wellness for the parent/guardian of (child's name)*

Our records show that (child's name) is due for their yearly well child check. Please call (510) 437-8500 to make an appointment. To stop getting these text messages, type STOP

**Clinic name changes depending on where patient was seen.*

Well Child Outreach: 0-3 yo

(Initial + Follow-up text)



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Effectiveness of follow-up text message

Test of Change: Would a second text message reminder increase Well Child visit completion?

Visits Completed
71% - Follow-up Text
29% - Initial Text

Appointments Booked
58% - Follow-up Text
42% - Initial Text

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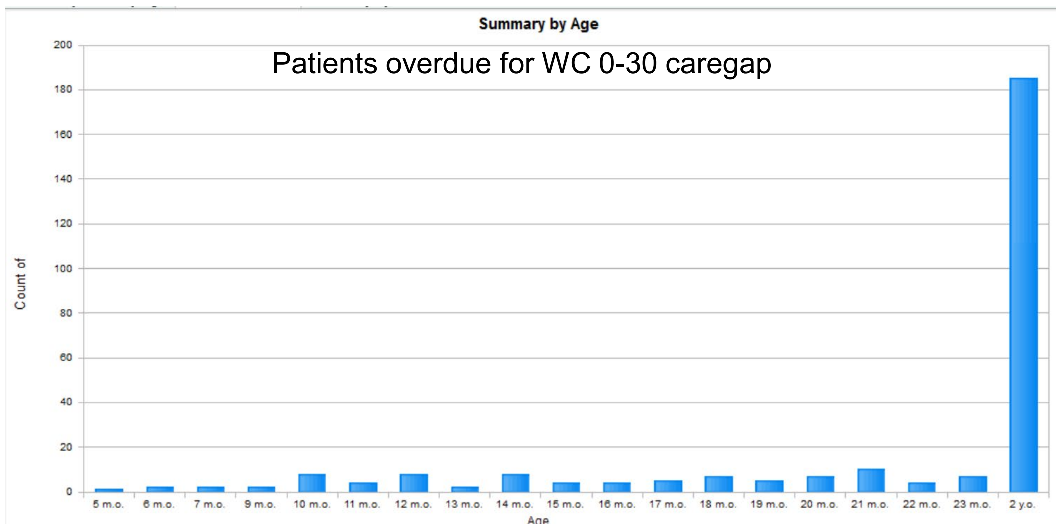
6 month appointment for Well Child visit

Problem:

- In the past, the template was restricted by administrator to only allow scheduling up to 3 months
- No return appointment for 18, 24, 30 and 36 mo for next WCC
- Top contributor was fallouts among children aged 18+ mo
- Not compliant with CHDP guidelines

Intervention:

- Revamped scheduling templates to allow booking up to 6 months



CHDP Health Assessment Guidelines

The *CHDP Health Assessment Guidelines* incorporate the Bright Futures recommendations and include policies and procedures for provision of EPSDT/CHDP services. The guidelines include a detailed explanation of what is expected of a CHDP provider. A copy of the guidelines is available from local CHDP programs or may be accessed on the Child Health and Disability Prevention Program page of the DHCS website at *www.dhcs.ca.gov/services/chdp*.

Appointment Scheduling

Patients are referred to providers from a variety of sources, including parents or caregivers, foster program parents, CHDP program staff, local health departments, schools, caseworkers and other Medi-Cal providers.

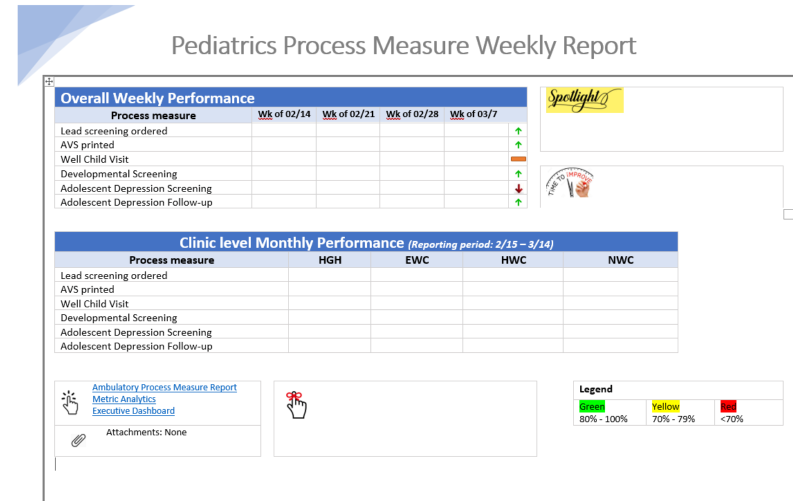
Providers must offer appointments to referred patients on a timely basis.

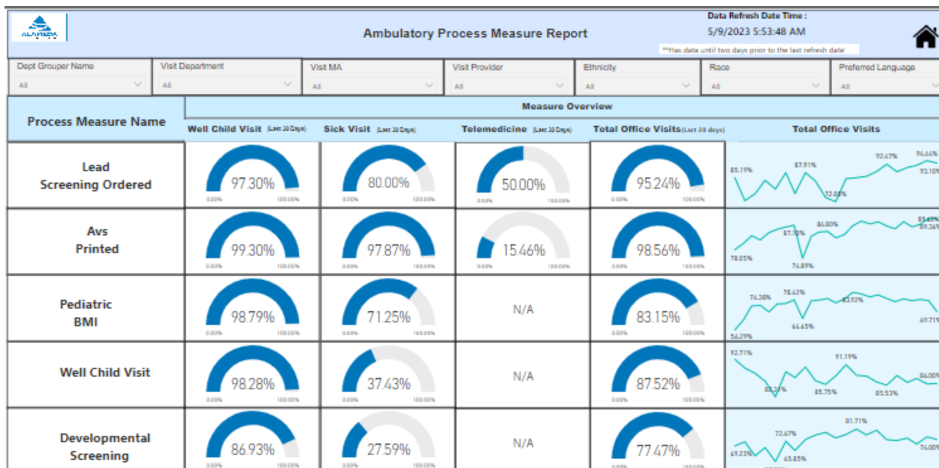
At the time of an EPSDT/CHDP health assessment, and in accordance with the *CHDP Health Assessment Guidelines*, providers must:

- Schedule an appointment for the next periodic health assessment for children younger than 2 years of age
- Inform the family and/or patient in writing of the date when the next examination is due for children 2 years of age and older

Process Measures

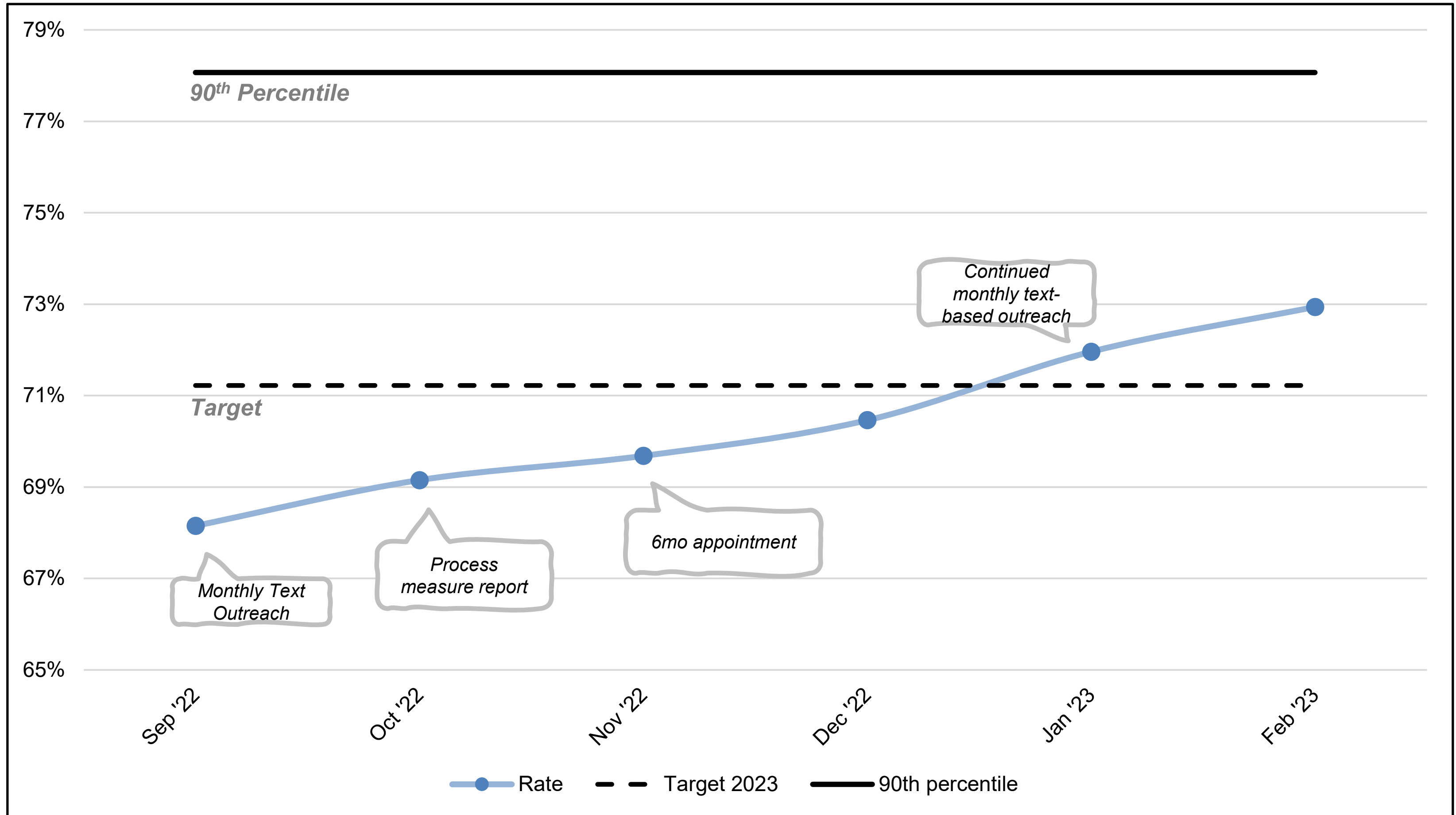
- Developed process measure for real time actionable data
- Criteria based on when patients due for a care gap and completion of caregap (e.g: ordering, screening, documentation) at that visit
- Data trended over time and available by site, provider & MA at patient level





- Ad-hoc dissemination of data with clinic stratified performance
- Regularly discussed at the monthly department meeting

Well-Child Visits in the First 30 Months of Life



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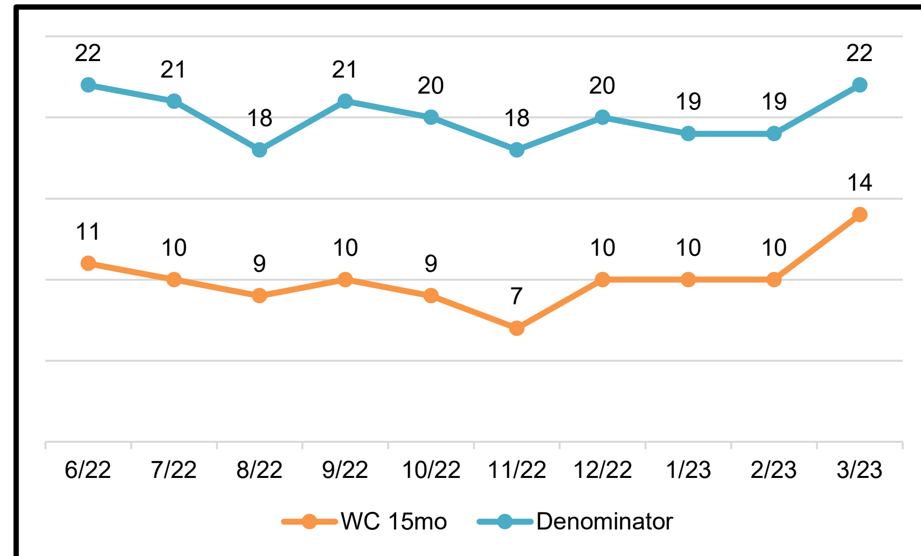
Gateway for NBs

- **Background**: To qualify in the WCC 15-month measure denominator, child must have continuous MCMC assignment with AHS (starts 31 days - 15 months of age). Prior to Epic, Standard work was to offer Gateway at every newborn visit

- **Problem**: Many kids do not get MCMC enrolled until 3rd/ 4th / 5th month of life despite having well child visits with us--> thus they are excluded from our denominator. Denominator is now <30 and below the QIP reporting threshold



				*MY22		
Provider Site	Measure	Age	MPL	Denominator	Numerator	Rate
Eastmont Wellness Center	W30-6+	0-15 months	55.72%	51	37	72.55%
Hayward Wellness Center	W30-6+	0-15 months	55.72%	28	17	60.71%
Highland Wellness Center	W30-6+	0-15 months	55.72%	77	57	74.03%
Newark Health Center	W30-6+	0-15 months	55.72%	25	17	68.00%
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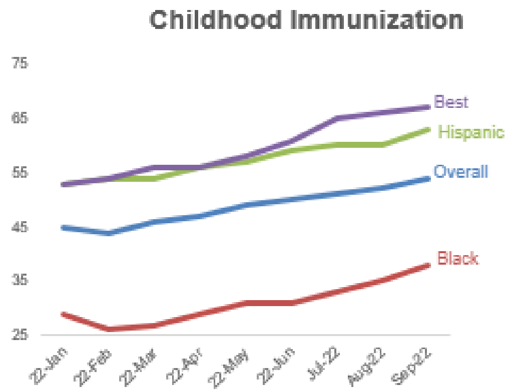
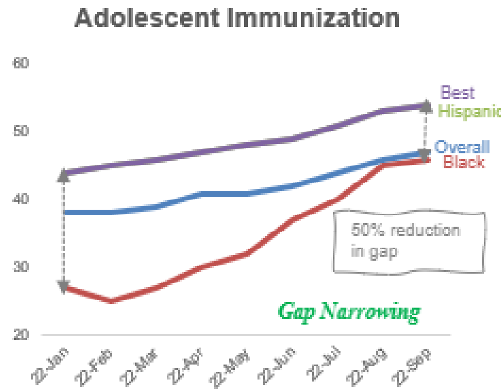
Gateway for NBs

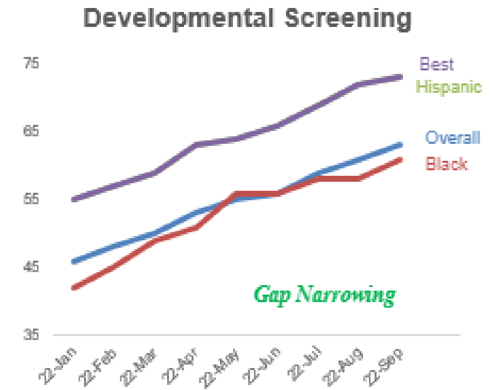
- **<u>Current Newborn Visit Process :</u>**
  - If mother has MediCal Managed Care (AA or BC) --> No Gateway is offered. The first 2 months of baby's visits can be covered under mom
  - If mother has straight MediCal or restricted MediCal --> Gateway is offered

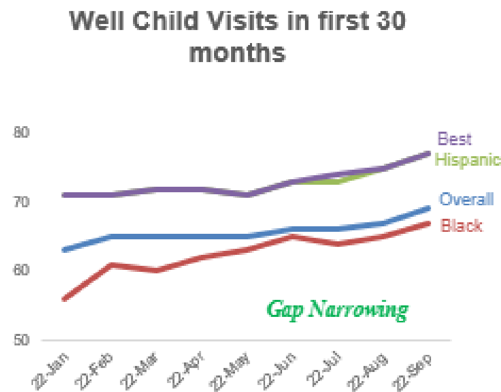
- **<u>Intervention :</u>**
  - PSRs educating mothers to enroll their baby with MediCal to ensure no gap in coverage
  - PSRs offering Gateway at NB visit – completed PDSA
  - Identified and resolved some billing issues
  - Spread the change idea to all sites

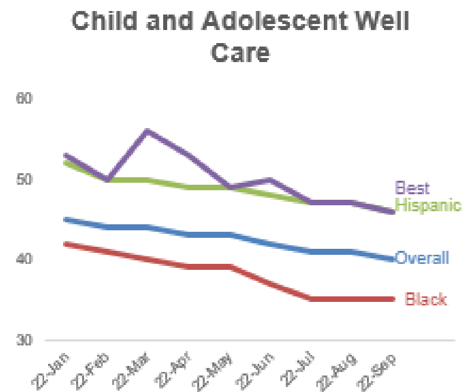
Race/Ethnicity Stratification Trend Over Time











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Next Steps

- Continue Text-based outreach *(with Enhanced language)* & other interventions
- Community needs assessment to assess barriers to care for B/AA population
- Revisit Well Child caregap spacing
- Increase provider capacity (Hire)
- Online self scheduling (Aspirational Goal)

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thank you

Measure Descriptions

Measure definitions per NCQA (HEDIS) and CMS

Well-Child Visits in the First 0-30 Months of Life

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First 0-15 Months of Life (W30-6+)

% of children, who turned 15 months old, in 2023 and had at least six (6) well-visits with a PCP by their 15-month birthday.

First 15-30 Months of Life (W30-2+)

% of children, who turned 30 months old, in 2023 and had at least two (2) well-visits with a PCP between their 15-month (+1 day) birthday and their 30-month birthday.

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Initial Health Appointments (IHA)

Requirements

Complete within 120 days of enrollment.

- Excludes members who completed an IHA within 12 month prior to enrollment.
- Requires a minimum of two (2) documented outreach attempts.

Elements

- Comprehensive History
- Social History
- Review of Organ Systems
- Comprehensive Physical and Mental Status Exam
- Preventative Services

Provider	CPT Code	Description
PCP	99201 – 99205	Office or other outpatient visit for the evaluation and management of new patient
PCP	99211-99215	Office or other outpatient visit for the evaluation and management of established patient with PCP but new to the Alliance
PCP	99381-99387	Comprehensive Preventive Visit and management of a new patient
PCP	99391-99397	Comprehensive Preventive Visit and management of an established patient with PCP but new to the Alliance
OB/Gyn	59400, 59510, 59610, 59618	Under Vaginal Delivery, Antepartum and Postpartum Care Procedures, Under Cesarean Delivery Procedures, Under Delivery Procedures After Previous Cesarean Delivery, Under Delivery Procedures After Previous Cesarean Delivery
Nursing Home	99304-99306	New or Established Patient Comprehensive Nursing Facility Assessments

…continued Well-Child

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Reminders:

- Follows periodicity outlined in Bright Futures Clinical Guidelines.
  - 14-Day Rule: HEDIS specifications require that visits must be at least 14-days apart.
- Telehealth: Visits count towards this measure.
  - For billing guidance: 2023 P4P Program Quick Reference Guide for Billing.
- All well-visits are reimbursed between 0-30 months of life.

Childhood Immunization Status- Combination 10 (CIS-10)

% of children whose 2nd birthday falls within 2023 who had:

Dose #	Immunization
4	diphtheria, tetanus and acellular pertussis (Dtap)
3	polio (IPV)
1	measles, mumps and rubella (MMR)
3	haemophilus influenza type B (HiB)
3	hepatitis B (HepB)
1	chicken pox (VZV)
4	pneumococcal conjugate (PCV)
1	hepatitis A (HepA)
2-dose series or 3-dose series	rotavirus (RV)
2	influenza (flu) vaccines

…continued CIS-10

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California Immunization Registry (CAIR):

- Bill AB 1797: Providers who administer vaccines are required to enter immunization information into CAIR.
- Enter historical vaccines, whether given by your site or by another provider, into CAIR.
- CAIR Resources:
  - CAIR FAQ on AB 1797: https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx
  - CAIR User Guide: https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-Training-Guides.aspx

…continued CIS-10

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HEDIS: What Counts?

Immunization	What Counts?
All	• CAIR: Enter immunization information in CAIR accordingly. • Medical Record: Include date of immunization(s) administered and each antigen administered. • For combination vaccinations, like DTaP and MMR, document all components of antigen administered.
DTaP	4 doses with different dates of service **between 42 days after birth and 2nd birthday.**
IPV	3 doses with different dates of service **between 42 days after birth and 2nd birthday.**
MMR	• 1 dose between 1st and 2nd birthday • OR History of measles illness AND mumps illness AND rubella illness **on or before 2nd birthday.**
HiB	3 doses with different dates of service **between 42 days after birth and 2nd birthday.**

…continued CIS-10

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….continued, HEDIS: What Counts?

Immunization	What Counts?
HepB	• 3 doses with different dates of service **by the 2nd birthday.** • 1 of the 3 can be a newborn Hep B vaccination **between birth and 7 days after birth.** • OR History of hepatitis B illness **on or before 2nd birthday.**
VZV	• 1 does **between 1st and 2nd birthday** • OR history of chicken pox illness **on or before 2nd birthday.**
PCV	4 does with different dates of service **between 42 days after birth and 2nd birthday.**
Hep A	• 1 does **between 1st and 2nd birthday.** • OR history of hepatitis A illness **on or before 2nd birthday.**

…continued CIS-10

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….continued, HEDIS: What Counts?

Immunization	What Counts?

RV	2 does series or 3 does series **between 42 days after birth and 2nd birthday.**
	• 2 doses of the two-dose rotavirus vaccine on different dates of service. OR
	• 3 doses of three-dose rotavirus vaccine on different dates of service. OR
	• Combine (1 dose/2dose):
	  • 1 dose of the two-dose series, and
	  • 2 doses of the three-dose series,
	  • All with different dates of service.

Flu	2 does with different dates of service **between 6 months after birth and 2nd birthday.** • 1 LAIV does is allowed if administered on the 2nd birthday.

Developmental Screening in the First Three Years of Life (DEV)

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% of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months prior or on their 1st, 2nd, or 3rd birthday.

Claim Code: 96110

Best Practices:

- EMR/EHR: include Ages and Stages Questionnaire (ASQ) and screening billing code.

Lead Screening in Children (LSC)

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% of children, by 24 months, who had ≥1 blood tests (capillary or venous) for lead poisoning in 2023.

Medical Record Notations:

- Include date(s) of the test & result(s)

Electronic Blood Lead Reporting (EBLR) System:

- Like CAIR but for blood lead screenings
- Counts for HEDIS
- More Information: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx

Topical Fluoride for Children (TFL-CH)

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% of children, 1-20 y/o, who received at least two (2) topical Fluoride Varnish (FV) applications in 2023.

Tooth Decay

- Most common chronic disease and greatest unmet health need.
- An infectious disease that can be transmitted from mothers.

Alameda County STATS

- 50% of Medi-Cal children, 6-20 yo, had a dental visits
- 50% of Medi-Cal pregnant women utilize dental services.
- Asian & Black/African Americans, 0-5 yo, in selected WIC programs have a higher prevalence of untreated tooth decay
- Latinas & Black/African-Americans, and those with lower educational attainment, are less likely to use dental services during pregnancy

Resource: Office of Dental Health, Alameda County Public Health Department. (2019). *Alameda County Oral Health Strategic Plan 2019-24*. Office of Dental Health, Alameda County Public Health Department..
http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_1_28_19/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item_1_2_Oral_Health_Strategic_Plan_DRAFT.pdf

…continued TFL-CH

Billing Tip:

- Measure captured by claims; CPT 99188 for ages 0-5 y/o.

FV Implementation

- Promote oral health & FV application during Prenatal visits.
- Combine FV applications with well-child visits.
- Oral Health Patient Education.
- Pediatric Dental Referral Network accepting Denti-Cal.
- Alliance to host virtual training with Alameda County Office of Dental Health.
- Alameda County Office Dental Health provides training:
  - **Phone:** (510) 208-5910
  - **Email:** dentalhealth@acgov.org

Best & Promising Practices

Tips and tricks to improve processes and measure rates

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Submitting Claims

- If a patient is coming in for a sick visit, and due for a well-visit, conduct the well-visit at the same time.
- Use coding to document exclusions.
- Submit claims and encounter data timely.

Electronic Medical/Health Record Systems

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- Utilize health/flag alerts.
- Conduct chart scrubbing prior to visits.
- Utilize standardized templates.

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Increasing Access

- Reduce waiting times:
  - Immunization clinics.
  - After hours and/or weekend clinics.
  - Organize/join health fairs.
- Offer back-to-back sibling well-visits.
- Strengthen partnership with schools.

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Access Standards

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment	10 Business Days of Request
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request
SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of Request
Non-Urgent Appointment with an **Ancillary Service** Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request
ALL PROVIDERS WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Appointment Within:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*** Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines PA = Prior Authorization**

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Equity Approaches

Consider using an equity approach to increase access for targeted communities:

- Review well-care visit measure completion rate factors
- Screen for health-related social needs.
- Design member information to be culturally/linguistically appropriate.
- Involve patients and their family members in decision-making.
- Leverage shared decision-making, teach-back and motivational interviewing tools.
- Partner with local community resources.
- Utilize Community Health Workers (CHW).

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Communication & Education

- Schedule next appointments as soon as possible.
- Utilize clinicians and staff to educate parents.
- Huddle with staff often to discuss requirements.
- Outreach to, and remind, parents.

Pay-for-Performance (P4P) Program

Measurement Year (MY) 2023

Measures in P4P

Background

- Tied into DCHS Managed Care Accountability Set (MCAS) Metrics
- Supports the Alliance's Mission & Vision
- Promotes Quality Care and Preventive Care

Child & Adolescent Measures in the P4P	
Child and Adolescent Well-Care Visits (WCV)	Well-Child Visits in the First 15 Months of Life (W30-2+)
Childhood Immunizations Status – Combination 10 (CIS-10)	Well-Child Visits in the First 15-30 Months of Life (W30-6+)
Immunizations for Adolescents: Combination 2 (IMA-2)	Lead Screening in Children (LSC)

Resources

Resources from the Alliance

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Health Education

Patient Health & Wellness Education

- **Live Healthy Library:** online materials and links
- **Provider Resource Guide:** health programs and community resources
- **Wellness Program & Materials Request Form:** request mailed materials

Request mailed care books like this one via the Wellness Program & Materials Request Form.

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Care Coordination

Help Me Grow First 5, Alameda County

- Ages: Birth – 5 years
- Measures: W30, WCV (2-5 years of age)
- Services:
  - Outreach to families
  - Promote importance of well-visits
  - Support scheduling appointments

Contact: **DeptQITeam@alamedaalliance.org**

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Reports

Gap in Care Lists

- HEDIS
- Initial Health Appointment (IHA)
- Emergency Department Utilization

Project Support

Quality Improvement Team

- Project Management
  - Contact: **DeptQITeam@alamedaalliance.org**

Thanks!

Questions?

You can contact us at: