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Measure Highlight: Well Care-Visits for Ages 3-21

Agenda

- 1) Background, Focus & Objectives
- 2) Measure Descriptions
 - a) What counts for HEDIS®
 - b) Best & Promising Practices
- 3) Sharing Best Practices: Bancroft Pediatrics
- 4) Resources & Open Discussion

Today's Measures

- Well-Child Visits, ages 3-21
- Initial Health Appointment (IHA)
- Immunizations for Adolescents – Combination 2 (IMA-2)
- Topical Fluoride for Children (TFL-CH)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Objectives

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

- Have a better understanding of the measure expectations.
- Walk away with tactics to promote preventive measures.
- Identify best and promising practices that can be used in your clinics.



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.

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.

Why Well-Care Visits?

- Monitor child's growth & development.
- Provides opportunity for vaccinations, screenings, applications, and other important resources.
- Early detection of health concerns.
- Monitoring chronic conditions.
- Preventative Care – guidance on nutrition, exercise and safety measures.
- Parental guidance and education.
- Builds a relationship with Healthcare Providers.

Measure Descriptions

Definitions, Billing Codes, HEDIS® Practices, and
Best & Promising Practices

Child and Adolescent Well-Care Visits (WCV)

% of children, 3-21 y/o, who had at least one (1) comprehensive well-care visit with a primary care provider (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during 2024.

What counts for HEDIS®?

- ▶ One (1) well-care visit must occur annually; does not have to be an exact 365 days from the previous well-care visit.
- ▶ Well-care visit must be conducted by a PCP or OB/GYN

Reminder:

- ▶ All well-care visits are reimbursed in this age range.
- ▶ PCP who performs the well-care visit does not have to be the member's assigned PCP.

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 2 documented outreach attempts.

Elements

- A history of the Member's physical and mental health
- An identification of risks
- Preventative Services – recommended by USPSTF
- Health education
- The diagnosis and plan for treatment of any diseases

Telehealth visits are counted for IHA with a Place of Service Code 02 or Modifier 95.

Provider	CPT Codes	Z Codes	Description
Behavioral Health	96156		Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
OB/Gyn	59400, 59425, 59426, 59430, 59510, 59610, 59618	Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038	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
PCP	99202-99205, 99461	Z1016	Office or other outpatient visit for the evaluation and management of new patient
PCP	99211-99215	Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5	Office or other outpatient visit for the evaluation and management of an 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

Immunizations for Adolescents

Combination 2 (IMA-2)

% of adolescents, 13 y/o, who had the following vaccine doses by their **thirteenth birthday**:

Vaccine	What counts for HEDIS®
Tdap Tetanus, diphtheria acellular pertussis	At least one (1) Tdap vaccine with a date of service on or between the member's 10th and 13th birthdays.
Meningococcal Meningococcal serogroups A, C, W, Y	At least one (1) meningococcal serogroups A, C, W, Y vaccine, with a date of service on or between the member's 11th and 13th birthdays.
HPV Human papilloma virus	Two Dose Vaccine: At least two (2) vaccines on or between the member's 9th and 13th birthdays with different dates of service at least 146 days apart. <u>OR</u> Three Dose Vaccine: At least three (3) vaccines on different dates of service at least 14 days apart and on or between the member's 9th and 13th birthdays.

IMA-2 and CAIR

California Immunization Registry (CAIR)

- Bill AB 1797: Providers who administer vaccines are required to enter immunization information into CAIR.
- Purpose: 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>

Topical Fluoride for Children (TFL-CH)

% of children, 1-20 y/o, who received **at least two (2)** topical Fluoride Varnish (FV) applications in 2024.

What counts for HEDIS®?

- ▶ Must have two (2) FV applications, in the year, to count as completed.

Best & Promising Practices

- ▶ Conduct while patient is waiting for well-visit.
- ▶ Application can be conducted by Medical Assistants.
- ▶ Integrate billing code(s), for ages 1-5 y/o, into EMR/EHR: CPT 99188
 - ▶ Current Dental Terminology (CDT) Codes: D1206 or D1208; include proper taxonomy code for dental services.
- ▶ Refer patient to [Denti-Cal providers](#).

TFL-CH

Continued: Best & Promising Practices

- ▶ Promote oral health & FV application during Prenatal visits.
- ▶ Oral health education for staff and patients.

Alameda County Office of Dental Health

- ▶ Free Training
 - Phone: (510) 208-5910
 - Email: dentalhealth@acgov.org

Alliance Incentive

- ▶ Details are forthcoming.
- ▶ Contact us: DeptQITeam@alamedaalliance.org

Depression Screening and Follow-up for Adolescents and Adults (DSF)

% of members, **12 y/o+**, who were screened for clinical depression using standardized instrument and, if screened positive, received follow-up care.

- ▶ Depression Screening: The % of members who were screened for clinical depression using a standardized instrument.
- ▶ Follow-up on Positive Screening: % of members who received follow-up care within 30 days of a positive depression screen finding.

What counts for HEDIS®? Age-Appropriate Screening Instruments

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score \geq 10
Patient Health Questionnaire-2 (PHQ-2)® ¹	55758-7	Total score \geq 3
Beck Depression Inventory-Fast Screening (BDI-FS)® ^{1,2}	89208-3	Total score \geq 8
Beck Depression Inventory (BDI-II)	89209-1	Total score \geq 20
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score \geq 17
Duke Anxiety - Depression Scale (DUKE-AD)® ²	90853-3	Total score \geq 30
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score \geq 10
My Mood Monitor (M-3)®	71777-7	Total score \geq 5
PROMIS Depression	71965-8	Total score (T Score) \geq 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score \geq 31

Instruments for Adolescents (\leq 17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score \geq 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score \geq 10
Patient Health Questionnaire-2 (PHQ-2)® ¹	55758-7	Total score \geq 3
Beck Depression Inventory-Fast Screening (BDI-FS)® ^{1,2}	89208-3	Total score \geq 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score \geq 17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score \geq 10
PROMIS Depression	71965-8	Total score (T Score) \geq 60

¹ Brief screening instrument. All other instruments are full-length.

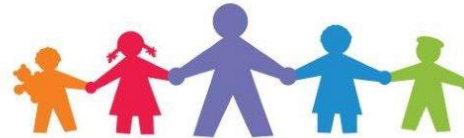
² Proprietary; may be cost or licensing requirement associated with use.

What counts for HEDIS®? Follow-Up

- ▶ Any of the following **on or up to 30 days** after the first positive screen:
 - Follow-up visit: An outpatient, telephone, e-visit or virtual check-in with a diagnosis of depression or other behavioral health condition.
 - Depression Case Management Encounter: Document assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - Behavioral Health Encounter: Includes assessment, therapy, collaborative care or medication management.
 - Medication: A dispensed antidepressant medication.

OR

- ▶ Documentation of a negative finding from another screening instrument, on the same day as a positive screening, qualifies as evidence of follow-up.
 - Example: if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day counts as a follow-up.



UCSF Benioff Children's
Physicians

Jennie Baldwin, LVN
Clinical Resource Manager



CHILDREN FIRST MEDICAL GROUP
Putting Children First

Performance for
Child and Adolescent
Visit Measure

Acknowledgement

ubcp.org

Dr. Rhew

UBCP Bancroft Pediatrics

Go Dragons

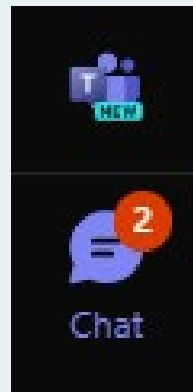


Agenda

- Culture and Foundation
- Physicals
- Administration Policy
- Tools

Culture and Foundation

- Communication
 - Huddles
- Morale and FOOOOOOD
 - Best practices
 - Workflow adjustments
- Incorporating feedback often
 - Cross training
 - 1:1 with direct reports
 - Policy review often



Administration Policy

Immunization Timing 2024

Suggested schedule to meet recommendations on time. [Refer to web version.](#)

Birth		6 months – 18+ years									
HepB ¹		COVID-19 vaccine(s) ⁶					Flu vaccine, every fall ⁷				
Age 2 months	Interval from previous dose	Age 4 months	Interval from previous dose	Age 6 months	Interval from previous dose	Age 12 months	Interval from previous dose	Age 15 months	Interval from previous dose	Age 18 months	Interval from previous dose
DTaP (Diphtheria, Tetanus, Pertussis)		DTaP	1-2 months	DTaP	1-2 months	HepA ⁸ (age: 12-23 months)		DTaP ¹²	6-12 months	HepA	6-18 months
Polio (IPV)		Polio (IPV)	1-2 months	Polio (age: 6-18 months)	1-1.4 months	MMR ^{8,9,10} (ages 12-15 months)					
HepB ³ (age: 1-2 months)	1-2 months after birth dose	HepB ³ (if 1st dose given at 2 months)	1-2 months	HepB ³ (age: 6-18 months)	2-12 months and ≥4 months after 1st dose	Var ¹⁰ (age: 12-15 months)					
Hib (Hib meningitis)		Hib	1-2 months	Hib ⁵	1-2 months	Hib (age: 12-15 months)	2-8 months				
PCV (Pneumo)		PCV	1-2 months	PCV	1-2 months	PCV ¹¹ (age: 12-15 months)	6-8 weeks				
RV ⁴ (Rotavirus)		RV ⁴	4-10 weeks	RV ⁴ (if RotaTeq used for doses 1 or 2)	4-10 weeks						

Age 4-6 years: DTaP, Polio (IPV), MMR^{9,10}, Varicella¹⁰

Age 11-12 years: HPV¹³ (2 doses, can start at age 9), MenACWY (MCV4), Tdap

Age 16 years: MenACWY (MCV4), MenB¹⁴

 **California Kids**
Love them. Immunize them.

California Department of Public Health, Immunization Branch • EZIZ.org IMM-395 (12/23)

Follow CDC- recommended schedule

NPE, very transparent with our immunization policy and discuss plans for vaccinating

Introduction to CAIR-ME in California

Staff are trained on immunizations

Well Visits

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JS, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE	Prenatal*	Newborn*	3-5 d [†]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY																																	
Institutional																																	
MEASUREMENTS																																	
Length/Height and Weight																																	
Head Circumference																																	
Weight for Length																																	
Body Mass Index*																																	
Blood Pressure*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
SENSORY SCREENING																																	
Vision*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Hearing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																	
Maternal Depression Screening**																																	
Developmental Screening**																																	
Autism Spectrum Disorder Screening**																																	
Developmental Surveillance																																	
Behavioral/Social/Emotional Screening**																																	
Tobacco, Alcohol, or Drug Use Assessment**																																	
Depression and Suicide Risk Screening**																																	
PHYSICAL EXAMINATION*																																	
PROCEDURES*																																	
Newborn Blood																																	
Newborn Bilirubin**																																	
Critical Congenital Heart Defect**																																	
Immunization**																																	
Anemia**							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead**							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tuberculosis**						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia**																																	
Sexually Transmitted Infections**																																	
HIV**																																	
Hepatitis B Virus Infection**	*																																
Hepatitis C Virus Infection**																																	
Sudden Cardiac Arrest/Death**																																	
Cervical Dysplasia**																																	
ORAL HEALTH*																																	
Fluoride Varnish**																																	
Fluoride Supplementation**																																	
ANTICIPATORY GUIDANCE																																	

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding; see "The Prenatal Visit" (<https://doi.org/10.1542/pep.2018-1219>).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/pep.2011-1612>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge; see "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/pep.2011-0699>).

5. Screen per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<https://doi.org/10.1542/pep.2003-3102>).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/pep.2017-2093>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visit at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/pep.2011-3509>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/pep.2011-3522>).
8. Confirm initial screen was completed, verify results, and follow-up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/pep.2007-3139>).
9. Verify results as soon as possible, and follow up, as appropriate.

10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 16 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://doi.org/10.1542/pep.2018-0493>).
11. Screening should occur per "Integrating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://doi.org/10.1542/pep.2018-1249>).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/pep.2019-1449>).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/pep.2019-1447>).

(continued)
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9-3651021

KEY: ● = to be performed ● = risk assessment to be performed with appropriate action to follow, if positive ← or → = range during which a service may be provided

Well Visits

Future										
Past Active Requests Finalized Requests										
Encounter	Date	Time	Ap...	Status	Visit Type	VISIT MODE	Provider	Dept	Appt Notes	
	3/12/2024	Tue	9:30 AM	30	Comp	WELL VISIT [3621]	In Person [1]	Darcy Elizabeth Grant [77842]	BCRFT [7002000]	Rm5 WB 15MO
	6/12/2024	Wed	9:00 AM	30	Sch	WELL VISIT [3621]	In Person [1]	Darcy Elizabeth Grant [77842]	BCRFT [7002000]	18months

- MA's scheduling next visit prior to leaving for the next recommended visit
- Ensure they are on schedule for vaccines and screenings
- Policy in place to ensure that when we notice that patients have not had a PE in the last year, we limit the additional offerings that we provide (school forms / medication refills) until they have their PE.

Appointment Reminders

- Text reminders through WellHealth
- Confirmation calls the day before
 - Arrive 15 mins early for check in and screening forms
 - Sick symptom screenings
 - Reschedules

confirmed w/ mom-EN WB 2 MO
WCC 15mth *CONFIRMED-OG
Ear Pain X2days (no other symptoms per mom)
PE 17 YR-CONFIRMED MOM

TOOLS

MA NOTES

Medical Assistant Progress Note

Tuberculosis Screening Questionnaire Done (Specialty Tools): {YES/NO (DEFAULT YES):23573}

PEARLS DONE (At 15 months and 2 years): {yes/no/na:29289}

SWYC DONE (18 months / 30 months): {yes/no/na:29289}

MCHAT DONE (18 months / 24 months): {yes/no/na:29289}

SHA DONE (if Medi-Cal; at 15 months and 2 years): {yes/no/na:29289}

Hemoglobin DONE: (12 mo/24 mo) {yes/no/na:29289}

Lead DONE: (12 mo/24 mo) {yes/no/na:29289}

DENTAL

Has teeth: {yes no:314532}

Patient has own dentist: {Yes or No:22831}

Did the child see a dentist in the last 12 months: {Yes or No:22831}

If the child does not have a dentist, referral information was given to family: {yes/no/na:29289}

Has received fluoride in the past: {Yes or No:22831}

Fluoride Varnish Applied: {yes/no/na:29289}

AGE	FORMS TO GIVE
3-5 DAYS	PHQ FOR ALL MOMS (MA GIVES)
1 MONTH	ACES (ALL PARENTS) & PHQ9 TO MOM (MA GIVES BOTH FORMS)
2 MONTHS	PEARLS & PHQ FOR MOM (MA GIVES)
4 MONTHS	PEARLS (IF NOT GIVEN AT 2 MONTHS) & PHQ9 FOR MOM (MA GIVES)
6 MONTHS	SHA
9 MONTHS	SWYC
12 MONTHS	NOTHING
15 MONTHS	SHA & PEARLS
18 MONTHS	SWYC & MCHAT
24 MONTHS	SHA, PEARLS, MCHAT
30 MONTHS	SWYC
3-11 YEARS	SHA & PEARLS
12+ YEARS	SHA, PEARLS & PHQ9 (MA GIVES)

CHECK UP GUIDE			
AGE	MEASUREMENTS	H.O.'s & SCREENS	IMMUNIZATIONS
2-5 DAYS	HT, WT, H.C. Temp	Breastfeeding questionnaire	Hep BRecombivax *If not done at birth
2 WEEKS	HT, WT, H.C. Temp	Edinberg Post-partum Depression Vitamin D handout	
4 WEEKS	HT, WT, H.C. Temp	Edinberg Post-partum Depression (if not done at 2 weeks or if repeat screening needed) Immunization handout TB Screening	
2 MONTHS	HT, WT, H.C. Temp	PEARLS Maternal PHQ-2	Hep B/DTap/HIB/1PV.....Vaxelis PCV20.....Pevnar 20 Rotavirus.....Rotateq
4 MONTHS	HT, WT, H.C. Temp	Maternal PHQ-2	Hep B/DTap/HIB/1PV.....Vaxelis PCV20.....Pevnar 20 Rotavirus.....Rotateq
6 MONTHS	HT, WT, H.C. Temp	PEARLS Maternal PHQ-2 Lead screening questions TB Screening	Hep B/DTap/HIB/1PV.....Vaxelis PCV20.....Pevnar 20 Rotavirus.....Rotateq Flu #1 PRN
9 MONTHS	HT, WT, H.C. Temp	SWYC Lead Screening Questions	Flu #2 PRN
12 MONTHS	HT, WT, H.C. Temp	Lead, Hemoglobin blood test TB Screening Dental Screening	MMR.....MMR II Varicella.....Varicella Hep A..... Vaqta
15 MONTHS	HT, WT, H.C. Temp	PEARLS Lead Screening Questions Dental Screening Questions	HIB.....ACTHIB PCV15.....Vaxneuvance
18 MONTHS	HT, WT, H.C. Temp	SWYC front page only and MCHAT-R TB Screening Dental Screening Questions and Varnish	Hep A..... Vaqta DTap..... Daptacel
2 YEARS	HT, WT, H.C. Temp	SWYC front page only and MCHAT-R PEARLS TB Screening Lead Screening Questions Dental Screening Questions and Varnish Lead, Hemoglobin	
2 YEARS, 6 MONTHS	HT, WT Temp	SWYC front page only and PEARLS Dental Varnish (2.5 years)	

Recalls and “Work the Q”

Specific recalls

4/11 year olds March to get in at summer

End of year, general recall for families of missed PE’s

Running reports for missing Health Maintenance topics (WCC, FLU)

Follow-up

Return in: 4 Weeks 3 Months 6 Months **1 Years**

1 Days Weeks Months **Years**

Return on: 3/12/2025 Approximately

Appt Request Workqueue -

Create Dt	Req Appt Dt	Procedure/Visit Type	Status	# Calls to Sched	MyC Status	Requesting Clinician	Creation Dept
12/22/2023	03/22/2024	New Request	Needs Scheduling	1	Activated	DENENBERG, LAU...	CC UBCP BANCROFT PEDS
05/05/2023	11/05/2023	New Request	Needs Scheduling	1	Activated	DENENBERG, LAU...	CC UBCP BANCROFT PEDS
11/02/2023	05/02/2024	New Request	Needs Scheduling	1	Activated	CHAU, CLARA SY...	CC UBCP BANCROFT PEDS

No Show Recall List

03/11/2024 11:00 AM	.. Darcy Elizabeth Grant	BCRFT	No Show
03/11/2024 2:00 PM	.. Darcy Elizabeth Grant	BCRFT	No Show
03/11/2024 3:30 PM	.. Darcy Elizabeth Grant	BCRFT	No Show
03/11/2024 4:00 PM	.. Darcy Elizabeth Grant	BCRFT	No Show
03/11/2024 4:30 PM	.. Darcy Elizabeth Grant	BCRFT	No Show
03/11/2024 4:15 PM	.. MA - UBCP BANCROFT	BCRFT	No Show

Medical Assistants make a notable effort to recall a patient back for missed appointments weekly.

@NAME@ is a @AGE@ @SEX@
 No showed to appointment with Dr. *** on ***
 Attempted to call parent/guardian to reschedule: {YES NO (DEFAULT NO):20802}
 Appointment rescheduled: {YES NO (DEFAULT NO):20802}
 No show letter #*** mailed to address on file* and *sent through MyChart
 MD notified.

Thank you

Survey for Feedback

We would appreciate your
feedback on today's webinar:

<https://www.surveymonkey.com/r/WM2GTBB>



Open Discussion & Questions

- What barriers are you facing with these measures?
- How can the Alliance support your clinic's barriers?
- Are there any best and promising practices you'd like to add?

[Feedback Survey QR Code:](#)



Thanks!

You can contact us at:

✉ DeptQITeam@alamedaalliance.org

Feedback Survey QR Code:



Resources

Measure Highlight Series

Target Audience: All Primary Care Clinics.

Times: Noon – 1 p.m.

Dates & Registration Links:

- ▶ 04/11/2024: [Chronic Disease Measures](#)
- ▶ 05/01/2024: [Cancer Prevention Measures](#)
- ▶ 05/15/2024: [W30 Measures](#)

EPSDT Training

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services:

- ▶ New mandatory provider training for Pediatric and Family Medicine Providers.
- ▶ Frequency: Providers must complete the training no less than once every two (2) years.
- ▶ Training Location: Alliance’s [Training & Technical Assistance Opportunities](#) webpage.
- ▶ EPSDT Town Hall’s: [Registration Link](#)

Town Hall Dates	Times
March 12, 2024	12 pm – 1 pm
March 14, 2024	12 pm – 1 pm
May 21, 2024	12 pm – 1 pm
May 23, 2024	12 pm – 1 pm

Equity Approaches

Approaches to Increase Access

- ▶ Review well-visit measure completion rate factors.
- ▶ Screen for health-related social needs.
- ▶ Design patient 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).

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



Reports

Gap in Care Lists

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

Project Support

Quality Improvement Team

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