Adolescent HEDIS® Measures: Age 10 through age 18

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Agenda

• Why this topic was selected
• HEDIS® definitions
• Charting
• Best practices
• Vaccine hesitancy conversations
Importance of Pediatric Measures

- Timely health risk screening
- Immunizations
- Encourage health, well being
- Early intervention if necessary
- Population and public health
Adolescent Well Visits*

HEDIS® National 90th Percentile – 54.1%

HEDIS® National 90th Percentile – 54.1%

Washington State avg. – 37%

*Counties shown had over 1,600 eligible patients

Sources: Washington State Health Alliance Community Check-up 2015
Group Health Cooperative July 2016
Adolescent Immunizations by 13*

HEDIS® National 90th Percentile – 88.8%

Washington State avg. – 58%

*Counties shown had over 1,600 eligible patients

Sources: Washington State Health Alliance Community Check-up 2015
Group Health Cooperative July 2016
Influences

Group Health’s guidelines informed by:

- CDC
- American Academy of Pediatrics
- Bright Futures

Coverage based on guidelines and Affordable Care Act:

- No patient out of pocket costs for preventive care, including well visits and childhood immunizations
# Group Health Well-Care Visit Schedules

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 years</td>
<td>Well visit • Tdap booster • MCV • HPV – 3 doses within 6 months</td>
</tr>
<tr>
<td>12 years</td>
<td>Well Visit</td>
</tr>
<tr>
<td>13 years</td>
<td>Well Visit</td>
</tr>
<tr>
<td>14 years</td>
<td>Well Visit</td>
</tr>
<tr>
<td>15 years</td>
<td>Well Visit</td>
</tr>
<tr>
<td>16 years</td>
<td>Well Visit • MCV booster • HPV – finish if 3-dose series not completed</td>
</tr>
<tr>
<td>17 years</td>
<td>Well Visit</td>
</tr>
</tbody>
</table>
Charting: Immunizations

Documentation accepted by HEDIS®:

✓ Note with name of antigen and the date of immunization
✓ Certificate of immunization from authorized health care provider or agency, with dates and types of immunizations

Common chart deficiencies:

• Immunizations not administered during appropriate time frames.
• PCP charts do not contain records of immunizations received elsewhere
• No documentation of contraindications or allergies

Tip: Vaccine refusal is NOT an exclusion.
# Exclusions: Childhood Immunizations

The exclusion must have occurred by the second birthday and coded through claims or documented in the medical record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Description</th>
<th>ICD-10 Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any vaccine</td>
<td>Anaphylactic reaction to the vaccine or its components</td>
<td>999.4</td>
</tr>
<tr>
<td>Influenza</td>
<td>• Immunodeficiency, including genetic (congenital) immuno-deficiency syndromes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HIV disease; asymptomatic HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cancer of lymphoreticular or histiocytic tissue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Multiple myeloma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Leukemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anaphylactic reaction to neomycin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 279</td>
<td>042, V08</td>
</tr>
<tr>
<td></td>
<td>• 200-202</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td>• 204-208</td>
<td></td>
</tr>
</tbody>
</table>
## HEDIS® Coding: Adolescent Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>CPT: 90733, 90734</td>
</tr>
<tr>
<td>Td</td>
<td>CPT: 90714, 90718</td>
</tr>
<tr>
<td>Tdap</td>
<td>CPT: 90715</td>
</tr>
</tbody>
</table>

### Proposed changes for 2017:
- Add HPV, boys included
- Remove Td and Meningococcal MPSV
- Add Adolescent Combination 2 (Meningococcal MCV, Tdap, HPV).
HEDIS® Coding: Well Visits

Adolescent Well Visits

**Age:** 12-21

**Action:** At least one comprehensive well-care visit with PCP or OB/GYN

**Timing:** During the measurement year.

Use age-appropriate preventive E&M

**CPT:** 99381 – 99385, 99391 – 99395, 99461

**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 – Z02.6, Z02.71, Z02.79, Z02.81 – Z02.83, Z02.89, Z02.9

**HCPCS:** G0438, G0439

**tip** Group Health allows claims for well visits and other types for the same visit.
Charting: Well Visits

Documentation accepted by HEDIS®:

✔️ A health and developmental history
✔️ A physical exam
✔️ Health education/anticipatory guidance

Common chart deficiencies:

• No education/anticipatory guidance documented (i.e., bike helmets, media usage, tobacco exposure, physical activity)

Tip: Convert any visit to a HEDIS® Well Visit by incorporating these components.
Clinical Quality Improvement

- Transparency/Reporting
- Opportunistic Care
- Clinic-based outreach
Opportunistic Care – Flow Staff

**Morning Huddle**
- Identify opportunities for care through discussion and EMR data

**Visit Prep**
- Vaccine consent, Vaccine Info Statements
- ACT, PHQ9, etc. if needed
- Convert other visit types to Well Visits

**Rooming**
- Flow Staff prepare parents/patients for care to be provided “while you are here”
Opportunistic Care – Provider

- Address reason for visit
- Address immunizations and planned or opportunistic care
- Reinforce information and expectations shared by Flow Staff
Opportunistic Care – Convert to Well Visit

Maximize scheduling resources

1. Patient calls for other needs (Sports Physical, Illness, Follow-up)
2. Scheduler notes due for Well Visit
3. Schedules as a Well Visit and notes other needs to address

Convert Sports Physicals and Visits to Well Visit during visit

1. Document growth and development, anticipatory guidance
2. Code as a Well Visit
Opportunistic Care – Tracking

Monitor trends
Identify systemic barriers
Offer coaching and awareness

Utilize EMR to identify visits where care gaps could have been closed but were not (AKA Missed Opportunities)
Opportunistic Care – Patient Messaging

Ensure post-visit messaging corresponds with care gaps.

Health Maintenance

<table>
<thead>
<tr>
<th>Topic</th>
<th>Due</th>
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<tbody>
<tr>
<td>CHILDHOOD VACCINE FOR HEP B (1 of 3 - Primary Series)</td>
<td>12/23/2015</td>
</tr>
<tr>
<td>CHILDHOOD VACCINE FOR IPV (1 of 4 - All-IPV Series)</td>
<td>2/23/2016</td>
</tr>
<tr>
<td>CHILDHOOD IMMUNIZATION: HIB (1 of 4 - Standard Series)</td>
<td>2/23/2016</td>
</tr>
<tr>
<td>CHILDHOOD VACCINE FOR PCV (1 of 4 - Standard Series)</td>
<td>2/23/2016</td>
</tr>
<tr>
<td>DTAP-IPV</td>
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<tr>
<td>FLU VACCINE</td>
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</tr>
</tbody>
</table>

Health Reminders

Health Maintenance

Please contact your primary clinic to receive recommended immunizations as soon as possible:
- A vaccine in the routine series to protect against Tetanus, Diphtheria, and Pertussis.
- An IPV vaccine to protect against polio, a serious and crippling disease.
- A PCV vaccine to protect against pneumococcus, a bacteria that can cause meningitis, septicemia, and pneumonia.
- An HIB vaccine to protect against a bacteria that causes meningitis and respiratory infections.
- A hepatitis B vaccine to protect against the hepatitis B virus, which can damage the liver and cause liver cancer.
- A flu shot to protect against the flu virus.
Opportunistic Care

Harder than it seems…

• Easy to forget during a busy day
• At Group Health - about 40% successful
• Effective leadership structure provides more team support
Clinic-based Outreach

Utilize EMR (in-house) to develop care gap outreach reports or review GH Care Gap Report:

- Actionable measures
- Track outreach attempts
- Include contact information
- Patient-level so one outreach can address all outstanding care gaps

<table>
<thead>
<tr>
<th>To</th>
<th>Care</th>
<th>MCR</th>
<th>Age</th>
<th>Patient</th>
<th>Last Outreach</th>
<th>Last Outreach</th>
<th>Last PC F2F</th>
<th>Next PrCr</th>
<th>#Imm.</th>
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<tbody>
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<td>6</td>
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<td>3 month o...</td>
<td></td>
<td>06/14/2016</td>
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<tr>
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<td>06/07/2016</td>
<td>08/30/2016</td>
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<tr>
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<tr>
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<td>06/20/2016</td>
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<td>05/18/2016</td>
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</tbody>
</table>

Attributed patient lists available from Group Health Provider Services.
Strategies for Adolescent Scheduling

Utilize schedulers to appeal to parent goals, offer scripting

- Time of change for teen, answer questions, dispel myths
- Establish relationship of trust early
- Screen for issues a teen might not share with parents
- New risks: depression, relationships, substance use, healthy choices

“It’s around this age that Dr. Smith likes to see teens by themselves for at least part of the visit.”
Strategies for Adolescent Scheduling

Work directly with **teens** for scheduling:

- Determine preferences, obtain their personal phone number for scheduling outreach if desired, permit teens to self-appoint
- Permit teens 13+ to self-consent; let them know, especially for behavioral health and reproductive discussions
- Visits are confidential, allow age-appropriate teens to have at least part of visit private
- Leverage (gentle) authority

“Dr. Smith asked me to schedule your annual visit. Is there a day after-school when you can get a ride to our office?”
Mailed Outreach

Recommended, upcoming, and missed care

- Health Plan mails two weeks before each birthday
- Clinical Practice encouraged to send mailing from Provider perspective
Transparency and Reporting

Use EMR data to track organizational performance

- Set targets (GH uses HEDIS percentiles)
- Monitor at organization, care site, and provider level
- Observe trends or initiative-based performance changes, lower performance areas
- Identify measures or locations for local "deep dive" analysis on barriers

![Immunizations](chart.png)

- **Immunizations**
  - Veradale Family Medicine
  - Childhood Combo-10:
    - Q3 '15: 62.5%
    - Q4 '15: 50.0%
    - Q1 '16: 36.4%
    - Q2 '16: 41.7%
    - QTD: 13.3%
  - Adolescent:
    - Q3 '15: 78.0%
    - Q4 '15: 70.5%
    - Q1 '16: 73.2%
    - Q2 '16: 71.4%
    - QTD: 80.0%

![Immunizations](chart2.png)

- **Immunizations Chart**
  - BVU 76.5%
  - FAC 76.3%
  - RDN 79.0%
  - HRN 75.0%
  - 50th Pctile Stretch Goal 79.2%
  - 75th Pctile Goal 74.8%

- Change since Jan: -1.31% 0.41% -2.87% -2.19%
Human Papillomavirus

Most common STI in US

- ~14,000,000 persons newly infected every year
- ~80% of sexually-active women have been infected by age 50

Types

- >150 HPV types identified
- About 40 of these infect the genital area

Impact

- Most infections cause no symptoms and are self-limited
- Persistent HPV infection can cause genital warts and various cancers
HPV: High-risk Genital Types

• Potential to act as carcinogens
• Cervical cancers are attributable to high-risk HPV types
• Primary cause of several other anogenital cancers (vulva, vagina, penis, anus) and of oropharyngeal cancer
HPV: Vaccine

Who

• EVERYBODY (male & female) at age 11 or 12

When

• Can start as early as age 9 years.
• Better antibody response when younger
• Easier to complete the series when younger
HPV: Vaccine Schedule

Dose 1
11 years

Dose 2
1-2 months after first

Dose 3
24 weeks after first, 16 weeks after second

CDC May change to 2 doses (six months apart), but not yet …
Parents’ reasons for daughter not receiving HPV vaccine

Source: NIS – Teen, 2006-2012
Recommendation for HPV vaccine:

- Same language as for all other vaccines
- Acknowledge concerns
- Answer all questions*
- Align with parent
- Strong recommendation
HPV Conversations

http://www.ghccme.com/BestPracticeVideos/The%20HPV%20Discussion-HD.mp4
Recommendation

“Suzy Jo needs 3 shots today:

- **HPV**, to protect her from HPV-related cancers
- **Tdap** to protect her from tetanus, diphtheria and whooping cough
- and **MCV** to protect against bacterial meningitis.”
Parental concerns and questions

Acknowledge:

• Safety
• Purpose
• Not required by school

• Timing
• Implications

“...you’re not sure she really needs this vaccine today, and you’re worried about what side effects the shot might cause.”
Cancer prevention

• HPV is so common that almost everyone is exposed at some point in their lives
  • 14 million new HPV infections per year
  • 26,000 HPV cancers each year

“HPV prevents cancer. I want Suzy Jo to be protected against cancer which is why I’m recommending she start the HPV series today.”
Safety

• Before it was licensed in 2006, the quadrivalent vaccine was studied in more than 29,000 males and females
• Ongoing monitoring of the 57 million doses distributed in US have identified no serious safety concerns

“As safe as Tdap and meningitis, the other adolescent age immunizations.”

Not required for school

• Not because it is not believed to be effective

“Meeting school requirements is important but my goal is to protect her from cancer and other diseases, which is why I recommend this vaccine.”
Timing

- Before exposure
- Younger teens mount more robust immune response than older teens
- No evidence of waning immunity first 9-10 years
Implications

- No evidence that teens who receive this vaccine have sex any sooner than their peers who have not received the vaccine.
Align with parent

• Make sure it is a clear recommendation for patient’s personal health, not a public health decision.
• If comfortable share personal decision to vaccinate child/grandchild.

“I know your primary goal is to keep Suzy safe, which is my goal as well.”
Tools

Schedules:

- CDC Child and Adolescent Immunization Schedule
  http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
- Catch-Up Schedule
  http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html

HEDIS® Insight: Provider.ghc.org > Provider Communications > HEDIS® Insight

Care Gap Report: Ask your Provider Services Consultant for regular patient lists for your practice.
Thank you!