Pediatric HEDIS® Measures: Newborn through age 10

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Quality Improvement Specialist
Agenda

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

1. Timely health risk screening
2. Immunizations
3. Encourage health, well being
4. Early intervention if necessary
5. Population and public health
Immunizations by Age 2*

HEDIS® National 90th Percentile – 66.1%

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH Network</td>
<td>43.9%</td>
</tr>
<tr>
<td>King</td>
<td>42%</td>
</tr>
<tr>
<td>Yakima</td>
<td>41%</td>
</tr>
<tr>
<td>Benton</td>
<td>38%</td>
</tr>
<tr>
<td>Snohomish</td>
<td>37%</td>
</tr>
<tr>
<td>Clark</td>
<td>31%</td>
</tr>
<tr>
<td>Kitsap</td>
<td>30%</td>
</tr>
<tr>
<td>Pierce</td>
<td>26%</td>
</tr>
<tr>
<td>Thurston</td>
<td>25%</td>
</tr>
<tr>
<td>Whatcom</td>
<td>21%</td>
</tr>
<tr>
<td>Spokane</td>
<td>20%</td>
</tr>
</tbody>
</table>

Washington State avg. – 33%

*Counties shown had over 2,000 eligible patients

Sources: Washington State Health Alliance Community Check-up 2015
Group Health Cooperative July 2016
Well Visits 3-6 years*

Counties shown had over 700 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>Birth</td>
<td>• Hep B • Newborn Blood Screen</td>
</tr>
<tr>
<td>3-5 days</td>
<td>Well Visit</td>
</tr>
<tr>
<td>7-14 days</td>
<td>Well Visit</td>
</tr>
<tr>
<td>2 months</td>
<td>Well Visit • DTaP • Hib • IPV • Hep B • PCV • Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>Well Visit • DTaP • Hib • IPV • PCV • Rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>Well Visit • DTaP • Hib • IPV • Hep B • PCV • Rotavirus</td>
</tr>
<tr>
<td>9 months</td>
<td>Well Visit • Hep B</td>
</tr>
<tr>
<td>12 months</td>
<td>Well Visit • Varicella • MMR • Hep A • PCV</td>
</tr>
<tr>
<td>15-18 months</td>
<td>Well Visit • DTaP • Hib • PCV</td>
</tr>
</tbody>
</table>
# Group Health Well-Care Visit Schedules

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>Well visit</td>
</tr>
<tr>
<td></td>
<td>• Hep A</td>
</tr>
<tr>
<td>3 years</td>
<td>Well visit</td>
</tr>
<tr>
<td>4 years</td>
<td>Well visit</td>
</tr>
<tr>
<td></td>
<td>• MMR</td>
</tr>
<tr>
<td></td>
<td>• Varicella</td>
</tr>
<tr>
<td></td>
<td>• DTaP</td>
</tr>
<tr>
<td></td>
<td>• IPV</td>
</tr>
<tr>
<td>5 years</td>
<td>Well visit</td>
</tr>
<tr>
<td></td>
<td>• DTaP</td>
</tr>
<tr>
<td></td>
<td>• IPV</td>
</tr>
<tr>
<td>6 years</td>
<td>Well visit</td>
</tr>
<tr>
<td>8 years</td>
<td>Well visit</td>
</tr>
<tr>
<td>10 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
✓ Initial HepB given “at birth” or “nursery/hospital” documented

Common chart deficiencies:

• Immunizations not administered during appropriate time frames.
• PCP charts do not contain records of immunizations received elsewhere
• Immunizations given in the hospital at birth and not documented
• No documentation of contraindications or allergies

Tip:

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

Exclusions must have occurred by the second birthday and coded through claims or documented with specificity in the medical record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Exclusion 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>
</tbody>
</table>
| DTap    | • Encephalopathy  
• Progressive neurologic disorder, including infantile spasm, uncontrolled epilepsy | 323.51* with (E948.4 or E948.5 or E948.6) |
| IPV     | Anaphylactic reaction to streptomycin, polymyxin B or neomycin                           |                                    |
| MMR VZV | • Immunodeficiency, including genetic (congenital) immuno-deficiency syndromes  
• HIV disease; asymptomatic HIV  
• Cancer of lymphoreticular or histiocytic tissue  
• Multiple myeloma  
• Leukemia  
• Anaphylactic reaction to neomycin | • 279  
• 042, V08  
• 200-202  
• 203  
• 204-208 |
| Influenza | Anaphylactic reaction to streptomycin, polymyxin B or neomycin                           |                                    |
| Hep B   | Anaphylactic reaction to common baker’s yeast                                           |                                    |
HEDIS® Coding: Childhood Imms by Age 2

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>CPT: 90698, 90700, 90721, 90723</td>
</tr>
<tr>
<td>HiB</td>
<td>CPT: 90644 – 90648, 90698, 90721, 90748</td>
</tr>
<tr>
<td>HepA</td>
<td>CPT: 90633</td>
</tr>
</tbody>
</table>
| HepB         | CPT: 90723, 90740, 90744, 90747 – 90748  
HCPCS: G0010  
(Newborn) ICD9 PCS: 99.55  
(Newborn) ICD10 PCS: 3E0234Z |
| IPV          | CPT: 90698, 90713, 90723 |
| Influenza    | HCPCS: G0008  
CPT: 90630, 90655, 90657, 90661 – 90662, 90673, 90685 |
| MMR          | CPT: 90707, 90710 |
| PCV          | CPT: 90669 – 90670  
HCPCS: G0009 |
| RV           | CPT: 90680 – 90681 |
| VZV          | CPT: 90710, 90716 |
## HEDIS® Coding: Well Visits

<table>
<thead>
<tr>
<th>Well-child 0-15 months</th>
<th>Well-child 3-6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong> Turned 15 months old during the measurement year</td>
<td><strong>Age:</strong> 3-6 years old at the end of the measurement year</td>
</tr>
<tr>
<td><strong>Action:</strong> Six or more well-child visits with a PCP</td>
<td><strong>Action:</strong> One or more well-child visits with a PCP</td>
</tr>
<tr>
<td><strong>Timing:</strong> During first 15 months of life.</td>
<td><strong>Timing:</strong> During the measurement year</td>
</tr>
</tbody>
</table>

### 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

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**tip**  
*Group Health allows claims for well visits and other types for the same visit.*
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., safety issues such as car seat or bike helmets, nutrition, fluoride)
• Development not assessed (i.e., grasps, vocabulary, social interactions)

**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 – Tracking

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

<table>
<thead>
<tr>
<th>Care Gap Measure</th>
<th>Met</th>
<th>Not Met</th>
<th>Grand Total</th>
<th>%Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ped Hep A</td>
<td>16</td>
<td>13</td>
<td>29</td>
<td>55%</td>
</tr>
<tr>
<td>Ped Hep B</td>
<td>18</td>
<td>13</td>
<td>31</td>
<td>58%</td>
</tr>
<tr>
<td>Ped Hib</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>Ped HPV</td>
<td>8</td>
<td>36</td>
<td>44</td>
<td>18%</td>
</tr>
<tr>
<td>Ped IPV</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td>40%</td>
</tr>
<tr>
<td>Ped MMR</td>
<td>9</td>
<td>5</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>Ped PCV</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>Ped Varicella</td>
<td>7</td>
<td>8</td>
<td>15</td>
<td>47%</td>
</tr>
</tbody>
</table>
Opportunistic Care – Patient Messaging

Ensure post-visit messaging corresponds with care gaps.
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 to develop care gap outreach reports
- 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>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6</td>
<td>3</td>
<td>month</td>
<td></td>
<td>06/14/2016</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>month</td>
<td></td>
<td>06/07/2016</td>
<td>08/30/2016</td>
<td>09/09/2016</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>month</td>
<td></td>
<td>06/20/2016</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>month</td>
<td></td>
<td>09/07/2016</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>month</td>
<td></td>
<td>06/20/2016</td>
<td>09/09/2016</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>4</td>
<td>month</td>
<td></td>
<td>07/21/2016</td>
<td>09/12/2016</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>5</td>
<td>month</td>
<td></td>
<td>06/28/2016</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>5</td>
<td>month</td>
<td></td>
<td>05/18/2016</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

Attributed patient lists available from Group Health Provider Services.
Online Outreach

Health Plan: Patients who have signed up for MyGroupHealth receive routine care alerts

Clinical Practice: Incorporate care alerts into online functionality
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
Vaccine Hesitancy

- Common, but tough to identify in advance
- Has variable impacts on actual behavior
- Heterogeneous (multiple possible specific concerns)
- Driven by misinformation, but very often complicated by misperception and social factors

Tip: Hesitancy often doesn’t improve with use of the traditional “knowledge deficit model of communication”.
Vaccine Hesitancy

<table>
<thead>
<tr>
<th>&quot;Hesitant&quot;</th>
<th>&quot;Not Hesitant&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>25%</td>
</tr>
<tr>
<td>13%</td>
<td>26%</td>
</tr>
<tr>
<td>25%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Worrieds: Slightly disagree vaccines are necessary and strongly disagree vaccines are safe.
Fence-sitters: Slightly agree vaccines are necessary and safe.
Health Advocate: Agree vaccines are necessary but less sure about their safety.
Go Along to Get Alongs: Agree vaccines are necessary and safe.
Immunization Advocates: Strongly agree vaccines are necessary and safe.

Effective Interventions

...are likely to come from providers.

- Even vaccine hesitant parents trust providers
- Recommendation from a provider is one of the main predictors of immunization
- Majority of hesitant parents who changed their minds cited information from a healthcare provider as the main reason they chose to immunize
Effective Interventions

...are likely to require trust-building and motivational techniques.

- Parents who refuse or delay vaccines may not always trust providers to provide “balanced” information on immunization (even if they trust their guidance on other issues).
- Vaccine decisions are often impacted by parents’ social milieu & contacts.
- Ultimate goal is to become part of that trusted inner circle.
Effective Interventions

...are ALSO likely to require a **strong recommendation for vaccination from the provider**

- True for both vaccine-hesitant and non-hesitant parents.
- Unclear whether this will impact parent satisfaction or trust in their provider.
- “Hearts and minds”
Parent Conversations

*Bring up the conversation and do it *early* - even at non-vaccination visits!*

- Opinions on immunization may be formed well before the first visit … often during pregnancy
- Often an uncomfortable conversation for parents (like depression or smoking) – you may need to LOOK FOR IT to find it
- “Can of worms” – if parents ARE hesitant, it’s a discussion that’s eventually going to take place, avoid a “doorknob moment”
Lead with presumptive recommendation for immunization.

- Just as you would for any other element of the visit
- Own your recommendation – you feel this is important for their child’s health (not just a checklist item)
- Offer a copy of the schedule (for some, this may be the first time they’ve seen it)
- End with an open-ended question.

“What questions do you have about immunizations?”
Parent Conversations (cont.)

*Acknowledge parents’ concerns and align goals.*

- Earn trust and open a dialogue
- Parents turn to those they trust for advice about concerning or confusing issues...your goal is to make yourself one of those people
- The art is to acknowledge that parents find this concerning without legitimizing the underlying concern itself
A few general tips:

- Meet parents where they are
- Emphasize that the ultimate decision about vaccination still rests with them
Specifics depend on the situation in front of you.

- If they’re anxious.
- If they ask about risks of vaccines.
- If they ask about conflicting sources of information.
Parent Conversations (cont.)

Have your favorite stock phrases ready:

“That’s a good question.”

“I’m glad you brought that up…”
*lets them know you’re willing to have this discussion

“I wouldn’t offer vaccines if I didn’t think they were safe.”

Personal stories are hugely effective.
Parent Conversations (cont.)

Reiterate your advice, then **end with an action you can both agree on.**

- “Advise” instead of dictate
- You are working together
- DON’T leave this hanging – make concrete plans for follow-up
In the end, if they’re willing to do even SOME vaccines, VACCINATE! Even if they won’t do them all, this opens the door.

- If possible, set up a specific time & date for the next doses of vaccine.
- Families may ask about titers, but beware.
Serology

Titers/serology are sometimes an acceptable alternative
• Interpretation often not straightforward.
• Serologic tests do NOT necessarily document protection-against-infection for many diseases.

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Not Acceptable</th>
</tr>
</thead>
</table>
| • Polio [neutralizing antibody to poliovirus types 1, 2, & 3]  
• Diphtheria & Tetanus [only if >3 doses recorded]  
• MMR [IgG to each component]  
• Hepatitis A [IgG]  
• Pertussis  
• Haemophilus-type-B (Hib)  
• Pneumococcus (PCV)  
• Rotavirus  
• HPV |

When records are absolutely unavailable (or unreliable) REVACCINATION is recommended for ALL cases.
**Tools**

**Schedules:**

- CDC Child and Adolescent Immunization Schedule
- Catch-Up Schedule
  [http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html](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!