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ADVANCING INTEGRATED HEALTHCARE

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# Improving Access to Well Child, Immunization & Lead Screening in COVID-19 Care Transformation Collaborative of R.I.

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PRACTICE REPORTING AND TRANSFORMATION COMMITTEE MEETING

AUGUST 26, 2020

# Agenda

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- **Welcome : Pediatric Relief Fund Practices**
- **Goals for improving pediatric immunizations/well child visits/lead screening**
- **RI Data : How are we doing? Ellen Mauro KIDS NET**
- **Using KIDS NET: Janet Limoges' Feedback from "deep dive" Santiago, Pediatric Associates**
- **What's working? : Providence Community Health Center, A Qureshi MD**
- **What's working and could be better? Chris Carr, Anchor**
- **What might families need? Gloria Rose Thundermist Health Center**
- **Increasing Access Discussion**

# Goals for improving pediatric immunizations/well child visits/lead screening

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## Pediatric Relief Fund Expectations

***“pediatric providers will take targeted actions to ensure patients are caught up on immunizations.”***

The Provider shall apply funds received through the Pediatric Primary Care Relief Program toward the following eligible expenses for the period March 1, 2020 to December 30, 2020: payroll expenses, including employee wages, overtime, or payroll support; new costs related to COVID-19, including PPE, cleaning supplies, screening of patients and visitors; costs otherwise associated with business interruptions caused by required closures; expenses necessary to carry out the efforts defined in the provider’s application to ensure patients are up to date with immunizations; and other COVID-19 related expenditures.

# PCMH Kids Cohort 3 Revised Incentive Plan (2020-2021)

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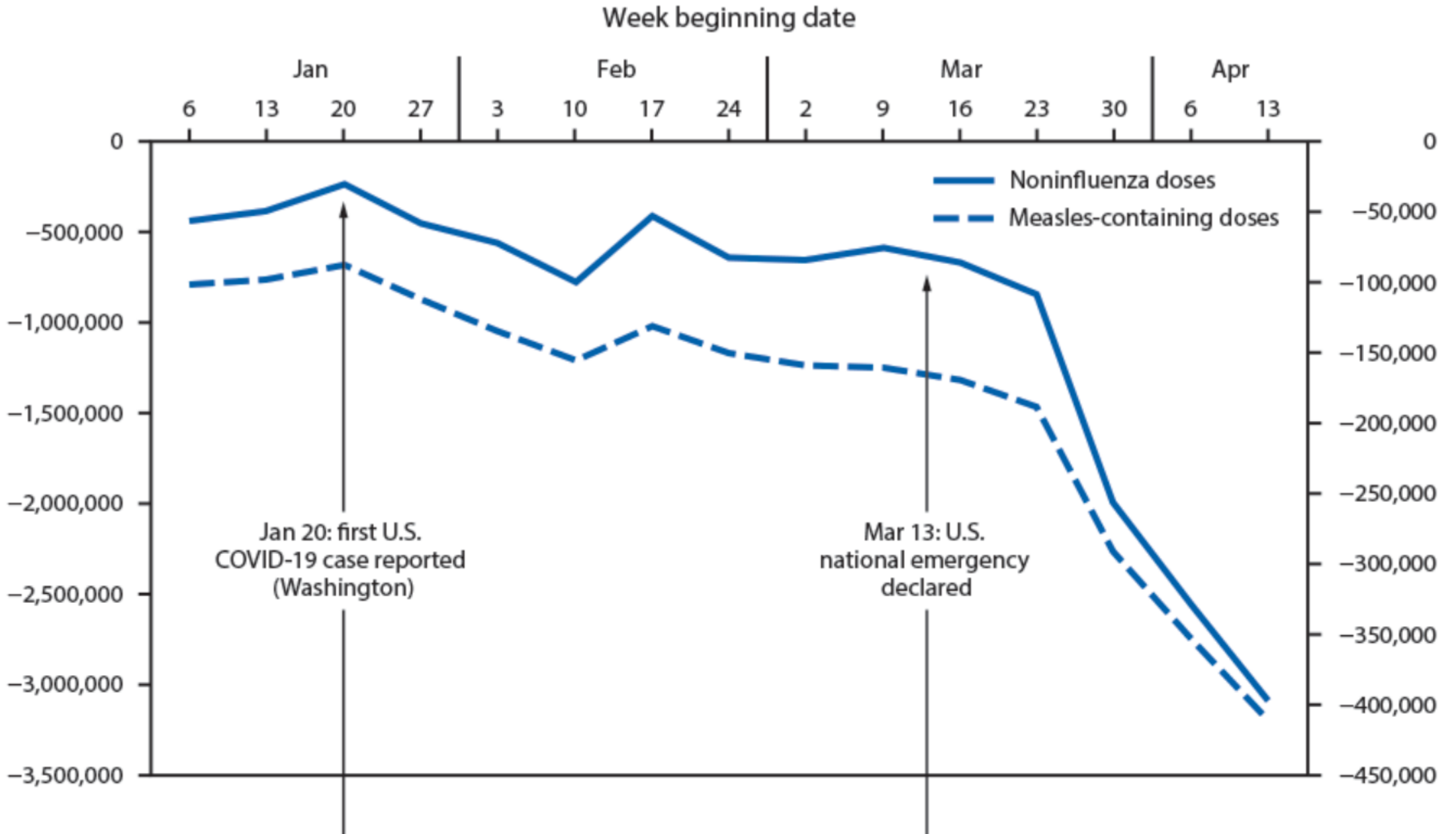
## Customer Experience Survey

- Defer CAHPS survey for 2020-21; Practices will work with your system of care around implementing a customer experience survey consistent with NCQA PCMH requirements;
- Practices will obtain patient/family input by outreaching to small sample of families who might find it difficult to come into the practice based on medical or social health related needs. Practices are asked to use the information obtained from small sample of parents to help inform your practice as develop your plan to assist children/families with getting needed immunizations;

## Clinical Quality

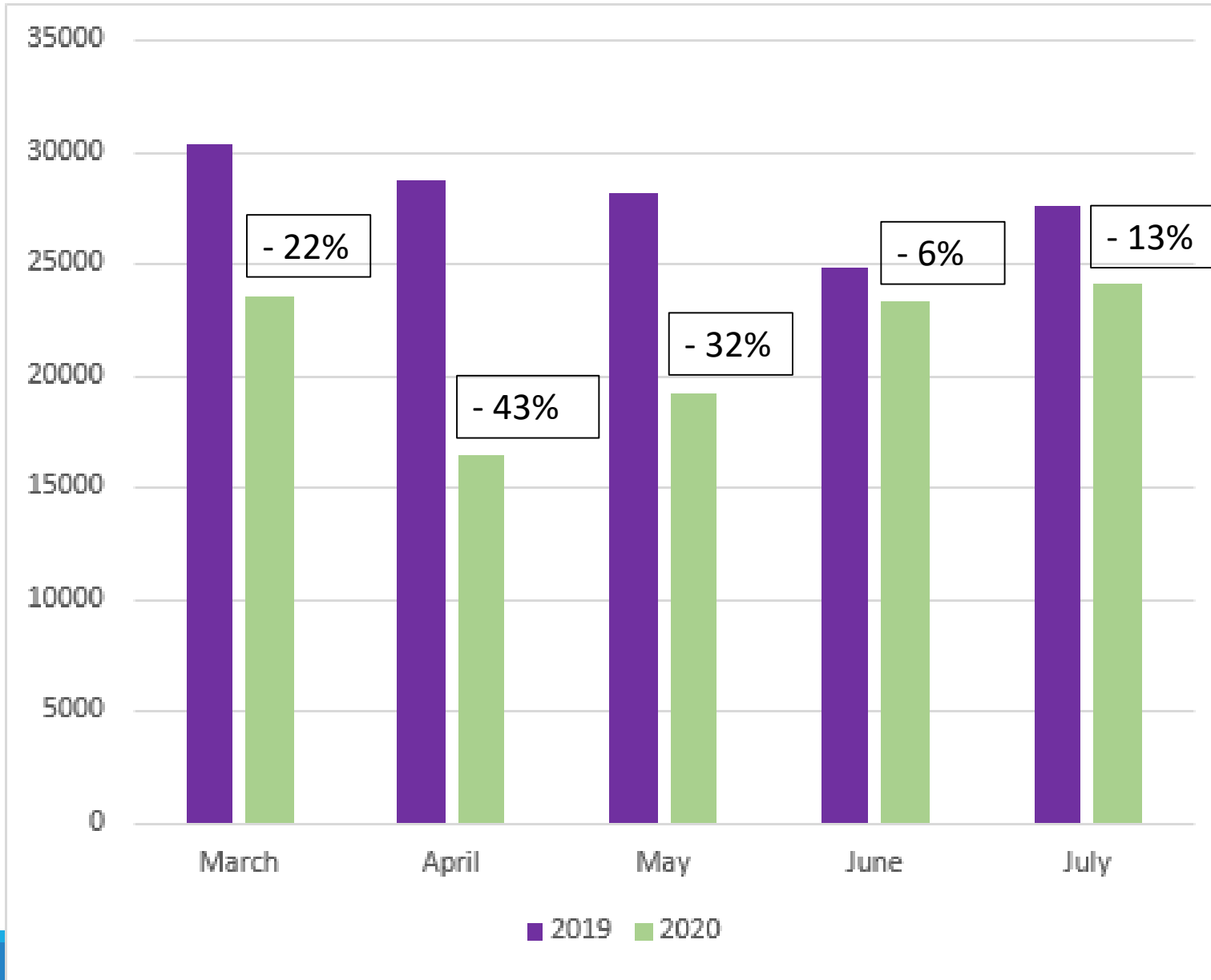
- Consistent with OHIC 2020-21 guidelines, practices will be asked to “report only” on the OHIC defined clinical quality measures (BMI with counseling, Developmental Screening, Well Child Adolescent and Lead Screening\*): report due to OHIC 10/15/20; report to CTC/PCMH KIDS quarterly starting 7/15/20;
- Report on M-M-R performance (4-6-year-old) using KIDS NET data:
- **Target\*\***: achieve 90% of M-M-R performance comparing 1/1/19-12/31/19 to 1/1/20-12/31/20

Cumulative change in all noninfluenza doses ordered  
Jan 6–Apr 19, 2020 versus Jan 7–Apr 21, 2019



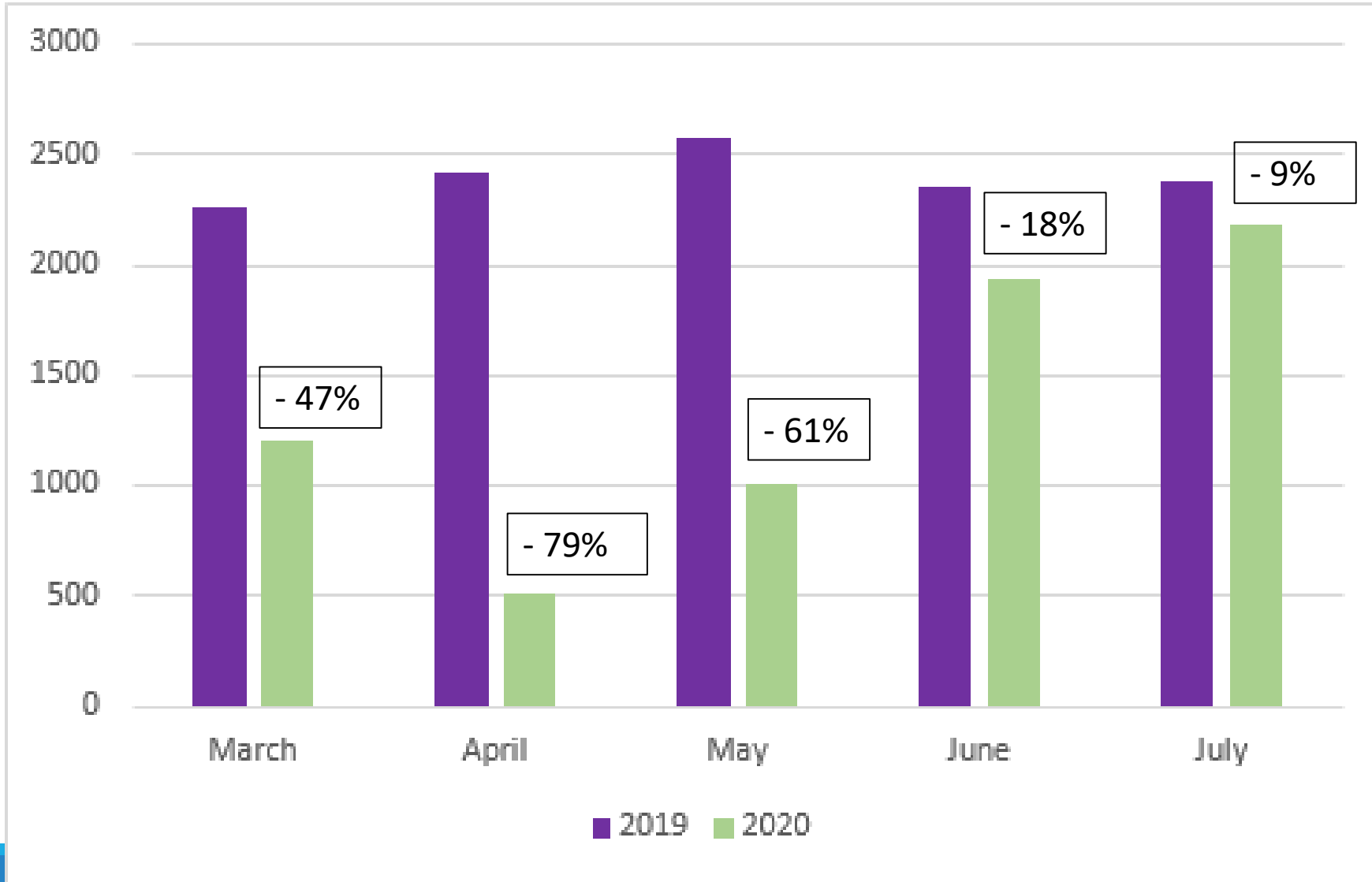
Cumulative change in all measles-containing doses ordered  
Jan 6–Apr 19, 2020 versus Jan 7–Apr 21, 2019

# Immunization Doses Administered, post-COVID Decline



Overall 24% fewer vaccine doses were given in March to July 2020 compared to the same time period in 2019

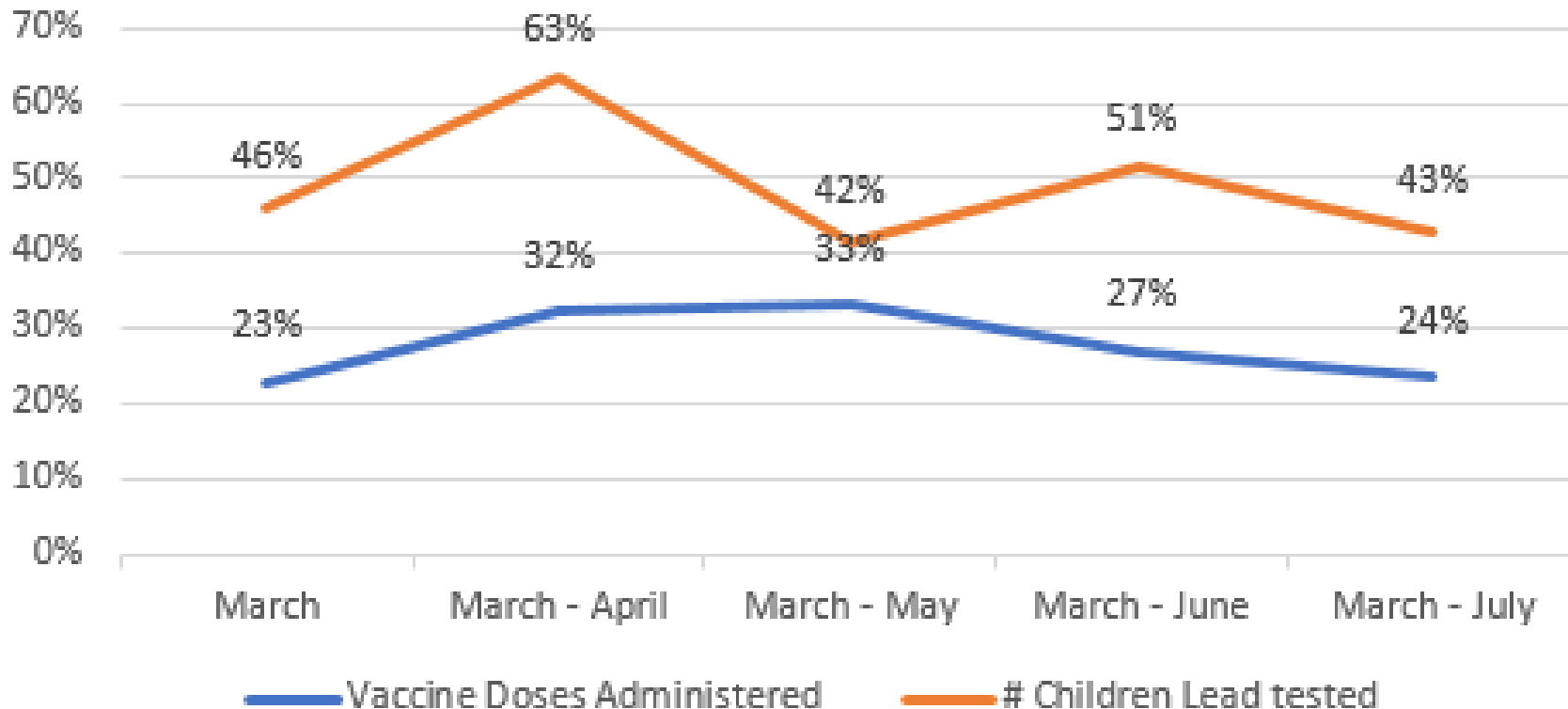
# # children lead screened, post-COVID declines



Overall 43% fewer children were screened for lead poisoning in March to July 2020 compared to the same time period in 2019

# Immunization and Lead Screening, COVID related Declines

Immunization and Lead Screening Declines,  
2019 to 2020



- When the blue line reaches 0%, then equal numbers of vaccine doses will have been given in 2020 compared to the same time period in 2019
- When the red line reaches 0%, then equal numbers of children will have been tested for lead in 2020 compared to the same time period in 2019



# Disparities in post-COVID Immunization and Lead Screening declines

## Age

- The decline in vaccine doses administered is *greater for older children* (11% decline for age < 2, 36% decline age 2-6, 43% decline age > 7)
- The decline in lead screening is greater for children over age 2 (39% decline in age <2, 45% decline for ages 2-7)

## Insurance

- The decline in vaccine doses administered is *greater for publically insured children* (25% decline for public insurance, 15% decline for private)
- The decline in lead screening is greater for publically insured children (43% decline for public insurance, 38% decline for private)

## Ethnicity

- The decline in vaccine doses administered is *greater for Hispanic children* (29% decline for Hispanic, 18% decline for non-Hispanic)

## Race

- The decline in vaccine doses administered is *greatest for Black children* (26% decline for Black, 20% decline for White, 21% decline for Asian, 22% decline for other races)

# Preventive Healthcare Measures Post COVID

- Kindergarten measure:  
% of children eligible to enter K on 8/31/2020 meeting K immunization requirements, DOBs: 9/1/2014 – 8/31/2015
- MMR measure:  
% of children eligible to enter K on 8/31/2020 having two doses of MMR immunization, DOBs: 9/1/2014 – 8/31/2015
- Seventh grade measure:  
% of children likely to enter 7<sup>th</sup> grade on 8/31/2020 meeting 7<sup>th</sup> grade immunization requirements, DOBs: 9/1/2007 – 8/31/2008
- Lead Screening measure:  
% of children between 12 and 24 months of age as of December 31, 2019 with at least one lead screen, DOBs: 1/1/2018 - 12/31/2018

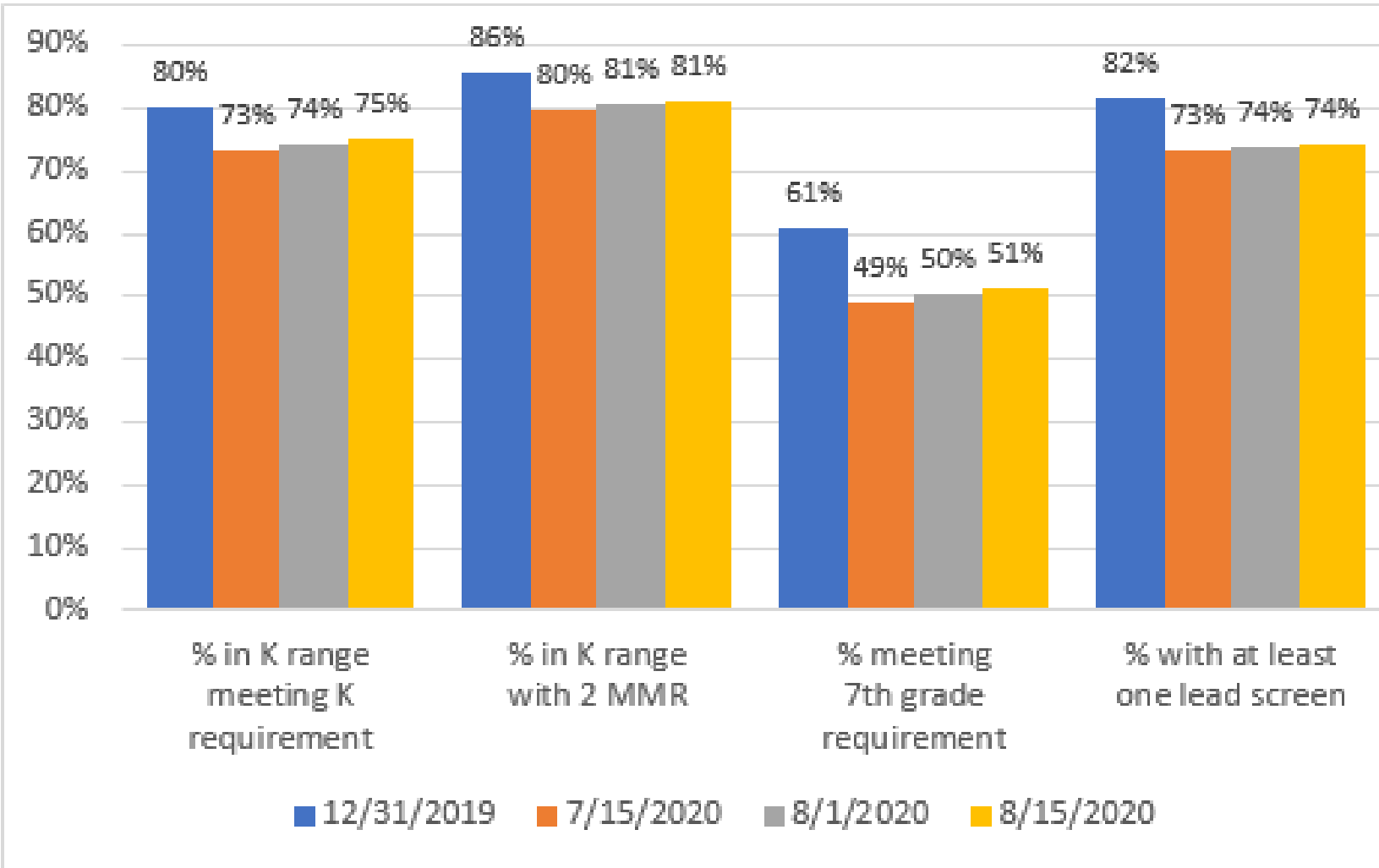
# Preventive Healthcare Measures Post COVID

Run Date	# children in K range	# children meeting K immunization requirements	% in K range meeting K requirement	# in K range with 2 MMR	% in K range with 2 MMR	# children in 7th grade DOB range	# meeting 7th grade immunization requirements	% meeting 7th grade immunization requirement	# children 12-24 mo on 12/31/19	# with at least one lead screen	% with at least one lead screen
12/31/2019	11813	9429	79.8%	10109	85.6%	13424	8183	61.0%	11074	9028	81.5%
7/15/2020	11892	8729	73.4%	9492	79.8%	12996	6375	49.1%	10903	7988	73.3%
8/1/2020	11904	8851	74.4%	9594	80.6%	13027	6551	50.3%	10903	8051	73.8%
8/15/2020	11918	8974	75.3%	9693	81.3%	13028	6665	51.2%	10892	8077	74.2%

Source: RIDOH, Center for Health Data and Analysis, KIDSNET

- Follow selected age cohorts to track progress
- Update 2x per month (1st and 15th)
- Compare to similar cohorts in 2019 (the 12/31/2019 row is the baseline for comparison)
- Data provided to primary care providers at the practice level

# Preventive Healthcare Measures Post COVID



Range among practices with at least 50 patients in the cohort:

- K requirements: 44% - 97%
- 2 MMR: 65% - 99%
- 7<sup>th</sup> grade requirements: 11% - 86%
- Lead Screening: 36% - 97%

The blue column is the baseline comparison cohort, one year older and as of the end of 2019

# KIDSNET

## Patient List Report

List of children who are linked to a practice if the practice reported the child's most recent vaccine to KIDSNET, or if a parent identified the practice as the intended provider at birth and as the child was under six months old

## School Eligibility Report

This report identifies children in your practice who will reach Age 5 by September 1, 2020 to be age eligible to enter Kindergarten. Note that some eligible children do not start Kindergarten in the fall.

## Immunization Report

This report lists children who have missing or overdue immunizations in KIDSNET. Schools require vaccinations before the child is considered past due. These children will not appear on this report.

## Lead Screening Reports

Identify children who need to be screened for Lead Poisoning (overdue) and those that have an elevated lead level.



# What are staff finding when working with KIDSNET data ?

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## Report out from Janet Limoges

- What did you learn with “deep dive” at Santiago and Pediatric Associates
- Discussion

# KIDSNET Training

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**Contact your KIDSNET Provider Relations Representative with any questions or to schedule a remote training**

**Janet Limoges: 401-222-7681**  
**[janet.limoges@health.ri.gov](mailto:janet.limoges@health.ri.gov)**

**Carla Laroche-Harris: 401-222-4644**  
**[carla.larocheharris@health.ri.gov](mailto:carla.larocheharris@health.ri.gov)**

# What's working?

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- Providence Community Health Center – Addressing Quality Gaps in the Midst of COVID-19
- Discussion



# What's working, but could be better?

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- Anchor Medical : what we are doing
- Discussion

# Family Outreach Discussion

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How are practices communicating with families about “safe” care in office?

- [RI Pediatrician video](#)
- [RI AAP Media Campaign](#)
- [RI AAP flyer](#)
- Options around connecting with schools
- Other

# What families might need?

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Discussion of findings from Patient Engagement Surveys

Transportation

- Using Uber: Thundermist Health Center
- Discussion
- Other family members

# Increasing Access to Care

## What Strategies are you using?



# Resources: Pediatric Resource Guide

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- What else are practices finding helpful?
- What else would be helpful?

# Friendly Reminders

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**Submit to CTC screenshot demonstrating patient access to a secure web portal, for patients to request appointment requests, referrals, and prescription refills and test results – Due September 31, 2020**

**Submit clinical quality data as defined in CTC Performance Standards – Due October 15<sup>th</sup>**

**Submit reports on high risk patients, as defined by CTC - Due October 15<sup>th</sup>**

**Submit to OHIC quality measure information - Due October 15<sup>th</sup>**

**Submit to OHIC cost management strategy QI project (per OHIC definition) - Due October 15<sup>th</sup>**