



#### ADVANCING INTEGRATED HEALTHCARE

# Improving Access to Well Child, Immunization & Lead Screening in COVID-19

Care Transformation Collaborative of R.I.

NURSE CARE MANAGER/CARE COORDINATOR BEST PRACTICE SHARING AUGUST 18, 2020

# Agenda

- Welcome
- •Goals for improving pediatric immunizations/well child visits/lead screening
- •RI Data
- Using KIDS NET: Hasbro Pediatrics
- AAP guidelines
- Outreach to Families
- •What's working
- Barriers: East Bay Community Action
- Increasing Access

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

#### **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)

#### **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



# Improving Access to Well Child Care and immunizations in COVID-19

Vicki Crowningshield, MPH, PCMH-CCE Practice Facilitator



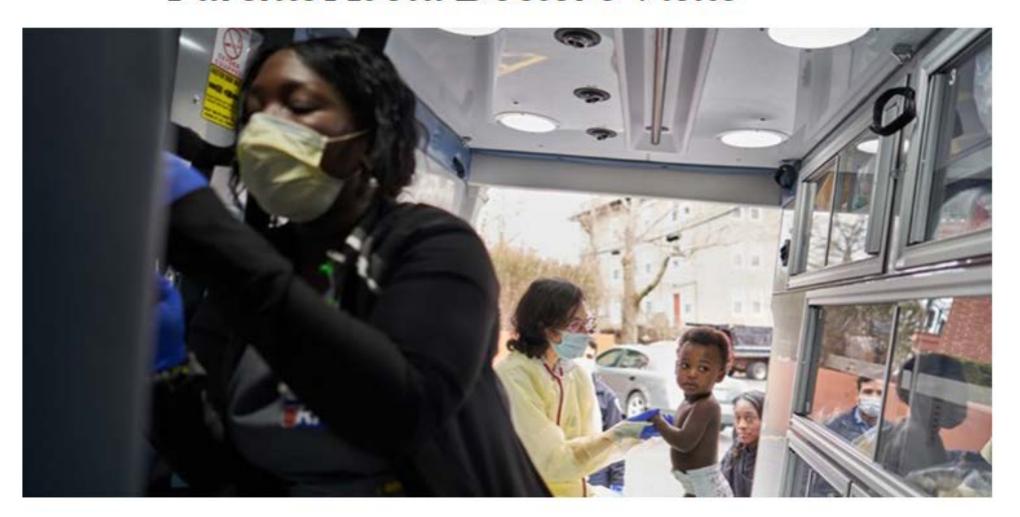
Associated Press

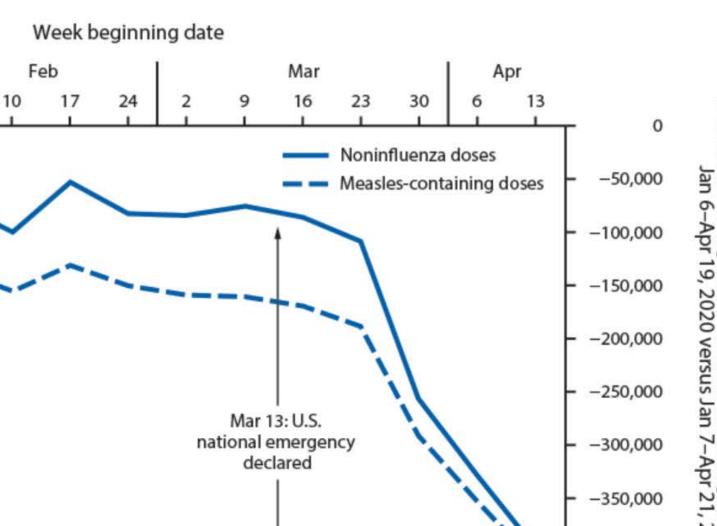
MARCH 16, 2020

# **CLOSURES INCREASE**

More than half of U.S. states have closed schools statewide. A handful of states have taken steps to close all restaurants and bars as social distancing is encouraged.

# Vaccine Rates Drop Dangerously as Parents Avoid Doctor's Visits





Jan

20

Jan 20: first U.S.

COVID-19 case reported

(Washington)

27

13

0

-500,000

-1,000,000

-1,500,000

-2,000,000

-2,500,000

-3,000,000

-3,500,000

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



-400,000

-450,000



#### **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:

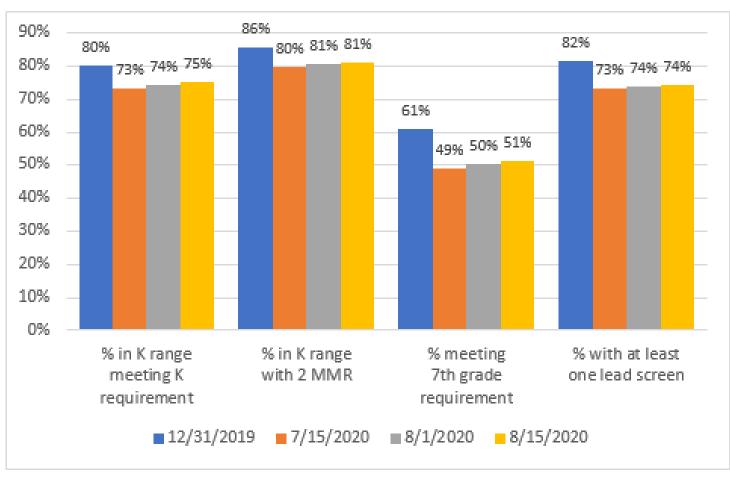
% of children likely to enter  $7^{th}$  grade on 8/31/2020 meeting  $7^{th}$  grade immunization requirements, DOBs: 9/1/2007 - 8/31/2008

#### • 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



## **Rhode Island Data**



# 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%

#### **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?

- Report out from Hasbro Pediatrics
  - •What did you learn?
  - Discussion

## **KIDSNET Training**

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

Janet Limoges: 401-222-7681

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# AAP: Guidance on Providing Pediatric Well-Care During COVID-19



### AAP: Guidance on Well Child Visits

- Ensure all newborns, infants, children and adolescents are up to date on their comprehensive well-child care
- All well-child care should occur in person whenever possible
- Telehealth visits should continue to be supported for appropriate elements of the exam, followed by a timely inperson visit



## AAP: Guidance on Well Child Visits

- Pediatricians should identify children who have missed wellchild visits and/or recommended vaccinations and contact them to schedule in person appointments
- Pediatricians should work with families to bring children up to date as quickly as possible. State-based immunization information systems and electronic health records may be able to support any catch-up immunizations.



# AAP: Guidance on Well Child Visits

- Pediatricians should also inform families about the strategies already implemented in primary care medical home offices to assure safety. These strategies may include these examples:
  - Scheduling well visits and sick visits at different times of the day.
  - Separating patients spatially, such as by placing patients with sick visits in different areas of the primary care clinic or another location from patients with well visits.
  - Collaborating with providers in the community to identify separate locations for providing well visits for children.



# **Family Outreach Discussion**

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

## AAP: Additional Guidance on Telehealth

- Well visits for children may be initiated through telehealth, recognizing that some elements of the well exam should be completed in-person. These elements include, at a minimum:
  - the comprehensive physical exam; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations.



# Tackling the Problem



## Immunization & Lead Screening Catch-Up

- Begin by identifying children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments.
- Consider starting with newborns, infants up to 24 months, young children and extending through adolescence.



### Consider the following strategies:

- Use a reminder/recall system or other vaccination assessment tools in your state immunization information system (IIS) or electronic health record to identify and notify children in need of catch-up vaccination
- Assess immunization status at every visit and provide all vaccinations due or overdue
- Consider standing orders to simplify the process of vaccination
- Follow the <u>CDC catch-up schedule</u> to get children up to date on vaccination as efficiently as possible



# What's working?

- Providence Community Health Center
- Santiago Medical Group
- Discussion

# **Barriers**

- Transportation
  - Using Lyft: East Bay Community Action
  - Discussion
- Other family members
- Other

# Increasing Access to Care What Strategies are you using?





# Resources: <u>Pediatric Resource Guide</u>

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