

Castell Pediatric HEDIS Quality Measure Update

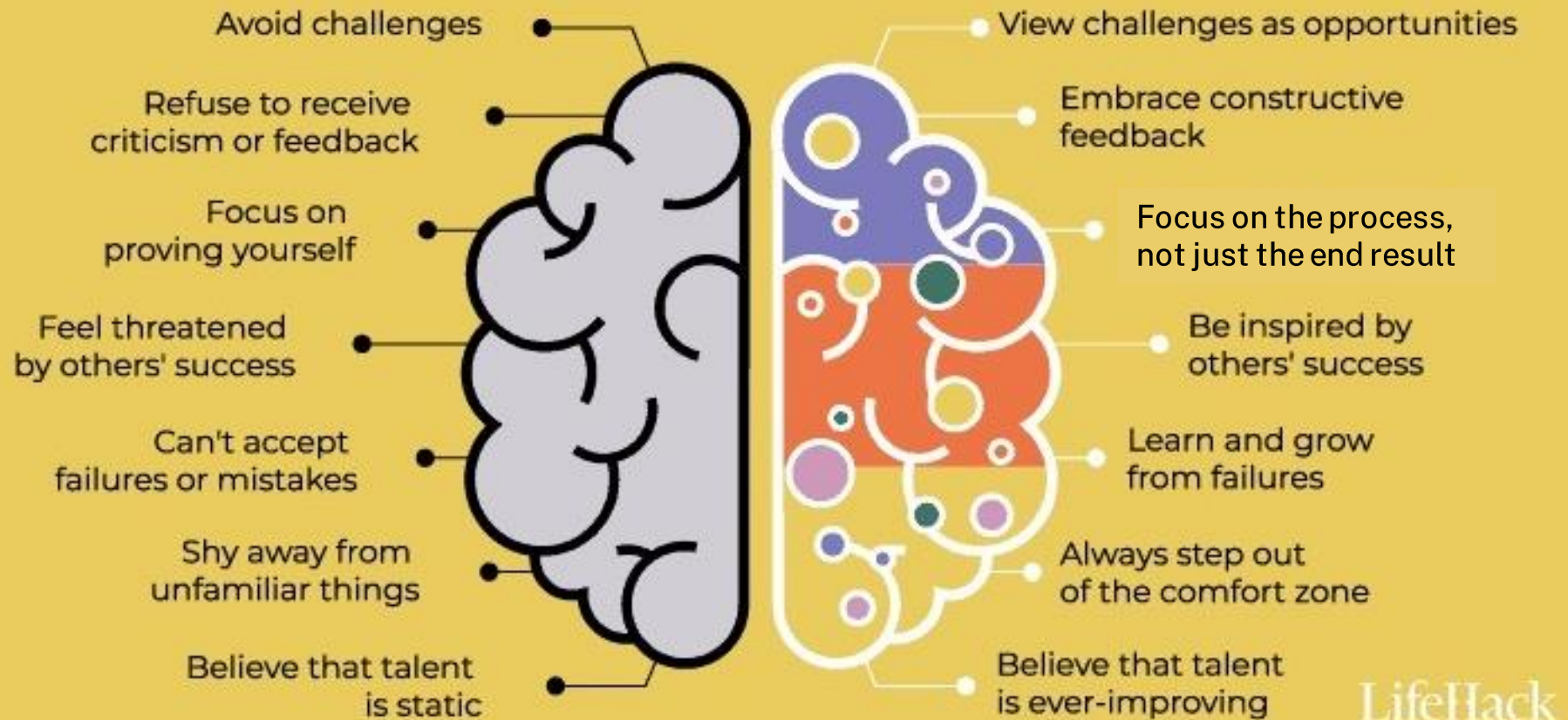
September 2024

Note: If you hover over the data points and center lines on many of the reports, you will see more information

Outline

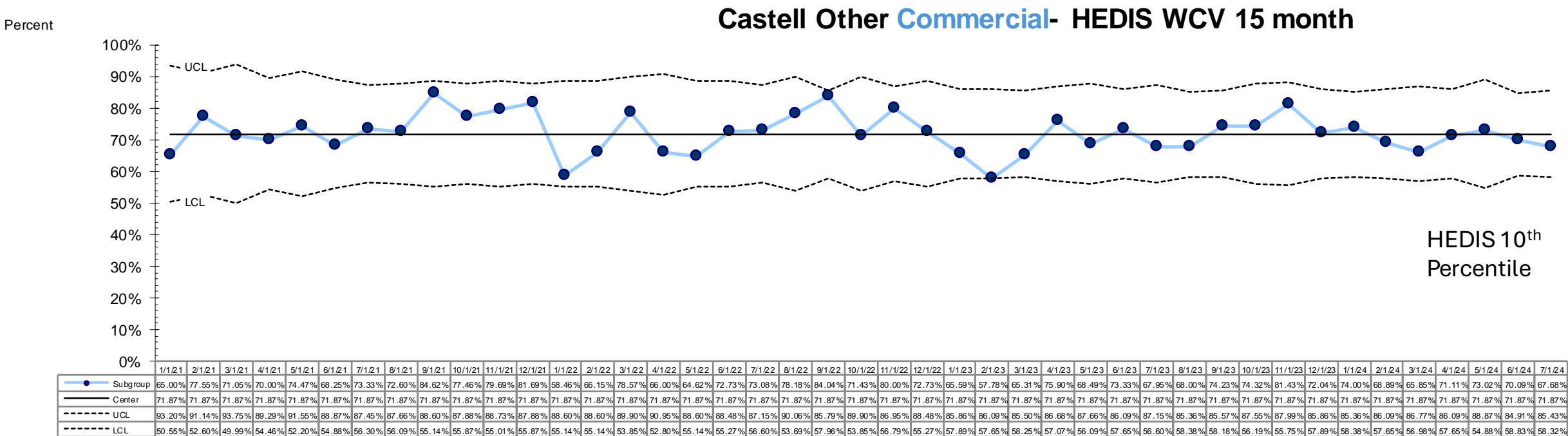
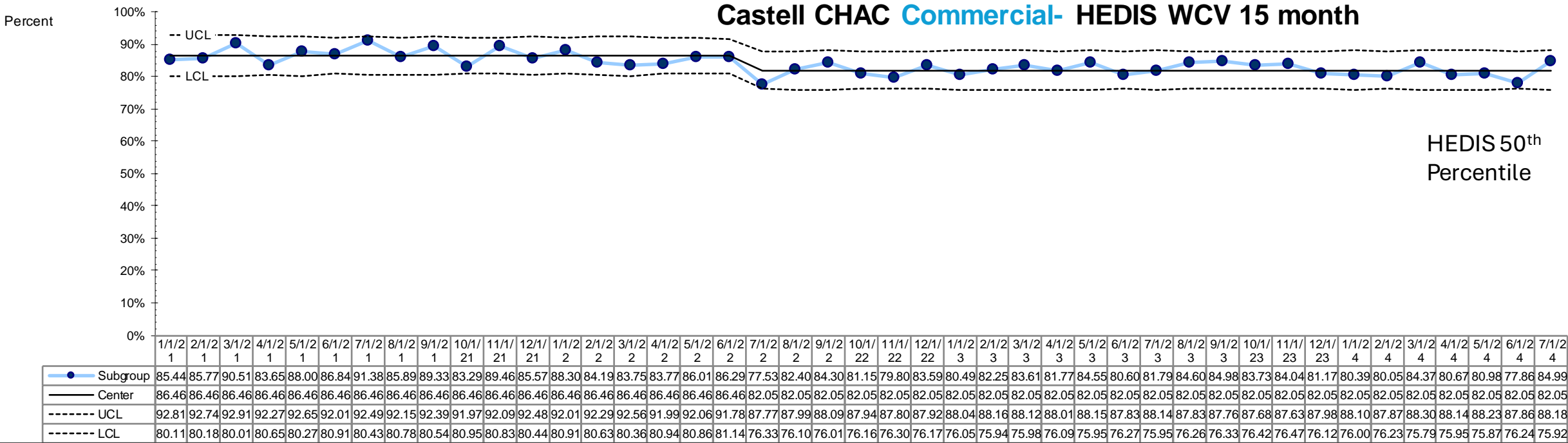
- Review HEDIS Metrics stratified by CHAC collaboration and Other
- Share best practices
- Answer questions along the way

Fixed Mindset vs Growth Mindset

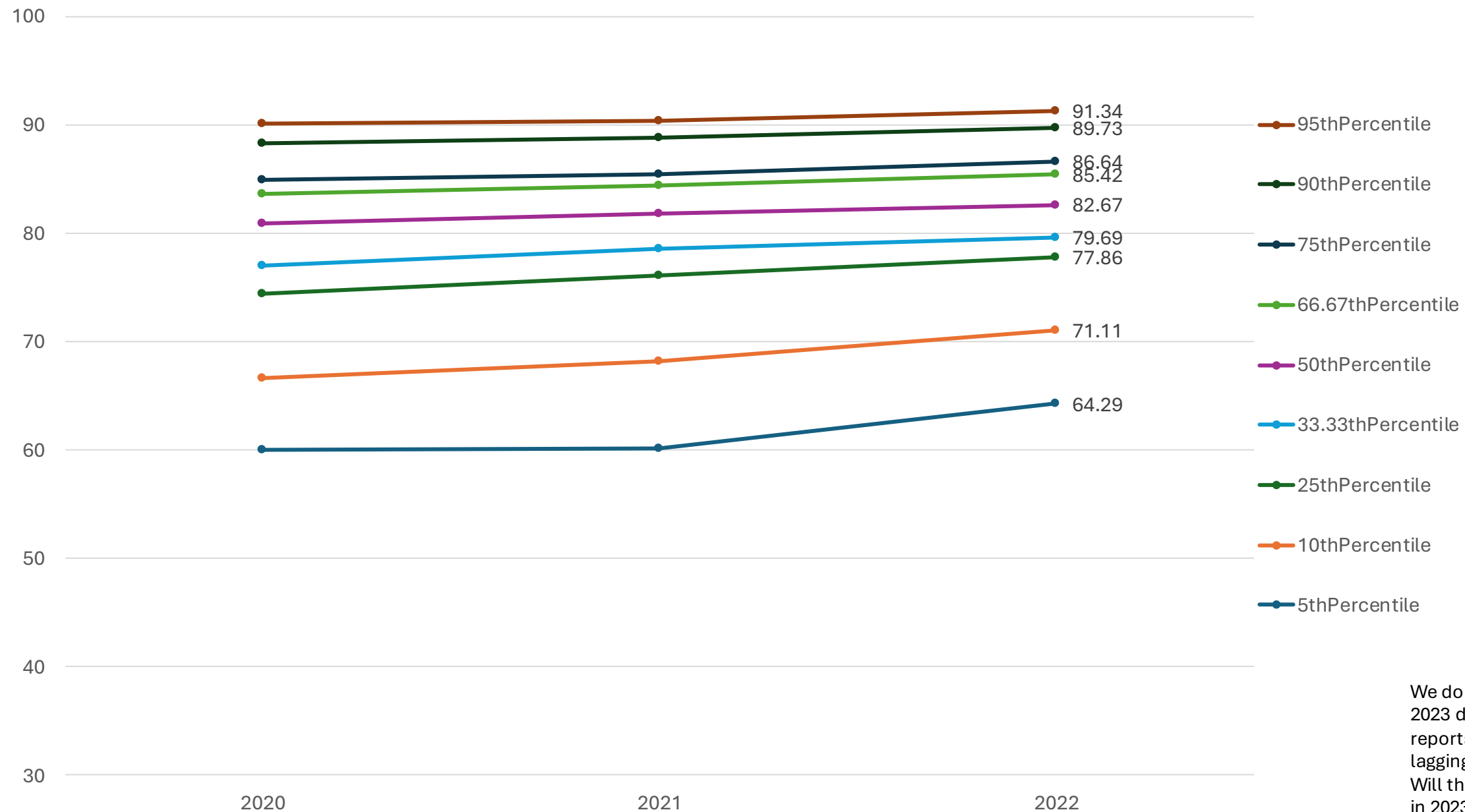


<https://mentorloop.com/blog/growth-mindset-vs-fixed-mindset-what-do-they-really-mean/>

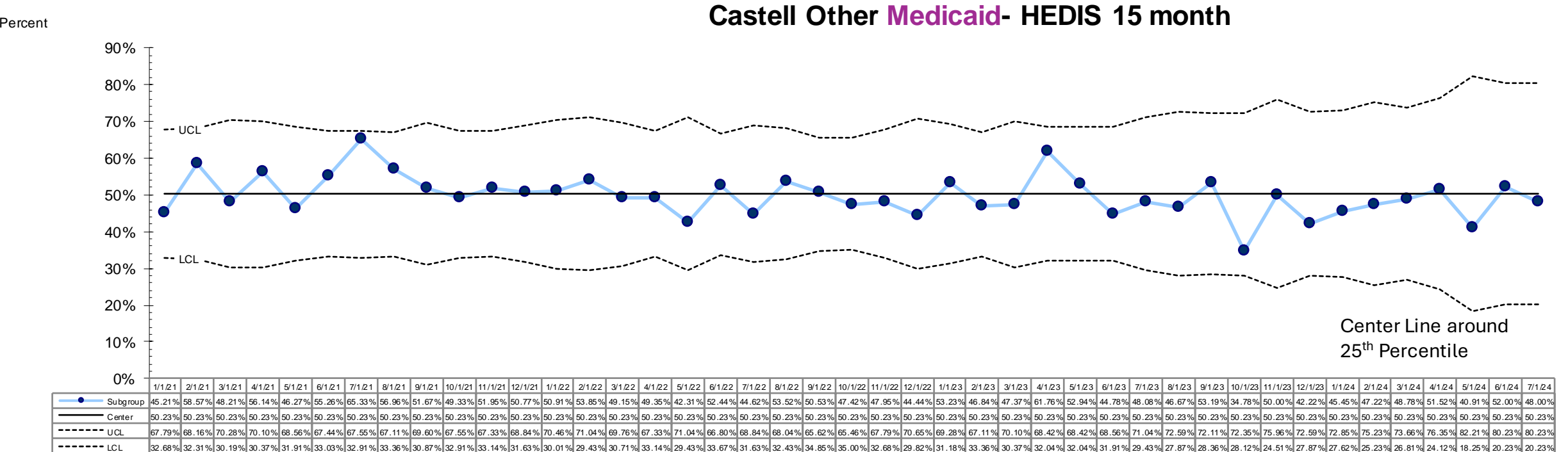
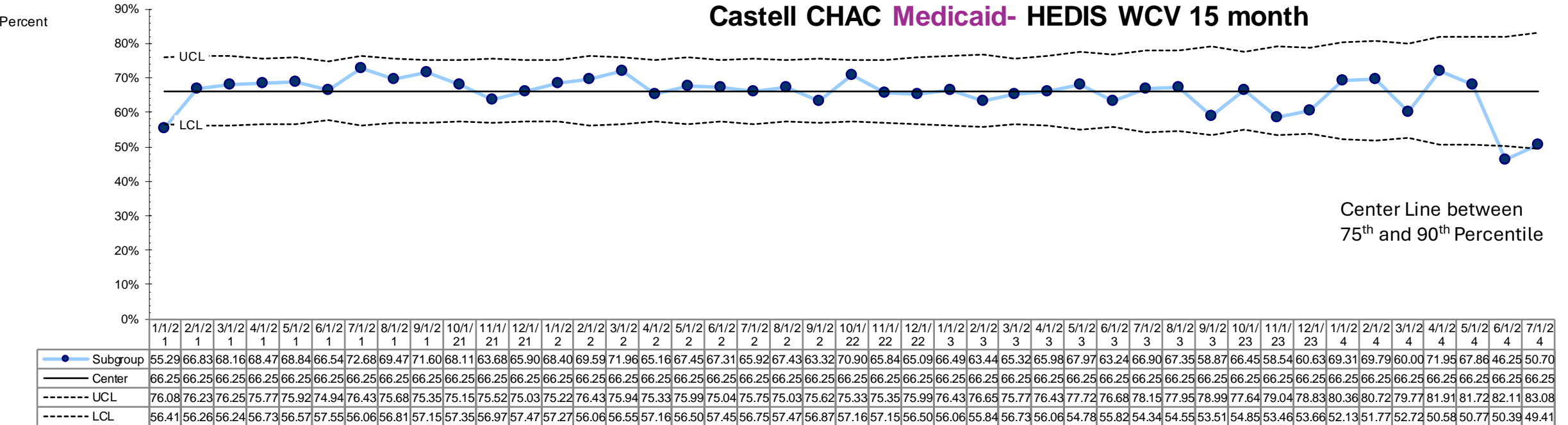
Well Child Visits



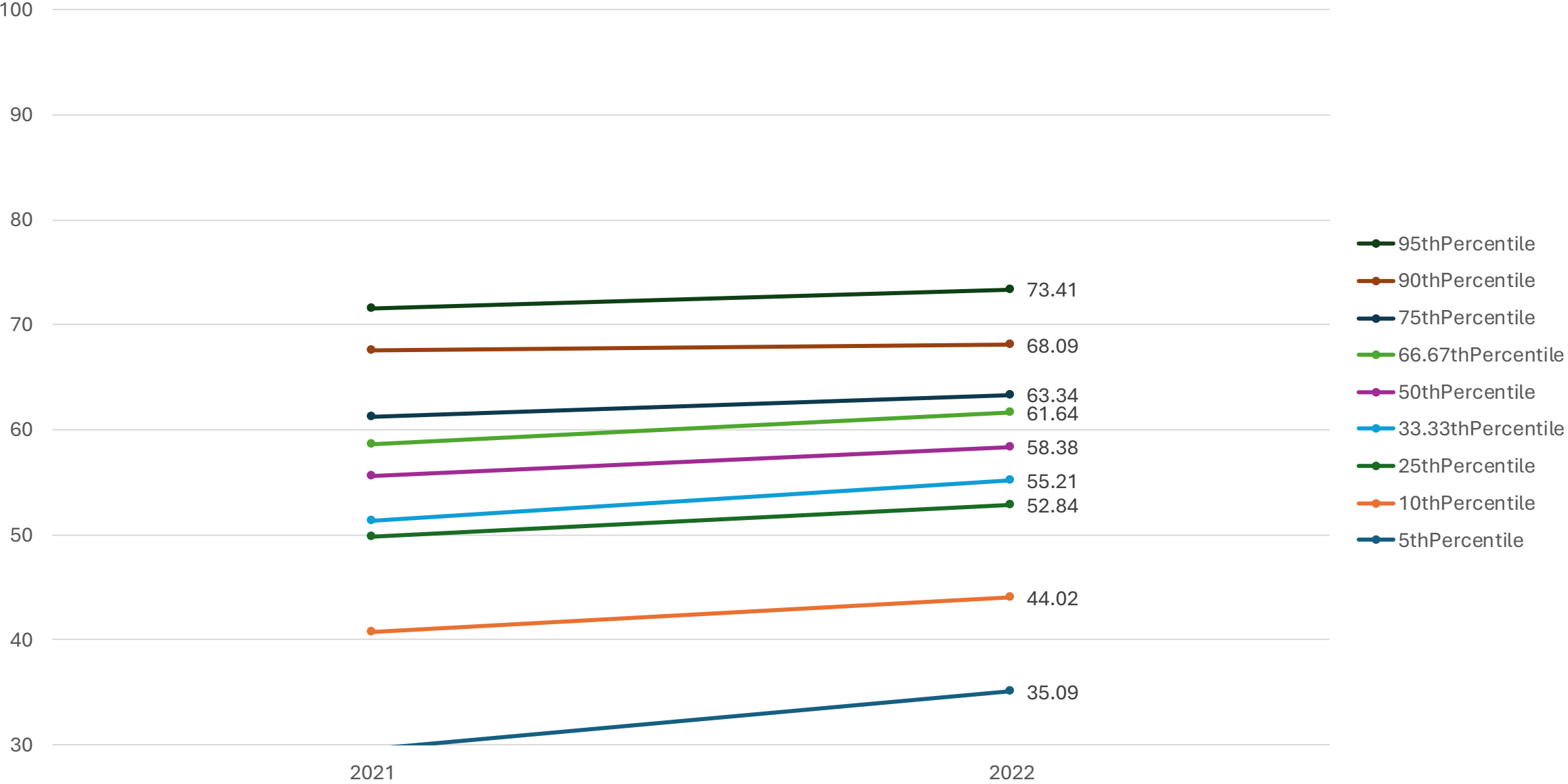
HEDIS Benchmark Well Child 0-15 - Commercial

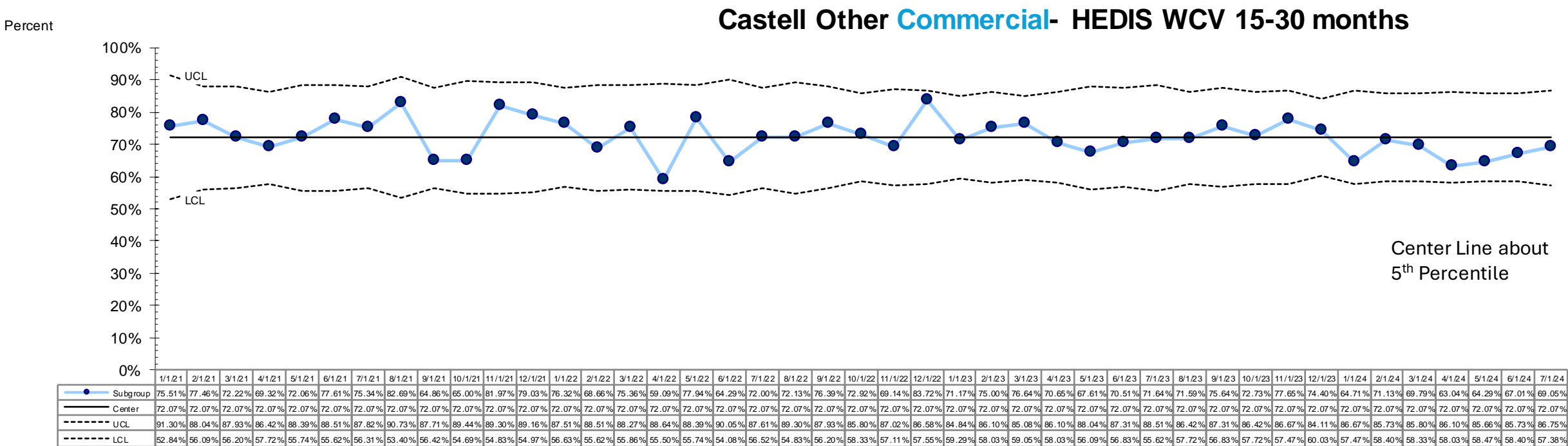
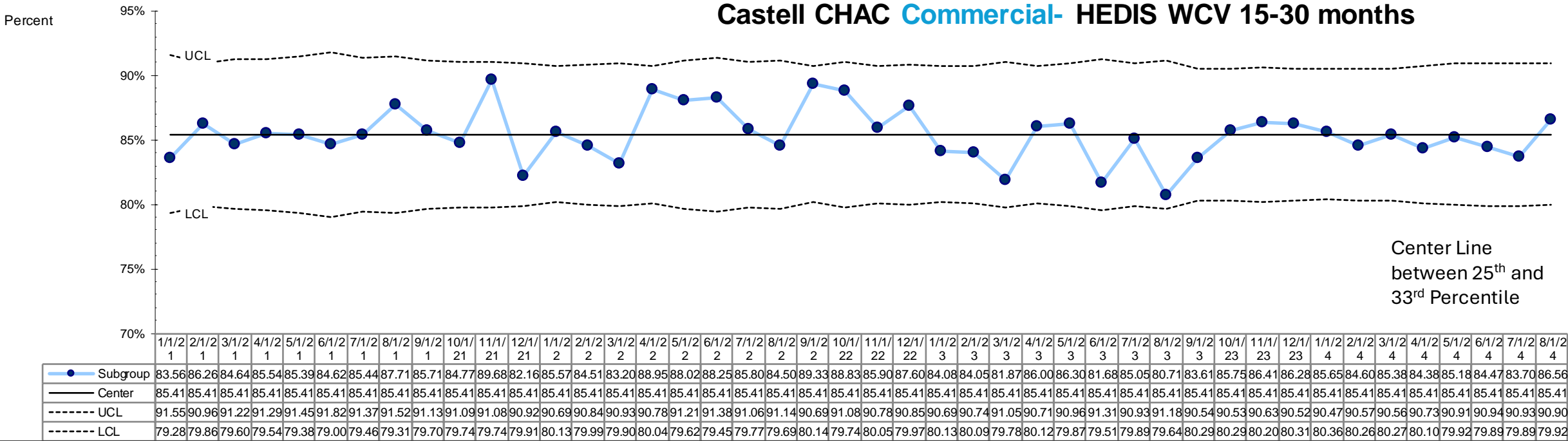


We do not have the 2023 data yet; national reports are often lagging significantly. Will they show a decline in 2023 as well?

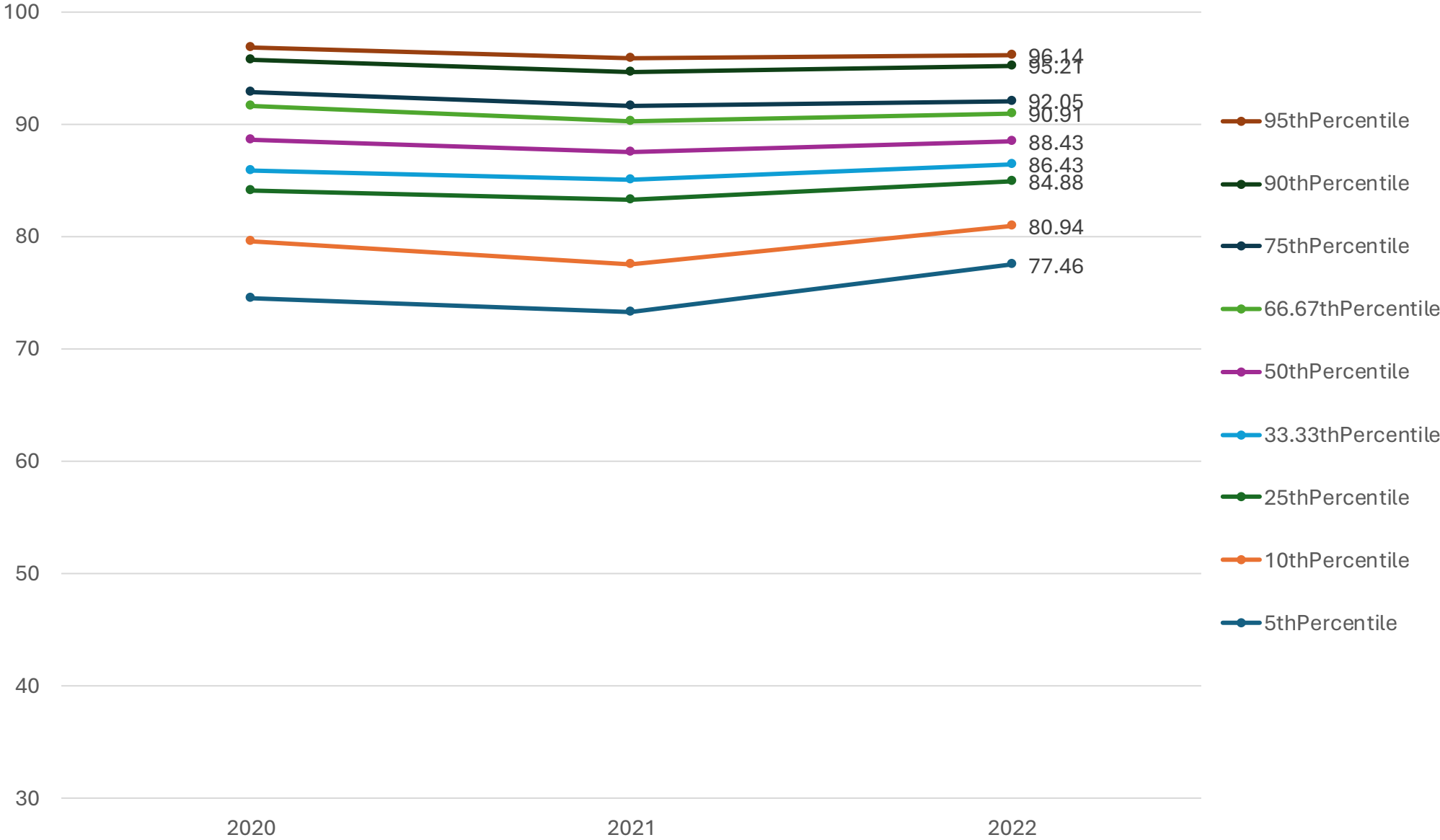


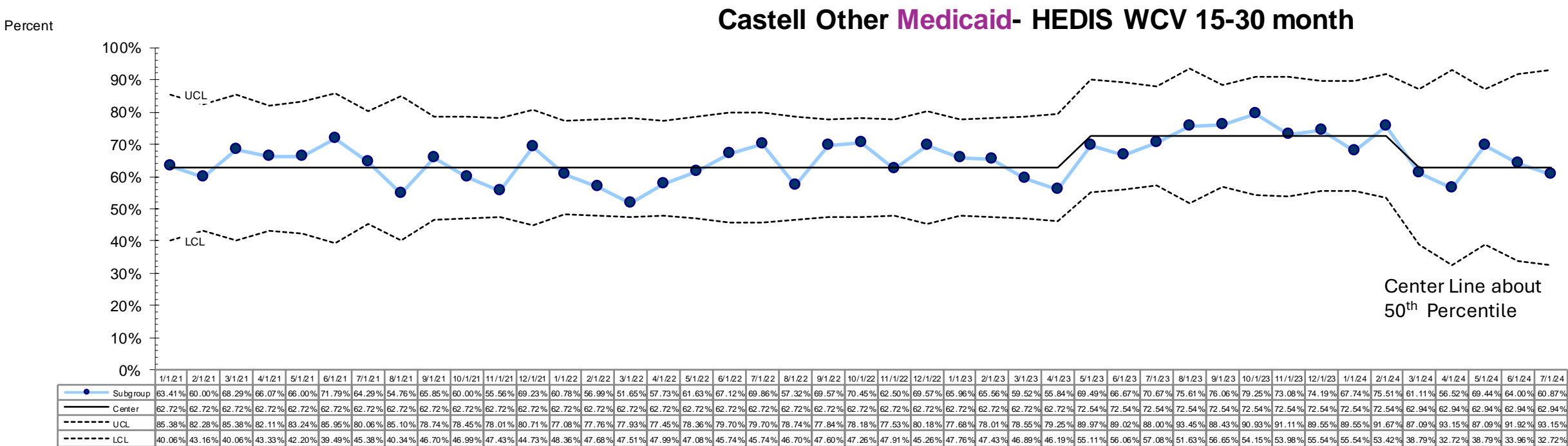
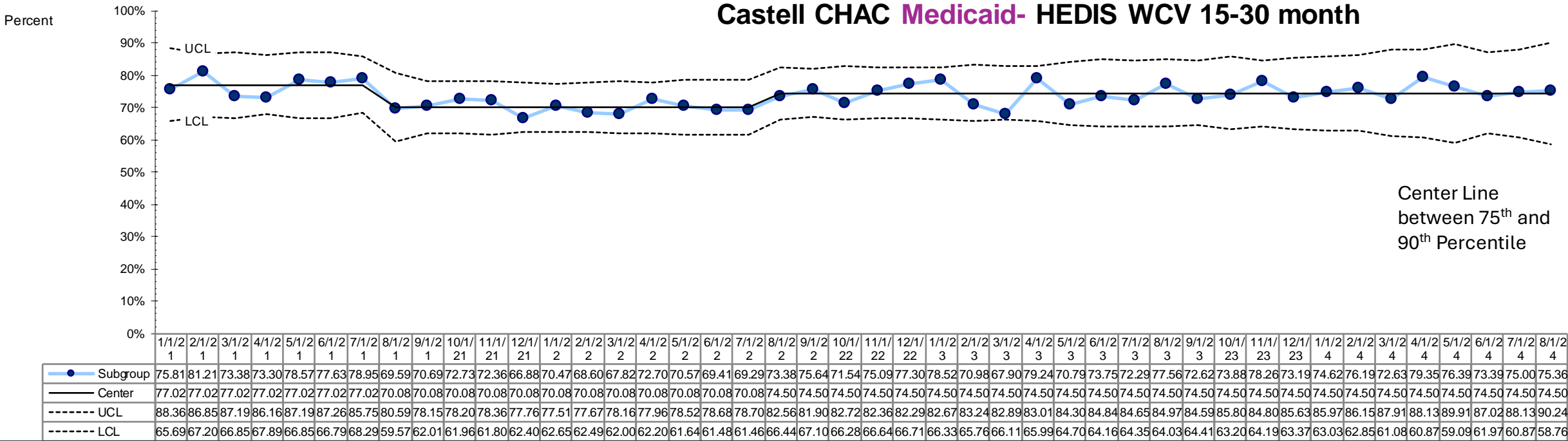
HEDIS Benchmark Well Child 0-15 - Medicaid



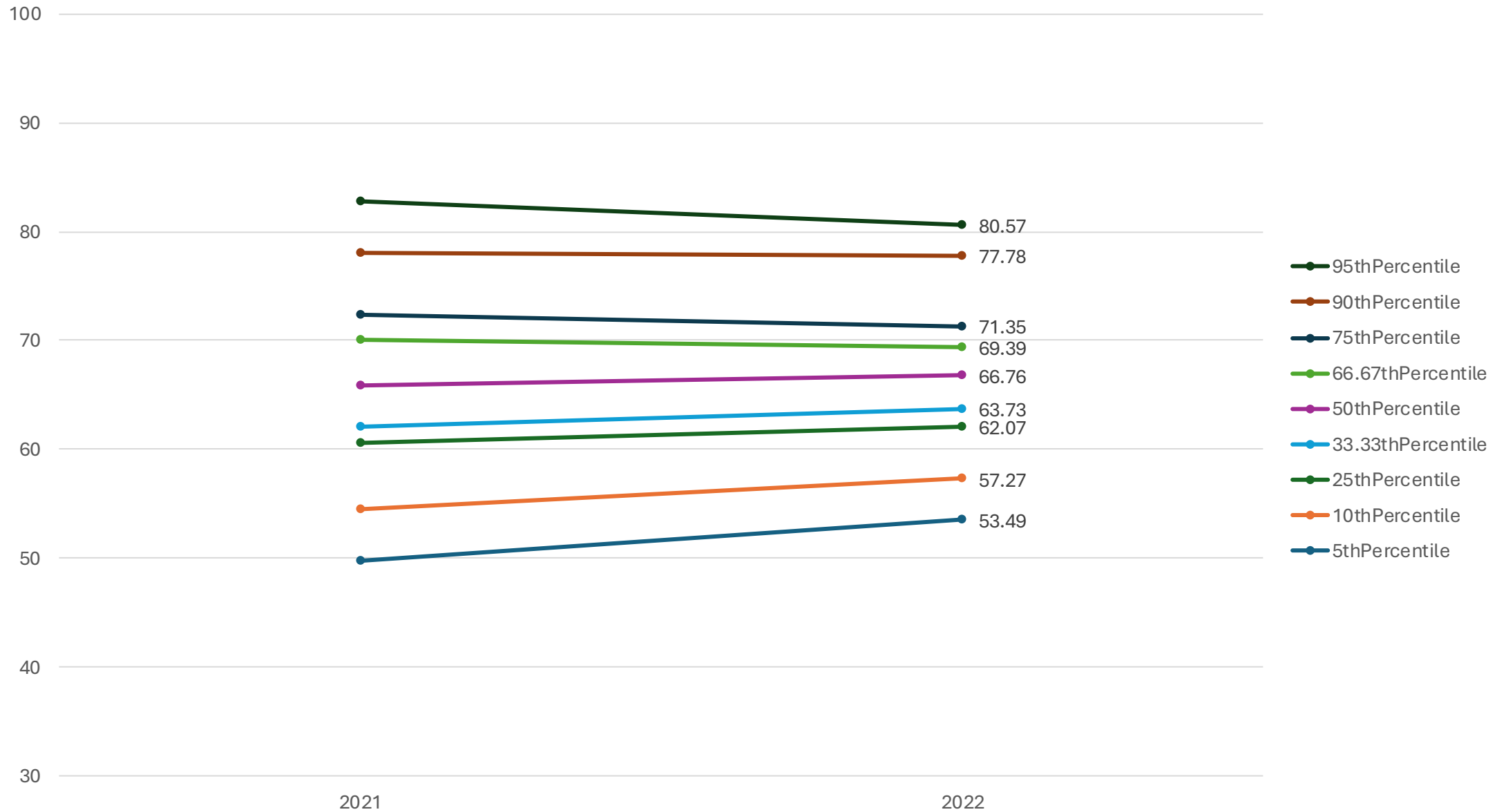


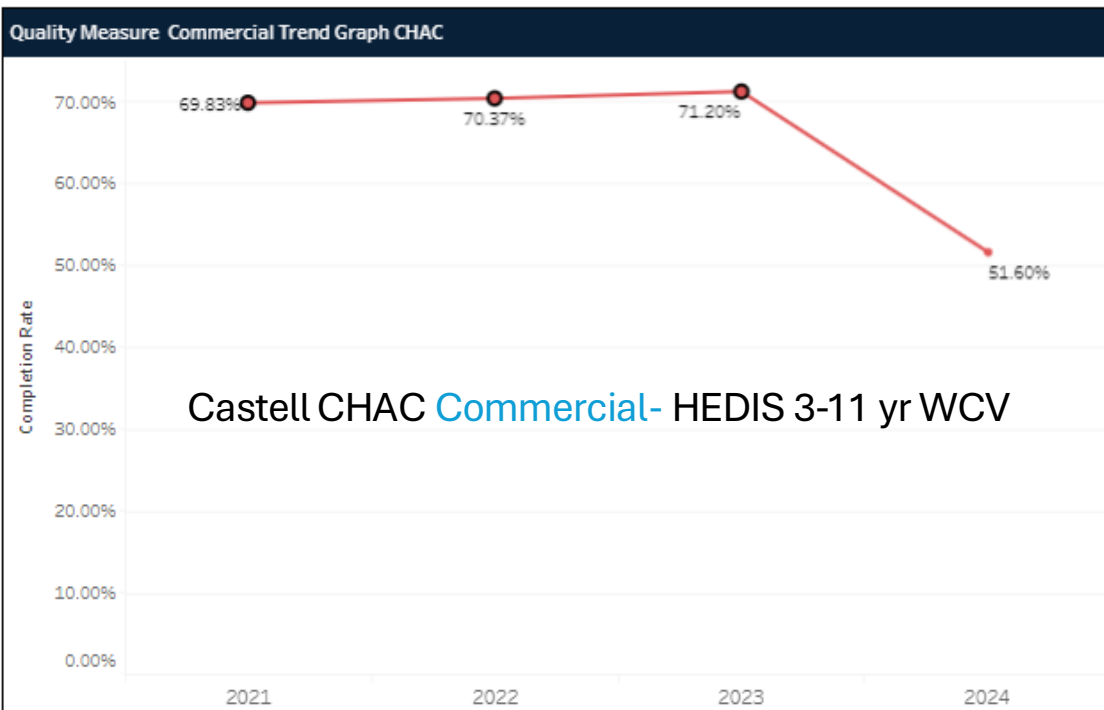
HEDIS Benchmark Well Child 15-30 - Commercial



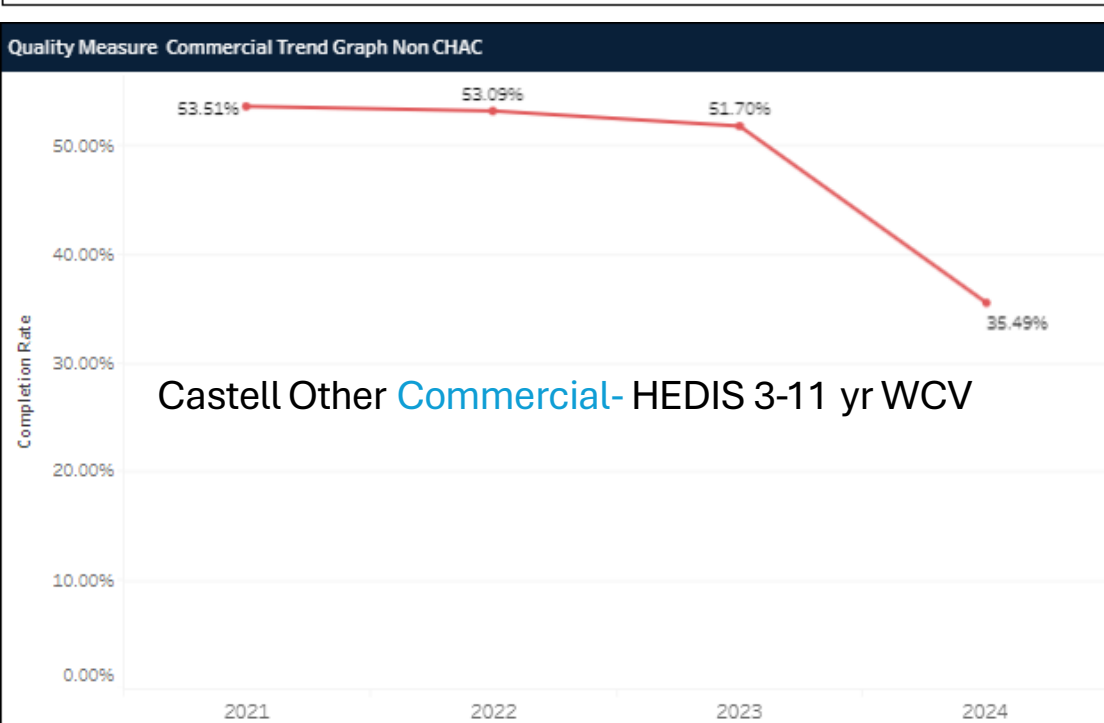
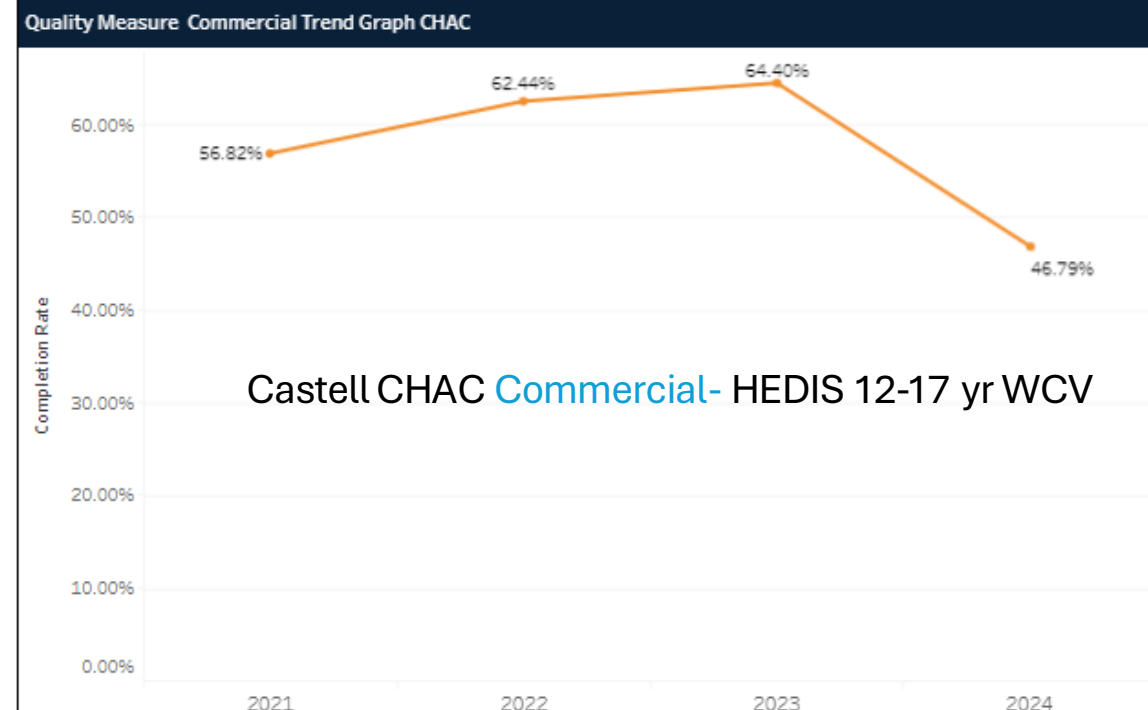


HEDIS Benchmark Well Child 15-30 - Medicaid

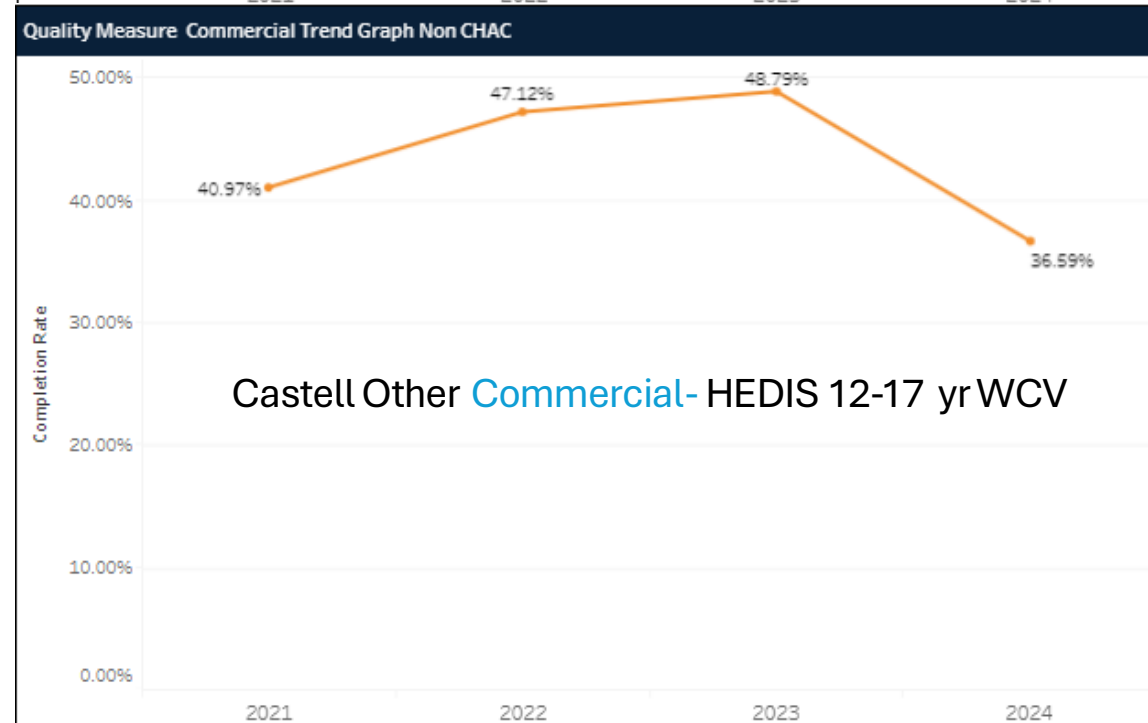




Center Line about
75th Percentile

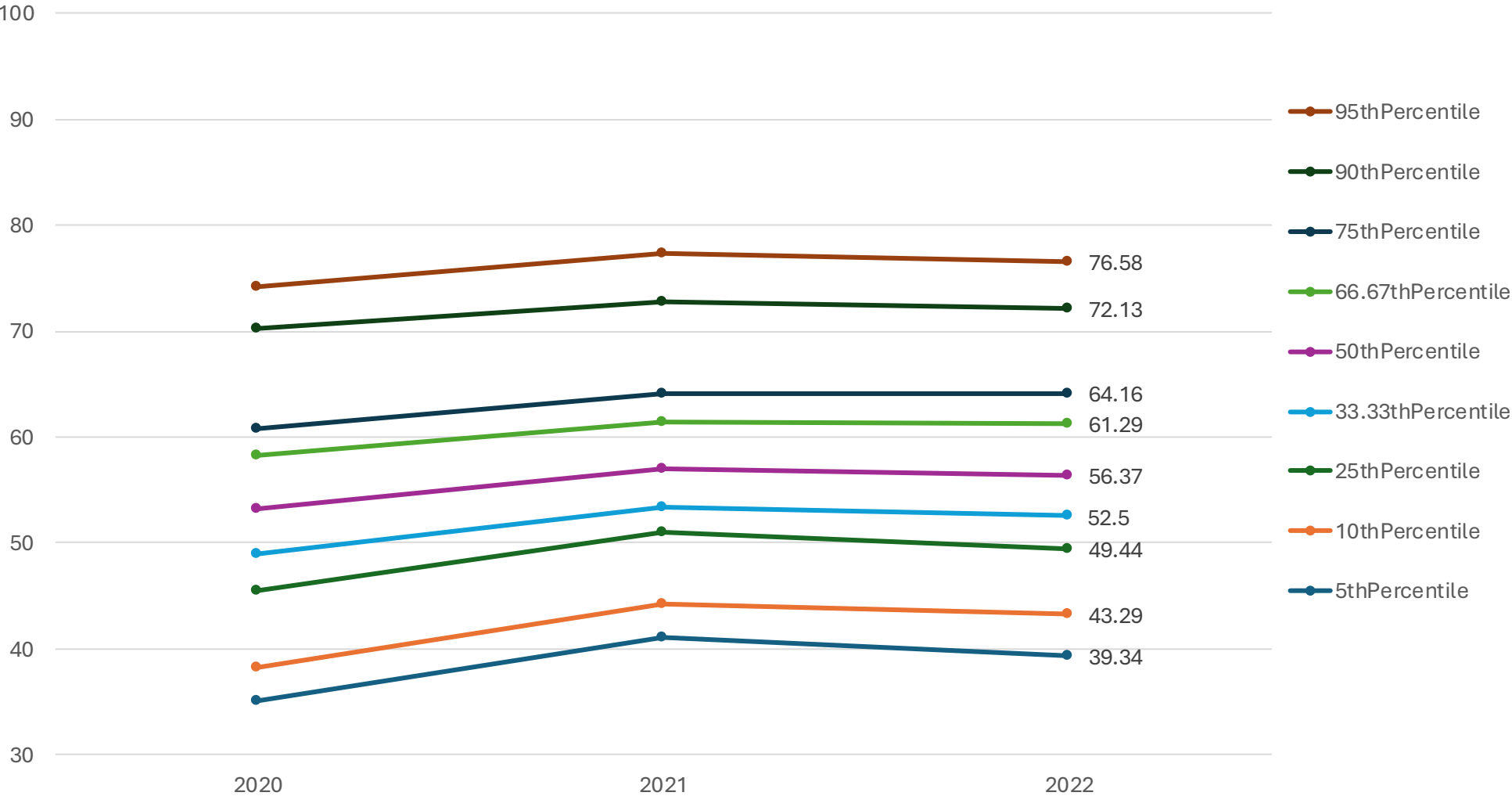


Calendar year
measures and
not amenable
to monthly
trending. 2024
data not
complete.

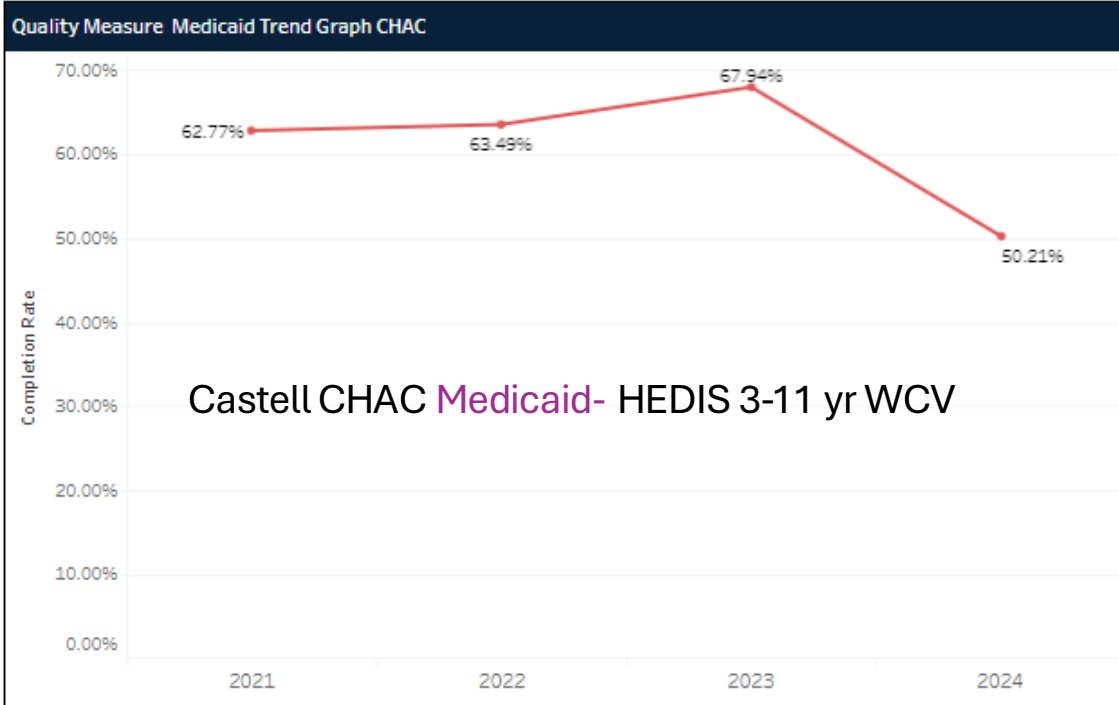


Center Line about
30th Percentile

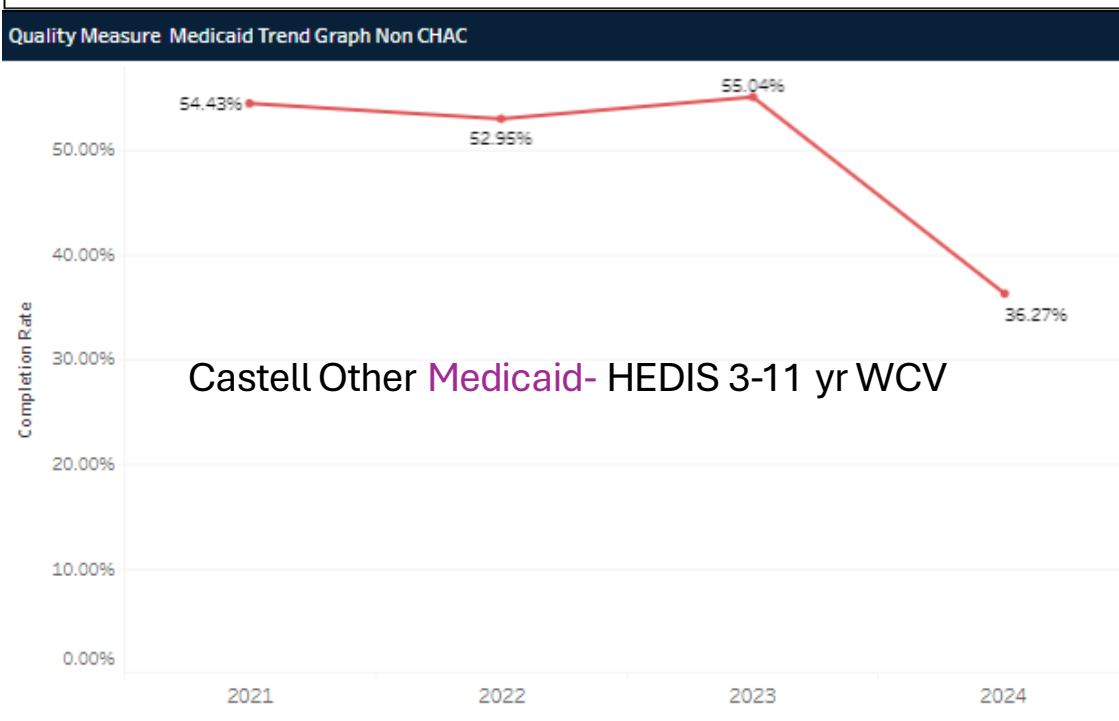
HEDIS Benchmark Child and Adolescent Well Care - Commercial



HEDIS benchmark data includes 3-11yr and 12-17yr WCVs together. Again, note we don't have 2023 data from HEDIS yet.

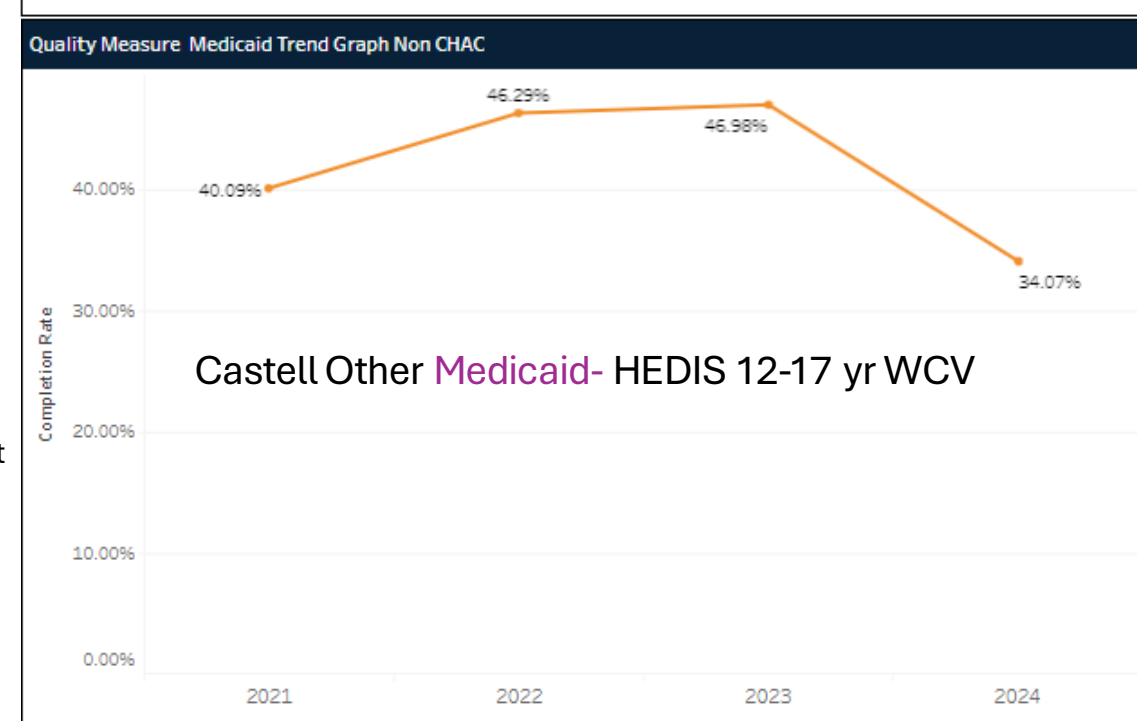
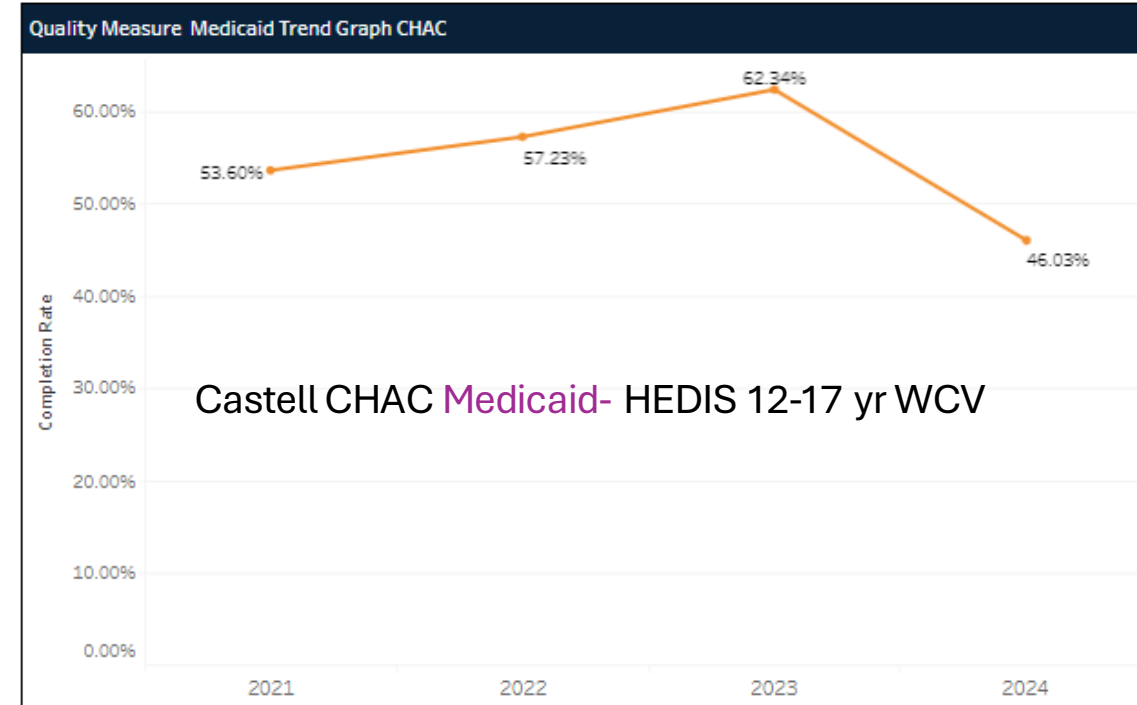


Center Line
between 90 and
95th Percentile

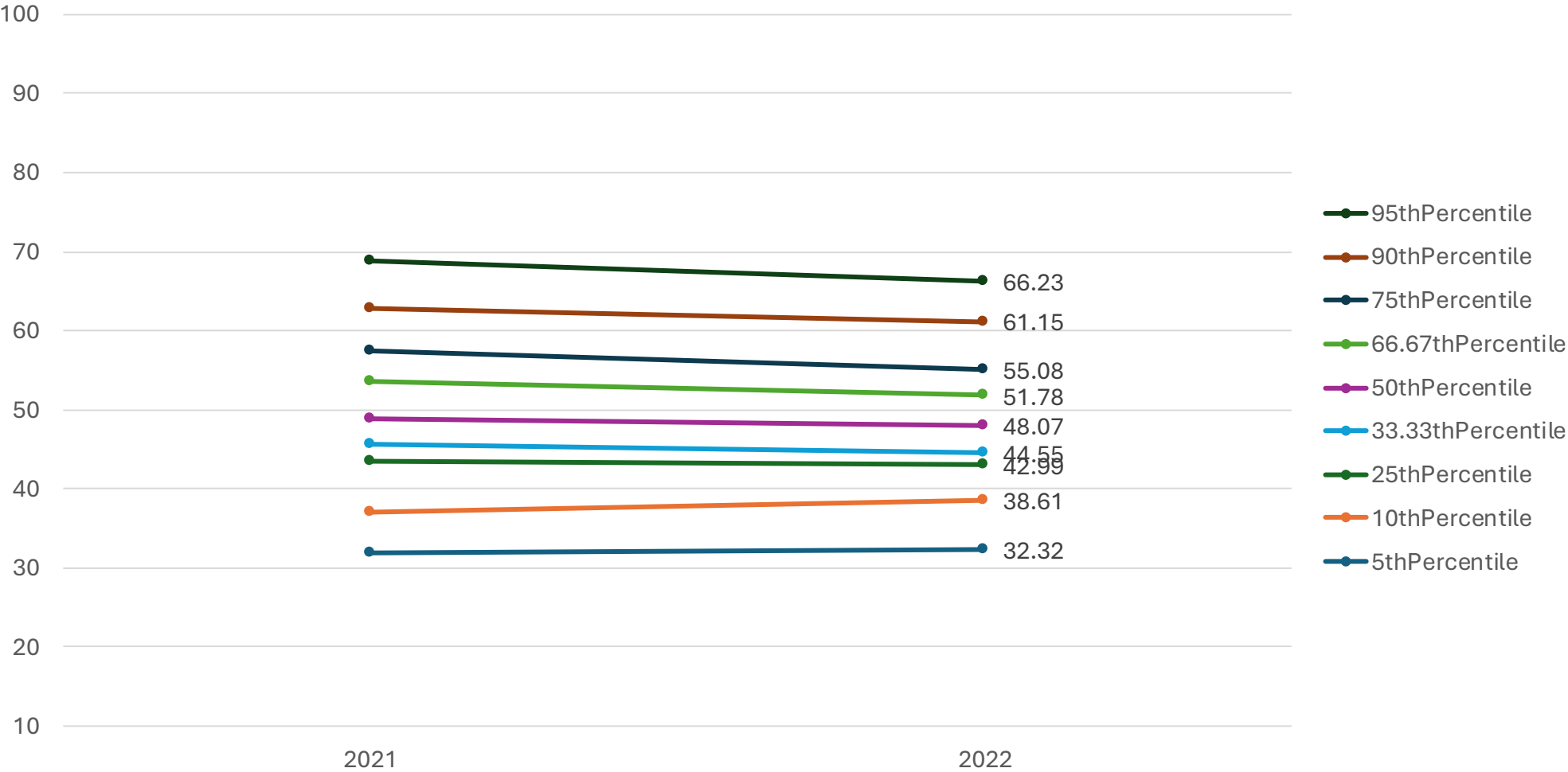


Calendar year
measure and
not amenable
to monthly
trending. 2024
data
incomplete.

Center Line about
66th Percentile



HEDIS Benchmark Child and Adolescent Well Care - Medicaid



HEDIS benchmark data includes 3-11yr and 12-17yr WCVs together. Again, note we don't have 2023 data from HEDIS yet.



WCC Scheduling Best Practices

Pediatric Clinical Leadership
Updates

April 25th, 2024

Ashley McDonagh, RN, MHA
Pediatric Operations Consultant

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2023 Data

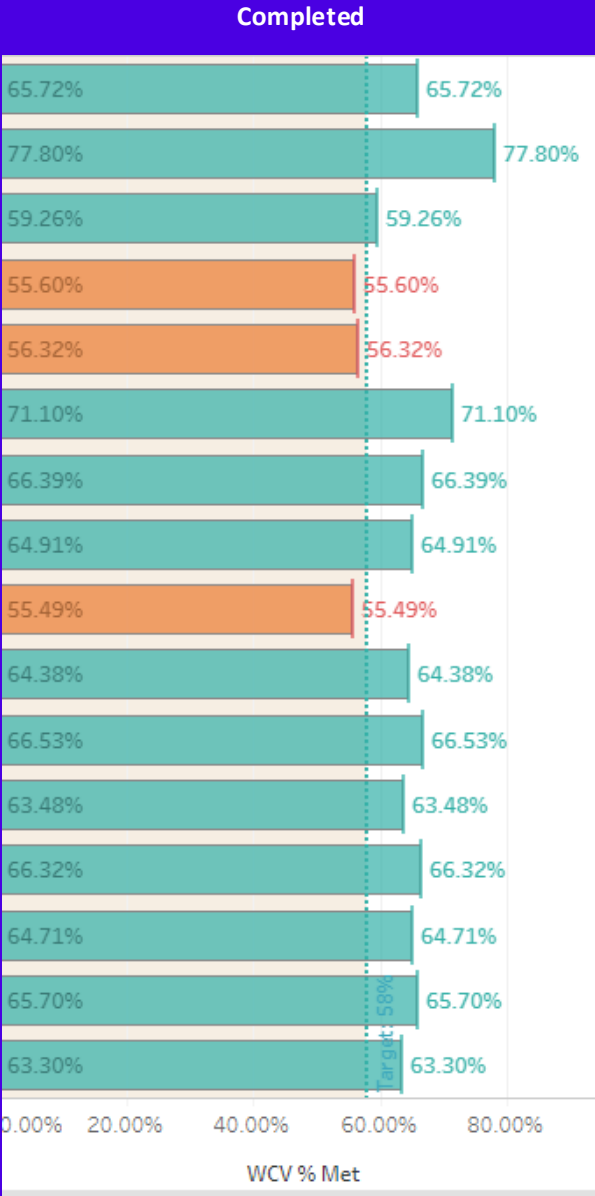
Bountiful Pediatrics (IMG)

Johnson Pediatrics (affiliated)



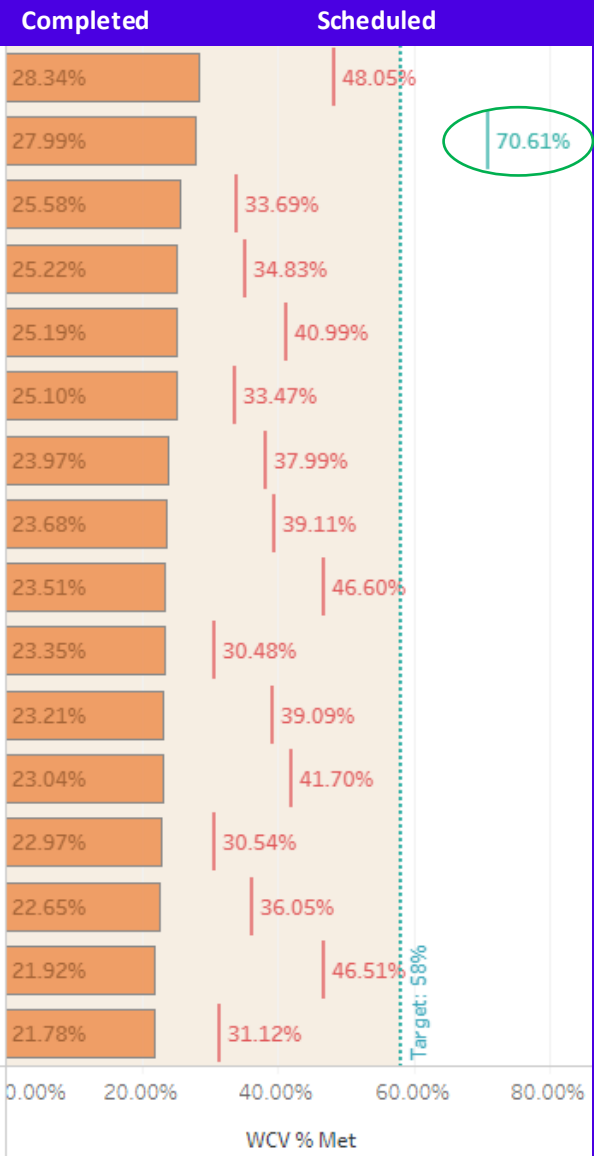
Bountiful Pediatrics WCC Data 2023

Bountiful Pediatrics →



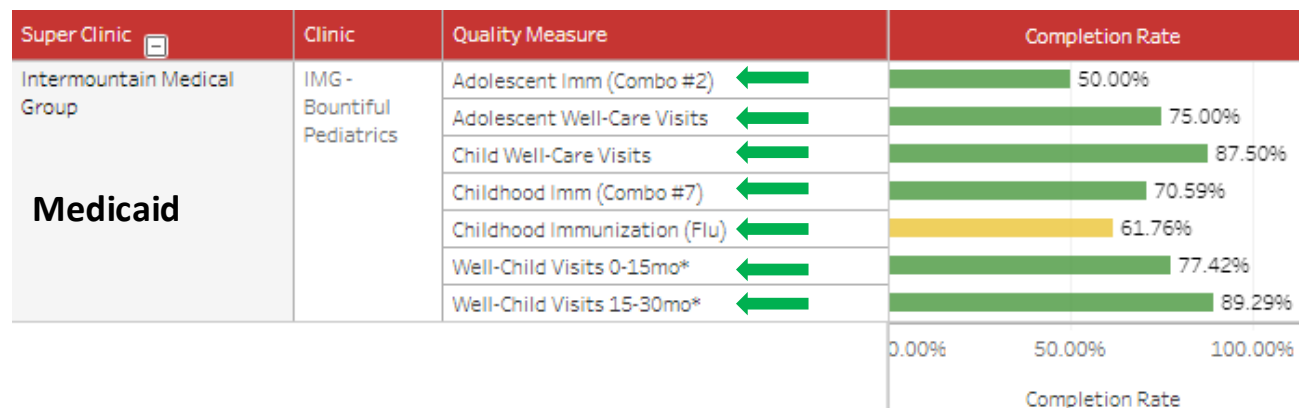
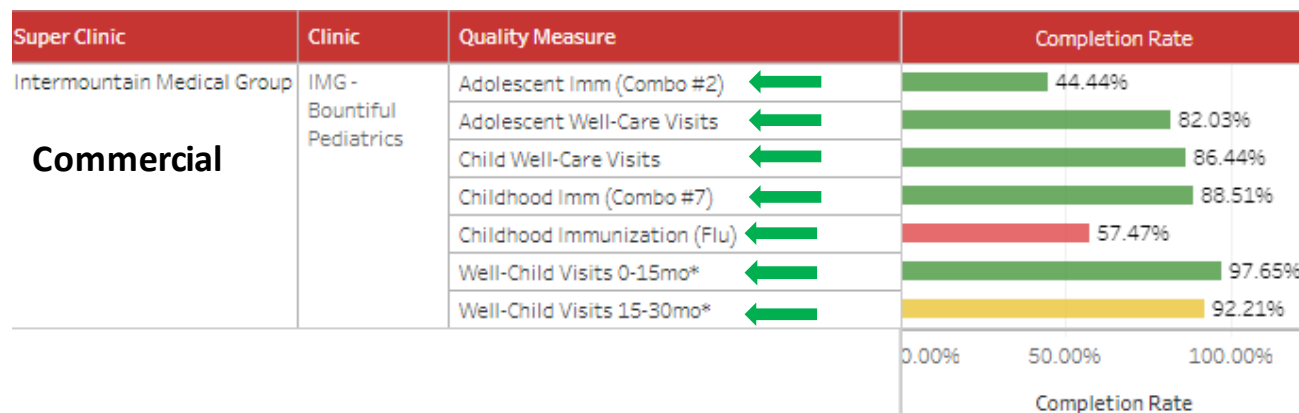
Bountiful Pediatrics Scheduling Data 2024

Bountiful Pediatrics →



IMG Bountiful Pediatrics

2023 Quality Data

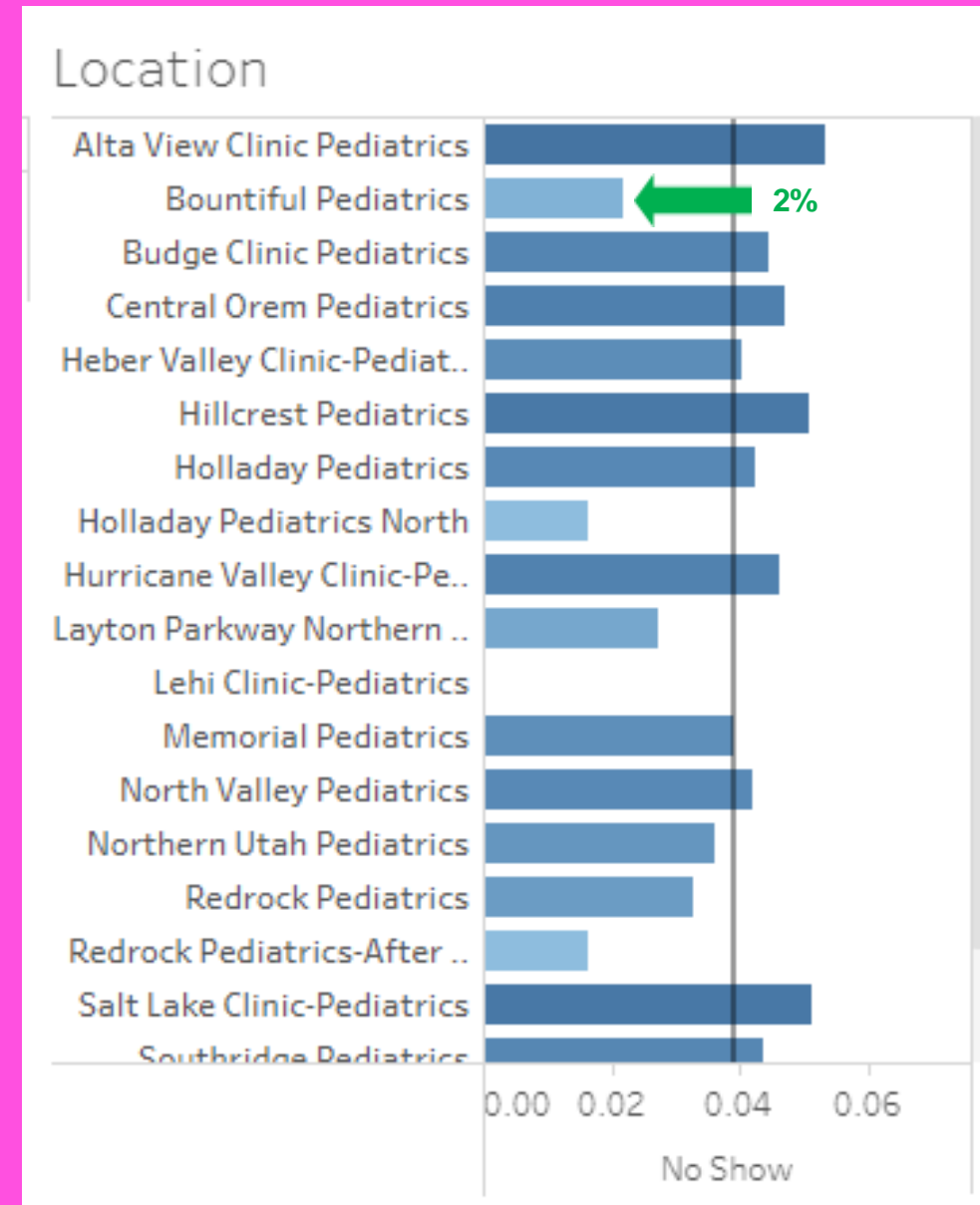


← Above combined average completion rate

2023 Combined Superclinic Data			
Quality Measure	Completion Rate	Target Commercial	Stretch Target Commercial
Adolescent Imm (Combo #2)	33.88%	34.84%	41.52%
Adolescent Well-Care Visits	59.62%	54.87%	63.50%
Child Well-Care Visits	67.24%	53.25%	60.83%
Childhood Imm (Combo #7)	68.60%	77.94%	81.48%
Childhood Immunization (Flu)	53.27%	72.41%	78.35%
Well-Child Visits 0-15mo*	79.93%	81.00%	85.00%
Well-Child Visits 15-30mo*	81.60%	88.63%	92.92%

2023 Combined Superclinic Data			
Quality Measure	Completion Rate	Target Medicaid	Stretch Target Medicaid
Adolescent Imm (Combo #2)	39.51%	35.04%	41.12%
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Child Well-Care Visits	63.53%	48.94%	57.54%
Childhood Imm (Combo #7)	60.27%	59.49%	66.10%
Childhood Immunization (Flu)	45.78%	55.47%	63.55%
Well-Child Visits 0-15mo*	59.31%	55.64%	61.19%
Well-Child Visits 15-30mo*	71.02%	70.08%	72.40%

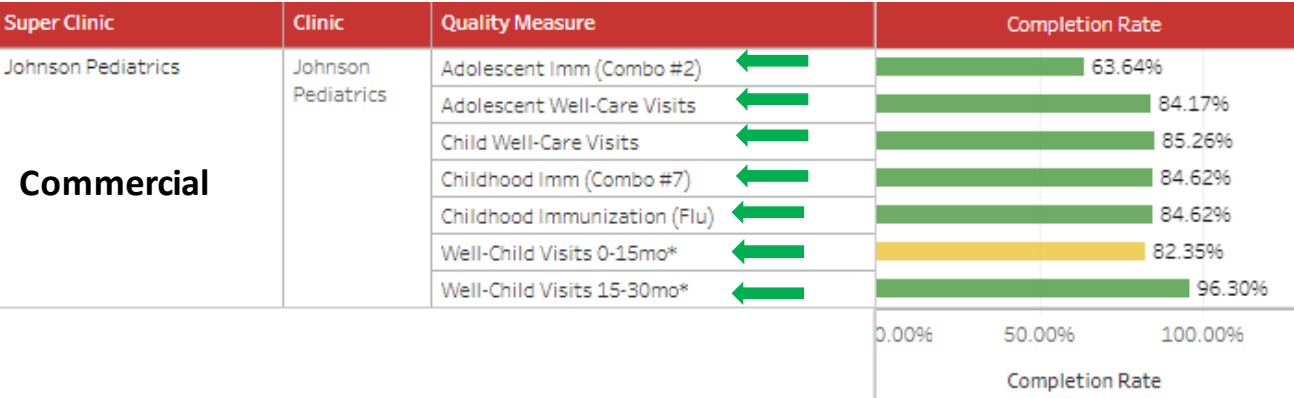
Bountiful Pediatrics No Show Rate



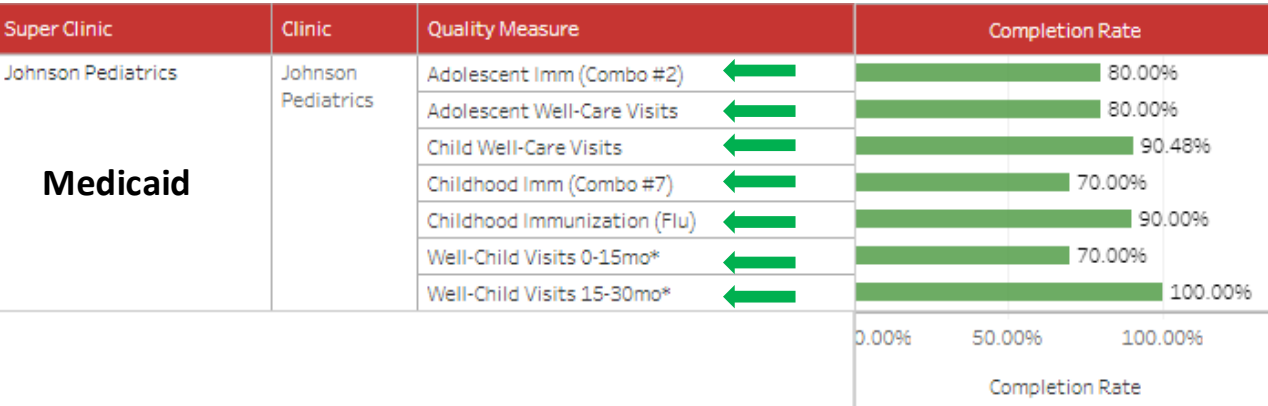
Johnson Pediatrics

2023 Quality Data

← Above combined average completion rate



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WCC Scheduling Best Practice



Well-Child Check Scheduling Best Practices

Ideally, children should always have at least one well-child check scheduled

For children over the age of 2, well visits occur yearly

For children under the age of 2, well visits occur more frequently

Front Desk or In-Room Scheduling

- As patient checks-in, PSR should verify that the patient has at least one future WCC scheduled. If not, offer to schedule WCC up to one year in advance
- As MA is updating patient information and rooming patient, verify that patient has at least one future WCC scheduled. If not, offer to schedule WCC up to one year in advance
- Provider verifies that WCC has been scheduled prior to patient departure. Clinician leadership matters
- Follow this practice regardless of why the patient is currently in the office or on the telephone. Always look to ensure that patients have at least one future WCC scheduled
- Ask about other siblings in the patient's home- Are they due for a WCC?

Converting EOV/ROV/WIV to WCC

- If time allows, convert other appointment types into a WCC if patient is past due
- Both a WCC and an office visit may be billed on the same encounter with supporting documentation and coding (see WCC with Problem-Oriented Office Visit (E/M) handout)

Children Under Age 2

- Because WCCs occur more frequently under the age of 2, consider having more than one future scheduled WCC at a time
 - Examples:
 1. Schedule the child's 1-month and 4-month appointments while they are in clinic for their 2-week appointment
 2. Schedule the child's 15-month and 18-month appointments while they are in clinic for their 12-month appointment

Note: Both above practices are associated with completing early childhood vaccines on time

WCC Scheduling Scripting

What to say *when offering to schedule well-child checks...*

- Our providers prefer that we get your child's next visit scheduled while you are here and in office so that we don't have to inconvenience you later. Let's go ahead and get (patient's name) scheduled for their next WCC while I have you
- Let's schedule your next well-child check while we have you here in office so that we can be sure to get you the appointment date and time you prefer
- Let's go ahead and save your spot for (patient's name) next well-child check
- To ensure our patients stay healthy, our providers prefer that their patients always have a future well-child check scheduled. Let's get that on the calendar for you

What to say *if you're a provider...*

- Seeing you every year for your child's wellness check is important to me. Even if they are healthy and doing well, I want to ensure your family has the support they need at every different stage of life. Please make sure we schedule your next visit before you leave the office
- We'd like to save you a spot on my schedule for next year's well-child exam. Please make sure to schedule now so we get you the appointment that works best for your schedule
- Wellness visits are such important visits to us. Please be sure to schedule (patients name) for their next wellness visit so that we have it planned for next year. If you ever need to reschedule, you are welcome to call the clinic to do so

What to say *if the parent/caregiver asks why their child should have regular well-child checks...*

A well-child check is a comprehensive visit to promote health and wellness by providing screening and preventative services. Well-child checks are covered by your healthcare plan. A well-child check includes:

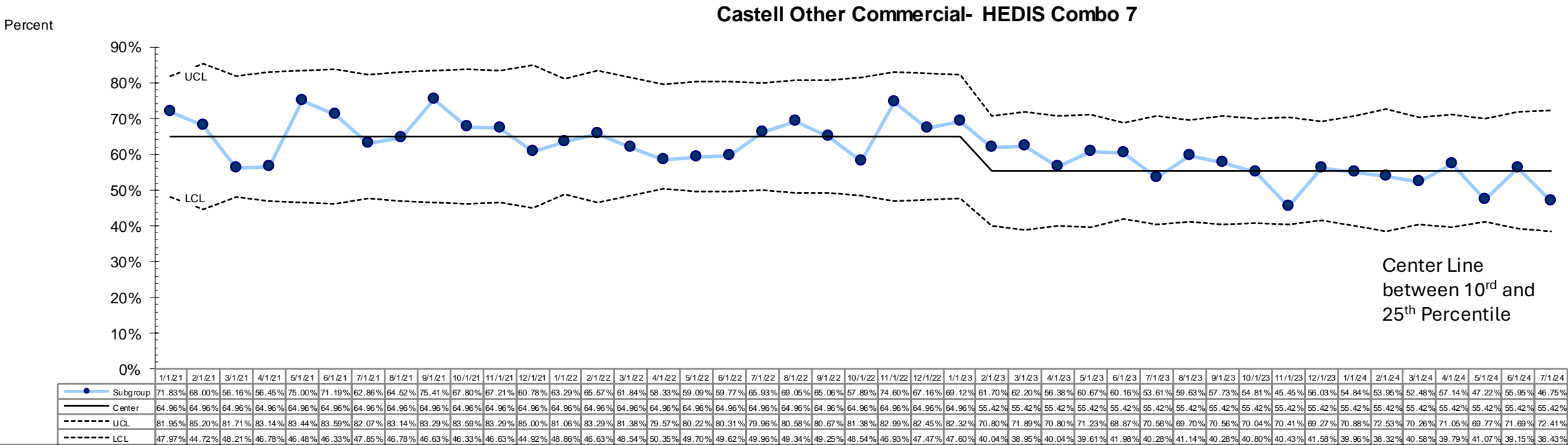
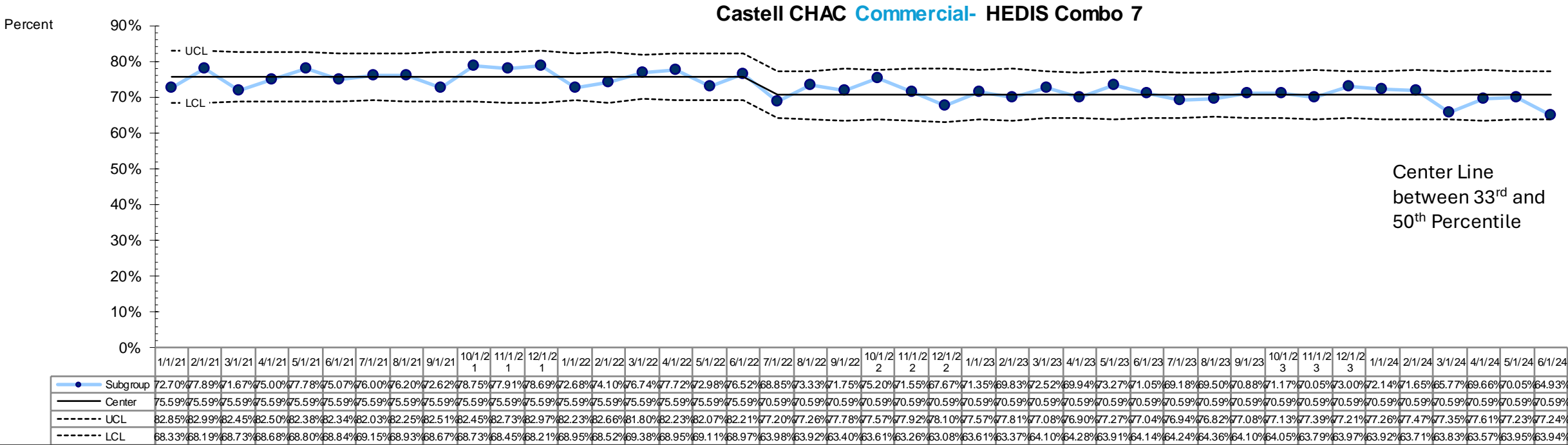
- An opportunity for families and providers to build trusting relationships
- Tracking of your child's growth and development to ensure they are meeting critical milestones
- Screening for physical/behavioral/social/emotional development
- Preventative services (including immunizations)
- Discussions about safety, school, relationships, and other age-appropriate parenting concerns
- Information on what to expect in the next stage of your child's life
- Support and assistance for family needs (housing, transportation, insurance, etc.)
- An opportunity for you to ask any questions or raise any concerns you have about your child

Key Takeaways

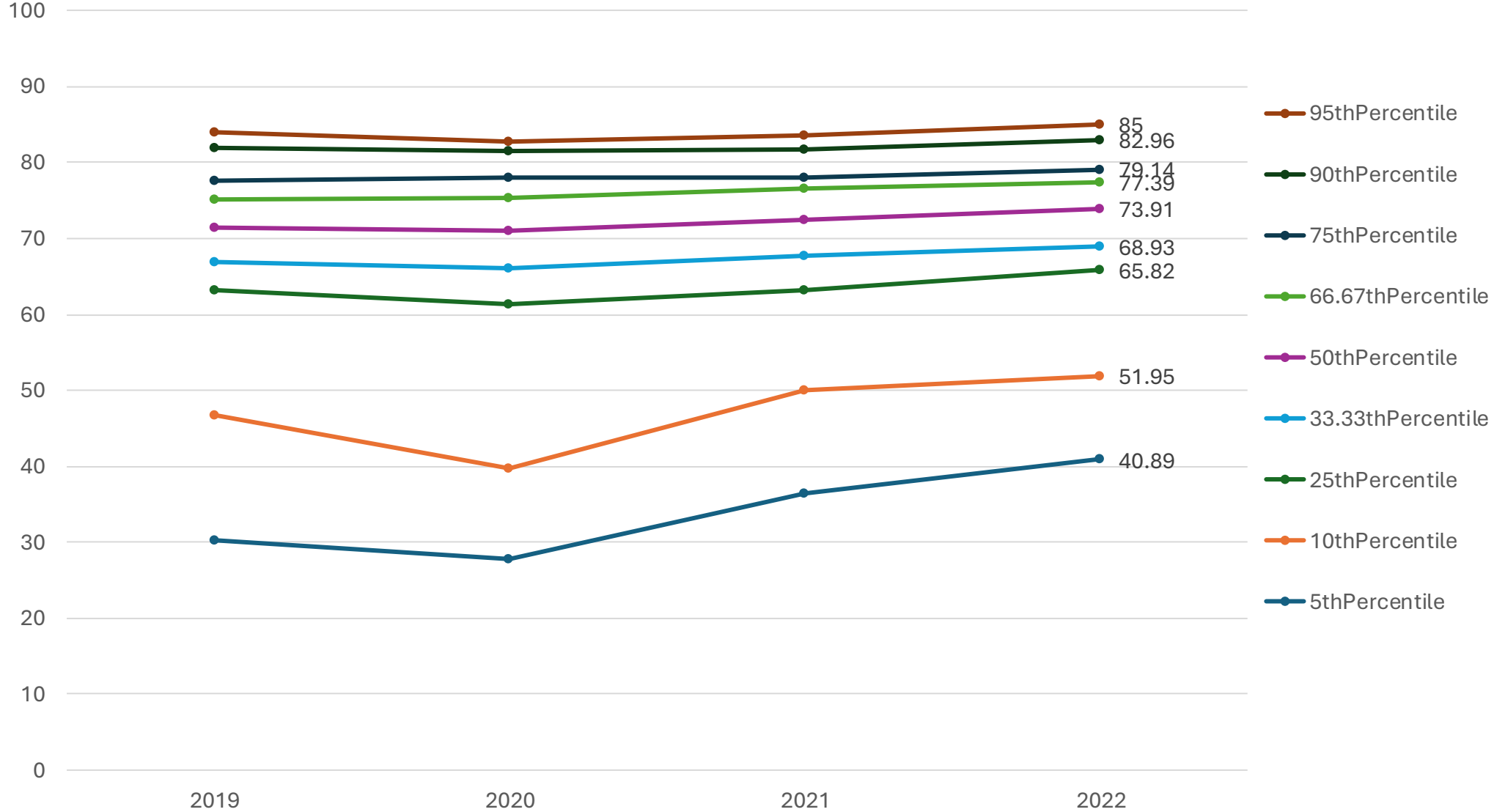
- Scheduling WCCs up to one year in advance improves WCC completion rates (also increases immunization rates and screening rates)
- There seems to be no correlation between no-show rates and scheduling WCCs in advance
- Scheduling WCCs in advance decreases the amount of WCC calling and scheduling our teams must do over the phone
- Clinician leadership and buy-in matters- encourage your teams!



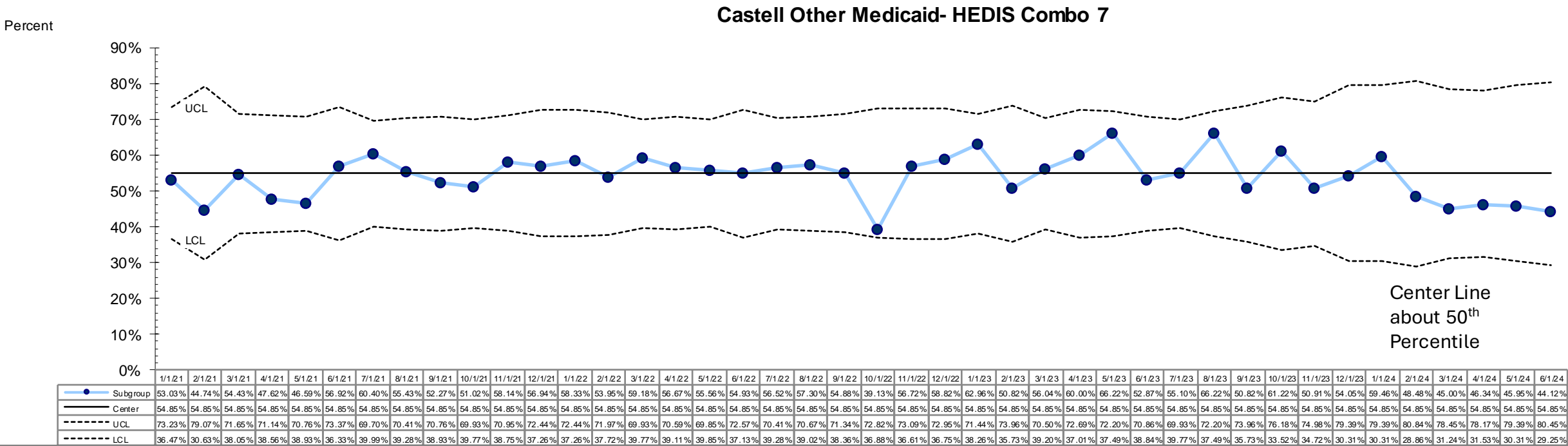
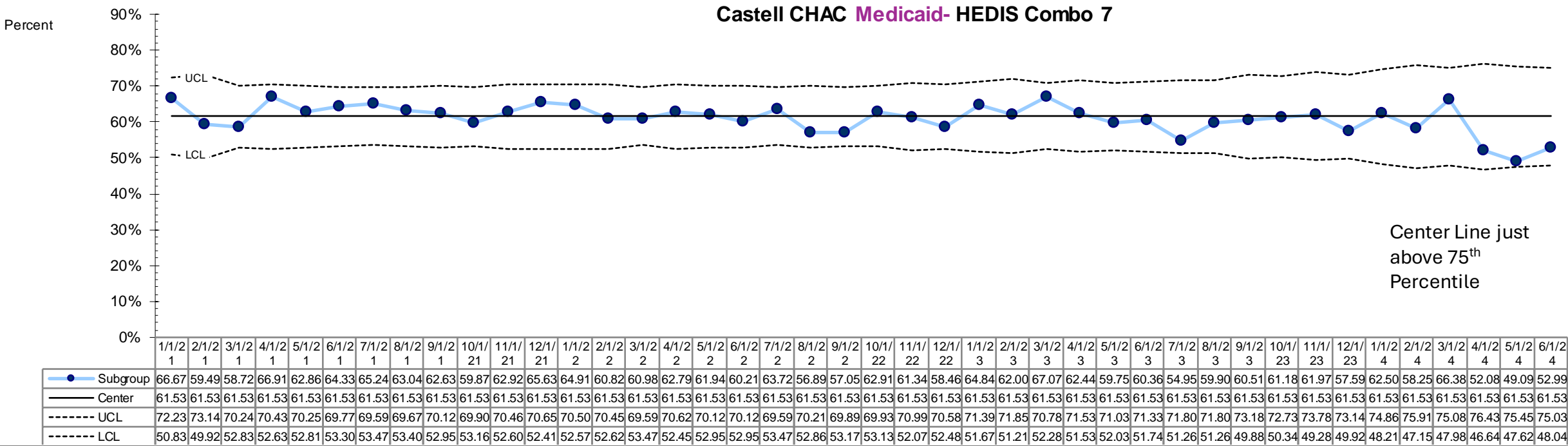
Immunizations



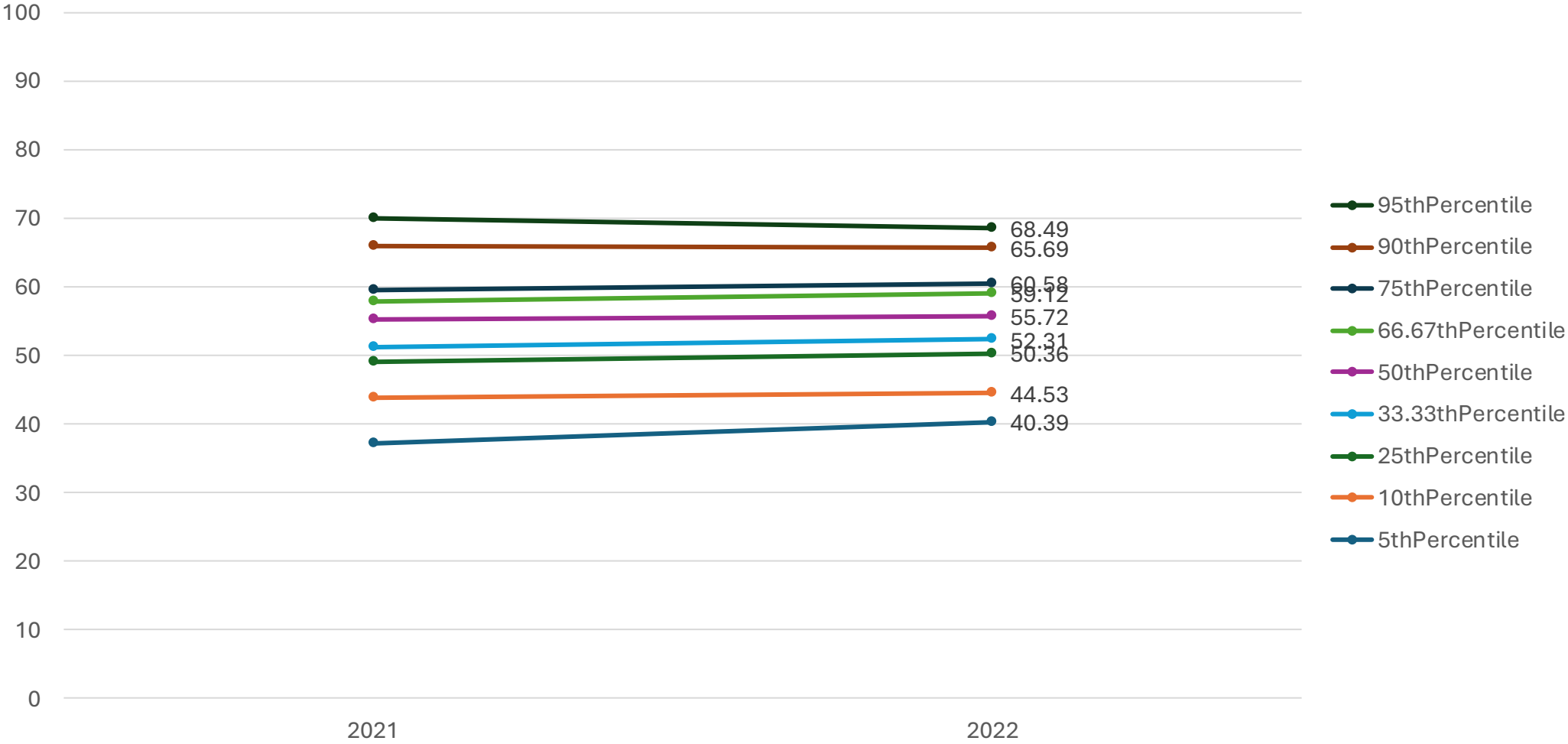
HEDIS Benchmark Combo 7 - Commercial



Again, we do not have 2023 data. Based on other national data, we expect there may be a decline in early childhood immunization rates in the benchmarks.

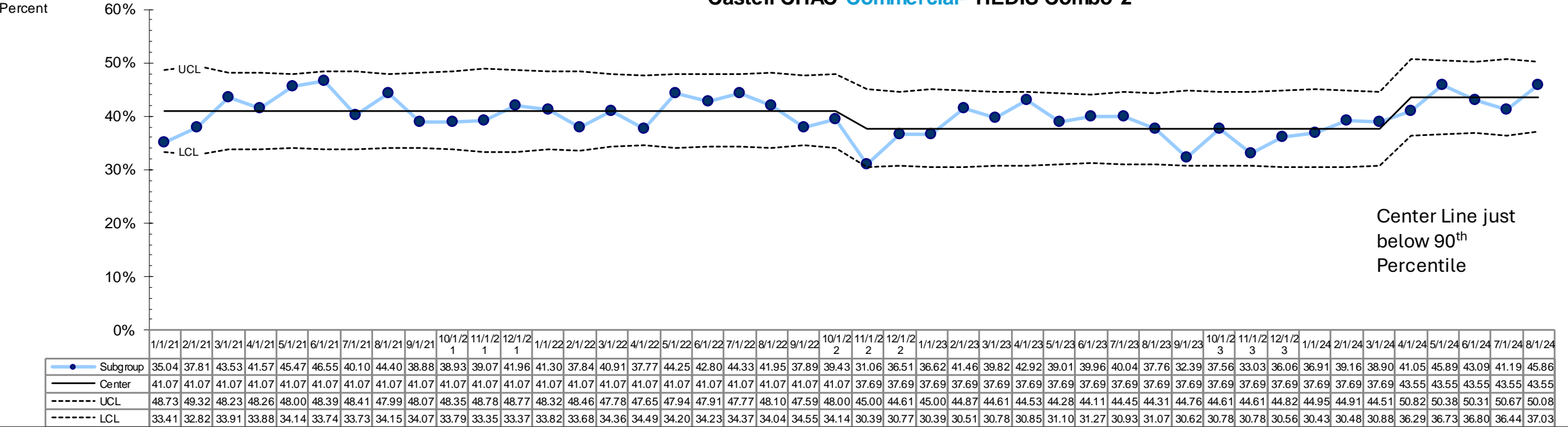


HEDIS Benchmark Combo 7 - Medicaid

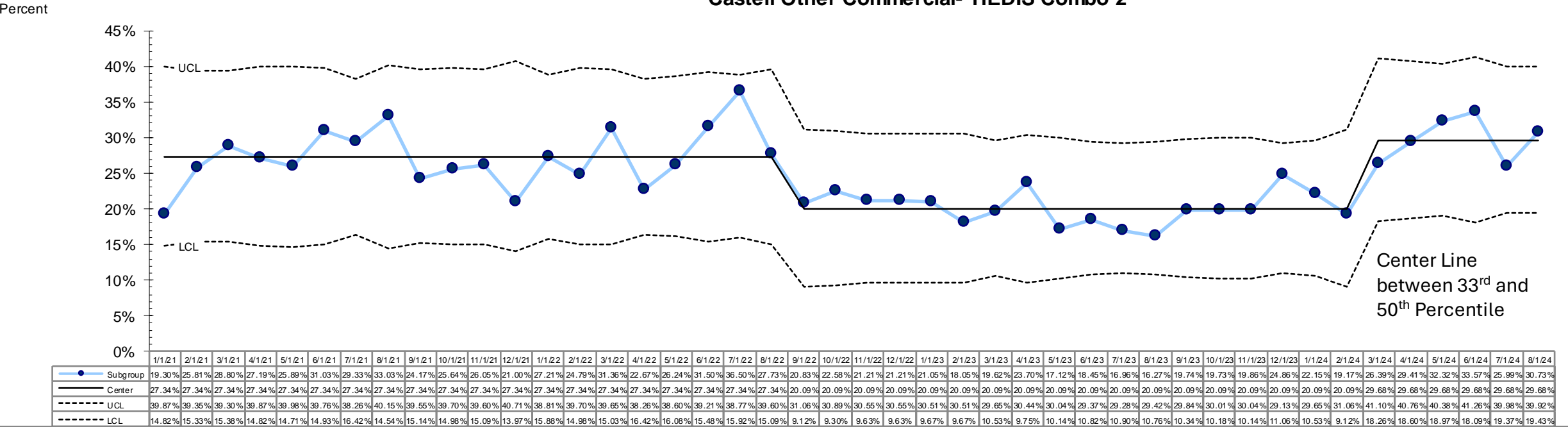


Do not have 2023 data. Not sure why we only have this data back to 2021.

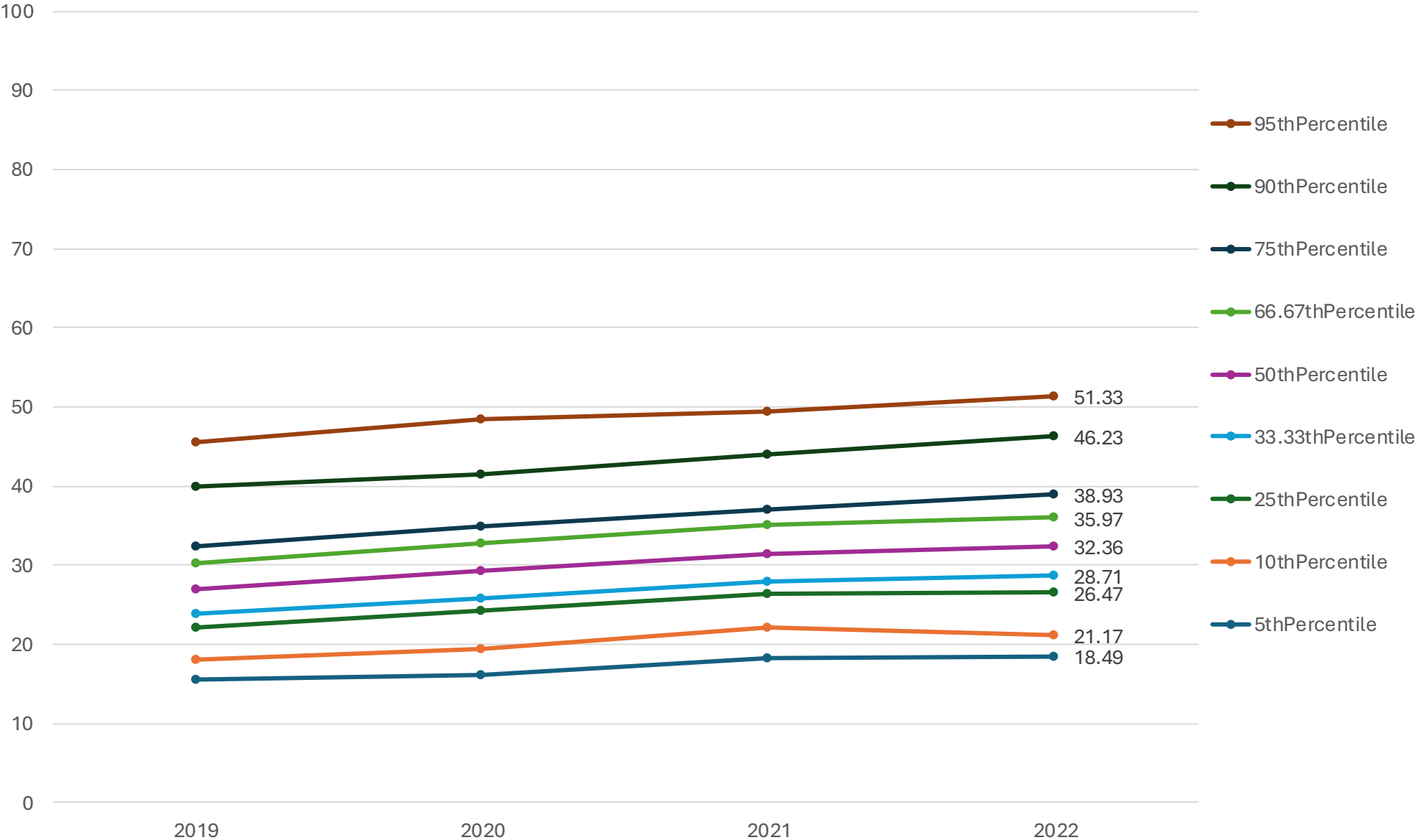
Castell CHAC Commercial- HEDIS Combo 2



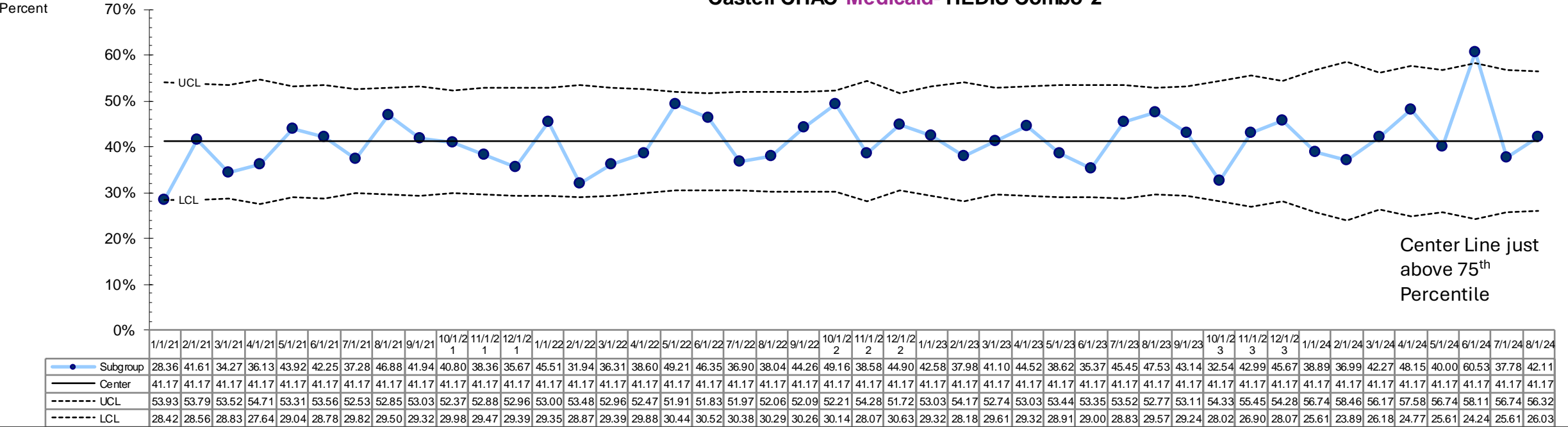
Castell Other Commercial- HEDIS Combo 2



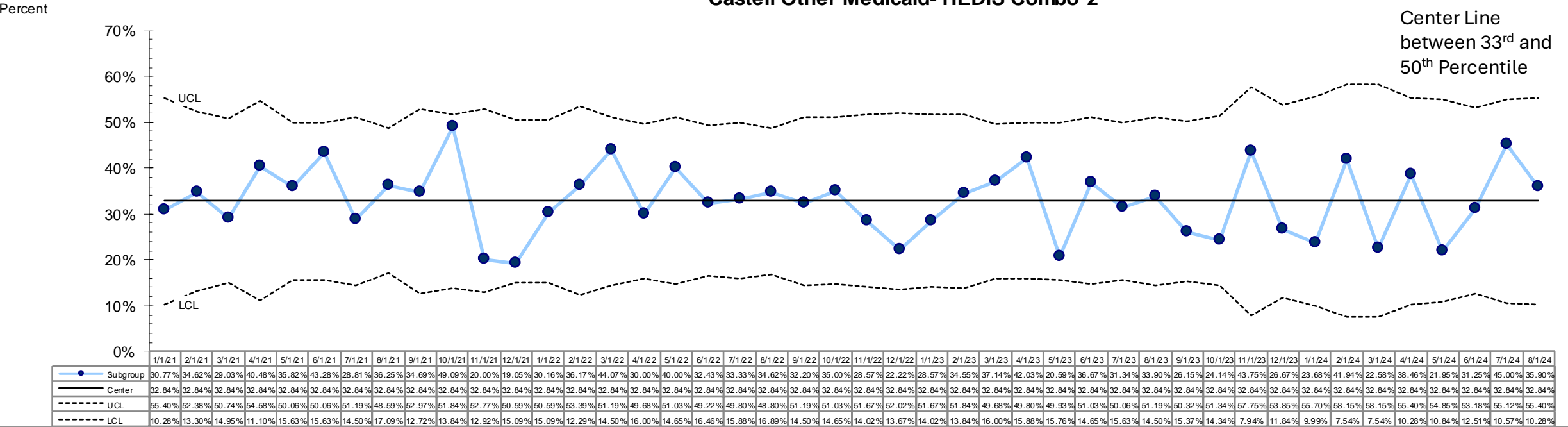
HEDIS Benchmark Combo 2 - Commercial



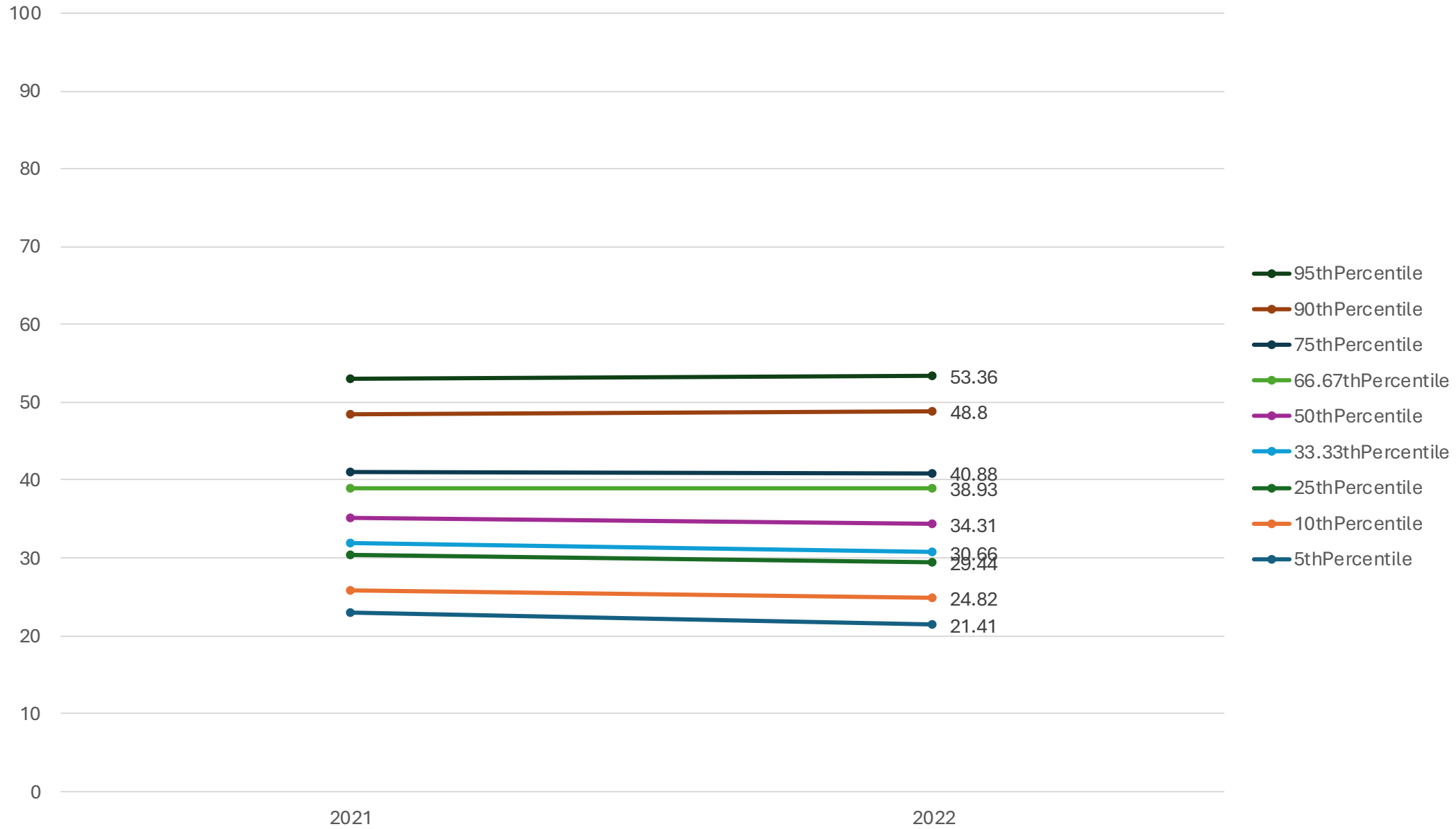
Castell CHAC Medicaid- HEDIS Combo 2



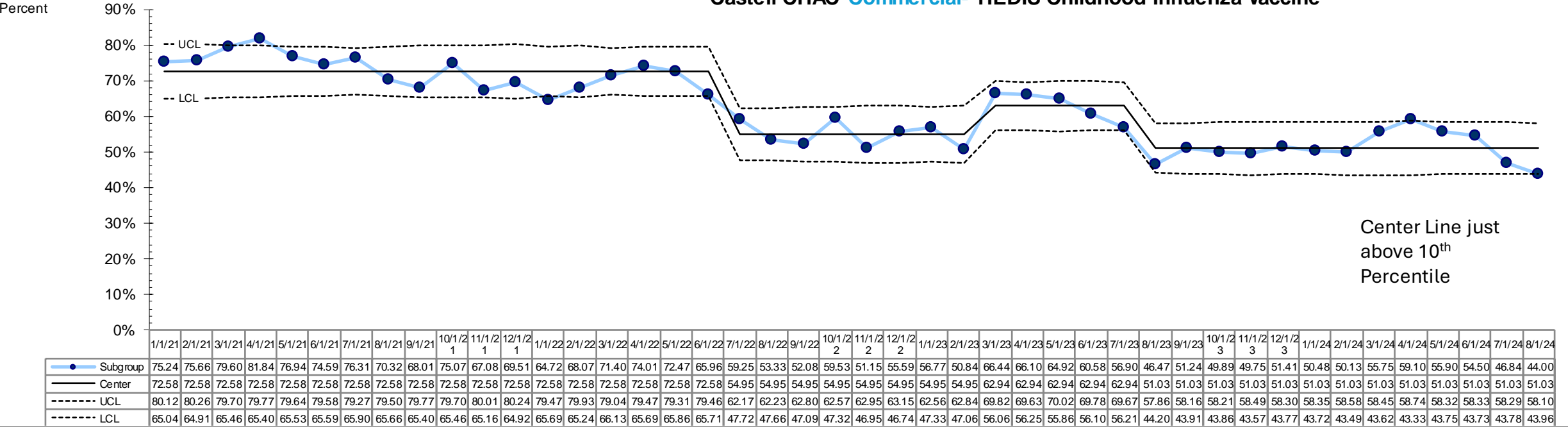
Castell Other Medicaid- HEDIS Combo 2



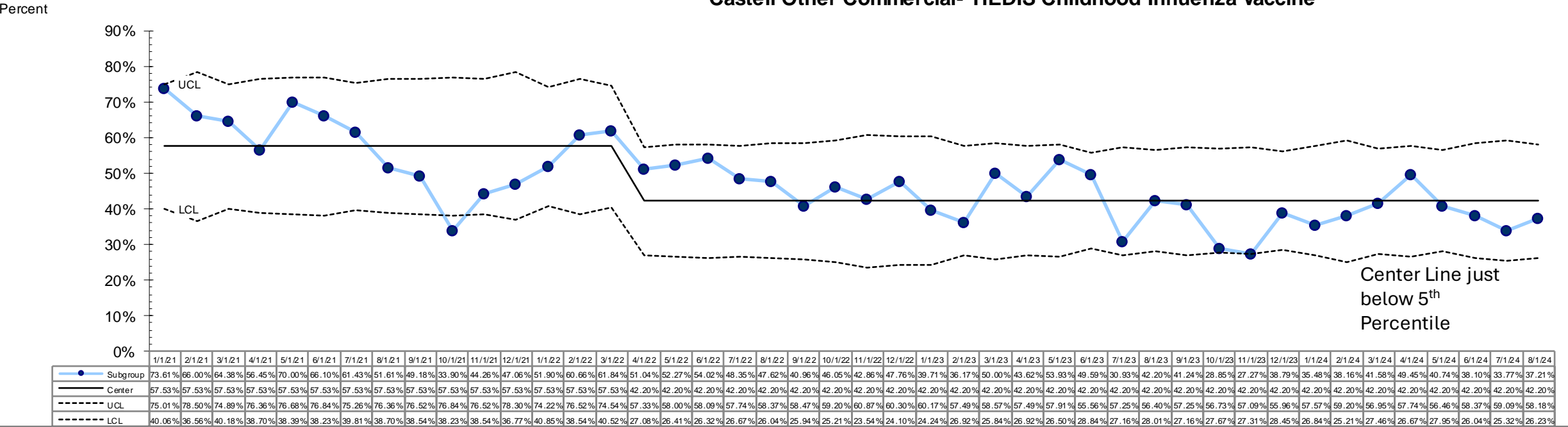
HEDIS Benchmark Combo 2 - Medicaid



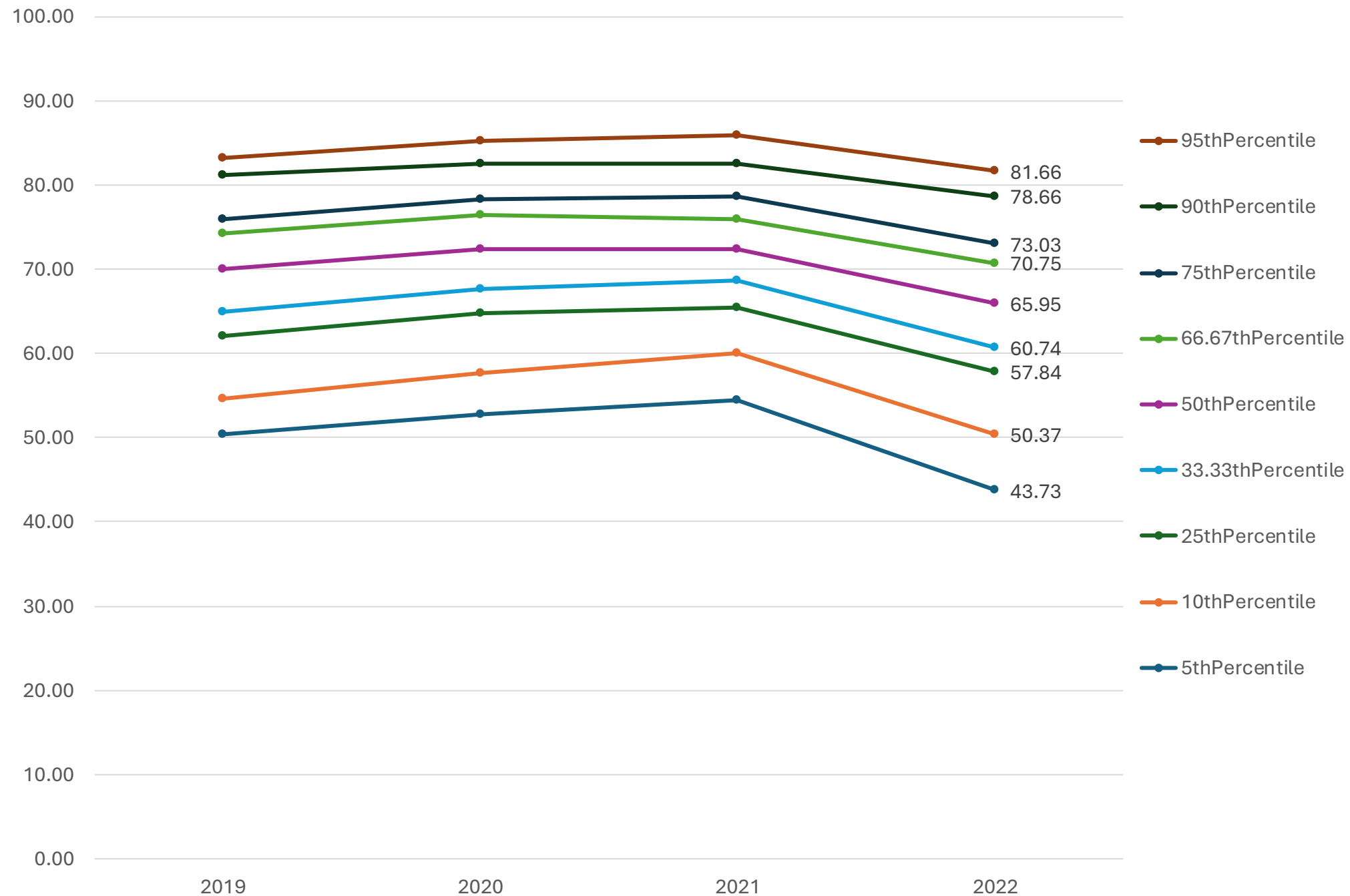
Castell CHAC Commercial- HEDIS Childhood Influenza Vaccine



Castell Other Commercial- HEDIS Childhood Influenza Vaccine

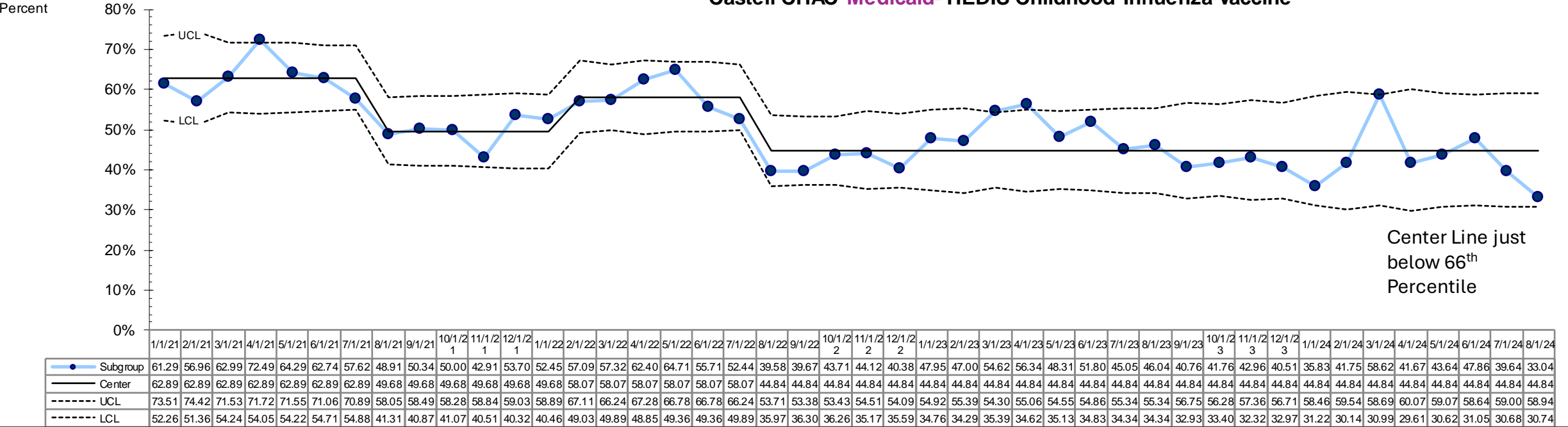


HEDIS Benchmark Child Flu Vaccine - Commercial

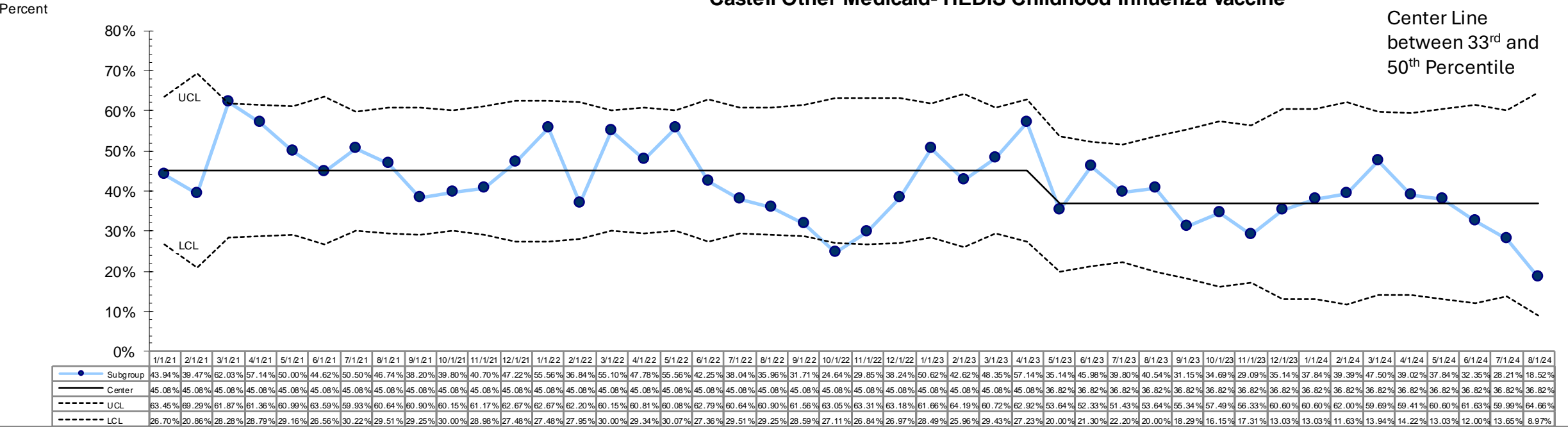


No 2023 HEDIS benchmark data.
Very likely to decline in 2023.

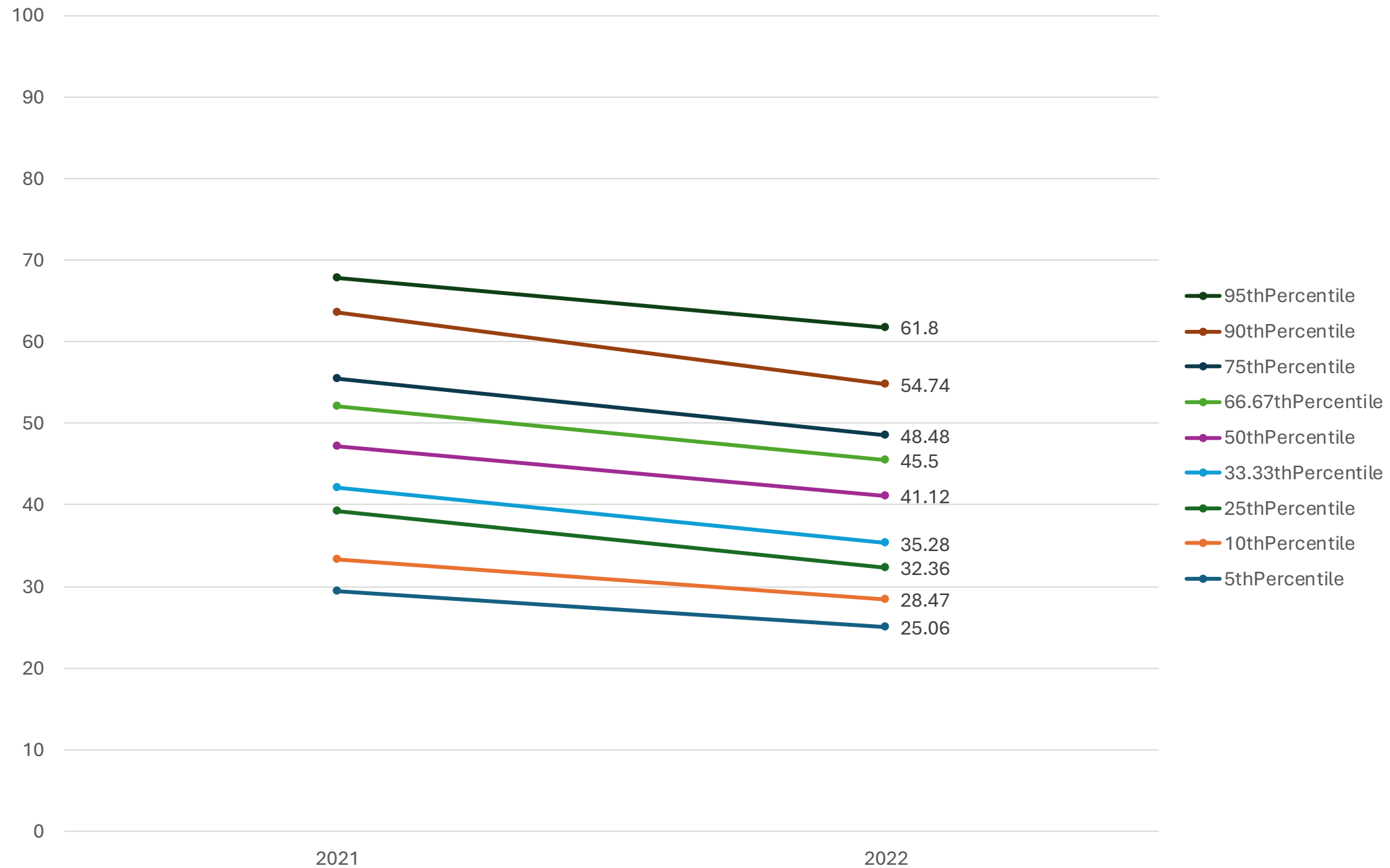
Castell CHAC Medicaid- HEDIS Childhood Influenza Vaccine



Castell Other Medicaid- HEDIS Childhood Influenza Vaccine



HEDIS Benchmark Child Flu - Medicaid



No 2023 HEDIS benchmark data.
Very likely to decline in 2023.


Nirsevimab (Beyfortus)

- RSV monoclonal Ab protects from RSV Lower Resp Tract Infections
- Goal: Shorten the time of innovation to population level implementation, decrease morbidity and mortality
- Who's it for?
 - -All infants <8 months of age if:
 - -Did not get Nirsevimab last year
 - -Mom did not get Abrysvo for the recent pregnancy
 - -High risk children 8-19 months of age
- When can we give it?
 - -Oct 1 through March 31

Nirsevimab- Hospital Workflow Oct 1 – March 31

- Part of regular c

RSV Protection Administration
Card for Newborns
(To be filled out by nurse or LIP)



Name: _____

Date of Birth: _____

☐ I received nirsevimab (Beyfortus) on MM/DD: _____

OR

☐ My mom received the RSV vaccine (Abrysvo) at least 2 weeks before I was born

****Take a picture of this card with your phone in case it is lost!****

Nirsevimab- Outpatient Workflow Oct 1 – March 31

- Catching kids born without RSV protection
 - -Outreach dashboard
 - -Texting campaigns

Purpose:

This dashboard is to help children born between April 1st and September 30th. Children born on and after October 1st will likely receive Nirsevimab in an Intermountain hospital and/or the timing of data attribution will make it challenging to identify newly born Castell members.

ACIP Guidance:

- ⓘ Born during or entering their first RSV season
- ⓘ 8-19 months of age at increased risk of severe disease entering their second RSV season

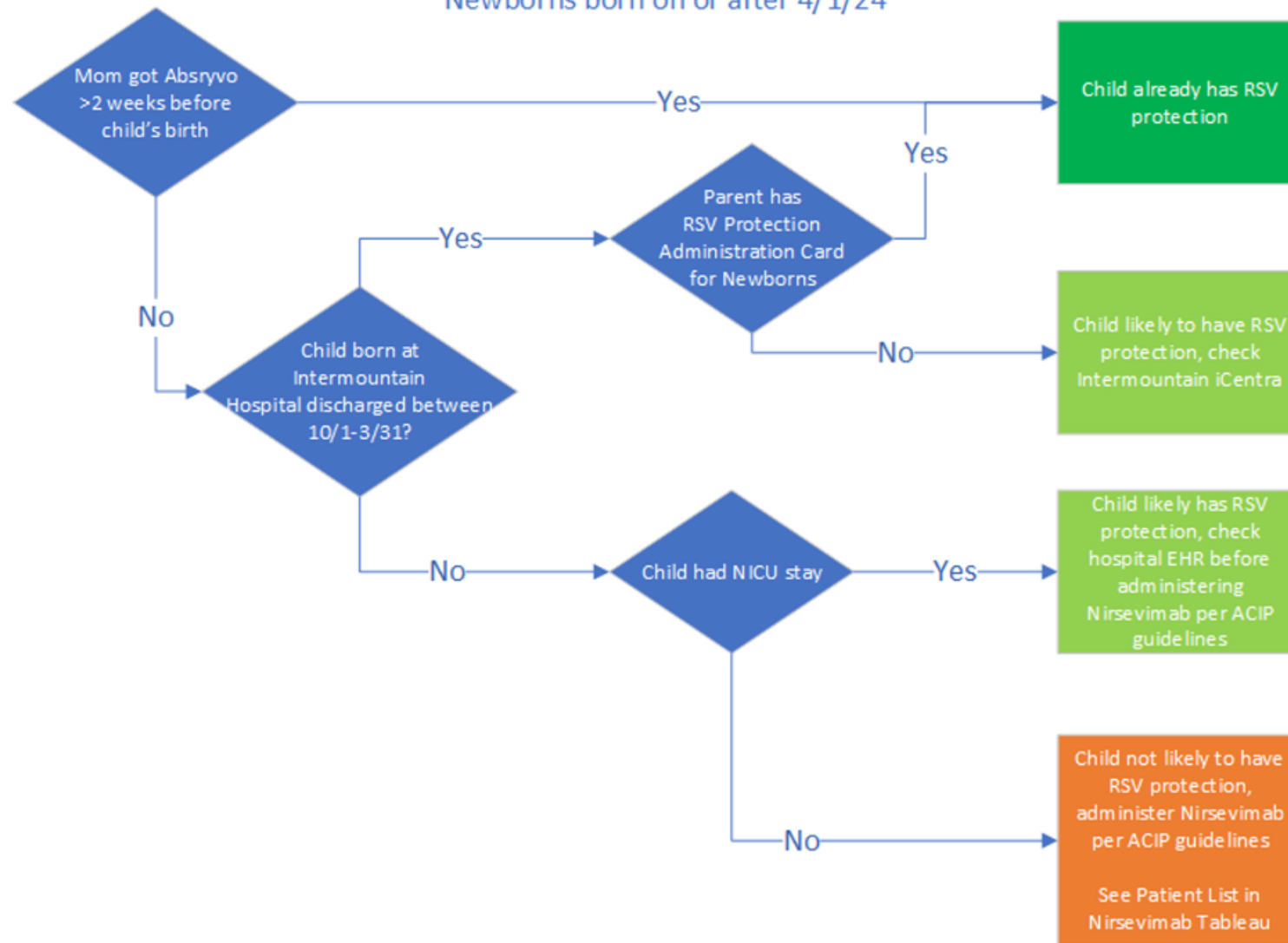
[Click button to go to guidelines](#)

Limitations/Assumptions:


This dashboard relies on claims data for RSV events and for immunizations for patients who have never been to an Intermountain facility. USIIS data is pulled nightly for patients who have been to an Intermountain facility.

Patients take 1-2 months after birth before being added to Castell's patient rosters.

RSV Protection Algorithm for Newborns born on or after 4/1/24



Patient List

 **Nirsevimab | Patient List**

Data Refreshed: 9/9/2024 3:50:04 PM
Data Through: 9/1/2024
Youngest Patient DOB: 8/25/2024

Patient List

Vaccination Info

Nirsevimab Administration

RSV Outcomes

DRAFT - Nirsevimab Eligible Patient List

Super Clinic	Clinic	PCP Name	Patient Name	Patient DOB	MRN	Plan Payer	Reason for Eligibility
Pediatric Clinic	Clinic 1	PCP 1	Pt 1				<8 months old and born on/after April 1st
			2				<8 months old and born on/after April 1st
			3				<8 months old and born on/after April 1st
			4				<8 months old and born on/after April 1st
			5				<8 months old and born on/after April 1st
			6				<8 months old and born on/after April 1st
			7				<8 months old and born on/after April 1st
			8				<8 months old and born on/after April 1st
			9				Congenital Heart Disease
			10				<8 months old and born on/after April 1st
			11				Congenital Heart Disease
	Clinic 2	PCP 2	12				<8 months old and born on/after April 1st
		LESLIE, DARRIN L.	13				Chronic Lung Disease
		PCP 3	14				<8 months old and born on/after April 1st
			15				<8 months old and born on/after April 1st
			16				<8 months old and born on/after April 1st
			17				<8 months old and born on/after April 1st
			18				<8 months old and born on/after April 1st
			19				<8 months old and born on/after April 1st
			20				<8 months old and born on/after April 1st
			21				<8 months old and born on/after April 1st
		PCP 4	22				<8 months old and born on/after April 1st
			23				<8 months old and born on/after April 1st
			24				<8 months old and born on/after April 1st
			25				<8 months old and born on/after April 1st
			26				<8 months old and born on/after April 1st
		PCP 5	27				Congenital Heart Disease
			28				Congenital Heart Disease
			29				<8 months old and born
			30				<8 months old and born

Filters

Super Clinic

(All)

Clinic

(All)

PCP Name

(All)

Practice Type

(All)

Family Medicine

Pediatric

Reason for Eligibility

(All)

Eligibility Warning

Mother Received Abrysvo

Must have manifestations o..

Must have required medical..

Confirm Eligibility

None

Pt Data

Super Clinic:

Clinic:

PCP Name:


Patient Name:

Patient DOB:

Reason for Eligibility: Congenital heart Disease

Warning: Received Nirsevimab in last 6 months

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Nirsevimab | Nirsevimab Administration

Data Refreshed: 9/10/2024 12:27:38 PM

Data Through: 9/1/2024

Youngest Patient DOB: 8/25/2024

Patient List

IMG Patient List

Immunization Info

Nirsevimab Administration

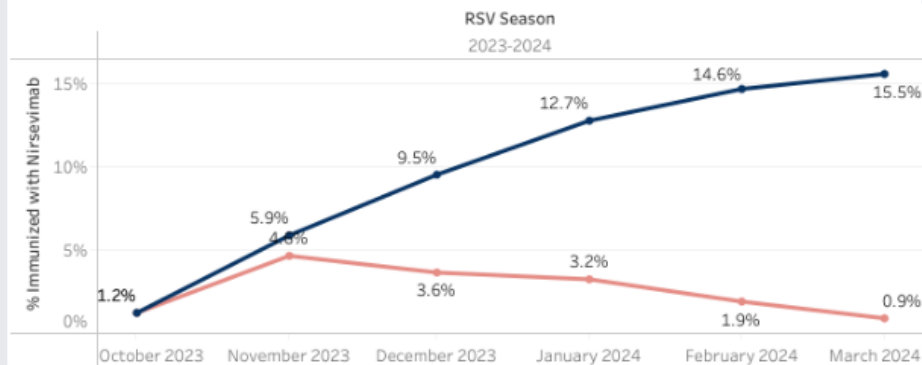
RSV Outcomes



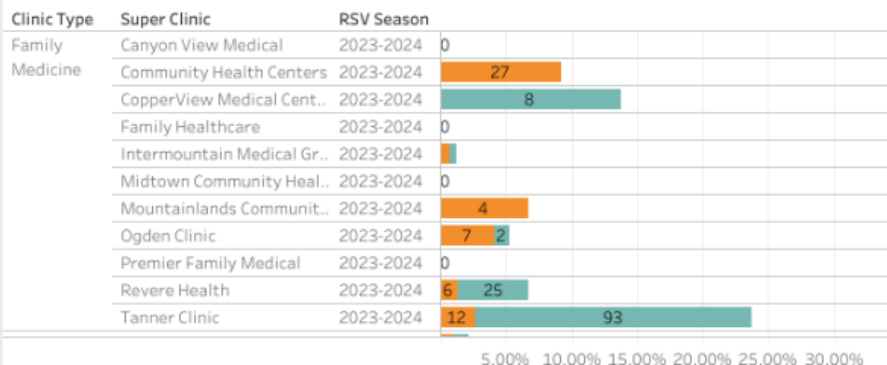
DRAFT - Immunization Rates per Super Clinic

Clinic Type			Nirsevimab	Abrysvo	Eligible	% Immunized with	
	Super Clinic	RSV Season	Count	Count	Population	Nirsevimab	% Immunized
Family Medicine	Community Health Cent..	2023-2024	5	0	970	0.5%	0.5%
	CopperView Medical Cen..	2023-2024	2	0	182	1.1%	1.1%
	Granger Medical Clinic	2023-2024	40	1	964	4.1%	4.3%
	Intermountain Medical ..	2023-2024	2	4	1,904	0.1%	0.3%
	Ogden Clinic	2023-2024	5	0	548	0.9%	0.9%
	Revere Health	2023-2024	24	1	1,601	1.5%	1.6%
	Tanner Clinic	2023-2024	62	9	1,507	4.1%	4.7%
Pediatric	Alpine Pediatrics	2023-2024	12	3	2,863	0.4%	0.5%
	American Fork Pediatrics	2023-2024	1	0	178	0.6%	0.6%
	Families First Pediatrics	2023-2024	148	6	2,354	6.3%	6.5%
	Intermountain Medical	2023-2024	305	97	14,230	2.8%	3.5%

DRAFT - % of Total Eligible Population Immunized



DRAFT - Population Immunization Provider



DRAFT - Immunizations Performed by Super Clinics

Provider Type	Provider	Super Clinic	RSV Season	Patients Immunized at Clinic
Family Medicine	Community Health Centers, inc.		2023-2024	34
	CopperView Medical Center		2023-2024	16
	Granger Medical Clinic		2023-2024	50
	Intermountain Medical Group		2023-2024	5
	Mountainlands Community Health Center, Inc.		2023-2024	5
	Revere Health		2023-2024	31
	Tanner Clinic		2023-2024	106
Pediatric	Alpine Pediatrics		2023-2024	11
	American Fork Pediatrics		2023-2024	4
	Brigham Pediatrics		2023-2024	24
	Families First Pediatrics		2023-2024	168
	Intermountain Medical Group		2023-2024	433

Filters

RSV Season

2023-2024

Clinic Type

Ⓐ (All)

☐ Family Medicine

☐ Radiology

Eligible Reason at Time of Imm.

© (All)

☐ <8 Months

☐ Higher Risk

Delivered at Intermountain

© (All)

☐ Yes☐ Yes

Immunized Inpatient at IH

© (AII)

☐ True

☐ True

Measures

96 Immunized with Nirsevim

Running Sum of 96 Immuniz...

Immunization Provider

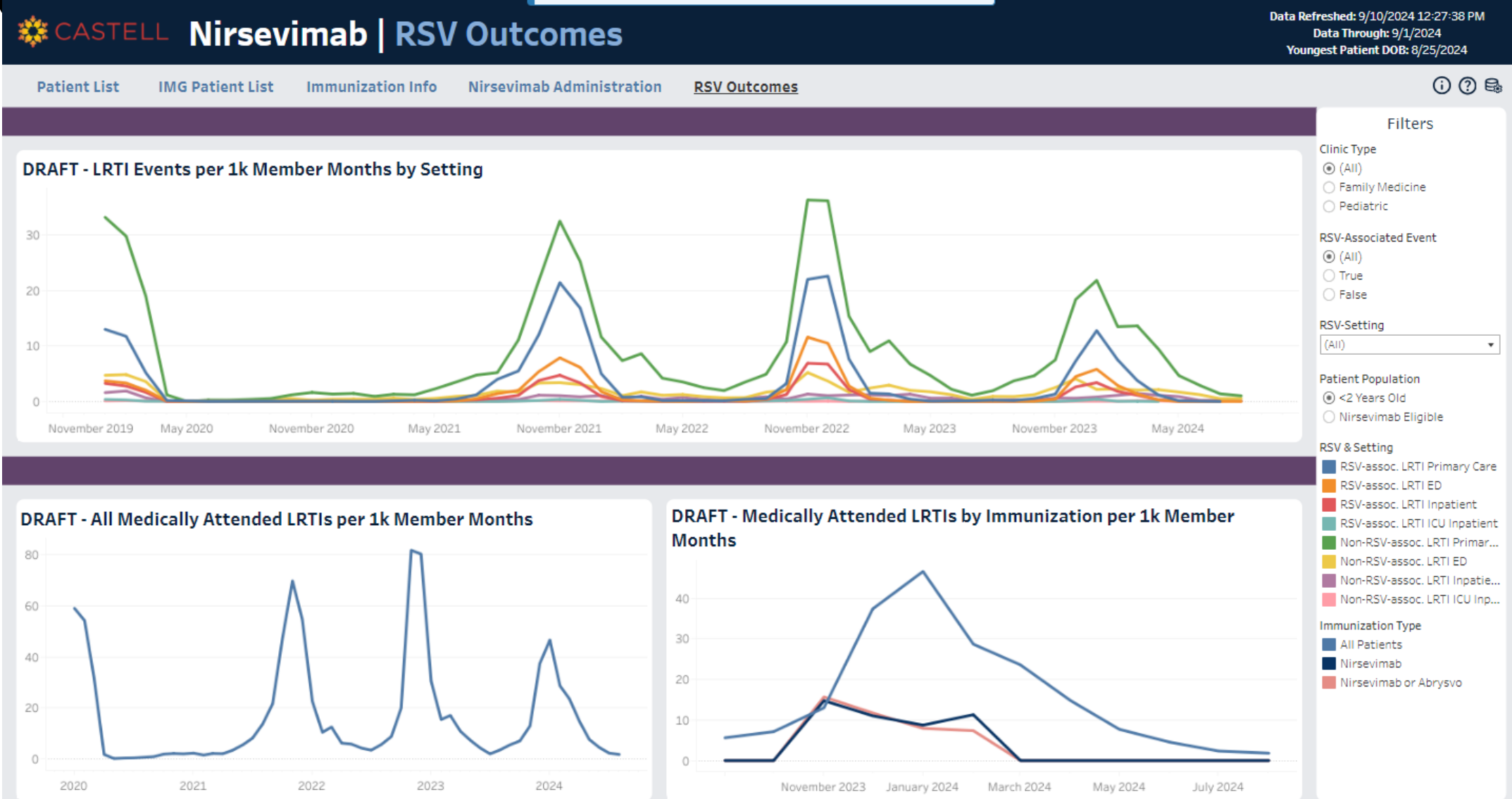
■ Within Clinic

■ Within Clinic
■ Outside Clinic

■ Outside clinic
■ Not immunized

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Nirsevimab - Castell Outcomes Dashboard



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Nirsevimab (Beyfortus®) for RSV Prevention

What is nirsevimab and why does my baby need it?

Nirsevimab is a monoclonal antibody injection that can prevent severe respiratory syncytial virus (RSV) infection in babies.

RSV is one of the most common causes of respiratory (lung) infections in children of all age groups. Most children have cold-like symptoms. However, babies are more likely to have a more severe infection that can lead to bronchiolitis or pneumonia. RSV can cause apnea

[AP-nee-uh] in young babies, which is when they suddenly stop breathing. Often, they need hospitalization to get better.

How does it work?

Nirsevimab is a monoclonal antibody made from man-made proteins that provide "passive immunity." It is called "passive" because the protection comes from antibodies produced outside a person's body.

The protection that vaccines provide is called "active immunity" because the antibodies are made by a person's own immune system. "Active immunity" requires a person's immune system to take action to defend itself.

Is it effective?

Clinical studies show that **nirsevimab reduces the risk of severe RSV disease by about 80%**. One dose of nirsevimab protects infants for at least 5 months, the length of an average RSV season. Protection is most effective in the weeks right after nirsevimab is given and lessens over time. Nirsevimab does not provide long-term protection against RSV disease, but it does protect infants when they are most at risk of getting very sick from RSV.

Who should get it and when?

Babies born between October and March:

The CDC recommends that nirsevimab be given to newborns during their first week (recommended) to month of life when born during their first RSV season (typically fall through spring) if:

- Their mother did not receive RSV vaccine during this pregnancy
- Their mother's RSV vaccination status is unknown
- The infant was born within 14 days of the mother's RSV vaccination

Babies born between April and September:

The CDC recommends that nirsevimab be given to all infants less than 8 months of age at the beginning of their first RSV season, at the earliest time available after October 1st if:

- Their mother did not receive RSV vaccine during this pregnancy
- Their mother's RSV vaccination status is unknown
- They were born within 14 days of the mother's RSV vaccination

Babies and young children who are between 8 and 19 months old may need nirsevimab before the start of their second RSV season if they are at higher risk of severe disease at the earliest time available after October 1st. This includes those who:

- Were born prematurely and have chronic lung disease
- Are severely immunocompromised
- Have severe cystic fibrosis disease
- Are American Indian or Alaskan Native

What are the possible side effects?

Side effects after nirsevimab are uncommon. The most common side effects are pain, redness, or swelling where the injection was given, and a rash. No serious allergic reactions occurred in the clinical trials.

As with any immunization, there is a very remote chance that nirsevimab could cause a severe allergic reaction, other serious injury, or death.

If you have any questions about side effects from nirsevimab, talk with your child's health care provider.

Children who have a bleeding disorder, such as hemophilia should get nirsevimab. However, it is important that they talk to their care provider first so they can take proper precautions.

Who should NOT get nirsevimab?

Infants and children should not get nirsevimab if:

- Their mothers got the RSV vaccine at least 14 days before delivery
- They are 8 months old or older and are NOT at increased risk of severe RSV disease
- They have a history of serious allergic reactions to nirsevimab or any of its components
- They have a moderate or severe acute illness. In this case, they should wait until they recover before getting nirsevimab. Children with minor illnesses, such as a cold, can receive nirsevimab.

Where can I learn more?

You can find more information on nirsevimab at the links below.

- CDC: cdc.gov/rsv/immunizations-protect-infants/index.html



- CDC Immunization Information Statement: cdc.gov/vaccines/vpd/rsv/downloads/Immunization-Information-Statement.pdf



- American Academy of Pediatrics: healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/is-the-rsv-immunization-available-for-infants.aspx



Notes

This handout was adapted from information provided by the CDC (cdc.gov/rsv/immunizations-protect-infants/index.html).

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