



# Top Takeaways from the January 2024 CMHN Committee Meetings

## Updated CMHN 2024 Incentive Performance Report: Use to Inform 2024 Improvement Efforts!

[Click here](#) to review your practice's rolling year performance to inform your quality improvement efforts! Quality Performance Period:

- Aetna:  
Jul '22 to Jun '23
- Blue KC:  
Aug '22 to Jul '23
- Cigna:  
Jul '22 to Jun '23



**TIP:** Use the [CMHN Quality Improvement Tool Kit](#) to review and access quality improvement strategies and insights for all CMHN incentive measures!

### Key Proposed Changes to 2024 Incentive Model:

- **Engagement:**
  - o Practice Engagement now includes Health Equity Performance Improvement project participation
- **Clinical Quality:**
  - o Well Child Visits (Annual 3 to 21 Years Old) divided into two measures
    - Well Child Visits – Annually for 3-11 Year Olds
    - Well Child Visits – Annually for 12-21 Year Olds
  - o Age 2 Immunization Combo 10 (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV, Influenza) replacing Follow Up Care for ADHD Medication Management
- **Target Changes / Updates:**
  - o Two-tiered quality targets for all measures except new Age 2 Immunization measure
    - Lower target set to 75th percentile | 50% of incentive earned
    - Top target set to 90th percentile | 100% of incentive earned
  - o Three-tiered quality targets for new Age 2 Immunization measure
    - Lower target set to 50th percentile | 50% of incentive earned
    - Middle target set to 75th percentile | 75% of incentive earned
    - Top target set to 90th percentile | 100% of incentive earned
  - o Other Target Changes / Updates
    - All 11 measures (including SDOH Screening & SDOH Positivity) equally weighted: each measure worth 5.5 incentives points
    - SDOH Screening target remains the same: 70%
    - SDOH Positivity Rate no longer pro-rated
    - Bonus point opportunity for 90th percentile eliminated
- **New Bonus Incentive Opportunity:** *Builds upon 2023 Health Equity Requirements to achieve demonstrated improvement in collection of REL data by striving for an industry best practice rate under 5%*
  - o End of Year Race Unknown Rate:
    - >15% and ≤ 25%: 2 Bonus Points
    - > 5% and ≤ 15%: 4 Bonus Points
    - ≤ 5%: 6 Bonus Points

[Click Here](#) to View Slide Deck Summary of Proposed Changes. Model to be Finalized in March by CMHN Board.

### CMHN Practice EMR List – Use for Measure Quality Improvement!

*Use to discuss/share EMR best practices with other organizations that use the same EMR as you!*

#### Greenway Primesuite

- o Health Care for Children
- o Johnson County Pediatrics
- o Pediatric Associates
- o Village Pediatrics

#### eMDs

- o Baby and Child
- o Cass County Pediatrics
- o Leawood Pediatrics
- o Priority Care Pediatrics

#### TriMed

- o Cradle thru College
- o Summit Pediatrics

#### Epic

- o University of Kansas

#### Cerner

- o Children's Mercy

#### CureMD

- o Independence Pediatrics

#### AllScripts Pro

- o Preferred Pediatrics

#### NextGen

- o Cockerell and McIntosh

#### Athena

- o Community Choice Pediatrics

## Access Concerns Regarding Flovent Discontinuation: Advice from CMH & Other National Experts ([Click here](#) for article.)

### Challenge / Issues:

- Few similar alternatives to Flovent Corticosteroid Inhaler that are age & developmental-ability appropriate for children.
- Barriers to insurance coverage for new generic version (i.e. not on formulary, requires prior auth, payer recommendation includes Rx not suited for patient age, etc.)

### How to Support the Transition:

- Health insurance coverage & formulary inclusion of "Generic Fluticasone" across all commercial products

### Alternatives:

- Meter-Dose:
  - Alvesco (not FDA Approved for kids under 12)
  - Asmanex
  - New Generic Fluticasone
- Metered-Dose, Breath-Actuated:
  - QVAR Redhaler (Can't be used with spacer)
- Dry Powder Inhalers (Not recommended for most kids)
  - Annuity Ellipta
  - ArmonAir Digihaler

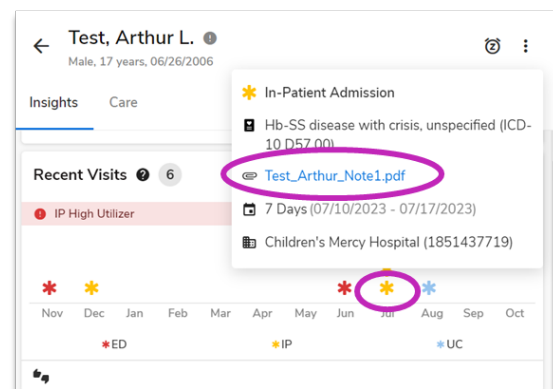
## Depression Study for Teens – CMH Researchers Partnering to Better Understand Medication Effectiveness

### [GOLDILOKs PRISM \(Prediction of Response in SSRI-managed Major Depressive Disorder in Adolescents\) Study](#)

- Researchers at Children's Mercy want to partner with teens for a research study to learn why certain medicine works for some teens with depression and not for others.
- Patients the study is a good fit for:
  - Between ages 12-18
  - Diagnosed with depression
  - Not currently taking medicine for depression
  - Getting ready to start fluoxetine (Prozac) or escitalopram (Lexapro) as prescribed by your health care provider
- The study lasts 3 months and involves:
  - Filling out questionnaires
  - Wearing a smartwatch (provided)
  - Occasional blood draws
- Participants will be compensated up to \$220 for participation and receive a smartwatch to keep as part of the study.

## InNote Clinical Note Updates

- Reminder: CMH Acute Visit Notes now in InNote
- Update: Increased Rate of CMH Specialty Notes: ~50% → ~90%
- In Progress:
  - Increase Rate of ED and Urgent Care Notes
  - Increased Timeliness of all CMH Notes
  - CMH Imaging Notes Added to Platform



## Call to Action: Review/Educate All Providers and Care Teams on the URI Measure

### Measure Definition

The % of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription

Important:

- Measure evaluated July 1st of prior year to June 30th of the measurement year (similar to Pharyngitis measure)
- Example: Measurement Year 2024 evaluation starts July 1, 2023 and ends June 30, 2024.

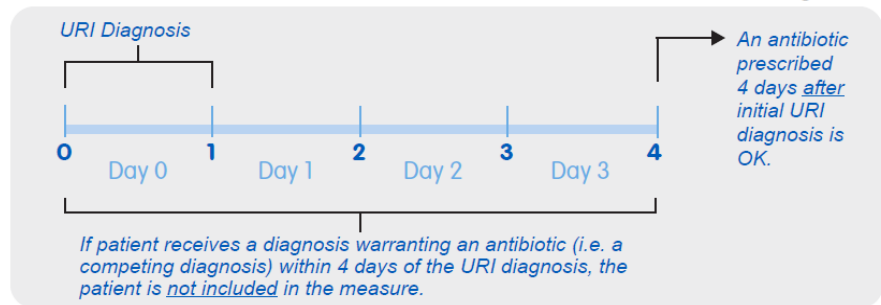
### Key Quality Improvement Learnings

- Largest Number of Noncompliant Patients Prescribed Antibiotics within the Practice were Diagnosed with Nonsuppurative Otitis Media
- Nonsuppurative Otitis Media Diagnoses are NOT Competing Diagnoses as these Diagnoses Do Not Warrant an Antibiotic
- Ensure Competing Diagnoses are “Linked” to a Claim Within 4 Days of URI Diagnosis

If competing diagnoses are not included on claims, payers will **NOT** exclude the episode.

#### Common Competing Diagnoses (i.e. Diagnoses Warranting an Antibiotic)

- Suppurative Otitis Media
- Acute/Chronic Sinusitis
- Pneumonia
- Pharyngitis, Streptococcal, or Tonsillitis
- Other Bacterial Infection Diagnoses



## Powering Families – Webinar Learning Series for Parents & Caregivers!

### Powering Families

A Learning Series from Children's Mercy

Children's Mercy launched a new monthly educational webinar series for parents & caregivers!

These free educational events will offer parents and caregivers a chance to connect with Children's Mercy Kansas City experts and partners on a variety of topics.

#### Upcoming Webinars:

Financial Resources & Tax Preparation – February 2024

Anxiety & Depression – March 2024

Asthma Management – April 2024

**Please help to promote and increase awareness of these valuable webinars!**

Go to the Powering Families [website](#) or email [providerrelations@cmfcn.org](mailto:providerrelations@cmfcn.org) for additional information.

**[Click to Access Prior Monthly CMHN Committee Takeaways](#)**

Questions or Comments? Please ask your Children's Mercy Health Network PHM Network Representative or contact Children's Mercy Health Network staff at [ProviderRelations@cmfcn.org](mailto:ProviderRelations@cmfcn.org).