

Top Takeaways from the November 2024 CMHN Committee Meetings

November CMHN Committee Content Now Available on Demand - Click Here to View Recording

<u>Updated</u> CMHN 2024 Incentive Performance Report: Use to Inform <u>2024</u> Improvement Efforts!

<u>Click here</u> to review your practice's rolling year performance to inform your quality improvement efforts!

Quality Performance Period:

- Aetna: Apr '23 to Mar '24
- Blue KC: July '23 to June '24
- Cigna: July '23 to June '24

- Engagement:
 - Engagement Points
 Earned by End of 2024.
- Clinical Quality: 5 of 25
 Practices Achieving 48+
 Points Out of 60 Points
- Cost & Utilization:
 22 of 25 Practices
 Achieving 30 Out of 30
 Points

TIP: Use the <u>CMHN Quality</u> <u>Improvement Tool Kit</u> to review and access quality improvement strategies and insights for all CMHN incentive measures!

<u>Click here</u> to review the 2024 CMHN Incentive Distribution Framework.

REFRESHER: Understanding the URI Measure to Support Improvement for 2025!

Measure Definition

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

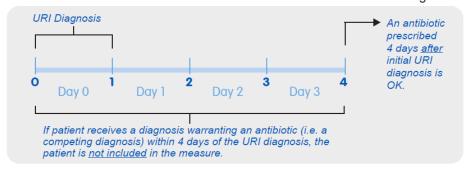
Click to View URI Provider Quick Reference

Important Insight:

If a patient is diagnosed with URI and patient needs an antibiotic, include another "competing diagnosis" to ensure antibiotic is warranted!

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

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



Autism Services Highlight: What to Do While You Wait!

Dr. Cy Nadler, Section Chief for Autism Psychology at Children's Mercy Hospital, spoke at the October Behavioral Health Advisory Committee meeting. Community Mental Health Centers were interested in learning more about how they can support patients/families while they wait for an autism diagnostic evaluation.

<u>Click here</u> for autism resources for families and providers as well as Dr. Nadler's presentation!

CMH Adolescent and Young Adult Medicine Specialty Clinic (AYAMC) Services Highlight

The Division of Adolescent and Young Adult Medicine at Children's Mercy offers multiple locations to support you in your care of adolescents and young adults, ages 10-22, and their families. Dr. Ryan Pasternak, Division Director of AYAMC, presented at a CMHN committee meeting on the process to refer patients into the adolescent specialty clinic as well as the SBIRT (Screening, Brief Intervention and Referral to Treatment) to identify adolescent and young adult patients with substance use.

Referrals for consultation to AYAMC:

Online:

www.childrensmercy.org/providers/Forms.aspx

Phone: (816) 960-4152 Fax: (816) 960-3039

<u>Click here</u> for information on typical conditions addressed at the AYAMC, CMH clinic locations, and additional information on how to refer your patients.

Looking for Mental Health Resources?!

Children's Mercy designed a comprehensive



booklet of available mental health resources and services for families and schools as well as providers. The book can be accessed electronically and hard copies can be provided to your practice. Contact your PHM Network Representative for hard copies.

<u>Click here</u> to access the booklet electronically.

Longitudinal Care Management – Please Consider Using New Service to Support Your Patients & Families!



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Longitudinal Care Management

Common Referral Triggers:

- Presence of progressive, chronic, or life-threatening illness
- Transitions of care between Inpatient and Outpatient settings
- Terminal illness
- High risk pregnancies
- Acute injury or exacerbation of a chronic illness
- Complex social factors
- Children with special health care needs
- Multiple hospitalizations or emergency room visits
- Medical equipment needs
- Complex Care Coordination
- Behavioral Health support needs

5/30/24

What is Longitudinal Care Management:

Care coordination services that supports patients and families across clinicians, settings, and conditions to keep kids healthy and reduce overall costs!

Refer Using New Web Form:
https://www.cmics.org/cmreferral
Important: Log-in to CMICS Portal
Required | Instructions to Create
Login/Reset Password Included In
Link Above

Definition Overview:

Completion of 10 immunization series (DTaP, IPV, MMR, Hib, Hepatitis B, PCV, VZV, Rotavirus, Hepatitis A, Influenza) by the child's 2nd birthday.

Age 2 Immunizations (Combo 10) Measure Definition

- Eligible Population
 - · Children turning 2 years old in the measurement year
- Compliance

[HEDIS Allowed Vaccination Age Ranges]

- · Evidence of receiving the following by 2 years of age:
 - [42 days to 2 years] [42 days to 2 years] 4 DTaP 4 PCV [42 days to 2 years] o 3 IPV 1 VZV [1 years to 2 years] 1 MMR o 2 or 3 Rotavirus* [42 days to 2 years] [1 years to 2 years] * dependent on vaccine series o 3 Hib [42 days to 2 years] [1 years to 2 years] 1 Hepatitis A o 3 Hepatitis B [Birth to 2 years] 2 Influenza [180 days to 2 years]
- Continuous Enrollment Requirement
 - No more than 1 gap in enrollment up to 45 days during 12 months prior to the child's 2nd birthday.

Highlighted Improvement Tactics:

- Perform outreach to patients included on age 2 immunization worklists that include Blue KC patients 16 to 24 months in need of 1 or more catch up vaccines before 2nd birthday. [Lists shared with CMHN Committee Attendees]
- Integrate the New Age 2 Immunization Catch Up Pre-Visit Planning Report into Clinical Workflow.
 Click here to see report details.

Important: Improvement takes significant amount of time (Why: performance evaluated based on all applicable immunizations up to age 2; patients only included after turning 2 years old)