



# CMHN Quality Improvement TOOL KIT



Children's Mercy  
Health Network

	Quality Improvement Strategies	CMICS Measure Specific Resources	Comments / Insights	Payer Incentive Measure
Asthma Medication Ratio	<ul style="list-style-type: none"> <li>Patient / Family Education on Asthma Medication</li> <li>Targeted Patient Outreach for Eligible Asthma Patients</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Asthma Medication Ratio Definition &amp; Key Learnings Overview – Slide Deck</a></li> <li>Worklists to Target Eligible Asthma Patients (see <a href="#">Innovacer Worklist Quick Guide</a>)</li> <li><a href="#">Asthma Care Brochure and Asthma Care Quick Reference</a> (Based on EPR-3 Clinical Guidelines)</li> <li><a href="#">Asthma Management Tool Kit</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: Evaluating controller vs. reliever use over a 12 month period).</li> <li>Limit available refills for asthma controller &amp; relievers. Patients typically included for ≥ 4 asthma rx scripts in each of last 2 years.</li> <li>Sample controller/reliever medications are <u>not included</u>.</li> <li>Measure denominator is small. Identify specific patients using Innovacer worklists.</li> </ul>	<ul style="list-style-type: none"> <li>Blue KC</li> </ul>
Chlamydia Screening	<ul style="list-style-type: none"> <li>During Pre-visit Planning, Add Chlamydia Screening Orders for Females on Contraceptives</li> <li>Targeted Patient Outreach for Eligible Sexually Active Patients (Outreach Based on Needed Well Visit)</li> <li>Message Ob-Gyn to Help Complete Screening</li> <li>Identify and Flag Patients Within EMR, InNote, or Other Location</li> <li>Manage Test Process In-House</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Chlamydia Screening Definition &amp; Key Learnings – Slide Deck</a></li> <li>Use InNote to Identify Chlamydia Screening Gaps at Point of Care (see <a href="#">InNote Training Guide</a>)</li> <li>Worklists to Target Eligible Chlamydia Patients (see <a href="#">Innovacer Worklist Quick Guide</a>)</li> <li>Chlamydia Screening Specialty Spotlight <a href="#">Slide Deck / Video</a></li> <li><a href="#">Chlamydia Screening English/Spanish FAQ</a></li> <li><a href="#">Chlamydia Screening Weekly Pre-Visit Planning Report</a></li> </ul>	<ul style="list-style-type: none"> <li>Denominator for measure is relatively small. Low denominator enables improvement in the short term.</li> <li>Patients are eligible for measure after 16th birthday but may qualify for sexual activity while 15 years old.</li> <li>Sexual activity trigger may be unknown to PCP (e.g. Ob-Gyn contraceptive diagnoses or scripts).</li> <li>Consider ordering just the chlamydia test rather than the combined chlamydia/gonorrhea test.</li> </ul>	<ul style="list-style-type: none"> <li>Aetna</li> <li>Blue KC</li> <li>Cigna</li> </ul>
Depression Screening	<ul style="list-style-type: none"> <li>Educate providers/care staff on screening process</li> <li>Update EMR template to further integrate screening into clinic workflow</li> <li>Use care staff to facilitate responses; providers can interpret results</li> </ul>	<ul style="list-style-type: none"> <li>See Depression Screening Measure in <a href="#">Billing &amp; Coding Guide</a></li> <li><a href="#">Depression Screening Assessment Tool - PHQ-2</a></li> <li><a href="#">Depression Screening Assessment Tool - PHQ-9</a></li> </ul>	<ul style="list-style-type: none"> <li>Ability to improve in short term since measure simply dependent on patient receiving depression screen <u>at any time</u> during the measurement year.</li> </ul>	<ul style="list-style-type: none"> <li>Cigna</li> </ul>
HPV Vaccination / Adolescent Immunizations	<ul style="list-style-type: none"> <li>Pre-Teen Bundle (i.e. Bundle HPV with Tdap/ MCV)</li> <li>Provider Education and Provider-to-Patient Communication</li> <li>Patient/Family Education</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HPV / Age 13 Measure Definition &amp; Quality Improvement Overview – Slide Deck</a></li> <li><a href="#">HPV Provider and Parent Education Resources</a></li> <li>Worklists to Target Overdue Patients 12-13 Years Old (see <a href="#">Innovacer Worklist Quick Guide</a>)</li> <li>Use the <a href="#">HPV Patient Outreach Report</a> to Review Compliance Detail of 12-13 Year Olds</li> <li><a href="#">Collaboration for Vaccine Education &amp; Research (CoVER) Resource for Provider &amp; Care Team HPV Education</a></li> <li><a href="#">Initiating HPV at Age 9</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: 2 HPV immunizations needed over 6 months; patients only included <u>after</u> turning 13 years old)</li> </ul>	<ul style="list-style-type: none"> <li>Aetna</li> <li>Blue KC</li> </ul>
Immunizations Age 2 (DTap, IPV, MMR, Hib, VZV, PCV, RV, Hep B, Hep A, Flu)	<ul style="list-style-type: none"> <li>Standardization of Vaccination Administration within Practice (i.e. what products administered at each standard well visit up to 2 years old)</li> <li>Patient/Family Education</li> <li>Targeted Patient Outreach</li> <li>Care Team Education to Increase Immunization Confidence (<a href="#">Body Swaps/AAP Virtual Training Module</a>)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Immunization Age 2 Definition &amp; Key Learnings – Slide Deck</a></li> <li>Use Innovacer Worklists to Target Patients 18-24 Months with Missing Age 2 Immunizations (see <a href="#">Innovacer Worklists Quick Guide</a>)</li> <li>Use the <a href="#">Age 2 Childhood Immunizations Graduated Compliance Report</a> to compare immunizations received versus expected as patients age.</li> <li><a href="#">Age 2 Immunizations Catch Up Weekly Pre-Visit Planning Report</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: performance evaluated based on all applicable immunizations up to age 2; patients only included <u>after</u> turning 2 years old)</li> </ul>	<ul style="list-style-type: none"> <li>Blue KC</li> </ul>



	Quality Improvement Strategies	CMICS Measure Specific Resources	Comments / Insights	Payer Incentive Measure
Pharyngitis / Appropriate Testing for Children With Pharyngitis	<ul style="list-style-type: none"> <li>Provider Education</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Appropriate Testing for Pharyngitis Definition Overview – Slide Deck</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: Measure evaluated July 1st of prior year to June 30th of measurement year.)</li> <li>Denominator is episode-based (i.e. each pharyngitis encounter included)</li> </ul>	<ul style="list-style-type: none"> <li>Aetna</li> <li>Blue KC</li> </ul>
Respiratory Syncytial Virus (RSV) Antibody Protection	<ul style="list-style-type: none"> <li>Provider Education</li> <li>Patient/Family Education</li> <li>Enhanced Coding Strategies (reference Coding Guide)</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">RSV Measure Definition</a></li> <li><a href="#">RSV Antibody Protection Coding Guide</a></li> </ul>	<ul style="list-style-type: none"> <li>CMICS is tracking both the maternal RSV antibody given 14 days before delivery and immunization given from birth to 8 months old as compliant</li> </ul>	N/A
Social Determinants of Health (SDOH) Screening	<ul style="list-style-type: none"> <li>Perform SDOH Screening at <u>both</u> well &amp; sick visits</li> <li>Perform SDOH screening on paper or electronically while waiting for visit</li> <li>Utilize care team to screen and support follow up</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">SDOH Screening Definition &amp; Key Learnings – Slide Deck</a></li> <li><a href="#">Blue KC Social Determinants of Health (SDOH) Screening FAQ</a></li> <li><a href="#">Social Needs Screening Survey (Screening in Spanish)</a></li> <li><a href="#">Social Needs Resource Guide</a></li> <li>Use InNote to Send Referrals to CBOs and Share Program Information with Patients (see <a href="#">Lift Up KC in InNote Quick Guide</a>)</li> <li><a href="#">Social Determinants of Health Screening Within Your Practice (Cigna Resource)</a></li> <li><a href="#">SDOH CBO Referral Partners</a></li> <li><a href="#">CBO Reference Document</a></li> <li>Lift Up KC: <a href="#">Super User Checklist, Poster</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: performance based on very large denominator (all patients seen)).</li> <li>Include ICD-10 SDOH Z Codes on positive screens (Why: required for compliance &amp; improves accuracy of risk score).</li> </ul>	<ul style="list-style-type: none"> <li>Blue KC</li> <li>Cigna</li> </ul>
Upper Respiratory Infection / Appropriate Treatment for URI	<ul style="list-style-type: none"> <li>Provider Education</li> <li>Patient/Family Education</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">URI Measure Definition &amp; QI Overview</a></li> <li><a href="#">Appropriate Treatment for Upper Respiratory Infection – Provider Quick Reference</a></li> <li>Use the <a href="#">CMHN URI Report</a> to review entity/provider inappropriately prescribing antibiotics for URI</li> <li><a href="#">Antibiotic Provider &amp; Parent Education Resource Packet</a></li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: Measure evaluated July 1st of prior year to June 30th of measurement year.)</li> <li>Denominator is episode-based (i.e. each pharyngitis encounter included)</li> </ul>	<ul style="list-style-type: none"> <li>Aetna</li> <li>Blue KC</li> </ul>
Well-Child Visits in First 30 Months of Life (0-15 Months, 15-30 Months)	<ul style="list-style-type: none"> <li>Advanced Scheduling of All Future 30 Month Well Visits</li> <li>Patient Outreach</li> <li>Appointment Reminders</li> <li>Sick to Well-Visit Conversions</li> <li>By 1-month Visit <math>\geq</math> 14 Days from 3-5 Day Visit</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Well Visits First 30 Months Measure Definitions &amp; Best Practices Overview – Slide Deck</a></li> <li>Use Well Visit Graduated Compliance Reports (<a href="#">15 Month, 15 to 30 Month</a>) to compare actual visits to expected number of visits as patients age.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement takes significant amount of time (Why: performance evaluated over 15 months (6+ visits in first 15 months, 2+ visits in 15-30 months); patients only included <u>after</u> turning 15 or 30 months).</li> </ul>	<ul style="list-style-type: none"> <li>Aetna</li> <li>Blue KC</li> <li>Cigna</li> </ul>
Well-Care Annual Visits for 3-21 Years	<ul style="list-style-type: none"> <li>Patient Outreach</li> <li>Appointment Reminders</li> <li>Sick to Well-Visit Conversion</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Well Visits Annually (3-21 Years) Definition &amp; Best Practice Overview – Slide Deck</a></li> <li>Use Worklists to Target Overdue Patients (see <a href="#">Innovaccer Worklist Quick Guide</a>)</li> <li>Use InNote to Identify Well Visit Care Gaps at Point of Care (see <a href="#">InNote Training Guide</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Ability to improve in short term since measure simply dependent on patient receiving an annual preventive visit at <u>any time</u> during the measurement year.</li> </ul>	<ul style="list-style-type: none"> <li>Aetna (3-6, 12+)</li> <li>Blue KC (3-21)</li> <li>Cigna (12+)</li> </ul>

## Overall Quality Improvement Resources (Applicable for All Measures)

- [HEDIS Quality Measure Definitions -- CMHN Payer Incentive Measures Only](#)
- [Measure Compliance Quick Reference Billing & Coding Guide](#)
- [CMHN PCP Patient Panel Worklist Quick Guide](#)
- [Innovaccer Patient Worklists](#) - Use to Target & Prioritize Patients with Particular Gaps in Care (see [Innovaccer Worklist Quick Guide](#))

## General Clinical Practice Guidelines & Resources

[Recommendations for Preventive Pediatric Health Care \(Bright Futures / American Academy of Pediatrics\)](#)

[Recommended Immunization Schedules for Persons Aged 0 Through 18 Years \(CDC / AAP\)](#)