

# Top Takeaways from the May 2024 CMHN Committee Meetings

May CMHN Committee Content Now Available on Demand – Click Here to View Recording

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

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

**Quality Performance Period:** 

- Aetna: Oct '22 to Sept '23
- Blue KC: Apr '23 to Mar '24
- Cigna: Jan '23 to Dec '23

- Engagement: Reset for 2024. All practices at 0 Engagement Points.
- Clinical Quality: 6 of 25 Practices Achieving 48+ Points Out of 60 Points
- Cost & Utilization: 20 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.

# Longitudinal Care Management – New Service Launched to Support Your Patients & Families!

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!

# **Monthly High-Risk Patient Communication Initiated**Objective:

 Increase awareness of high-risk patients targeted for Longitudinal Care Management

#### Actions Requested:

- Review patients with upcoming scheduled appointments
- Support warm handoff referrals to Longitudinal Care Management Services

Report Distribution Timing:Monthly | Last Friday of the month

### • Monthly | Last Friday of the month

# **LCM Referral Process & Expectations**

- Centralized Longitudinal Care
   Management Referral form located <u>here</u>
- Complete the referral form and email to <u>LCM@cmics.org</u> or fax to 1-888-670-7260
- For urgent needs or questions regarding referrals or care management activity, please call CMICS at 888-670-7262.

Important: Being
On the List Simply

or life-th
Need fo

Indicates Patient <u>May</u>
<u>Be Outreached</u> for LCM

Services.

#### Referral Reasons

- Presence of progressive, chronic, or life-threatening illness
- Need for inpatient or outpatient care
- 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
- Coordinating complex care

**Link to Submit E-Referrals Coming Soon!** 

For more information, please see the Longitudinal Care Management Manual.

#### Call to Action: Lift Up KC Social Need Referrals -Community Based Organization (CBO) Screener Requirement

Please fill out the screening form when submitting a referral, CBO Funded Referral Partners utilize "Screeners" to generate more information they need to effectively work a referral. Information requested is:

- Parent/Guardian Name
- County
- What the need is (food, housing, etc.)

Metro Lutheran Ministry, our highest volume partner, has stopped working referrals that do not include a screening form. If a screening form is not filled out, they will immediately mark the referral as "not eligible" and close the case.

#### Tip Sheet for Pneumococcal Vaccination for High-Risk Patients – Learn the New Guidelines!

Developed in Collaboration with Children's Mercy Infectious Diseases -- Click Here to Access Tip Sheet

**Important:** PCV15/ PCV20 are considered as equivalent vaccines by the CDC/ ACIP for the routine **PCV** immunization schedule. However, administering at least one dose of PCV20 avoids having to administer any doses of PPSV23 to high-risk patients.

#### CDC Clinical Guidelines to Administer PCV15, PCV20, and PPSV23 Vaccinations

#### Ages 2 through 5 Years Old

- History of 4 Standard/Routine PCV Vaccinations (4-Dose Series at 2, 4, 6, and 12-15 Months)
  - o Previously Received at Least 1 PCV20: PPSV23 Dose is Not Needed
  - o No Previous PCV20: 1 Dose PCV20 OR PPSV23 (at least 8 weeks after last PCV dose)
- History of 3 PCV Doses
  - After Catch Up o Catch Up: 1 Dose PCV -(at least 8 weeks after prior PCV dose) <u>History of Less than 3 PCV Doses</u>
  - o Catch Up: 2 Doses PCV (8 weeks after the most recent dose and administered 8 weeks apart)

#### Ages 6 through 18 Years Old

- No History of PCV:
- Option 1:
  - o 1 Dose PCV20
- Option 2:
  - o 1 Dose PCV15
  - o 1 Dose PPSV23 (at least 8 weeks after last PCV dose)
- History of Any PCV:
  - Previously Received at Least
  - 1 PCV20: PPSV23 Dose is Not Needed
  - No Previous PCV20: 1 Dose PCV20 OR PPSV23 (at least 8 weeks after last PCV dose)

**Important References:** 

PCV15 Replaced PCV13

Starting in Sept 2023

PCV20 Included in

in Sept 2023

PCV13 Replaced PCV7 in

Children's Mercy specialists welcome and appreciate primary care collaboration to increase PCV15 / PCV20 / PPSV23 vaccinations for these high-risk patients. Our efforts will help to improve health outcomes!

REFRESHER: Understanding the URI Measure to Support Overall Network Performance & Improvement!

Catch Up

#### **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

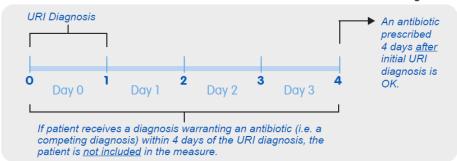
Click to View URI Provider Quick Reference

## **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



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Questions or Comments? Please ask your Children's Mercy Health Network PHM Network Representative or contact Children's Mercy Health Network staff at ProviderRelations@cmpcn.org.