



Children's Mercy
Health Network

Top Takeaways from the March 2025 CMHN Committee Meetings

March CMHN Committee Content Now Available on Demand – [Click Here](#) to View Recording

New CMH CEO Alejandro Quiroga Attends CMHN Meeting

Dr. Quiroga was introduced and took questions, including a question regarding urgent care in the Kansas City metro. Key talking points regarding urgent care included:



- **Importance of Pediatric Urgent Care Services:** Children's Mercy understands the critical role of pediatric urgent care services for our patients.
- **Improving Access:** Children's Mercy recognizes the need to improve access to meet the growing demand for these services.
- **Expansion Plans:** Children's Mercy plans to expand services in the Kansas City metro over the next year.
- **Innovative Models:** Children's Mercy is considering new models to meet the needs of families and referring providers in the community.
- **Community Input:** Children's Mercy values the partnerships with area pediatricians, and will be engaging in conversations and asking for feedback from the primary care community along with our Family Advisory Board.
- **Prioritizing Convenience:** Having convenient locations that provide immediate urgent care services will be a top priority.

Updated CMHN 2025 Incentive Performance Report: Use to Inform 2025 Improvement Efforts!

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

Quality Performance Period:

- Aetna: July '23 to June '24
- Blue KC: Jan '24 to Dec '24
- Cigna: Oct '23 to Sept '24

- **Engagement:**
Engagement Points Earned by End of 2025.
- **Clinical Quality:** 9 of 28 Practices Achieving 48+ Points Out of 60 Points
- **Cost & Utilization:**
24 of 28 Practices Achieving 25 Out of 25 Points



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

[Click here](#) to review the 2025 CMHN Incentive Distribution Framework.

Age 2 Immunizations – Use EMR Tools / Age 2 Catch Up Pre-Visit Planning Report to Support Improvement for 2025!

Definition Overview – Age 2 Immunizations:

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

Age 2 Catch Up Pre-Visit Planning Report (Started Sending in August 2024):

Weekly Automated Report of Blue KC / Aetna Patients with Scheduled Visits in Next 7 Days Requiring an Age 2 Immunization Catch Up Vaccination

- To assess % of care gaps closed after inclusion in pre-visit planning report, a new care gap closure report was developed. Results for 6 weeks of confirmed visits shared below. The objective of developing and sharing this new care gap closure report is to compare practice performance, identify best practices/barriers, and target opportunities for improvement.
 - Key Findings:
 - Approximately 55% of identified past due care gaps were closed, leaving substantial opportunity for improvement!
 - 76% of the past due care gaps not closed/ missed during the scheduled visit were Influenza Vaccine.

Age 2 Immunization Care Gap Closure

Age 2 Pre-Visit Planning Care Gap Closure Rate (ALL CARE GAPS) for 1/6/25-2/14/25 (6 weeks)			
Practice	Total Care Gaps	Care Gaps Closed	Closure Rate
Cass County Pediatrics and Adolescents	5	1	20%
Children's Mercy	66	41	62%
Community Choice Pediatrics	61	26	43%
Cradle Thru College Care	1	0	0%
Health Care for Children	3	1	33%
Johnson County Pediatrics	23	16	70%
Leawood Pediatrics	14	5	36%
Meritas Health Corporation	77	39	51%
Pediatric Associates	67	43	64%
Pediatric Care North	5	4	80%
Pediatric Partners	31	18	58%
Priority Care Pediatrics	23	15	65%
Summit Pediatrics	18	6	33%
University of Kansas Pediatrics	95	54	57%
Overall	489	269	55%

Approximately 55% of Identified Past Due Care Gaps Were Closed

Over 6 Weeks, 220 Care Gaps Were Not Closed!

Important Note: Practices not shown here either do not have patients with care gaps, the patient did not attend their most recent visit, OR we did not have the practice's scheduling data.

Screen Sanity – Training on Digital Health



Screen Sanity is a nonprofit organization that helps parents, caregivers, and community leaders navigate digital health, offering support and resources to guide kids and parents in today's digital world. In 2024, Screen Sanity created the Pediatric Provider Program to empower providers to talk with patient families about digital health. The program supplies pediatric offices with live training, a library of resources, and exam room posters.

Interested in requesting the free training for your office?

Contact your practice's CMHN Clinical Quality or Network Operations Committee representative.

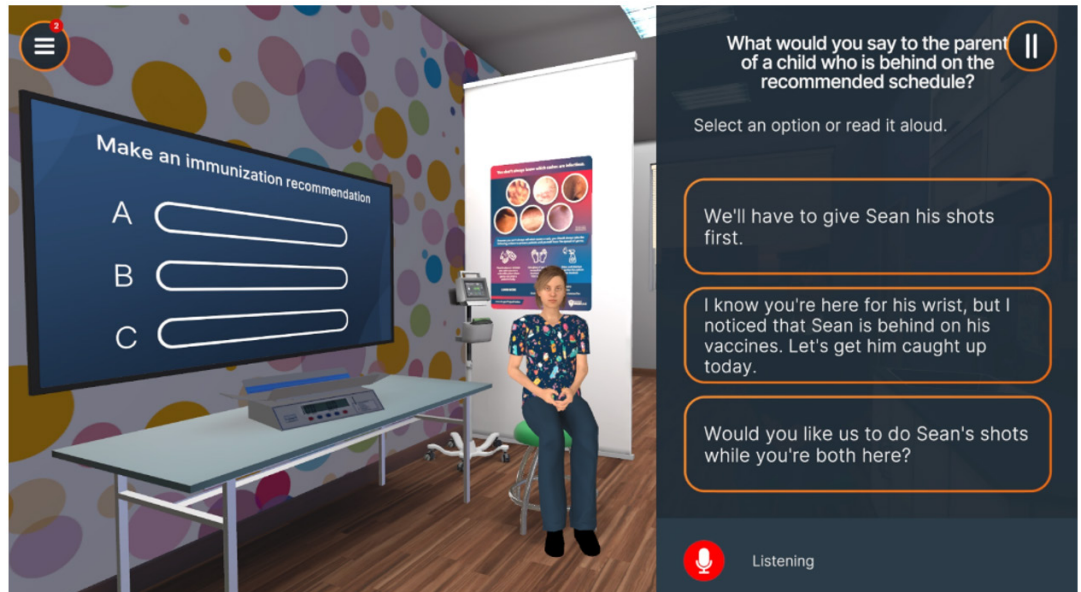
See Program Flyer [HERE](#)



Increasing Immunization Confidence – An Interactive Simulation

Looking to improve your vaccination rates?

Bodyswaps, in collaboration with the American Academy of Pediatrics, developed a virtual training module that aims to increase immunization confidence and empower healthcare staff with the skills to engage in immunization conversations with patients and families. The free 20 minute module is interactive, prompting questions throughout and responding to the user's voice.



Access the FREE module here:

<https://bodyswaps.co/soft-skills-training-in-vr/healthcare/increasing-immunization-confidence#free-access>

Longitudinal Care Management (LCM) – Common Referral Triggers & Referral Process

What is Longitudinal Care Management (LCM)?

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

Reminder: The 2025 Practice Engagement incentive includes a new Longitudinal Care Management measure.

- Centralized Practices: Refer at Least 0.2% of Blue KC attributed patients over 12 months
- Decentralized Practices: 100% timely completion of audits



Lindsay Wichman,
RN, MSN, ACM-RN
*CMHN Longitudinal
Care Manager*

Phone: 816-652-0618
Email: LWichman@cmprn.org

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 conditions/factors would warrant a referral for LCM? See above for common referral triggers and contact information for the CMHN Longitudinal Care Manager.

How do I make a LCM Referral? Use this web form – <https://www.cmics.org/cmreferral>
Important: Log-in to CMICS Portal required. Instructions to create login/reset password included in link above.

For more information, please see the [Longitudinal Care Management Manual](#).

[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@cmprn.org.