PCN Quality Improvement TOOL KIT

Children's Mercy PEDIATRIC CARE NETWORK

Measure	Quality Improvement Strategies	CMICS Measure Specific Resources	Comments/Insights
Asthma Medication Ratio	• Patient / Family Education on Asthma Medication • Targeted Patient Outreach for Eligible Asthma Patients	• Asthma Medication Ratio Definition & Key Learnings Overview – Slide Deck • Innovaccer Worklists to Target Eligible Asthma Patients (see Innovaccer Worklists Quick Guide) • Asthma Care Brochure and Asthma Care Quick Reference (Based on EPR-3 Clinical Guidelines) • Asthma Management Tool Kit	• Improvement takes significant amount of time (Why: Evaluating controller vs. reliever use over a 12 month period). • Limit available refills for asthma controller & relievers. Patients typically included for ≥ 4 asthma rx scripts in each of last 2 years. • Sample controller medications are not included. • Measure denominator is small. Identify specific patients using Innovaccer worklists.
Chlamydia Screening	• During Pre-Visit Planning, Add Chlamydia Screening Orders for Females on Contraceptives • Targeted Patient Outreach for Eligible Sexually Active Patients (Outreach Based on Need Well Visit) • Message Ob-Gyn to Help Complete Screening • Identify and Flag Patients Within EMR, InNote, or Other Location • Manage Test Process In-House	• Chlamydia Screening Definition & Key Learnings – Slide Deck • Use InNote to Identify Chlamydia Screening Gaps at Point of Care (see InNote Training Guide) • Innovaccer Worklists to Target Eligible Chlamydia Patients (see Innovaccer Worklists Quick Guide) • Chlamydia Screening Specialty Spotlight Slide Deck / Video • Chlamydia Screening English/Spanish FAQ • Chlamydia Screening Weekly Pre-Visit Planning Report	• Denominator for measure is relatively small. Low denominator enables improvement in the short term • Patients are eligible for measure after 16th birthday but may qualify for sexual activity while 15 years old • Sexual activity trigger may be unknown to PCP (e.g. Ob-Gyn contraceptive diagnoses or scripts) • Consider ordering just the chlamydia test rather than the combined chlamydia/gonorrhea test
Immunizations Age 2 (DTap, IPV, MMR, Hib, VZV, PCV, RV, Hep B, Hep A, Flu)	• Standardization of Vaccination Administration within Practice (i.e. what products administered at each standard well visit up to 2 years old) • Patient/Family Education • Targeted Patient Outreach	• Immunization Age 2 Definition & Key Learnings – Slide Deck • Use Innovaccer Worklists to Target Patients 18-24 Months with Missing Age 2 Immunizations (see Innovaccer Worklists Quick Guide) • Use the Age 2 Childhood Immunizations Graduated Compliance Report to compare immunizations received versus expected as patients age.	• 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)
Immunizations Age 13 (MCV, Tdap, HPV)	• Pre-Teen Bundle (i.e. Bundle HPV with Tdap/MCV) • Provider Education and Provider-to-Patient Communication • Patient/Family Education • Targeted Patient Outreach	• Immunizations Age 13 Measure Definition & Quality Improvement Overview (Slide Deck) • HPV Provider and Parent Education Resources • Initiating HPV at Age 9 • Innovaccer Worklists to Target Overdue Patients 12-13 years old (see Innovaccer Worklists Quick Guide) • Use the HPV Patient Outreach Report to Review Compliance Detail of 12-13 Year Olds • Collaboration for Vaccine Education & Research (CoVER) Resource for Provider & Care Team HPV Education	• Performance based primarily on HPV immunization rate • Improvement takes significant amount of time (Why: 2 HPV immunizations needed over 6 months; patients only included after turning 13 years old)
Lead Screening	• Update Pre-Visit Planning Process to Order Lead Screening for Patients Under 2 Years Old • Targeted Patient Outreach	• Lead Screening Definition & Key Learnings – Slide Deck • Use Innovaccer Worklists to Target Overdue Patients 1-2 Years Old (see Innovaccer Worklists Quick Guide) • Use InNote to Identify Lead Screening Gaps at Point of Care (see InNote Training Guide in QI Tool Kit) • View the PCN Learning Collaborative on Lead Poisoning Prevention (Jan 2019)	• Patients require one (1) capillary or venous screen before their 2nd birthday • Improvement takes time (Why: performance evaluated based on patient receiving screening before age 2; patients only included after turning 2 years old. Target kids 1-2 years old for medium-term improvement.)

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Social Determinants of Health (SDOH) Screening	• Perform SDOH Screening at both well & sick visits • Perform SDOH screening on paper or electronically while waiting for visit • Utilize care team to screen and support follow up	• SDOH Screening Definition & Key Learnings – Slide Deck • SDOH Screening FAQ • Social Needs Screening Survey (Screening in Spanish) • Social Needs Resource Guide • Use InNote to Send Referrals to CBOs and Share Program Information with Patients (see Lift Up KC in InNote Quick Guide) • Social Determinants of Health Screening Within Your Practice (Cigna Resource) • SDOH CBO Referral Partners • CBO Reference Document • Lift Up KC: Super User Checklist, Poster	• Improvement takes significant amount of time (Why: performance based on very large denominator (all patients seen)). • Include ICD-10 SDOH Z Codes to impact & improve accuracy of risk score.
Well-Child Visits in First 30 Months of Life (0-15 Months, 15-30 Months)	• Advanced Scheduling of All Future 30 Month Well Visits • Patient Outreach • Appointment Reminders • Sick to Well-Visit Conversions • By 1-month Visit ≥ 14 Days from 3-5 Day Visit	• Well Visits First 30 Months Measure Definitions & Best Practices Overview – Slide Deck • Use Well Visit Graduated Compliance Reports (15 Month, 15 to 30 Month) to compare actual visits to expected number of visits as patients age. • Preventive Care Registry - Well Child Visits (PCN Portal → Clinical Resources & Tools)	• 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 after turning 15 or 30 months).
Well-Care Annual Visits for 3-21 Years	• Patient Outreach • Appointment Reminders • Sick to Well-Visit Conversion	• Child and Adolescent Annual Well-Care Visits Measure Definition & Best Practice Overview • Use Innovaccer Worklists to Target Overdue Patients (see Innovaccer Worklists Quick Guide) • Use InNote to Identify Well Visit Care Gaps at Point of Care (see InNote Training Guide)	• Ability to improve in short term since measure simply dependent on patient receiving an annual preventive visit at any time during the measurement year.

Overall Quality Improvement Resources (Applicable for All Measures)

1. HEDIS Quality Measure Definitions -- PCN Incentive Measures Only 2. Measure Compliance Quick Reference Billing & Coding Guide
3. PCN PCP Patient Panel Worklist Quick Guide
4. **Innovaccer Patient Worklists –** Use to Target & Prioritize Patients with Particular Gaps in Care (see Innovaccer Worklists Quick Guide)
5. **Innovaccer InNote Pre-Visit Planning –** Use InNote to Identify Gaps in Care At the Point of Care (i.e. preparing for & during a visit) (see InNote 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)