
Well-child visit peer sharing: EOCCO Child Wellness Campaign, IHN gap reporting/closure, PacificSource provider engagement

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The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

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2020 Initiatives for Well-Child Visits

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1. Child Wellness Mailing Campaign
2. Interactive Voice Response Calls
3. Clinic Education & Support



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Child Wellness Mailing Campaign

Project Overview

- Comprehensive patient education initiative on routine child health recommendations
- Follows patients from birth to age 12
- Tied to past and present CCO incentive measures:

2020 Measures:

- Childhood Immunization Status
- Well-Child Visits
- Preventive Dental Services
- Immunizations for Adolescents

Past Measures:

- Adolescent Well-Care Visits
- Developmental Screenings
- Dental Sealants

Why This Project?

- Implemented similar campaign for Commercial group ages 0-21 in March 2019
 - Reached 33,000+ patients
- Addresses barriers to child wellness:
 - Demonstrates value
 - Educates parents
 - Streamlines multiple sources of information

EOCCO Stakeholders

External:

- Patients
- Patients' parent/guardians
- Providers

Internal:

- EOCCO Quality Improvement & Operations
- Marketing
- Document Services
- Analytics

EOCCO Child Wellness Campaign Program Matrix

Cohort #	Recommendation Age	Mailing Criteria Age	Incentive Measures	Mailings	Mailing Frequency
1	6 months	Child turns 6 months old in same month mailer is sent	CIS	Cohort 1 Letter + Flyer 1	Once per cohort
2	12 months	Child turns 12 months old in same month mailer is sent	CIS & Preventive Dental	Cohort 2 Letter	Once per cohort
3	24 months	Child turns 18 months old in same month mailer is sent	CIS & Preventive Dental	Cohort 3 Letter + Flyer 1	Once per cohort
4	3 - 6 years	Child turns 36, 48, 60, 72 months old in same month mailer is sent	WCV & Preventive Dental	Cohort 4 Letter + Flyer 2	Annually while in cohort
5	9 - 12 years	Child turns 108, 120, 132, 141 months old in same month mailer is sent	IMA & Preventive Dental	Cohort 5 Letter + Flyer 3	Annually while in cohort





The Centers for Disease Control and Prevention (CDC) recommends six vaccines for babies at 2 months old: RV, DTaP, Hib, PCV13, IPV and HepB.

<<Date>>

Parent/Caregiver of <<First Name>> <<Last Name>>
<<Address 1>>
<<Address 2>>
<<CITY, STATE Zip>>

Dear Parent/Caregiver of <<First Name>>,

Based on <<First Name>>'s age, they may be due for their next well-care visit. The American Academy of Pediatrics (AAP) recommends that your baby have 7 well care visits in their first year of life. These visits should occur at 2-5 days, and 1, 2, 4, 6, 9, and 12 months old. Well-care visits are a great time to talk about important health topics or concerns such as developmental milestones, growth & measurements, and sleep habits.

During <<First Name>>'s well-care visits, make sure they are up-to-date on their vaccines. Vaccines are the easiest way to protect against serious diseases. By 6 months old, << First Name>> should have received the following childhood vaccines:

- Hepatitis B (HepB) – 2 doses
- Rotavirus (RV) – 2 doses
- Diphtheria, tetanus and pertussis (DTaP) – 2 doses
- Haemophilus influenzae type b (Hib) – 2 doses
- Pneumococcal conjugate (PCV13) – 2 doses
- Inactivated poliovirus (IPV) – 2 doses

Your child should also start receiving regular dental checkups. The American Dental Association (ADA) recommend scheduling your baby a dental exam after their first tooth erupts and no later than their first birthday. These visits give your child's dentist a chance to detect problems early, when they're most treatable, and provide tips for caring for your baby's teeth.

Make <<First Name>>'s next well care and dental visits today. Also, ask your provider about what vaccines they've had. To learn more about well-care visits and vaccines, visit [\[EOCCO website URL\]](#).

Questions?

We're here to help. Please call our customer service team at 888-788-9821 (TTY users, please dial 711) or email us at medical@modahealth.com.

Sincerely,
Your EOCCO Customer Service team

→ Immunization summary

→ Well-child visits

→ Immunizations

→ Dental recommendations

→ Resource referral





Childhood Wellness

eocco.com

Give your baby a healthy start

**Make sure your child is up to date on all of their vaccines.
Book a well-care visit today.**

Child preventive care is how you can help protect your baby from preventable diseases, as well as see how they are developing. Here are a few things that your child needs and what to look for in the first two years of life.

What your child needs

- Ten well-care visits at 2-5 days old, 1 month old, and 2, 4, 6, 9, 12, 15, 18 and 24 months old
- One developmental screening per year
- Some or all doses of these vaccines: hepatitis B (HepB); rotavirus (RV); diphtheria, tetanus and pertussis (DTaP); haemophilus influenzae type b (Hib); pneumococcal conjugate (PCV13); inactivated poliovirus (IPV); annual influenza (IIV); measles, mumps, rubella (MMR); varicella (VAR); hepatitis A (HepA)
- Know that it's just as important to finish a vaccine series as it is to start it. Make sure your child gets all recommended doses of their vaccines.

What to watch for

- By their first year, they may copy gestures, sit up without help, drink from a cup and say words like "mama," "dada" or "hi"
- By 18 months, they may show affection, point to specific items and walk alone
- By two years, they may play with other children, sort shapes and colors, and say short sentences

Book a well-care visit with your baby's provider and talk to them about how to keep your child healthy between 0 and 2 years old.

Questions?

We're here to help. Please call the EOCCO's customer service team toll-free at **888-788-9821**. TTY users, please dial 711.



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55932344 (7/19)

Interactive Voice Response Calls

West Collaboration

- Interactive voice response (IVR) campaign adds additional patient touch point to mailings
- IVR calls will deliver messaging similar to Child Wellness mailings
 - Childhood immunizations
 - Well-child visits



IVR Program Overview

- Automated calls in English & Spanish to parents of EOCCO patients ages 5 months to 2 years
- Calls triggered by missed immunization dose, determined by claims and ALERT registry
- Barriers addressed:
 - Reaches previously unengaged parents
 - Additional communication channel
 - Refers to additional resources

Clinic Education & Support

Data and Training

- Provider progress reports
 - Clinic rate on claims based metrics
 - Prior year performance comparisons
 - Outreach rosters
- Metric training
 - Clinic visits and provider training
 - EOCCO resource guide with metric strategies:
 - Manage registry & recall process
 - Convert sick visits into wellness exams
 - Hold well-child visit events or designated clinic days

Materials and Resources

- Distribute child wellness campaign flyers to clinics
 - Focus on parent education
- Community benefit reinvestment initiatives (CBIR)
 - Opt-in project for kindergarten readiness and childhood immunizations
 - Encourage collaboration between PCP clinics, health departments, & dental practices
 - Suggested strategies:
 - Awareness campaigns & information sharing
 - Implement evidence-based practices

Questions?





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Sustaining Value in Metric Data

IHN CCO

Objective: Zero Burden to Clinics

Trade-offs / Benefits:

- Robust “center of excellence” in report development.
- Not a high availability solution, but exceptional accuracy.
- Weekly, and on-demand collaborative gap reconciliation with clinics
- Continuous improvement:
 - Slow propagation to extended metric solution / platform
 - Many manual processes

Error vs Benefit Propagation

Downstream:

- Know immediately if workflows are generating desired results:
 - Capturing opportunity with members
 - Billing/Coding full cycle is complete
- Ability to target efforts and find process limitations
 - Better align clinic processes and shared learning
- Focus on clinical process improvement rather than data correction

Methods

Internal Efforts

Early:

- Dissemination of metrics and clinical focus summaries to clinics
- Implementation efforts in EHRs: Workflows, capturing events, dropping codes
- Contracting with data vendors
- Parallel report development paths to implement specification
 - Agreement, reconciliation, SME validation, quick iteration
 - Final prior to use by clinics and GAP closure efforts
 - Leverage exceptional accuracy (approaching zero defects)
- Publication to dashboard - used by various coordination meetings.
 - Publication platform: monthly and annual performance trend comparison
 - Accumulation against targets by interpolation (prediction)

Interests

Nice to haves (the power of yet...)

High Availability:

- Widespread on-demand presentation to clinics
- Self serve gap analysis
- Push performance to visible common areas
- Rich Offering
- Integrated and extensive cost-benefit analysis
- Customized delivery and metrics.
- Experimental design (i.e., Clinician or QA wants to explore particular ideas)
- Super Fast (i.e., zero seek and zero dwell for clinicians)

Discussion

Thank you - IHN CCO



Working with Community Providers to Promote Best Practice

Promoting Provider Health Plan Engagement

- ✓ Monthly meetings with providers to include Quality, Risk Assessment, and Care Management staff
 - These meetings offer a chance to provide information and updates, review quality data and understand clinic barriers
- ✓ Quarterly all provider meetings
 - Started in the Columbia Gorge and will be standing up in Central Oregon this year
 - Opportunity to help spread best practice in the community

Promoting Provider Health Plan Engagement

cont.

- ✓ Provide timely monthly data on performance
 - Review data on a consistent basis
- ✓ Provide monthly gap lists in a timely and consistent way
- ✓ Assist with EHR reporting if possible

Promoting Provider Health Plan Engagement

cont.

- ✓ Provide opportunities for deep dives on new metrics
 - Suggest workflow changes and provide patient facing educational materials
- ✓ Research best practice/successful communities and share with providers
- ✓ Host community workshops on metrics and/or related topics

Final Thoughts

- ✓ Build relationships with community providers
- ✓ Understand where your goals intersect
- ✓ Help providers understand cross functionality of any new workflows they may need to implement
- ✓ Connect to the community (non-profits, health departments, other government agencies)
- ✓ Focus on health outcomes

Questions

