

Immunizations for Adolescents (Combo 2)

Performance Measure Set: CCO Incentive Metric Medicare Star Measure

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other: ALERT IIS Registry

State Benchmark: 36.9% (2020 National Medicaid 50th Percentile)

Who: Children who turn 13 years of age in 2022.

Why: Despite the effectiveness of vaccines to prevent disease and reduce unnecessary costs to the health care system, immunization rates for children in Oregon remain well below national Healthy People 2021 goals. Much attention is given to those who decide not to vaccinate their children; however, these families and communities represent the minority in Oregon. Most parents do intend to vaccinate their children according to the American Academy of Pediatrics schedule and as recommended by their health care provider. Thus, providers play a key role in immunization rates among their patients (Source: *CCO Resource Guide—Strategies to Improve Immunization Rates*, OHA July 2017).

What: This measure reports the percentage of adolescents who turn 13-years-old in 2022 who receive all the following immunizations **before their 13th birth date.**

- **Meningococcal** – any of the following meets criteria:
 - At least one meningococcal serogroups A, C, W, Y vaccine on or between the member’s 11th and 13th birthdays
 - Anaphylaxis due to the meningococcal vaccine any time on or before the member’s 13th birthday.
- **Tdap** – any of the following meets criteria:
 - At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the member’s 10th and 13th birthdays.
 - Anaphylaxis due to tetanus, diphtheria, or pertussis vaccine any time on or before the member’s 13th birthday.
 - Encephalitis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the member’s 13th birthday.
- **HPV** – any of the following meets criteria:
 - At least two HPV vaccines with different dates that are 146 days apart, occurring on or between the member’s 9th and 13th birthdays.
 - At least three HPV vaccines with different dates of service on or between the member’s 9th and 13th birthdays.
 - Anaphylaxis due to the HPV vaccine on or before the member’s 13th birthday.

How: Some ideas to improve Immunizations for Adolescents performance:

- Utilizing member gap lists to identify members who are most in need.
- Ensure that immunization records in ALERT are up to date and that all patient information is correct (e.g. name spelled correctly, correct date of birth, etc.).
- Monitor and schedule immunizations visits months before their 13th birthday including ensuring the first HPV dose is administered at least 5 months prior to the patient's birthday.
- Ensure that patient decision-aid tools and catch-up schedules are available for all parents when deciding to vaccinate their children (see resources for more information).
- Discuss HPV vaccinations in the context of cancer prevention rather than sexual education. Ensure evidence-based resources on HPV vaccinations and cancer prevention are available for both adolescents and parents.
- Schedule subsequent vaccine visits before parents leave the office.
- Implement patient recall workflows.
- Behavioral Health Support: BHCs can support families who may be contemplative or undecided about vaccines. Utilizing motivational interviewing techniques and exploring concerns in a supportive environment can help families in the decision-making process. BHCs can also scrub their daily schedule to see if any of their patients need vaccines and support them in getting scheduled.
- Reach out to your clinic's assigned Quality Improvement Analyst or Innovation Specialist for more support.

Exclusions: Members who are deceased at the time of metric reporting or in hospice or using hospice services anytime during the measurement year.

Coding: OHA relies on ALERT IIS data and does not directly rely on claim/encounter codes.

Immunizations for Adolescents (Combo 2) FAQ

Q: What immunization combination does this metric follow?

A: HEDIS® MY2022 Combination 3.

Q: How do I know which members are due for vaccinations?

A: An adolescent's immunization history in ALERT should be checked before each visit. Additionally, CareOregon prepares and distributes member gap lists using ALERT data provided by OHA on a quarterly basis. If parents decline the vaccine, the adolescent remains in the measure denominator. Please reach out to your Primary Care Innovation Specialist for additional resources.

Q: Who is included in the denominator for this measure?

A: Members whose thirteenth birthday is within 2022 and have had physical health coverage with the CCO continuously for the 12 months prior to their thirteenth birthday are included in the denominator.

Q: If parents a parent decides to not have their adolescent vaccinated, are they excluded from the metric?

A: No. If the adolescent does not receive immunizations, they will remain in the denominator but not the numerator.

Resources

CDC recommended schedule of immunizations for adolescents:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>