Improving Measure Outcomes: Preventive Care for Children and Adolescents Ages 3-17 Years

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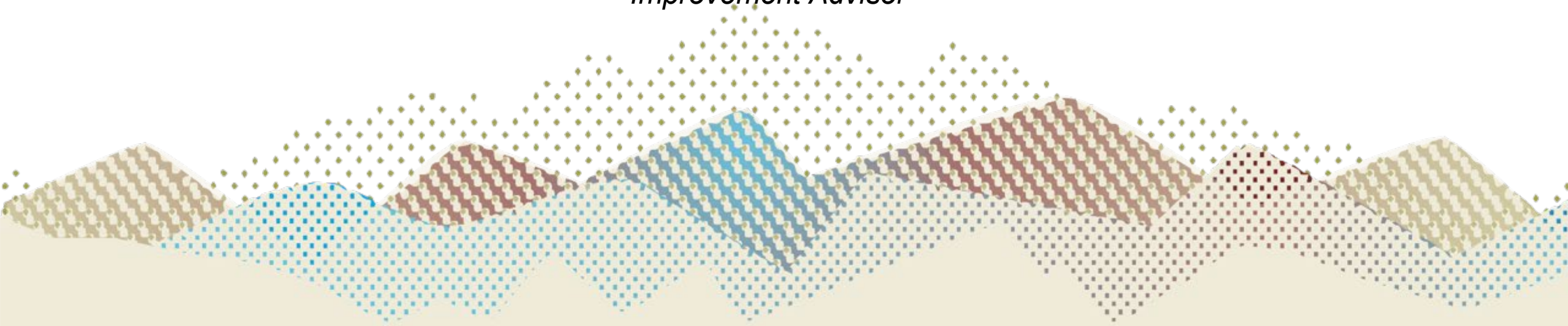

PARTNERSHIP HEALTHPLAN of CALIFORNIA
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Overview of Clinical Guidelines for Pediatric Preventive Measure (3 – 17)

- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Blood Lead Screening
- Topical Fluoride in Children

Learning Objectives

- Understand the clinical background, specifications, and 2026 performance thresholds for key pediatric measures in the Provider Quality Incentive Program, including:
  - Child and Adolescent Well-Care Visits
  - Immunizations for Adolescents
  - Blood Lead Screening
  - Topical Fluoride in Children
- Apply measure requirements to enhance adherence and documentation practices across well-care visits, immunizations, topical fluoride application, and lead screening, with attention to age-specific criteria and visit types.

Learning Objectives

- Identify best practices for implementing blood lead screening and topical fluoride application, including clinical rationale for their inclusion in early childhood preventive care.
- Identify promising strategies to strengthen clinical workflows and care coordination, improve caregiver communication and education, address barriers to access and equity, and enhance outreach for historically, economically, or socially marginalized families.

Well-Care Visits: Five Segments to Include

1. • **Health history:** Past illness, surgery, or hospitalization and family health history.
2. • **Physical development history**: Age-appropriate milestones, like motor development for infants and children; Tanner Stages, puberty, smoking, illicit drug use, and alcohol use for adolescents.
3. • **Mental development history**: Milestones can include appropriate communication and mental milestones for age; reading for enjoyment; doing well in school; loving, caring and supportive relations with family; sexual identity.
4. • **Physical exam**: Includes records of at least two body systems not related to the reason for the visit if the visit is for an acute or chronic condition. Note of “physical exam WNL” is acceptable.
5. • **Health education / anticipatory guidance**: By health care provider in anticipation of emerging issues that a child or family may face., e.g., notes from tobacco screening, use or exposure; physical abuse or neglect; preventive teaching in anticipation of child’s development. Must be age-specific.

Non-Adherence for Well-Care

1. • **Health History**: Notes of allergies or medications or vaccine status alone. If all three are documented, it meets health history standard.
2. • **Physical Development History**: Note of “appropriate age” without specific mention of development. Note of “well developed” alone.
3. • **Mental Development History**: Note of “appropriate for age” without specific mention of development.
4. • **Physical Exam**: Vital signs alone. Visits to an OB / GYN if the visit is limited to OB / GYN topics alone (for adolescent well visits).
5. • **Health Education / Anticipatory Guidance**: Information regarding medication or vaccines or their side effects. Teaching, advising, or educating in response to a sick episode - services that are specific to an acute or chronic condition.

Child and Adolescent Screenings

For the American Academy of Pediatrics (AAP) list of available screening tools, visit:

https://publications.aap.org/toolkits/resources/15625/?autologincheck=redirected

Youth Depression in California

- According to the 2022 KIDS COUNT® Data Book, developed by the Annie E. Casey Foundation:

- California youth experienced the second largest increase in anxiety and depression among all states; 11.9% of children ages 3 to 17 were diagnosed with depression or anxiety in 2020, up from 7% in 2016.

- Suicide rate among Black youth has increased in recent years, occurring at a rate of nearly twice that of other children (12.3 per 100,000 youth vs. 6.6 per 100,000).

- 41% of heterosexual youth reported feelings of sadness, hopelessness, and rejection by family daily for 2+ consecutive weeks; 75% of LGBTQ+ youth reported such feelings.

- There's an increased need for behavioral health services, but California children are also facing access barriers. In recent years 65% of California youth diagnosed with major depression do not receive treatment because of lack of access.

Depression Screening

- Depression Screening and Follow-Up:
  - Ages 12 and up
  - Screening tool option: **PHQ-9 Modified for Teens (PHQ-A)**
  - The Severity Measure for Depression - Child Ages 11 - 17 (adapted from PHQ-9 modified for Adolescents [PHQ-A]) is a nine-item measure that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11 - 17.

California Youth: Tobacco Use in Rural Settings

Prevalence

Youth attending school in Far Northern California and Eastern Central California had the highest prevalence of any tobacco use. Additionally, youth in rural areas had the highest prevalence of any tobacco product use (Figure 5).

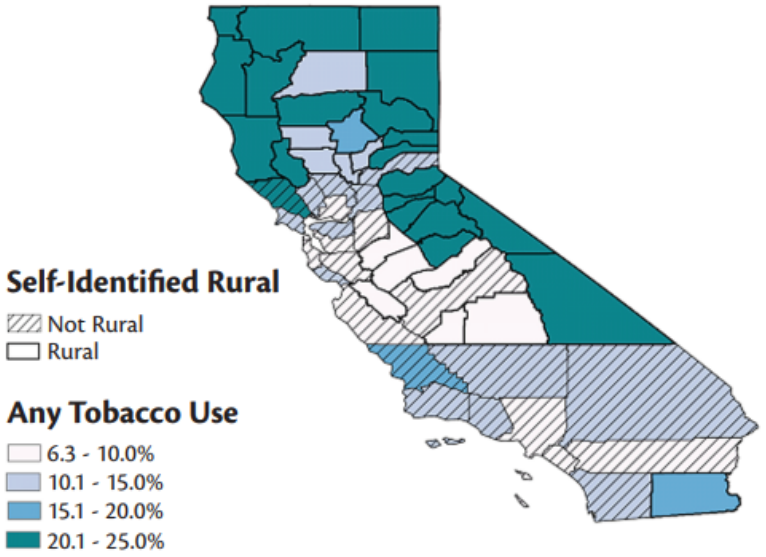


Figure 5. California high school student current (past 30 day) use of any tobacco product by geographic region.

Note. Any tobacco product use includes students who reported using vapes, cigarettes, little cigars or cigarillos, big cigars, smokeless tobacco, hookah, and/or heated tobacco products in the past 30 days.

Data source. 2019-2020 California Student Tobacco Survey.

California Youth: Alcohol Use

- California has the highest number of youth (under 21) reporting alcohol use and binge drinking as of a 2023 analysis by Oxford Treatment Center.

- The CDC reports that alcohol is the most commonly misused drug in the country by youth. It's estimated that there are more than 3,900 alcohol-related youth deaths each year.

- Drinking among individuals under age 21 can have harmful effects, including disruptions in normal growth development, legal problems, and memory problems.

Substance Use Screening Including Alcohol and Tobacco

Unhealthy Alcohol Use Screening and Follow-Up and Tobacco Use Screening:

- Ages 11 - 21
- **Screening Tool Option**: Car, Relax, Alone, Forget, Trouble Questionnaire (CRAFFT 2.1+N)
  - This tool is included on the AAP screening tool list for ages 11 - 21 years of age. It screens for substance use including tobacco, alcohol and other drugs. It also includes vaping. The tool is available in over 30 languages and is free of charge.

Adverse Childhood Events Screening (ACEs)

ACEs affect nearly two million children in California across socioeconomic lines, putting them at risk for health, behavioral, and learning problems.

ACEs are traumatic childhood experiences - which include abuse, neglect, and being exposed to violence, mental illness, divorce, substance abuse, or criminal activity that often leave people more vulnerable to environments and behaviors that can lead to poor health. The more ACEs an individual has experienced, the higher their risk climbs.

ACEs lead to increased risk of negative physical health outcomes - A person with four or more ACEs is:

- 2.1 times as likely to die from heart disease
- 2.3 times as likely to die from cancer
- 5.9 times as likely to contract a sexually transmitted infection

Adverse Childhood Events Screening

ACEs Lead to Increased Risk of Negative Mental Health Outcomes - A person with four or more ACEs is:

- 4.4 times as likely to suffer from depression
- 4.7 times as likely to seek help from a mental health professional
- 30.1 times as likely to attempt suicide

ACEs Lead to Increased Risk of Substance Use - A person with four or more ACEs is:

- 2.9 times as likely to smoke
- 7.4 times as likely to experience alcoholism
- 10.3 times as likely to use injection drugs

16.3% of California adults reported having been exposed to four or more ACEs before the age of 18.

27 out of 58 counties (46.6%) in California were above the state average prevalence of adults reporting having been exposed to four or more ACEs.

Adverse Childhood Events Screening

ACEs:

- All ages, starting early, annually
- **Screening Tool Option**: The Pediatric ACEs and Related Life-events Screener (PEARLS)

The PEARLS is used to screen children and adolescents ages 0 - 19 for ACEs. The PEARLS tool includes a screening for ACEs as well as a screen for additional adversities. There are three versions of the tool available, based on age and reporter:

- PEARLS child tool, for ages 0-11, to be completed by a parent / caregiver.
- PEARLS adolescent tool, for ages 12-19, to be completed by a parent / caregiver.
- PEARLS for adolescent self-report tool, for ages 12-19, to be completed by the adolescent.

https://www.acesaware.org/

Immunizations for Adolescents Combination 2

9th Birthday	10th Birthday	11th Birthday	12th Birthday	13th Birthday
		At least one meningococcal conjugate vaccine on or between 11th and 13th birthdays		
	At least one Tdap vaccine on or between 10th and 13th birthdays			
At least two HPV vaccines, on or between 9th and 13th birthdays, with at least 146 days between doses				

- **Meningococcal:** Immunization documented under a generic header of "meningococcal" and was administered meets criteria. Immunizations under generic header of meningococcal polysaccharide vaccine or meningococcal conjugate vaccine meet criteria.

- **Tdap:** Immunizations documented using a generic header of "Tdap/Td" can be counted. Ensure you differentiate between **Tdap** and **DTaP**.

Medical Record Documentation

Non-Adherence

- For meningococcal conjugate, do not count meningococcal recombinant (serogroup B) (MenB) vaccines.
- A note that the “patient is up-to-date” with all immunizations but does not list the dates of all immunizations and the names of the immunization is not sufficient evidence for reporting.
- Retroactive entries are unacceptable – all services must be rendered and entered on or before the thirteenth birthday.
- Document caregiver refusal. Counted as non-compliant.

Any of the following meet exclusion criteria:

- **Any vaccine:** Anaphylactic reaction to the vaccine must be a note with the day of the event any time on or before the member’s thirteenth birthday.
- Anaphylactic reaction (due to serum) to the vaccine or its components.
- **Tdap**: Encephalopathy with a vaccine adverse-effect code anytime on or before the member’s thirteenth birthday.
- Members in hospice.

Blood Lead Testing

California regulations require lead testing at ages 12 months and 24 months for Medi-Cal enrolled children. Catch-up testing must be done up 72 months of age (if not tested at 24 months or if previous test results are not documented).

- Capillary testing results of 3.5mcg/dL or higher require a confirmatory venous test.
- If the results of previous testing are not available, repeat testing is required.

Blood Lead Testing

- Lead prevention education must be documented at every well-child check from six months to six years.

- Parental refusal of lead testing (and the reason) must be obtained in writing, signed by the parent and placed in the medical record. If a parent refuses to sign, the provider must sign, noting that parents have declined and why, if known.

Topical Fluoride Varnish

- The American Academy of Pediatrics recommends children receive fluoride varnish treatments between two to four times a year until the age of five.

- Dental caries remains the most common chronic disease of childhood in the United States. Studies show that low-income children are often at higher risk for dental decay. Early detection of dental disease and opportunities for varnish application during annual check-ups are more likely to occur in the PCP office.

Overview of Measures: Quality Incentive Program Specifications, Tools, and Resources (3 – 17 Years)

- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Blood Lead Screening
- Tobacco Use Screening
- Topical Fluoride in Children

Child and Adolescent Well-Care Visits (3-17 Years)

Description	• The percentage of continuously enrolled members 3-17 years of age who had at least one comprehensive well-care visit with a PCP or OB / GYN practitioner during the measurement year.
Denominator	• The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31 of the measurement year (date of birth between January 1, 2009, and December 31, 2023).
Numerator	• The number of children in the eligible population with at least one well-care visit with a PCP or OB / GYN during the measurement year (January 1, 2025, and December 31, 2026).

Immunizations for Adolescents Clinical Measure

Description

- The percentage of continuously enrolled adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the human papillomavirus (HPV) vaccine series by their thirteenth birthday.

Denominator

- The number of continuously enrolled Medi-Cal members who turn 13 years of age between January 1 and December 31 of the measurement year (DOB between January 1, 2013, and December 31, 2013).

Numerator

- The number of assigned adolescents who had at least one of meningococcal vaccine; at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap); and the HPV vaccination series *completed* by their thirteenth birthday.

eReports uploads are allowed March 2, 2026, through January 29, 2027.

Lead Screening in Children (0-2 Years)

Description	• The percentage of continuously enrolled children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Denominator	• The number of continuously enrolled Medi-Cal members within last 365 days, who turn 2 years of age between January 1 and December 31 of the measurement year (DOB between January 1, 2024, and December 31, 2024).
Numerator	• The number of assigned children who had at least one lead capillary or venous blood test on or before their second birthday.

Tobacco Use Screening

Description

- Note that the Partnership measure focuses on a younger age group than the NQF measure, to align with DHCS focus on monitoring preventive health in pediatric patients. This measure uses the base logic of the National Committee for Quality Assurance (NCQA) #226 (National Quality Forum (NQF) 0028), which assesses the percentage of members 18 years of age and older screened for tobacco use and who received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (4004F).
- $5 per screening after 3% threshold of assigned members are screened.

Denominator

- Assigned members aged 11 – 21 years of age during the measurement year. (Date of birth between January 1, 2005, and December 31, 2015).

Numerator

- The number of assigned adolescents who had at least one tobacco use screening and who received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user. Partnership will extract claims data within the measurement year recognizing codes affiliated with Tobacco Use Screening: HCPCS: 4004F. No other code will be accepted.

Topical Fluoride in Children Monitoring Measure

Description

- The percentage of members 1 - 4 years of age who received at least two fluoride varnish applications during the measurement year.

Denominator

- The number of continuously enrolled Medi-Cal members between 1 - 4 years of age as of December 31 of the measurement year (Date of birth between January 1, 2022, and December 31, 2025).

Numerator

- The number of assigned children who had two or more fluoride varnish applications during the measurement year, on different dates of service.

Fluoride Varnish Billing Change

Partnership urgently needs your help in updating dental center billing practices.

- **Dental Centers** in FQHC, Rural Health Centers, and Tribal Health Centers must use **ICD code Z29.3** (Encounter for prophylactic fluoride administration) to bill fluoride varnish services
- Include diagnosis code Z29.3 on the UB-04 claim form
    - The code should be listed as the secondary diagnosis (not the principal diagnosis)
    - Enter it in box 67A of the UB-04 form as Z293 (do not include a decimal point)
- Pair Z29.3 with the appropriate dental code
    - Code 03 is for fee-for-service members or Medi-Cal members not enrolled in a dental managed care plan
    - Code 0521-T1015 SE is for Medi-Cal members enrolled in a dental managed care plan
- Measure requires minimum of two fluoride varnish applications per year.
- For topical fluoride applied in in a **primary care medical setting**, continue to use CPT code 99188 when billing for the fluoride varnish application. ICD code Z29.3 is recommended but not required.
- Questions? Contact: DentalSupport@partnershiphp.org

Quality Incentive Program (QIP) Tools and Resources

- Landing Page
- Frequently Asked Questions
- QIP Dashboard

Primary Care Provider Quality Improvement Program

PCP QUALITY INCENTIVE PROGRAM

The Primary Care Provider Quality Incentive Program (PCP QIP), designed in collaboration with Partnership HealthPlan of California providers, offers substantial financial incentives, data resources, and technical assistance to primary care providers who serve our members so that significant improvements can be made in the following areas:

- Preventive Screening
- Pediatric Access
- Hospital Utilization
- Primary Care Utilization
- Chronic Disease Management
- Patient Experience

Contact Us

Email: QIP@partnershiphp.org (please allow two business days for a response)
Fax: (707) 863-4316

PCP QIP Overview

To help orient our providers to the PCP QIP year, we have provided measurement set documents, a code list, and other useful tools and resources.

Learn More about the 2026 PCP QIP

Equity Adjustment - PCP QIP Payment Methodology

Webinars

PCP QIP Webinars

Upcoming Webinars and Trainings

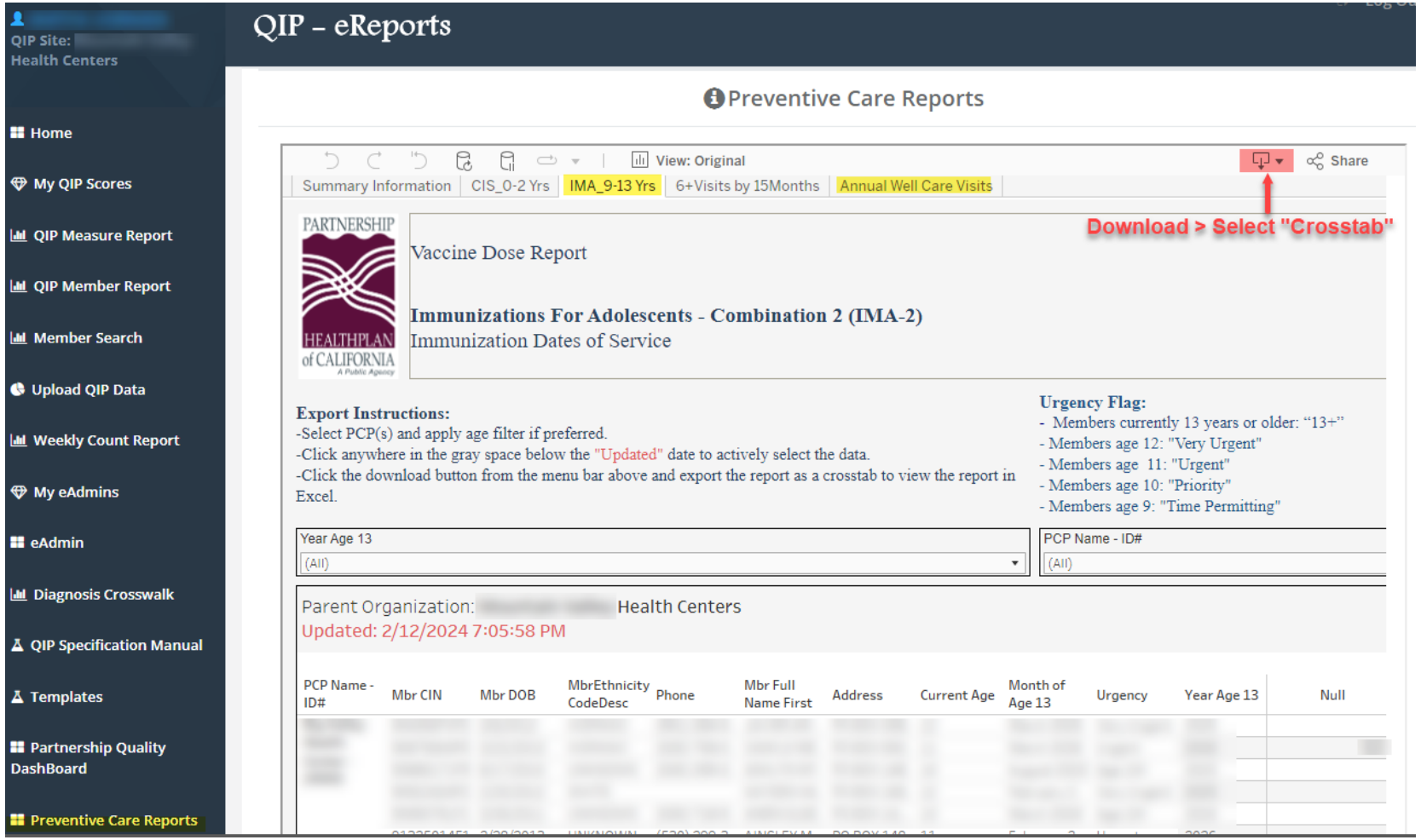
On Demand Courses

Quality Incentive Program Tools

Tools and Resources

- 2026 PCP Measure Specification Manual
- PQD User Guide
- Preventive Care Reports User Guide
- PCP QIP Webpage
- eReports

eReports: Preventative Care Reports

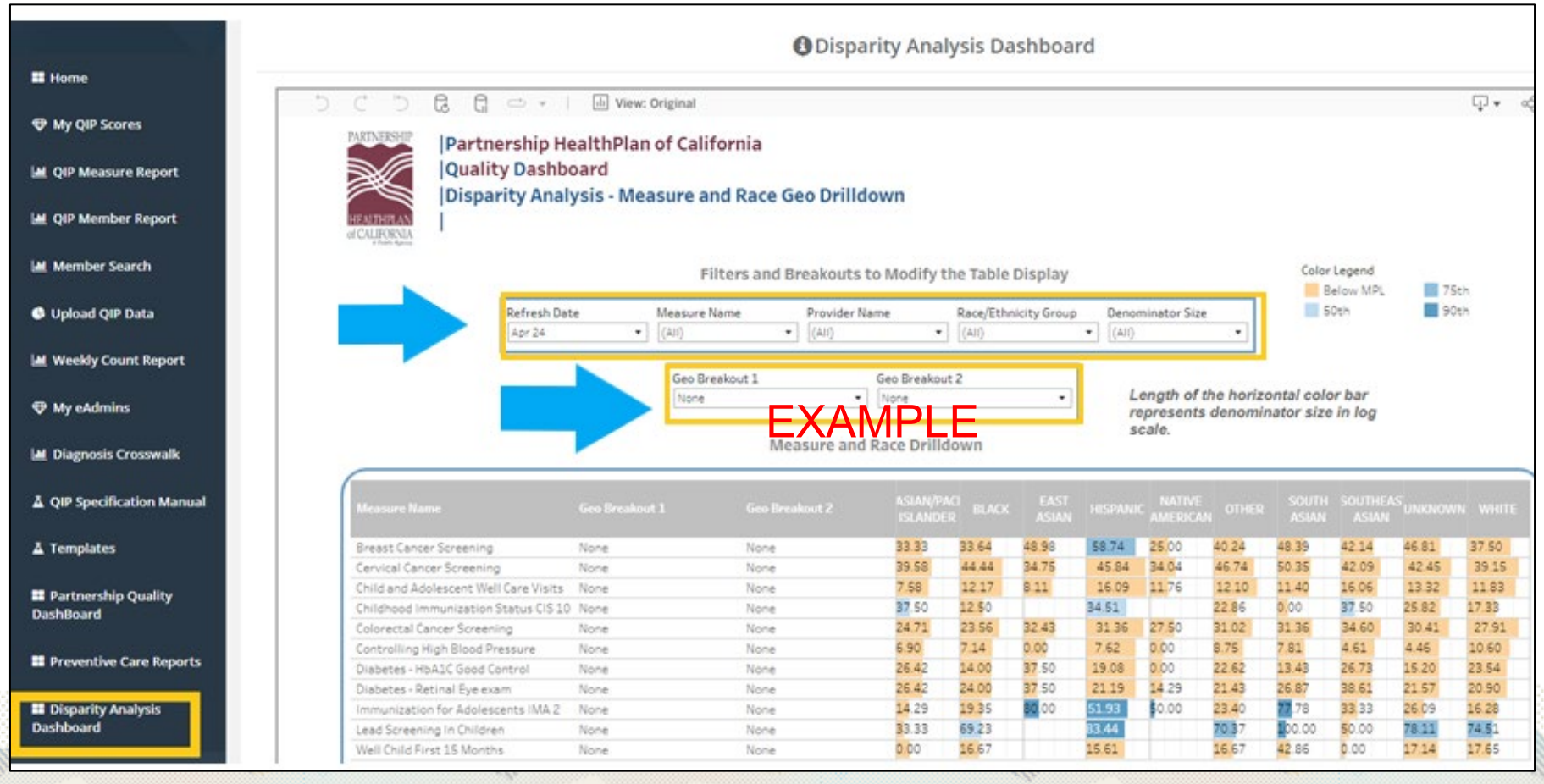


Preventative Care Reports Microlearning (8 minutes)

[Short Video Training]

Disparity Analysis Dashboard

- **Purpose:** To promote the ease of identification of PCP QIP measure performance across race/ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race / ethnicity group stratification.



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Putting Quality Into Practice

Measure Best Practices

The Measure Best Practices documents are resources for the Primary Care Provider Quality Improvement Program (PCP QIP) measure set, which aligns closely with the Managed Care Accountability Set (MCAS) measures for which Partnership HealthPlan of California is held accountable by the Department of Health Care Services (DHCS). Each Measure Best Practice document is updated annually and includes Partnership tools and resources, guidelines to facilitate optimal member care, opportunities for patient education, outreach, and equity, data and coding resources, and helpful links to improve measure performance.

Breast Cancer Screening

Cervical Cancer Screening

Child & Adolescent Well Care

Childhood Immunizations Status

Chlamydia Screening

Colorectal Cancer Screening

Controlling Blood Pressure

Comprehensive Diabetes Care: HbA1c - Good Control

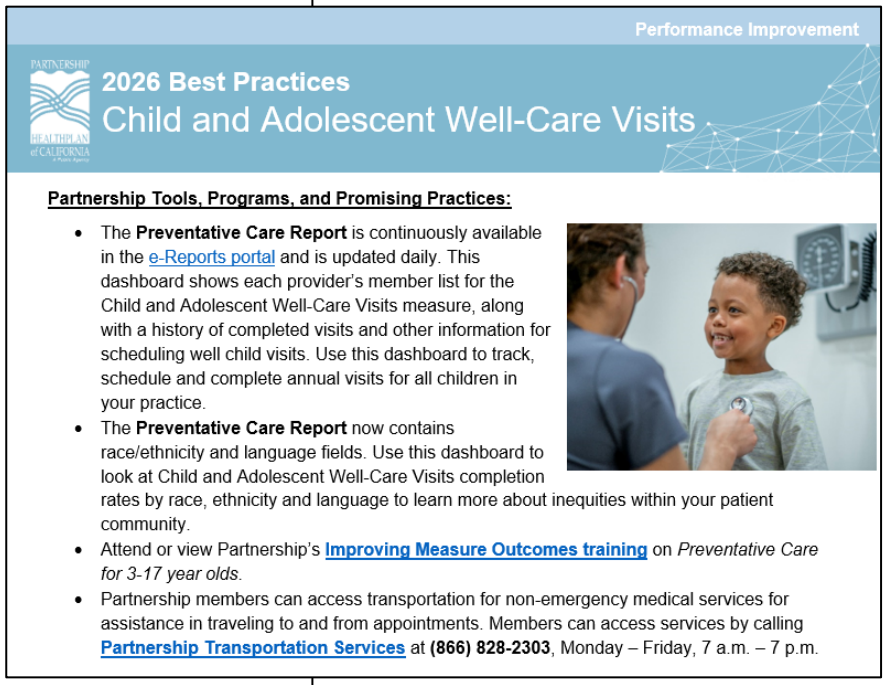
Comprehensive Diabetes Care: Retinal Eye Exam

Dental Flouride Varnish

Immunizations for Adolescents

Lead Screening for Children

Well Child Visits 0-30 Months



Performance Improvement

2026 Best Practices

Child and Adolescent Well-Care Visits

Partnership Tools, Programs, and Promising Practices:

- The **Preventative Care Report** is continuously available in the e-Reports portal and is updated daily. This dashboard shows each provider's member list for the Child and Adolescent Well-Care Visits measure, along with a history of completed visits and other information for scheduling well child visits. Use this dashboard to track, schedule and complete annual visits for all children in your practice.
- The **Preventative Care Report** now contains race/ethnicity and language fields. Use this dashboard to look at Child and Adolescent Well-Care Visits completion rates by race, ethnicity and language to learn more about inequities within your patient community.
- Attend or view Partnership's **Improving Measure Outcomes training** on *Preventative Care for 3-17 year olds*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling **Partnership Transportation Services** at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

Care Gap Identification by Staff

- Best practice for pre-visit and/or check-in processes is to identify needed care gaps within the PCP QIP. This can be done two ways:

- **eReports > Member Search**
  - Provide staff involved in these processes with access to eReports. They can conduct a member search and will display the care gaps from the PCP QIP
  - Access to eReports can be given by your organization's designated eAdmin
- **Provider Online Services > ePrompts**
  - Ensure staff involved with insurance verification knows about and utilizes ePrompts within the Provider Online Services
  - Access to Provider Online Services is provided by your Provider Relations Representative
  - Not all PCP QIP clinical measures transmit to ePrompts
  - **Short Video Training** (6 minutes)

Measure Best Practices: Well-Care Visits

- Leverage acute and sick exams by converting them to a well-care visits well-care visits if the member is due and / or offer vaccines for which they may be due.
- Check for needed services when patients present: Front office staff and / or pre-visit planning staff can check for QIP services due through eReports > Member Search *or* ePrompts located in the Provider Online Services portal.
- Confirm all appointments one day prior to the appointment, using text messages or phone calls. Actively pursue missed appointments within 48 hours with a reminder call by care team / staff.
- Use standardized templates in EMRs / EHRs to guide clinicians and staff through the visit requirements.
- Set up EMR / EHR alerts to flag well-care visits needed when patient are outreached or present for services.

Measure Best Practices: Well-Care Visits

- Allow flexibility for scheduling annual visits (i.e., does not have to have a minimum 12 months between visits; multiple well-care visits may occur in a year).

- Consider different options for modality of care for your patients:
  - Back-to-back / coordinated appointments for all children in the family.
  - Conduct annual well-care visits for the entire family.
  - Offer extended evening or weekend appointments to accommodate work / school schedules, if feasible.
  - Open a well-care-specific walk-in schedule block, “until full”.

Measure Best Practices: Adolescent Immunizations

- Offer immunization-only appointments.
- Deploy a vaccine walk-in schedule.
- Offer HPV starting at nine years old.
- Schedule second HPV dose at first dose encounter (or set a reminder / alert).
- Work with local schools and community partners to develop vaccine clinics.
- Immunize at acute or sick visits, as appropriate.
- Designate a “vaccine coordinator” for your clinic(s).
- “Scrub charts” in advance to determine if vaccines are due.
- Offer incentives directly to youth.
- Investigate the opportunity to conduct school-focused immunization clinics.

Measure Best Practices: Lead Testing

- Create standing orders.
- Collect sample when patient is in the office.
  - Ideal to have a Point of Care testing device to allow for collection of sample early in the visit, provide results to provider before they enter the room
- EMR / EHR Alerts - Identify children who have not completed blood lead testing.
- Utilize BLS reports provided by Partnership (emailed quarterly by the QIP team).
- Ensure utilization of correct billing codes:
  - **83655**: Used by clinics who collect and run the specimen and provide results to the parent
  - **83655 + modifier 26**: Used by clinics who collect the specimen and provide results to the patient but do not run the test
- Apply for a LeadCare II Point of Care testing device through Partnership's website (see next slide).

Measure Best Practices: Lead Testing

LEAD POISONING AND PREVENTION

Childhood Lead Exposure: The Evolving Landscape

By Teresa Frankovich, M.D, Associate Medical Director

Recent headlines about high lead levels found in fruit pouches consumed by young children, highlight the fact that lead exposure is not a thing of the past, but an important part of our present. Exposure to this metal can cause a wide range of health problems, including irreversible brain damage, particularly in young, developing brains. There is no known "safe" level of lead exposure.

In your practice, you have likely spoken with parents about lead exposure occurring in older (pre-1978) homes, due to lead-based paints that were once widely used. Of course, lead may be found in soil, particularly around older homes and industrial sites and in water that flows through older pipes containing lead. Until relatively recently, parents were advised primarily about these sources of exposure. But lead is also being found in other, unexpected places, necessitating a change in what we communicate to parents about exposure risks. Read More.

Partnering for Pediatric Lead Prevention Program: Point of Care Testing Initiative

Partnership HealthPlan of California invites your organization to apply to participate in a program aimed at improving lead testing rates for Partnership enrolled, age-appropriate pediatric patients in the primary care setting. California mandates lead testing for children enrolled in publicly supported programs, such as Medi-Cal, but lead testing rates have remained below the national Medicaid Benchmark in all of Partnership's service areas. Lead testing is crucial in identifying children with lead exposure – and success in testing is highly associated with in-clinic specimen collection. Partnership will be awarding LeadCare II Point of Care testing devices to qualifying primary care sites within the Partnership network.

Program Information

- Partnering for Pediatric Lead Prevention PPT (Program overview)
- Partnering for Pediatric Lead Prevention Program Information

How to Apply

1. Review the program information materials listed above.
2. Fill out the Partnering for Pediatric Lead Prevention Application.
3. Submit the application to LeadPOC@partnershiphp.org.

Partnership Resources

Lead Declination Forms

These lead declination forms were developed by Partnership and approved by the Department of Health Care Services (DHCS) for providers to use.

- English I English Large Font
- Hmong
- Lao
- Russian I Russian Large Font
- Spanish I Spanish Large Font
- Tagalog I Tagalog Large Font
- Vietnamese

Questions regarding these forms? Please contact the PPLP program:

- Email: LeadPOC@partnershiphp.org

Quality Improvement Programs (QIP)

Lead Screening in Children is a measure in our PCP QIP measure set. Below are various resources from Partnership's QIP Team to support you on achieving full points.

- 2025 PCP QIP Measure Summary
- 2025 PCP QIP Measure Specifications Manual
- 2025 Measure Best Practices
- Timeline for Addressing 2025 and 2026 PCP QIP Measures

Questions regarding QIP? Please contact the QIP team:

- **Email:** QIP@partnershiphp.org (please allow two business days for a response)
- **Fax:** (707) 863-4316

Health Education - Members

Partnership has a member facing Lead Poisoning and Prevention health education page.

- Lead Poisoning and Prevention

External Resources

American Academy of Pediatrics (AAP)

- AAP Lead Exposure

California Department of Public Health (CDPH)

- Childhood Lead Poisoning Prevention Branch (CLPPB)
  - Butte County
  - Colusa County
  - Del Norte County
  - Glenn County
  - Humboldt County
  - Lake County
  - Lassen County
  - Marin County
  - Mendocino County
  - Modoc County
  - Napa County
  - Nevada County
  - Placer County
  - Plumas County
  - Shasta County
  - Sierra County
  - Siskiyou County
  - Solano County
  - Sonoma County
  - Sutter County
  - Tehama County
  - Trinity County
  - Yolo County
  - Yuba County
- Presentation - Update on The Prevention of Childhood Lead Poisoning (Feb. 2024)

Centers for Disease Control and Prevention (CDC)

- CDC Childhood Lead Poisoning Prevention
- Training: Childhood Lead Poisoning Prevention - Earn Continuing Education Credits (CEU's) for completing the modules.

Environmental Protection Agency (EPA)

- Lead
- National Lead Poisoning Prevention Week: October 19 – 25, 2025

[Webpage link]

Measure Best Practices: Topical Fluoride Varnish

- Train provider teams to provide health education on dental fluoride varnish, prepare and complete a fluoride varnish, and document and code completion of the fluoride varnish. *(Can be done through Partnership or your county's local oral health program.)*
- If practice offers dental services, schedule the child's next dental visit during check-out, or as part of the rooming process.
- Create a flag alert for the next fluoride treatment needed.
- Use standing orders for application of topical fluoride varnish.
- Include topical fluoride varnish as part of your pre-visit planning process.
- Stock exam rooms with pre-prepared fluoride varnish kits to streamline completion.
- Provide parents / caregivers with a list of pediatric dentists in their area who accept Medi-Cal Dental. Lists can be found on Local Oral Health Program websites.

Measure Best Practices: Equity Approaches

- Actively monitor the Disparity Analysis Dashboard in eReports.
- Review measure completion rates by race, ethnicity, location, and preferred language. Develop tailored interventions.
- Identify and address barriers to care (transportation, hours, limited English proficiency, childcare); partner with established community agencies, schools, after-school programs and faith-based organizations to address barriers.
- Have a conversation with pre-teens and caregivers to confirm that vaccination information and next steps covered in the visit are mutually understood, pre-teen and caregivers agree with any plans made, and the family is given the opportunity to ask questions.

Health Disparities

- Barriers to pediatric care include:
  - Caregiver concerns with language and immigration status
  - Poverty, unequal access to health care
  - Lack of education
  - Vaccine hesitancy due to mistrust in the health care system
  - Lack of transportation
  - Difficulty for parents / caregivers taking time off work
  - Financial stressors (transportation associated costs, reduction in pay)
  - Competing priorities, including caring for other children, school schedules, and caregiver's own medical needs

Children are generally referred to as a vulnerable population in reference to their health because of their relative inability to advocate for their own interests and to protect themselves.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
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Voices of the Field

Mendocino Coast Clinics

Driving Excellence in Pediatric Care: Mendocino Coast Clinics' Success in Well-Child Checks Ages 3-17 Years

Presented by: Eva Glidewell, QI Manager and Jarintze Malagon, QI Coordinator

Our Mission at Mendocino Coast Clinics

At Mendocino Coast Clinics, we're dedicated to providing exceptional, patient-centered care. We focus on prevention, wellness, and building lasting relationships with the families we serve on the Mendocino Coast.

Core Values

01 Compassion

02 Team Work

03 Community

04 Sustainability

#BestCareAnywhere

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Background

1. **Patient Population: 10,000**
   Pediatric Population: 2,400
2. **Staff: 130**
3. **Rural Area located in Mendocino County**
4. **EMR: Next Gen**
5. **Pop Health Tool: i2i**
6. **Services We Provide:** Adult Medicine, Pediatric Medical Care, Dental Care, Reproductive Health, Behavioral Health, Medication Assisted Treatment (MAT),Patient Advocates, Acupuncture, Chiropractor.

Pediatric Measure:
Well Child Visits Ages 3-17 Years

Patients aged 3-17 years old, who have had at least 1 comprehensive well-care visit in the last 12 months

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What Makes Mendocino Coast Clinics Stand Out

The Power Behind Our Success

Team Collaboration

At Mendocino Coast Clinics, we don't just work together, we function as a well-oiled team. From MAs to providers, we share a unified commitment to providing seamless, coordinated care that meets every patient's needs.

Proactive Workflows

Our team is proactive at every visit, confirming well- child checks, scrubbing records in advance, and using QI lists to ensure consistent follow- up.

Deep Experience

With over 10 years of experience, our MAs know our patients personally and are deeply invested in quality improvement. Their understanding of the intricacies of our QI measures ensures that we're not just meeting standards, we're constantly raising the bar for patient care.

Empowering Families Through Education

Our providers and MAs emphasize patient education, especially around well-child checks, to help families understand their care and make informed decisions.

Our **"secret sauce"** isn't just the systems and tools we use, it's our **people**, their **dedication** to quality, and the **trust** they've built with our patients

Clinical Alerts & Patient Tracking

- Preventive care reports, such as those found in e-Report, help identify patients who are due for services like well-child visits (WCVs), immunizations, lead screenings, and other pediatric preventive measures.

- Medical Assistants are prompted to address outstanding preventive needs during rooming

Pre-Visit Planning by ProviderTeams

Before the patient arrives, the care team prepares by:

- Reviewing the patient chart
- Checking when the last WCV was done
- Looking for missing immunizations or labs
- Reviewing care gaps and reminders
- Finding records from outside systems if needed

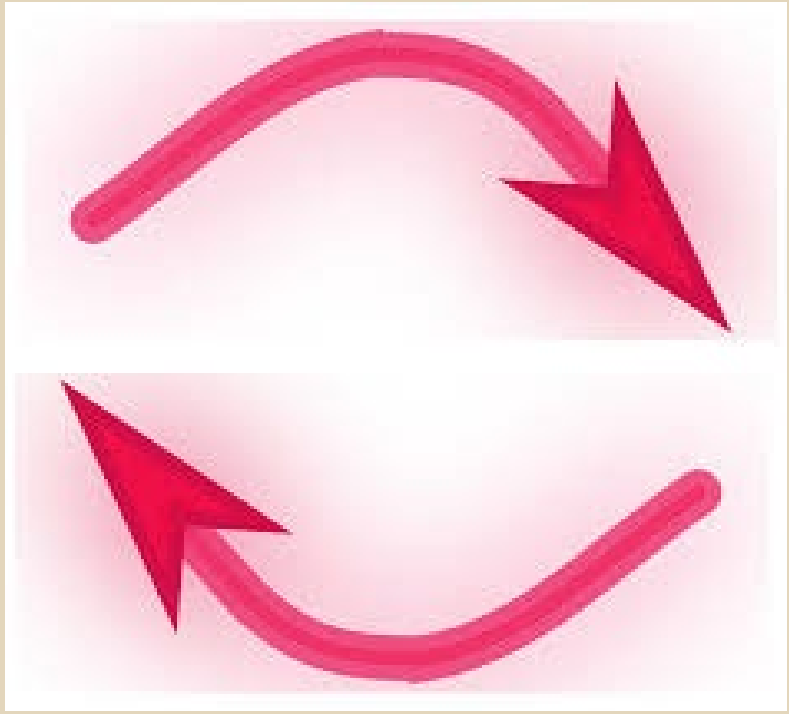
This planning allows visits to be efficient, thorough, and patient-centered.

Turning Visits Into Well Care Visits

When possible, we use existing visits to complete WCVs:

- Patients who are due are flagged before the visit
- Providers may change a regular visit or sports physical into a WCV
- If a child is too sick, a WCV is scheduled before the patient leaves

This reduces missed opportunities and improves access for families.



Preventive Care Reports and Outreach

Our clinic uses organized tracking and outreach to keep patients on schedule.

- Preventive care reports are updated frequently
- The Quality Team monitors upcoming and overdue WCVs
- Families are contacted to schedule needed visits
- Pediatric provider availability supports timely access to care **(2 full time providers and 1 full time Pediatrician)**

MCC

The Role of Experience & Teamwork in Our Success

Our success in meeting Pediatric Well Care Visit measures is a direct result of our experienced, stable, and highly engaged care teams.

- Our staff is deeply invested in Quality Improvement measures and understands how their daily work impacts outcomes
- With little to no staff turnover and many team members having **10+ years of experience**, workflows are consistent and reliable
- Providers, nurses, and Medical Assistants have long-standing working relationships built on trust and collaboration
- Teams know their patients and families well, allowing for personalized care and proactive follow-up
- Strong communication across roles ensures care gaps are identified early and addressed efficiently

This shared commitment and continuity of care allows us to consistently meet preventive care measures and support high-quality outcomes

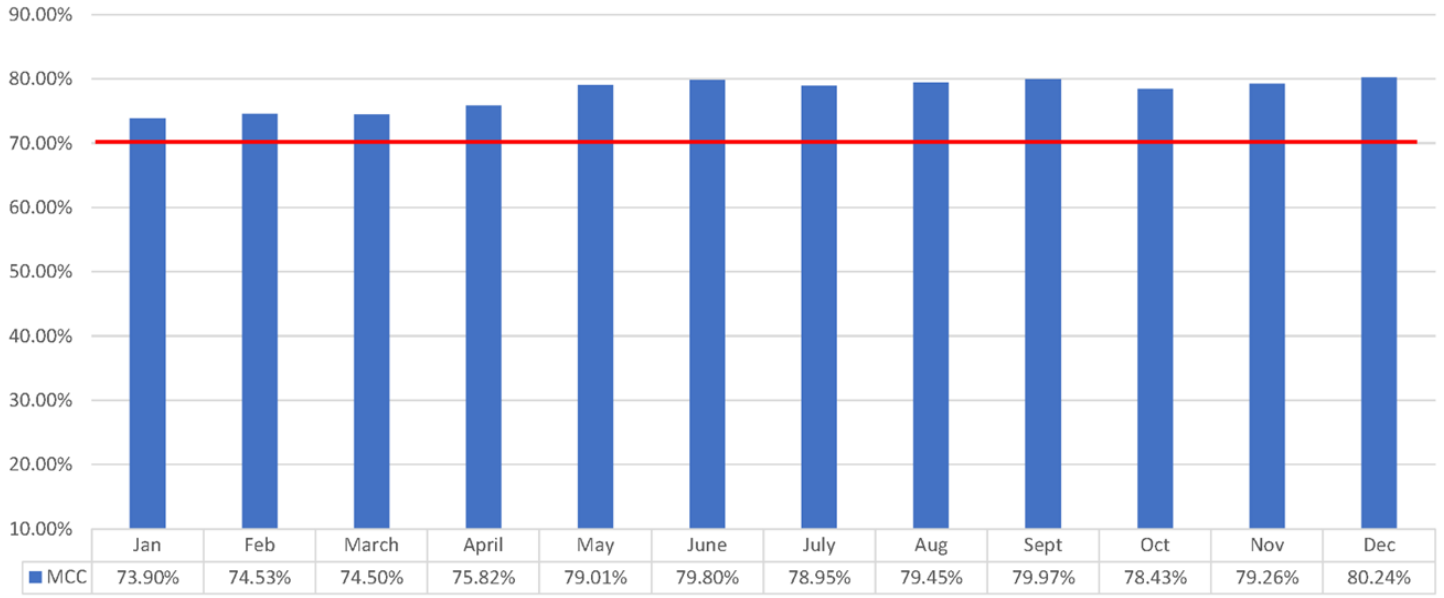
Outcomes and Impact

Our approach has led to meaningful improvements:

- Higher completion rates for Pediatric Well Care Visits
- Fewer missed preventive care opportunities
- Strong collaboration between clinical and quality teams
- Better patient engagement and satisfaction

Well Child Exams Ages 3-17 Years: Goal 70%

Denominator - Patients aged 3-17 years and older who have had at least 1 medical visit in the past 12 months and have not been identified as having primary care elsewhere. **Currently 1,736 patients.**
Numerator - Patients aged 3-17 years who have received a well child exam in the last 12 months. **Currently 1,393 patients.**



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
MCC	73.90%	74.53%	74.50%	75.82%	79.01%	79.80%	78.95%	79.45%	79.97%	78.43%	79.26%	80.24%

Thank you for listening!

Clinic Name: Mendocino Coast Clinic

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QI Coordinator: jmalagon@mccinc.org

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A Public Agency

Upcoming Trainings

Improving Measure Outcomes Webinar Series

The Improving Measure Outcomes learning series is designed to help quality improvement teams turn knowledge into action. These sessions focus on Partnership's Primary Care and Perinatal Provider Quality Incentive Program (QIP) measures, offering practical strategies to close care gaps, advance health equity, and improve clinical outcomes.

2026 Webinar Schedule

All webinars are held from noon to 1 p.m.

March 11, 2026 - Preventive Cancer Screenings: Improving Outcomes through Early Detection
March 25, 2026 - Managing Chronic Disease: Strategies for Blood Pressure and Diabetes Control
April 8, 2026 - Sexual and Reproductive Health
April 22, 2026 - Improving Perinatal Outcomes

**Continuing education credits available.*

For details and registration, visit Improvement Academy's event page
Questions? Email improvementacademy@partnershiphp.org

ABCs of Quality Improvement

An in-person training designed to introduce participants to key Quality Improvement (QI) methodologies, with a specific focus on the Model for Improvement – a widely used framework for driving measurable change in health care settings

Thursday, March 19, 2026
8:30 a.m. – 4:30 p.m.
Redding

REGISTER HERE

Thursday, May 14, 2026
8 a.m. – 4 p.m.
Auburn

REGISTER HERE

Vaccine Hesitancy in the Current Climate Webinar

This webinar is designed to equip providers to address vaccine misinformation and navigate recent immunization changes. Learn directly from a panel of pediatric organizations as they share their strategic blueprints for achieving benchmark-setting vaccination rates and overcoming vaccine hesitancy.

REGISTER HERE

Tuesday, March 3, 2026
Noon - 1 p.m.

**Continuing education credits available.*

Questions? Email improvementacademy@partnershiphp.org

Partnering for Pediatric Lead Prevention Program

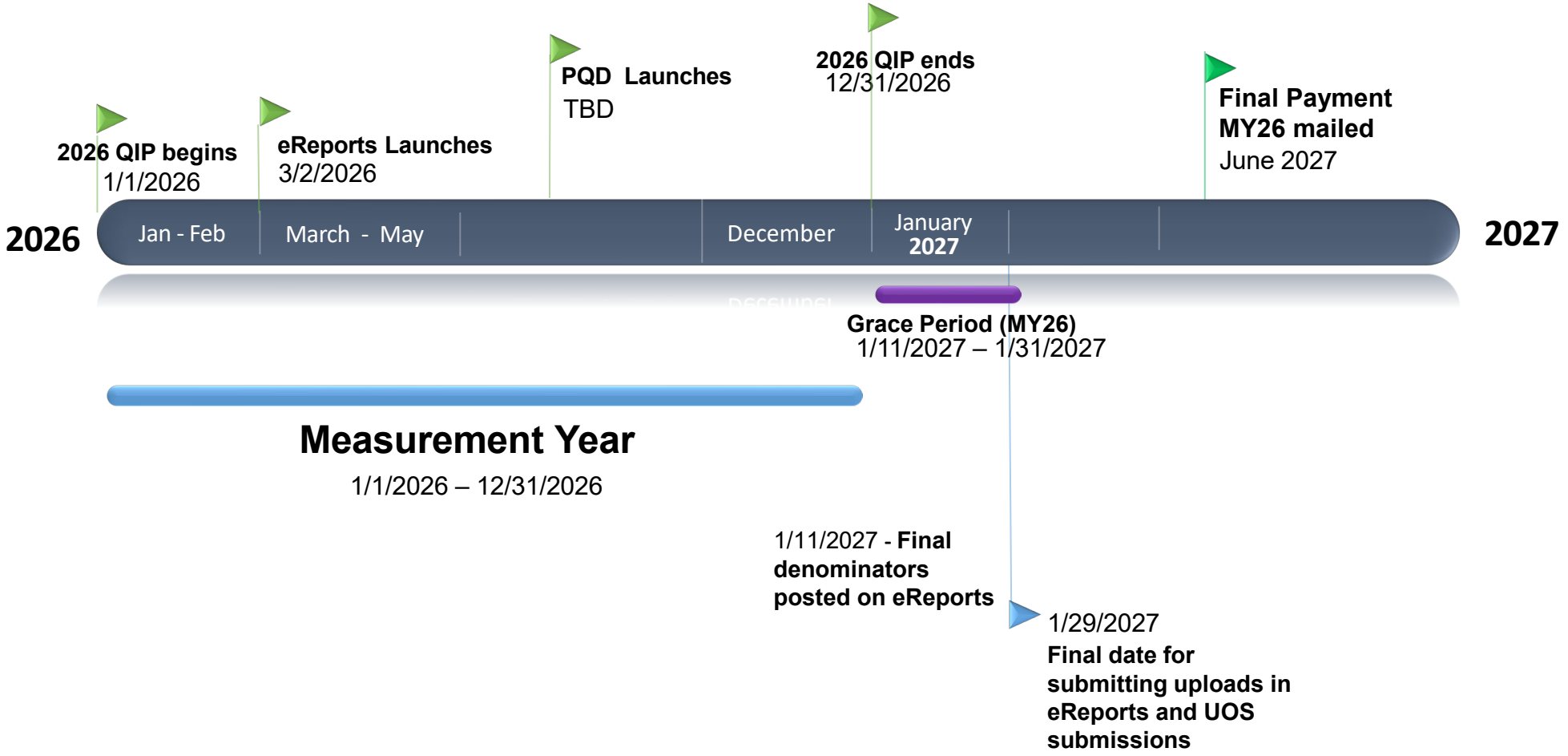
Partnership invites your organization to participate in a program aimed at improving lead testing rates for age-appropriate pediatric patients in the primary care setting.

Partnership is awarding LeadCare II Point of Care testing devices to qualifying primary care sites within the Partnership network. Program materials and resources are available now on our Lead Poisoning and Prevention webpage.

Applications are now accepted year-round!

For more information, questions, or to submit an application, email: leadPOC@partnershiphp.org

PCP QIP Timeline



Evaluation

Contact Us

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Evaluation