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: 40.4% (Prior year national Medicaid 75th percentile) |

**Who:** Children who turn 13 years of age in 2020.

**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 2020 goals. Much attention is given to those who choose 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 2020 who receive all the following immunizations before their 13th birth date:

- **Meningococcal:** At least one meningococcal serogroups A, C, W, Y vaccine on or between the member’s 11th and 13th birthdays.
- **Tdap:** At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the member’s 10th and 13th birthdays.
- **HPV:** At least two HPV vaccines with different dates of service, at least 146 days apart, occurring on or between the member’s 9th and 13th birthdays.
  
  OR

  At least three HPV vaccines with different dates of service on or between the member’s 9th and 13th birthdays.

**How:** Some ideas to improve Immunizations for Adolescents performance:

- 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.).
- Schedule immunizations visits months before their 13th 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 that 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.

**Coding:** N/A

**Resources**

CDC recommended schedule of immunizations for adolescents:
[https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
Childhood Immunization Status (Combo 2) FAQs

Q: What immunization combination does this metric follow?

A: HEDIS® 2020 Combination 2.

Q: Are disease histories considered if the child had not received a vaccination?

A: No. ALERT IIS data currently does not reliably capture disease history and OHA does not integrate disease histories when calculating performance for this measure.

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

A: A child’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 child 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 13th birthday is within 2020 and have physical health coverage with the CCO continuously for the 12 months prior to their 13th birthday are included in the denominator. Please note that OHA is considering a temporary revision to the continuous enrollment criteria for the 2020 measurement year to account for changes in service areas and new CCOs with the implementation of the CCO 2.0 contracts. Please check with your Primary Care Innovation Specialist or Quality Improvement Analyst with any questions.

Q: If parents refuse to have their child vaccinated, are they excluded from the metric?

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