



Caring for adolescents

As adolescents begin to reach adulthood, they may need guidance on transitioning from pediatric care to an adult healthcare provider. MHS Health Wisconsin can help teens prepare to successfully transition to adult care by following the **“Six Core Elements of Health Care Transition,”** available on gottransition.org. Here’s how it works:

1. Develop a transition policy and share it with staff and MHS Health members.
2. Establish a process for identifying young members who are approaching the transition from pediatric to adult care.
3. Conduct regular transition readiness assessments with members and jointly develop transition goals.
4. Plan the transition with young members and their parents, including determining the need for decision-making supports, obtaining consent for release of medical information and assisting young members in finding an adult provider.
5. Transfer care to an adult provider, including providing any needed paperwork.
6. Complete the transfer by confirming the member has moved to an adult practice.

Once the transition is complete, teens should be able to take on the responsibilities of managing their own healthcare, including:

- Finding a new healthcare provider
- Understanding practice appointment policies
- Transferring records to a new office
- Explaining their health needs to others

When should teens transition to adult care?

The American Academy of Pediatrics recommends a transition to an adult care provider between ages 18 and 21.

The Got Transition website, gottransition.org, offers clinical resources and customizable tools to help MHS Health prepare members for the move to adult care, including **“Incorporating Health Care Transition Services into Preventive Care for Adolescents and Young Adults: A Toolkit for Clinicians”** and **condition-specific transition toolkits.**



Know your HEDIS facts

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA). The more than 90 HEDIS measures:

- Examine the effectiveness, availability and experience of care and more.
- Are informed by the 190 million people who are enrolled in health plans that report HEDIS results.
- Are updated annually. The latest measures are available on the NCQA website at ncqa.org/hedis/measures.
- Are used by most health plans to evaluate their performance on important aspects of care and service. MHS Health reviews HEDIS data to identify opportunities to improve performance and ensure members are receiving appropriate care.
- Hold health plans accountable for the timeliness and quality of healthcare services.

We discuss key HEDIS measures in each issue of our newsletter. Please review these measures to make sure you are meeting HEDIS standards, which will help improve our overall HEDIS scores.

HEDIS IN SUMMARY	
MEASURE	DETAILS
<p>Breast Cancer Screening This measure assesses women ages 50 to 74 who had at least one mammogram to screen for breast cancer in the past two years.</p>	<p>According to the Centers for Disease Control and Prevention (CDC), breast cancer is one of the most common cancers among women of all racial and ethnic backgrounds. Early detection during routine screenings beginning at age 50 (or 40 for women who have a higher risk) can reduce the risk of death.</p>
<p>Cervical Cancer Screening This measure assesses either women ages 21 to 64 who had a cervical cytology (Pap test) performed every three years or those ages 30 to 64 who had cervical cytology and HPV co-testing every five years.</p>	<p>Cervical cancer was previously considered a leading cause of cancer death in women. The availability of effective screening tests for early detection has reduced the risk of death by more than 50 percent over the past 30 years.</p>
<p>Chlamydia Screening in Women This measure assesses women ages 16 to 24 who are sexually active and have been tested for chlamydia at least once within the past year.</p>	<p>Chlamydia is one of the most common sexually transmitted infections for young people in the United States, according to the CDC. It is estimated that 1 in 20 sexually active women ages 14 to 24 are infected. Delays in treatment can lead to serious health problems, such as pelvic inflammatory disease and fertility issues.</p>
<p>Prenatal and Postpartum Care This measure assesses two factors: the percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment in the health plan, and the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</p>	<p>Women with low-risk pregnancies should receive an examination at least once during the first trimester of the pregnancy and an exam within four to six weeks after delivery, according to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.</p>



Talking to members about vaccines

Some members may have concerns about the effectiveness and safety of vaccines for themselves or their children. Providers can play a vital role in educating MHS Health members about the importance of immunizations.

A **recent study** showed that a child's healthcare provider is still the main source of parents' information on vaccines, but 39.9 percent also said they use the internet to access this kind of information. Children of parents who rely on the internet for information were much more likely to have a nonmedical exemption for one or more vaccines.

Low disease awareness can also lead to an increased focus on vaccine risks, according to the **Centers for Disease Control and Prevention (CDC)**. Additionally, the vaccination schedule for young children can appear complicated to parents.

The CDC recommends that providers:

- Educate members about vaccines and the diseases they can help prevent.
- Communicate the benefits of vaccines.
- Discuss risks and side effects of vaccines.
- Provide vaccine recommendations.
- Reiterate the social norm to vaccinate.

Providers can help reinforce these messages by using clear language, personal stories and information from credible resources.

HEDIS for childhood immunizations

The National Committee for Quality Assurance recommends that children younger than 2 adhere to a set immunization schedule to reduce the risk of an outbreak of vaccine-preventable diseases.

The **HEDIS measure** for Childhood Immunization Status looks at the percentage of children who received the recommended number of doses of the following vaccines by their second birthdays:

- | | |
|--|--------------------------------------|
| ▪ Diphtheria, tetanus and acellular pertussis (DTaP), four doses | ▪ Hepatitis B, three doses |
| ▪ Polio, three doses | ▪ Chickenpox, one dose |
| ▪ Measles, mumps and rubella (MMR), one dose | ▪ Pneumococcal conjugate, four doses |
| ▪ Haemophilus influenza type B, three doses | ▪ Hepatitis A, one dose |
| | ▪ Rotavirus, two or three doses |
| | ▪ Influenza, two doses |

Who should get a flu shot?

The flu vaccine prevented an estimated 5.3 million cases of influenza, 2.6 million flu-associated medical visits and 85,000 flu-associated hospitalizations during the 2016-2017 season in the U.S., according to the Centers for Disease Control and Prevention (CDC).

Even with those high numbers, only 37.1 percent of adults received a flu shot last flu season—6.2 percentage points less than the year before.

The CDC recommends that everyone older than 6 months get a flu vaccine every year. Children younger than 6 months and those with severe, life-threatening allergies to the vaccine should not get a flu shot.

HEDIS

Two **HEDIS measures** discuss flu vaccination:

- **Flu Vaccinations for Adults Ages 18 to 64:** Measures the percentage of adults ages 18 to 64 who received an influenza vaccination.
- **Flu Vaccinations for Adults Ages 65 and Older:** Measures the percentage of adults ages 65 and older who received an influenza vaccination.



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Referring members for dental care

Some members may not be aware that dental diseases developed during childhood can diminish their quality of life and lead to serious health concerns, including cardiovascular disease and fertility issues.

The National Committee for Quality Assurance reports that 25 percent of American children have cavities, making tooth decay one of the most common childhood diseases. Fortunately, annual visits to the dentist for cleanings and information about proper oral care can reduce the risk of dental disease in younger members.

MHS Health providers can help members stay healthy by discussing the importance of dental care and referring those in need of a dental provider to MHS Health member services at **1-888-713-6180** (TDD/TTY: **1-800-947-3529**).

HEDIS

The **Annual Dental Visit** measure assesses members ages 2 to 20 who had at least one dental visit during the year.

Supporting member health

MHS Health offers disease management programs to members with conditions such as diabetes, asthma, hypertension and HIV or AIDS. The programs can:

- Provide education about a member's condition, which can help encourage adherence to treatment plans.
- Increase coordination among the medical, social, behavioral health and educational communities.
- Ensure that referrals are made to the proper providers.
- Ensure coordinated participation from physicians and specialists.
- Identify modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts.

An integrated approach with collaboration among physical and behavioral health clinicians is used in our disease management programs. If you know a member who would benefit from disease management, call MHS Health at **1-800-222-9831** and choose the prompt for care management or visit our provider portal to initiate a referral.



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1-800-222-9831
MHSWI.COM

MHS/NHP REFERS TO THE BADGERCARE PLUS AND MEDICAID SSI MEMBERS OF MHS Health Wisconsin AND NETWORK HEALTH PLAN.

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