CPQCC CCS HRIF 2020 Data Training

October 2019

Susan Hintz, MD MS Medical Director, CPQCC CCS HRIF



Overview -

- <u>How did we get to CPQCC CCS HRIF?</u> HRIF background, evolution, data usage
- <u>What can I learn about my patients?</u> HRIF System Reports for HRIF **and** NICU teams
- *How are we helping to inform the larger clinical and research community?* - Highlights of HRIF data in action
- <u>What's new and what's next?</u> Cardiac expansion project





CPQCC CCS HRIF:



Background, evolution, current state



Background and History: Follow up for infants at high risk in California

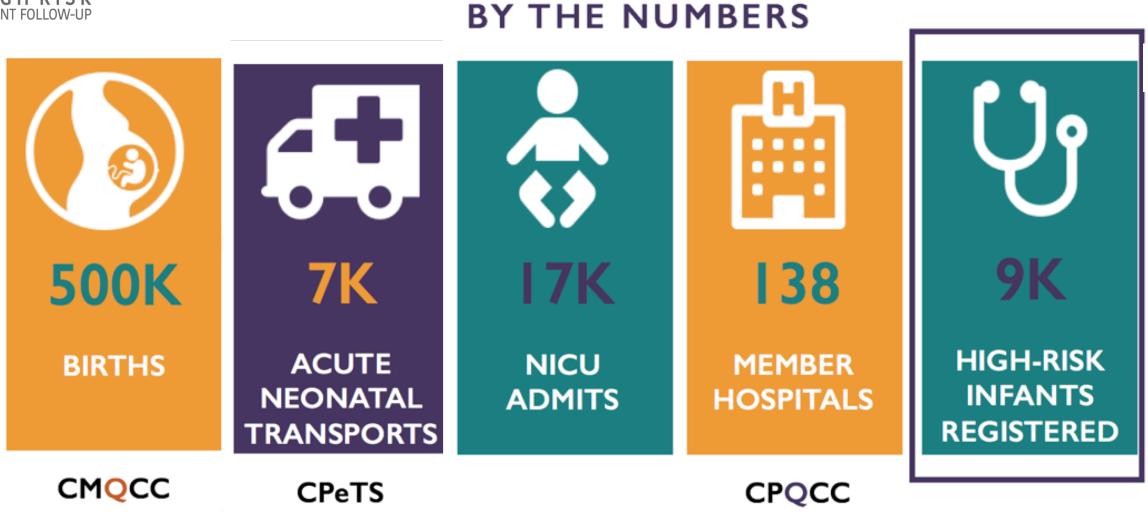
- California Children's Services originally established a "NICU Follow Up Program" in 1979.
- Multiple evolving changes and challenges -
 - Growing recognition that we could do even better for high risk infants in California.
- CPQCC partnered with CCS, HRIF clinics, other private and public partners to completely remodel program - CPQCC CCS HRIF Program -

Continuum of care structure – unique to California!



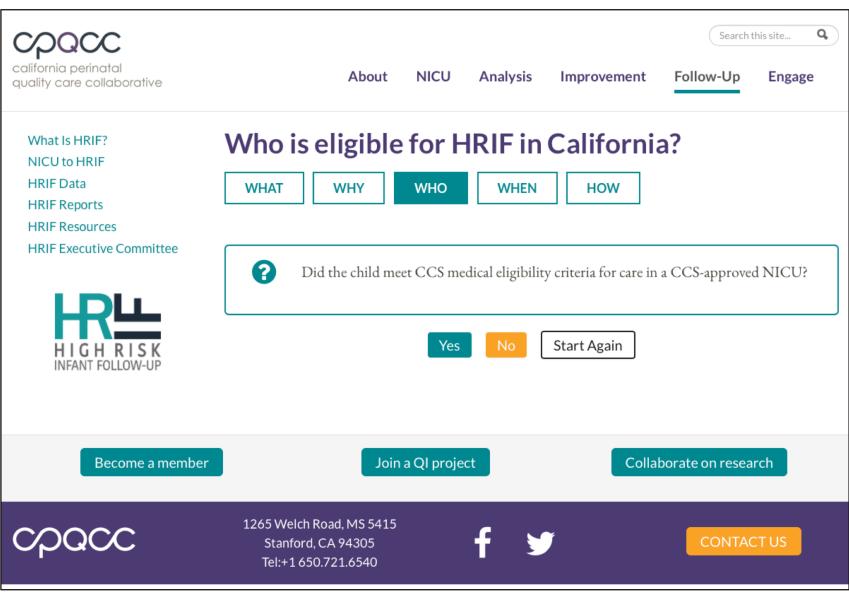








https://cpqcc/follow/what-hrif/who





Who do we serve? – HRIF Medical Eligibility



State of California—Health and Human Services Agency
Department of Health Care Services



EDMOND G. BROWN JR Governor

DATE: October 12, 2016 Num Supe

Numbered Letter: 05-1016 Supersedes: N.L. 10-1113 Index: Benefits

- TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, CCS MEDICAL CONSULTANTS, AND STATE SYSTEMS OF CARE DIVISION (SCD) PROGRAM STAFF
- SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

Medical Eligibility: <u>Small Babies</u>

- Birth weight less than or equal to 1500 g, OR
- GA at birth less than 32 weeks.

Medical Eligibility: <u>Big Babies</u>

<u>A range of neurologic, cardiovascular risk</u> <u>factors including</u>, but not limited to:

- Placed on ECMO, nitric oxide more than 4 hours, other;
- Congenital heart disease requiring surgery or intervention,
- History of observed clinical or EEG seizure activity,
- History and/or findings consistent with neonatal encephalopathy,
- Other problems that could result in a neurologic abnormality

HRIF Visits: Number and timing





- Provides for **3 "Standard" or core visits**
 - #1 4 8 months
 - #2 12 16 months
 - #3 18 36 months
 - Additional visits covered by CCS as determined to be needed by HRIF team-



HRIF Visits: Content and Structure





- Neurosensory, neurologic, developmental assessments, autism screening, <u>but much more</u> –
 - Hospitalizations, surgeries, medications, equipment
 - Medical services and Special services
 - Data obtained about "Receiving", "Referred", but also "Referred and NOT receiving" <u>and why.</u>
 - Early Start, Medical Therapy Program -
 - "Concerns and Resources" Living/ care arrangements, caregiver concerns, language in household, family social economic stressors



By the Numbers

January 2009 through October 2019

~83,900 high risk infants registered statewide!

118,045Standard Visits performed

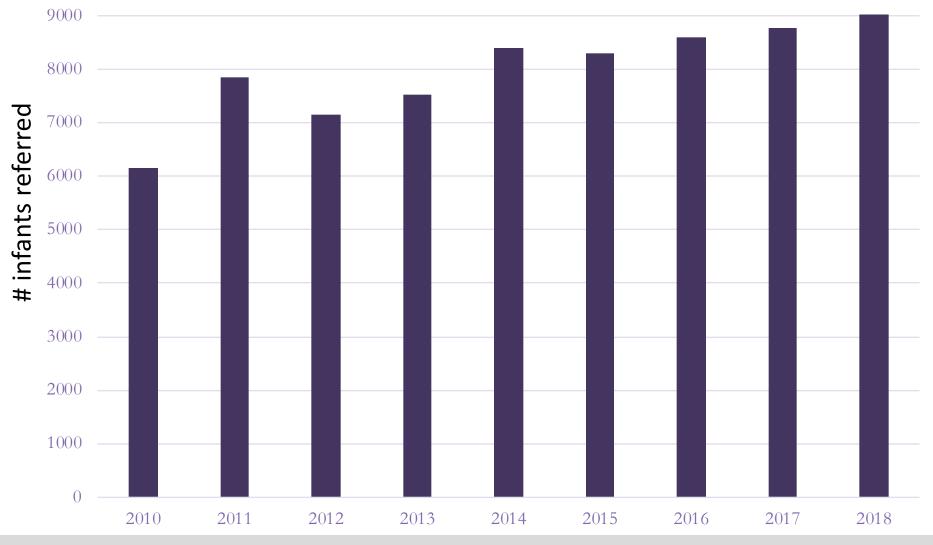
Additional visits performed

41,300 (49%) Infants ≤ 1500 g registered/referred

california perinatal quality care collaborative

~9,000

Referral to CPQCC CCS HRIF by birth year



The # of high risk infants referred to CPQCC CCS HRIF has increased since 2010.

*For birth year 2018: ~1450 infants <28 weeks EGA referred on NICU discharge.



Learning from our patients and families



HRIF System Reports



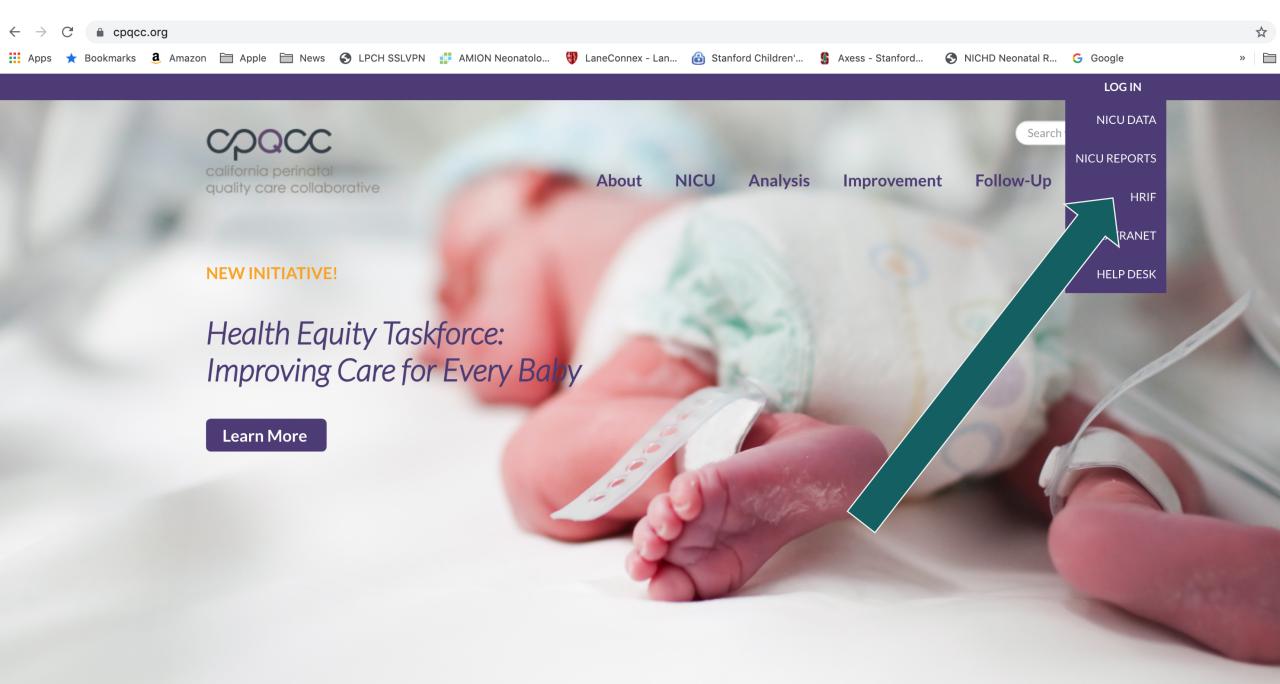


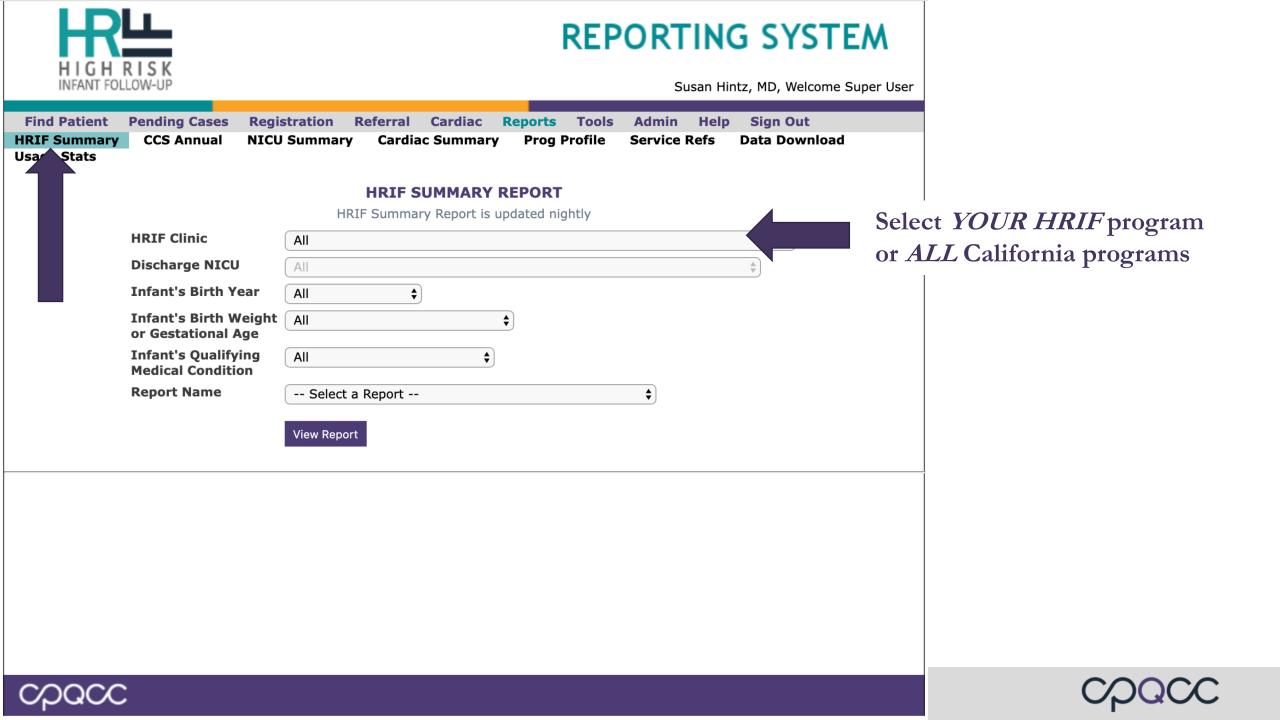


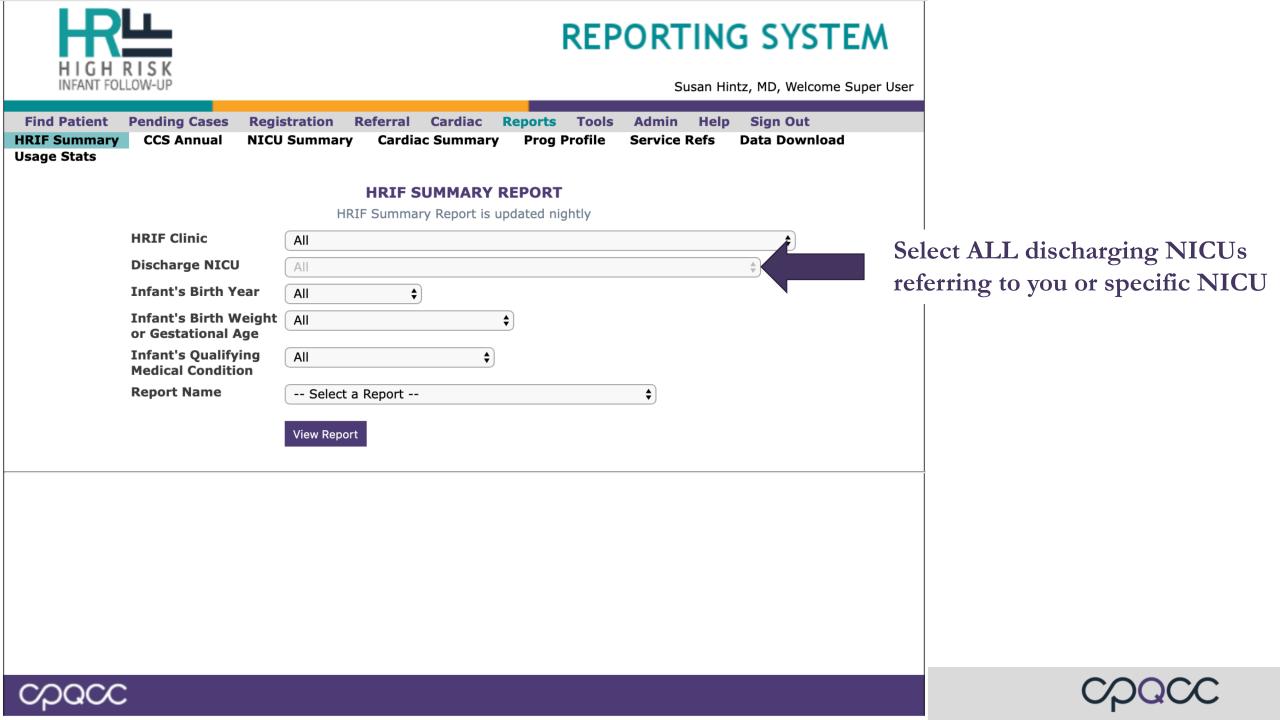
To Gain Access to HRIF Reporting System

Contact **Erika** at <u>Erika@cpqcc.org</u> or 650-725-1306



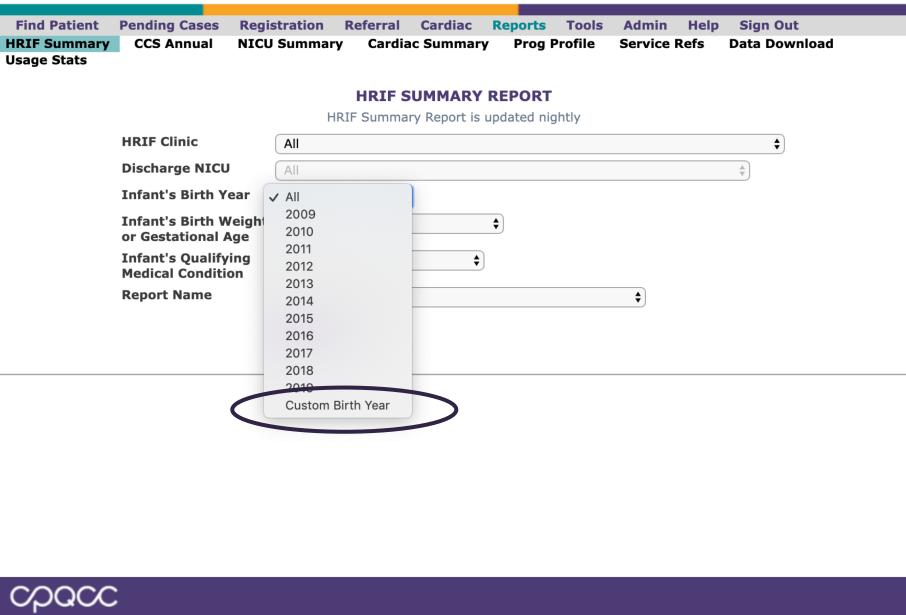






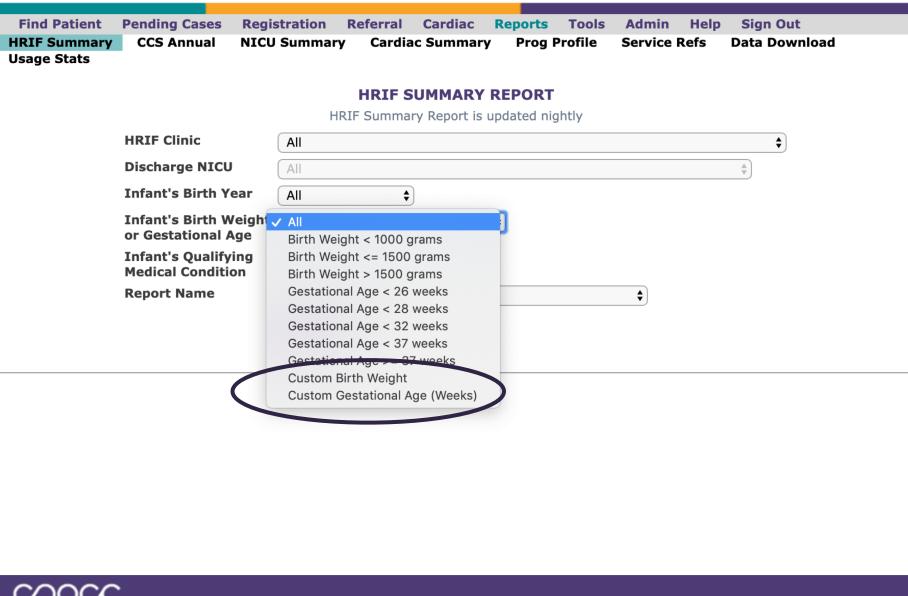


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CAOC







REPORTING SYSTEM

Find Patient	Pending Cases Re	gistration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual NI	CU Summary	Cardia	c Summary	Prog	Profile	Service	Refs	Data Download	
Usage Stats										
			HRIF S	UMMARY	REPORT					
		HR	IF Summar	ry Report is ι	updated nig	ghtly				
	HRIF Clinic	All							\$	
	Discharge NICU	All							* *	
	Infant's Birth Year	All	\$)						
	Infant's Birth Weig or Gestational Age	ht All			\$					
	Infant's Qualifying Medical Condition	✓ All 02 >= 28	davs							
	Report Name	Intracrania HIE/Neona iNo > 4 hrs	al Pathology Ital Encepha	alopathy			\$			







Find Patient	Pending Cases F	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual N	IICU Summary	Cardia	c Summary	/ Prog F	Profile	Service	Refs	Data Download	
Usage Stats	_									
			HRIF S	UMMARY	REPORT					
		HR	IF Summar	y Report is	updated nig	ghtly				
	HRIF Clinic	All							\$	
	Discharge NICU									
	Discharge MICO	All							$\overline{\mathbf{v}}$	
	Infant's Birth Yea	r All	\$							
	Infant's Birth Wei	ght All			\$					
	or Gestational Age				•					
	Infant's Qualifying			\$						
	Medical Condition									
	Report Name	🗸 Select a	a Report				÷			
		Registrati	on Summary	Report						
		Standard	Visit Summa	ry Report (Co	ore Visit #1)					
		Standard	Visit Summa	ry Report (Co	ore Visit #2)					
		Standard	Visit Summa	ry Report (Co	ore Visit #3)					
		Standard	Visit Summa	ry Report (0	- 11 months))				
		Standard	Visit Summa	ry Report (12	2 - 17 month	s)				
		Standard	Visit Summa	ry Report (18	8 months and	d above)				







Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual	NICU Summary	Cardiac	: Summary	Prog F	Profile	Service I	Refs	Data Download	
Usage Stats	-									
			HRIF SU	JMMARY	REPORT					
		HR	IF Summary	y Report is u	pdated nig	htly				
	HRIF Clinic		-							
		All							\$	
	Discharge NICU	All								
	Infant's Birth Yea	ar All	\$							
	Infant's Birth We or Gestational Ag				\$					
	-									
	Infant's Qualifyin Medical Condition			\$						
	Report Name			aur Danaut (-# 1 				
	-			ary Report (Core visit	#1)				
	Report Section Na	ame 🗸 Select a	Report Sect	tion Name				÷		
		FOLLOW U	JP STATUS A	ND DISPOSI	ΓΙΟΝ					
		MEDICAL	ELIGIBILITY F	PROFILE						
		SOCIODE	MOGRAPHIC	FACTORS (D	ATA CAPTL	JRED ON I	RR FORM)			
		LANGUAG	E ASSISTAN	CE AND INSU	RANCE					
		PATIENT A	GE AND GRO	OWTH METR	CS					
		CAREGIVE	R AND LIVIN	G ENVIRONN	1ENT					
		INTERVAL	HOSPITALIZ	ATIONS AND	SURGERIE	S				
		INTERVAL	MEDICINES	AND EQUIPM	IENT					
		MEDICAL	SERVICES RE	EVIEW						
		NEUROSE	NSORY ASSE	ESSMENT						
		NEUROLO	GICAL ASSES	SSMENT AND	CEREBRA	L PALSY				
		DEVELOP	MENTAL ASS	ESSMENT A	ND AUTISM					
		SPECIAL S	SERVICES RE	VIEW						
		STATE PRO	OGRAMS AN	D SOCIAL CO	NCERNS/R	ESOURCE	ES			
00000		OTHER ME	EDICAL CONI	DITIONS						
COQCC	,									





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Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary Usage Stats	CCS Annual	NICU Summary	Cardiac	: Summary	Prog F	Profile	Service	Refs	Data Download	
			HRIF SU	JMMARY I	REPORT					
		HR	IF Summary	/ Report is u	pdated nig	ghtly				
	HRIF Clinic								\$	
	Discharge NICU	All							¢	
	Infant's Birth Ye	ar 2015	\$							
	Infant's Birth W or Gestational A		ght <= 1500) grams	\$					
	Infant's Qualifyi Medical Conditio			\$						
	Report Name	Standard	Visit Summ	ary Report (Core Visit	#1)	\$			
	Report Section N	FOLLOW U	JP STATUS A	AND DISPOS	SITION		>	\$		
		View Repor	t							



	HRIF	<u>Clinic</u>		All	HRIF Cli	nics				
	Total R	leg : 178		Total Regi	st 🗕 🔍	https://www.co	shrif.org/hrif/s	ecure/loadDetailedR	ReportRecordB	yStatus.action?rptType=h
	Total Exp	ected : 171		Total Exp	ec 🗎 ccs	shrif.org/hrif/se	cure/loadDeta	ailedReportRecord	dByStatus.ac	tion?rptType=hrifRpt
	Total S	een : 163		Total S	ee	STANDA		SUMMARY REPO		
	Num	%	Num	%	%	HRIF	Program:			
		FOLLO	OW UP ST	ATUS		Infant's I		Discharge NICU: A fant's Birth Year: 2 estational Age: Birt	015	1500 grams
Visit Completion							Infant's	Medical Eligibility F Port Date: 2019-10	Profile: All	2
Among Registered Cases								<u>Print This Page</u>		
Seen Cases	163	91.6%) 3198	75.9%						
<u>Closed Cases Moved Out of</u> <u>State/Country</u>	7	3.9%	107	2.5%	1	HRIF ID# DOB	Discharge NI	cu	-	Reason Not Seen No-show/Reason Unknown
Closed Cases Other	2	1.1%	365	8.7%	2	10	3		West	No-show/Reason Unknown
Cases NOT Seen But Expected	6	3.4%	433	10.3%	3	40	0 Fi		em -	Parent Competing Priorities
Among Expected Cases					4	40	2'			Lack of Transportation
Seen Cases	163	95.3%	3198	80%	5	40	4. S			Parent Competing Priorities
Closed Cases Other	2	1.2%	365	9.1%	6	40	4. S			Parent Competing Priorities
Cases NOT Seen But Expected	6	3.5%	433	10.8%						
Seen Cases										
Seen within the Window	154	94.5%	2654	83%	84.7%	77.8%	94.5%	+•		
Seen after the Window	7	4.3%	415	13%	12.4%	5.9%	18.2%	4		~~~~~
Seen before the Window	2	1.2%	129	4%	6.3%	3%	20%	+		Chart



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Find Patient	Pending Cases	Registration Referral C	ardiac Reports	Tools Admin	Help Sign Out
HRIF Summary	CCS Annual	IICU Summary Cardiac S	Summary Prog P	rofile Service	Refs Data Download
Usage Stats					
		HRIF SUN	MMARY REPORT		
		HRIF Summary F	Report is updated nig	htly	
	HRIF Clinic				\$
	Discharge NICU	All		\$	
	Infant's Birth Yea	r 2015 \$			
	Infant's Birth We or Gestational Ag		\$		
	Infant's Qualifyin Medical Condition		\$		
	Report Name	Standard Visit Summar	y Report (Core Visit a	#1) \$	
	Report Section Na	LANGUAGE ASSISTANC	E AND INSURANCE	\rightarrow	\$
		View Report			



 H RISK T FOLLOW-UP

	HRIF Clinic All HRIF Clinics								
	Total F	Reg : 121		Total Reg	gistered Case	es : 8300		Comparison with All	
	Total S	een : 104	Total Seen Cases : 5841						
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	Data	
		LANGU	AGE ASSIS	TANCE					
Interpreter Used									
No	102	98.1%	5421	92.8%	97%	90%	100%	+	
Yes	2	1.9%	420	7.2%	6.5%	2.5%	13.4%	+	
Interpreter Language Used									
Spanish	2	100%	387	92.1%	100%	88.9%	100%	-	
		1	NSURANCI	E					
Insurance Combinations (Top 10))								
Commercial HMO	68	65.4%	1120	19.2%	7.5%	2.4%	21.9%	+ •	
Medi-Cal	24	23.1%	473	8.1%	5.5%	1.3%	10.6%	+•	
Healthy Families	3	2.9%	27	0.5%	0%	0%	0%	ł	
Commercial PPO	3	2.9%	732	12.5%	5.3%	0%	17.1%	+	
Unknown	2	1.9%	42	0.7%	0%	0%	0%	ł	
CCS + Medi-Cal	2	1.9%	2401	41.1%	42.1%	10.1%	65.6%	•	
Point of Service/EPO	1	1%	58	1%	0%	0%	0.3%	ł	
CCS	1	1%	487	8.3%	0.6%	0%	3.7%	ł	
Insurance									
Commercial HMO	68	65.4%	1277	21.9%	15.4%	7%	32.6%	+ •	
Medi-Cal	26	25%	3048	52.2%	55.3%	31.2%	82.7%	•	
Other	3	2.9%	37	0.6%	1.8%	1.2%	3.2%	t	
Commercial PPO	3	2.9%	992	17%	14.7%	5.8%	31.4%	+	
CCS	3	2.9%	3277	56.1%	65.8%	31.8%	85%	• -+	
Unknown	2	1.9%	46	0.8%	1.9%	1.1%	2.5%	ŧ	
Point of Service/EPO	1	1%	106	1.8%	2.4%	1.7%	3.4%	•	

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Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out
HRIF Summary Usage Stats	CCS Annual	NICU Summary	v Cardia	c Summary	y Prog F	Profile	Service I	Refs	Data Download
			HRIF S	UMMARY	REPORT				
		HF	RIF Summar	ry Report is	updated nig	Ihtly			
	HRIF Clinic								\$
	Discharge NICU	All							\$
	Infant's Birth Ye	ar 2015	\$)					A different HRIF
	Infant's Birth We or Gestational Ag	-			\$				program – same
	Infant's Qualifyin Medical Conditio			\$					birth year and
	Report Name	Standard	Visit Summ	nary Report	(Core Visit	#1)	\$		patient filters
	Report Section N	ame LANGUAG	GE ASSISTA	NCE AND IN	ISURANCE	>		\$	
		View Repo	rt			-			



STANDARD VISIT SUMMARY REPORT (CORE VISIT #1)

Discharge NICU: All Infant's Birth Year: 2015 Infant's Birth Weight/Gestational Age: All Infant's Medical Eligibility Criteria: All Report Date: 2019-10-15

	Total F	EClinic Reg : 113 Geen : 87		Total Reg	II HRIF Clinic Jistered Case Seen Cases :	es : 8300		Comparison with All HRIF Clinic
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	Data
		LANGU	AGE ASSIS	TANCE				
Interpreter Used								
No	64	73.6%	5421	92.8%	97%	90%	100%	•+
Yes	23	26.4%	420	7.2%	6.5%	2.5%	13.4%	+•
Interpreter Language Used								
Spanish	23	100%	387	92.1%	100%	88.9%	100%	-
		1	NSURANC	E				
Insurance Combinations (Top 10))							
CCS + Medi-Cal	70	80.5%	2401	41.1%	42.1%	10.1%	65.6%	+•
CCS + Commercial PPO	5	5.7%	164	2.8%	0%	0%	2%	ŀ
Commercial HMO	3	3.4%	1120	19.2%	7.5%	2.4%	21.9%	+
Commercial PPO	3	3.4%	732	12.5%	5.3%	0%	17.1%	+
Medi-Cal	3	3.4%	473	8.1%	5.5%	1.3%	10.6%	+
CCS + Point of Service/EPO	2	2.3%	18	0.3%	0%	0%	0%	ŀ
Medi-Cal + Point of Service/EPO	1	1.1%	3	0.1%	0%	0%	0%	ł
Insurance								
CCS	77	88.5%	3277	56.1%	65.8%	31.8%	85%	+•
Medi-Cal	74	85.1%	3048	52.2%	55.3%	31.2%	82.7%	+•
Commercial PPO	8	9.2%	992	17%	14.7%	5.8%	31.4%	+
Point of Service/EPO	3	3.4%	106	1.8%	2.4%	1.7%	3.4%	t
Commercial HMO	3	3.4%	1277	21.9%	15.4%	7%	32.6%	+

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california



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Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual	NICU Summary	Cardia	c Summary	y Prog F	Profile	Service	Refs	Data Download	
Usage Stats										
					DEDODT					
			HKIF S	UMMARY	REPORT					
		HR	RIF Summai	ry Report is	updated nig	ghtly				
	HRIF Clinic								\$	
	Discharge NICU	All							\$	
	Infant's Birth Yea	Custom B	Birth Year 🖨	Min: 2012	Max: 20	016				
	Infant's Birth Wei or Gestational Ag		ght <= 150	0 grams	\$					
	Infant's Qualifyin Medical Condition			\$						
	Report Name	Standard	Visit Summ	nary Report	(Core Visit	#1)	\$			
	Report Section Na	INTERVAL	- HOSPITAL	IZATIONS A	ND SURGE	RIES		\$		
		View Repor	rt							

₽₽Ŀ		Total F	<u>F Clinic</u> Reg : 478 een : 354	<u>All HRIF Clinics</u> Total Registered Cases : 20414 Total Seen Cases : 15321					Comparison with All HRIF Clinic			
HIGH RISK INFANT FOLLOW-UP		Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	Data			
	PRIMARY CARE PROVIDER											
	Child has a Primary Care Provider (Added Jan 2012)											
	Yes	354	100%	15281	99.7%	100%	99.7%	100%	•			
	Primary Care Provider Acts as the	Child's M	ledical Hon	ne (Added	Jan 2012)							
	Yes	298	84.2%	8122	53%	64.3%	12.9%	90.9%	-+•			
	No	54	15.3%	6609	43.1%	30.7%	8.3%	90.9%	•+			
	Unknown	2	0.6%	590	3.9%	1.5%	0.6%	4%	ł			
_	HOSPITALIZATIONS											
Г	Hospitalizations Since Discharge	or Last Vi	sit									
	No	290	81.9%	12799	83.5%	86%	80%	90.6%	+			
	Yes	63	17.8%	2503	16.3%	> 14%	10%	19.9%	ł			
	Unknown	1	0.3%	19	0.1%	0.4%	0.3%	0.8%	ł			
	Hospitalization Reasons											
	Respiratory Illness	29	46%	1582	63.2%	59.5%	45.8%	75%	+			
	Having Surgeries During Hospitalization	26	41.3%	923	36.9%	35.9%	27.1%	54.5%	+			
	Other Medical Rehospitalization(s)	7	11.1%	438	17.5%	16.7%	9.1%	23.6%	4			
	Urinary Tract Infection(s)	3	4.8%	43	1.7%	4.1%	2.3%	6.6%	ŧ			
	Other Infection(s)	2	3.2%	179	7.2%	7.1%	4.8%	12.5%	+			
	Unknown	1	1.6%	65	2.6%	5%	2.4%	8.8%	ł			
california	Nutrition/Inadequate Growth (Added Jan 2010)	1	1.6%	103	4.1%	5.1%	3%	10.9%	+			
Carriorina	Gastrointestinal Infection(s)	1	1.6%	121	4.8%	6.2%	4.6%	11.4%	4			

CAOCC

		S	URGERIES	;								
Surgeries Since Discharge or Last Visit												
No	317	89.5%	13870	90.5%	91.2%	88.7%	94.7%					
Yes	36	10.2%	> 1434	9.4%	9%	6.2%	11.4%	t				
Unknown	1	0.3%	17	0.1%	0.4%	0.3%	1%	ł				
Surgery Reasons												
Inguinal Hernia Repair	14	38.9%	581	40.5%	43.5%	33.3%	53.8%	+				
Cardiac Surgery	5	13.9%	111	7.7%	9.1%	5.7%	15.4%	ŀ				
Other ENT Surgical Procedures	5	13.9%	50	3.5%	7.7%	4%	11.5%	ł				
Other Surgical Procedures	4	11.1%	157	10.9%	13.9%	8.7%	16.2%	+				
Retinopathy of Prematurity	3	8.3%	158	11%	13.2%	7.7%	26.3%	+				
Circumcision	2	5.6%	193	13.5%	11.1%	5.3%	37.5%	+				
Shunt/Shunt Revision	2	5.6%	73	5.1%	7.9%	5.2%	13.5%	+				
Other Gastrointestinal Surgical Procedures	2	5.6%	123	8.6%	10.8%	7.8%	16.4%	+				
Tympanostomy Tubes	1	2.8%	22	1.5%	5.5%	4%	7.4%	+				
Other Genitourinary Surgical Procedures	1	2.8%	59	4.1%	5.5%	3.2%	9.8%	+				





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Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual	NICU Summa	ry Cardia	ac Summar	y Prog	Profile	Service R	lefs	Data Download	
Usage Stats										
				REFERRA						
		This	report is only	v available fo	or closed b	rth years.				
	HRIF Clinic								\$	
	Infant's Birth Ye	ears Custom	Birth Year R	ange 🗘 Mi	n: 2012	Max: 2015	5			
	Infant's Birth W		eight <= 15(00 grams	\$					
	or Gestational A	-								
	Infant's Qualify Medical Condition			\$)					
	Standard Visit:		rd Visit Sumr	nary Penort	(Core Visi	• #1) ▲				
		Standa				. # 1) ¥				
		View Rep	ort							



	2012	2013	2014	2015
		# Seen: 39	# Seen: 38	# Seen: 3
EARLY START AND MEDICAL THERAP	PY PROGRAM			
Early Start Referral or Receiving	16.3%	20.5%	18.4%	38.5%
Medical Therapy Program (MTP) Referral or Receiving (added Jan 2013)	4.7%	10.3%	0.0%	7.7%
MEDICAL SERVICES REFERRAL S	UMMARY			
Aedical Services Received Prior to Visit				
Medical Specialties				
Any Medical Specialty	88.4%	76.9%	86.8%	89.7%
Audiology	4.7%	10.3%	2.6%	10.3%
Cardiology	14.0%	17.9%	31.6%	15.4%
Craniofacial (added Jan 2014)	0.0%	0.0%	0.0%	0.0%
Endocrinology	0.0%	0.0%	0.0%	2.6%
Gastroenterology	14.0%	10.3%	10.5%	17.9%
Hematology/Oncology (added Jan 2010)	0.0%	0.0%	2.6%	0.0%
Metabolic/Genetics	4.7%	7.7%	13.2%	7.7%
Nephrology	4.7%	2.6%	2.6%	0.0%
Neurology	4.7%	2.6%	5.3%	7.7%
Neurosurgery	0.0%	0.0%	0.0%	0.0%
Ophthalmology	76.7%	66.7%	76.3%	82.1%
Orthopedic	0.0%	0.0%	0.0%	0.0%
Otolaryngology (ENT)	4.7%	10.3%	0.0%	2.6%
Pulmonology	16.3%	46.2%	39.5%	30.8%
Surgery	11.6%	12.8%	15.8%	7.7%
Urology	4.7%	5.1%	10.5%	5.1%
Group Summary				
No Medical Services	11.6%	23.1%	13.2%	10.3%
Received 1 or 2 Medical Services	67.4%	41.0%	52.6%	61.5%
Received 3 or More Medical Services	20.9%	35.9%	34.2%	28.2%

cpacc

Medical Services Referred at Time of Visit				
Medical Specialties				
Any Medical Specialty	16.3%	33.3%	13.2%	17.9%
Audiology	11.6%	15.4%	0.0%	2.6%
Cardiology	0.0%	0.0%	0.0%	0.0%
Craniofacial (added Jan 2014)	0.0%	0.0%	0.0%	0.0%
Endocrinology	0.0%	0.0%	0.0%	0.0%
Gastroenterology	2.3%	0.0%	0.0%	2.6%
Hematology/Oncology (added Jan 2010)	0.0%	0.0%	0.0%	0.0%
Metabolic/Genetics	0.0%	0.0%	0.0%	2.6%
Nephrology	0.0%	0.0%	0.0%	2.6%
Neurology	0.0%	5.1%	0.0%	5.1%
Neurosurgery	0.0%	0.0%	0.0%	0.0%
Ophthalmology	16.3%	17.9%	13.2%	5.1%
Orthopedic	0.0%	0.0%	0.0%	0.0%
Otolaryngology (ENT)	0.0%	0.0%	0.0%	0.0%
Pulmonology	2.3%	0.0%	0.0%	0.0%
Surgery	0.0%	0.0%	0.0%	0.0%
Urology	0.0%	0.0%	0.0%	0.0%
Group Summary				
No Medical Service Referrals	83.7%	66.7%	86.8%	82.1%
Referred to 1 or 2 Medical Services	14.0%	33.3%	13.2%	17.9%
Referred to 3 or More Medical Services	2.3%	0.0%	0.0%	0.0%

If not for **HRIF visit**, referrals for these patients would at the very least have been further delayed.

cpacc

Special Services				
Any Special Service	41.9%	53.8%	42.1%	28.2%
Behavior Intervention	2.3%	0.0%	0.0%	0.0%
Feeding Therapy	2.3%	2.6%	0.0%	0.0%
Hearing Services	7.0%	12.8%	0.0%	2.6%
Infant Development Services	4.7%	5.1%	0.0%	2.6%
Nutritional Therapy	2.3%	0.0%	2.6%	0.0%
Occupational Therapy (OT)	2.3%	0.0%	0.0%	2.6%
Physical Therapy (PT)	39.5%	28.2%	39.5%	23.1%
Social Work Intervention	0.0%	2.6%	0.0%	0.0%
Speech/Language Communication	2.3%	0.0%	0.0%	0.0%
Vision Services	7.0%	17.9%	13.2%	2.6%
Visiting, Public Health, and/or Home Nursing	0.0%	0.0%	0.0%	0.0%
Group Summary				
No Special Service Referrals	58.1%	46.2%	57.9%	71.8%
Referred to 1 or 2 Special Services	37.2%	48.7%	42.1%	25.6%
Referred to 3 or More Special Services	4.7%	5.1%	0.0%	2.6%





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Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual	NICU Summar	y Cardia	c Summary	Prog P	Profile	Service I	Refs	Data Download	
Usage Stats										
				UMMARY						
		Н	RIF Summa	ry Report is i	updated nig	htly				
	HRIF Clinic								\$	
	Discharge NICU	All					\$			
	Infant's Birth Ye	Custom	Birth Year 🖨	Min: 2013	Max: 20	016				
	Infant's Birth W or Gestational A	-			\$					
	Infant's Qualifyi Medical Conditio			\$						
	Report Name	Standard	l Visit Sumn	nary Report ((Core Visit :	#1)	\$			
	Report Section N	STATE P	ROGRAMS A	ND SOCIAL	CONCERNS	/RESOUR	CES	\$		
		View Repo	ort							





SOCIAL CONCERNS/RESOURCES

Social Concerns and Resources											
Caregiver-Child Disruptions or	Concerns										
No	271	94.4%	21833	96.8%	98.7%	96.3%	99.7%		•		
Yes, Referred to Other Community Resources	13	4.5%	131	0.6%	0.8%	0.4%	1.1%	ŀ			
Yes, Referral Not Necessary	3	1%	420	1.9%	1.3%	0.6%	3.6%	ł			
Economic/Environmental Concerns/Stressors											
No	205	71.4%	21646	96%	98.8%	95.9%	100%		•		
Yes, Referred to Other Community Resources	64	22.3%	364	1.6%	1.1%	0.4%	2.4%	 •			
Yes, Referral Not Necessary	18	6.3%	321	1.4%	1.2%	0.5%	3.6%	ŀ			
Community and Relationship Concerns											
No	253	88.2%	21993	97.5%	99.5%	98.2%	100%		•		
Yes, Referred to Other Community Resources	32	11.1%	313	1.4%	0.7%	0.3%	1.9%	 •			
Yes, Referral Not Necessary	2	0.7%	137	0.6%	0.8%	0.3%	2.1%	1			
Parent-Child Concerns											
No	275	95.8%	21645	96%	98.9%	96.6%	99.7%		•		
Yes, Referred to Other Community Resources	7	2.4%	285	1.3%	0.8%	0.3%	2.2%	ŀ			
Yes, Referral Not Necessary	5	1.7%	473	2.1%	1.3%	0.5%	2.7%	ł			
CPS Referral											
No	272	94.8%	21886	97%	97.5%	95.7%	99.4%		+		
Yes	13	4.5%	648	2.9%	3.2%	1.1%	4.4%	+			
Referred at Time of Visit	2	0.7%	18	0.1%	0.6%	0.2%	0.7%	ł			



REPORTING SYSTEM

Susan Hintz, MD, Welcome Super User

Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out	
HRIF Summary	CCS Annual	NICU Summary	Cardia	c Summary	Prog F	Profile	Service	Refs	Data Download	
Usage Stats										
			HRIF S	UMMARY	REPORT					
		HR	IF Summar	γ Report is ι	updated nig	ghtly				
	HRIF Clinic								\$	
	Discharge NICU	All							\$	
	Infant's Birth Yea	Custom Bi	irth Year 🖨	Min: 2012	Max: 20)15				
	Infant's Birth We or Gestational Ag		al Age < 28	3 weeks	\$					
	Infant's Qualifyin Medical Condition			\$						
	Report Name	Standard	Visit Summ	nary Report (Core Visit	#3)	\$			
	Report Section Na	DEVELOP	MENTAL AS	SESSMENT A	AND AUTISI	М		\$		
		View Report	t							



Developmental Assessment Test Performed Details

Bayley III Test (Hardcopy and Computer) - <u>Scores Table</u>

Cognitive Composite

				_
>= 85	96	68.1%	1898	7
71 - 84	18	12.8%	289	1
<= 70	25	17.7%	298	1
Did not Assess	2	1.4%	5	
Receptive Language				
>= 7	89	63.1%	1665	6
5 - 6	26	18.4%	457	1
<= 4	25	17.7%	292	1
Did not Assess	1	0.7%	41	
Expressive Language				
>= 7	91	64.5%	1546	6
5 - 6	23	16.3%	468	1
<= 4	26	18.4%	378	
Did not Assess	1	0.7%	40	
Language Composite				
>= 85	67	47.5%	1296	5
71 - 84	41	29.1%	674	20
<= 70	31	22%	369	14
Did not Assess	2	1.4%	85	3

STANDARD VISIT SUMMARY REPORT (CORE VISIT #3)

Discharge NICU: All Infant's Birth Year: Custom Birth Year Range: 2012-2015 Infant's Birth Weight/Gestational Age: Gestational Age < 28 weeks Infant's Medical Eligibility Profile: All Report Date: 2019-10-15

Print This Page

				HRIF P	rogram		All HRI	F Programs
				Mear		Std Dev	Mean	Std Dev
Bayl	Bayley III Test (Hardcopy and Comp							
	Cognitive Com	posite		85.3	78	23.4	91.07	21.57
	Receptive Language			8.8	82	9.28	8.24	5.36
	Expressive Language			7.9	91	7.12	7.85	4.38
	Language Composite			8	81	23.35	85.21	17.5
	Fine Motor			9.0	58	8.2	9.76	6.62
	Gross Motor			9.4	42	10.27	8.83	8.23
	Motor Compos	site		86.45		19.24	88.87	19.99
	Social-Emotion	nal Composite	е		0	0	95.29	20.71
	Adaptive-Beha	avior Composi	ite		0	0	79	16.15
.070	20.4%	10.370	50.5	70	Ť			
.7%	12.8%	8%	21.6	5%	+			
.4%	4.3%	2.9%	70.3	3%	+	•	C/)QC(



REPORTING SYSTEM

Susan Hintz, MD, Welcome Super User

Find Patient	Pending Cases	Registration	Referral Cardia	: Reports	Tools Admin	Help	Sign Out	
HRIF Summary Usage Stats	CCS Annual	NICU Summary		-			Data Download	
			HRIF CCS I	REPORT				
		HRIF CCS Repo	rt is static and only	available for clo	osed birth years.			
	HRIF Clinic						\$	
	Infant's Birth Y	ear 2015	\$					
	Infant's Birth W or Gestational A		ght <= 1500 grams	¢				
	Infant's Qualify Medical Condition			¢				
		View Repor	t					





- 1. Follow Up Status
- 2. Patient Assessment Quality Indicators at Core Visits
- 3. Hospitalization and Surgeries
- 4. Medical and Special Services
- 5. General and Resource Assessment
- 6. <u>Neurologic and Neurosensory Exam</u>
- 7. Developmental Assessment

492 Registered Infants in 2015 for

Incomplete Priority Cases for 2015 is 0 / 492 (0.0 %)



Table 2. Patient Assessment Quality Indicators at Core Visits Back to Top

		Core Visit #1				Core V	/isit #2			Core Visit #3			
			All			All					All		
		Seen Seen 37 3162		Seen Seen 35 2519		Seen 33		Seen 1799					
	Median	Q1, Q3	Median	Q1, Q3	Median	Q1, Q3	Median	Q1, Q3	Median	Q1, Q3	Median	Q1, Q3	
Adjusted Age	6.1	5.6, 7.1	6.3	5.4, 7.6	14.9	14.5, 15.8	14.5	12.6, 17.5	30.1	29.6, 30.9	27.2	24.4, 30.8	
Chronological Age	8.8	7.9, 9.7	9.0	7.9, 10.2	17.4	16.8, 18.5	17.1	15.3, 20.1	30.1	29.6, 30.9	27.2	24.4, 30.8	
	N	%	N	%	N	%	N	%	N	%	N	%	
N, % of total seen with weight data	32	86.5%	2787	88.1%	31	88.6%	2211	87.8%	32	97%	1528	84.9%	
N, % of total seen with head circumference data	36	97.3%	2997	94.8%	35	100%	2385	94.7%	32	97%	1513	84.1%	





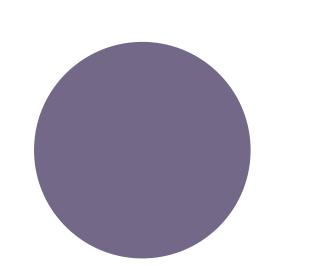
REPORTING SYSTEM

Susan Hintz, MD, Welcome Super User Tools **Find Patient Pending Cases** Registration Referral Cardiac Reports Admin Help Sign Out **HRIF Summary** CCS Annual **NICU Summary Cardiac Summary Prog Profile** Service Refs Data Download **Usage Stats DATA DOWNLOAD** Notice • I, Susan Hintz, MD, am a Super User of the HRIF Reporting System. • I will ensure that any patient data exported from the web-based HRIF Reporting System will be handled in the same manner as any protected health information . • The Primary Data Files will be downloaded and stored on a secure machine. Acknowledged by Susan Hintz, MD at Thu Oct 17 22:06:52 PDT 2019 ₽DF HRIF Primary Data ReadMe.pdf **HRIF Clinic** ¢ HRIF_data_dictionary_2010+.xlsx X □ 2010 □ 2011 □ 2012 □ 2013 □ 2014 □ 2015 **Infant's Birth Year** HrifPrimaryData_AdditionalVisit_2014.csv HrifPrimaryData_NoShowVisit_2014.csv The Primary Data folder will include the following (8) files: HrifPrimaryData_Registration_2014.csv HRIF Primary Data Read Me HRIF Data Dictionary 2010 HrifPrimaryData_StandardVisit_2014.csv Additional Visit No Show Visit HrifPrimaryData_SvHospReason_2014.csv Registration Standard Visit HrifPrimaryData_SvOtherMed_2014.csv • SV Hospital Reason SV Other Medical Conditions Download

cpace



What's that report for?







HIGH RISK INFANT FOLLOW-UP	REP	Susan Hintz, MD, Wel		
	gistration ferral Cardiac Reports Tools CU Summary Cardiac Summary Prog Profile	Admin Help Sign Out Service Refs Data Down		
NICU Hospital Infant's Birth Year Infant's Birth Weight or Gestational Age Infant's Qualifying Medical Condition Inborn/OutBorn Report Name Report Section Name	NICU Summary Report is updated nightly All All All All For the second sec	¢	post-di patient <i>perspe</i>	eams can review scharge outcomes of ts <i>from the NICU</i> ctive.
				eport section s as HRIF







To Gain Access to HRIF Reporting System

Contact Erika at Erika@cpqcc.org or 650-725-1306 to access reports!





Data in Action: Highlights from California HRIF analyses



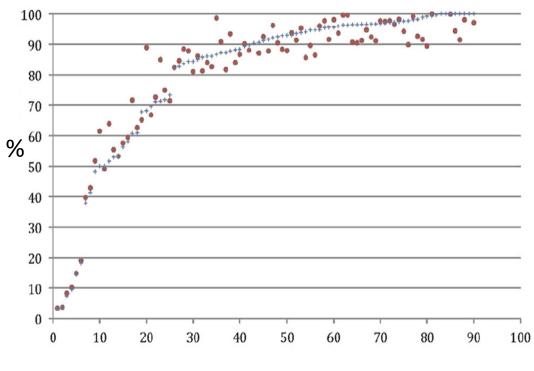
The first step to benefitting from high risk infant follow up ...

...getting <u>referred</u> to HRIF and getting to the 1st visit!



Recognition of HRIF referral failure & statewide PI intervention

Overall VLBW **referral rate to HRIF was just 80%** at NICU discharge for birth year 2010-2011.



HRIF/CPQCC Match Summary Report for Infants Discharged Home, 1/1/2017 to 12/31/2017

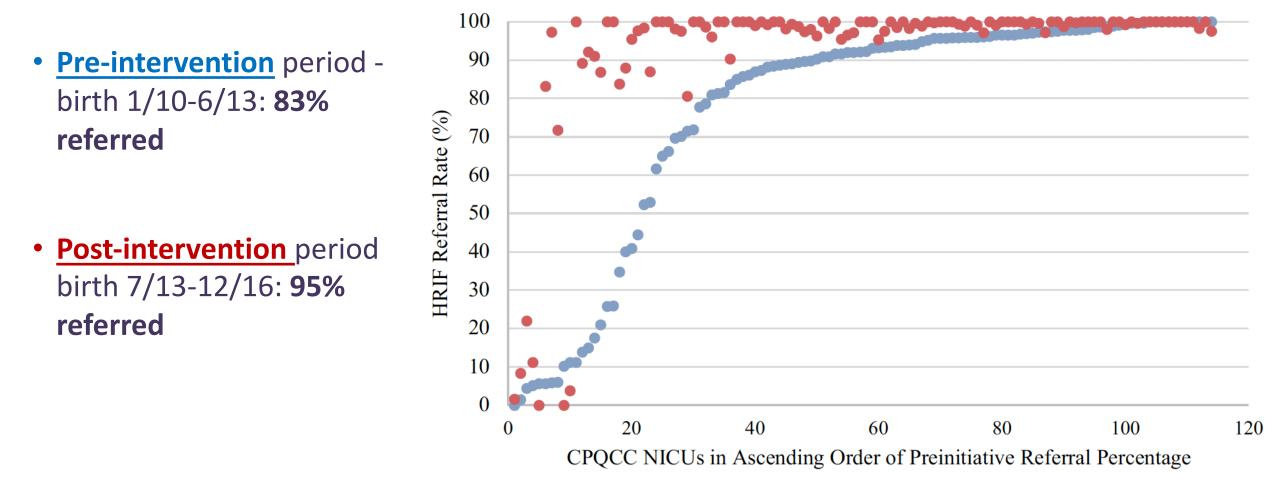
This report is preliminary as the data collection is on-going.

HRIF Category	N Infants	Infants Referred to HRIF	Referral %	Referral % CCS NICUs	Referral % Regional NICUs
Very Low Birth Weight Infants (<=1,500 grams)	35	35	100.0	92.1	92.6
Extremely Low Birth Weight Infants (<1,000 grams)	8	8	100.0	92.2	90.5
Gestational Age < 28 Weeks	8	8	100.0	91.1	91.5
Infants with Moderate/Severe HIE	14	14	100.0	95.0	95.2
Infants with Cooling	23	23	100.0	94.0	94.9
Infants with ECMO	2	2	100.0	86.4	85.4
Infants with Congenital Heart Disease	28	28	100.0	83.2	83.2
Infants with Nitric Oxide	13	13	100.0	85.4	85.5
Infants with Seizures	24	24	100.0	82.1	82.8
Infants Referred for any of the Reasons Above	100	100	100.0	90.1	89.8
Additional Infants with Gestational Ages 28 to 31 Weeks	18	18	100.0	91.4	91.5
Infants Referred for any of the Reasons Above	118	118	100.0	90.3	90.0
CPQCC Infants Referred for Other Reasons		36			
All Referrals		154			

Hintz SR, et al. J Pediatr 2015;166:289-95



Improved Referral of VLBW to HRIF in California after PI Initiative



Pai V, et al *J Pediatrics*, October 2019 (epub ahead of print)

Preinitiative • Postinitiative

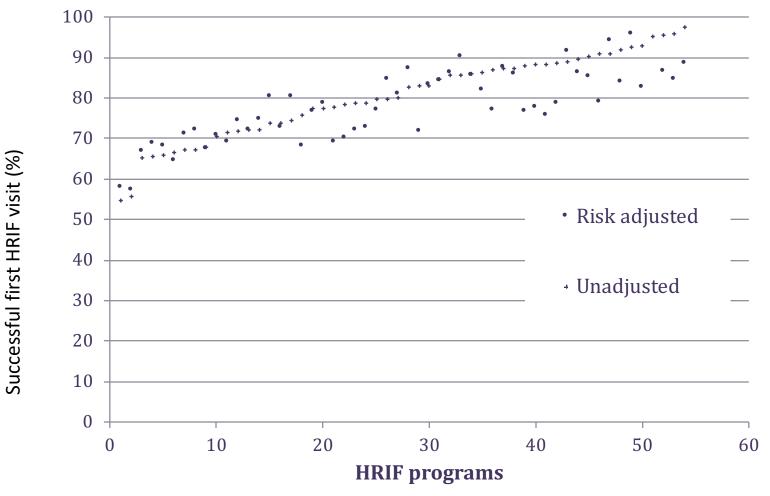
Substantial improvements in referral rates across sociodemographic and clinical factors, and reduction of variation by site and region – but disparities remain

	Pre-intervention	Post-intervention	<u>% change</u>
Maternal race/ethnicity ^{*,†} African American Hispanic White Asian/Pacific Islander Native American/other	1575 (81.7) 5088 (81.9) 3249 (84.6) 1469 (84.3) 298 (84.9)	1621 (94.6) 6123 (95.6) 3441 (94.2) 1780 (94.5) 373 (93.3)	12.8 (10.8-14.9) 13.7 (12.5-14.7) 9.6 (8.2-11.0) 10.2 (8.2-12.2) 8.3 (3.9-12.8)
Small for gestational age ^{*,†} ≤32 weeks estimated gestational age ≥33 weeks estimated gestational age Appropriate for gestational age	2537 (81.4) 788 (70.0) 8377 (85.1)	3007 (94.3) 1083 (92.7) 9302 (95.4)	12.9 (11.3-14.5) 22.7 (19.6-25.7) 10.3 (9.5-11.2)
Discharging NICU volume ^{*,†} Lowest quartile Second quartile Third quartile Fourth quartile	240 (43.6) 1477 (74.3) 2699 (77.2) 7296 (90.4)	396 (65.6) 1741 (87.0) 3100 (94.5) 8162 (99.2)	22.0 (16.4-27.6) 12.7 (10.3-15.1) 17.2 (15.6-18.8) 8.8 (8.1-9.5)

Pai V, et al J Pediatrics, October 2019 (epub ahead of print)



Factors associated with successful <u>1st high risk infant follow-up visit</u> for very low birth weight infants in California



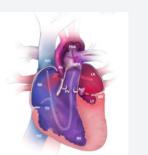
There was variability in observed successful first HRIF visit rates, **ranging from 54.7% to 97.9%,** which remained after risk adjustment.

Hintz SR, et al. J Pediatr. 2019; 210:91-98.e1

Factor	Adjusted OR (95% CI)	p-value
Associated with higher odds		
Maternal age (vs 20-29)		
30-39	1.48 (1.27, 1.72)	< 0.0001
Maternal prenatal care	1.92 (1.34, 2.77)	0.0004
Birth weight (vs. 1251-1499 g)		· · · · · ·
<=750 g	2.11 (1.69, 2.65)	< 0.0001
751-1000 g	1.81 (1.51, 2.17)	< 0.0001
1001-1250 g	1.34 (1.14, 1.58)	0.0005
Severe ICH	1.61 (1.12, 2.3)	0.0093
Insurance (vs CCS or MediCal only)		
HMO/PPO + CCS	1.65 (1.19, 2.31)	0.003
Two parent 1 caregiver (vs. one only)	1.18 (1.03 - 1.36)	0.019
HRIF program VLBW volume (vs. lowest quartile)		
2 nd quartile	2.62 (1.88, 3.66)	< 0.0001
3 rd quartile	1.55 (1.15, 2.10)	0.0045
Associated with lower odds		
Maternal race African American	0.65 (0.54, 0.78)	< 0.0001
Miles from HRIF program (vs. lowest quartile)		
Highest quartile	0.69 (0.57, 0.83)	0.0002
3 rd quartile	0.79 (0.65, 0.96)	0.018

Hintz SR, et al. J Pediatr. 2019; 210:91-98.e1







Cardiac Expansion Project –





Cardiac HRIF Expansion Project:

What is this and why are we doing it?



CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE





Clarification of CHD eligibility for HRIF



State of California—Health and Human Services Agency Department of Health Care Services



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EDMUND G. BROWN J
GOVERNOR
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September 27, 2017

Program Letter: 01-0917

- To: Medical Directors and Coordinators of California Children's Services Program (CCS) - Approved High Risk Infant Follow-up (HRIF) Programs
- Subject: Clarification of Congenital Heart Disease Eligibility Criteria

... admission to a **NICU or** directly to a PICU or **CVICU** within the neonatal period, and surgery or minimally invasive therapeutic intervention (such as catheter-based balloon angioplasty) for CHD during that hospitalization...





Scope of the problem

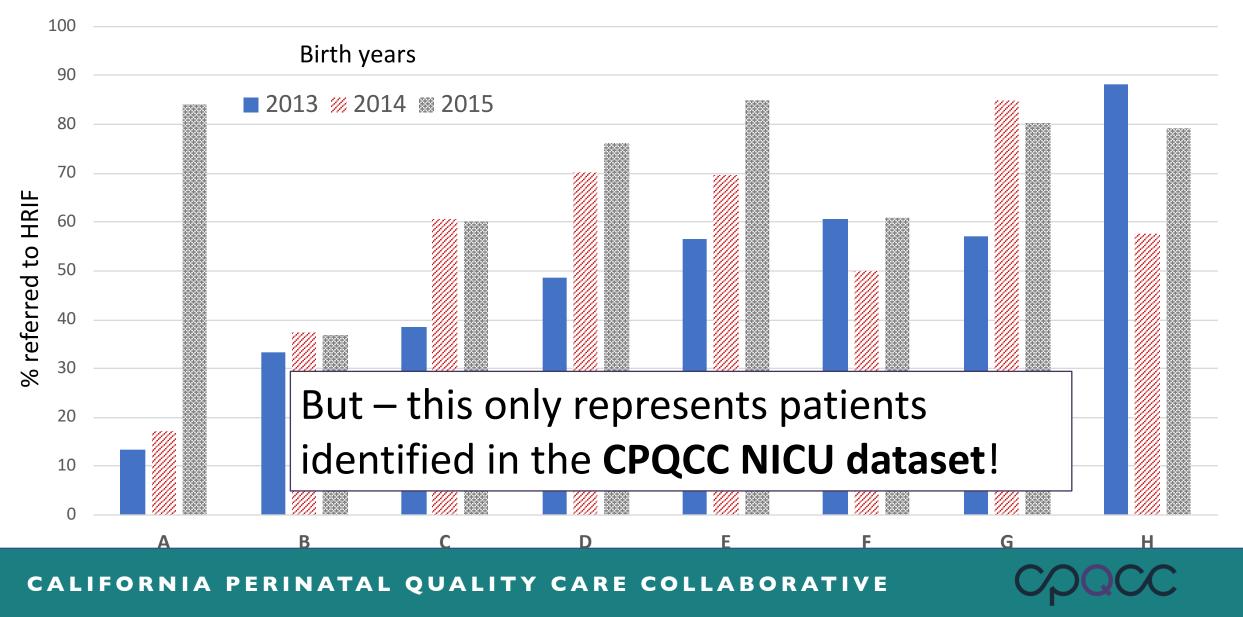


For birth years 2013-2015, of 41,689 <u>CPQCC</u> infants survived to discharge home

- 2124 had been identified with major CHD diagnoses.
 - 46.2% referred to HRIF.
- 1319 had CHD requiring intervention per CPQCC database
 - Only 60.1% referred to HRIF



<u>CHD neonates requiring intervention</u> - rates of <u>referral to HRIF at discharge</u>: Highest volume CHD intervention CPQCC NICUs, birth years 2013-2015



The NICU Database for infants born in 2017 is complete. HRIF registration is possible for up to 3 years from discharge home.

		R	eporting Cer	iter		Regional NICUs		
HRIF Group	N Eligible	N Referred	% Referred	N Timely	% Timely	% Referred	% Timely	
HRIF referrals by reporting NICU excluding referrals on behalf of other CCS NICUs								
All HRIF referrals by reporting NICU		368		341	92.66		81.48	
NICU records at reporting NICU for infants discharged home from reporting NICU								
Linked HRIF/NICU infants referred with NICU record at reporting NICU		262		245	93.51		82.72	
Linked HRIF/NICU Infants referred with confirmed HRIF eligibility reasons >	209	208	99.52	197	94.71	99.75	84.52	
Very low birth weight infants (<=1,500 grams)	77	77	100	76	98.7	99.93	90.27	
Extremely low birth weight infants (<1,000 grams)	29	29	100	29	100	100	91.62	
Gestational age < 28 weeks	31	31	100	31	100	100	91.77	
Gestational age 28 to 31 weeks	58	58	100	56	96.55	99.7	90.8	
Infants with moderate/severe HIE	19	19	100	18	94.74	100	83.99	
Infants treated with active therapeutic hypothermia	32	32	100	31	96.88	100	82.74	
Infants treated with ECMO	2	2	100	1	50	97.96	79.17	
Infants treated with surgery for Congenital Heart Disease	55	54	98.18	48	88.89	99.28	75.42	
Infants treated with inhaled Nitric Oxide > 4 hours	27	27	100	23	85.19	100	76.98	
Infants with seizures	25	25	100	24	96	99.72	76.2	
Linked HRIF/NICU infants referred for Other Reasons		54		48	88.89		74.56	
NICU records at reporting NICU for infants discharged home after transport to non-CCS NIC	U							
Linked HRIF/NICU infants referred with NICU record at reporting NICU		1		1	100		63.16	
Linked HRIF/NICU Infants referred with confirmed HRIF eligibility reasons $ullet$	3	1	33.33	1	100	85.94	65.45	
Linked HRIF/NICU infants referred for Other Reasons		0		na	na		0	
Other HRIF referrals by reporting NICU								
All other HRIF referrals		105		95	90.48		77.18	
Linked HRIF/NICU infant referred by reporting NICU but no NICU record at reporting NICU		25		24	96		82.33	
Linked HRIF/NICU infant referred and still-in-house per NICU record		0		na	na		na	
Infant referred to HRIF by reporting NICU, but not linked to any NICU record		80		71	88.75		74.66	

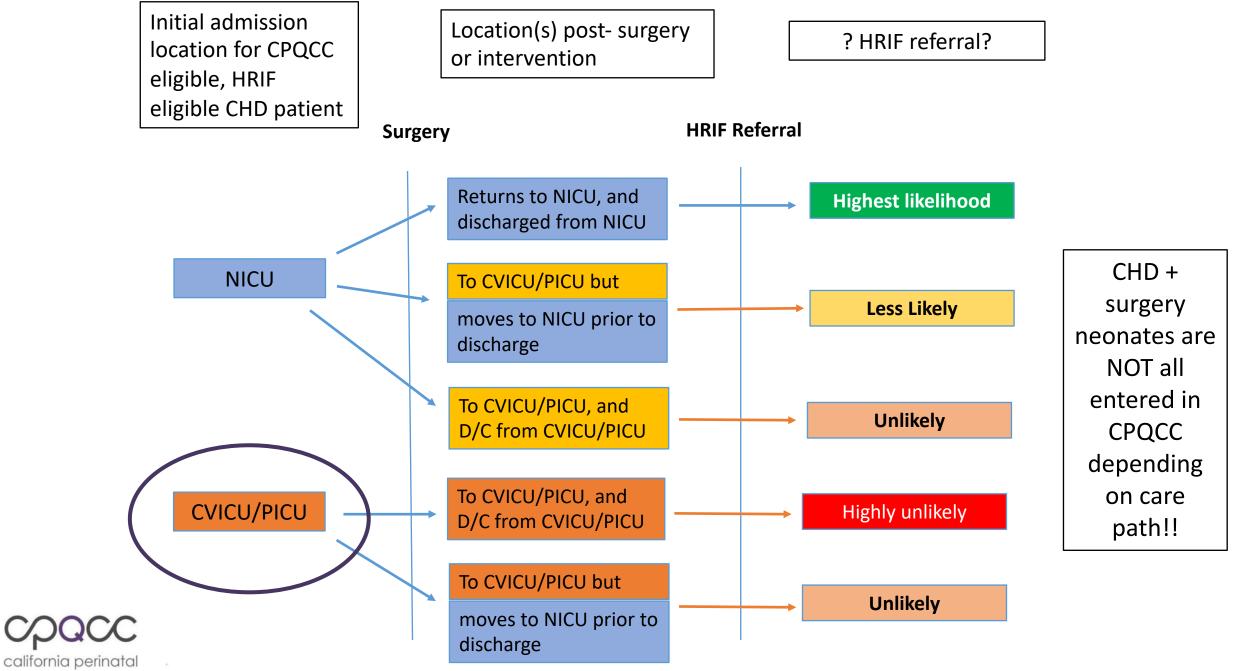
For detailed information on the HRIF/NICU match status, select the HRIF/NICU Match Detail report option in the navigation bar.

The above table reflects HRIF registrations through 10-15-2019. Any changes in your data after this date are not reflected in the report shown.

To view detailed HRIF outcomes reports visit the <u>HRIF Reporting System</u>.

CSV

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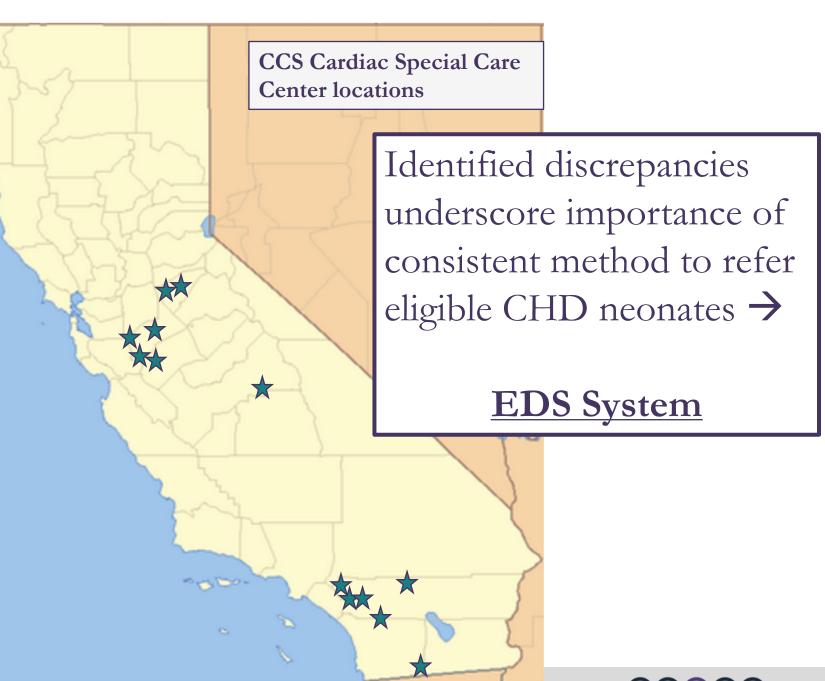


quality care collaborative



Ultimate goals:

- Obtain information and input leading to solutions to better capture the entire CHD HRIF-eligible population in California
 Provide opportunities
 - for improved continuity of care.





Electronic Data Submission (EDS)

INFANT FOLLOW-UP		. 1	NEW CARDIAC REFERRAL FORM
HIGHRISK INFANT FOLLOW-UP	REPORTING SYSTEM Erika Gray, Welcome to Lucile Packard Children's Hospital Stanford	•	NOTICE • The system will only accept Referral/Registrations for infants born after 2018. • Effective April 1, 2020, the system will NOT allow any form updates for infants born in 2016.
Cardiac Reports Admin Help Cardiac Patient Search Cardiac Per Antice • There a	-		 Effective June 1, 2020, the system will NOT accept any RR forms for infants born in 2019. Contact your center's NICU Data Contact(s), to verify that all eligible infants have been referred and assigned a NICU Record ID. *Required fields must be entered to save online forms. Saved forms can be revisited later to make updates. This Form Is Closed - this checkbox serves as an electronic signature confirmation that all available data has been entered. Unable to Complete Form - this checkbox should be used if: The infant expired prior to the initial core visit The infant was lost to follow (unable to contact the family after multiple attempts)
	QUICK CARDIAC PATIENT SEARCH		NOTE: Submit a CNSD form to clarify why the form is unable to be completed.
HRIF ID #		*Referred HRIF Clinic	
CCS #		► HOSPITAL/CENTE	ER INFORMATION (Optional)
NICU Reference ID	-		
	(NICU OSPHD Code - NICU Record ID)	-	TRATION INFORMATION CS program other than HRIF ONO Yes Unknown
Hospital Medical ID #		CCS #	Infant <u>NOT</u> CPQCC NICU Eligible
Infant's Last Name		*NICU Reference ID	384200 - (NICU OSHPD Code - NICU Record ID)
Infant's First Name		*Date of Birth	(MM-DD-YYYY)
Infant's DOB		*Birth Hospital	
Infant's Birth Year		*Birth Weight	(grams) *Gestational Age weeks days(0-6)
Birth Hospital	C → C → C → C → C → C → C → C → C → C →	*Singleton/Multiple Infant's Ethnicity	Image: State of the state of t
Birth Mother's DOB		Infant's Race	 Select the race that appears first in the hierarchy -
	Search Click the search button to view all patient records.	*Hospital Discharging to Home	
		*CCS Cardiac Center	UCSF Benioff Children's Hospital - San Francisco - 384200
cpacc		*Date of Discharge to Home	
		*Birth Mother's Date of Birth	(MM-DD-YYYY)
		Birth Mother's Ethnicity	



Cardiac Summary Report

HIGHRISK INFANT FOLLOW-UP		REPORTING SYSTEM				
					Susan Hir	ntz, MD, Welcome Super User
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CARDIAC CENTER SUMMARY REPORT Cardiac Center Summary Report is updated nightly						
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March 6, 2020 || 8am – 4pm || Coronado Island Marriott Resort & Spa

Designed to help NICU teams supercharge their quality improvement journeys, Improvement Palooza is a can't miss event.

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HIGHRISK INFANT FOLLOW-UP



Hypoglycemia clarification –



State of California—Health and Human Services Agency Department of Health Care Services

April 24, 2019

Program Letter: 01-0419

To: Medical Directors and Coordinators of California Children's Services Program-Approved High Risk Infant Follow-up Programs

Subject: Clarification of Hypoglycemia Medical Eligibility Criteria

HRIF Medical Eligibility in these cases requires admission to a Neonatal Intensive Care Unit or directly to a Pediatric Intensive Care Unit within the neonatal period as outlined in N.L. 05-1016 Section III or in P.L 01-1016 Section III.

An unstable infant with hypoglycemia <u>will be considered eligible for HRIF if intervention (intravenous [IV] boluses</u> and/or IV glucose infusion) is required in an intensive care setting specifically for the treatment of hypoglycemia for at least 48 hours, or if there is a diagnosis of congenital hyperinsulinemia or other congenital endocrinopathy associated with hypoglycemia. Evidence of seizures or brain injury by neuroimaging with hypoglycemia meets medical eligibility criteria for HRIF referral regardless of etiology. Similarly, hypoxic-ischemic encephalopathy complicated by hypoglycemia may be associated with increased risk for adverse neurodevelopmental outcomes, but neonatal encephalopathy alone would meet medical eligibility criteria for HRIF referral.

These clarifications are consistent with the California Children's Services (CCS) Program's goal of assuring identification and referral of those who are most vulnerable and at highest risk.





- Request from one or two of the CPQCC NICU medical directors for a "further clarification" of the clarification, specifically to avoid any misinterpretation that *any baby* on IV fluids with dextrose would need to be referred to HRIF.
- Several concerns raised that clinic staff / sites would be "penalized" for failing to refer *any* patient who was in the NICU and needed IV dextrose.
- Misinterpretation that hypoglycemia is a "new HRIF eligibility" when in fact this was a clarification of a previously unclear eligibility.
- A few problems with authorization for hypoglycemia.



 Main concern from some sites seems to be around being "penalized" or "required" to refer – i.e., included as a CPQCC deliverable. However, there is NO hypoglycemia data collected in CPQCC NICU dataset – thus no way to link this item. The following was sent to several sites in response to queries after discussion with and on behalf Dr. Jocson/ CCS:





• This clarification was undertaken at the request of physicians and coordinators who were challenged and concerned by the vague verbiage around hypoglycemia in the High Risk Infant Follow-Up (HRIF) Numbered Letter ... and is in <u>no way</u> meant to penalize NICUs or HRIF clinics. In fact, given that the CPQCC NICU dataset does not include hypoglycemia data, there is no possibility, nor any plan, to include this eligibility criteria as part of the matched summary table or as a deliverable. The verbiage in the clarification is meant to provide guidance for HRIF eligibility, and to support referrals for those who meet these criteria. The clarification document allows for flexibility.





Interpretation of feedback, responses to sites

- Other issues to underscore
 - Hypoglycemia is <u>not</u> a <u>new</u> HRIF eligibility criteria this is a clarification of an *existing eligibility* that provides *guidance and flexibility* to clinicians.
 - If providers or coordinators are having challenges with securing authorization for HRIF referral for a patient meeting hypoglycemia eligibility, **Dr. Jocson has recommended that providers re-submit with the HRIF program letter and clarification letter as further justifying documentation, and reach out to her with concerns.**

