KIDSNET Update

PCMH Kids Meeting
September 30, 2019
Proposed new features:

- Link PCP intended at birth to practices in KIDSNET so babies appear on reports earlier
- Newborn High Risk Practice Profile
- High Risk Dashboard Report
Available Reports

1. Patient List Report
2. Developmental Screening - Due Now Report
3. Lead Screening Report - Children Without a Lead Screening
4. Lead Screening Report - Children Due for Second Lead Screening
5. Lead Report - Children with results > 5ug/dl
6. School Eligible Report
7. Immunization Report
8. Newborn Hearing Screening Report
9. Newborn Summary Report
10. Immunizations Submitted to KIDSNET By Other Providers
11. Immunization Coverage Report

Seasonal Reports

Seasonal Influenza - Children Due For Shot #1 Report
Seasonal Influenza - Children Due Now or Due Soon For Shot #2 Report
Why link intended PCP?

Stars: Babies do not appear on a practice report until the first immunization is reported to KIDSNET and links them with a practice.

Stars: New high risk and dashboard reports should include babies linked to practice at birth.

Stars: Hearing Screening 1-3-6 Goals

- Optimal speech/language and cognitive development
- 2017
  - 98.6% screened by 1 month of 384 referred, 59.2% diagnosed by 3 months of 35 referred, 40% in EI by 6 months
Solution

Expand existing Provider Reports to include intended PCP identified at birth

Mapped PCPs reported at birth to KIDSNET PCPs – not all can be mapped, will need periodic updating

Will come off the report if linked to another PCP or the infant turns 6 months of age and no immunizations have been reported to KIDSNET
**Similar to Practice Profiles provided to PCMH practices previously**

<table>
<thead>
<tr>
<th>Practice</th>
<th>Total Number of Patients DOB 2012 - 2017</th>
<th>Known Established Conditions</th>
<th>Mother Education &lt; 11th grade</th>
<th>Mother not married</th>
<th>NICU &gt; 48 hours</th>
<th>No previous live births (first time parent)</th>
<th>One or more parent characteristic (e.g. chronic illness)</th>
<th>Inadequate Prenatal Care</th>
<th>Mother’s previous live births greater than 5</th>
<th>Birth Weight Less than 1500 grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice A</td>
<td>1829</td>
<td>46</td>
<td>128</td>
<td>861</td>
<td>158</td>
<td>736</td>
<td>692</td>
<td>203</td>
<td>9</td>
<td>39</td>
</tr>
</tbody>
</table>

- **default** includes patients 0-3 years old, but filter allows alternative age or date of birth ranges
- **A child can be counted in more than one category**
- **It is not interactive**
# High Risk Dashboard

<table>
<thead>
<tr>
<th># risks</th>
<th># children in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>158</td>
</tr>
<tr>
<td>2</td>
<td>359</td>
</tr>
<tr>
<td>3</td>
<td>520</td>
</tr>
<tr>
<td>4</td>
<td>376</td>
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<tr>
<td>5</td>
<td>182</td>
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<tr>
<td>6</td>
<td>112</td>
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<tr>
<td>7</td>
<td>51</td>
</tr>
<tr>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1791</strong></td>
</tr>
</tbody>
</table>
High Risk Dashboard

🌟🌟🌟Default includes patients 0-3 years old, but filter allows alternative age or date of birth ranges

🌟🌟🌟A child can only be counted once

🌟🌟🌟Interactive Report – click on # of children for a list

🌟🌟🌟What subset of Level 1 risk factors to be included is to be determined

🌟🌟🌟Feedback welcome
Level 1 Risk Factors:

- Developmental Disabilities and certain other established conditions
- Birth weight less than 1500 grams
- NICU greater than 48 hours
- Mother is Hep B surface antigen +
- Caregiver’s education less than 11th grade
- Mother’s age <19 or > than 37
- Single Caregiver
- Mother’s number of live births > 5
- No previous live birth to mother
- One or more parent characteristic (e.g. chronic illness)
- < 6 prenatal care visits before 36 weeks or total # <10
- No prenatal care visits before 5 months
- Gestational age > 37 weeks and birth weight 1500-2500 grams
- Apgars at 1 and 5 minutes less than 7
- Medicaid/RIte Care
- Clinical determination of positive risk
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