



# Childhood Immunization Status CIS Combo 10

HEDIS® Quality Measures in Practice

# CIS Combo 10 Technical Specifications

This measure monitors the percentage of children 2 years of age who received the following vaccines:

- 4 diphtheria, tetanus and acellular pertussis (Dtap)
- 4 pneumococcal conjugate (PCV)
- 3 haemophilus influenza type B (HiB)
- 3 hepatitis B (HepB)
- 3 polio (IPV)
- 2 or 3 rotavirus (RV)
- 2 influenza (flu)
- 1 measles, mumps and rubella (MMR)
- 1 chicken pox (VZV)
- 1 hepatitis A (HepA)

**All vaccines must be administered on or before the 2<sup>nd</sup> birthday for the member to close the care gap and meet compliance requirements.**

# Exclusions

## Anaphylaxis to any vaccine or Encephalitis due to Dtap vaccine

- Documented anaphylaxis must indicate the date of the event. The event must have occurred by the member's 2nd birthday to meet criteria

## History of Illness

- Acceptable for Varicella, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B
- Documented history of illness must indicate the date of the event. The event must have occurred by the member's 2nd birthday to meet criteria

## Certain medical conditions

- Leukemia, severe immune deficiency, HIV
- Documented in medical record prior to 2nd birthday

# Reminders

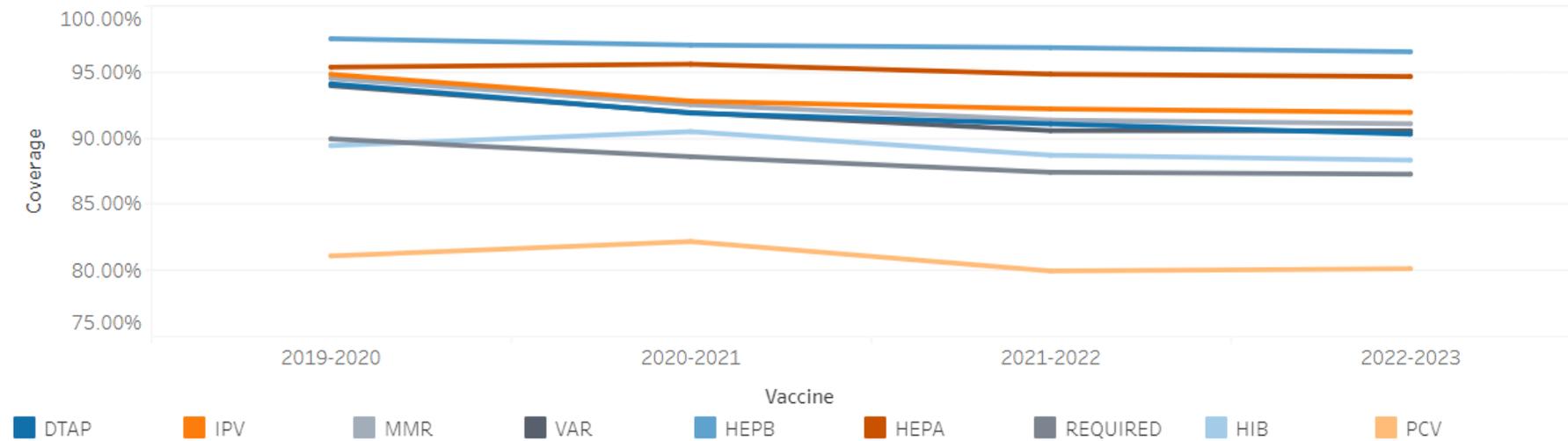
- Children who turn 2 years old anytime during the measurement year are included as a qualifying member in this measure.
- Keeping the member compliant per the AAP immunization schedule starting at birth will increase compliance for the CIS Combo 10 measure.
- If a member is under-immunized, it may be difficult to administer required vaccines due to vaccine timing and spacing requirements as the member nears the 2nd birthday.
- While it is never too late to immunize, vaccines received after the 2nd birthday do not count towards measure compliance.

# Kansas Vaccine Coverage Continues to Decline

Statewide School Entry Vaccine Coverage by Academic Year

Academic Year	Vaccine								
	DTAP	IPV	MMR	VAR	HEPB	HEPA	REQUIRED	HIB	PCV
2019-2020	94.05%	94.77%	94.47%	93.91%	97.46%	95.31%	89.89%	89.38%	81.04%
2020-2021	91.84%	92.74%	92.47%	91.88%	96.98%	95.54%	88.54%	90.44%	82.13%
2021-2022	91.03%	92.15%	91.31%	90.52%	96.79%	94.78%	87.37%	88.66%	79.91%
2022-2023	90.25%	91.90%	91.04%	90.50%	96.48%	94.60%	87.22%	88.28%	80.08%

Statewide School Entry Vaccine Coverage by Academic Year



*The foundation built by a child completing the CIS Combo 10 series can help drive higher rates of coverage by kindergarten entry and increase herd immunity.*

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# Strategies to Improve Compliance

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# Immunization Champion

AAP and CDC recommend the practice appoint an Immunization Champion to serve as a steward and advocate of immunizations in your practice

- Member of clinical staff.
- If not a physician, a physician should provide oversight.
- Manage vaccine inventory to ensure adequate stock at all times.
- Develop and implement office-wide strategies to increase vaccine coverage.

# Provider Prompts

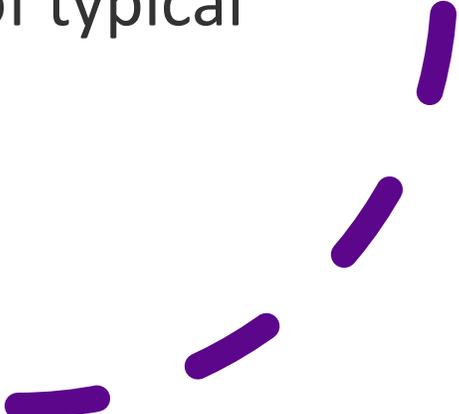
- Reminders to offer vaccines
- Electronic prompts in EMRs or notes/flags in paper charts
- Automatic pop-up alerts that notify the viewer a patient is due/overdue for an immunization or a "to-do" task, even if the patient is not scheduled that day for an appointment
- Consult with the EMR vendor to customize or activate pre-installed prompts

# Standing Orders

- Office policies, procedures, and orders to provide recommended immunizations to patients
- Allows health care personnel to give vaccines to all patients for whom the vaccine is recommended
- Should include procedures for vaccinating eligible patients and contraindications
- Helps increase compliance by making all clinical staff responsible for immunizing, not just providers, and creates more opportunities to immunize



# Offer Family Friendly Office Hours

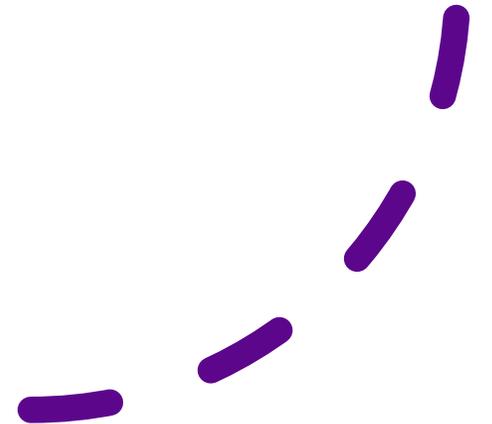
- Create more opportunities for busy families to access vaccination services by holding vaccination clinics with varied hours.
    - Evenings
    - Weekends
  - Flu vaccine rates tend to be higher when Flu Vaccine Clinics are held outside of typical office hours.
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## Provide a Strong Recommendation

- Always give a strong recommendation for all vaccines on the current immunization schedule.
- Use presumptive recommendations when discussing vaccines with parents.
  - Using presumptive language assumes that vaccination is the default option and is shown to increase the likelihood that parents will vaccinate.
  - Presumptive language is a strong, confident vaccine recommendation.
  - Example: “Your child is due for 2 vaccines today: Hepatitis A and Flu. The nurse is going to prepare them and will be back in a few minutes. Do you have any questions I can answer?”

# Provider Feedback

- Run an immunization rate report through your EMR or perform a chart audit to determine the percentage of patients who are up-to-date on immunizations under each provider panel
- Benchmark this data annually to assess provider performance and opportunity for improvement



# Educate Parents

- The conversation around vaccines should begin at birth
- Educate families and patients about each recommended vaccine and the disease it prevents
- Let families know that vaccines are safe and effective, and that not vaccinating could put their children at risk for very serious diseases
- Take every opportunity to educate families and patients
- Discuss what vaccines are to be expected next to allow parents time to consider their questions, find answers, and discuss their most serious concerns

# Monitor your 2-year-olds

- At the beginning of the year, compile a report of all patients who are 2 years old and those that will turn 2 years old during the year
- Assess current vaccine status and make a plan to bring up to date any children who are under immunized
- Many providers struggle with the Influenza vaccine affecting the CIS compliance. If a child has never had a flu vaccine, the first dose must be given at least one month prior to the 2nd birthday, to ensure the 2nd dose can be given before the child turns 2 years old.
  - Note – the nasal flu vaccine can be included in the CIS measure if given on the child's 2nd birthday

# Resources

Immunization Schedules for 2024- American Academy of Pediatrics

<https://publications.aap.org/redbook/pages/Immunization-Schedules?autologincheck=redirected>

How health care providers should address vaccine hesitancy in the clinical setting: Evidence for presumptive language in making a strong recommendation – NIH National Library of Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7553710/>

Office Strategies for Improving Immunization Rates – American Academy of Pediatrics

<https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/office-strategies-for-improving-immunization-rates/>

Childhood Immunization Discussion Guides – American Academy of Pediatrics

<https://www.aap.org/en/patient-care/immunizations/childhood-immunization-discussion-guides/>