

Improving Blood Lead Testing of High Risk Populations

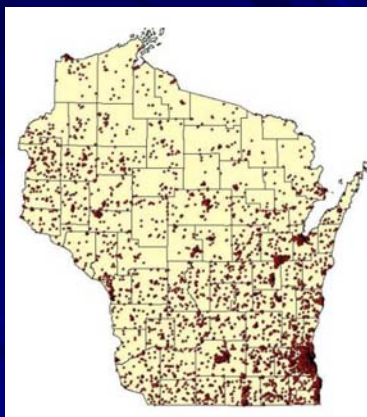
Wisconsin Childhood Lead Poisoning Prevention Program
Margie Coons, Jeff Havlena

Early Effects of Childhood Lead Exposure

- Learning Disabilities
- Lowered I.Q.
- Behavioral Problems
- Hyperactivity
- Attention Deficit Disorder
- Speech Delay
- Hearing Loss
- Slowed or Reduced Growth

Childhood Lead Poisoning Predicts Problems as Children Grow

- Social Factors
 - Disciplinary problems in school
 - Higher rates of high school dropout
 - Teen pregnancy
 - Juvenile delinquency
 - Violent crime
- Health Factors
 - Heart disease and stroke
 - Adult kidney disease
 - Diabetes
 - Cognitive deficits such as memory loss and Alzheimer's disease



Lead poisoning in Wisconsin is a statewide problem.

Each red dot represents an address associated with a lead-poisoned child, 1996-2008.

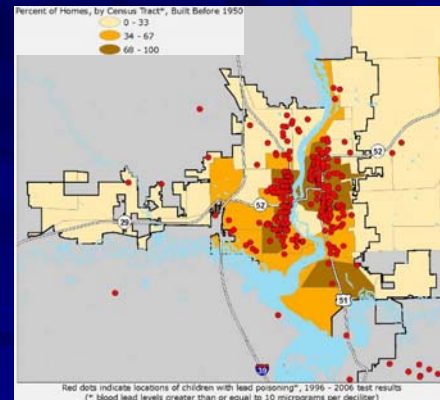
More than 44,000 children

Older Housing is Associated with Lead Poisoning

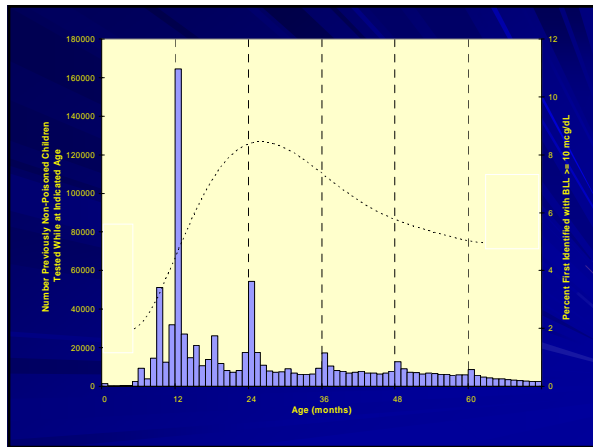
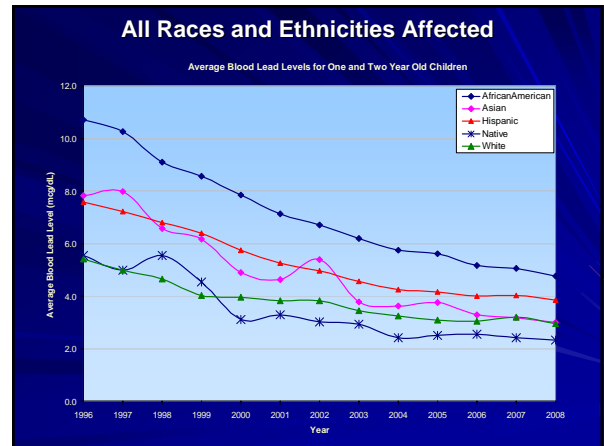
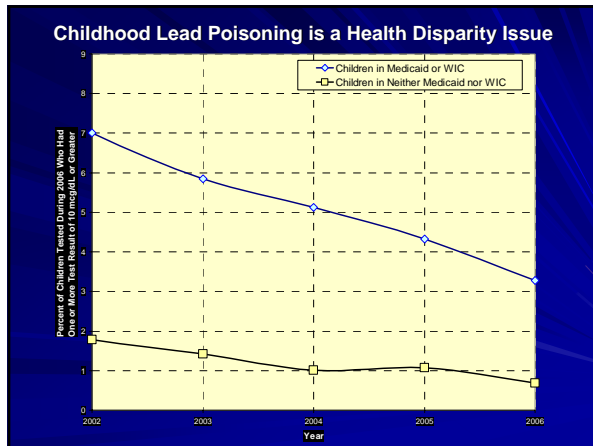
- Wisconsin has an abundance of old housing dating back to the mid-1800's
- Lead poisoning often caused by chipping and peeling lead-based paint in older homes
- More than 90% of lead poisoned children live in pre-1950 housing



Lead Poisonings are Clustered in Neighborhoods with Older Housing



Red dots indicate locations of children with lead poisoning*, 1996 - 2006 test results
(* blood lead levels greater than or equal to 10 micrograms per deciliter)



- ### Who Should be Tested?
- Children at high risk include those who:
 - live in or visit a home built before 1950
 - live in or visit a home built before 1978 with recent or ongoing renovation or remodeling
 - have a sibling or playmate with lead poisoning
 - are enrolled in Medicaid or WIC
 - Newly arrived refugee children

- ### When Should Children be Tested?
- Test at 12 and 24 months of age
 - Test once between 3-5 yrs. if not previously tested
 - Refugee children should be tested upon arrival to U.S. and again after placement in permanent housing

- ### Testing of Medicaid Children - 2007
- TESTED
 - 61% one-year-old children tested
 - 48% two-year-old children tested
 - NOT TESTED
 - Two-thirds were NOT tested at one AND at two years of age as required
 - 85% of 3 to 5 year olds with no prior test were NOT tested

Who is Testing At-Risk Children?

- While private providers are at the forefront, public health agencies play an important role in assuring Medicaid eligible children are tested
- Many Wisconsin WIC projects began testing in early 1990's
- During 2006, 40% of Medicaid children who received a test were tested by their WIC provider

Barriers to Blood Lead Testing

- Health care provider is unaware of the testing requirements
- Child is not perceived to be at risk
- Child is referred to off-site location for test
- Parent/guardian mistakenly assures the health care provider that the child had been previously tested elsewhere (e.g., at WIC)
- Health care provider is unable to determine whether their patients have been tested at WIC or elsewhere.

Wisconsin's 2010 Lead Poisoning Elimination Plan

- Plan developed in 2004
- Implementation and Oversight Committee – broad-based advisory committee that meets 3 times/year
- 4 key focus areas and subcommittees
 - Targeted Education
 - Correcting Lead Hazards in Housing
 - Testing High Risk Populations
 - Funding and Resources

The Goal of the Blood Lead Testing Subcommittee:

Assure all high risk children are tested

Requires partnerships with:

- health care providers
- managed care organizations
- Medicaid Program
- WIC Program
- state and local public health agencies
- Head Start
- child advocacy groups

Strategies to Improve Testing

- HMO Pay-for-Performance Program
- Distribute lists of untested Medicaid children
- Support testing at WIC
- Capillary testing resource packet
- Medicaid Provider Report Cards
- Provide access to blood lead test results through the Wisconsin Immunization Registry (WIR)

HMO Pay-for-Performance Program

- Initiated by DHS Medicaid Program in 2006
- Provides financial incentives to HMOs that increase testing of 1 and 2 year olds
- In 2009 an HMO must meet three measures to qualify for incentive payment
- HMOs receive quarterly lists of their untested children
- WCLPPP provides data to HMOs on testing performance of individual providers within their organization

Support Testing at WIC - Who Pays?

- Critical issue because blood lead testing is not an allowable WIC cost
- In Wisconsin, 78% of WIC enrollees are enrolled in Medicaid
- Approximately two-thirds of Medicaid children are enrolled in a managed care plan (HMO)
- Ideally most testing that's done at WIC will be reimbursed by Medicaid or the HMOs
- State (GPR) funding to local health departments can be used to test uninsured children

Medicaid Reimbursement for Blood Lead Testing (Blood Collection)

For children enrolled in Medicaid Fee-for-Service

3 HealthCheck procedure codes can be billed:

- 99211 Office/Outpatient visit (5 min) = \$10.85
 - 36416 Collecting capillary sample (NEW-effective 5/1/08) = \$3.00
 - 99000 Lab handling fee = \$3.88
- TOTAL = \$17.73/test**

Medicaid Reimbursement for Blood Lead Testing (Blood Collection)

For children enrolled in Medicaid HMO


- Public health agencies must establish a contract or MOU with the HMO to bill them
- Can use existing HealthCheck contracts with the HMO to bill for lead testing
- Reimbursement rate is negotiable; in general, most HMOs are willing to pay the fee-for-service rate

Promote Capillary Blood Lead Testing in Physician Offices

- A Capillary Blood Lead Collection Resource Kit was created for physicians who are interested in drawing capillary samples in their office.
- Includes training and reference materials for fingerstick blood lead collection and reporting of test results

Collecting Capillary Blood Lead Samples in the Office

Designed by the Wisconsin Childhood Lead Poisoning Elimination Plan Blood Lead Testing Subcommittee



Hello and thank you for your interest in testing patients in your office for lead poisoning! This packet contains the information needed to initiate capillary blood lead sampling. We hope you find it helpful as you begin capillary testing procedures in your office.

Enclosed you will find training and reference materials for your use as needed. One of the enclosures is a list of contact persons should you have questions regarding the procedure or other issues related to testing children for lead poisoning.

ENCLOSURES

- Wisconsin Blood Lead Screening Recommendations
- Wisconsin Medicaid Update: May, 2007
- CDC Guidelines for Collecting and Handling Blood Lead Samples (DVT) or VHSI
- Wisconsin State Laboratory of Hygiene Procedure for the Collection & Shipment of Fingerstick Blood Lead Specimens
- Micro-Collection Blood Containers – examples
- Sample Blood Lead Lab Reporting Form
- Wisconsin Blood Lead Testing Laboratories
- Contact List

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Includes a DVD titled:

CDC Guidelines for Collecting and Handling Blood Lead Samples

Inform Providers of Lead Testing Requirements

- May 2007 - Medicaid Program issued a BadgerCare Plus Update focused entirely on blood lead testing requirements
- Revised HealthCheck documentation forms to include blood lead testing
- Revised day care Child Health Report to include "date of most recent blood lead test" and statement about Medicaid testing requirements
- Provider Report Cards

Not All At-Risk Children are Being Tested

... and not all lead-poisoned children are being identified

- typically fewer than 65% of one year old Medicaid children receive their one year old test; <= should be 100%
- fewer than 48% receive their two year old test; <= should be 100%
- only about one third of Medicaid receive their required tests at one AND at two years of age; <= should be 100%

➔ *Obvious need to increase testing so all lead-poisoned children are identified and receive the appropriate interventions and treatment.*

Medicaid Provider Report Cards

Medical providers are at the forefront:

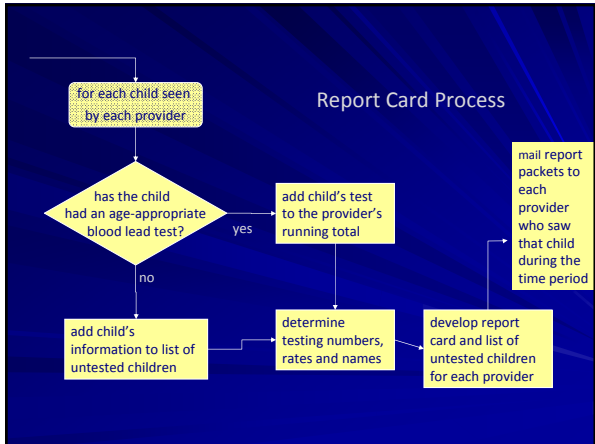
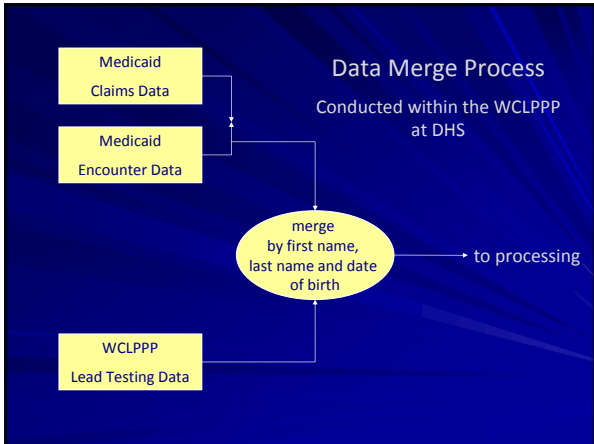
- determine whether a child is at risk and if they are due for a test;
- children's test histories are not always shared between clinics and providers;
- children's parents and guardians are not always sure if their child has been appropriately tested;
 - 'tested at WIC'
- providers often do not know how well they meet their testing requirements.
 - difficult to track tests done at off-site labs

Medicaid Provider 'Report Cards'

- information providers need in order to track their own testing rates
- evaluate conformance with federal Medicaid screening policy
- determine the number of Medicaid children who were seen by a provider and the number who were tested
 - if a child was seen but not tested, it represents a missed opportunity
- list of untested children who should be tested
- comparison with peers

Medicaid Provider Report Cards

- Developed using:
 - WCLPPP blood-lead testing data
 - Medicaid Encounter and Claims data
 - HMO and Fee-for-Service
- Provider who saw Medicaid children for a range of procedures during the time period for which they submitted a claim for reimbursement

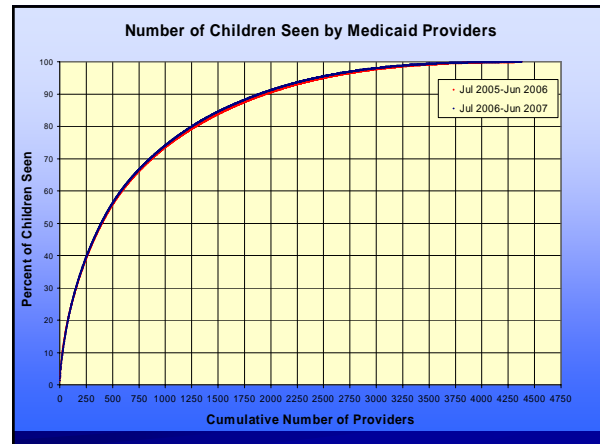


Medicaid Provider Report Cards

Timeline:

- During May and June, 2006, the WCLPPP distributed nearly 1,000 individualized Blood Lead Testing Reports to those Medicaid providers who saw 50 or more children during the period July 2004 through June 2005.
- A second set of more than 1,700 individualized reports was distributed in May 2007 to providers who saw 25 or more children during the period July 2005 through June 2006.
- A third set of more than 1,700 individualized reports was distributed in June 2008 to providers who saw 25 or more children during the period July 2006 through June 2007.

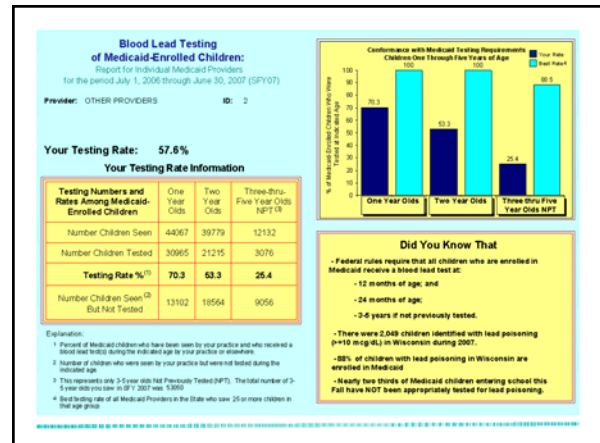
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FY2006 Medicaid Encounter and Claims Data Used for Provider Reports

| Provider Type Description | Providers | Children | Visits * |
|---------------------------|-----------|----------|----------|
| PHYSICIAN (MD) | 1335 | 105878 | 408423 |
| PHYSICIAN ASSISTANT | 173 | 11986 | 21291 |
| NURSE PRACTITIONER | 139 | 13056 | 23995 |
| OSTEOPATH (DO) | 85 | 9668 | 23795 |
| HEALTHCHECK (EPSDT) | 32 | 9435 | 13452 |
| PHYSICIAN GROUP | 10 | 2326 | 3805 |

- * ~ 1/3 of visits were associated with HealthCheck/EPSDT exam
- ~ 2/3 were interperiodic visits of low-to-moderate severity and low complexity (typically 15 minutes)



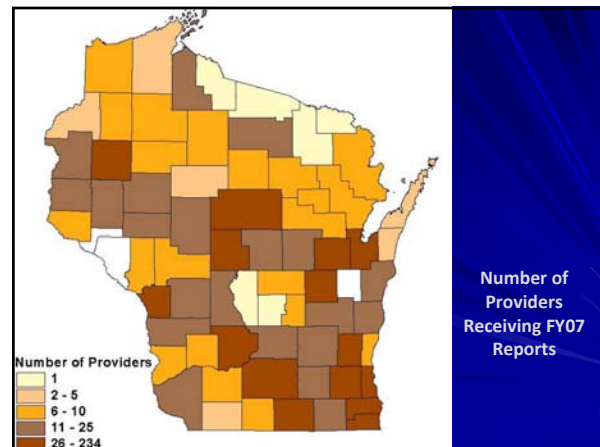
Children Not Tested For Blood Lead

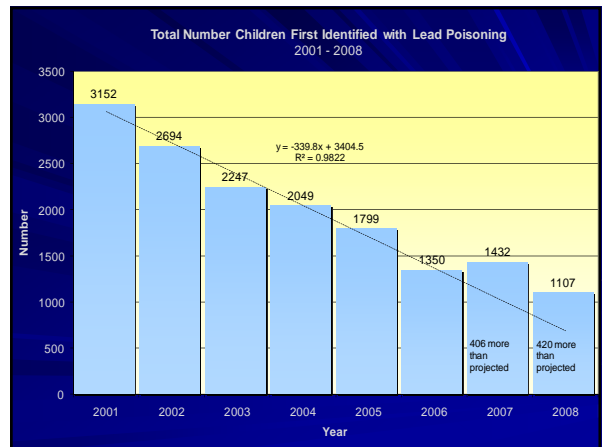
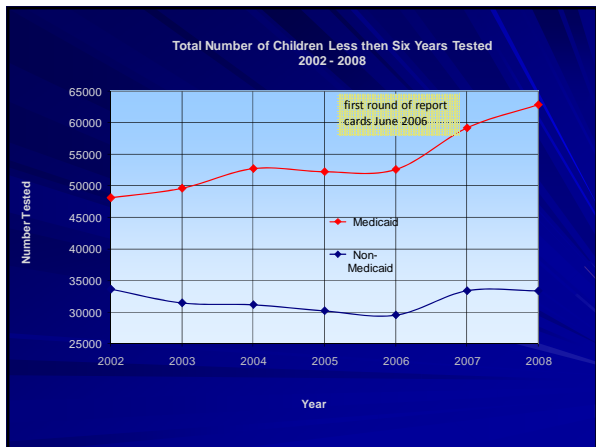
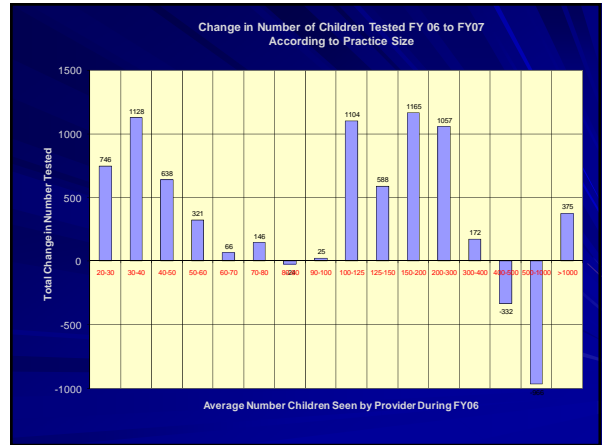
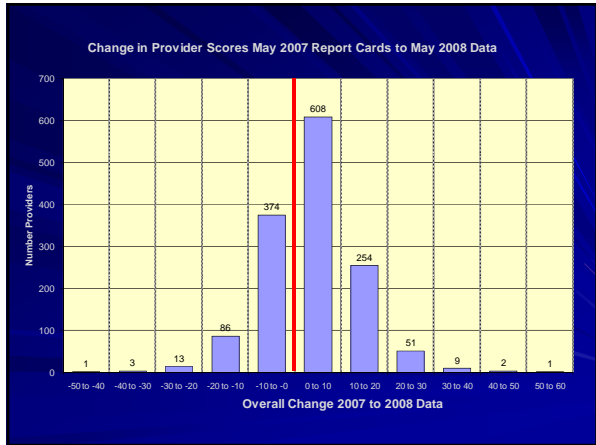
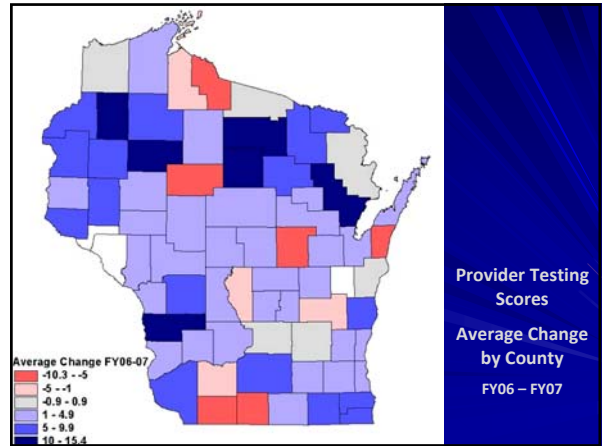
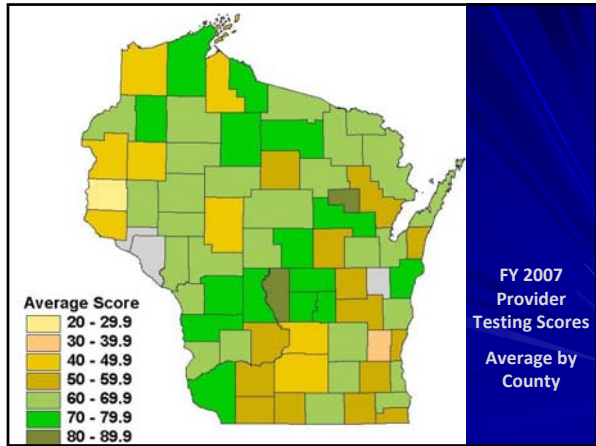
Children Seen July 1, 2005 through June 30, 2006

Provider name: _____ ProviderID: _____
 Provider address 1: _____

| One_yr Olds | Child's Name | RecipientID | DateofBirth | Visits | LastVisit | Follow-Up Notes |
|---------------------|--------------|-------------|-------------|----------|-----------|-----------------|
| Lastname, Firstname | 3962562940 | 12/16/04 | 4 | 04/27/06 | | |
| Lastname, Firstname | 3872783480 | 06/19/05 | 1 | 06/29/06 | | |
| Lastname, Firstname | 3882715840 | 06/06/05 | 4 | 06/13/06 | | |
| Lastname, Firstname | 3912774070 | 08/09/04 | 1 | 12/22/05 | | |
| Lastname, Firstname | 3892778120 | 09/30/04 | 1 | 05/04/06 | | |
| Lastname, Firstname | 3892774020 | 09/07/05 | 2 | 05/16/06 | | |
| Lastname, Firstname | 392590190 | 02/17/04 | 1 | 03/02/06 | | |
| Lastname, Firstname | 3872777830 | 06/17/05 | 2 | 05/25/06 | | |
| Lastname, Firstname | 3882788710 | 08/01/05 | 1 | 02/20/06 | | |
| Lastname, Firstname | 3962589430 | 12/27/04 | 3 | 01/10/06 | | |
| Lastname, Firstname | 3972514430 | 01/12/05 | 1 | 02/28/06 | | |
| Lastname, Firstname | 8744999570 | 01/11/05 | 1 | 06/13/06 | | |
| Lastname, Firstname | 3962599890 | 12/30/04 | 1 | 03/20/06 | | |
| Lastname, Firstname | 3992599100 | 04/12/05 | 1 | 06/27/06 | | |
| Lastname, Firstname | 3982564690 | 03/22/05 | 4 | 06/13/06 | | |
| Lastname, Firstname | 3882715750 | 07/05/05 | 1 | 01/05/06 | | |
| Lastname, Firstname | 3982512670 | 03/04/05 | 2 | 04/27/06 | | |
| Lastname, Firstname | 3992575560 | 05/11/05 | 2 | 02/20/06 | | |
| Lastname, Firstname | 3982547560 | 03/08/05 | 4 | 04/25/06 | | |

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Where Do We Go From Here?

- A fourth set of report cards is in the works!
 - will likely include appx. 1700 providers who saw 25 or more Medicaid children July 1, 2007 through June 30, 2008;
 - and providers who cumulatively saw nearly 90% of Medicaid children who received medical services during that period;
 - May 30th distribution?
- Ongoing study to determine the effectiveness of the provider report card program, and identify factors that influence testing.
- Put lead testing data on the Wisconsin Immunization Registry;

Wisconsin Immunization Registry Childhood Lead Program Application

- Blood lead results will become available via the WI Immunization Registry (WIR)
- Health care providers will be able to view a child's complete blood lead history to determine the need to test
- CLPPP will update lead test results in the system on a regular basis

| Name | City | Main Contact | Phone |
|-------------|-------------|-----------------|--------------|
| MILWAUKEE | MILWAUKEE | Stanley Johnson | 608-223-4548 |
| MADISON | MADISON | 880888* | 120-123-1232 |
| MADISON | MADISON | Orville Mattson | 608-265-1500 |
| MOUNT MORIS | MOUNT MORIS | Becky Evans | 414-529-6585 |
| OSHKOSH | OSHKOSH | Jerry Gabor | |
| JEROME | JEROME | Ayla Ariel | 608-224-2734 |
| RALPHEN | RALPHEN | Mary Beth Latte | 608-888-0230 |
| CARLEBY | CARLEBY | Davy Gilbert | 608-265-4723 |
| MADISON | MADISON | Orville Dean | 608-255-1500 |
| MADISON | MADISON | Ken Villet | 608-255-1580 |
| MADISON | MADISON | Donnie Reddin | 608-255-7324 |
| MADISON | MADISON | WIR Help Desk | 608-265-8091 |

| Last Name | First Name | Middle Name | Birth Date | Chart # | Mother's Maiden First | Mother's Maiden Last | Gender | Telephone |
|-----------|------------|-------------|------------|---------|-----------------------|----------------------|--------|-----------|
| TESTING | MIKE | | 01/01/2003 | | MARY | SMITH | U | |
| TESTING | MIKE | | 01/01/2003 | | MARY | SMITH | U | |

HMO Lead Data Report: Two year-olds with no lead test

| MAID | First Name | MI | Last Name | Gender | DOB | Street Address | Address 2 | City | State | ZIP |
|------|------------|----|-----------|--------|------|----------------|-----------|------|-------|-----|
| 650 | IGE | A | WI | F | 2001 | AVE | | M | WI | 5 |
| 400 | BER | P | HO | F | 2001 | BOX | | R | WI | 5 |
| 060 | REY | E | RA | F | 2001 | RD | | A | WI | 5 |
| 260 | VOR | T | GD | M | 2001 | CT | | E | WI | 5 |
| 250 | NON | L | SA | F | 2000 | ST | | W | WI | 5 |
| 810 | ODY | DE | M | 2000 | ST | | | S | WI | 5 |
| 390 | UKE | S | OL | M | 2000 | AVE | | O | WI | 5 |
| 670 | YLA | R | FE | F | 2000 | BOX | | I | WI | 5 |
| 030 | TIN | J | SI | M | 2000 | AVE | | W | WI | 5 |
| 230 | HER | R | DI | F | 2000 | RD | | A | WI | 5 |
| 470 | ETH | J | ME | F | 2000 | AVE | | A | WI | 5 |
| 930 | HEW | P | ST | M | 2000 | ROAD | | E | WI | 5 |
| 730 | LER | J | TU | M | 2000 | ST | | A | WI | 5 |
| 170 | SON | Q | HA | F | 2000 | BOX | | T | WI | 5 |
| 080 | YLE | L | BO | M | 2000 | AVE | | C | WI | 5 |
| 220 | LYN | E | BR | F | 2001 | RD | | S | WI | 5 |
| 470 | LES | J | BE | M | 2001 | ST | | A | WI | 5 |
| 580 | SHA | VA | F | 2001 | ST | | | W | WI | 5 |
| 510 | DQN | L | JA | M | 2001 | ST | | W | WI | 5 |
| 230 | LAR | W | AN | M | 2001 | RD | | W | WI | 5 |
| 770 | 3SA | K | HA | F | 2001 | AVE | | M | WI | 5 |

Improving Blood Lead Testing of High Risk Populations

Report on
**CHILDHOOD
LEAD POISONING
IN WISCONSIN 2008**

Wisconsin Childhood Lead
Poisoning Prevention Program
608-266-5817
<http://dhs.wisconsin.gov/lead>

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jeffrey.havlena@dhs.wisconsin.gov