

Keeping You Healthy:

Improving Blood Lead Screening in Two-Year Olds by UnitedHealthcare Community Plan

Improving Blood Lead Screening in Two-Year Olds was also a nominee of the 2011 MHPA Center for Best Practices Children's Health Award.

For more information on UnitedHealthcare Community Plan, please visit <http://uhcgreatlakes.com>.



Improving Blood Lead Screening in Two-Year Olds

UnitedHealthcare Community & State (Great Lakes Health Plan)

DESCRIPTION: Lead poisoning may affect 20,000 Michigan children under the age of six. If not detected early, the lead that accumulates in a child's body may cause brain damage, mental retardation, developmental delay, learning difficulties, behavior problems, anemia, liver and kidney damage, hearing loss, hyperactivity, and in extreme cases, even coma and death¹. Lead poisoning is said to be the most common environmental illness of children in the United States.

Small children ingest lead dust and lead fragments as part of the normal hand-to-mouth developmental process. They are doing this as their central nervous system is rapidly growing².

ACTION TAKEN:

A GLHP nurse participates in the Michigan Childhood Lead Poisoning Prevention Program (CLPPP). CLPPP's purpose is to educate families, pregnant women, health care providers and child health advocates in Michigan communities on prevention of blood lead poisoning.

GLHP nurses examine primary care practitioner (PCP) blood lead screening (BLS) rates of two year olds to identify those PCPs whose rates are lower than the national Medicaid 50th percentile and conduct in-office educational visits on BLS and use of filter paper kits for in-office sampling.

GLHP runs articles in its monthly and quarterly provider newsletters on BLS and in-office filter paper kits to obtain test samples.

GLHP identifies unscreened children who are turning two years old and calls parents/guardians to educate on blood lead poisoning, its effects and screening, and to make appointments for screening and arrange free transportation.

GLHP also places recorded messages to parents/guardians of all children who are nine and 18 months to educate parents/guardians on BLS, free tests and free transportation.

GLHP includes quarterly articles on BLS in its member newsletter.

GLHP includes educational information on its member health pages concerning BLS.

GLHP offers physician and member incentives for BLS

OUTCOMES: GLHP interventions were designed to address known barriers which include:

Clinicians assert that there is no clinical research demonstrating that all children need to be screened for BLS.

Parents do not understand the long term effects of blood lead poisoning on their children.

Transportation is a problem for the poor.

Poor children may have greater access to toys manufactured in countries with less requirements concerning lead content.

Going to a lab after leaving a doctor's office for a venous blood draw is difficult for many parents due to transportation issues and time away from hourly paid jobs.

Using HEDIS®3 , GLHP measured its BLS rate for two-year-old children continuously enrolled in the health plan for the measurement year, allowing for one 30-day enrollment break in the year. HEDIS 2008 (measurement year 2007) served as the baseline year. Over three years, GLHP improved its BLS rate nearly 14 percentage points. GLHP's performance goal is 80%.

1 Michigan Department of Community Health, Childhood Lead Poisoning Prevention, A Call to Action, July 2003; http://www.michigan.gov/documents/ChildLeadPoisoning2_71150_7.pdf
2 2006 Annual Report on Blood Lead Levels in Adults and Children in Michigan, Kenneth D. Rosenman, M.D., Professor of Medicine and Amy S. Sims, B.S., ABLES Program Coordinator Michigan State University; Michigan Department of Labor and Economic Growth; Douglas J. Kalinowski, Director Michigan Occupational Safety and Health Administration; and Michigan Department of Community Health Brenda Fink, A.C.S.W., Division Director, Mary A. Scoblic, R.N., M.N., Child Health Unit Manager, Sharon Hudson, R.N., M.S.N., C.N.M., Program Coordinator. November 2007. http://oem.msu.edu/userfiles/file/Annual%20Reports/Lead/06Lead_all.pdf
3 HEDIS® is a registered trademark of the National Committee for Quality Assurance.

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