



**State of New Hampshire  
Department of Health and Human Services**

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**NH Medicaid Care Management  
Medicaid Quality Program – Annual Meeting**

**Increasing Lead Level Testing Rates of  
1- and 2-Year-Olds**

*June, 2024*

# Overview

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- The Personal Story of Lead Poisoning
- Zoom Polling on NH Lead Testing
- New Hampshire Performance (HEDIS Lead Screening Rates and NH Measures)
- Understanding Childhood Lead Exposure in NH
- Keynote Speaker
- Annual Meeting Overview & Objectives
- Barrier Review
- Strategies to Address Barriers



# THE PERSONAL STORY OF LEAD POISONING:



- The meeting began with a speaker, who is also a subject matter expert, sharing a personal story about lead poisoning that impacted her eldest child as a result of living in a home built before 1978 with deteriorated lead-based paint.
- Photographs were used to emphasized how easy it was to unknowingly expose her child to lead from deteriorated paint in an older home.
- The speaker identified the long-term impacts of lead exposure in early childhood on young adults.
- She confirmed that her child may have looked “normal” from an onlooker’s perspective; however, the long-term ramifications from exposure to lead created many invisible, life-long challenges.



# ZOOM POLLING ON NH LEAD TESTING:



A total of 5 polling questions:

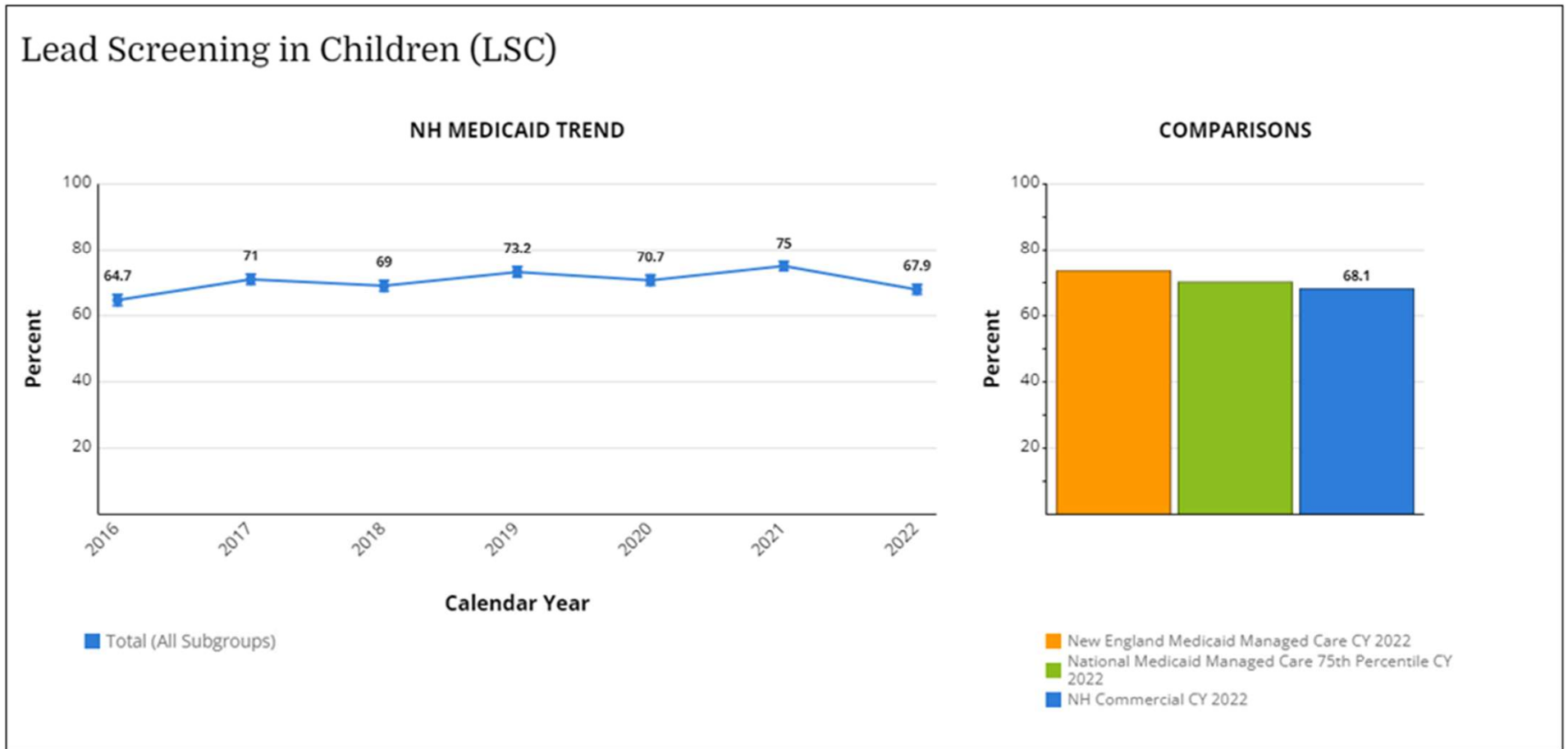
- Four of the questions were designed to test attendees understanding of lead screening
- One question highlighted a new resource, a recently released children's book, *Happy, Healthy, Lead-Free Me!* by Gail C. Gettens and Knatalie Vetter.



# NEW HAMPSHIRE PERFORMANCE:



# NH HEDIS Lead Screening in Children (LSC) Rates

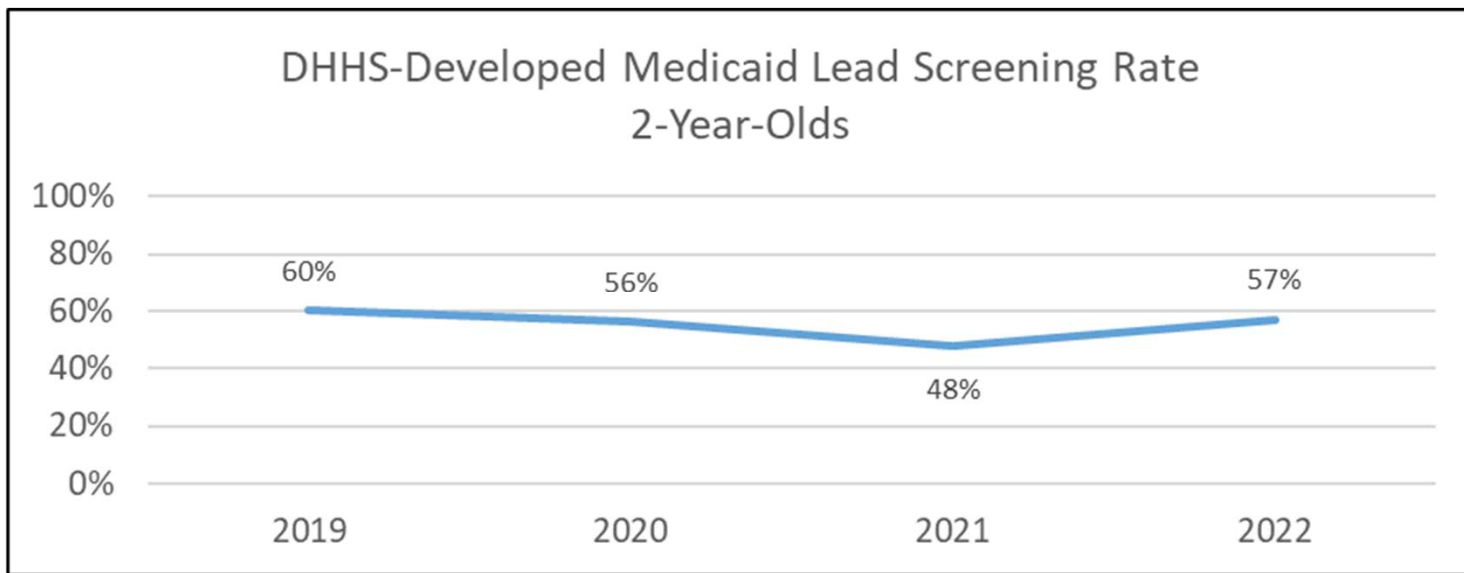
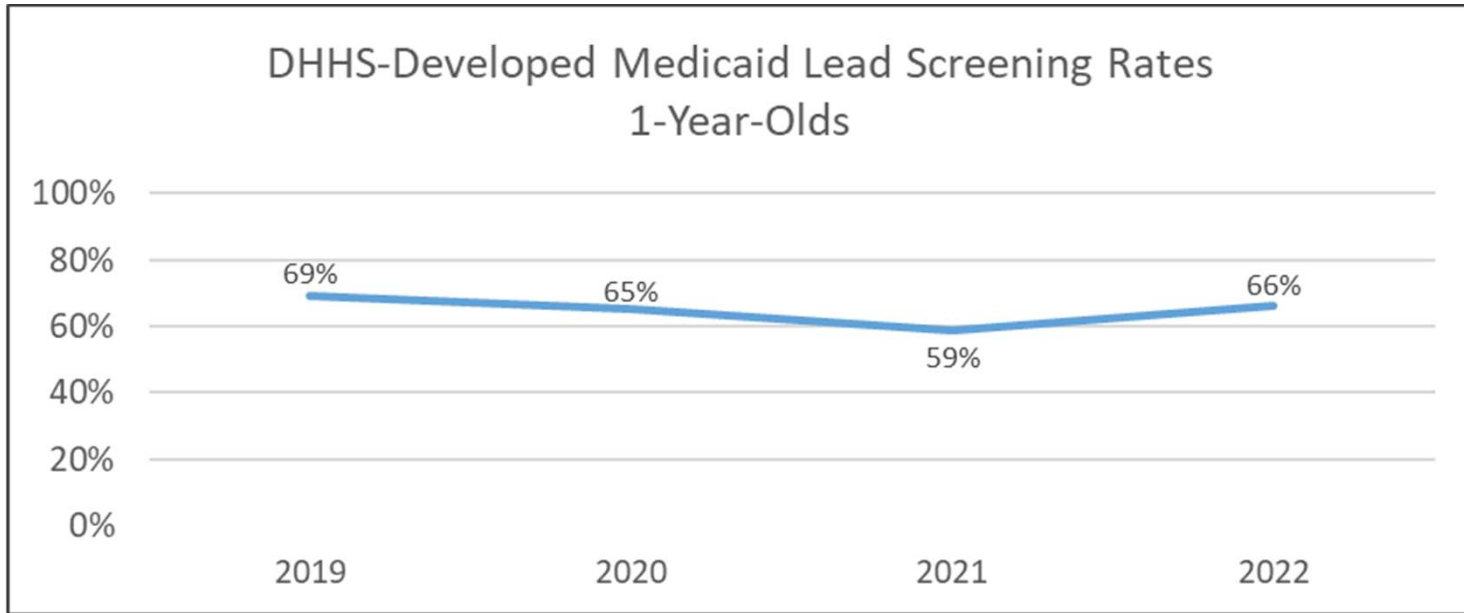


**Measure Definition:** The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.





# DHHS-Developed Medicaid Lead Screening Rates in one and two-year-olds



# Key Takeaways

- NH Performance- CY 2022
  - Two data sources (HEDIS & DHHS-Developed Medicaid Performance Measures)
    - NH HEDIS Medicaid Rate = 67.9%
    - DHHS-Developed Medicaid Lead Screening Rate in one-year olds = 66%, in two-year olds = 57%
- Performance benchmarks
  - Overall managed care trend has been stagnant over time and declined over the past year.
  - NH Medicaid's rates for CY 2022 between the National Medicaid 50<sup>th</sup> and 75<sup>th</sup> percentile.
  - NH Medicaid's rate was above the NH Commercial Insurer rate in 2022.
- Withhold/Incentive Program- The new five-year contract MCM contract that begins in September 2024 will include a measure related to blood lead level screening in children.

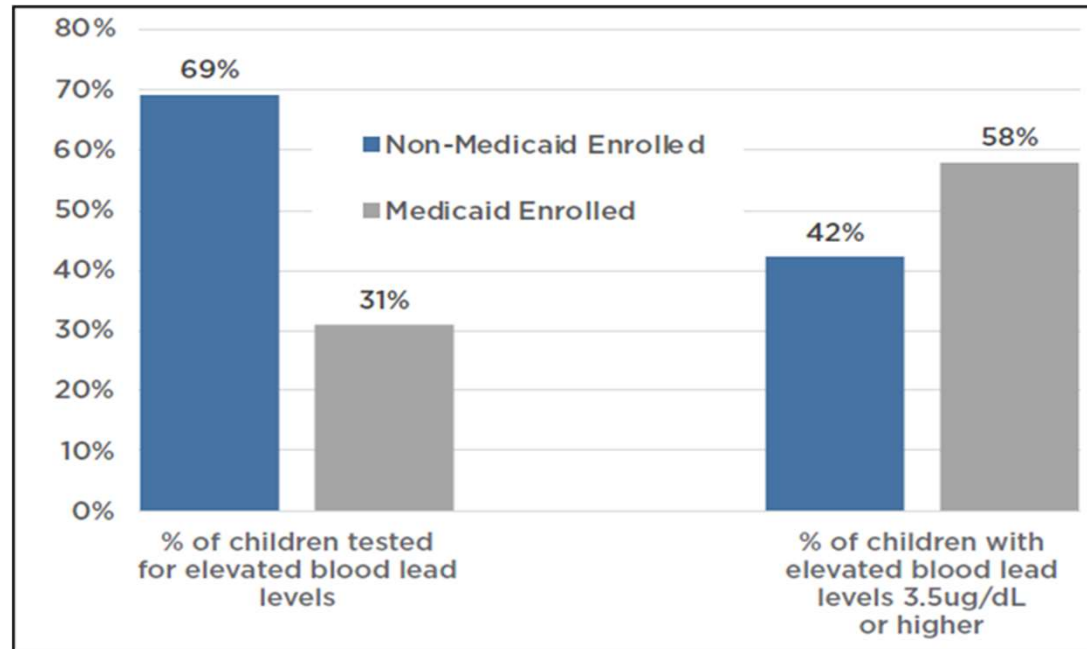


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# **THE SECRET EPIDEMIC: UNDERSTANDING CHILDHOOD LEAD EXPOSURE IN NH:**



## Lead by the Numbers: Exposure and Testing Surveillance Data CY 2022



- Only 31% of children tested were enrolled in Medicaid; however, 58% of all children who had a positive BLL were enrolled in Medicaid.
- The 58% of children with a positive BLL highlights the importance of improving overall testing rates, particularly for the Medicaid population.\*
- The number of children ages 72 months and younger with a BLL of 3.5 µg/dl increased from 797 in 2019 to 1,005 in 2022.\*

\*New Hampshire Department of Health and Human Services. 2020 Lead Exposure in New Hampshire Data Brief.



# It's Not the Water, It's the Paint: Common Sources of Exposure

- Although the current public media narrative highlights the concern for the presence of lead within the water systems (e.g., drinking fountains),\* lead is not primarily in the water, it is in the paint.\*\*
- A minimum of 32,350 young children in NH are living in older homes with lead paint.\*\*

\* Levin R, Brown MJ, Kashtock ME, Jacobs DE, Whelan EA, Rodman J, et al. Lead exposures in U.S. children, 2008: Implications for prevention. *Environmental Health Perspectives*. 2008;116: 1285–93.

\*\*New Hampshire Department of Health and Human Services. Lead Poisoning Prevention Program. Available at: <https://www.dhhs.nh.gov/programs-services/environmental-health-and-you/lead-poisoning-prevention-program>.



## CHAPTER 130-A LEAD PAINT POISONING PREVENTION AND CONTROL\*

- All parents or legal guardians shall have their children who are residing in this state tested for blood lead level at the ages of one and 2.
- All children enrolled in Medicaid, regardless of whether coverage is funded through Title XIX or XXI, are required to receive a BLL test at ages 12 months and 24 months.
- Children between ages 24 months and 72 months with no record of a previous BLL screening are to be tested.

\*New Hampshire Revised Statutes Annotated. (2018). Title X Public Health, Chapter 130-A, Lead Paint Poisoning Prevention and Control.



**KEYNOTE SPEAKER – ALAN WOOLF,  
MD, MPH, FAAP, FACMT, FAACT:**



# *Old Adversary, New Challenges: Update on Childhood Lead Exposure and the Importance of Blood Lead Level Testing*

The presentation included four significant topics:

1. Identify novel non-paint sources of exposure

- Some cosmetics, imported spices, cookware, children's toys (i.e., pewter models of animals, etc.), dust, and pottery.
- Some occupations (i.e., demolition, construction, remodeling, etc.) can cause parents to bring traces of lead home from construction sites.

2. Cite children who are especially vulnerable

- Children living in disadvantaged communities.
- Foster children, immigrants, migrants, and refugees.
- Children with autism.





# *Old Adversary, New Challenges: Update on Childhood Lead Exposure and the Importance of Blood Lead Level Testing (cont.)*

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3. Recognize lead's clinical effects, methods of testing
  - There are important differences between fingerstick (capillary) and venous BLL tests.
  
4. Identify roles for health care providers (HCPs)
  - HCPs have an important role in testing, reporting, managing patients with elevated BLLs, and counseling families.



# ANNUAL MEETING OVERVIEW AND OBJECTIVES:



# Annual Meeting

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- 4-hour virtual meeting on June 11, 2024
- 73 attendees including:
  - DHHS Staff
  - MCO Staff
  - Providers
  - Community Organizations
  - Speakers and facilitators
- DHHS Speakers
- Keynote speaker
- Facilitated brainstorming sessions with group



1

Reach consensus concerning the barriers to blood lead level testing of NH's 1- and 2-year-olds.

2

Brainstorm potential DHHS and MCO collaboration to resolve barriers negatively impacting NH's pediatric blood level testing rates.



# BARRIER EVALUATION:



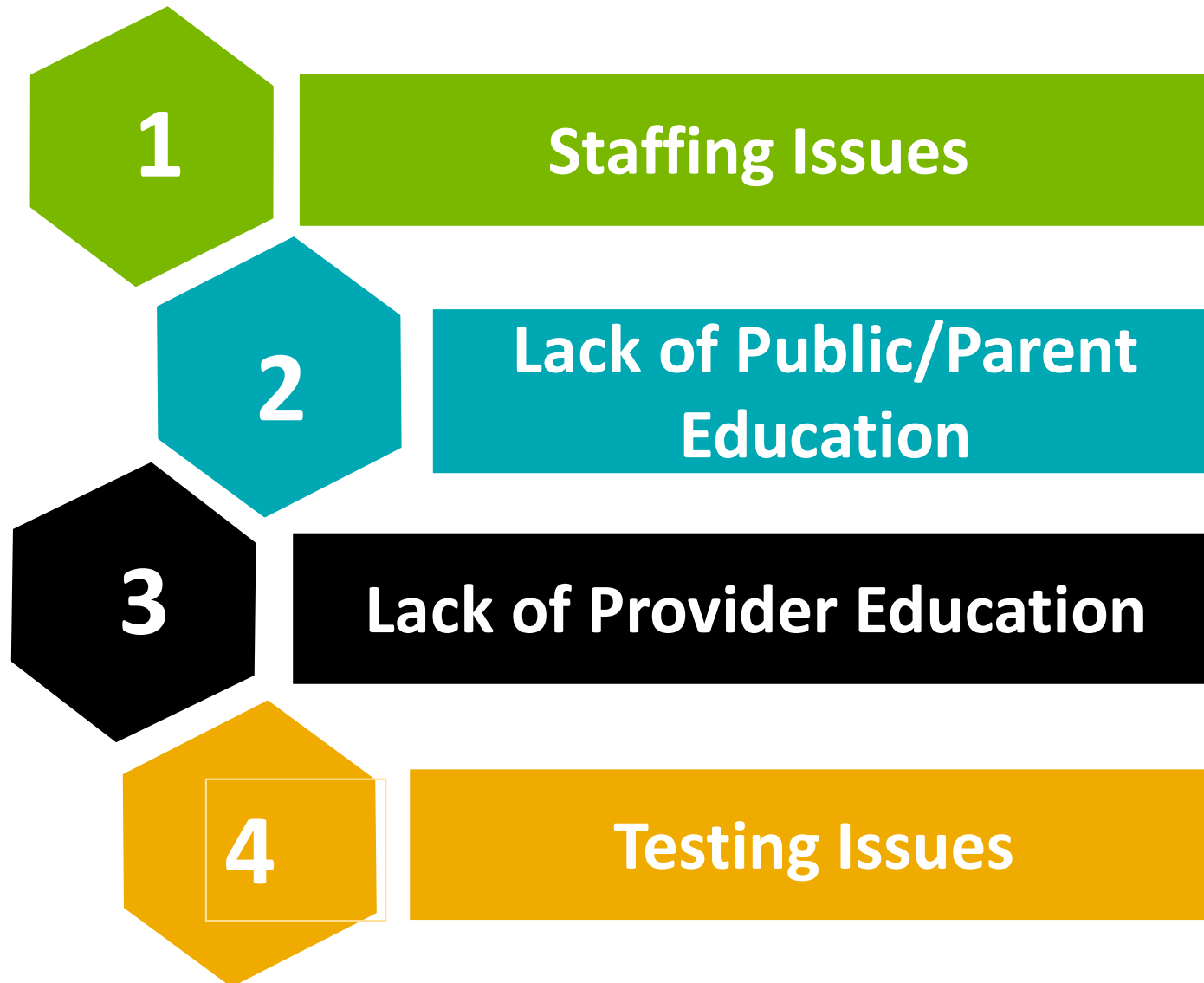
# Barrier Evaluation - Process

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- Facilitator Dr. Tanya Lord lead brainstorming session for all participants.
- Attendees used Mural application to create virtual “sticky notes” and post them on a community white board.
- Ideas were focused on barriers to improving lead level testing in young New Hampshire Medicaid recipients.
- Facilitator reviewed all ideas and organized them into the three most predominated themes.



# Barrier Evaluation – 4 Most Predominate Themes



# Categories of Barrier Evaluation –

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Three general categories of response:

- Lack of Public/Parent Education
- Lack of Provider Education
- Testing Issues





Four general categories of response:

- Parent concerns about their child's safety and pain during testing
- Lack of time for appointment process and lab draw
- Lack of knowledge regarding the risks and benefits of testing
- Lack of knowledge regarding the prevalence of lead in their community



Three general categories of response:

- Concerns about misinformation regarding testing requirements
- Lack of knowledge regarding positive results and related interventions
- Prejudgment regarding the lack of risk for a member or a member's current living conditions



Four general categories of response:

- Lack of POC testing or lab access within the physician's office
- POC false positive results requiring additional testing
- Frustration with recall of testing supplies and short expiration windows
- Inability to track or confirm testing history



# STRATEGIES TO ADDRESS BARRIERS:



# Strategies to Address Barriers Evaluation - Process

- Facilitator Dr. Tanya Lord lead brainstorming discussion for strategies to address barriers.
- Attendees used Mural application to create virtual “sticky notes” and post them on a community white board.
- Ideas were focused on addressing barriers for each of the 3 predominant themes.
- Ideas were categorized as activities to be conducted by DHHS, MCOs, or Providers.
- Multi-voting was used to identify the most supported ideas in each of the three predominant themes.



How may we improve patient education and awareness of lead testing and screening?

- Increase social media campaigns: Utilize targeted social media campaigns to educate young parents about lead testing.
- Develop educational materials: Create educational materials for local daycares and other community organizations to share with families.
- Partner with schools: Implement educational programs in schools for families with young children.
- Public service announcements: Launch public service announcements to raise awareness about lead poisoning and testing.
- Text message reminders: Develop text message campaigns to remind parents about lead screening for their children.



How may we increase and sustain provider education and awareness of the importance of lead screening?

- Mandatory education: Require lead poisoning education for healthcare providers as part of license renewal.
- Offer Continuing Medical Education (CME)/Continuing Nursing Education (CNE) courses: Provide free or low-cost CME/CNE courses concerning lead poisoning for HCPs.
- Develop educational resources: Create a centralized platform with educational resources concerning lead poisoning for providers.
- Electronic medical record (EMR) prompts: Integrate EMR prompts to remind providers about lead testing during well-child visits.
- Mentorship programs: Facilitate mentorship programs to connect experienced providers with those who are new to lead screening.



# Strategies to Address Lead Testing and Screening Barriers

How may we streamline testing to accommodate office and community needs?

- Increase POC testing availability: Equip more provider offices with POC testing instruments.
- Mobile testing events: Organize mobile lead screening events in convenient locations for families.
- Alternative testing sites: Explore alternative testing locations such as community centers or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics.
- Simplify data reporting: Develop solutions to streamline data collection and reporting for community-based testing.
- Extend testing hours: Offer lead testing outside of regular office hours to accommodate busy families.

