

November 16th, 2022

Program Improvement Advisory Committee (PIAC)
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

RE: Recommendations on improving the rate of Well Child Visits from the Performance Measurement and Member Engagement (PMME) Subcommittee

Dear PIAC Members and Department Leadership:

PMME co-chairs and voting members respectfully submit the following recommendations for your consideration. These recommendations are the result of an extensive nine-month research and evaluation initiative of Well Child Visits. The Committee began with a review of current and historical Well Child Visit data for the state of Colorado. Contributors of this work include RAEs, providers, Health First Colorado Members, subject matter experts, community stakeholders and aligned divisions within the Department.

In SFY21-22 the Well Child Visit KPI was changed to a HEDIS measure to optimize reporting and to standardize measures to better evaluate performance. PMME chose to evaluate this one key performance measure to understand and identify barriers and opportunities to improve the rate of Well Child Visits across the ACC program. PMME's research and evaluation over the past 9 months include:

- PMME worked with Department staff to build a Well Child Visit dashboard with various filters that enabled the committee to have an in-depth look at the data. Over the course of the Committee's research, the dashboard was updated to help Committee members understand in greater detail who was and was not receiving their well child visit, regional differences, and other demographic differences, and enabled them to identify gaps.
- The PMME subcommittee reviewed the CAHPS Member survey regarding Well Child Visits, identifying communication, time spent during visit and extended hours as issues to improve. This informed a short survey created by PMME that was sent out to Health First Colorado Members and CHP+ Members. The Survey had 2,281 total responses with 1,226 responses from Members responsible for the care of a child under 18 years old. The goal of the survey was to understand the Member's experience regarding well child visits.

In addition, the Committee engaged the following subject matter experts:

- Child and adolescent Well-child KPI: RAE perspective and approach (Lisa Latts, M.D. and Katie Price, M.D., RMHP)

- 2021 CAHPS Pediatric Survey (Russ Kennedy, HCPF)
- Well-Child visits in School-Based Clinics (Rebecca Gostlin, Director of Clinical Initiatives, Colorado Association for School-Based Health Care (CASBHC) RMHP/RAE 1)
- Well Child Visits- Provider Perspective (Dr. Amanda Jichlinski and Maria Zubia, Kids First Health Care)
- EPSDT program overview, Children’s Services Steering Committee update, and review of ongoing work on improving numbers of Well Child Visits (Gina Robinson - HCPF)

PMME reviewed Colorado’s performance in Well Child Visits in addition to comparing performance strategy, implementation, and measures of other states to understand and improve Well Child Visit statistics throughout Colorado, which have consistently lagged behind national standards. After evaluating data and information, the committee engaged in a collaborative effort to create a list of actionable items to improve Well Child Visit rates for Medicaid Members. The main areas of improvements were to decrease barriers for parents/caregivers in bringing their children in for Well Child Visits, educate parents on the importance of preventive medicine, and encourage parents/caregivers to bring their children in for well child visits. PMME would also recommend providers to increase access and appointment availability for well child visits. We recognize that attribution is a factor that affects providers’ ability to connect with families, but PMME has not addressed that issue in this set of recommendations.

The PMME subcommittee acknowledges that increasing the rate of well child visits is a complex challenge that requires close collaboration between the Department, Health First CO Members, the RAEs and providers. We acknowledge the hard work and expertise of groups working on EPSTD (Periodic Screening, Diagnostic and Treatment), benefits, and the Children’s Services Steering Committee. PMME supports the efforts of the Children’s Services Steering Committee, and we are aligned with their recommendations presented to the state. PMME is in favor of adopting these recommendations statewide to ensure greater consistency as we work toward improving rates of well-child visits.

PMME Recommendations

The Committee’s primary recommendation is to Improve education for Members on Well Child Visits.

The Committee believes that there is an opportunity to empower Members with clear and relevant information. Partnering with Members to understand the value of well child visits for preventive care is a vital part of wellness and early intervention. Information regarding no cost visits, timing of visits, and options for transportation need to be clearly explained to Members.

As one of the primary sources of information regarding Well Child Visits, PMME recommends that the Department review the current EPSDT Outreach materials (federal rules 42 CFR 441.56 (a)), regarding Well Child Visits with these considerations in mind.

- Various terminology used for well child visits which includes physicals, checkups, and sports physicals should be made consistent in all distributed material.
- The sports physical is not a comprehensive well child visit and is not free of charge, and practices should consider converting this to encompass a full well child visit.
- The timelines for well child visits.
- Well child visits are free of charge
- The importance of a well child visit/preventive medicine and why this exam should be conducted at least annually.
- Availability of transportation-provider to arrange NEMT (non-emergent medical transportation) for Well Child Visits.

PMME recommends that when EPSDT materials regarding Well Child Visits are updated or revised, to leverage this opportunity to collaborate with the RAEs and Members on how best to message services and educate providers and care coordinators to be consistent in messaging as they highlight Well Child Visits. It is critical that RAE and clinic staff are knowledgeable of the EPSDT/Medicaid guidelines on Well Child Visits to support Members to the best of their ability.

In addition, the Committee has four supplemental recommendations:

1. Transportation

Department to review Member and Provider materials regarding non-emergent medical transportation services to and from medical appointments. This can be a barrier to access to care for many Members. We ask that the Department require RAEs to direct care coordination staff and providers to inform Members of this service while making clinic appointments and to ensure that Members are assisted in scheduling transportation. We ask that vendor reliability be tracked, ensuring patients arrive to scheduled appointments on time.

2. Extended Office Hours for Well Child Visits

Department to require the RAEs to have a percentage of their providers offer extended office hours dedicated to Well Child Visits. This service should be distributed throughout the region as best as possible. This may include after hours, weekend hours, or be included in already established extended hours open to sick child visits.

3. Partner with Schools

Department to require RAEs to increase efforts in partnering with schools and school districts to educate Members and Member parents on the availability and importance of Well Child Visits. The current RAE contracts specify that RAEs are required to partner with school districts, but PMME recommends that the Department collect more details on these efforts focused on Well Child Visits. Building a close partnership between the RAE, schools, school districts and the Colorado Department of Education provides an opportunity to reach Members who may not otherwise see a provider or receive preventive care. This partnership will also facilitate and support the Committee's primary recommendation, to improve Member education on Well Child Visits. A collaborative effort between the Department, the RAEs, and schools will facilitate consistency in terminology and messaging.

The Committee recommends adding a section to one of the ACC Program RAE deliverables to collect specific actions taken by the RAEs to partner with schools regarding Well Child Visits. Regular reporting in deliverables from each of the RAEs will help the Department identify interventions that are most effective and those most challenging. This will facilitate the sharing of best practices between the RAEs. Reporting of Well Child Visit key performance indicator data can potentially be connected to RAE activities with schools.

4. State Requirement

If legislation is introduced regarding a requirement for a well child visit at age-appropriate intervals, the PMME committee recommends that the Department support this, considering the equity of all children.

Thank you for your consideration of these recommendations. Please direct any follow up questions, concerns, or comments to the PMME co-chairs named in the signature below.

Sincerely,
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Enclosure(s)

cc: Matt Sundeen, Emma Oppenheim, Dave Ducharme, Nicole Nyberg, Sally Langston