

Well Child Visit Recommendations

Performance Measurement & Member Engagement (PMME) Subcommittee

Bethany Pray, PMME Co-Chair



Well Child Key Performance Indicators

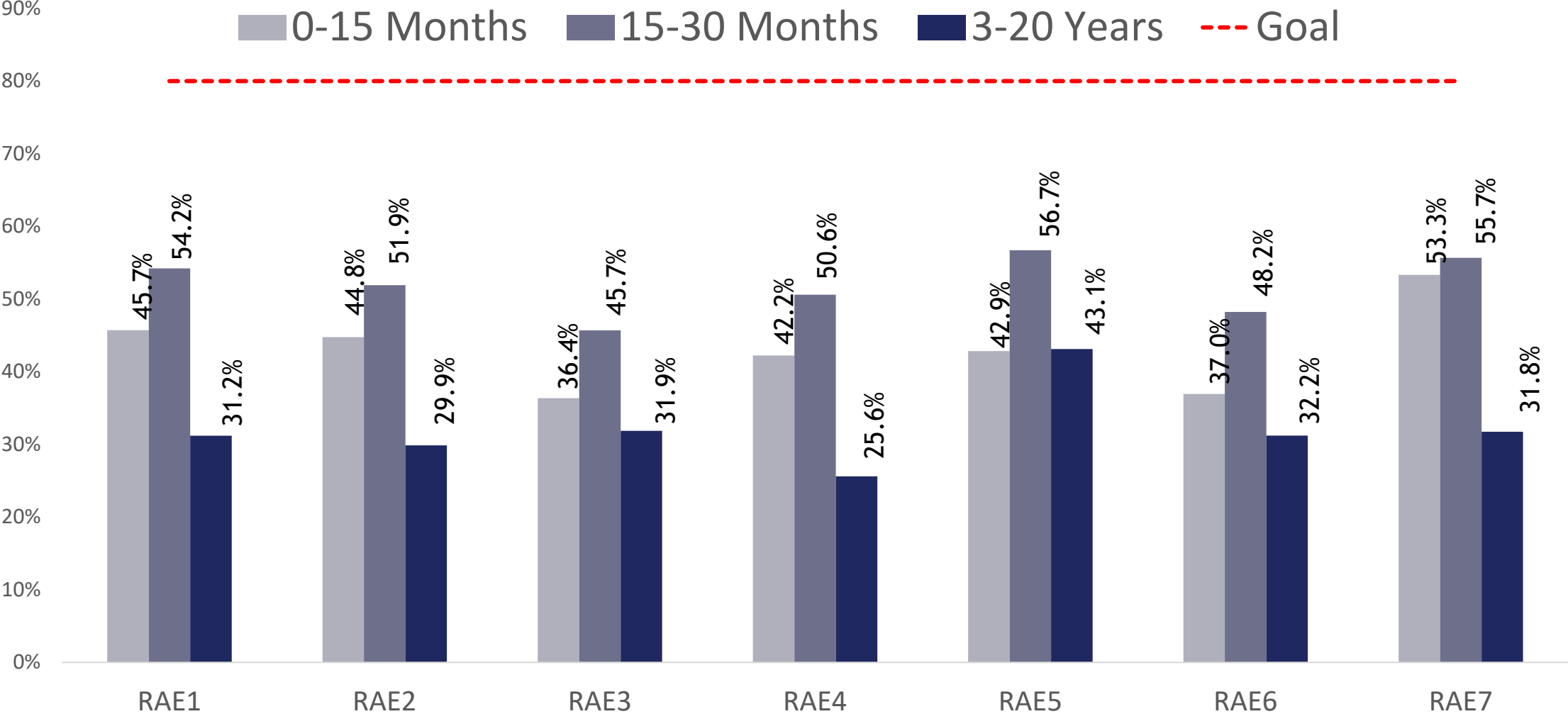
Part 1 (HEDIS W30)

- Ages 0-15 months: 6 or more well visits with a PCMP
- Ages 15-30 months: 2 or more well visits with a PCMP

Part 2 (HEDIS WCV)

- Ages 3 -21 years old with one or more well visit with a PCMP

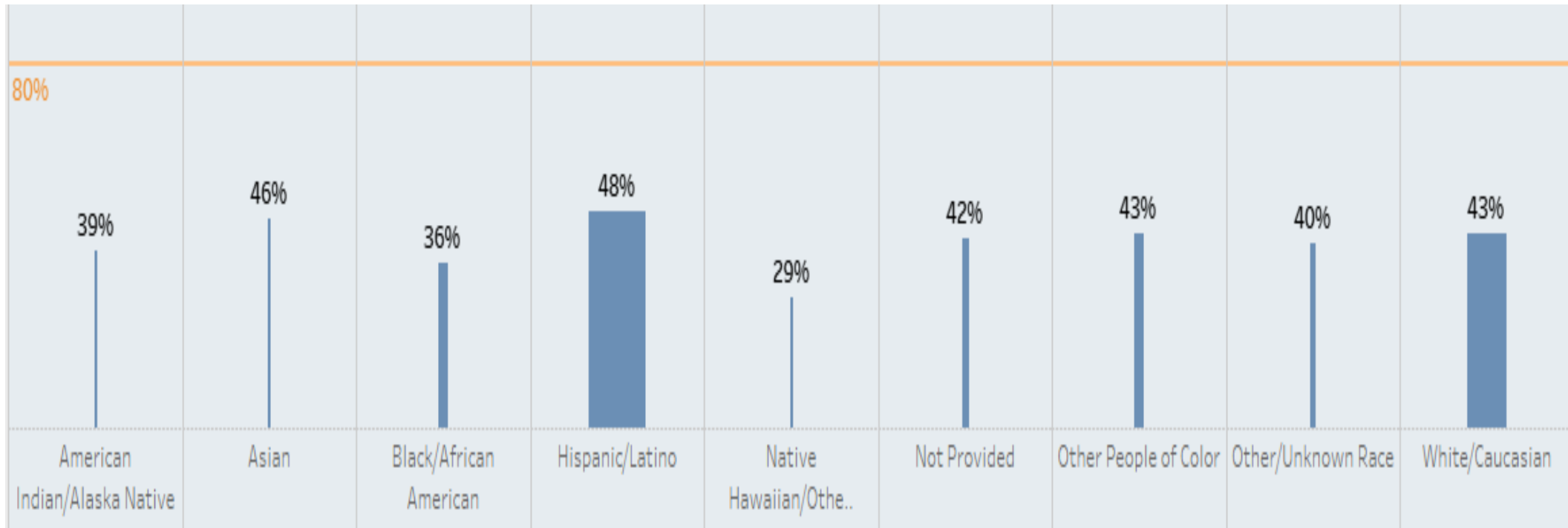
Baseline Data (Jan - Dec 2020)



Well Visit Dashboard

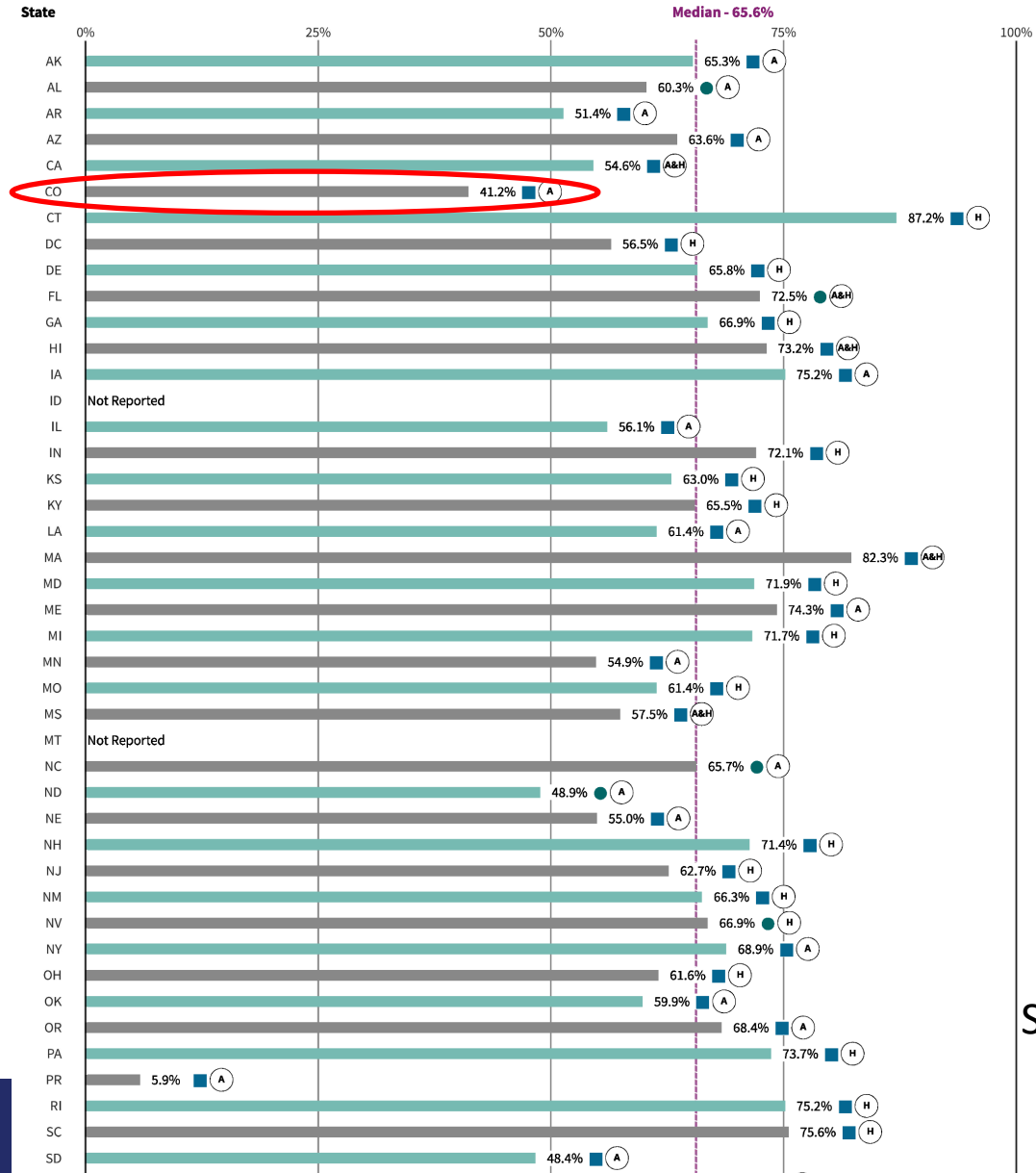
- PMME worked with the HCPF data team to build a Well Child Visit dashboard to facilitate a thorough review of the data.
- While reviewing the dashboard, PMME was able to help identify a miscalculation in the Well Child Visit KPI. Non-MD providers were excluded from the calculation. The internal team has worked with the reporting vendor to correct the error and results have been re-run and are undergoing internal review.

Well Visits 15 months



How Colorado Compares to Other States

Well-Child Visits in the First 15 Months of Life



Population

- Medicaid & CHIP
- Medicaid only

Methodology

State reported using:

- Ⓐ Administrative
- Ⓐ&Ⓕ Administrative & Hybrid
- Ⓕ Hybrid

Higher rates are better for this measure

Source: Medicaid.gov

Child and Adolescent Well-child KPI: RAE Perspective and Approach

Lisa Latts, M.D. and Katie Price, M.D., RMHP

- Explored the challenge of increasing the rate of well child visits from the RAE perspective.
 - Significant Member and Provider education efforts
 - Value of community partnerships and consistent messaging
- Sports Physical versus a Well Child Visit
 - Changing the mindset

Well-Child visits in School-Based Clinics

Rebecca Gostlin, Director of Clinical Initiatives, Colorado Association for School-Based Health Care

- School-based clinics are a valuable resource for well child visits.
 - Increase vaccination rates.
 - Most well child visits also include an assessment for behavioral health. May also help with glasses, dental care, etc.
- Some challenges with utilizing School-based clinics:
 - The clinic is not the patient's medical home
 - Sports physicals create challenges because parents may not want a full well child visit for their child.

2021 CAHPS Pediatric Survey Findings

Russ Kennedy, HCPF

- Approximately 55% of parents/caretakers reported that they were not always able to get the care their child needed from their provider's office during evenings, weekends, or holidays.
- Parent/caregiver report the most important things in their Healthcare provider is time devoted to the visit and thorough communication with the caregiver.
- Approximately 31% and 38% of parents or caretakers reported that the provider did not speak with them about their **child's development**.

Well Child Visits- Provider Perspective

Dr. Amanda Jichlinski and Maria Zubia,
Kids First Health Care

Member/Community barriers to getting Well Child Visits:

- Transportation, language barriers, medical literacy, accessibility issues, scheduling challenges with work schedules.

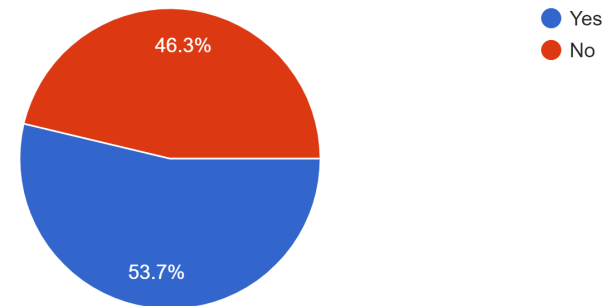
Clinic barriers to Conducting Well Child Visits:

- Time and appointment availability, quantity versus quality with Well Child Visits, staffing, and time spent outreaching to Members on the attribution list.

Well Child Visits Member Survey

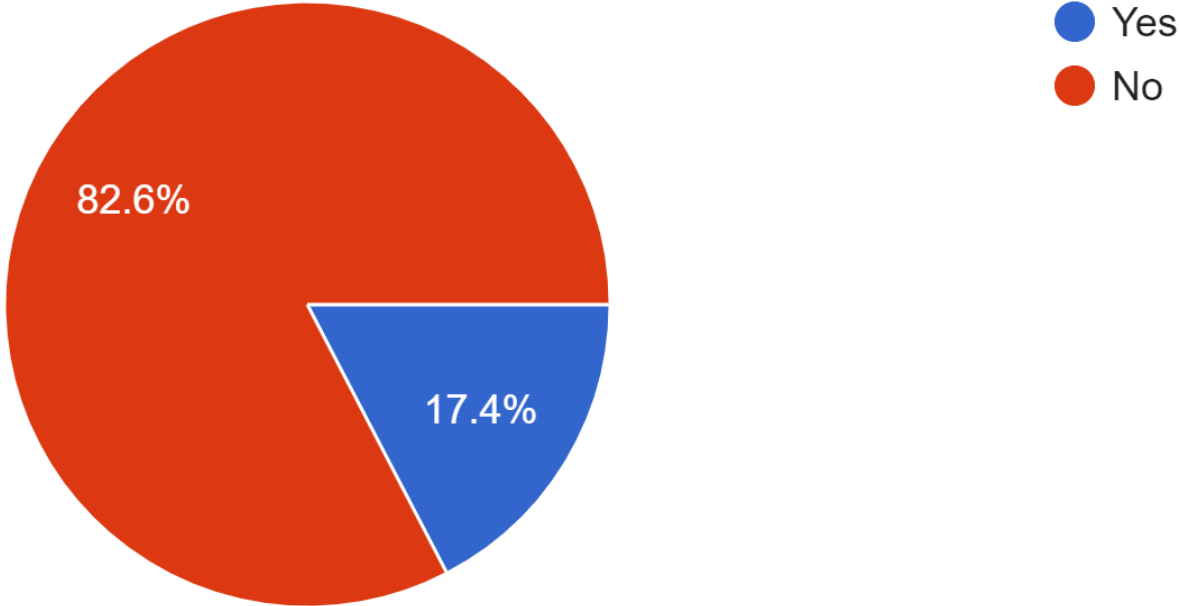
- Health First Colorado Members and CHP+ Members
- 2,281 total responses total
 - 1,226 responses from Members responsible for the care of a child under 18 years old.

Are you responsible for the care of a child under 18?
2,280 responses



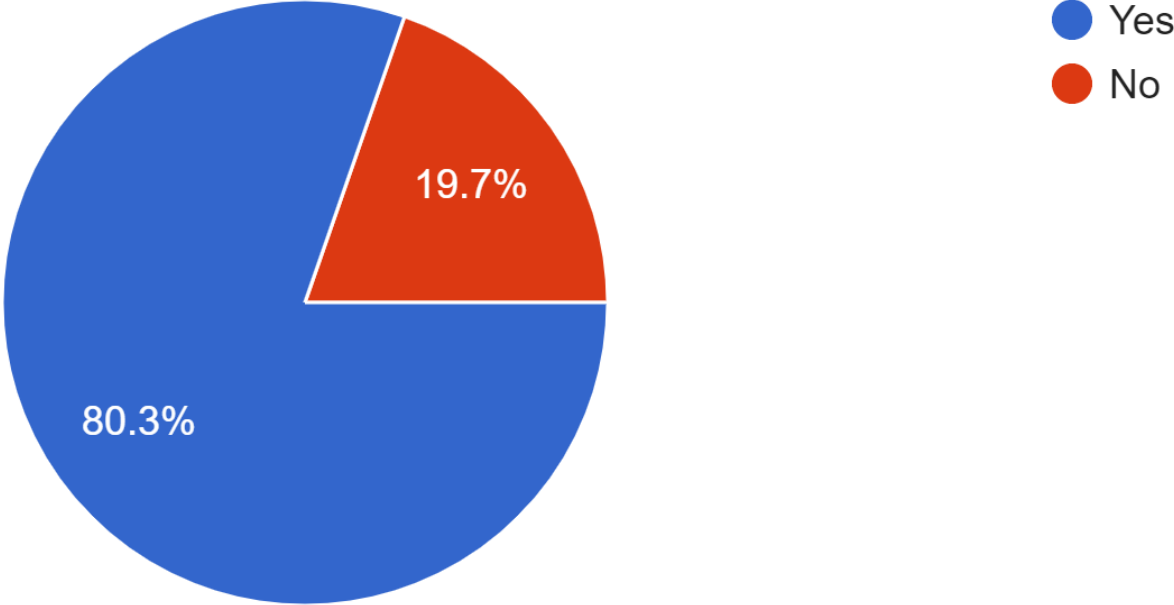
Have you had any difficulty scheduling well-child check-ups for your children?

1,226 responses



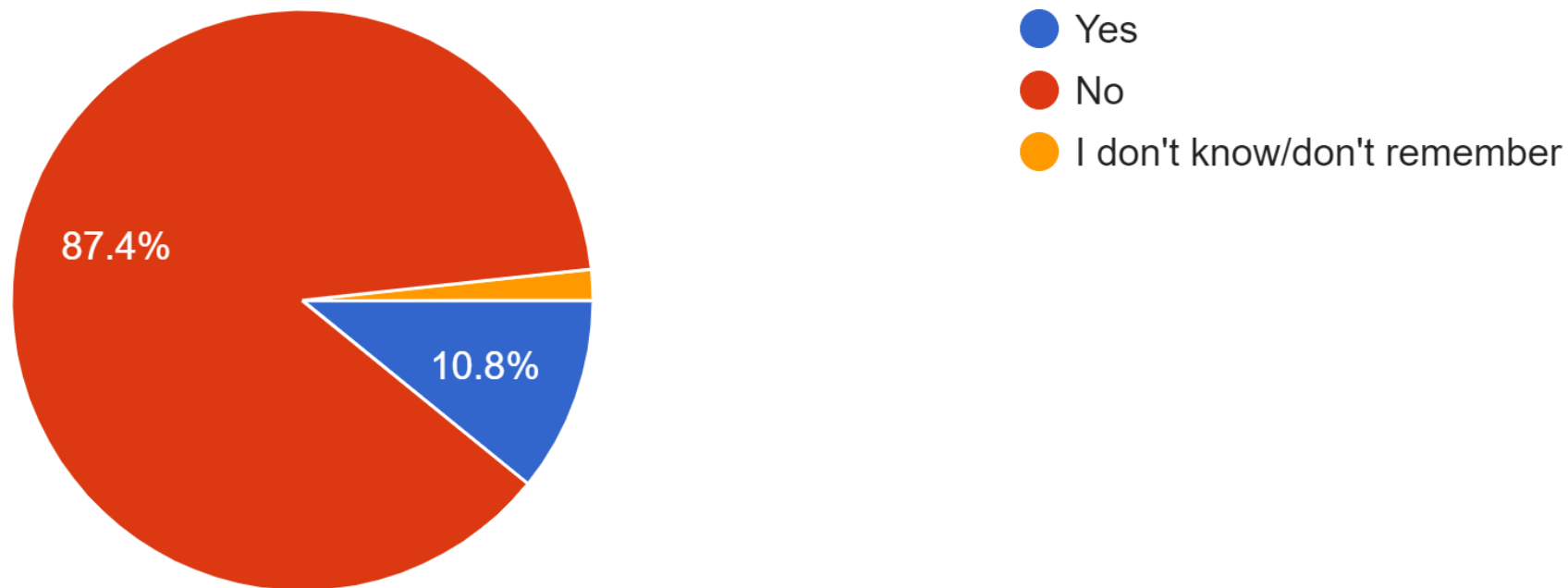
Are appointments generally available at times or on days that work with your schedule?

1,226 responses



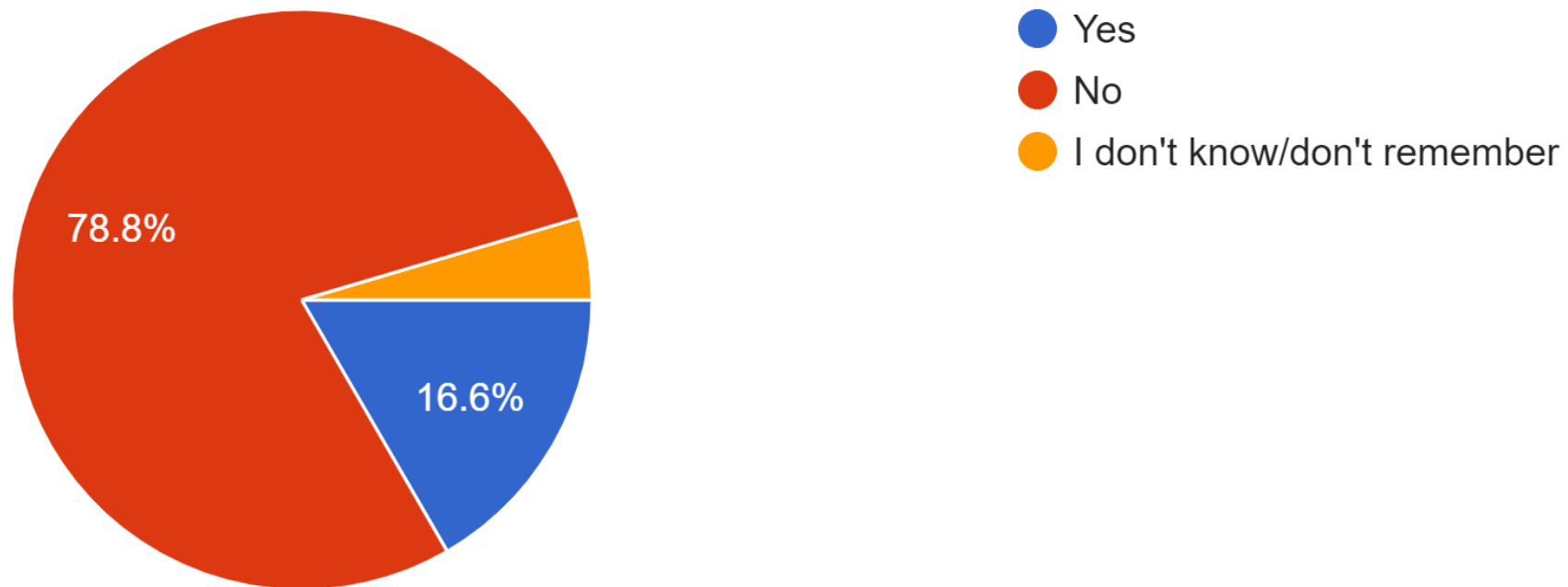
Have you had any problems finding transportation to well-child check-ups?

1,226 responses



Has anyone offered you help with transportation to well-child check-ups?

1,226 responses



EPSDT /Children's Services Steering Committee

Gina Robinson, HCPF

The committee learned about the work the Children's Services Steering Committee has been doing and the research they have done.

- Updating educational materials
- Financial incentives to caregivers/members to complete well child visits

PMME's recommendations are aligned with the Children's Services Steering Committee's recommendations presented to the state.

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.

Four Supplemental Recommendations

1. Transportation

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 for 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.

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.

Discussion/Questions