

Well Child Visits in Children Age 3-6 Years

Impact of Annual Well Child Visits in Rural Northern California

- Rural counties perform significantly worse than urban counties on many health factor measures that can influence the health of children including: adult smoking, teen births, uninsured rate, children in poverty, education, and injury deaths.⁴⁶
- There is a substantial and growing body of evidence that Adverse Childhood Experiences (ACEs), which fall in the categories of abuse, household challenges, and neglect have lasting effects on health outcomes with the number of ACEs linked to higher rates of chronic disease and early death.⁴⁷
- Given all of these factors contributing to poor health outcomes in rural areas, it is critical to get children to their Well Child Visits in order to discuss milestones, social behavior, and learning difficulties to allow for early detection of developmental problems, screen for diseases, and address potential ACEs before they accumulate.
- Regular Well Child Visits as recommended by the American Academy of Pediatrics create strong, trustworthy relationships among physicians, parents and children. A team approach to well-child care is best for the physical, mental and social health of children.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Annual visits provide the opportunity for timely, recommended immunizations prevent illness for children and communities.
- Utilize appointment reminders, patient portal notices, and recall phone calls to assist parents in scheduling and attending annual well child visits.
- Discussing milestones, social behavior, and learning difficulties allows for early detection of developmental problems and screening for diseases.
- Parents and physicians can discuss important safety concerns such as use of seat belts, and protective sports equipment, as well as appropriate amounts of screen time, physical activity, and healthy eating habits.
- Regular visits create strong, trustworthy relationships among physicians, parents and children. A team approach to well-child care is best for the physical, mental and social health of children.

Community Interventions

- Using radio public service announcements to raise awareness of parents about the importance of annual well child visits as part of raising healthy kids.
- Partnering with early childhood education programs or mom and baby programs to share information on the importance of annual well child visits.

⁴⁶ University of Wisconsin Population Health Institute. *County Health Rankings* Key Findings 2016.

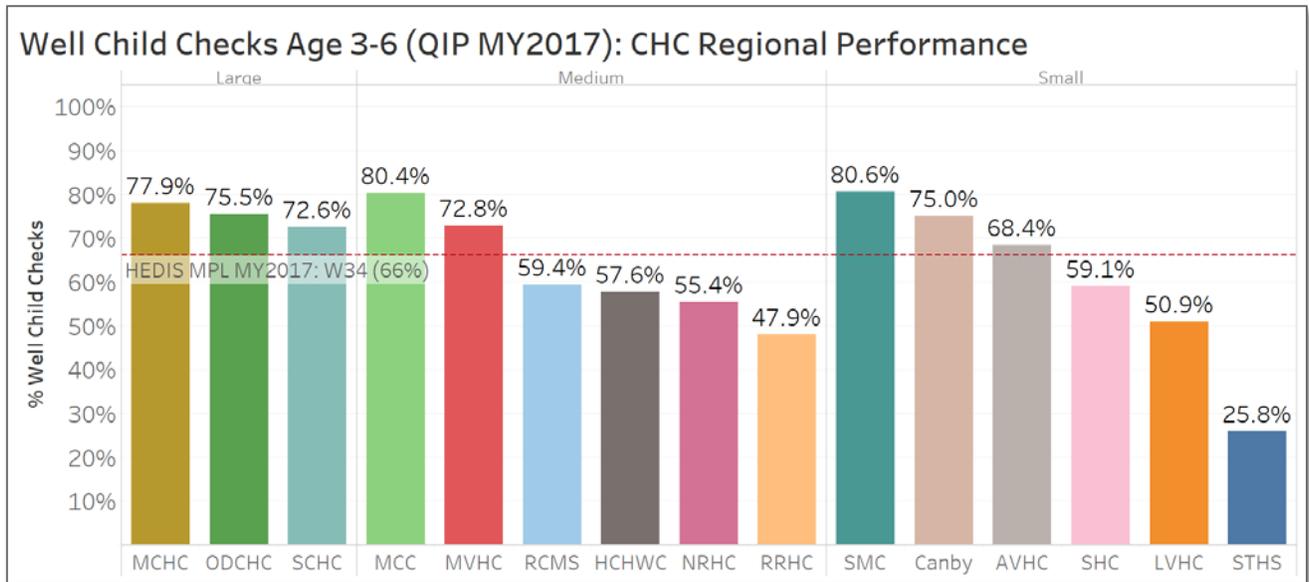
⁴⁷ Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010 Gilbert L.K., Breiding M.J., Merrick M.T., Thompson W.W., Ford D.C., Dhingra S.S., Parks S.E. (2015) *American Journal of Preventive Medicine*, 48 (3) , pp. 345-349.

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Rural Northern California Health Center Data

Key Points

- Differing periodicity schedules between the Child Health and Disability Prevention Program (CHDP) and the American Academy of Pediatrics has led to challenges in effectively meeting this measure for health centers.
- Policy changes that align guidance for schedule of annual visits will likely have a positive impact on performance in the Northern Region.



Measure Definition (QIP)

The National Committee for Quality Assurance (NCQA) recommends children be seen for well-child visits every year, between the ages of 3 and 6. To qualify as a well-child visit, the following areas must be assessed:

- Physical exam and health history
- Physical and mental development,
- Health education and anticipatory guidance.

National Quality Goals and Benchmarks

HEDIS 25th (MPL) for Measurement Year 2017: HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile for the Well Child Visits in Children Age 3-6 is 66.18%.