

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.¹
- 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. ² [ACEs Aware](#)
- 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 receive immunizations, 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

- Provide annual visits, an opportunity for timely, recommended immunizations that 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.
- Discuss milestones, social behavior, and learning difficulties allows, which allows for early detection of developmental problems and screening for diseases.
- Collaboratively discuss with parents important safety concerns, such as use of seat belts, as well as appropriate amounts of screen time, physical activity, and healthy eating.
- Offer group Well Child Visits that encourage parent driven conversations, increased care team and provider contact, and additional time to convey anticipatory guidance.

Community Interventions

- Using media campaigns and 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.
- Providing information about food, housing, and social connection programs at community events supports families in connecting to needed enabling services.

¹ University of Wisconsin Population Health Institute. *County Health Rankings*. California. 2017-2018.

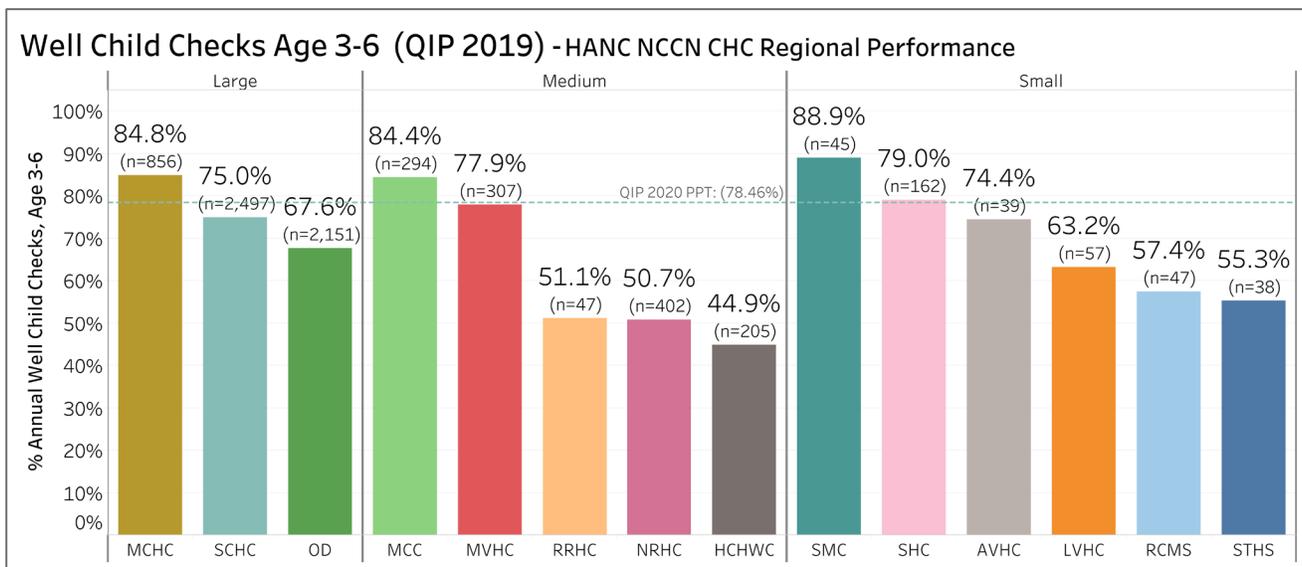
² Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010
Gilbert L.K., Breiding M.J., Merrick M.T., Thompson W.W., Ford D.C., Dyingra S.S., Parks S.E.
(2015) *American Journal of Preventive Medicine*, 48 (3) , pp. 345-349.

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Rural Northern California Health Center Data

Key Points

- Health centers have spent significant time educating care teams about the flexibility of the periodicity schedule for Well Child Visits to ensure that children are receiving these critical visits on an annual basis.
- Rural and frontier patients report that transportation is a barrier to accessing services.
- Access to Well Child Visits continues to be a challenge for regional centers due to workforce shortages and increased demand for services with the closure of private provider offices.



Quality Measure Definition (QIP)

The National Committee for Quality Assurance (NCQA) recommends children are seen for well-child visits each 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

Partial Points Threshold for QIP Measurement Year 2020: 78.46% represents the 75th percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.