

Child and Adolescent Well-Care Visits

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Regular well-care visits support children's physical, mental, developmental, and social health. They provide opportunities for timely immunizations, developmental and behavioral screening, anticipatory guidance, identification of learning concerns, and connection to services before needs become more complex.

These visits are especially important in rural Northern California, where families may experience transportation barriers, workforce shortages, poverty, lack of insurance, and limited access to pediatric services. Adverse childhood experiences can also have lasting effects on health, making trusted, ongoing relationships with care teams particularly valuable.

Improving well-care visit completion requires both population-level outreach and reliable access to comprehensive visits. Health centers can use reminders and recall, flexible scheduling, team-based care, community partnerships, and support for transportation and other social needs to help families complete recommended care.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP UDS ✓ PHMI	Primary Prevention	MODERATE

Child and Adolescent Well-Care Visits is aligned across managed-care quality programs and population health priorities. Strong performance depends on identifying assigned members who have not completed a visit, reducing access barriers, and ensuring visits deliver comprehensive, age-appropriate preventive care.

Understanding the Improvement Strategy

HEDIS	QIP
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned children and adolescents have not completed a well-care visit during the measurement year?	Key question: Are we making comprehensive well-care visits accessible and completing all age-appropriate preventive services?
COMMON STRATEGIES • Member lists and care gap reports • Reminder, recall, and portal outreach • Segment outreach by age, site, and barrier • Track scheduled, missed, and completed visits	COMMON STRATEGIES • Reserve access for preventive visits • Use pre-visit planning and team-based care • Deliver screenings and anticipatory guidance • Address transportation and social needs

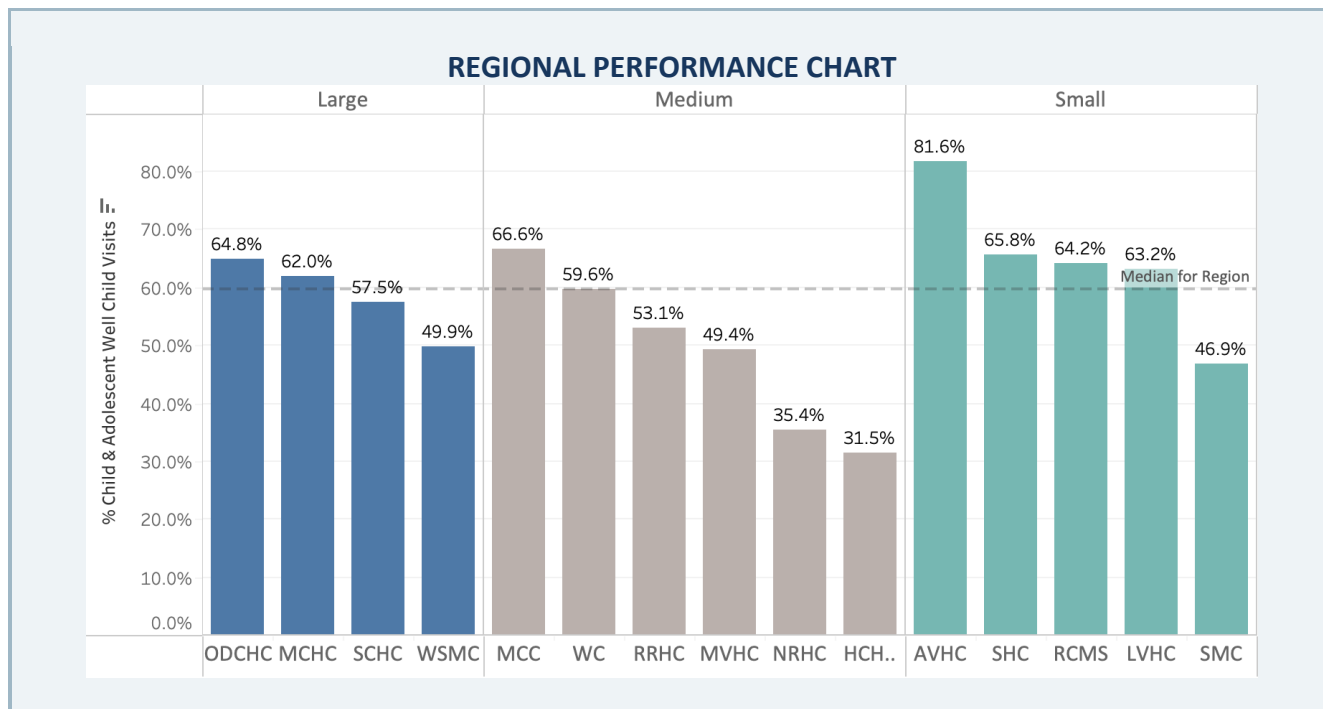
Strategic takeaway: Strong performance requires proactive outreach to every child and adolescent due for care and reliable delivery of a comprehensive, age-appropriate well-care visit.

Rural Northern California Performance

Regional Insights

- Transportation remains a significant barrier for rural and frontier families seeking preventive services.
- Workforce shortages, increased demand, and closures of private practices can limit timely access to well-care appointments.
- Regional variation suggests opportunities to strengthen recall systems, expand scheduling options, and learn from health centers achieving higher visit completion.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers and the QIP partial-points threshold?
- Which assigned children and adolescents have not completed a well-care visit this year?
- What transportation, scheduling, or workforce barriers are contributing to missed visits?
- Should Child and Adolescent Well-Care Visits be considered a quality improvement priority this year?

Quality Measure Definition (QIP)

Percentage of assigned members ages 3–17 who had at least one comprehensive well-care visit with a primary care practitioner or an obstetrics/gynecology practitioner during the measurement year.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	Not applicable

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.