

## Statewide CCO Learning Collaborative: 17 CCO Incentive Measures

Quality and Health Outcomes Committee Meeting  
 500 Summer Street NE, Salem, OR 97301, Room 137 A-D  
 September 9, 2013  
 11:00 a.m. – noon

### Meeting Minutes: Adolescent Well Child Visit Session

#### *Session Objectives*

1. Participants will be able to identify at least three strategies for increasing the number of adolescents who receive a well care visit.
2. Participants will be able to discuss best practices, tools and resources for improving the quality of care provided within an adolescent well care visit.

Topic	Notes	Action
<b>Introductions and reflection</b> (Ron Stock, MD, OHA Transformation Center)	<ul style="list-style-type: none"> <li>• Ron introduced Dr. Ken Carlson, a local pediatric physician and President of the Oregon Pediatric Society, as participant in the learning collaborative</li> <li>• Ron also introduced staff from the Institute for Healthcare Improvement (IHI) who joined the learning collaborative via phone</li> <li>• Ron then gave introductory remarks about the context of adolescence, and stated that the goal of today’s learning collaborative was to work on the numerator of this measure to try to increase the overall number of adolescent well child visits</li> </ul>	
<b>Small group exercise</b> (Ron Stock, MD, OHA Transformation Center)	<ul style="list-style-type: none"> <li>• CCO Medical Directors and Quality Improvement Coordinators were asked to brainstorm and report out on ways to increase the number of adolescents who receive well child visits</li> <li>• Groups were asked to consider strategies and identify best practices within their CCO related to three areas: 1) the Adolescent level, 2) the Practice level, and 3) the CCO level</li> </ul> <p><u>Adolescent level:</u></p> <ul style="list-style-type: none"> <li>• Sending outreach cards to members</li> </ul>	

- Sending gift cards to a subset of the 12-21 population if they get a visit (and signature). This has been used by some practices recently and has been received well.
- Using incentives
- Incorporating extended family members (particularly grandparents) to assist with outreach
- Conducting targeted outreach specific to the adolescent population. For example, not using well-child terminology and varying strategies by “young adolescent” vs. “older adolescent”.
- Making outreach calls to targeted members that have chronic conditions and asking them to come in for visits
- Using social media for outreach and education
- Incorporating online interventions

Practice level:

- Incorporating adolescent well child visits with summer sports physicals
- Incorporating adolescent well child visits during routine acute care visits
- Considering ways to engage older teens who are not regular long-term clients
- Utilizing text messaging, auto-messaging and social media to conduct outreach
- Finding out what is valuable to adolescents (i.e., adolescent-centric) and incorporating this during the intake process
- Creating an adolescent-friendly environment in doctor’s offices (e.g., appropriate magazines, posters, etc...)
- Implementing alternative practice hours (e.g., after 5 pm, weekends, etc...)
- Having alternative practice sites vs. provider’s office (e.g., mobile, video tele-med, etc...)
- Developing a transition plan for adolescents as they transition from pediatricians to adult providers
- Utilizing a recall system and birthday cards (issue: parent-dependent)

- Using a targeted outreach approach via ID immunization status
- Utilizing a team approach (i.e., “max pack visits”)
- Supporting medical groups in developing EHR
- Connecting schools
- Educating parents
- Connecting to community-based resources

CCO level:

- Sending targeted member lists to providers for those that have not received visits
- Providing data and feedback reports to primary care providers serving the adolescent population
- For high risk populations, conducting outreach to homeless youth; including the use & support of services for that population
- Partnering with School-Based Health Clinics (SBHCs) (e.g., data, assisting SBHCs to bill for service, etc...)
- Conducting outreach at school health fairs
- Sharing best practices with other CCOs. It would be helpful having a single site to share this information and other resources by topic.
- Developing more robust medical homes
- Incentivizing and educating providers
- Partnering with public health to expand family planning appointments to include well child visits
- Partnering with Planned Parenthood
- Collaborating with dental
- Utilizing tickler reminders
- Using technology
  
- During the report-out, there was also a brief discussion around reframing this issue as an outcome-based measure (e.g., alcohol/drug use, HPV immunization, obesity measures, depression dx, etc...) rather than the current process-based measure

<p><b>Presentation and Q &amp; A session – Adolescent Well Care Visit: Best practices</b> (Dr. Ken Carlson, MD, President, Oregon Pediatric Society)</p>	<p>Dr. Ken Carlson shared closing thoughts on the group report-outs, based on his experience with adolescent well care visits as a pediatrician:</p> <ul style="list-style-type: none"> <li>• Dr. Carlson came into the session with a practice-centric perspective, and sees great opportunities for collaboration here</li> <li>• At his practice, he has seen great success targeting adolescent well child visits with summer sports physicals</li> <li>• Dr. Carlson also has an portal for email currently at his practice, which is used for targeted outreach</li> <li>• He emphasized that to effectively support CCOs, it is important to identify gaps in care, have a better understanding of the population served, and work towards a common understanding about the use of incentive measures</li> <li>• He also emphasized the importance of obtaining an accurate list of patients that the provider is accountable for</li> </ul>	
<p><b>Next steps</b> (Dr. Ron Stock, MD, OHA Transformation Center)</p>	<ul style="list-style-type: none"> <li>• Participants were encouraged to fill out a learning collaborative session evaluation. Completed evaluation forms can be sent electronically to <a href="mailto:thomas.cogswell@state.or.us">thomas.cogswell@state.or.us</a>.</li> </ul> <p><b>The next two learning collaborative sessions will be 11:00 a.m. to noon:</b></p> <ul style="list-style-type: none"> <li>• <b>October 14: Prenatal Care</b></li> <li>• <b>November 18: Revisit SBIRT to report back on progress to date</b></li> </ul> <p>Please visit <a href="http://www.TransformationCenter.org">http://www.TransformationCenter.org</a> for learning collaborative meeting materials and adolescent well child visit resources.</p>	<p>Please contact Emilee Coulter-Thompson at <a href="mailto:emilee.i.coulter-thompson@state.or.us">emilee.i.coulter-thompson@state.or.us</a> with any suggestions for potential speakers, resources, or content for these sessions.</p> <p>Emilee will send notes from today’s session to the CCO Medical Directors and Quality Improvement Coordinators.</p>