



INCREASING WELL-CHILD VISITS IN WA STATE

Introductions



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Objectives

- Current data trends
- Successes and challenges
- Parent perspectives
- Complexities of the well-child visit rates
- Work of MCOs to improve the rates
- Various interventions



Guide to Acronyms

- **MCO** – Managed Care Organization
- **HCA** – Health Care Authority
- **DOH** – Department of Health
- **EMR** – Electronic Medical Record
- **PIP** – Performance Improvement Project
- **WCV** – Well-Child Visit
- **HEDIS** – Healthcare Effectiveness Data and Information Set



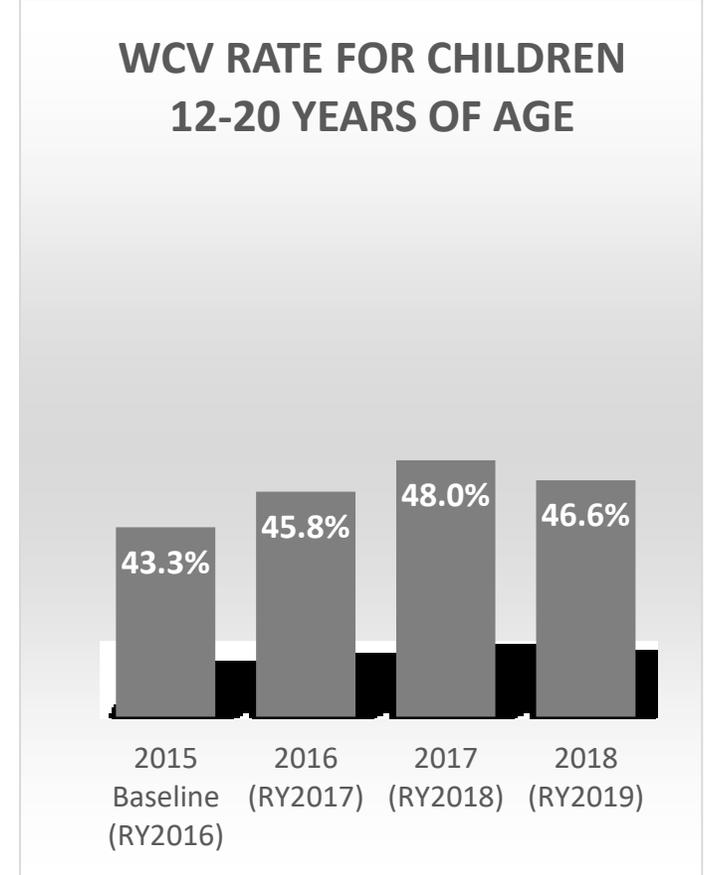
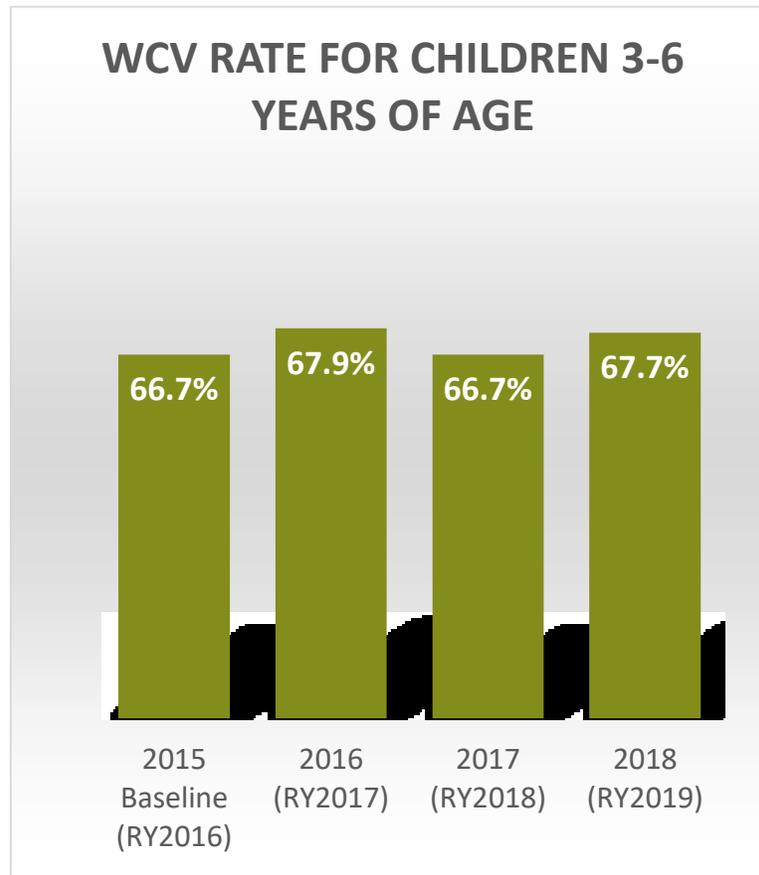
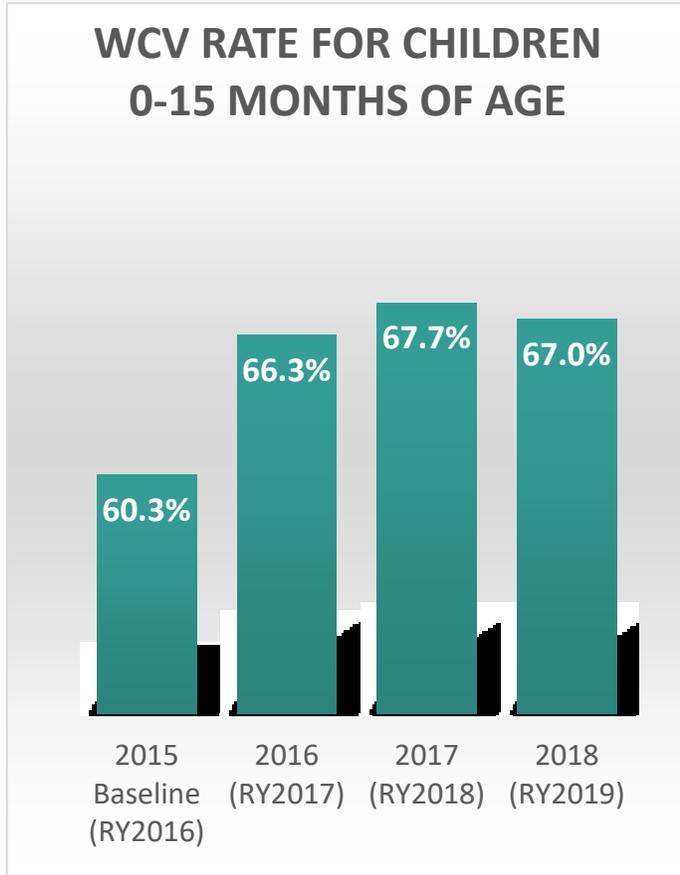
Measures of Success

- HEDIS measures well-child visit rates in three age groups:
 - Infants
 - Young children
 - Adolescents
- Value-based purchasing initiatives - key measures.

Historical Perspective

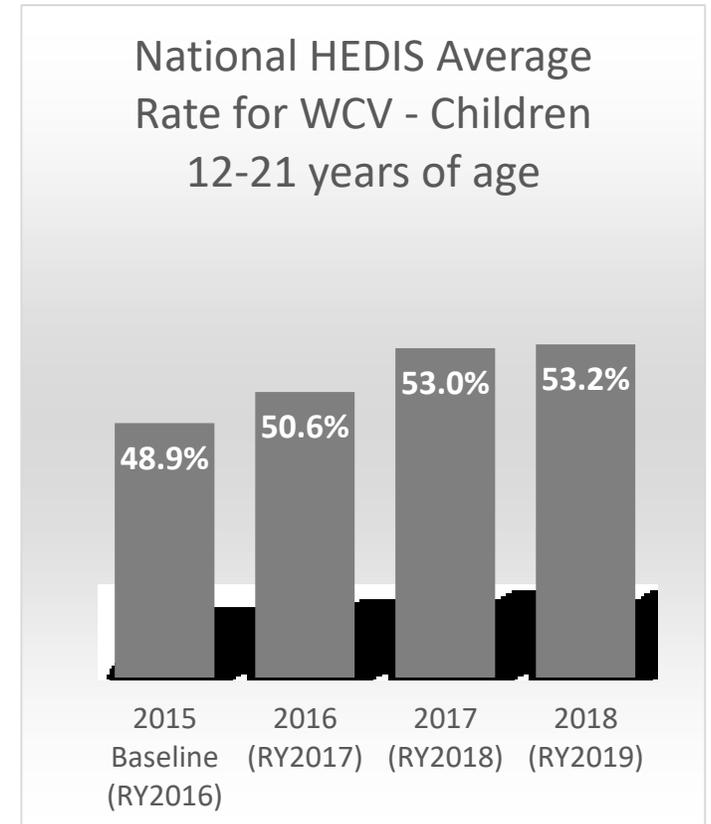
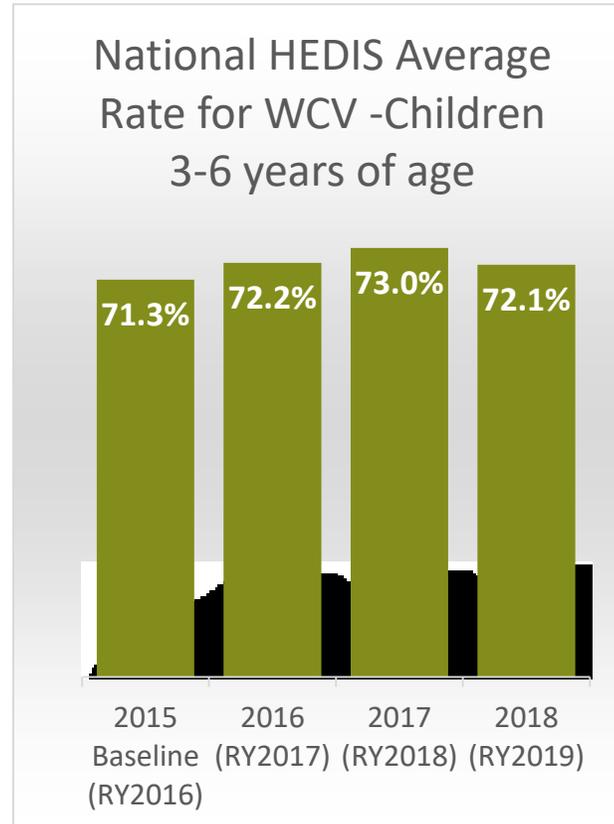
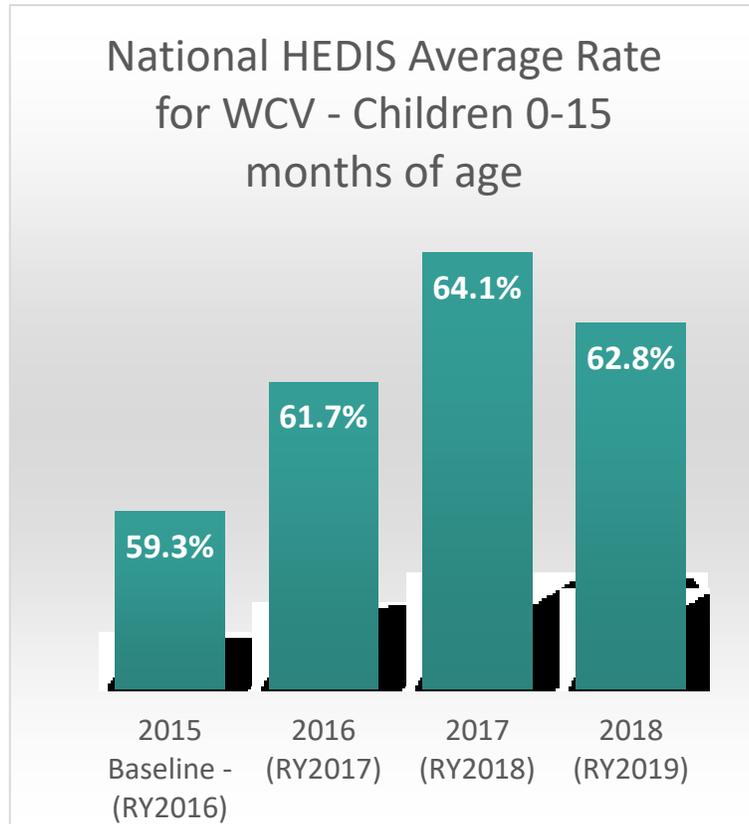
- 846,000 children covered by five MCOs
- Ongoing commitment to Quality Improvement = Collaborative Well-child Visit Quality Improvement Workgroup to improve well-child visit rates
- In 2016 MCOs were not reaching the benchmarks

Washington HEDIS Results and Trending



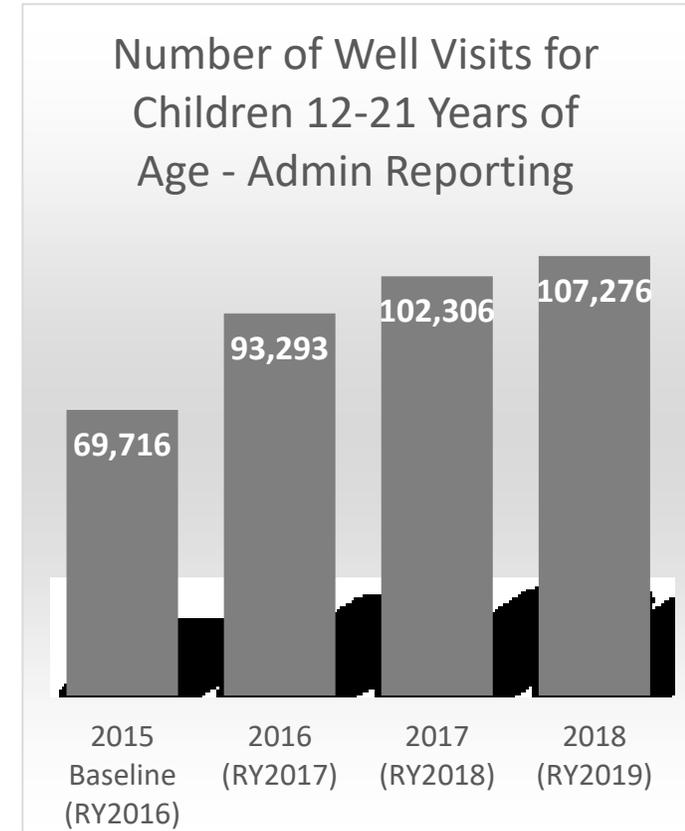
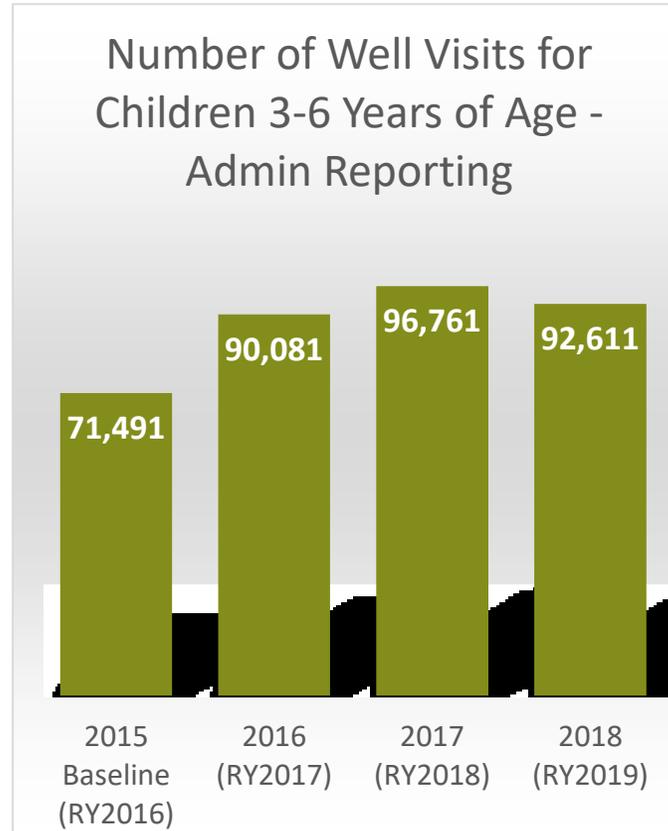
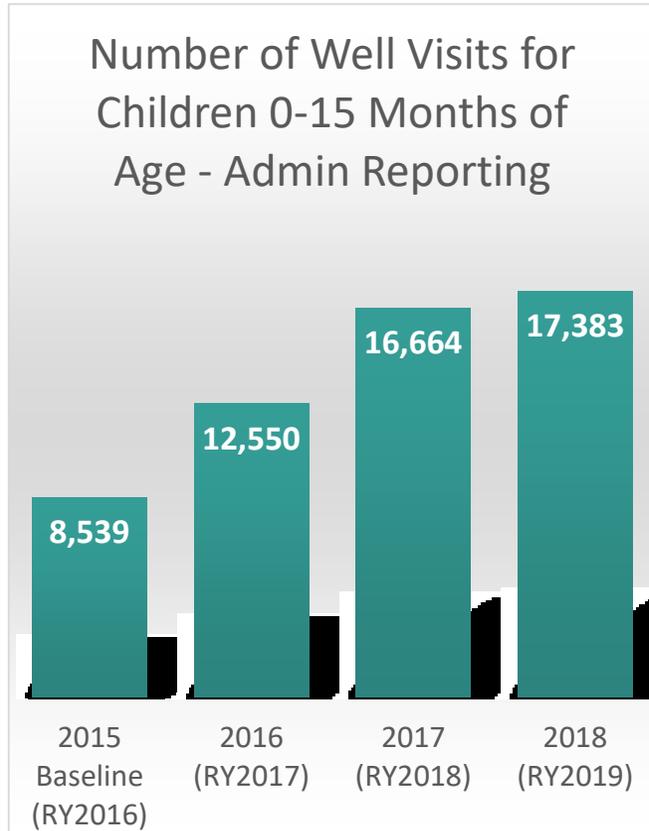
* 2017 results are a preliminary calculation

National Results and Trending



*Retrieved 1/23/2020 from <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>

Washington - Increased WCVs in a Growing Population



Three-Prong Strategy

- Three primary groups play dynamic roles :
 - MCOs
 - Clinics
 - Enrollees/Parents

Provider Activities

- Clinic understanding of WCV ratio
- WCVs are based on the calendar year
- Annual WCVs are **FREE!** Sports checkups often have fees
- Billing for a WCV that is performed at appointment for another problem
- Actionable reports from MCOs
- MCO & clinic partnerships

Clinic Challenges to Improve Well-Child Visit Rates

- Access to MCO patient lists
- Gap in Care reports
- Providers' recall process
- Provider billing
- Capacity to reach out to newly assigned patients

Clinic Pilot 1 (Sept 2017–Jan 2018)

- Learn about the measure (W34, children ages 3-6)
- Reconcile MCO Attributed Patient List against EMR
- Reconcile Gap in Care report against EMR
- Contact new patients
- Report well-child visit rate monthly

Diverse Set of Clinics

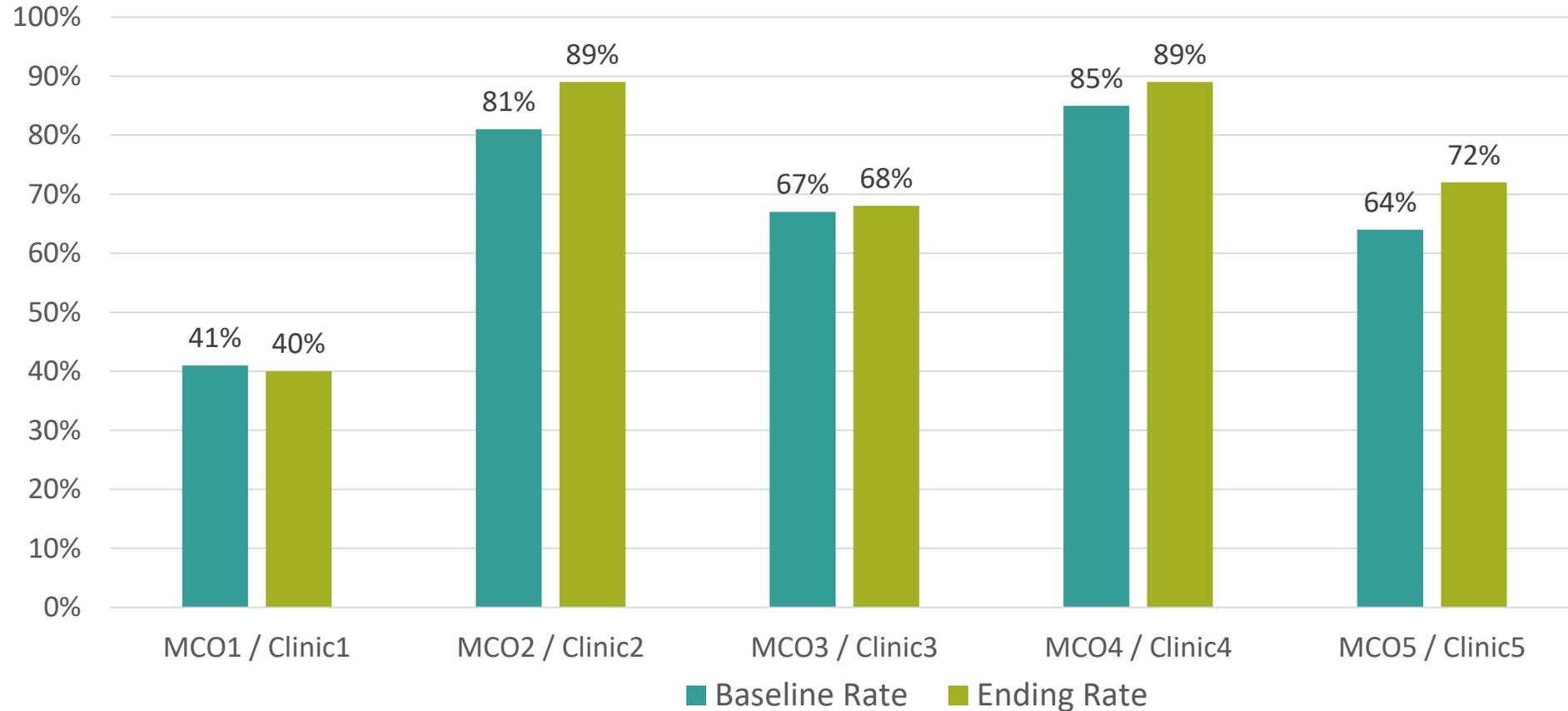


Clinic Pilot—Goals & Process

- Demonstrated increase in well-child visit rates
- Health System Assessment by the participating clinics and recommendations for solutions
- Make changes in the health system to improve well-child visit rates

Clinic Pilot 1-Results and Trending

Clinic Pilot 1 - Clinic WCV Rate Results for Children 3-6 Years of Age



Ideas for System Improvement

- Remind by text
- Follow up phone call and warm handoff to scheduling
- Gap in Care reports
- Report newly added patients and dropping patients to clinics

Ideas for System Improvement (continued)

- Patient incentives
- Schedule the next well visit at check-in
- Stronger partnership of clinics and MCOs

Missing Key Partner in Raising WCV Rates

Parents and patients!

- Overdue for well-child visit
- New patients

DOH & MCOs hosted parent focus groups

Key Informant Interviews & Focus Groups



Focus Group Findings

- Clinic communications preferred
- Adolescents prefer well-visits not well-child visits
- Parents and Adolescents may prefer that the clinic send reminders to the teenager
- Parents perceive disrespect

Focus Group Findings

- Need for flexible appointments
 - After hours (school, work-shifts, sports)
 - Sequential visits

- Costs for parents
 - Time off
 - Childcare
 - Transportation

Clinic Pilot 2—Adolescents (ages 12-21)

Clinic Pilot 2 Design (5 clinics):

- Reconcile the patient list
- Clinic contacts patient twice
- MCO contacts patient if clinic is unable to reach them

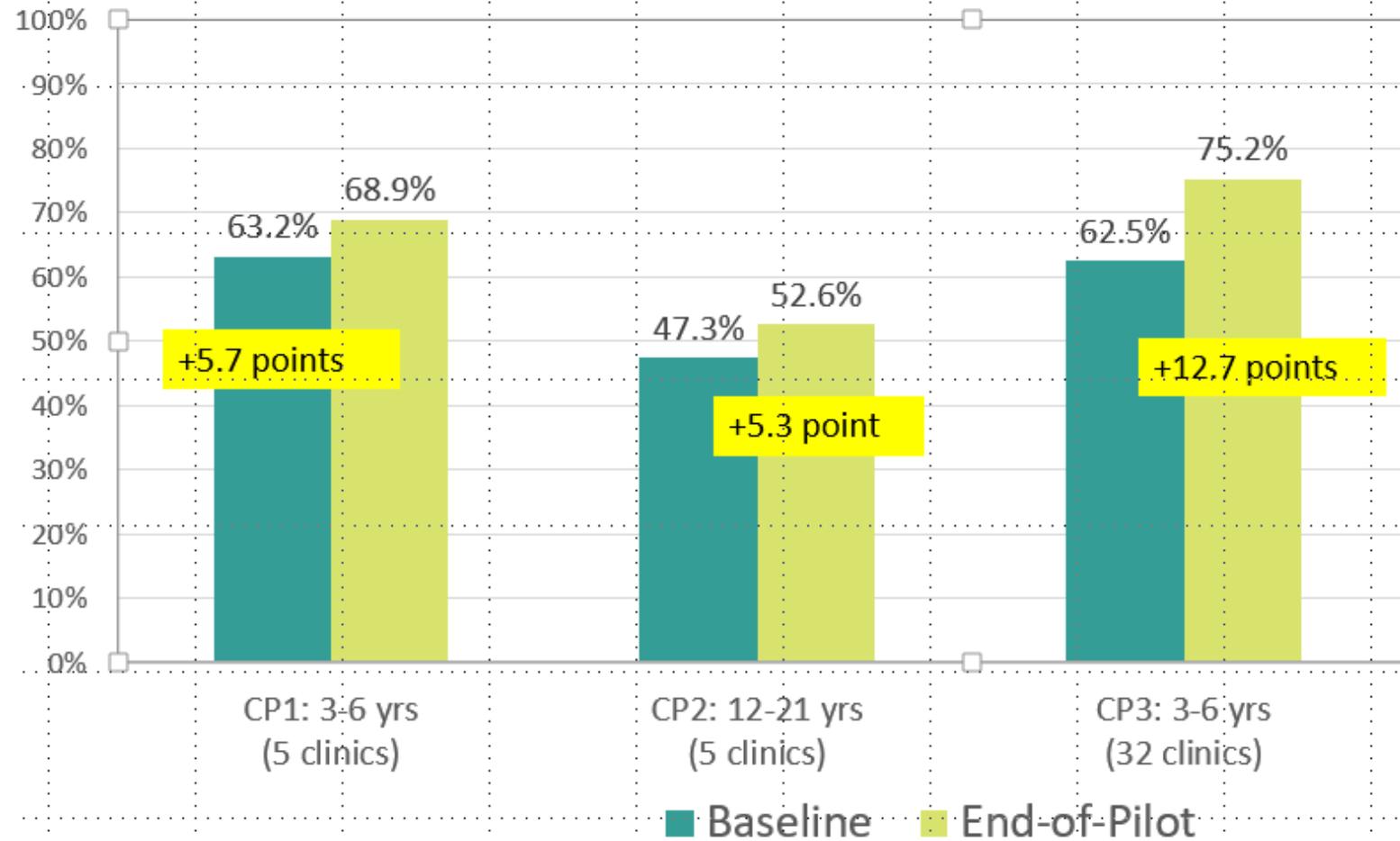
Lessons learned to date:

- Gap in Care report is valuable
- Adolescents are incredibly difficult to reach

Clinic Pilot 3 (Spread the impact - ages 3-6)

- Started Sept 1, 2018
- **33 clinic pairs**, partnering a clinic with an MCO
- Reconcile patient list
- Reconcile Gap in Care report
- Reach out to patients who are overdue or new to the clinic
- Raise the rate of WCV for children ages 3-6

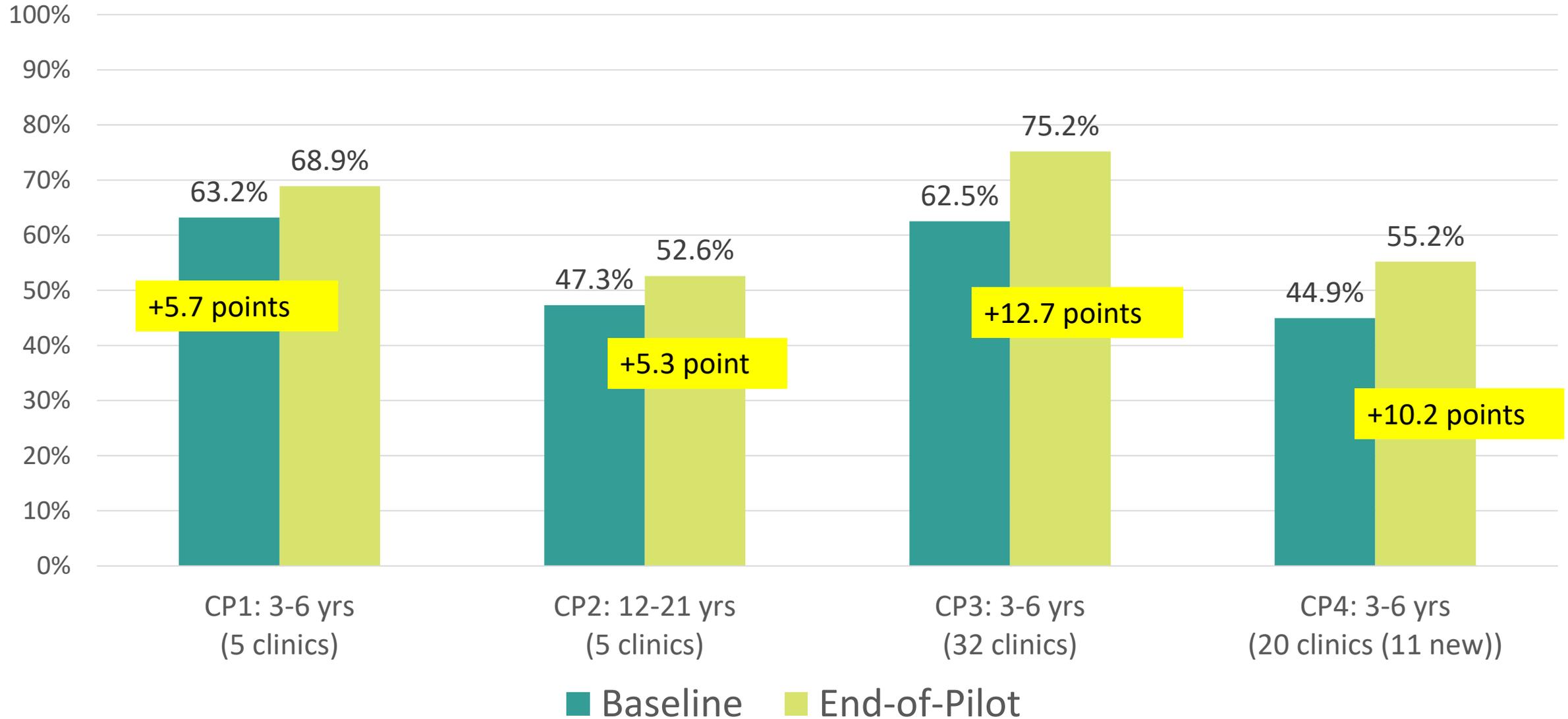
Before & After Rate Comparisons for Each Clinic Pilot



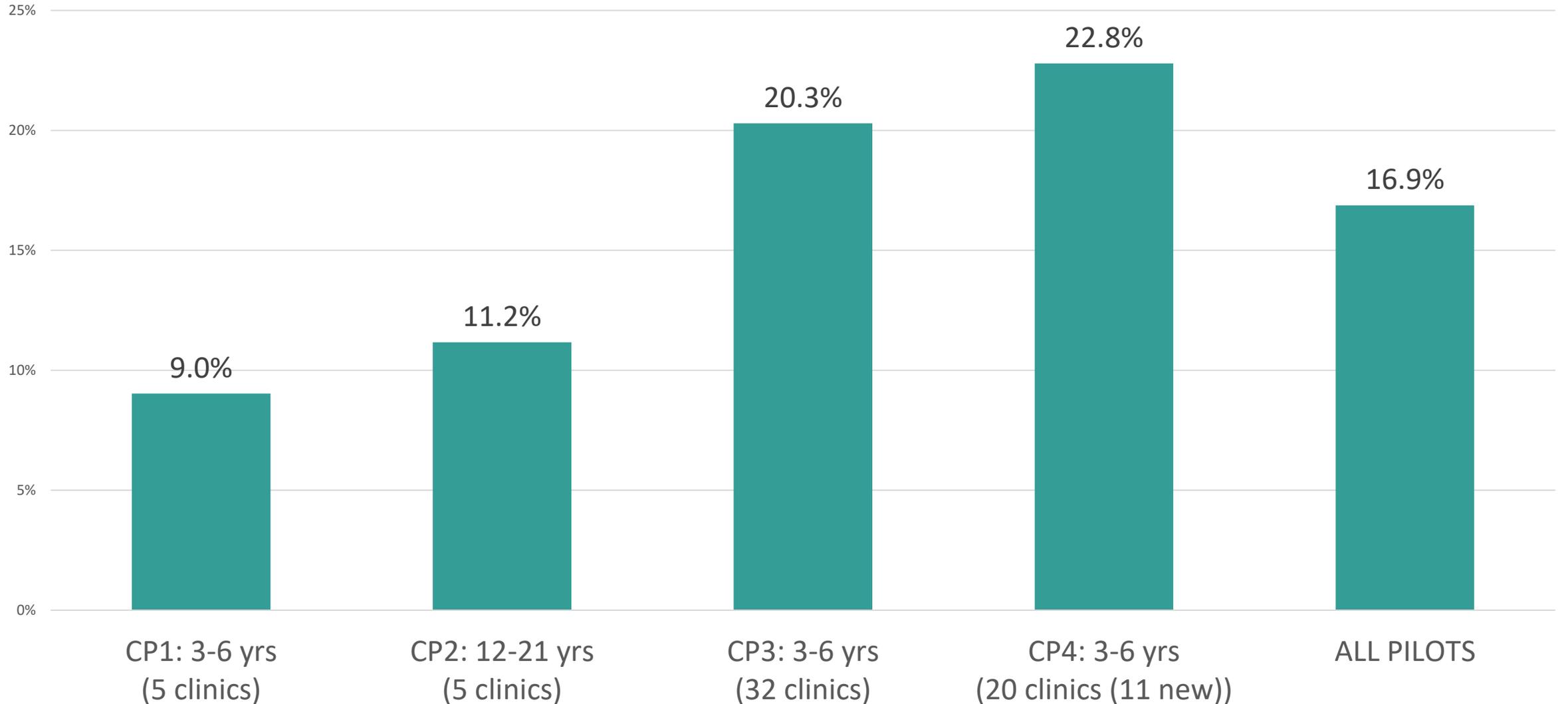
Clinic Project 4 (explore Independent Study)

- May 1, 2019 – October 2019 (W34, children ages 3-6)
- **20 clinic partners**, partnered each clinic with an MCO (11 New, 9 independent study)
- Reconcile patient list
- Reconcile Gap in Care report
- Reach out to patients who are overdue or new to the clinic
- Raise the rate of WCV for children ages 3-6

Before & After Rate Comparisons for Each Clinic Pilot



Relative % Increase for Well Visit Rates in Participating Clinics (Relative to Baseline)



Social Media to Adolescents



Awareness

Aim to increase awareness of the value of the well-visit for adolescents and their parents



Co-Creation

Involve the voices of adolescents directly
Co-create the messaging to make it stronger & more relevant to adolescents

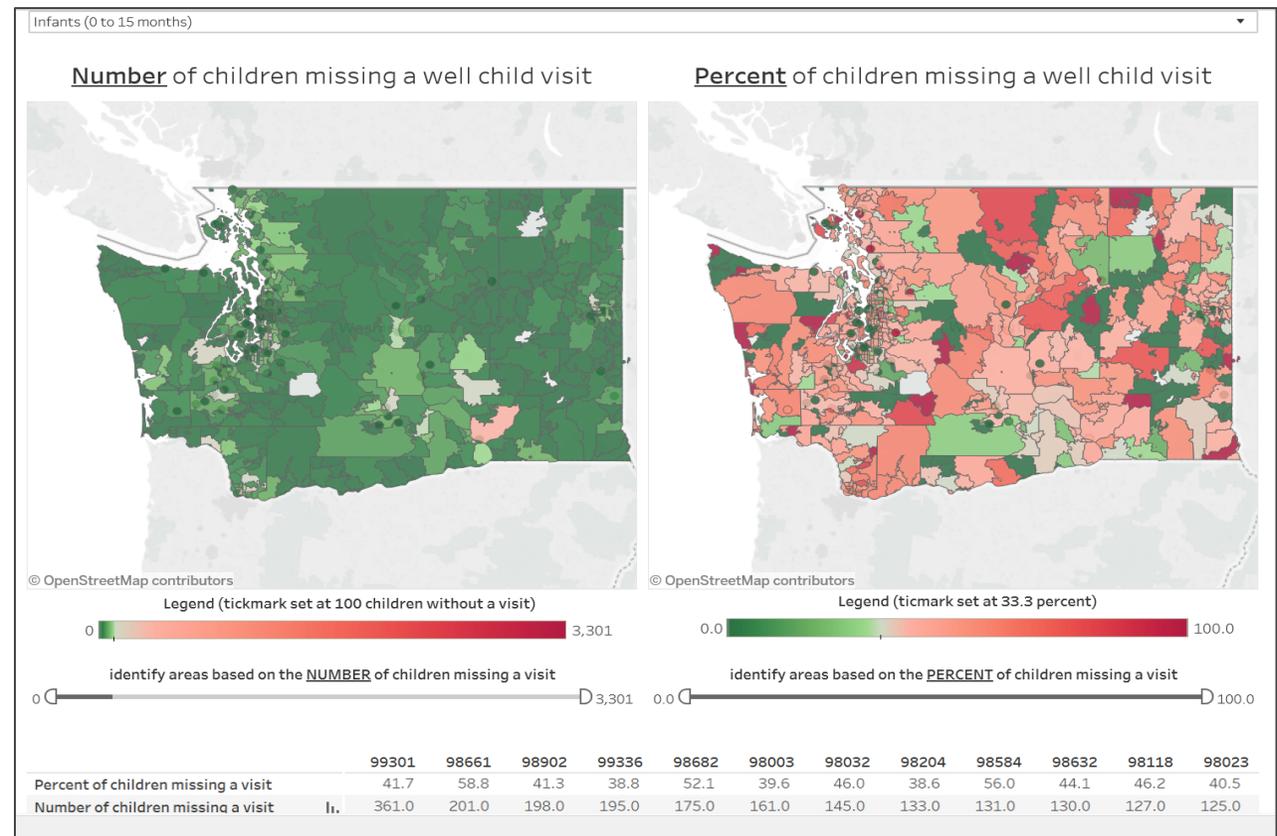


Other States' Successes

Draw on lessons learned from Colorado, and projects in other states

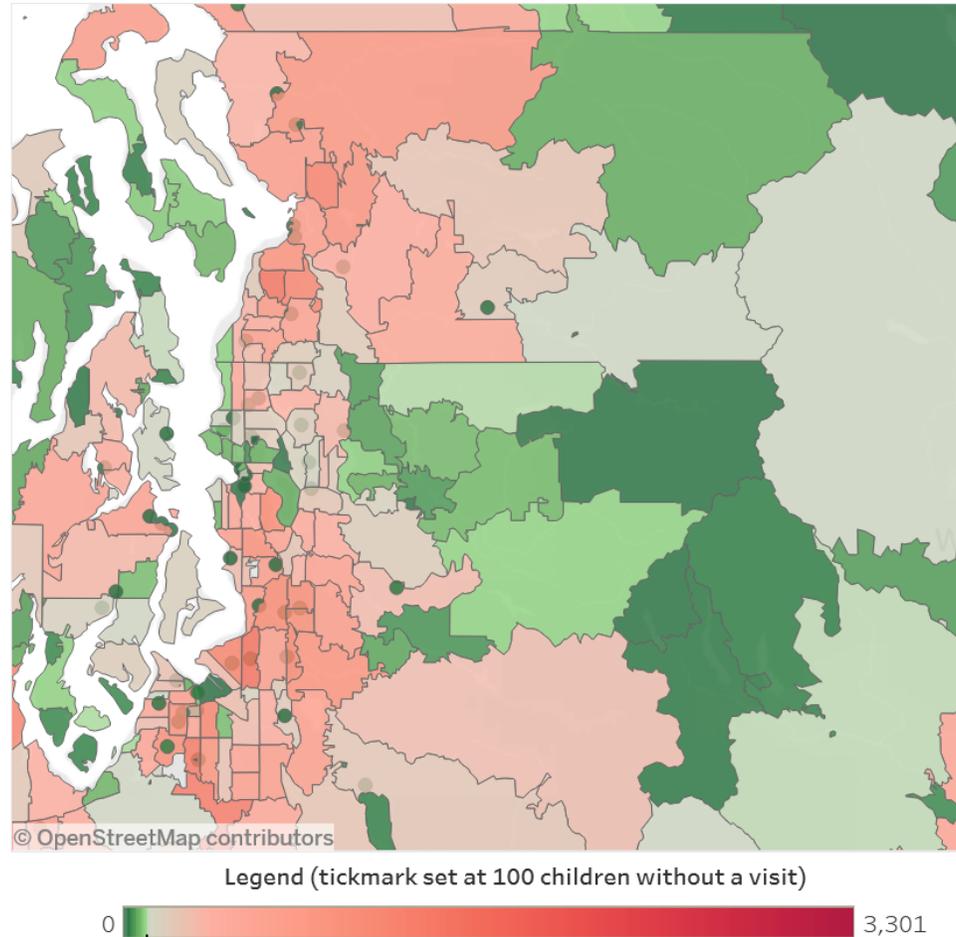
Future – Regional Effort Based on Hot Spotting

- MCO data by zip code
- Regional partners



<http://tableau.doh.wa.lcl/#/views/WCV/Dashboard1?iid=1>

Number of children missing a well child visit





Teamwork is the key!



Q & A



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1. *How do you think the world will be different in 20 years?*