**Tips to Raise the Rate of Well-Care Visits (WCV) in Primary Care Clinics**

This list of tips is compiled from parent comments in Focus Groups hosted by the Washington State Department of Health in the fall 2017, and Clinic experience in Clinic Pilot projects 2018-2019. Send additional suggestions to [Kate.Cross@doh.wa.gov](mailto:Kate.cross@doh.wa.gov?subject=WCV%20Tip%20Sheet%20Suggestion)

**Tips to help patients:**

Offer well-care appointments outside of standard business hours 1 or 2 evenings a week or on a weekend day by allowing a provider to flex their hours to cover these. This allows parents to come in during non-work hours and students to be present for school and afterschool activities.

Consider what well visits are called by clinic staff, the term “well-child” visit is offensive to adolescents.

Parents report that clinic reminders get attention while a reminder from the MCO may not receive the attention desired.

Many parents prefer a text message reminder from the clinic.

Clinics report that including a link or phone number in a text or email to contact scheduling is highly successful.

Keep in mind that parents may attempt to schedule appointments on their work break. Monitor hold time needed to reach a scheduler.

Compare the Medicaid lists of patients attributed to the clinic against the EMR list of clinic patients. Medicaid MCOs post a list for each clinic/provider online. Patients that are assigned but not established at the clinic offer an opportunity to increase WCV rates and build new relationships.

Having difficulty reaching an unestablished patient? If the patient is age six or less, check Washington’s IIS (Immunization Information System). IIS maintains up to date contact information through frequent mailings. Community Health Workers may offer another strategy to locate parents/patients.  
  
Informal research suggests that reminders sent out 3 weeks in advance, with reminders 3 days and 3 hours in advance, are effective in getting appointments rescheduled and reducing missed appointments.

Schedule the next well-care visit when the patient checks-in for any appointment.

Allow scheduling the next annual check-up at this year’s check-up.

When reminding parents or patients to schedule a well-care visit, mention:

* That Apple Health appointments are based on calendar year (Note: Medicaid provides one free well-care appointment (EPSDT) each calendar year);
* Remind parents that scheduling in September or October is easier than November or December;
* What immunization benefits will be offered at the appointment in plain English (e.g. cancer immunization for 12 year olds; flu vaccine for all kids or particularly children with asthma. Note that flu vaccine may prevent sick days for kids and parents);
* That Medicaid MCOs offer incentives to the patient or parent; and

Clinics can offer monthly or quarterly drawings for movie tickets, or concert tickets for a local band, to entice adolescents to come for a well-care visit. Some dentists do this too.

Perform a well-care visit while the patient is at the clinic for a problem visit when time permits.

Well-care visits can be split up over several appointments and the clinic is still credited with completion if all components are done. While not billable as an EPSDT visit, this may count for value based payment.

EPSDT and treated health problems can be completed and billed on the same day.

Celebrate Successes with staff – set up a thermometer in the staff lounge, post a report in a public hallway to create staff and patient interest.

Consider having providers talk through what they are doing and why as they provide care. Many parents in Medicaid today did not have check-ups themselves as children. AAP recently publish an article for parents. The article released in Sept 2019 can be found at: <https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_Family_Tipsheet.pdf>

Make “no show” reminders friendly and use them to build the relationship with the patient/parent. Frame them as the “provider “Name” missed you, and wants to be sure you are okay. They also want to check and see when would be good to reschedule.” Some clinics have the provider call in the appointment time slot with great success. (Providers were initially resistant but results has changed attitudes.)

**Tips from Clinic Participants in an Empanelment Project**

We have learned that to increase patient participation, we need to be proactive and remind them of the importance of participating in their healthcare and that prevention is the best way.

Use Care Gap reporting mid-year to identify kids overdue for appointments, billing problems and other anomalies. Claims processing takes around 90 days to update the Care Gap report, plan accordingly.

Give schedulers and receptionists the ability to tell when a well-care visit is needed. If a well visit is needed it can be scheduled at check in while the parent is fresh and the kids, fairly cooperative.

When a well-child visit is due, let the nurse and/or provider know so it can be mentioned to the parent/guardian; if one has been scheduled, have the nurse and/or provider comment that they see if is scheduled and they are glad to know that they are practicing preventive care to ensure the child is on target and growing in all the right ways.

Consider setting your EHR to report patients whose last WCV was 300 days ago. This will let December appointments get in prior to year-end. The report may not need to be run in December because those patients were in seen January of the same year. WCV are paid one per calendar year.

**Communication with Parents, Guardians, and Care givers:**

Most parents prefer to be reminded about needed preventive care by the clinic rather than the MCO, and are more likely to read or listen to the reminder as well.

Many parents prefer text or email to phone calls.

Remind parents about upcoming well-visit due dates 30-60 days in advance.

Other ideas:

**When reminding patients or parents of children 0-30 months**

Mention immunizations, developmental screening, etc. (items that add value for the parent).

Mention MCO & clinic incentives if any. Each MCO has an incentive for the child or family after completion of a well-child visit (EPSDT).

Other ideas:

**3-6 year olds**

Well-child visits for Medicaid (Apple Health) managed care are paid at a rate of one per calendar year. They are free to parents when no referrals are needed.

Mention available immunizations, developmental screening, parenting advice, etc. (whatever adds value for the parent).

Mention MCO & clinic incentives if any. Each MCO has an incentive for the child or family after completion of a well-child visit (EPSDT).

Other ideas:

**7-21 year olds**

Well-child visits for Medicaid (Apple Health) managed care are paid at a rate of one per calendar year. They are free to parents when no referrals are needed.

Mention the cancer vaccine (HPV) for young adolescents.

Mention that they can catch up on missed immunizations if desired.

Remind parents that flu vaccine may reduce absences from school and allow employed parents to be more reliable at their employment as a result.

Mention MCO & clinic incentives if any. Each MCO has an incentive for the child or family after completion of a well-child visit (EPSDT).

Mention that well-visits for adolescents include mental health screenings and discussions about sensitive topics such as substance use, vaping, and healthy lifestyles.