

Well-Child Visits in the First 15 Months of Life: Measure Improvement Strategies

Redwood Community Health Coalition Promising Practice

PROMISING PRACTICE OVERVIEW

Marin Community Clinic has implemented several strategies and created safety-nets at every step to improve the measure Well-Child Visits in the first 15 months of life. To maximize opportunity, MCC has their hospital-based CPSP workers schedule both the newborn visit and 3-week appointment with PCP before mother and baby are discharged home. Medical assistants have been trained to recognize this workflow to avoid confusion that could lead to mistakenly cancelling the 3-week appointment. If the newborn visit is kept subsequent appointments are scheduled before patient is discharged. If the appointment is missed, medical assistants follow a missed appointment workflow. The encounter is labeled as “Well-check No Show” and categorized as high risk. The MA proactively makes 3 attempts to reach the patient followed by a letter. Stop point reports from Relevant are utilized to capture patients early when there is still time to meet the measure.

MCC Relevant Reports:

1. Infant Well Check 8-month outreach (MCC)
2. Infant Well Check 15-month outreach (MCC)

Reports are pulled by a Pediatric Department (PD) Champion (MA or Care Navigator) on a monthly basis and prepped for patient outreach for outreach by the PD Champion or delegated to the MA Supervisor for distribution to available provider teamlet’s or other available staff. Monthly QI time is dedicated to re-training or re-strategizing report pulling and patient outreach.

AIM

To improve the measure of Well-child visits in the first 15 months of life

MEASURES

Well-Child Visits in the first 15 months of life

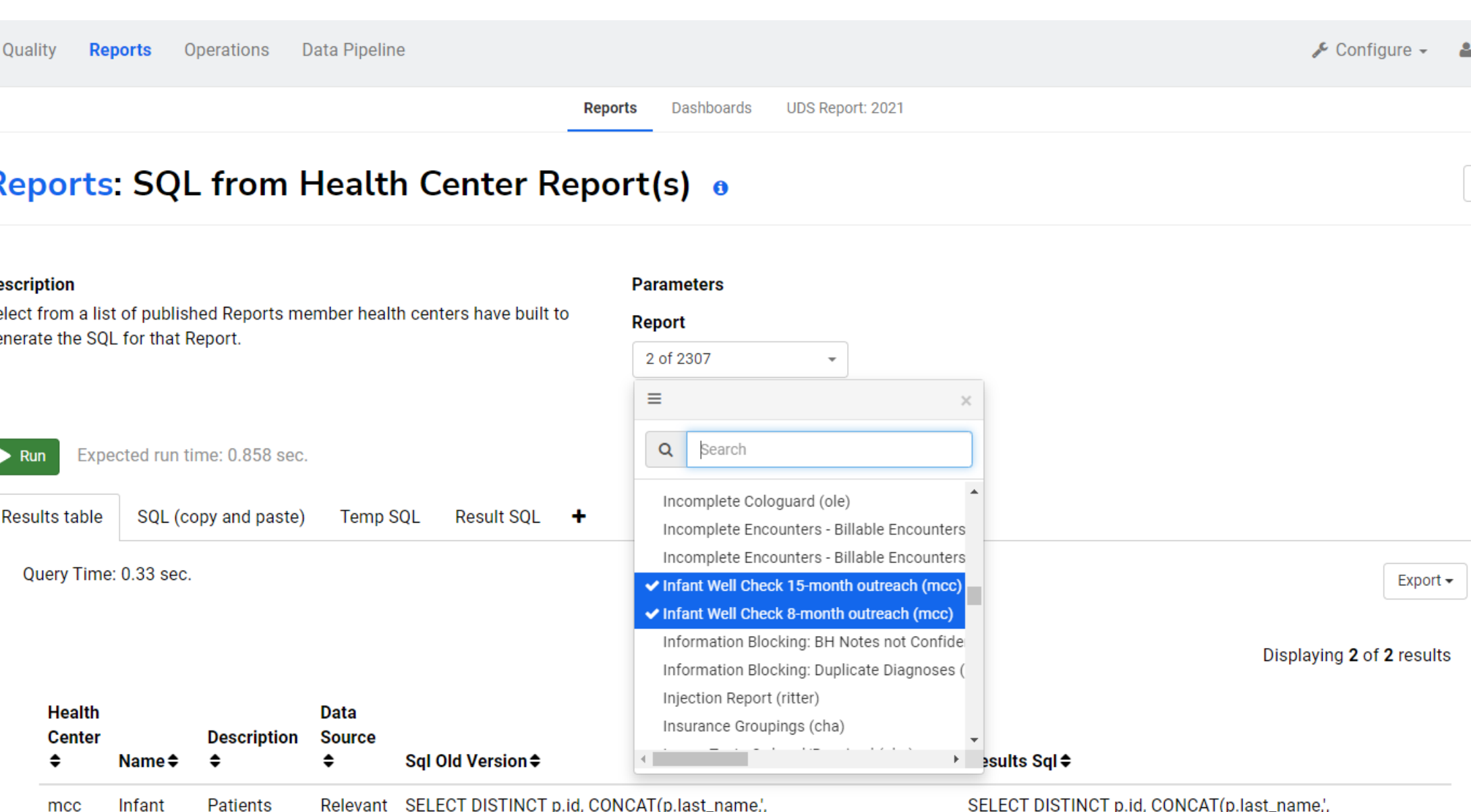
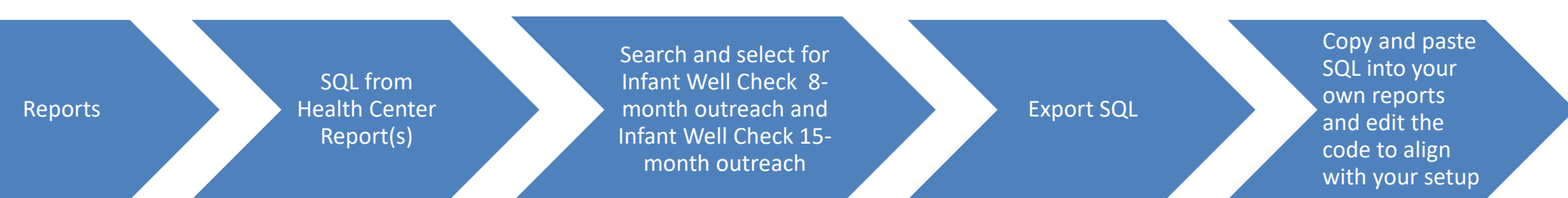
Percentage of children who turned 15 months old during the measurement year and who had 6 or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.

Numerator: Patients who turned 15 months old during the measurement year and had a medical visit in the period.

Denominator: Patients who turned 15 months of age in the measurement period and had at least one medical visit in the measurement period.

Exclusions: Patients in hospice during the period

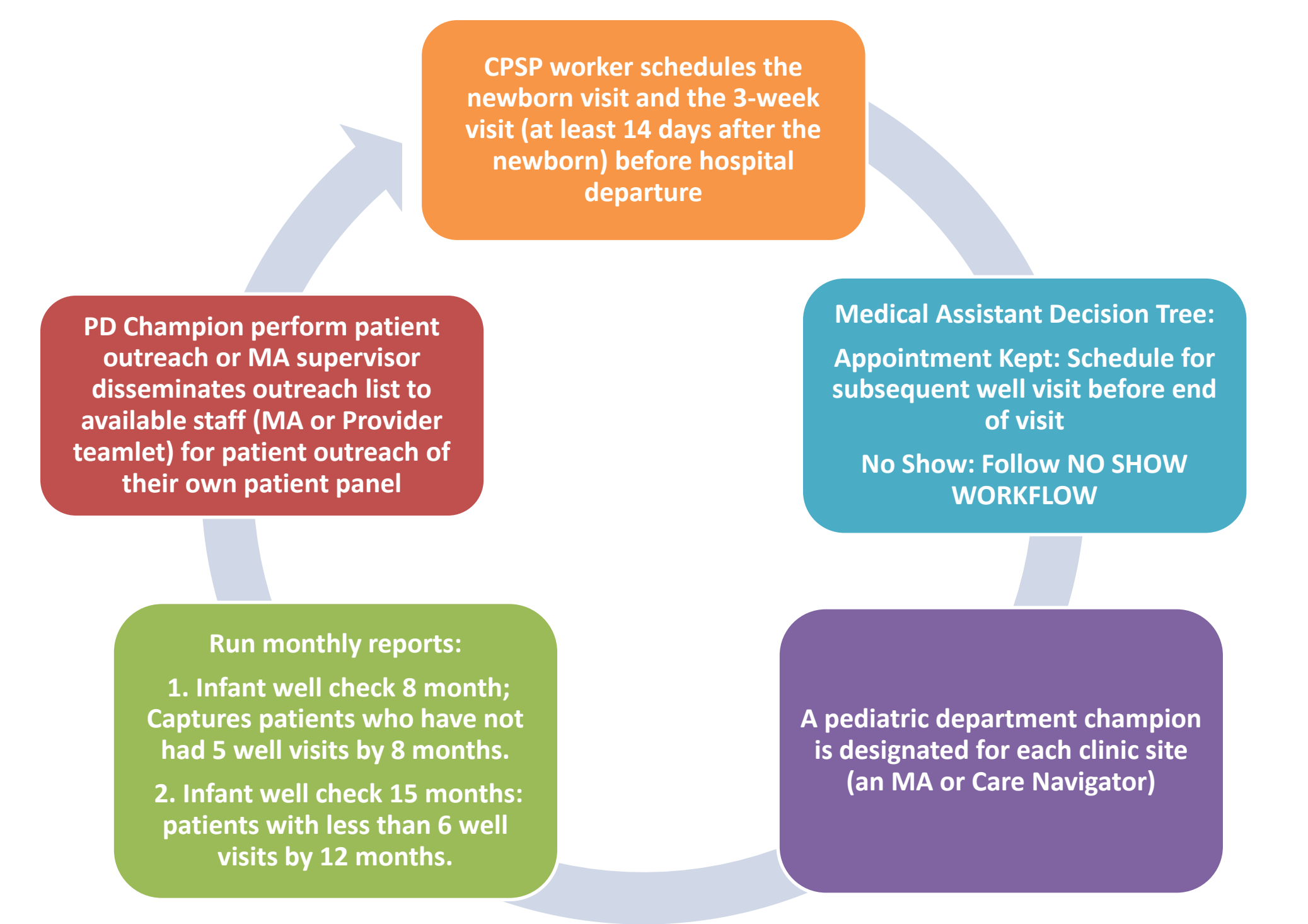
How to Access Relevant Reports:



ACTIONS TAKEN

1. To adapt to the Covid-19 pandemic well visits were split into two parts.
Well Visit 1: Telehealth visit to complete all portions except the physical
Well Visit 2: In-person visit to complete physical exam, vitals and bring vaccines to current.
2. Hospital based CPSP schedules the newborn AND 3-week visit (at least 14 days after the newborn visit) before patient leaves the hospital.
3. Care-team re-messaging to ensure understanding of appointments scheduled by CPSP and avoid confusion and incorrect cancellation of appointments.
4. Designation of PD Champion to own Well Child Visit reports and outreach
5. Well check No Show Workflow:
 - Medical assistant labels encounter as “Well-Check No Show” and is categorized as high risk no show along with other missed appointments such as prenatal visits.
 - Medical assistant pro-actively makes three (3) attempts to reach patient that consist of two calls and a letter.
 - Active re-training of staff occurs on an ongoing basis to ensure understanding of proper scheduling guidelines and no-show workflow
 - Medical Assistant Supervisors audit to ensure proper follow-up of missed appointments
6. Use of Stop Report’s followed by patient outreach by PD Champion.

WORKFLOW



RESULTS TO DATE

To date, compliance is 76%, 12 percentage points above the organization’s target of 64%.

LESSONS LEARNED

- A smaller group of CPSP workers allows for more effective training to clearly message and coordinate versus training to schedule on a larger scale with medical assistants.
- Patients who are seen for a well visit should be scheduled for the subsequent well visit, so they always have their next well visit scheduled.
- It is helpful to schedule the newborn and 3-week visits simultaneously.
- Implement stop point reports to capture patients who have fallen behind early on when there is still time to correct.
- When splitting the well visits into two parts ensure billing occurs after completion of the first well visit to account for patients that miss the second well visit.