

Quality Measure Highlight

Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life (W34)

MEASURE DESCRIPTION

The percentage of members 3 - 6 years of age who had one or more well-child visits with a PCP during the measurement year (Measurement Year). (**Numerator**)

Measure Type: Hybrid (medical record / claims / encounter) a systematic sample drawn from the eligible population (**Denominator**)

Intent / Importance: A routine check-up with a PCP for children 3 - 6 years of age of the child's overall health, and early detection with intervention of vision, speech and language problems. Allows for health teaching and for parents to raise any potential concerns. The child must have the visit during the measurement year, and the child must be 3, 4, 5 or 6 as of December 31 of the measurement year.

<u>PCP QIP 2019</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Pediatric	7.5 points 15 points	83.70%	90 th
Half Points	Family Pediatric	3.75 points 7.5 points	79.33%	75 th
Relative Improvement Threshold	Family Pediatric	7.5 points 15 points	73.89%	50 th

Compliant Documentation:

- Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of **all** the following:
 - A health history.** Health history is an assessment of the member's history of disease or illness. It can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history. *Examples of health history could be: allergies, medications, and immunizations documented on different dates of service as long as **all** are documented within the measurement year; mother states siblings have ADHD, aunt has a history of seizures, father is asthmatic recently treated for shingles.
 - A physical developmental history.** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop. Examples include "**development appropriate for age**"; ability to hop or balances on 1 foot, stands on 1 foot, builds a block tower, throws a ball overhand, or walks upstairs alternating feet.
 - A mental developmental history.** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop. Examples include "**development appropriate for age**"; Neurologic or

Psychological or Psych section notation of "normal for age or age appropriate"; ability to speak understandably, make 2-3 sentences, identify colors (e.g., 4 or >), draws person (e.g., 2 or > body parts), copies simple shapes (e.g., circle, square, triangle).

- **A physical exam. Health education/anticipatory guidance.** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face. Examples: tobacco exposure, auto safety.
2. Preventive services may be rendered on visits other than well-child visits (including Urgent Care). Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.
 3. Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation of a well-child exam is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.
 4. We may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

Non-Compliant Documentation:

1. Do not include services rendered during an inpatient or ED visit
2. Services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure
3. The following notations or examples of documentation **do not** count as numerator compliant:
 - **Health History**
 - *Notation of allergies or medications or immunization status alone. If all three (allergies, medications, immunization status) are documented it meets criteria.*
 - **Family health history is noted while performing the assessment and it is related to the reason for the child's acute or chronic condition (e.g., child is being assessed for difficulty breathing and wheezing, and part of the assessment notation includes the mother stating she and the child's sister have asthma).*
 - **Physical Developmental History**
 - *Notation of Tanner Stage/Scale.*
 - *Notation of "appropriate for age" without specific mention of development.*
 - *Notation of "well-developed/nourished/appearing."*
 - *Notation of "well developed".*
 - **Mental Developmental History**
 - *Notation of "appropriately responsive for age."*
 - *Notation of "neurological exam."*
 - *Notation of "well developed".*
 - **Physical Exam**
 - *Vital signs alone.*
 - **Health Education/Anticipatory Guidance**
 - *Information regarding medications or immunizations or their side effects. (Consider if instructions could also be given to the parent of another child to guide them in their child's upcoming development.)*

Exclusion:

Members in hospice are excluded from the eligible population.

Strategies to Consider That May Lead to an Increase in W34 Performance Include:

- Create template which includes anticipatory guidance, standardize the practice to review during each visit
- Health history can be obtained by documenting review of allergies, medications, chronic illnesses, standardize practice to review on each visit
- Use acute visits to cover one or more of the five areas of assessment
- Documentation of “development appropriate for age” satisfies both physical and mental development
- Documentation of anticipatory guidance can be found on the Staying Healthy Assessment (SHA)
- Birthday card mailed to include reminders of annual assessments such as Well-Child Visit
- Designate a team member to outreach (notify parents) members due for an annual visit (e.g., phone call, post card, letter signed by provider [personal touch], obtain multiple alternative addresses-phone numbers [grandparents, siblings, cousins] to increase the chance of contacting member)
- If appointment missed, within 48 hours conduct outreach to reschedule
- Identify - address barriers to Well Child Visits (e.g., social, financial, language, cultural, transportation)
- Create a preventive service summary sheet/patient age specific flowsheet to be reviewed on each visit to decrease missed opportunities for preventive care. Place in chart.
- Identify preventive needs at the time of registration
- Timely submission of claims and encounter data