



PHiIT Well Care Project Description

PROJECT SUMMARY

This project will assist ambulatory pediatric practices in improving annual, well care visit completion rates in ages 3-21. These rates will increase through the implementation and sustainment of several process changes.

WELL CARE IMPACT

We know that well care is a fundamental component of the improving health of children over the last four decades. “Research has shown that evidence-based preventive services can save lives and improve health by identifying illnesses earlier, managing them more effectively, and treating them before they develop into more complicated, debilitating conditions, and that some services are also cost-effective¹.” In Tennessee the rate of children participating in annual EPSDT screens has slowly increased from 69 percent in 2016 to 79 percent in 2019. The rates are much lower in adolescent populations (40-50%)². The current system must be improved through practice collaboration or it will not be sustainable, effective or succeed in its current goals.

During COVID-19 pediatricians report a decline in health visits for months and across coverage type.³ CDC Fact Sheet: Service Use Among Medicaid and CHIP Beneficiaries age 18 and Under COVID -19 published in September 2020 reported that data from the Centers for Medicare & Medicaid Services (CMS) highlight a decline in services used by children covered by Medicaid and the Children's Health Insurance Program (CHIP) in March through May this year compared to the same period last year.⁴

The agency found:

- 69% fewer (7.6 million) dental services rendered,
- 44% fewer (3.2 million) child screening services that assess physical and cognitive development,
- 44% (6.9 million) fewer outpatient mental health services and
- 22% fewer (1.7 million) vaccinations up to age 2.

PROJECT DESCRIPTION

The Well Care project is designed to assist practices to increase well care visits by developing a quality improvement infrastructure, implementing quality improvement methodology, measuring results, and adjusting based on findings. The data used for measurement is based on the 2021 HEDIS measures for Well Child Visits (WCV). Data will be analyzed monthly using a 12



month rolling average to compare overall well child completion rates for 0-21 with further analysis for the following groups based on practice needs.

AIM

To increase the percentage of children seen in office who are up to date on their last well check up by 5% for children over the 12-month project with a special focus on 13-21.

IMPLEMENT PROCESS CHANGES

QI teams will implement the following required process changes over the course of the project:

- Optional Process Mapping or other QI Tools to improve visualization of patient work flow for acute and well visits
- Develop a protocol to, monthly, use practice billing data to identify active patients not completing annual well care and calculate the percentage of active patients receiving and not receiving annual well child visits via program analysis.

In addition, QI teams will select one (1) or more of the following process changes over the course of the project as appropriate for their practices:

- Create a monthly recall system for patients who have not completed annual well care.
- Implement a plan to assess the well child visit completion status at each acute visit and communicate with office provider team for well care planning.
- Develop a practice protocol to schedule next well child visit before each patient leaves the clinic.
- Execute a procedure to perform well care elements at acute visits when circumstances and time permits.
- Put into effect other interventions and process changes identified at the practice level that enable improvements in well child visit rates.

PRACTICE RESPONSIBILITIES

Throughout the project, the practice will increase the likelihood of successful improvement by the completing the following requirements:

- Complete Practice Assessment Tool at beginning and end of project
- Develop and meet regularly (bi-weekly) with office QI Team
- Select and document process changes and PDSA cycles using Monthly Check-in/PDSA form in QI Teamspace (required quarterly)



- Participate in 50% of Support Calls
- Share individual practice experience at PHiIT Learning Collaborative after data collection is complete

Complete Training and Education

All PROVIDERS must view and complete the following modules:

(If not completed for other PHiIT projects)

- PHiIT QI 101 (If not completed for other PHiIT projects)
- Bright Futures/AAP Recommendations for Preventive Services and EPSDT
- “Business Case for Well Care” Suzanne Berman, MD, FAAP (Webinar)

All STAFF should complete the following module:

- Bright Futures/AAP Recommendations for Preventive Services and EPSDT

What PHiIT Provides Your Practice Through the Well Care Quality Improvement Project

Personalized PHiIT Team Meetings to Practice

- Quality Improvement training with all staff
- Review quality improvement capability and support practice QI Team construction/augmentation
- Train QI Team data collection, project requirements, and data collection
- Walk QI Team through initial PDSA Cycle on QI team infrastructure
- Assist QI Team in practice work flow process mapping
- Provide MOC Part IV credit, CME credit, and support for peer to peer learning

Readily Available PHiIT Project Support Services

- Periodic check-ins with practices by phone/virtual
- Monthly support calls with PHiIT leaders and other practice leaders
- Consultation as needed
- Final project recognition/celebration

References

1 Maciosek, Michael V. "Greater Use Of Preventive Services In U.S. Health Care Could Save Lives At Little Or No Cost." *Health Affairs* 29.9 (2010): 1656-660.

2 CMS Form-416 Reporting, <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>



Pediatric Healthcare Improvement Initiative for Tennessee

3 Wyckoff. Alyson Sulaski, "Delayed Care: AAP responds to report on drop in pediatric visits in Medicaid, CHIP." *AAP News*, 2020

4 CMS Fact Sheet Service Use Among Medicaid and CHIP Beneficiaries age 18 and Under COVID -19, September 23, 2020.

Tennessee Chapter

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