Child & Adolescent Well Care
Roopa Thakur, MD, FAAP
Pediatrician
Cleveland Clinic
Preventive Health Program

• Access resources and trainings: [https://ohioaap.org/education-cme-moc-ii/preventive-health-program/](https://ohioaap.org/education-cme-moc-ii/preventive-health-program/)

• Next training on July 21st!
New Resources!

**KEEP YOUR CHILD HEALTHY WITH REGULAR WELL-CHILD VISITS!**

Making sure your child sees their pediatrician for regular well-child visits and recommended vaccines is one of the best things you can do to protect your child. Well visits are the foundation for a strong, transparent relationship among pediatrician, parent and child, helping to develop the optimal physical, mental and social health of a child.

**KEY COMPONENTS OF A WELL VISIT:**

- Discussion of personal & family history
- Head-to-toe examination
- Tracking growth & development (height, weight)
- Immunizations
- Confidential discussions on mental & reproductive health
- Screenings for vision, hearing, elevated blood test levels & much more
- Counseling on nutrition & activity
- Questions you may have for your provider

**WELL-CHILD VISITS SHOULD BE SCHEDULED AT THE FOLLOWING AGES:**

- 0 to 2 days
- 1 month
- 2 months
- 4 months
- 6 months
- 12 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7-11 years
- Once every year thereafter for a physical examination/assessment

For more information, please visit:
http://ohiocpp.org - 614-894-4258 - @OHPediatrics - @AAPOhio - OHioAAP - @OHioAAP

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**CHILD & ADOLESCENT WELL CARE**

**KEY COMPONENTS OF A WELL VISIT**

- History
- Immunizations
- Developmental milestones
- Growth charts
- Review of symptoms
- Observation of Patient/Child interaction
- Physical exam
- Screening
- Vaccinations
- Tobacco use

**TIPS FOR ELICITING AND DOCUMENTING THE KEY COMPONENTS OF WELL CHILD CARE**

**TOP 3 - ASK deutschland THE MODEL**

- What is your child's favorite toy or activity? For young children, this can provide insights into their interests and development.
- How is your child's appetite? Is there anything they are avoiding or enjoying more than usual?
- What is your child's sleep pattern? Are they getting enough rest, and how is their energy level during the day?

**TOP 4 - MAKE IT ON琥珀!**

- Recipient patient provides list of past/current medications and other medications taken for specific conditions.
- Medical history confirms questions are completed and reviewed with children or parents as new issues rise.
- Clinical review of disease processes during visit and comprehensive chart documentation form.
- Medical record or more appropriate individual records to determine accuracy of data.
- Proper documentation allows for a staff member to follow-up.

**TOP 5 - SIMPLE INTEGRATION**

- An average of 6-8 questions/observations per child is recommended.
- A simple guide to help you document these observations.
- Documentation requires diligent and frequent review.
- Documentation requires legible and clear writing.
- Documentation must be completed within 24 hours of the visit.
- A simple guide to help your staff member complete the documentation.

**TOP 6 - LEVERAGE YOUR COMMUNITY PARTNERS**

- Use the community health in your practice to assist with maintaining a list of community resources for parents, families, and communities.
- Connect patients with community resources to establish and understand their community's strengths.
- Resources:
  - MDCheckbox: Patient Assessment Form
  - MDCheckbox: Patient Assessment Form
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  - MDCheckbox: Patient Assessment Form

**TOP 7 - OPTIMIZE CODING**

- Use the CPT/HCPCS codes for the specific procedures and services provided.
- Ensure that all codes are accurately assigned.

**TOP 8 - SHINE YOUR EMR SYSTEM**

- Ensure your EMR system is up-to-date and ready to track all visits accurately.
- Use an electronic medical record to document all visits accurately.
- Create a chronic care plan for those in need of chronic care.

For more information, please visit:
http://ohiocpp.org - 614-894-4258 - @OHPediatrics - @AAPOhio - OHioAAP - @OHioAAP
Objectives

By the end of this session, one will be able to

• Understand why it is important to implement developmental screening in your practice
• Examine and implement techniques to effectively and efficiently elicit and document the key components of a Well Child Care (WCC)
• Evaluate panel management techniques to improve WCC visit rates and other quality metrics
Poll Question #1

• Which of the following best describes your primary practice site?
  A. Private
  B. Academic
  C. Community
What is a Well Child Check (WCC) visit?

Bright Futures Mission Statement:
• To promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.
What is a Well Child Check (WCC) visit?

• Prevention
• Assess growth and development
• Address parental concerns
• Foster relationships
Improving Value

↑ Outcomes

↓ Cost
WHAT ARE THE KEY COMPONENTS?
What’s included?

• Parental Concerns
• History
• Surveillance of Development
  – Developmental Screening
  – Growth Charts
• Review of Systems
• Observation of Parent/Child Interaction
• Physical Exam
• Screening
• Immunizations
• Anticipatory Guidance
AN EXAMPLE...
4 YEAR VISIT

Health supervision

surveillance of development

- social language and self-help
  - Enters bathroom and has bowel movement by himself
  - Brushes teeth
  - Dresses and undresses without much help
  - Engages in well-developed imaginative play

- Verbal language (Expressive and receptive)
  - Answers questions like “What do you do when you are cold?” or “…when you are sleepy?”
  - Uses 4-word sentences
  - Speaks in words that are 100% understandable to strangers
  - Draws recognizable pictures
  - Follows simple rules when playing board/card games
  - Tells parent a story from book

- Gross Motor
  - Skips on 1 foot
  - Climbs stairs, alternating feet without support

- Fine Motor
  - Draws a person with at least 3 body parts
  - Draws simple cross
  - Unbuttons and buttons medium-sized buttons
  - Grasps pencil with thumb and fingers instead of fist

observation of Parent-Child interaction

How do parent and child communicate?
Does parent allow child to answer questions?
Does child separate from parent during the examination? Does the child dress and undress self?
How do parent, child, siblings interact? If offered books, does parent let child choose?
Perform: Formal motor assessment

screening ([www.aap.org/periodicityschedule](www.aap.org/periodicityschedule))

universal: Hearing; Oral Health (in absence of dental home); Vision

selective: Anemia; Dyslipidemia; Lead; Oral Health; Tuberculosis

immunization
CDC: [www.cdc.gov/vaccines](www.cdc.gov/vaccines)
AAP: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)

**Anticipatory Guidance**

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

**social determinants of health:** Risks (living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community), strengths and protective factors (engagement in the community)

- Community agencies can help you with concerns about your living situation.
  
  *Tell me about your living situation. Do you have the things you need to care for your child?*
Programs like WIC and SNAP are available to help you if you have concerns about your food situation.

*Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?*

Don’t use tobacco/e-cigarettes/alcohol/drugs. Call **800-Quit-NoW (800-784-8669)** for help to quit smoking.

Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.

*Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or your child? Would you like information on where to go or who to contact if you ever need help?*

You can also call the **National domestic Violence Hotline** toll-free at **800-799-sAFE (7233)**.

Teach your child rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts.

Maintain or expand participation in community activities.

*What activities do you participate in outside the home? What help do you need in finding other community resources, such as a faith-based group, recreational centers, or volunteer opportunities?*

**School readiness:** Language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool.
- Give child time to finish sentences; encourage speaking skills by reading/talking together. Keep answers short and simple.
- How does your child communicate what she wants and knows?
- Read together daily; ask child questions about the stories.
- Children are very sensitive, either easily encouraged or hurt; model respectful behavior and apologize if wrong; praise when demonstrates sensitivity to feelings of others.
- Provide opportunities for your child to play with other children.
- How interested is your child in other children? How confident is she socially and emotionally?
- Visit your child’s preschool/child care program; become actively involved; talk with your child about what she’s learning.
- How happy are you with your preschool or child care arrangements? On most days, does she seem happy to go?

**developing healthy nutrition and personal habits:** Water, milk, and juice; nutritious foods; daily routines that promote health

- Always have cool water available.
- Provide 16 to 24 oz low-fat/fat-free milk daily.
- Juice is not a necessary drink. If you choose to give juice, limit to 4 oz daily and always serve it with a meal.
- Offer variety of healthy foods/snacks, especially vegetables, fruits, lean protein.
- Trust child to decide how much to eat.
- Create calm bedtime ritual; enjoy mealtimes without TV; ensure child brushes teeth twice a day with pea-sized fluoridated toothpaste.
Media use: Limits on use, promoting physical activity and safe play

- Limit TV and video to no more than 1 hour a day; no TV in bedroom; supervise any Internet use; consider making a family media use plan (www.healthychildren.org/MediaUsePlan).

What digital and Internet-connected devices does your child use (eg, handheld devices, video games, digital toys, TV, computers)?

- Make opportunities for daily play; be physically active as a family.

Safety: Belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety

- Continue to use a size-appropriate forward-facing car safety seat installed in backseat.

Where do you sit when you ride in the car? Do you have a special seat?

- Supervise all outdoor play; never leave child alone; don’t allow to cross street alone.

- Be sure swimming pools are fenced; use life jacket; teach child to swim.

- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.

- Teach child about safety around pets.

- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately. Ask if firearms in other homes where child plays; if so, ensure same safety precautions before letting child play there.
SCREENINGS
Poll Question #2

• Universal fasting lipid profile should be obtained at all 15yo WCC.
  – True
  – False
## Recommendations for Preventive Pediatric Health Care

Bright Futures/ American Academy of Pediatrics

The American Academy of Pediatrics (AAP) and Bright Futures continue to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures.

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### Footnotes:
1. If a child comes under care for the first time at any age on the schedule, or if items are not acceptable for the currently age, the schedule should be brought up to date at the next visit.
2. A prenatal visit is recommended for the parents who are at high risk for infant's health. For those who require a conference, the prenatal visit should include anticipatory guidance, pertinent medical history, and instructions on breastfeeding and primary care.
3. Newborns should be on an evaluation after birth, and breastfeeding should be encouraged for all institutions and support should be offered.
4. The American Academy of Pediatrics recommends the use of the Healthy Children 2010, which is a web-based tool used to evaluate the quality of care including feedback for finding and public health. Breastfeeding needs to be reviewed during the evaluation and identification. The American Academy of Pediatrics recommends the use of the Healthy Children 2010, which is a web-based tool used to evaluate the quality of care including feedback for finding and public health. Breastfeeding needs to be reviewed during the evaluation and identification.
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Updates in 4th Edition

- Universal prepubertal cholesterol screening (in addition to the existing universal cholesterol screening in late adolescence)
- Universal depression screening for adolescents
- Universal human immunodeficiency virus (HIV) screening in middle/late adolescence
- Universal maternal depression screening
- Universal newborn critical congenital heart disease screening
- Universal newborn bilirubin screening
- Oral health (universal fluoride varnish for ages 6 months through 5 years, in addition to universal fluoride supplementation for ages 6 months to 16 years)
- Universal adolescent hearing screening

This following preventive service has been deleted from the Periodicity Schedule:
- Annual pelvic examinations for cervical dysplasia for sexually active adolescent and young adult females before age 21 years
Anemia

• Selective screening at 4m
  – Prematurity
  – Low birthweight
  – Not receiving iron-fortified formula
  – Early introduction of cow’s milk
• Universal screening at 12m
• Selective screening at all WCC 15m - 5y
  – Special health needs
  – Low-iron diet (vegetarian)
  – Environmental factors (food insecurity)

• Selective screening annually 6y-10y
  – Strict vegetarian diet without iron supplementation
  – Environmental factors
• Selective screening annually 11y-21y
  – Females with menorrhagia
  – Low-iron diet
  – Previous dx of iron-deficiency anemia
  – Environmental factors
  – All nonpregnant females of childbearing age should be screened every 5-10 years
Blood Pressure

- **Universal screening annually >3y**
- **Selective for all visits <3y**
  - History of prematurity, very low birth weight, or other neonatal complication requiring intensive care
  - Congenital heart disease (repaired or non-repaired)
  - Recurrent urinary tract infections, hematuria, or proteinuria
  - Known kidney disease or urological malformations
  - Family history of congenital kidney disease
  - Solid-organ transplant
  - Malignancy or bone marrow transplant
  - Treatment with drugs known to raise blood pressure
  - Other systemic illnesses associated with hypertension (e.g., neurofibromatosis, tuberous sclerosis)
  - Evidence of increased elevated intracranial pressure
Developmental Screening

- Universal ASD-specific screening at 18m and 24m WCC
- Universal general development screening at 9m, 18m, and 30m WCC
- Ongoing surveillance over time
Dyslipidemia

- Selective screening at 2y, 4y, 6y, 8y
  - Family history
  - Moderate-high risk medical condition
- Universal screening once between 9y-11y
- Selective screening 12y-16y
  - Family history
  - Moderate-high risk medical condition
- Universal screening once between 17y-21y
STI Screening

• Selective chlamydia and gonorrhea screening 11y-21y
  – All sexually active females – annually
  – Sexually active males, considering other risk factors – annually
  – High risk sexual activity – Q3-6m

• Selective syphilis screening
  – High risk sexual activity

• Universal HIV screening once between 15y-18y

• Selective HIV screening annually 11y-21y
  – High risk sexual activity
  – Active injection drug users
  – At patient’s request
Lead

- Universal 12m and 24m
  - Medicaid
  - [High-risk zip codes](#)
- Selective for all other WCC <6y
  - Risk factors, including refugee status
WIC Eligibility

Pregnant and breastfeeding women; women who recently had a baby; infants birth through 12 months; children age 1 to 5 years; who are:

• Present at the clinic appointment, and provide proof of identity;
• Residents of the State of Ohio;
• Determined by health professionals to be at medical/nutritional risk; and
• Meets income guidelines - 185 percent of Federal Poverty Income Guidelines.

Help Me Grow Helpline at 1-800-755-GROW (1-800-755-4769)
WHAT FOODS DOES WIC OFFER?
The WIC food package includes a variety of healthy options to help pave the way for a lifetime of nutritious eating.

**BEANS**
**WHOLE GRAINS**
**FRUITS & VEGETABLES**
**CHEESE**
**CEREAL**
**EGGS**
**YOGURT**
**CANNED FISH**
**PEANUT BUTTER**
**MILK**
**100% FRUIT JUICE**
**INFANT FORMULA**
**INFANT CEREAL & BABY FOOD**

Call: 1-844-601-0366
Text: Keyword ply + your zip code to 67076
Visit: signupwic.com

ALL ABOUT WIC

7 MILLION WOMEN, INFANTS, AND CHILDREN GET WIC BENEFITS. ARE YOUR PATIENTS ELIGIBLE?

WIC is the nation’s most successful public health nutrition program. We provide healthy food, nutrition education, breastfeeding guidance, and more to income-eligible pregnant women, moms of infants, and children up to 5 years old.

Many people don’t realize they’re eligible for WIC benefits, so we need your help spreading the word. Your patients can find out more by calling us or visiting us online. Those who currently receive Medicaid or SNAP benefits automatically qualify for WIC benefits.

HOW CAN MY PATIENTS LEARN MORE?

Call: 1-844-601-0366
Text: Keyword ply + your zip code to 67076
Visit: signupwic.com

WE’RE HERE FOR YOUR PATIENTS

Did you know WIC offers the following?

**HEALTHY FOOD + NUTRITION TIPS**
We help moms feed their kids nutritious meals. We provide:
- monthly benefits to buy healthy food
- tips on how to shop for healthy food, how to cook it, and how to encourage kids to eat it
- a larger food package for moms who breastfeed exclusively.

**BREASTFEEDING SUPPORT**
We offer guidance for nursing moms:
- advice on a range of breastfeeding issues, including positioning, latch, milk production, and returning to work
- nursing aids such as breast pumps

**A COMMUNITY OF EXPERTS AND PEERS**
We introduce moms to a network of experts and peers:
- healthcare professionals such as pediatricians and dentists
- immunization services
- additional social services
- other moms for sharing experiences and for moral support

WIC is administered by the United States Department of Agriculture (USDA). For 2024, WIC and WIC program participants saw enhancements including the approval of new food benefits and changes to program policies. New eligible foods are approved by the U.S. Department of Agriculture (USDA). The contents are subject to change.
HOW DO WE DO THIS EFFICIENTLY?
Poll Question #3

• Does your practice use pre-visit questionnaires?
  – Yes
  – No
Tip #1 – Don’t reinvent the wheel!

- Healthychildren.org
- **Bright Futures Toolkit**
  - Pre-visit questionnaires
  - Visit documentation templates
  - Handouts
Help Teens Learn Responsibility

As teens gain the privileges that come with being adults, they need to understand the responsibilities toward others and the community that come with these privileges. Decisions that adults make have adult consequences, both good and bad, that they will need to live with.

**Do Less:** Parents need to stop doing things for their teens, like making lunch or running an “emergency” load of wash, that teens can do for themselves. Parents who complain most bitterly about their teens’ irresponsibility are often the ones who don’t make their kids do anything for themselves.

**Let Consequences Happen:** There is no need to come up with special punishments to discourage irresponsibility.

Simply let nature take its course.

- Forgotten homework assignments result in lower grades or having to do make-up work.
Tip #2 – Engage your team!

“Teamlets” within Practices

PCSA Shared Resources
Pharmacy, Behavioral Health, Social Work, etc.
Tip #2 – Engage your team!

• Hold a session with staff members to reinforce the importance of preventive services visits and how using Bright Futures tools, materials, and strategies can help. Solicit their ideas for how to efficiently incorporate Bright Futures components into daily practice.

• Train staff members on how to use and distribute the Pre-visit and Medical Screening Questionnaires when indicated. Make sure they can help parents and patients with literacy or language difficulties fill out the forms.

• Have all tools and supplies ready for distribution at each visit.
Tip #3 – Map out “swimlanes”

- Start at the initial entry point to the medical office. Have the receptionist provide visitors with age-appropriate Pre-visit Questionnaires and other questionnaires needed for specific visits (e.g., MCHAT questionnaire to screen for autism at the 18-month visit).
- Ask the medical assistant to check that the Pre-visit Questionnaire has been completed and to attach the completed questionnaire to the chart or to enter the results into the EHR system.
- Have the clinician review and discuss the Pre-visit Questionnaire during the visit and complete the Visit Documentation Form.
- Have the medical assistant or nurse provide appropriate Parent/Patient Education Handouts at the end of the visit.
- Assign referral tracking, if warranted, to a staff member to follow up on the visit.
Tip #4 – EHR Integration

• Automate pre-visit questionnaires 1 week prior to scheduled WCC
• Tablet device or “captive mode” feature to allow questionnaire completion in office
  – Avoid paper documentation wherever possible!
  – Documentation supports billing AND MOC 4 requirements
• Build your WCC documentation templates and order sets using the framework provided
• Health Maintenance alerts
• Best Practice alerts
### Health Maintenance Alert

#### New data from outside sources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Due Date</th>
<th>Frequency</th>
<th>Date Completed</th>
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<tr>
<td><strong>Current Care Gaps</strong></td>
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<td><strong>HPV VACCINE (2 - 2-dose series)</strong></td>
<td>Due since 5/3/2022</td>
<td>Imm Details</td>
<td>11/3/2021 - H...</td>
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<td><strong>Completed or No Longer Recommended</strong></td>
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### Health Maintenance Reference Guide

#### Health Maintenance Summary

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<tr>
<th>Topic</th>
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<tr>
<td><strong>HPV VACCINE (2 - 2-dose series)</strong></td>
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**Status Legend**

- ⚠️ Overdue
- 🔄 Due Soon
- ⏳ Postponed
- 🟢 Ordered
- 🔄 Tentative

**Definitions**

- **Completed**: Done with the required satisfactions
- **Addressed**: Overridden with the intention of not completing the topic
- **Abridged**: No longer eligible based on patient’s age to continue this topic
Best Practice Alert

Elevated Lead Level

had a recent blood lead level test that was \( \geq 3.5 \).

Click here to reference ODH Management

Please open suggested SmartSet, and add Elevated Blood Level to problem list.

Last LEAD, Collected: 5/7/2021 8:32 PM = 8.3 ug/dL
Prev LEAD, Collected: 8/28/2019 11:15 AM = 6.6 ug/dL
Last PBBLD: Not on file
Last LEADINTL: Not on file

Open SmartSet  Do Not Open
Add Problem  Do Not Add

AMB LEAD LEVEL 3.5+  Preview

Elevated blood lead level  Edit details

Acknowledge Reason
Wrong Time in Workflow  Wrong Alert Logic  Wrong Provider  Results Reviewed

Accept (2)
Tip #4 – EHR Integration

Need help getting started?

• The AAP provides assistance, tools, and advocacy to support all members in successfully adopting and using an EHR system in a variety of pediatric care settings. To incorporate *Bright Futures Tool and Resource Kit* forms into an EHR system, please contact institutions@aap.org.

• Visit the [Integrate Bright Futures Into Your Electronic Health Record System](#) page in this section of the Bright Futures Web site for more information.
Tip #5 – Leverage your community partners

• Assign an office or clinic staff member to be a liaison with community organizations and to maintain a list of community resources for parents. Hire a care coordinator or use current staff members with skills in this area.
• Use the community liaison in your practice to handle referrals, communicate with specialists, and coordinate services/resources for families.
• Consider hosting Community Advisory Councils with potential referral sources in the community to establish relationships and understand your community’s specific needs/resources.
• Use this Community Resources Handout to get started! Visit the Bright Futures Tool and Resource Kit, 2nd Edition for more ideas, strategies, and tools.
The Team
v2.0

Provider
RN, MA, PSR
APRN

Pharmacist
Pop Health MA

Social Work

Community Health Workers
Provide-A-Ride

Legal Aid

Food Bank

Care Coordinator

RN Navigators

Mental health agencies

Milestones

Autism Center

WIC

Community Garden
Tip #6 – Optimize coding

• Use the updated *2021 Coding for Pediatric Preventive Care Booklet*
• Visit the [Learn About Coding](#) page to learn about other useful coding resources.
• Visit the "Getting Paid" section on the updated AAP Practice Transformation Web pages.
BUT WHERE ARE MY PATIENTS?
Population Health

WHOM WE’RE RESPONSIBLE FOR

Those Who Show Up

Those Who Don’t
COVID-19 and the Decline of Well-Child Care

- Centers for Medicare & Medicaid Services (CMS) report showed downtrends in health care utilization during the COVID-19 pandemic for the nearly 40 million children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP).
- From January to May 2020, the number of Medicaid and CHIP-enrolled children under age two receiving vaccinations declined by more than 30 percent.
- From March to May 2020, there were sharp declines in key health services for Medicaid and CHIP beneficiaries age 18 and under, including an over 40 percent decrease in health screenings, 44 percent fewer outpatient mental health services, and an almost 75 percent reduction in dental services.
COVID-19 Related Considerations

More Childhood Lead Poisoning Is a Side Effect of Covid Lockdowns

Lead screenings for children plummeted last spring, and stay-at-home orders may have increased household exposure to the toxic metal.

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How can well care be promoted?

• Engage patients via phone calls, EMR reminders, follow up, etc.
• Consider the role of the community health worker.
• Explore the use of healthy behavior incentives.
• Providing resources to families.
• Establish cross agencies strategies to close the utilization gap.

Ohio AAP resources

• For providers: https://ohioaap.org/resources-for-providers/
• For families: https://ohioaap.org/resources-for-families/
• COVID-19 resources: https://ohioaap.org/covid-19-info/
Poll Question #4

• Does your practice have a method of identifying patients overdue for WCC?
  – Yes
  – No
Tip #7 – Harness your EHR system!

- Use your EHR system to run a report of patients who have missed their well-child visits or immunizations.
  - Wellness Registry
  - Toddler Registry
- Consider automating your recall-and-reminder messages to parents' preferred methods of communication (i.e., text, phone, or mail).
  - Enroll all patients in MyChart!
- Create a chronic condition list from the billing or EHR system
  - Asthma Registry
  - Mental Health Registry
  - TCM Registry
Wellness Registry

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Last Refresh: 08:15:32 AM
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<th>10MO WCC</th>
<th>13MO WCC</th>
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Wellness Registry
GETTING LEADERSHIP BUY-IN
How We are Paid Today

Fee for Service
Volume-based

How We Will Be Paid Tomorrow

Single Annual Payment for All Care
Value-based (quality, outcomes, cost)
Value-Based Care Payment Model

IMPROVE QUALITY

ENHANCE PATIENT EXPERIENCE

LOWER OVERALL COSTS OF CARE

REIMBURSEMENT FROM PAYER
Key Takeaways

• Use available, vetted resources!
• Engage your entire team, give everyone a role
• Optimize use of the EMR to streamline work
• Leverage community partners
References

- Periodicity Schedule
- Evidence and Rationale
- Coding for Pediatric Preventive Care
<table>
<thead>
<tr>
<th><strong>ODH Resources</strong></th>
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<tr>
<td><strong>Asthma Provider Tool Kit</strong></td>
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<td><strong>Asthma Provider Training</strong></td>
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<td><strong>Early Hearing Detection and Intervention Provider Check List</strong></td>
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<td><strong>Early Hearing Detection and Intervention Pediatric Audiology Provider List</strong></td>
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<tr>
<td><strong>Comprehensive Genetic Services Referral Guide</strong></td>
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<td><strong>Ohio Newborn Screening</strong></td>
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<td><strong>Vision Pediatric Provider List</strong></td>
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Questions or Comments?
Alex Miller, MPH
Program Manager
Amiller@ohioaap.org
614-846-6258