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An Integrated Approach to Well-Child Visits

Aliados Health
Promising Practice

PROMISING PRACTICE OVERVIEW

West County Health Centers (WCHC) has created a robust system within their facility, taking an integrated approach to improve and maintain well-child exams in their facility. Through the use of a site-wide staff SharePoint wiki page, tracking reports, Relevant reports, and a comprehensive "feeder method" system between the Population Health Team and WCHC's data analyst, the staff at WCHC are able to thoroughly monitor their patients' exam schedules, preventing missed Well-Child appointments.
In addition to the close monitoring of patient schedules and communication with providers, WCHC's Population Health Team is thinking outside the box by meeting their members in-person at local events, community-based classes, and schools, ready to schedule appointments and create new patient charts in real-time.

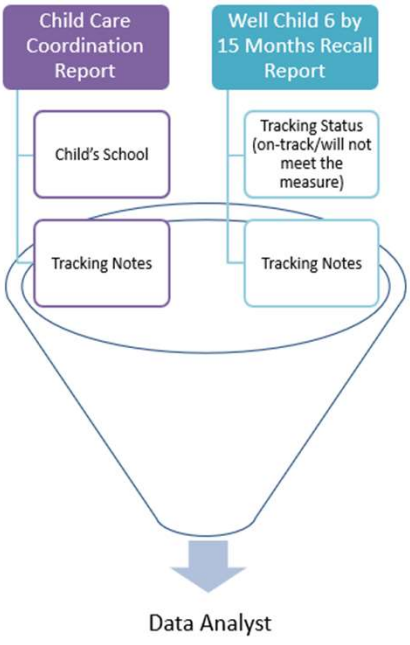
AIM

To improve Well Child visit measures for children 0 – 17 years of age.

WORKFLOW

WCHC's Population Health Team utilizes two different reports to support the maintenance of well-child exams within their facility:

- The 'Child Care Coordination Report' shows all active patients <18 years old, as well as all the age-related care gaps they are due for. This report is pre-filtered to show patients who had a medical appointment within the last 12 months. This report has two 'feeder columns.' One column lists the child's school, while the other holds tracking notes. This report is filtered by school assignment and is used by the Population Health Specialists and the WCHC Health Liaison to conduct outreach and schedule appointments either in the clinic or at the school-based health centers.
- The 'Well Child 6 by 15 Months Recall Report' displays all active patients <15 months old who have less than 6 well child exams by their 15-month birthday. This report contains two 'feeder columns.' One shows the measure tracking status (on track/will not meet measure) and the other lists specific tracking notes. One Population Health Specialist focuses on this report to closely monitor the 6 by 15-months measure.
- Each report displays the date and delivery status of the last Well Child Relevant Campaign sent to each patient and helps to prioritize patient communication based on visit needs. Alerts in the reports are also reflected in eCW for the providers.
- Both reports are fed back to the Data Analyst on a weekly basis to update each patient's tracking status and notes within Relevant.



WCHC SharePoint Wiki:
Well-Child 6 Exams by 15 Months Tracking Report

Relevant Well Child 6 by 15 Months Recall Tracking List

Relevant: Well child 6 by 15 Months Recall Tracking List WITH NOTES

This list is to be used by the Population Health Specialists for manual tracking and oversight. **Instructions:** Recall the No Visits first. Then Prioritize those turning 15 months in the next three months. Then move down the rest of the list.

REPORT INFO

Active patients <15 months old as of today who have had less than 6 WCEs by their 15-month birthday.

Patients who have aged out have been excluded. Patients who are inactive are excluded.

Note the 1 year plus 90 column=date of their 15 month birthday

Note the 'next wce appt' column=date of a future scheduled WCE appt.

These patients will all be included in the Well Child Outreach Campaigns if no future Well Child Exam has been scheduled and will show due in Visit Planning.

TRACKING EXPORTS

- 6 by 15mo WCE 4.11.2023.xlsx
- 6 by 15mo WCE 4.18.2023.xlsx
- 6 by 15mo WCE 4.25.2023.xlsx

ACTIONS TAKEN

- WCHC's Director of Quality Management and Data Analyst have created a robust wiki page, utilizing Relevant reports, care gaps, scheduling tools, and an easy line of communication between WCHC staff. Links to the various report types hold clear instructions for the staff to follow on how to build and utilize the reports, as well as using tracking lists to ensure patient appointments are scheduled on time.
- The Well Exam Schedule by Age cheat sheet (also available within the wiki page), is taped to each computer monitor for easy reference. The cheat sheet notes the measure requirement of 6 well checks by age 15 months, as well as providing guidance on Well-Child appointment intervals, and qualifying appointment types.
- The Population Health Specialists department page allows for WCHC's two Population Health Specialists to communicate with the Director of Quality Management, easily access reports and care gaps, access open provider panels for new patients, scheduling tools, track priority work, be delegated tasks with a viewable list of current projects that each specialist is working on, and more.
- The Director of Quality Management leaves notes highlighted in yellow on the wiki page to communicate with the Data Analyst on updates needing to be made on the various pages. These tasks are also built into their shared Smartsheet. Once the requested changes have been made on the wiki page, the Data Analyst then moves the tasks into the "Done" column to reflect completion.
- To meet patients where they're at and create better access, WCHC has developed a relationship with Guerneville School, utilizing their on-site medical office, staffed by WCHC liaisons. These school site liaisons use tools such as The Child Coordination of Care Report, which combines adult and child measures and populates to show each student's name and the measures they qualify for.
- WCHC conducted Well-Child visit training to their providers to ensure each provider understands the periodicity of the appointments, when and how to conduct a remote visit, and reviewed Well-Child templates to ensure that all providers are using the same template rather than allowing the use of custom templates.
- Comprehensive Prenatal Services Program (CPSP) providers were trained to identify when visits qualify as Well-Child visits and how to document them as such. Because the CPSPs are coordinating care for pregnant and postpartum patients, WCHC is working to enhance the transition of care between CPSPs and providers to ensure the timely scheduling of Well-Child visits for postpartum patients' new babies.

LESSONS LEARNED

The process that has made the greatest impact on improving Well-Child visit numbers at WCHC, is having one Population Health Specialist on the team whose responsibility is to closely monitor the exam schedules for all patients within the measurement age, and to keep close communication with the providers to ensure patients are completing qualifying visits on time.

LOOKING AHEAD

WCHC's Population Health Team plans to extend their reach for improving Well-Child measures through presence at community events such as street fairs, Kinder Gym classes, fundraisers, and Guerneville School's upcoming Cinco de Mayo festival.

By traveling outside of the health center to meet their members, the Population Health Team will have the opportunity to connect patients to WCHC's access coordinator for direct assistance with food stamps and insurance, as well as having Relevant open for convenient appointment scheduling.

In time, WCHC hopes to offer mobile/pop-up clinics in the community, where patients can access real-time visits with a provider whose schedule is devoted to pop-up and remote Well-Child appointments.