

Best Practice Audit Guide: *Child and Adolescent Well-Care Visits (W15, W34, AWC)*

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers’ performance on select quality measures and assists providers in performance improvement efforts. This best practice audit guide can be used to evaluate the quality improvement (QI) efforts related to the W15, W34, and AWC measures for a participant in TIP. W15, W34 and AWC are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the [National Committee for Quality Assurance \(NCQA\)](#).

Why It Matters

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents (1). Well-care visits are essential as they allow providers to assess and improve the health and development of children and adolescents through scheduled immunizations, promotion of healthy behavior, prevention of risky behavior, and detection of conditions that can interfere with physical, social and emotional development (2). In addition to helping to keep members and their families healthy, regular visits help create strong, trusting relationships among providers, children and families, which can lead to improved health engagement by the child and family in the short and long-term.

Setting Up for Performance Improvement

The following items are best practices to improve your organization’s performance on these measures.

Category	Best Practice Audit Checklist
Measure Definition & TIP Performance Measurement Details	<ul style="list-style-type: none"> <input type="checkbox"/> Review clinical importance of the measure (see <i>Why It Matters</i> above) <input type="checkbox"/> Understand the details of the measure (See TIP Measure Details Guide: Child and Adolescent Well-Care Visits (W15, W34, AWC)). Details include: <ul style="list-style-type: none"> ○ What is measured ○ What billing codes do and do not qualify ○ When is the reporting period <input type="checkbox"/> Understand details of TIP Performance Measurement (See TIP Measure Details Guide: Child and Adolescent Well-Care Visits (W15, W34, AWC)). Details include: <ul style="list-style-type: none"> ○ Member population assessed ○ Attribution methods ○ Performance targets <input type="checkbox"/> Estimate financial incentives earned through this measure <ul style="list-style-type: none"> ○ Use AHCCCS TI payment methodologies to estimate annual TI incentive payments
Leadership Buy-In & Organizational Commitment	<ul style="list-style-type: none"> <input type="checkbox"/> Review TIP Best Practice Audit: Building Capacity for Performance Excellence for best practices for QI systems—such as executive leadership support <input type="checkbox"/> Establish a time-specific and measurable aim <ul style="list-style-type: none"> ○ Example: Within 6 months, > 85% of members 3-17 years old will have had an annual exam. ○ For more information on setting aims, see Institute for Healthcare Improvement ○ Specify process for monitoring progress on the aim

	<input type="checkbox"/> Frequently update physicians and staff on performance and progress towards care/performance aims
Well-Care Visit Policy & Procedure(s)	<input type="checkbox"/> Create a policy and procedure(s) needed to achieve your aim <ul style="list-style-type: none"> o Consider processes and procedures for monitoring patients' visit history, Patient/Family education, provider/staff awareness of patient needs at scheduling or on day of visit, etc. Some of options shared by your peers are provided in this document <input type="checkbox"/> Consider the Bright Futures/American Academy of Pediatrics (AAP) recommended schedule of well-child care visits <ul style="list-style-type: none"> o Note: Eight well-child visits are recommended between birth and 15 months. By planning for these eight visits, your patients are more likely to receive the minimum of six needed for the W15 measure
Internal Reporting & Monitoring	<input type="checkbox"/> Create internal report(s) that will help you monitor well-care visits of all children and adolescents you are responsible for <input type="checkbox"/> Verify your internal reports: Compare reports to TIP, health plans, and/or network reports (e.g., MCOs "gaps in care" reports). If there are unexplained differences in the number of attributed members or performance, follow up to explore the cause <input type="checkbox"/> Consider Social Determinants of Health (SDoH) screening results in conducting risk stratification of your patient population <input type="checkbox"/> *If well-care visit aim and/or measure targets are not met, form a QI group to explore the cause and develop an action plan to improve patient care and meet targets
Provider/Staff Education	<input type="checkbox"/> Stress medical importance of well-care visits and their role in assisting with delivery of optimal patient care <input type="checkbox"/> Train providers and staff on well-care visit policy and related procedures <input type="checkbox"/> For guidance on how to build the provider-patient relationship with adolescents via telehealth, review this hour-long Adolescent-Centered Virtual Care e-module developed by the University of Michigan's Adolescent Health Initiative (AHI). For more resources focused on improving health care delivery for adolescents, also see The Arizona Alliance for Adolescent Health (AzAAH).
Billing	<input type="checkbox"/> Train billing staff to ensure claims are submitted with numerator-qualifying services and servicing providers <input type="checkbox"/> Submit claims and encounter data in a timely manner <input type="checkbox"/> For patients on a Medicaid and non-Medicaid health plan, submit claims to both health plans to receive credit for TIP measures even when the non-Medicaid health plan pays the full claims <ul style="list-style-type: none"> o Encounters must be submitted to Medicaid and adjudicated to count towards the TIP measures. Even if a submitted and adjudicated claim is not paid by the Medicaid health plan, it will count towards the TIP measures
Monitoring and Reconciling Assigned Members (PCP agencies only)	<input type="checkbox"/> Routinely pull panel of assigned patients <ul style="list-style-type: none"> o If participating in value-based payment arrangement, should receive monthly panels from health plan <input type="checkbox"/> Routinely reconcile this list with each Health Plan

*Denotes continuous improvement opportunity

Identifying Relevant Members/Member Events

This section has best practices shared by your peers related to identifying your patients’ well-care visit status and needs at the point of care or point of contact.

Category	Best Practice Audit Checklist
Scheduling & Day-of-Visit Notification Protocol(s)	<input type="checkbox"/> Build care gap alerts into EMR/EHR <input type="checkbox"/> Staff monitors patients monthly, and puts a flag/note on chart for patients who will need a well-care visit soon <input type="checkbox"/> Configure alert to “pop up” during the patient look-up process

Following Up with Members

This section has best practices shared by your peers on what you can do to increase well-care visit compliance.

Category	Best Practice Audit Checklist
Patient & Family Education / Health Literacy	<input type="checkbox"/> Develop processes to educate patients and family members on reasoning for and importance of annual well-care visits <ul style="list-style-type: none"> ○ Reiterate at each communication/visit
Outreach Policies	<input type="checkbox"/> Create no-show policies and re-engagement protocols <ul style="list-style-type: none"> ○ Example: Create a regular appointment compliance report for tracking purposes <input type="checkbox"/> Create an outreach policy for out-of-compliant patients—such as calling patient, engaging the practice care manager, engaging the MCO <input type="checkbox"/> Utilize an automated appointment reminder system to disseminate text, email, and/or phone appointment reminders <ul style="list-style-type: none"> ○ Capable of both reminding patients to schedule appointments and/or reminding patients of already scheduled appointments
Whole Person Care Organizational Culture	<input type="checkbox"/> Embrace a culture of whole person care organization-wide, advocating for the “no wrong door approach”
Social Determinants of Health (SDoH)	<input type="checkbox"/> Screen and log SDoH needs for each member <input type="checkbox"/> Develop processes to follow-up with members to ensure SDoH needs are met <ul style="list-style-type: none"> ○ Example: Secure transportation to the clinic for clients without reliable transportation <input type="checkbox"/> Designate a care manager to coordinate referrals to community resources, when warranted

Additional TIP Guides

To optimize your organization’s QI efforts for these measures, ensure that you have a QI system in place. Key best practices are specified in the [TIP Best Practice Audit: Building Capacity for Performance Excellence](#). Find other [TIP Best Practice Audit Guides](#) on our website, as well as [TIP Measure Detail Guides](#)

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

1. Child Trends. 2012. "Well-child visits." <http://www.childtrends.org/?indicators=well-child-visits>
2. Centers for Medicare & Medicaid Services. Adolescent Well-Care Visits: Ages 12 to 21. Medicaid.gov. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>