

Well Child & Adolescent Preventive Health Delivery Challenges in Kentucky

Current Challenges and Innovative Solutions Discussion

Primary Care TAC/June 2024

Kentucky Primary Care Association



Well Child & Adolescent Visits: A Common Language



A comprehensive preventive health visit with a primary care provider that includes: disease detection, disease prevention, health promotion, and anticipatory guidance according to age-specific, evidence-driven clinical guidelines for care and recommended schedule.*

The AAP and Bright Futures™ Recommendations for Preventive Pediatric Health Care periodicity schedule is the CMS recognized and accepted well-child and adolescent preventive visit guidelines.



To note: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid ([Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#))



CHALLENGES FOR COMPLETION:

- Parent, Child, and Adolescent
- Healthcare providers
- Regulatory environment



Parent, Child, and Adolescent Challenges

- Social Drivers of Health
- Health Literacy and understanding a well visit versus other types of visits (sports physicals)
- Access to Care/timely appointment availability, Work/other competing priorities
- Value-Added Benefits inaccessible
- Vaccine availability



Healthcare Provider & Team Challenges

- Appointment availability: scheduling, adequate provider workforce, no-shows
- Documentation, coding, and billing requirements
- Alignment of evidence-based guidelines for visit frequency with quality measures and reimbursement (365+1, birthday, Jan-Dec)
- Parental immunization hesitancy
- Continuity of care documentation related to fragmented care options (PCP, pharmacy clinics, school clinics, health departments, etc.)
- Decreased clinic staff productivity due to missing patient contact information, outreach and documentation, investigating potential duplicative care
- Provider burden to assist patients to access value-added benefits

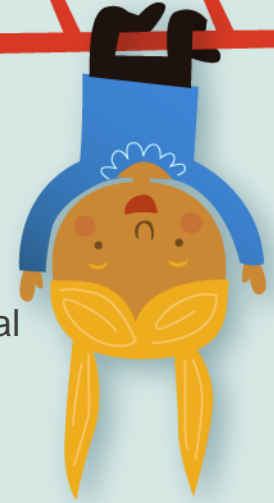


Regulatory Environment Challenges

- Parent and patient engagement
- Missing and not up to date patient contact information for outreach
- Alignment of evidence-based guidelines for visit frequency with quality measures and reimbursement (365+1, birthday, Jan-Dec)
- Limited value-added benefits uptake
- Duplicative claims due to fragmented care
- Extended claims run-out timing to reflect in up-to-date care gap listings



Well Child Visit Challenges Case Study:



Braden is a 10-year-old at Sunrise Middle School. He loves soccer and started soccer practice with the team last week. The coach shared with Braden and his mom, that to continue playing on the team, he will need a completed sports physical on file.

His mom noticed that the local independent clinic recently advertised sports physicals for \$25 and scheduled an appointment. Upon reporting that Braden did not have a primary care provider during the sports physical, she was encouraged to establish care for Braden with a local primary care provider.

Unfortunately, Braden's parents have competing work schedules along with five other children in the household to tend to. Establishing care for Braden would need to take a lesser priority as work schedules could not be re-arranged to accommodate time for a primary care visit. Braden has not had an annual well-child visit since he was 5-years old, and that visit was completed as a part of the immunization requirement to start school. Braden's health plan insurer and attributed primary care provider within a value-based arrangement have reached out to Braden's mother each year to try to establish care but have been unsuccessful in reaching her.

In September, the school nurse at Sunrise Middle School calls Braden's mom to share that he has reached his 11th birthday and entered the sixth grade and will need immunizations to remain in school. She also shares that Braden's teachers have reported that Braden is struggling with attention and behavior in class and recommends following up with his primary care provider to address these healthcare needs. Braden's mom schedules an appointment afterhours for the required immunizations at the local pharmacy, which will allow her to remain at work and Braden to remain in school. Since she cannot take off work in the next couple of weeks, she concludes that she will make a well child appointment later as he just had a sports physical and the provider who conducted the sports physical would have told her if something was wrong. Braden's mom takes him to have the required immunizations at the local retail pharmacy. During the visit, the pharmacy staff is hesitant to administer the vaccines that Braden's mom is requesting, as they do not have any record or access to obtain records of immunizations that Braden has been given previously.



**INNOVATIVE SOLUTIONS
TO INCREASE RATES OF WELL-CHILD
VISITS IN KENTUCKY**

DISCUSSION

