NC Medicaid Quality Fact Sheets

Fact Sheet
Primary Care for Children

Introduction

Primary care services play an important role in ensuring the health of Medicaid members. For children, primary care visits serve to monitor physical, cognitive, and social development, and are a time for providers to discuss health promotion and disease prevention in a family-centered setting.[1]

As of February 2024, NC Medicaid provides healthcare coverage to over 1.3 million infants and children (ages 0-18) who are expected to receive a variety of primary care services.[2] NC Medicaid's performance providing primary care to children is evaluated using an array of quality measures*. This fact sheet serves to provide more information on which quality measures are used to measure children and adolescent's access to primary care services, why these measures are important, what they measure, and how NC Medicaid is performing on these measures. Measure topics covered in this fact sheet include adolescent well-care and well-child visits, developmental screening, lead screening, and weight assessment and counseling for nutrition and physical activity.

*Quality measures evaluate Medicaid members' access to quality and effective healthcare services. NC Medicaid uses a combination of quality measures created and endorsed by external measure stewards (such as the Centers for Medicare and Medicaid Services (CMS) or National Committee for Quality Assurance (NCQA) as well as internal measures specific to the NC Medicaid population (developed by NC Medicaid). Check out NC Medicaid's Quality Measurement Technical Specifications Manual for more information!

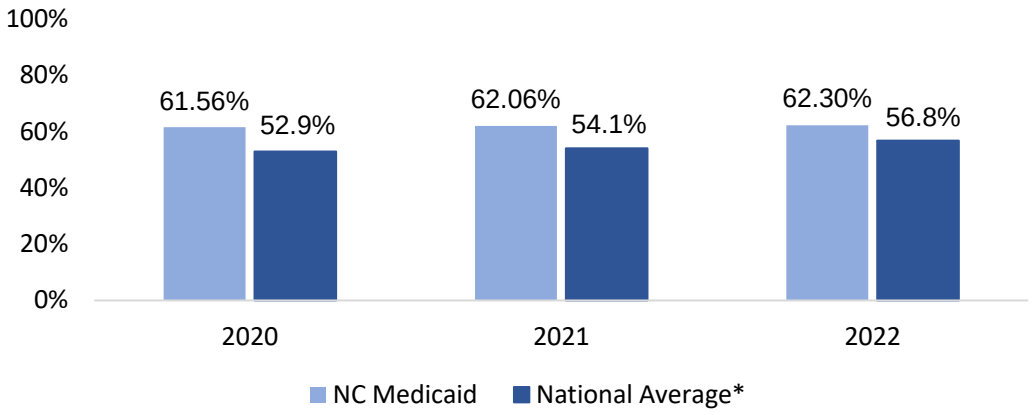
WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)

The American Academy of Pediatrics (AAP) and Bright Futures, a national health promotion program led by the AAP, recommends that a child receives at least six well-child visits by the time they turn 15 months old, and two or more well-child visits between 15-30 months.[3] These visits should be with a primary care provider (PCP) and typically include reviewing the child's health history, a physical exam, any necessary immunizations, hearing and vision screenings, developmental assessments, oral health evaluations, and education for parents on a variety of pediatric health-related topics. These appointments provide early detection of disease or developmental challenges, leading to quicker intervention and improved outcomes as the child ages.[3]

The *Well-Child Visits in the First 30 Months of Life (W30)* quality measure is broken into two submeasures: *Well-Child Visits in the First 15 Months* and *Well-Child Visits for Age 15-30 Months*.

The *Well-Child Visits in the First 15 Months of Life* submeasure assesses the percentage of children who received six or more well-child visits with a PCP in the first 15 months of life.[3] Higher rates on this measure indicate better performance. As seen in Figure 1, NC Medicaid has historically performed above the national average on this measure, with 62.30% of eligible children meeting the recommended number of visits in 2022.

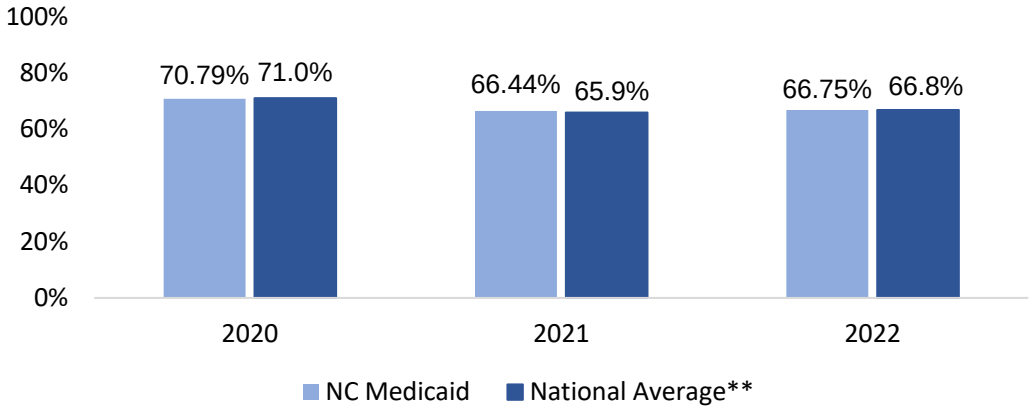
Figure 1: Well-Child Visits in the First 15 Months of Life Performance (2020-2022)



*National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

The *Well-Child Visits for Age 15-30 Months* submeasure evaluates the percentage of eligible children enrolled in NC Medicaid who received two or more well-child visits with a PCP between 15 and 30 months of age.[4] As seen in Figure 2, NC Medicaid's performance on this submeasure has been comparable to the national average. In 2022, 66.75% of eligible children received the two recommended well-child visits between 15 and 30 months of age.

Figure 2: Well-Child Visits for Age 15 Months-30 Months Performance (2020-2022)



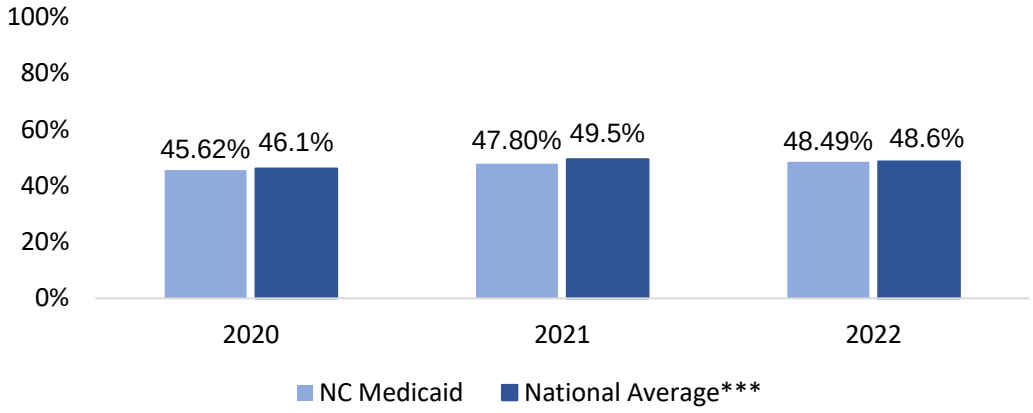
**National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

While NC Medicaid's performance on both of W30 submeasures has surpassed or been comparable to national averages, there is always room for improvement when it comes to critical primary care services. These appointments are a crucial part of the preventative healthcare that NC Medicaid strives to provide, and all child members should have access to this care.

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Similar to the W30 measure, the *Child and Adolescent Well-Care Visits (WCV)* measure aims to assess primary care utilization among younger NC Medicaid members. The WCV measure calculates the percentage of NC Medicaid members, ages 3-21, who have had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year. Childhood and adolescence are two critical periods of development, and primary care is important for early detection of disease as well as in promoting overall physical and mental wellbeing. Like NC Medicaid's performance on the W30 submeasures, NC Medicaid's performance on the WCV measure has been consistent with national averages since 2020 (as seen in Figure 3).

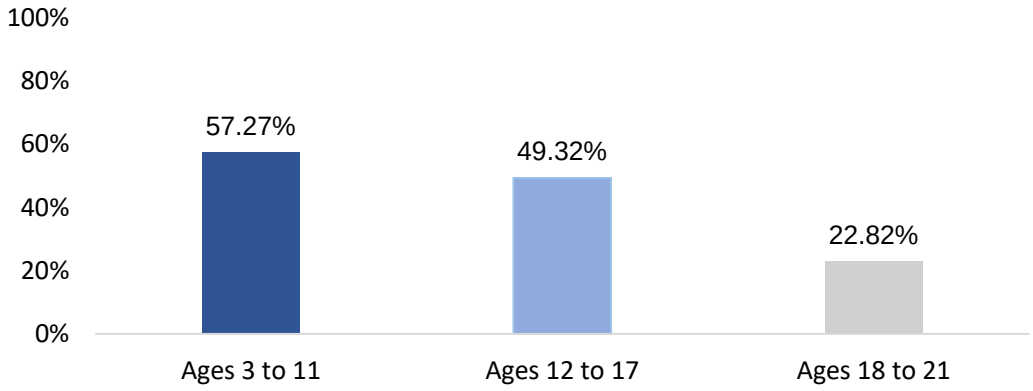
Figure 3: Child and Adolescent Well-Care Visits Performance (2020-2022)



***National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCOA).

While NC Medicaid's performance has been comparable to the national average, these rates are still far too low. When stratified by age group, the WCV measure reveals significant disparities among NC Medicaid members. As seen in Figure 4, over 57% of child members, ages 3-11, received a well-care visit in 2021, compared to only 23% of members ages 18-21.

Figure 4: NC Medicaid Child and Adolescent Well-Care Visits Performance by Age (2022)



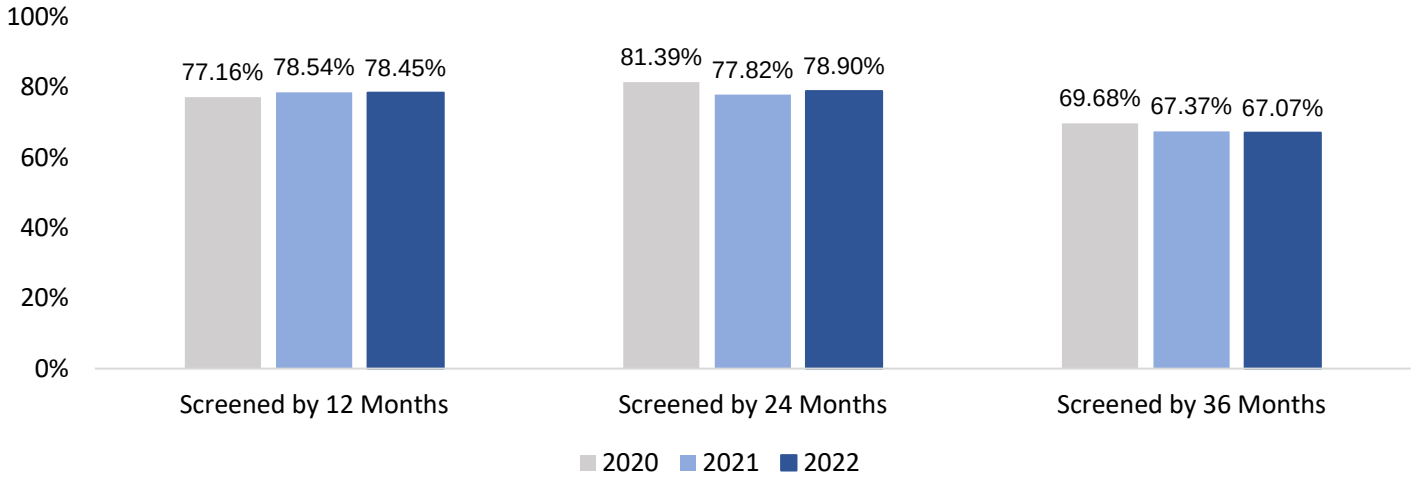
The patterns seen among NC Medicaid members are reflected in national averages and identify a need for better continuity of care among older adolescents and young adults. Adolescence and young adulthood bring a unique set of challenges and specific healthcare needs, many of which can be identified and addressed during well-care visits.

DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV)

Developmental screenings are a way for providers to determine if a child is reaching developmental milestones. These milestones can include development of language, movement, thinking, behavioral, and emotional skills.[5] Monitoring development during early childhood can ensure that potential developmental delays are identified and addressed before they become significant health challenges.[5]

The *Developmental Screening in the First Three Years of Life (DEV)* quality measure assesses the percentage of children who were screened for being at risk of developmental, behavioral, and social delays using a standardized screening tool. The AAP recommends that children receive three developmental screenings in the first three years of life.[5] Because of this, DEV is calculated across three age-specific indicators including if children were screened in the 12 months preceding, or on their first, second, and third birthdays. As seen in Figure 5, rates of screening in the first and second years of life remain relatively high and steady, dropping off by a child's third birthday.

Figure 5: NC Medicaid Developmental Screening in the First Three Years of Life Performance (2020-2022)



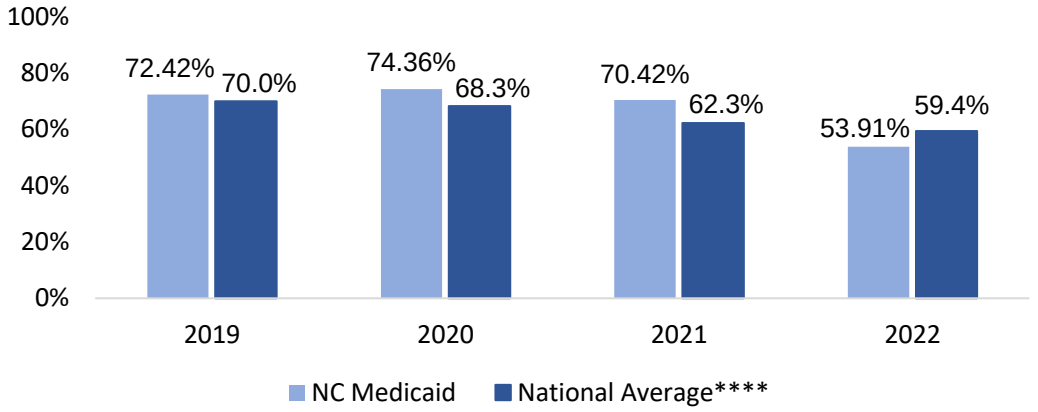
LEAD SCREENING IN CHILDREN (LSC)

While exposure to lead is dangerous regardless of age, it is especially harmful during childhood, when children's brains are rapidly developing. Childhood exposure to lead can cause serious health consequences like brain and nervous system damage, delayed growth and development, learning and behavioral challenges, and issues with hearing and speech development.[6] Many children are exposed to lead in their homes from products like old paint, soil, and consumer goods (like toys), and

are at an increased risk of ingesting lead because of children's inclination to put items in their mouth.[7] Luckily, screening for lead levels is simple, and includes a small blood draw that can be done in most pediatricians' offices.

To assess rates of lead screening among child members, NC Medicaid uses the *Lead Screening in Children (LSC)* quality measure, which measures the percentage of children who had at least one capillary or venous lead blood test by their second birthday. As seen in Figure 6, NC Medicaid outperformed the national average from 2019-2021, an encouraging finding for the safety of children throughout the state. However, in 2022, NC Medicaid's performance decreased significantly and fell below the national average.

Figure 6: Lead Screening in Children
Performance (2019-2022)



****National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

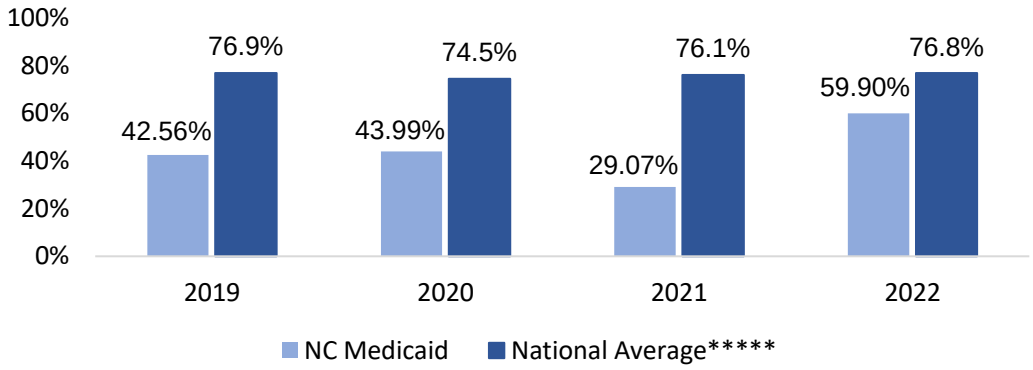
In the past three decades, rates of childhood obesity across the United States have more than tripled, translating to one in three children being overweight and one in six children being obese.[8] These statistics are alarming as obesity impacts almost every part of the body including the heart, lungs, kidneys, muscles, and bones, and can also impact mental and emotional wellbeing.[8] Studies have found that people who are overweight and obese during childhood and adolescence are significantly more likely to be overweight and obese throughout adulthood, raising concerns about the potential for long-term, negative health consequences.[8] Childhood is a critical point of intervention, and primary care visits serve as an opportunity for providers to share information with children and their parents about proper nutrition and physical activity, and strategies to maintain a healthy weight.

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* measure calculates the percentage of children, ages 3-17 years, who had an outpatient visit with a PCP or OB/GYN and had record of body mass index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity. The rates for these three indicators are calculated separately.

Calculating a child's BMI is routine at pediatric primary care visits.[9] BMI is a standardized tool that uses a child's height, weight and age to identify children who may be at an increased risk for weight-related adverse health outcomes.[9] While BMI is not perfect, and does not account for body composition, it is a useful tool for tracking growth patterns throughout childhood.[9] The AAP recommends that children begin receiving BMI screenings at the age of two. The WCC measure begins monitoring BMI assessments at the age of three, and focuses on whether BMI was assessed and documented. As seen in Figure 7, NC Medicaid has historically underperformed compared to the national average. While there has been a recent increase in recorded BMI assessments, these findings highlight the need for further engagement with BMI assessments.

*It is important to note that BMI has come under scrutiny in recent years for being a flawed proxy for overall health, as it focuses predominantly on weight and does not account for other key components of health.[10] While BMI is still used for the WCC measure, and providers are directed to record BMI among child and adolescent patients, it is possible that NC Medicaid's lower rates are influenced by recent shifts questioning value of the BMI scale.

Figure 7: Body Mass Index (BMI) Percentile Documentation Performance, Ages 3-17 (2019-2022)

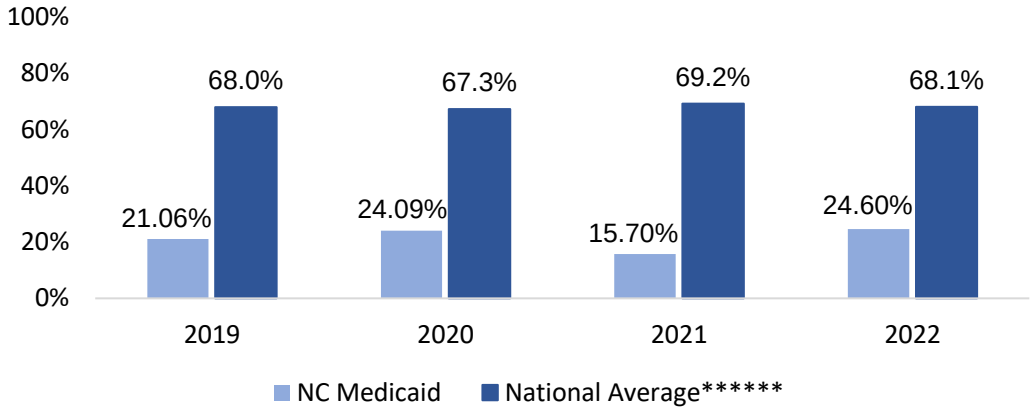


*****National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

One way that providers can work to reduce the likehood of childhood obesity among their patients is to provide counseling about nutrition and physical activity. Teaching children, adolescents and their families about the benefits of eating healthy foods and getting plenty of physical activity can promote healthier life habits over the life course and prevent illnesses associated with being overweight or obese.[9] To calculate rates of nutrition counseling for child and adolescent members, the WCC measure assesses documentation of certain provider actions. These actions include discussing current nutrition behaviors, counseling or referral for nutrition education, and providing educational materials on nutrition during a face-to-face visit. Additionally, similar to the calculations for nutrition counseling, the WCC measure calculates rates of provider counseling for physical activity. The rate includes documentation of provider actions like discussing current physical activity behaviors (exercise routine, participation in sports activities, etc.), counseling or referral for physical activity, and providing educational materials on physical activity during a face-to-face visit.

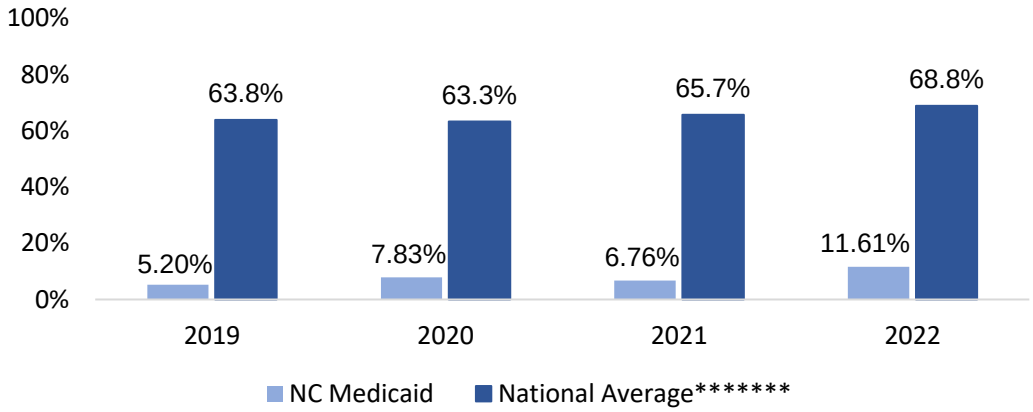
Across both of these rates, to be counted as satisfying the requirement, a child's medical records have to reflect that one of the provider actions was completed. As seen in Figures 8 and 9, NC Medicaid has underperformed for both nutrition and physical activity counseling. NC Medicaid's low performance on Weight Assessment Counseling for Nutrition and Physical Activity may be explained in part by a lack of consistent documentation for the related services. North Carolina recently added coverage for diagnosis codes associated with Weight Assessment and Counseling for Nutrition and Physical Activity in an effort to address these gaps.

Figure 8: Counseling for Nutrition Performance, Ages 3-17 (2019-2022)



******National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

Figure 9: Counseling for Physical Activity Performance, Ages 3-17 (2019-2022)



*******National averages for Medicaid Health Maintenance Organizations (HMOs) provided by The National Committee for Quality Assurance (NCQA).

NC MEDICAID'S WORK TO IMPROVE THESE RATES

Keeping Kids Well (KKW), conducted by NC Medicaid in 2020, worked to improve rates of well-child visits and immunizations for Medicaid members younger than 19 years old.[11] KKW was created through a partnership between NC Medicaid, Community Care of North Carolina (CCNC), NC Area Health Education Center (AHEC), the Division of Public Health (DPH), and local health departments (LHDs) in response to rates of well-child visits dropping during the COVID-19 pandemic.[11] The program identified individual practices that had particularly low performance across the WCV and childhood immunization-related measures so that CCNC and NC AHEC could provide additional support to these practices.[11] Additionally, care managers from LHDs worked with members involved in care management programs to share resources and education about the importance of well-child visits.[11] In August of 2022, rates of well-child visits improved to what was observed prior to the pandemic.

Additionally, NC Medicaid has initiated the Standard Plan Infant Well-Child Learning Collaborative. This Collaborative consists of all five of NC Medicaid's Standard Plans and provides a space for health plans to learn from one another, provide technical assistance, and share strategies to improve pediatric and adolescent primary care. All five of the Health Plans that are part of the Collaborative are competitors in the healthcare marketplace. The Health Plans setting aside this competition signifies NC Medicaid's and the Health Plans' dedication to improving the health of NC Medicaid's youngest members.

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheet include:

- Well-Child Visits in the First 30 Months of Life (W30)
    - Well-Child Visits in the First 15 Months
    - Well-Child Visits for Age 15-30 Months.
- Child and Adolescent Well-Care Visits (WCV)
- Developmental Screening in the First Three Years of Life (DEV)
- Lead Screening in Children (LSC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

For more technical information on these measures, please visit North Carolina's Medicaid Quality Measurement Technical Specifications found here.

CITATIONS

1. Boudreau, A., et al." Pediatric Primary Health Care: The Central Role of Pediatricians in Maintaining Children's Health in Evolving Health Care Models." Pediatrics, February 2022, 149 (2): e2021055553. 10.1542/peds.2021-055553

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11. “Special Bulletin Covid-19 #120: Keeping Kids Well Program: Improving Well-Child Visit and Immunization Rates across NC.,” NC Medicaid, Aug. 2020, medicaid.ncdhhs.gov/blog/2020/08/06/special-bulletin-covid-19-120-keeping-kids-well-program-improving-well-child-visit.