NEW PEDIATRIC PREVENTION GUIDELINES ADOPTED

Contra Costa Health Plan (CCHP) and Contra Costa Regional Medical Center (CCRMC) jointly took a step towards improving the quality of care for our youngest patients by adopting Pediatric Prevention Guidelines. This was a cooperative effort including CCRMC’s Pediatric Department and the Ambulatory Policy Committee as well as CCHP’s Quality Council and it’s physician members.

The guidelines outline recommendations for the schedule and content of well child exams within the CCRMC system and CCHP’s Community Provider Network (CPN). In developing the guideline, committee members from a variety of divisions of Contra Costa Health Services worked together to review guidelines of the American Academy of Pediatrics, the American Academy of Family Practice, USPSTF, and the California CHDP program. They used these national recommendations to develop guidelines relevant to our population and systems of care. The prevention guidelines will serve as a “map” for developing updated health care maintenance forms for our systems.

INFANTS WILL HAVE AN EXTRA VISIT AND MORE FLEXIBLE TIMING OF EXAMS

Providing well child care to infants and families is an important part of the job for most family physicians, nurse practitioners, and pediatricians. The first two months of life are critical, with many families experiencing difficulty with breastfeeding and the transition of adding a new infant to their lives. The previous schedule of well child visits recommended exams at 2 weeks and 2 months. In accordance with recent recommendations from the American Academy of Pediatrics, the new prevention guidelines recommend that infants have an additional visit in the first 2 months of life. This visit is at less than 1 week, followed by a visit at 1 month of age, and then the routine visit at 2 months, etc. Continued on page 2
The visit at less than one week will require the careful assessment of the weight loss or gain of infants, as well as the successful establishment of feedings and the potential development of jaundice. Low risk infants are generally in the hospital for less than 48 hours. With CCRMC’s new Timely Discharge Program, an infant’s first visit may be as early as the third day of life. Providers will be given tools as part of the new health care maintenance forms to help judge acceptable weight loss and bilirubin levels. Infants who have not successfully begun to gain weight or have rising levels of bilirubin will need to be reappointed back to the provider’s clinic within 1-2 days for follow up. At CCRMC, pediatric phone consultation is always available for questions on these infants.

Infants over 2 months of age will be seen at 4 months, 6 months, 9 months and 12 months, similar to the previously used schedule. In the past, these visits needed to follow a careful periodicity. Providers were advised not to do a well child exam unless the prescribed interval had occurred since the previous exam. Since almost all infants are now on either CCHP or the Gateway programs, we now have more flexibility to do a well child visit whenever a child presents to a clinic or provider office. This gives providers the opportunity to address well child care issues when a child presents for minor illness and unnecessary return visits. It will also assure that infants and children receive developmental assessment and well child care and immunizations in a timely manner.

Uninsured children who are out of the CHDP guidelines, may be eligible by specifying a MNIHA (Medically Necessary Interperiodicity Health Assessment) i.e., Anticipatory Guidance Needed. This MNIHA needs to be written on the pediatric health maintenance form so it can be transferred to the PM-160 billing form to the State.

**SCREENING TESTS**
- **Hemoglobin** - 9 mo, 15 mo, 2, 3, and 4 years, annually for menstruating females
- **PPD** - high risk populations only: 1 year, 5 years, 11-12 years
- **UA** - Only for symptomatic patients
- **Lead** - 15 months, 24 months
- **STDs** - Annually for sexually active teens
ANNUAL VISITS TARGET INCREASED PREVENTION

Adult diseases begin in childhood. The new Pediatric Prevention Guidelines emphasize the importance of annual health visits after age 2, except for ages 7 and 9. This recommendation comes from an increased awareness among the providers in our systems regarding the importance of addressing high risk lifestyles as well as reinforcing positive behaviors in children and adolescents. Early health habits, such as dietary habits and smoking may impact our patient’s health throughout their lives. Many teens and parents lack health guidance in dealing with issues such as school failure and depression.

The new guidelines include a recommendation for annual teen visits. As stated in the AMA’s Guidelines for Adolescent Preventive Services, “Annual visits offer the opportunity to reinforce health promotion messages for both adolescents and their parents, identify adolescents who have initiated health risk behaviors or who are at early stages of physical and emotional disorders, provide immunizations, and develop relationships with adolescents that will foster an open disclosure of future health information”.

The new health care maintenance forms are being revised to reflect this new emphasis on annual visits and prevention. Health care maintenance forms will remind providers to tell most patients to return annually for well child/adolescent care. The teen forms are being revised using the recommendations from CCRMC’s Adolescent Health Working Group. At CCRMC, before each adolescent visit, lifestyle habits will be assessed by asking teens to complete a “Staying Healthy” written questionnaire before each annual visit.

The teen health care maintenance forms will focus on psychosocial dimensions of a teen’s life and organized on the HEADS assessment: Home, Education/Employment, Activities, Drugs, Sexuality, Suicide/depression/self-image, Safety. Using the principles of motivational interviewing and stages of change, at-risk behaviors should be identified and providers should negotiate interventions with the teen.

The back of the health care maintenance form will list indications and resources for referrals. Training will be offered to all interested providers in late Spring on these new standards for well child and teen health care maintenance.
PREVENTION GUIDELINES REFLECT CHILDHOOD’S CHANGING REALITIES

The new pediatric prevention guidelines reflect the need to deal with the changing pattern of illnesses and stresses seen in today’s children and families. Over the last 20 years, well child care has traditionally emphasized nutrition, safety, and timely immunizations. While these issues remain important, today’s parents and children have new problems that need to be addressed by providers. Studies have shown that many parents are interested in the discussion of behavioral and developmental issues during well child visits. With the increased incidence of autism, speech delay, and developmental issues, providers have become aware of the need to recognize and refer these children, as soon as possible, for diagnosis and intervention.

The tremendous burden of pediatric obesity and dental caries seen in our patients has also motivated providers to provide consistent preventive advice and screening for these conditions. The pediatric prevention guidelines address these new morbidities with a number of new recommendations, including annual measurement of the child’s BMI starting at age 2. Nurses at CCRMC have been trained to calculate the BMI and graph the value on the new pediatric BMI-for-age growth curves. Although BMI normals change throughout childhood, providers can use these growth curves to determine when a child is at-risk for overweight (>85%), or already overweight (>95%).

Providers will also be asked to carefully examine the child’s teeth for dental caries. Dental referrals should begin at age one, which is consistent with new national guidelines. The developmental screens will have more prompts to help identify autism and speech delay. Referral resources will be located on the back of the health care maintenance forms.

CORRECT BILLING PAYS OFF

As part of this, it’s important for providers to recognize the importance of billing the visits correctly every time. A pediatric prevention visit or well child visit should be billed for each well child exam. This improves CCHP’s HEDIS rates.
As a safety net provider, many times we feel powerless to deal with the financial woes of our health care system. However, once in a while it works out that optimal well child care pays off for both our patients and the financial stability of our system of care. Recently adopted state and federal reimbursement and quality standards are increasingly rewarding timely pediatric health care maintenance.

The location to indicate a Well Child exam is in the top right hand column of billing codes on the old billing forms. Unlicensed resident well child visits should always be co-signed on the billing form by a licensed physician in order to get reimbursement. Residents are often unlicensed through their second year of residency. Reappointing patients less than 18 months of life for their follow up well child visit is also a way to improve both quality of care and reimbursement for our system.

CCRMC chart reviews have shown that pediatric patients have great difficulty maintaining a continuity relationship with a primary care provider. Providers are now able to reappoint their PCP patients less than 17 months for their next visit using the PCSN slot. In addition, all providers are encouraged to do a well child exam whenever it is due, even if it is not your primary care patient. The next appointment can then be booked with the PCP. In older children, providers can chart check a request to their care coordinator to encourage continuity of care and monitor the return of a patient in one year. This will improve the quality of well child exams, prevent unnecessary returns, and improve quality standards reported to the state that may impact our system financially.

**SUMMARY**

Close follow-up of our youngest patients is a critically important investment in the health of the future.