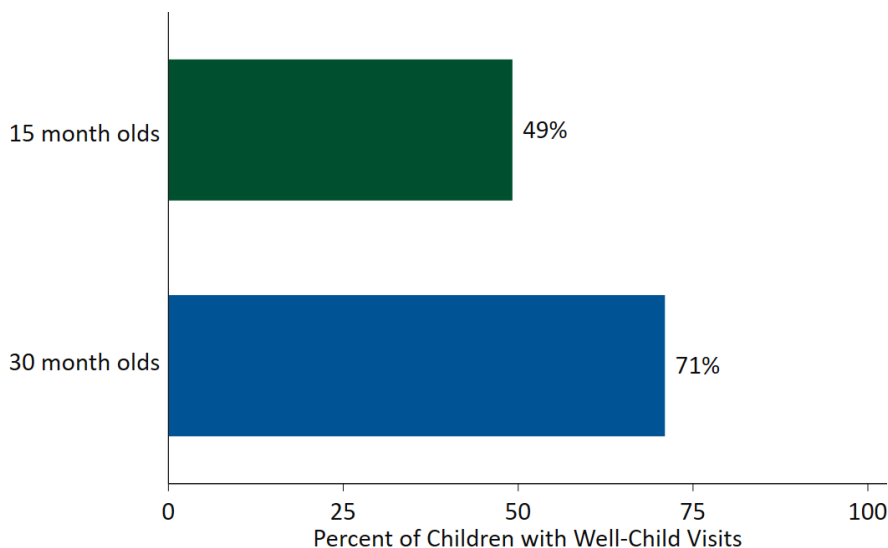


Key Findings

- About half (49%) of 15 month old children and 71% of 30 month old children had the recommended number of well-child visits. (Figure 1)
- Children in family medicine practices and children with Medicaid insurance were less likely to have the recommended number of well-child visits.
- As rurality increased, the percentage of children who had the recommended number of well-child visits decreased.

Figure 1.

Percent of Children during the first 15 Months and between 15 and 30 Months Old With Recommended Well-Child Visits, 2023



HEDIS W30 includes two measures: 1) Six or more well-child visits during the first 15 months. 2) Two or more well-child visits between 15 and 30 months. SOURCE: VHCURES Extract #3011

Introduction

The American Academy of Pediatrics Bright Futures guidelines recommends multiple well-child visits for children under three to ensure continued monitoring of physical growth, developmental surveillance, opportunities for vaccine administration, and to provide guidance and support to parents.^{1,2} Among Medicaid recipients nationally, only about half (56%) of children receive all six recommended visits by the time they are 15 months old, and slightly more children (63%) receive both of the recommended visits between 15 and 30 months of age.³

The focus of this brief is to report on the percentage of Vermont children who receive the recommended number of visits by 30 months of age. We also examine the impact of child demographics and location on receiving all recommended well-child visits.

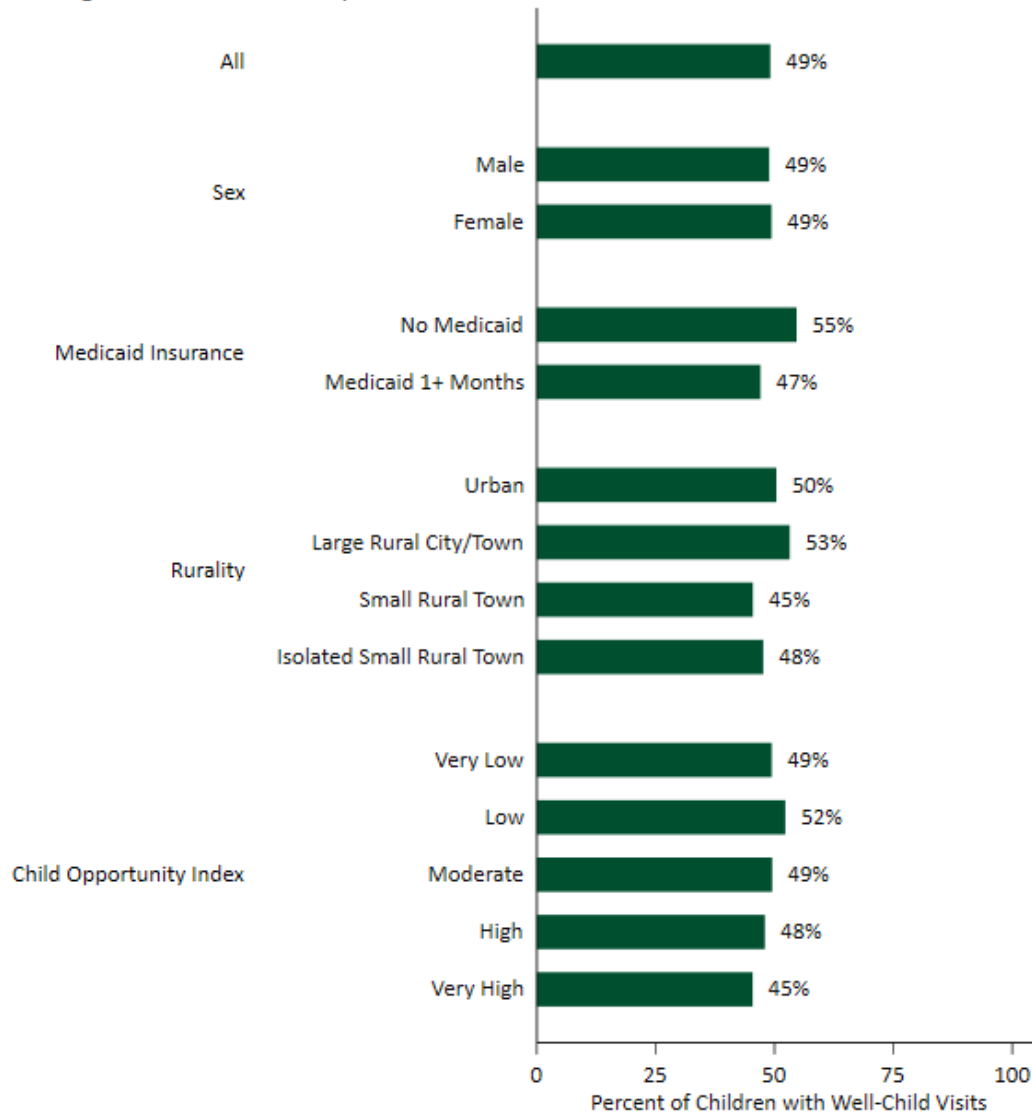
Approach

We used the criteria established by Healthcare Effectiveness Data and Information Set (HEDIS) Well-Child Visit in the First 30 Months of Life (W30), excluding the continuous enrollment requirement, to identify well-child visits among 4,093 15 month old children and 4,050 30 month old children in 2023 using Vermont's all-payer claims dataset (Vermont Health Care Uniform Reporting and Evaluation System; VHCURES).^{4,5} The HEDIS W30 includes two measures: 1) Six or more well-child visits during the first 15 months, 2) Two or more well-child visits between 15 and 30 months. All comparisons reported used Chi-Square tests or non-parametric trend analyses, with a significance level set at $p < .05$ or lower (for tests with multiple comparisons).

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) data are under the stewardship of the Green Mountain Care Board (GMCB). The analyses, conclusions, and recommendations from the VHCURES data are solely those of the study authors and are not necessarily those of the GMCB. The GMCB had no input into the study design, implementation, or interpretation of the findings.

Figure 2.

Percent of Children Aged 15 Months Old with Six or More Well-Child Visits during the First 15 Months by Select Patient Characteristics, 2023



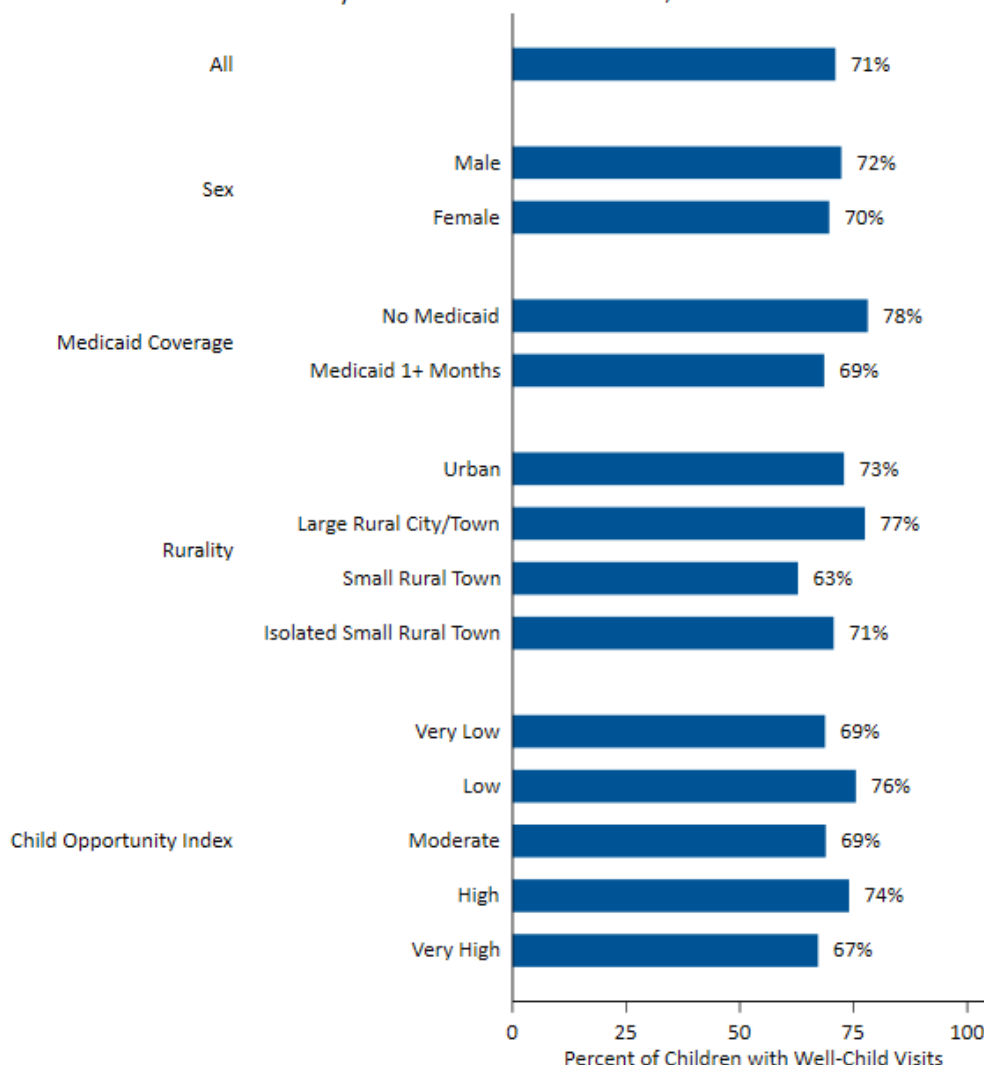
HEDIS W30 Measure: Six or more Well-Child Visits in the First 15 Months.
SOURCE: VHCURES Extract #3011

Key Findings

- Fewer 15 month old children (47%) with Medicaid insurance had six or more recommended well-child visits during the first 15 months compared to children without Medicaid insurance (55%).
- As children's locations became more rural, the percentage of 15 month old children with six or more recommended visits during the first 15 months decreased.
- The percentage of 15 month old children with six or more well-child visits during the first 15 months did not differ based on the child's sex or as a function of the different social, economical, and environmental opportunities (as measured by the Child Opportunity Index) of the communities that they live in.

Figure 3.

Percent of Children Aged 30 Months Old with Two or More Well-Child Visits Between 15 and 30 Months by Select Patient Characteristics, 2023



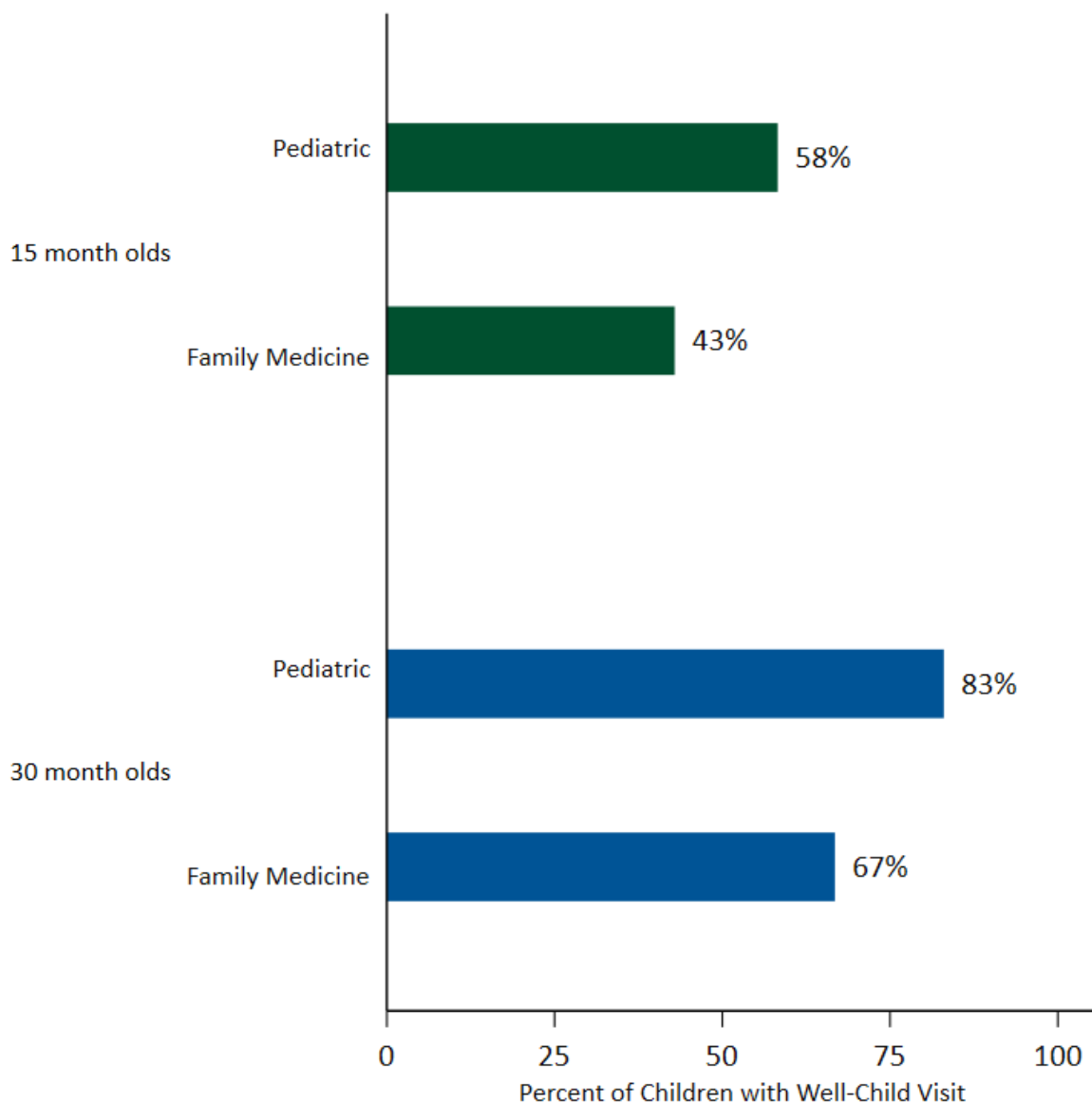
HEDIS W30 Measure: Two or more Well-Child Visits for Children Aged 15-30 months.
SOURCE: VHCURES Extract #3011

Key Findings

- Fewer 30 month old children (69%) with Medicaid insurance had two or more recommended well-child visits between 15 and 30 months compared to children without Medicaid insurance (78%).
- In more rural locations, the percentage of 30 month old children with two or more recommended well-child visits between 15 and 30 months decreased.
- The percentage of 30 month old children with two or more recommended well-child visits between 15 and 30 months varied by the social, economic, and environmental opportunities in the communities in which children lived, but there was no significant linear trend.
- The percentage of 30 month old children with two or more well-child visits between 15 and 30 months did not differ based on the child's sex.

Figure 4.

Percent of Children with Well-Child Visits
by Attribution to Pediatric or Family Medicine Practice, 2023



HEDIS W30 includes two measures: 1) Six or more well-child visits during the first 15 months. 2) Two or more well-child visits between 15 and 30 months. Attributed Practice Type determined using a retrospective hierarchical attribution developed by the Health Services Research Team. SOURCE: VHCURES Extract #3011

Key Finding

- A larger percentage of 15 month old children at pediatric practices (58%) had six or more well-child visits during the first 15 months compared to 15 month old children at family medicine practices (43%).
- A larger percentage of 30 month old children at pediatric practices had two or more well-child visits between 15 and 30 months (83%) compared to 30 month old children at family medicine practices (67%).

Summary

This study found that about half of 15 month old children had the recommended well-child visits during the first 15 months, and nearly three quarters of 30 month old children had the recommended well-child visits between 15 and 30 months, with notable differences based on insurance and child location. Activities conducted at well-child visits can support Healthy Vermonter 2030 goals of increased developmental screening by age three, blood lead testing between ages one and two, and completing recommended vaccinations by age two.⁶

Other research has documented barriers preventing children from receiving all recommended visits, including insurance coverage,⁷ rurality,⁸ and community characteristics.⁹ Parents also cite structural barriers, such as transportation, parking, and clinic hours, to attend well-child appointments.¹⁰

Efforts to increase the number of well-child visits for Vermonters under three could focus on partnerships with primary care practices to promote all recommended visits. One quality improvement study focused on ensuring infants received well-child visits and to improve continuity by having the child see the same provider for these visits. Successful strategies included waiting room fliers emphasizing what happens at the different visits, enhanced after-visit summaries reminding parents about scheduling upcoming visits with projected dates, incentive gifts for the infants, and electronic health records enhancements for staff to better track patients.¹¹

What is Vermont Doing to Increase Well Care Visits for Children Under Three?

- [Touchpoints](#) is an evidence-based method that professionals (including medical professionals) working with children and families can use to support and build relationships with families through children's first years of life. Developmental touchpoints may also coincide with the timing for recommended well-child visits. The [Vermont Child Health Improvement Program \(VCHIP\)](#) supported by the [Vermont Department of Health Division of Family and Child Health](#) offers training sessions to teach professionals how to build partnerships with families and how to talk with families about child development concerns.
- [Vermont law requires that all children be tested for blood lead levels at 12 months and 24 months](#), which coincides with two recommended well-child visits. [The Vermont Childhood Lead Poisoning Prevention Program partnered with VCHIP](#) to increase blood lead testing at multi-site pediatric practices and a family medicine practice.
- [VCHIP Child Health Advances Measured in Practice](#) conducts annual surveillance of the number of well-care visits received by three year olds at pediatric, family medicine, and naturopathic practices throughout Vermont.

These are a few examples of programs across Vermont.

Data Notes

- Child age was based on age in months in 2023. Well-child visits could take place in prior years.
- Well-child visits were counted over time and not matched to specific age recommendations.
- Location and rurality were based on the child's first Vermont ZIP Code from insurance records.
- Rurality was categorized using the Rural-Urban Commuting Area maintained by the Economic Research Service of the U.S. Department of Agriculture.¹²
- The Child Opportunity Index (COI) 3.0 is a child-focused social determinant of health index that uses data from multiple sources including the American Community Survey, the National Center for Education Statistics, the Environmental Protection Agency, and the Centers for Disease Control and Prevention to categorize geographical areas by the quality of life and the resources offered.¹³
- Children were categorized as having Medicaid if they had one or more months of Medicaid eligibility during the year.

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