

Key Findings

- 50% of children, adolescents and young adults aged 0-26 years old had a well-care visit in 2022.
- 52% of children turning 15 months old had 6 or more well-care visits in their lifetime, and 69% of children turning 30 months old had two or more well-care visits between 15 and 30 months of age.
- Less than half of children, adolescents and young adults with Medicaid insurance or who lived in rural Vermont had a well-care visit.
- Less than half of children, adolescents and young adults at family medicine practices had a well-care visit in 2022, while 73% of those at pediatric practices had a well-care visit in 2022.

Introduction

The American Academy of Pediatrics recommends a total of 31 well-care visits between birth and age 21.^{1,2} Well-care visits provide an opportunity to assess overall health, monitor the achievement of developmental milestones, provide education for parents and reinforce best practices for welfare and safety, and to administer recommended vaccinations.^{3,4} More recently, psychosocial assessments such as screening for depression, food security, and housing stability have been incorporated into well-care visits.^{5,6} This project measured the prevalence of well-care visits among Vermont children, adolescents, and young adults aged 0-26 in 2022 with comparisons for patient sex, insurance coverage, rurality, and whether they were at a pediatric or family medicine practice.

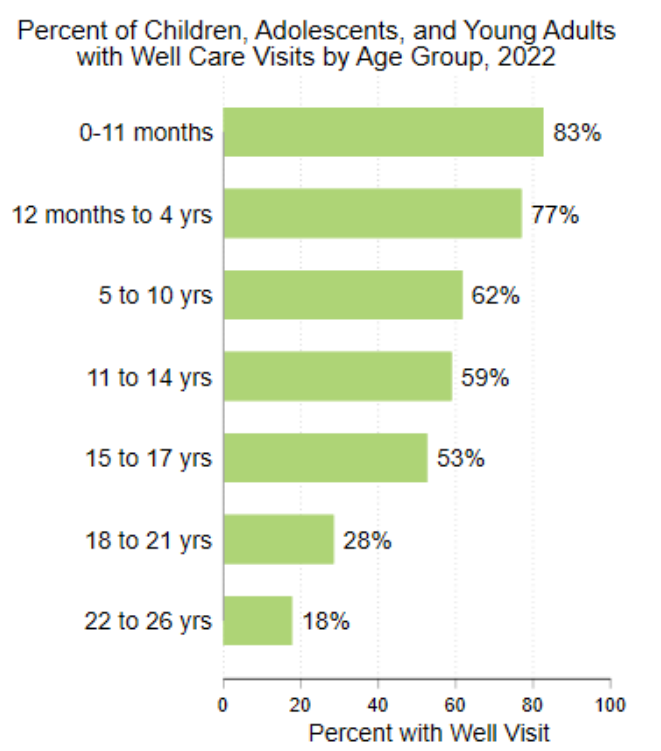
Approach/Methods

We followed criteria to estimate the prevalence of well-care visits⁷ among 139,256 children, adolescents, and young adults aged 0-26 in Vermont's all-payer claims dataset (Vermont Health Care Uniform Reporting and Evaluation System; VHCURES).^{8,9} We used Chi-squared statistical tests to compare the proportion of well-care visits across demographics and practice type, using an alpha-level of .05 to indicate statistical significance.

Half of youth aged 0-26 years old had a well-care visit in 2022

- Prevalence of well-care visits varied by age (Figure 1). Young adults aged 22-26 had a lower prevalence of well-care visits compared to other age groups.
- Just over half (52%) of children turning 15 months old in 2022 had 6 or more well-care visits.
- Nearly 70% of children (69%) turning 30 months old had two or more well-care visits between 15 and 30 months of age.

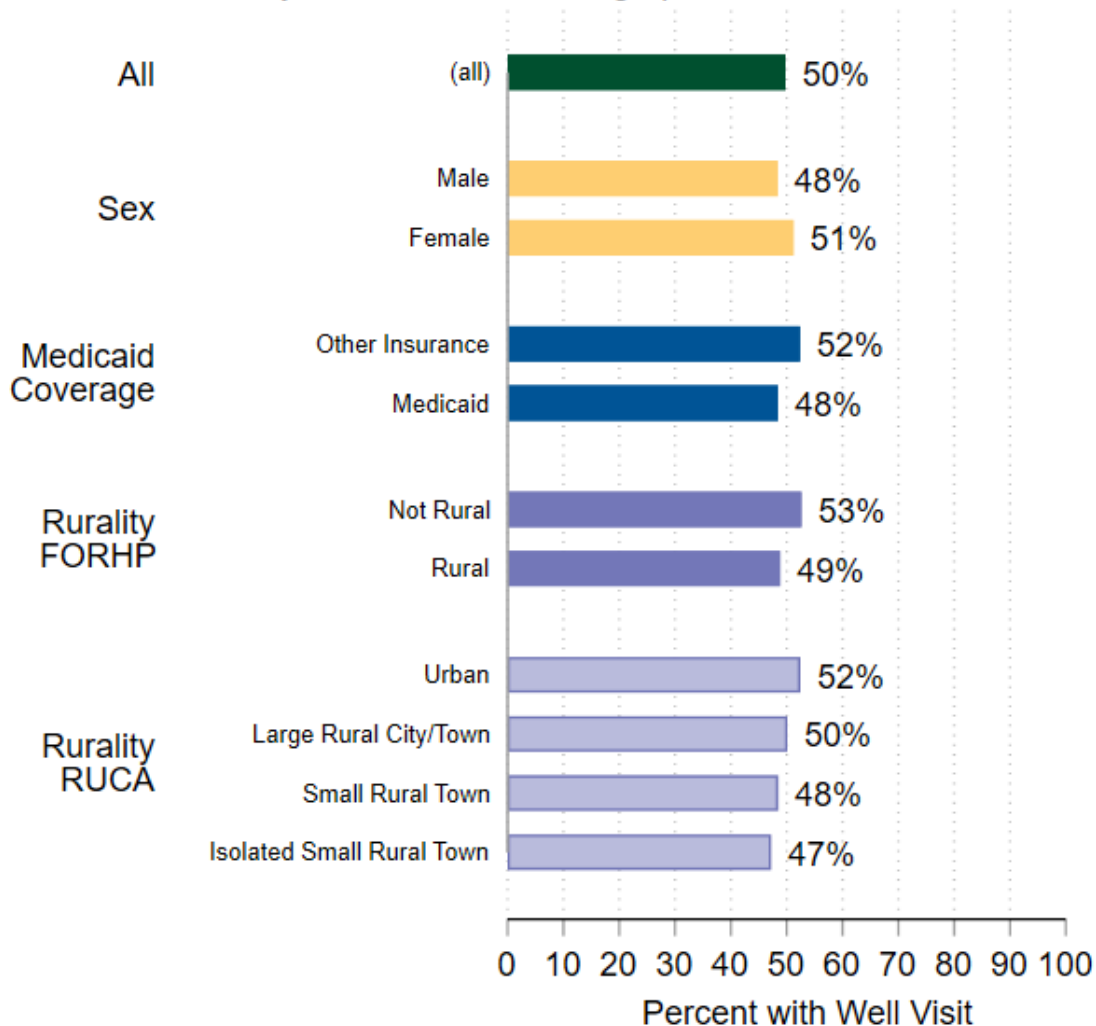
Figure 1



Age determined by age in December of 2022.
SOURCE: VHCURES Extract #5008

Figure 2

Percent of Children, Adolescents, and Young Adults with Well Care Visits by Select Patient Demographics, 2022



Age determined by patient age in December of 2022.

Patients identified as having any Medicaid had one or more months of Medicaid eligibility during 2022.

Rurality-Federal Office of Rural Health Policy: Non-metro counties, areas with RUCA codes of 4-10,

large metro areas with a population density of 35 or less per square mile and a RUCA code of 2-3,

and outlying metropolitan counties without an urbanized area are all considered rural.

Rurality-RUCA: USDA Economic Research Service classification system based on both population density and

daily commuting within or to urbanized areas into 10 categories. We use a four-tier consolidation

(urban, large town, small town, and isolated rural) of the original RUCA classification system to aid interpretability.

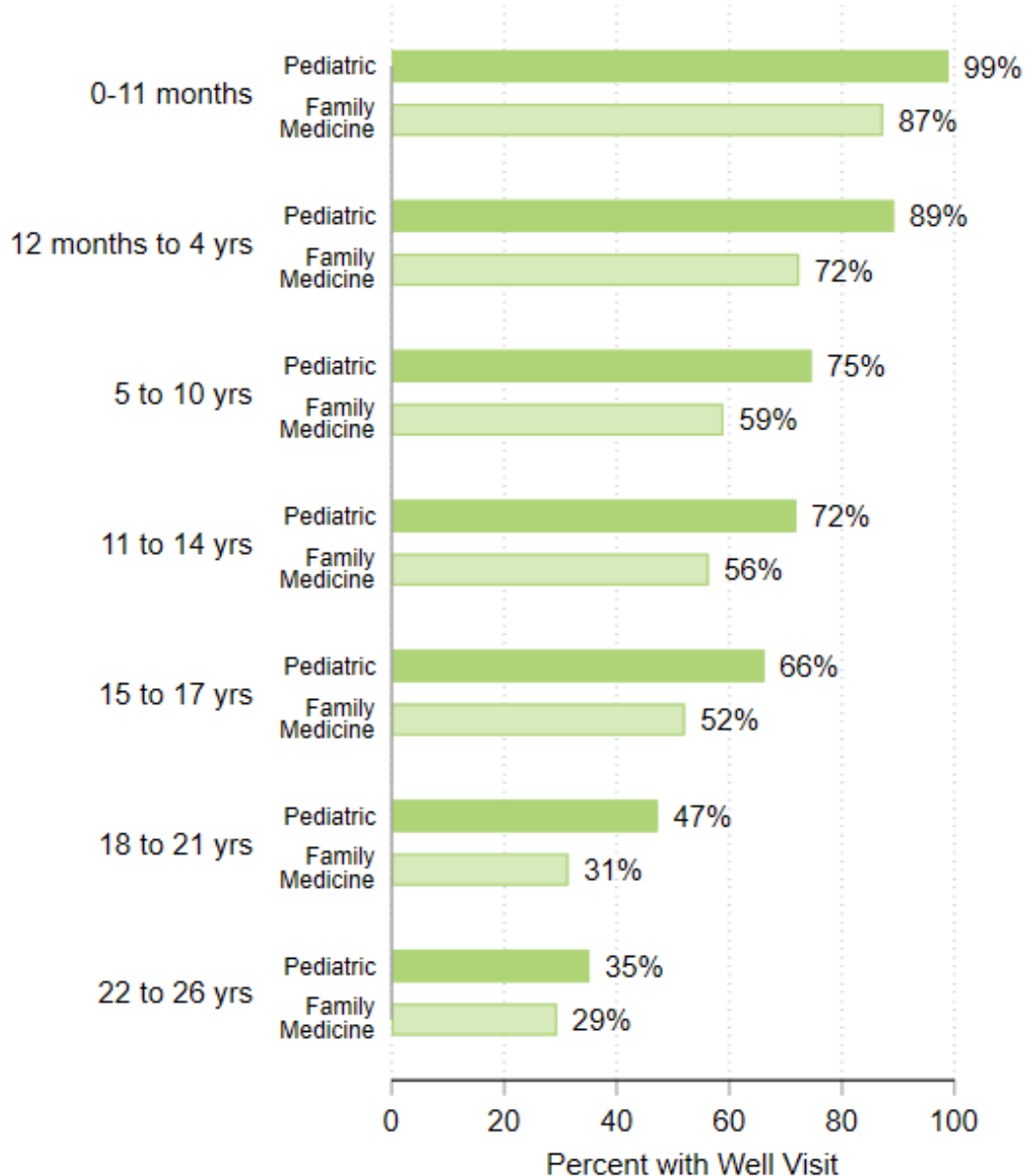
SOURCE: VHCURES Extract #3008

Well-Care Visit Prevalence Varied By Patient Demographics

- More females (51%) had one or more well-care visits compared to males (48%)
- Children, adolescents, and young adults with Medicaid had a lower prevalence of well-care visits (48%) compared to patients with other insurance coverage (52%)
- Rural children, adolescents, and young adults had a lower prevalence of well-care visits (49%) compared to those living in non-rural areas (53%)

Figure 3

Percent of Children, Adolescents, and Young Adults with Well-Care Visits by Attribution to Pediatric or Family Medicine Practice, 2022.



Age determined by age in December of 2022.

Attributed Practice Type determined using a retrospective hierarchical attribution developed by the Health Services Research Team.

SOURCE: VHCURES Extract #3008

Well-Care Visit Prevalence Varied By Practice Type

- Overall, children, adolescents, and young adults at pediatric practices had a higher prevalence of well-care visits. Nearly three-quarters (73%) of those at pediatric practices had a well-care visit in 2022, compared to just under half of those (48%) at family medicine practices.
- Within each age group, those at pediatric practices had a higher rate of well-care visits compared to those at family medicine practices (Figure 3).

Promoting Well-Care Visits Among Children, Adolescents, and Young Adults in Vermont

- The Vermont Department of Health and [the Vermont Agency of Education](#) support the [Whole School, Whole Community, Whole Child program](#), which includes support for preventive health services and promotes connection to a medical home.
- Through its [Education Local Wellness Policy](#), the Vermont Agency of Education includes optional activity recommendations for local education agencies to support students and families to establish a medical home for recommended preventive well-care visits.
- Vermont [Local Health Offices throughout the state work with school nurses](#) to promote access to medical homes.
- As part of Vermont's [Essential School Health Services System](#), school nurses assess the health of all students each year, including their access to a medical home if they have had an annual well-care visit. School nurses also [promote access to Medicaid for eligible students and encourage parents to schedule annual well-care visits](#). They are also encouraged to collaborate with other school nurses in their district to specifically promote adolescent well-care visits.
- The [Building Strong Families Clinic](#) at the Janet S. Munt Family Room provides preventive care services to immigrant families who are patients at the University of Vermont Medical Center Pediatric Primary Care. Families also connect with each other at the Family Room after the visit to learn more about family wellness and child development.
- The Vermont Child Health Improvement Program supports annual well-care and associated services through multiple initiatives including:
 - Improving [health care delivery for children entering foster care](#).
 - Creating a [tool healthcare providers can use to assess how welcoming their practice is to adolescents and young adults](#)
 - [Child Health Advances Measured in Practice](#) network conducts an annual chart review that, in part, measures the number of children who received well-care visits.

These are just some of Vermont's statewide initiatives. For more information, use the links above.

Summary

Well-care visits are essential for assessing health and development and providing preventive care. Quantifying the number and percent of patients receiving well-care each year can provide an opportunity for targeted quality improvement efforts at the primary care practice level.

Our result that only half of Vermont's children, adolescents, and young adults received a well-care visit in the past year was similar to [Vermont reports of well-care visits](#) and [national performance measures for well-care visits](#). However, our resulting prevalence estimates may be slightly lower due to the inclusion of young adults aged 22-26 years, which are usually excluded from state and national measures.

These results suggest that there continues to be room for improvement in providing well-care visits,¹⁰⁻¹¹ with a special focus on patients at family medicine practices and among adolescents and young adults overall.

Notes

- Age was based on insurance eligibility records, not age at any visit dates during the year. Those with multiple ages more than one year apart over the year was excluded.
- Rurality was based on ZIP Code in insurance eligibility records. Children, adolescents, and young adults were identified as Vermonters if they had at least one Vermont ZIP Code in the year.
- Children, adolescents, and young adults identified as having any Medicaid had one or more months of Medicaid eligibility during the year.
- Analyses by practice type were limited in this brief to children, adolescents, and young adults attributed to pediatric (n=61,668) and family medicine practices (n=33,885).
- Changes were made to the measure to align with local context, such as not requiring continuous enrollment. Patients with eligibility records but with no medical claims in VHCURES were counted as not having a well-care visit in the year.
- Comparisons by gender, age group, insurance coverage, rurality and practice type were conducted using chi-square tests of independence unless otherwise noted. Comparisons are significant at the .05 level unless otherwise noted.
- 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.

References

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