



# 2025 Best Practices

## Child and Adolescent Well-Care Visits

### Partnership Tools, Programs, and Promising Practices:

- The **Preventative Care Report** is continuously available in the [eReports portal](#) and is updated daily. This dashboard shows each provider's member list for the Child and Adolescent Well-Care Visits measure, along with a history of completed visits and other information for scheduling well child visits. Use this dashboard to track, schedule and complete annual visits for all children in your practice.
- The **Preventative Care Report** now contains race/ethnicity and language fields. Use this dashboard to look at Child and Adolescent Well-Care Visits completion rates by race, ethnicity and language to learn more about inequities within your patient community.
- Partnership offers a \$25 gift card incentive for completion of the well-care visit for children 3-6 years old through our **Healthy Kids Growing Together Program**. Members can enroll directly by contacting the Population Health Department by calling **(855) 798-8764** or emailing [PopHealthOutreach@partnershiphp.org](mailto:PopHealthOutreach@partnershiphp.org).
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventative Care for 3-17 year olds*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.



### Patient Care:

- Annual well-care visits should be completed as an in-person visit. Only in-person well-care visits will be counted towards the Primary Care Provider (PCP) Quality Improvement Program (QIP).
- Every visit can be viewed as an opportunity to complete an exam, such as sick visits when appropriate.
- Offer back-to-back sibling well-child visits for families with multiple children.
- Use dedicated rooms for acute visits and well-care visits. Practices with multiple offices may consider using one location for well-visits and a different location for acute visits.
- Offer extended evening or weekend hours to accommodate work and school schedules.

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- Have parents/caregivers complete “pre-visit” forms in advance of the appointment, via telephone or member portal.
- Ensure proper documentation of all components, in the EHR/EMR, for each visit where preventive services are addressed.
- Physical and mental developmental history must include progress towards age-appropriate milestones; “development appropriate for age” is not sufficient documentation.
- Age-appropriate anticipatory guidance handouts can be found on the [Bright Futures website](#).
- Reduce missed opportunities by utilizing scribes and nursing staff to schedule well-child future appointments when members/patients are waiting in the exam room. At minimum, schedule the next appointment (if possible) before the member/patient leaves the office. Provide appointment reminder cards.
- Set up EHR/EMR alerts to flag patients so each care team/staff can identify members/patients who are due for well-child visits, immunizations, and screenings at **every** patient encounter and communicate with parents/caregivers to schedule an appointment.
- Confirm all appointments one day prior to the appointment, using text messages or phone calls. Actively pursue missed appointments within 48 hours with reminder call by care team/staff.
- Use standardized templates in EHR/EMR to guide providers and staff through the visit to ensure all components were met and documented.

### **Equity Approaches:**

- Consider using an equity approach to increase screening rates for targeted communities. Look at well-care visit measure completion rates by factors such as race, ethnicity, location (i.e., zip code), and preferred language. It is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.
- Ensure patient information is consistent, welcoming, plain, person-centered, language appropriate, and delivered in traditional and electronic applications, per patient’s preference.
- Have a conversation with the patient and parents/caregivers to confirm that health information and the next steps covered in the visit are mutually understood. The patients and caregivers should agree with any plans made and given the opportunity to ask questions.
- Identify and address barriers to care (transportation, hours of operation, childcare).
- Partner with established community agencies, schools, after-school programs, faith-based organizations.

### **For Children Ages 3 – 6 Years:**

- Incorporate fluoride varnish application into well-care visits for children ages 6 months to 5 years. See **Monitoring Measurement Set for Dental Fluoride Varnish Best Practices** document for more information on adding this service to well-care visits.

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- Scrub charts for completion of a blood lead test and order a blood lead test for all children up to age 6 years if there is no documentation of previous test results. See **Lead Screening for Children Best Practices** document for more information on this required test for all children on Medi-Cal.

### **For Pre-teens and Teens:**

- Establish a teen clinic within pediatric and family practices. Create policies and procedures around confidential services for adolescent well child visits.
- Educate pre-teens and their parents/caregivers around changes to their well-care visit from age 12 onward, including the confidential conversation portion of the visit, confidential services for adolescents, and adolescent screenings and vaccinations, including HPV series. Conversations can begin at age 11.
- Train provider teams around [screening tools](#) and communication skills for confidential conversations with teens. Confidential conversations should include a depression screen and follow-up, a tobacco screening, a substance use screening, and a conversation about sexual health.
- Create policies and procedures around health care transitions for 18-year-olds.

### **Data and Coding:**

- Ensure proper documentation of all components in the medical record for each visit where preventive services are addressed.
- Use coding to document exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Use complete and accurate codes to capture services completed for telehealth and in-person visits.

### **Helpful Links:**

#### **2025 PCP QIP Technical Specifications:**

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

#### **QIP eReports Portal:**

- 2025 Detailed PCP QIP Technical Specifications
- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report