

Finding the Path to Better Well Child Care

New Well Child Forms
aged 6 – 21 years

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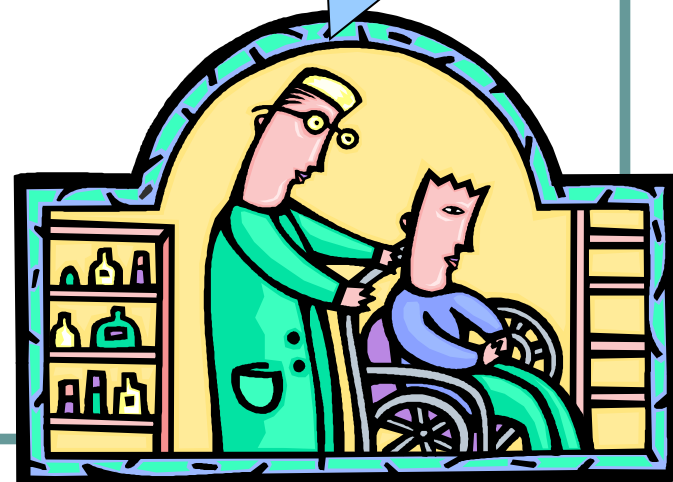
*Photos by Tim Wagner for
Partnership for the Public's
Health*



Why revise the present forms?

- Revise outdated recommendations and terms -e.g. TB screening, obesity definitions, pelvic exam
- Address problems with increasing incidence: dental caries, obesity, hypertension
- Improve HEDIS scores, quality
- Increase Patient-Centeredness

More
change?
New forms?
Aaaah!



When is a well child exam due?

CCHP guidelines: Annually starting at 3 years

Information needed

- When was the last well child exam?
- Is a return visit scheduled with PCP?
- Does the family need a wellness form completed today?



**Take ownership! Always
consider a well child exam!**

Emerging Issues in Pediatrics

Ages 6 -21 years



Obesity

- CCRMC chart reviews show 41% of children aged 3-11 are OW/OB. Only 47% diagnosed during a well child visit

Hypertension

- Studies show that only 26% of children with hypertension are identified during well child visits

Dental Caries

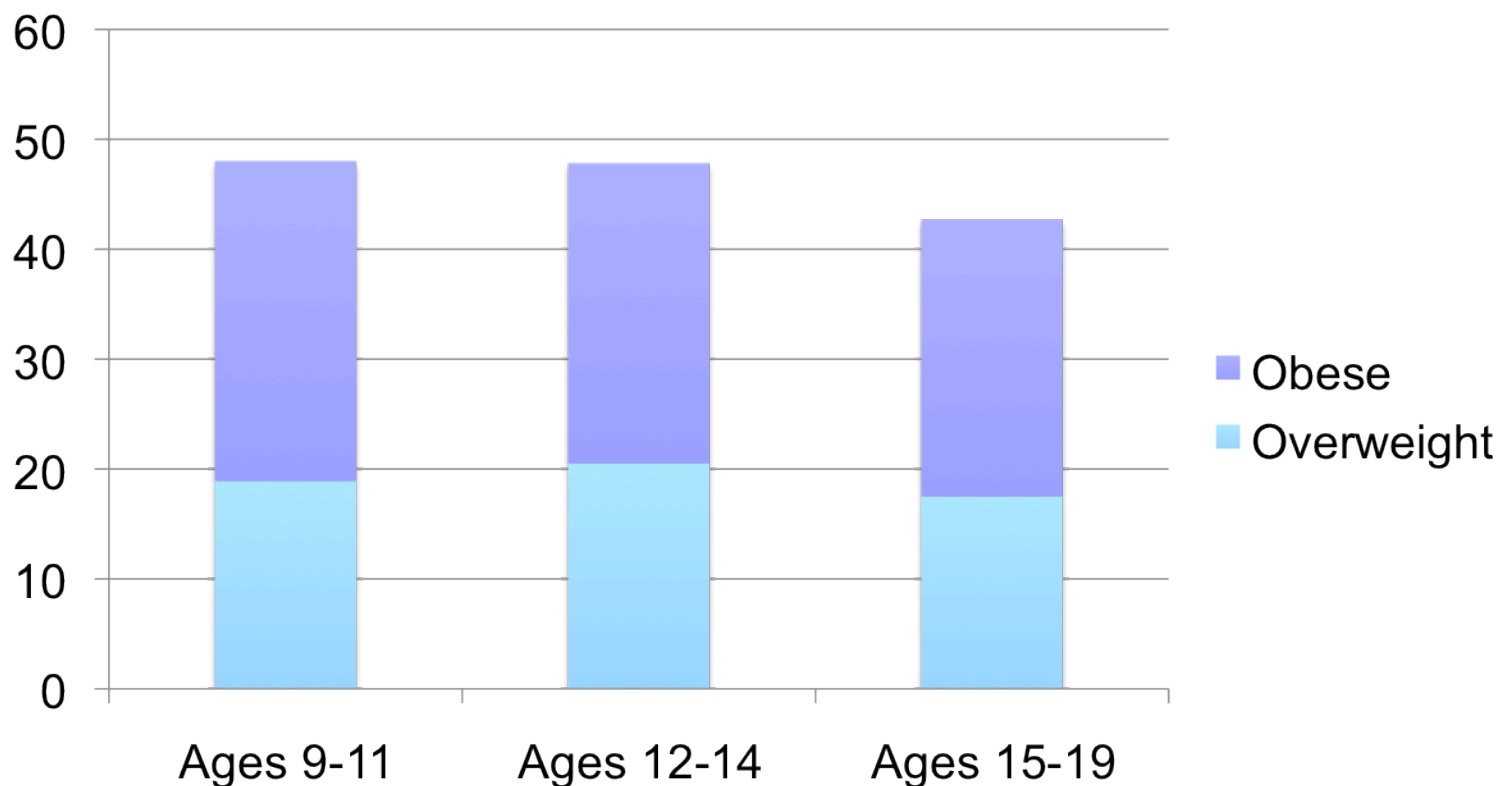
- 27% of MediCal(DentiCal) children aged 1-11 have never had a dental visit.

Language Gaps

- Recent studies of well child exams show no documentation regarding health care interpretation on the chart

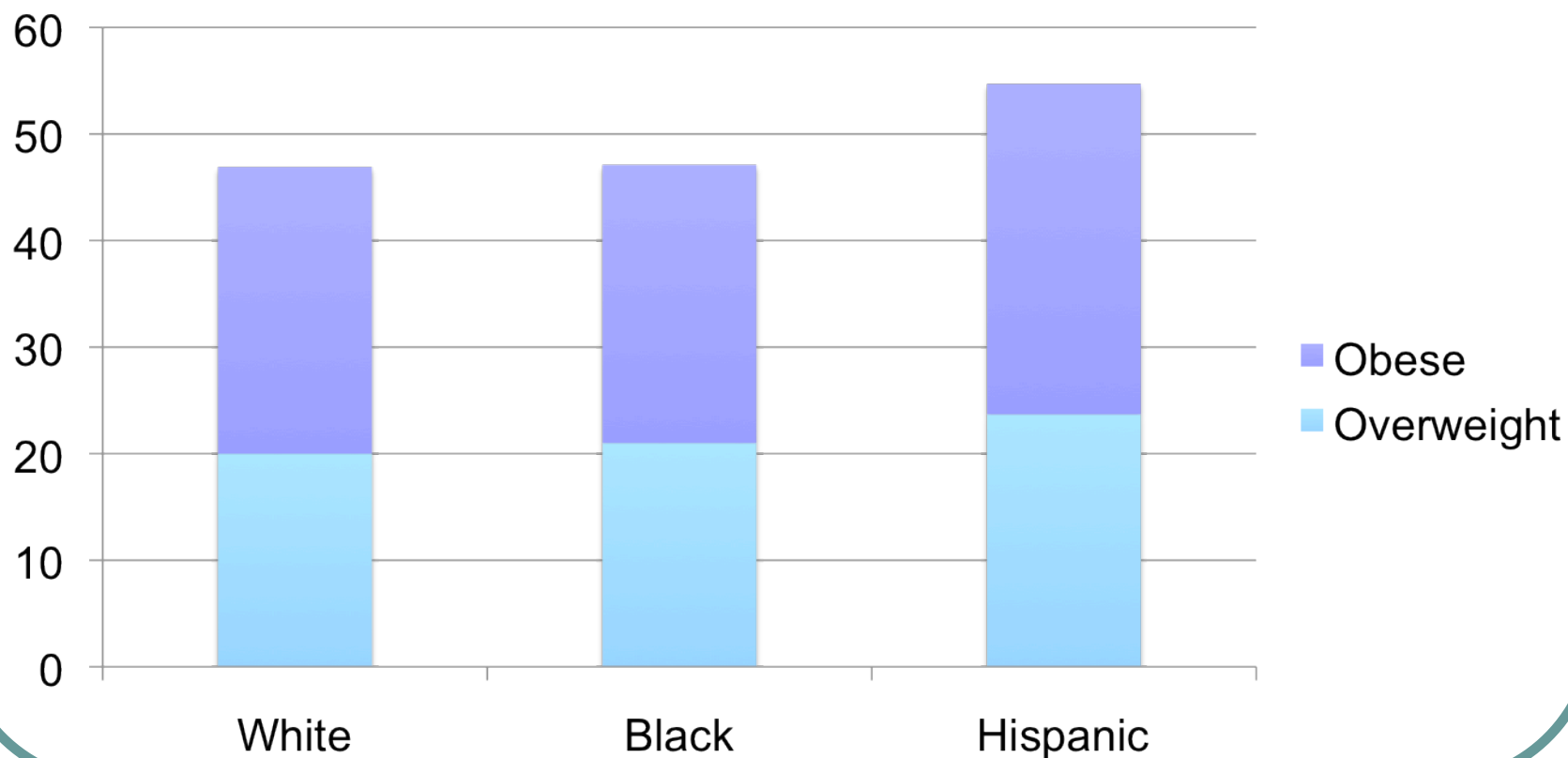
Rates of Obesity 2008

Contra Costa 2008 Pediatric Nutrition Surveillance

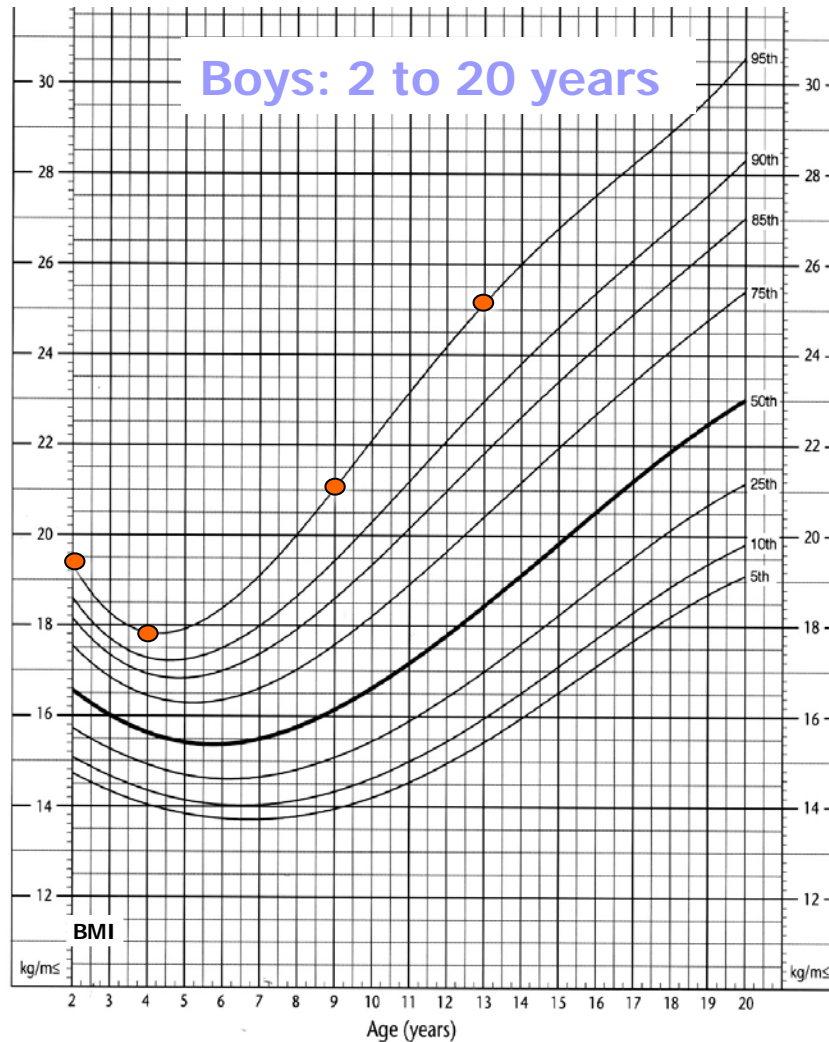


Rates of Obesity 2008

**Contra Costa 2008 Pediatric Nutrition
Surveillance Ages 12-14**



Pediatric BMI changes with age



Example: 95th
Percentile Tracking
Age *BMI*

2 yrs	19.3
4 yrs	17.8
9 yrs	21.0
13 yrs	25

BMI percentile for Age

Overweight 85-94%
Obese $\geq 95\%$

Do Nothing, Remain Fat

- **D**iagnosis
 - Use the BMI % for age
 - Classify weight category in physical exam
 - Record diagnosis in chart, billing form
- **N**egotiate a behavioral change
- **R**efers to available resources
 - We CAN, NEW Kids, Dietician
- **F**ollow up within 3 months



Pediatric Hypertension

- Hypertension in youth is rising and correlates with adult hypertension, atherosclerosis
- Diagnosis: Persistent elevation of BP levels \geq 95% value for age, height and gender
- Usually asymptomatic
- Differential
 - Primary hypertension
 - Secondary hypertension
 - White coat hypertension



Pediatric Hypertension

- Measure BP at the beginning of the visit
 - Sitting with arm at level of the heart
 - Correct cuff – bladder length should cover 80-100% of arm circumference
- Repeat at the end of the visit if abnormal
- Schedule return visit for BP check if needed
 - Normal values in orders, on back of form



Dental Caries

- National surveys show that dental caries are increasing – 28% of 2-5 year old children have tooth decay
- Rates are higher for low income children, Hispanic children and children with special health care needs

Untreated dental caries results in pain, infection, missed school days, poor nutrition, future dental misalignment and poor speech development.



Dental Caries

- Children aged 1 and older can be referred to the CCRMC dental clinics located in Pittsburg, Martinez, Bay Point and Richmond
- Children should have a dental visit twice a year
- Last dental visit query added to well child form



Language services

- Quality of care improves when the provider speaks to patients in their language
- Federal and State law require interpreter services to be offered at all visits
- Parents' or child's preferred language now identified on form



Interpretation Options

Options for interpretation:

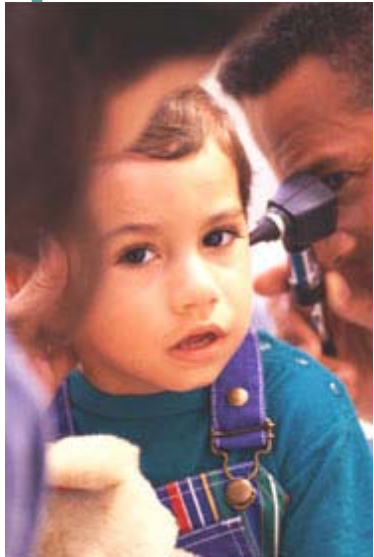
- Portable phone
- Video service
- Staff assistance
 - Staff must be certified



Children should never be used for language interpretation!

Service provided or family refusal should be documented on progress note

Emerging Issues in Pediatrics



Obesity

- BMI percentile adopted; Providers to classify weight category of child

Hypertension

- Age, height and gender appropriate values on form

Dental Caries

- Prompts for last dental visit, referral

Language gap

- Parents' preferred language identified