



### Speakers:

James Cruz, MD, FAAFP– Acting Chief Medical Officer, Gold Coast Health Plan

Carlos O'Bryan, MD, FAAFP - Medical Director, Ventura County Health Care Agency Academic Family Medicine Center and Urgent Care

Teri J. Brown, MD, FAAP – Medical Director, GCHP

April Whetsell, MPH – QI Program Manager, GCHP

**Activity Medical Director** 

Rachel Stern, MD, Chief Medical Quality Officer of Ambulatory Care, VCHCA

Cheryl Lambing, MD, FAAFP, CME Director, VCHCA Victoria Yuschenkoff, PhD, CME Coordinator, VCHCA

The individuals involved in the planning and/or presentation of this Ventura County Medical Center CME activity lack any relevant financial relationships with an ineligible company.

Dr. Yuschenkoff disclosed that she owns stock in Amgen.

No conflicts identified.

This presentation has been peer reviewed.



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the California Medical Association (CMA) through the joint providership of the Ventura County Medical Center and Gold Coast Health Plan. The Ventura County Medical Center is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.

The Ventura County Medical Center designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits(s)*<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The AAFP has reviewed Ventura County Medical Center Grand Rounds, and deemed it acceptable for AAFP credit. Term of approval is from 11/22/2024 to 11/21/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s).



# **Child and Adolescent Preventive Health Care**





## **CME Objectives**

- Outline current guidelines for well-child visits and pediatric immunizations
- Describe effective approaches to overcome vaccine hesitancy

# Building Confidence in Childhood Vaccinations

A PRIMARY CARE STRATEGY FOR ADDRESSING FAMILIES WITH VACCINE HESITANCY

CARLOS O'BRYAN MD, FAAFP



## Goals

Upon completion of this educational session, learners will be able to:

**Summarize key updates** to the current CDC childhood vaccination schedule.

**Illustrate effective communication techniques** to address vaccine hesitancy, including:

- Delivering a strong recommendation
- Utilizing the presumptive approach
- Applying motivational interviewing strategies

**Review California school immunization requirements** and discuss best practices for managing families who refuse school-mandated vaccines.









### **ACIP Meeting Information**

#### **⚠** ACIP MEETING FEBRUARY 26-28, 2025 POSTPONED

The ACIP meeting will be postponed to accommodate public comment in advance of the meeting. The ACIP workgroups met as scheduled this month and will present at the upcoming ACIP meeting.

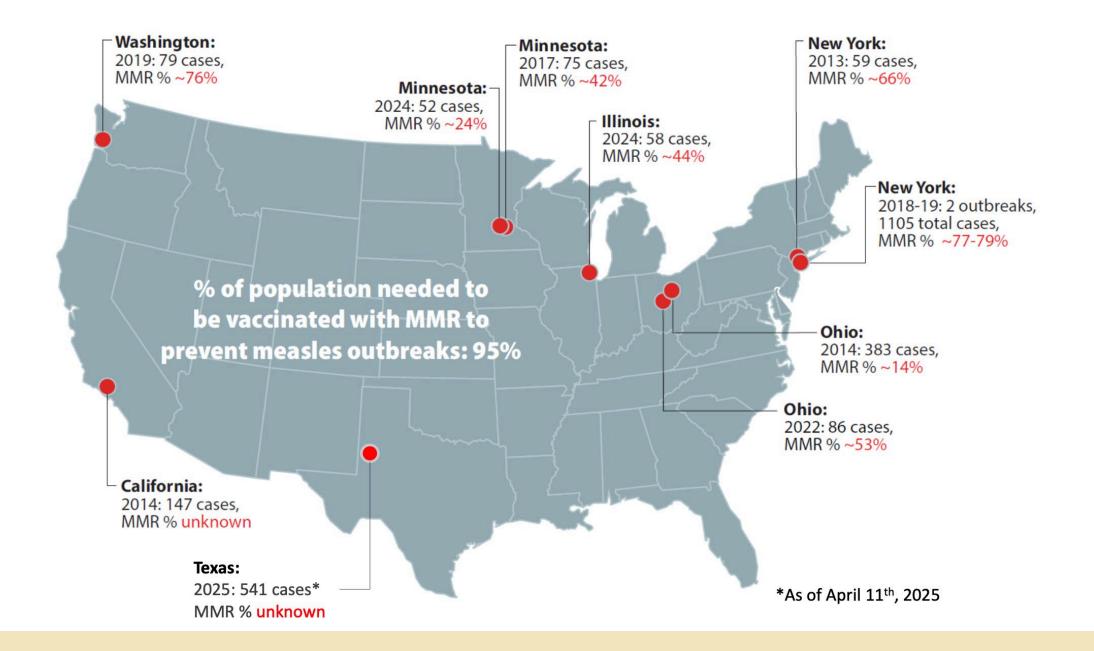
#### AT A GLANCE

- The ACIP holds three regular meetings each year to review scientific data and vote on vaccine recommendations. Additional meetings may be held as needed.
- Meetings are open to the public via live webcast.
- This page provides information on upcoming and past ACIP meetings.

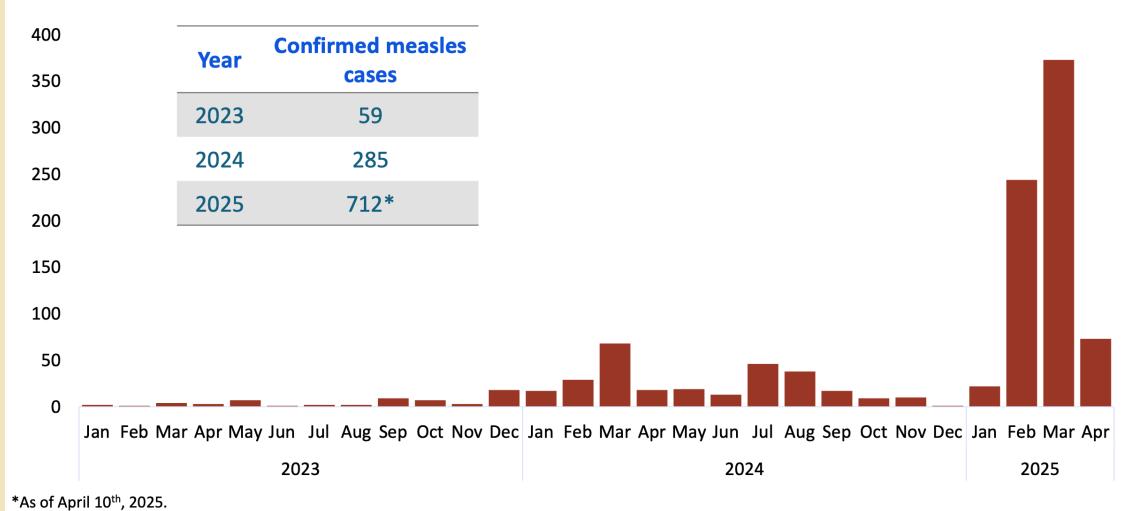




#### Measles outbreaks with 50+ cases and MMR vaccine coverage among affected populations - U.S. 2001-2025



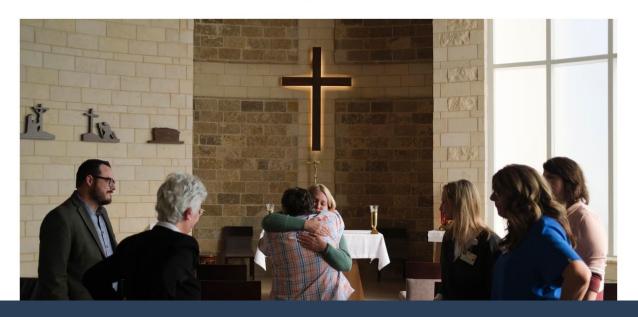
### U.S. monthly measles cases by rash onset, 2023–2025



#### Amid West Texas measles outbreak, vaccine resistance hardens

A child has died in an outbreak that has grown to 146 cases.

Updated March 2, 2025

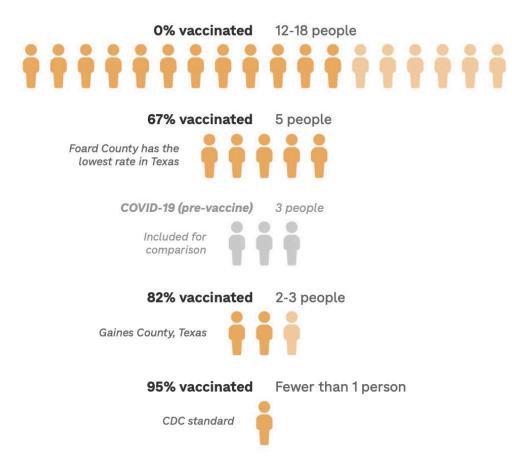


# The Washington Post Democracy Dies in Darkness





#### Depending on the vaccination rate, one person with measles can infect...



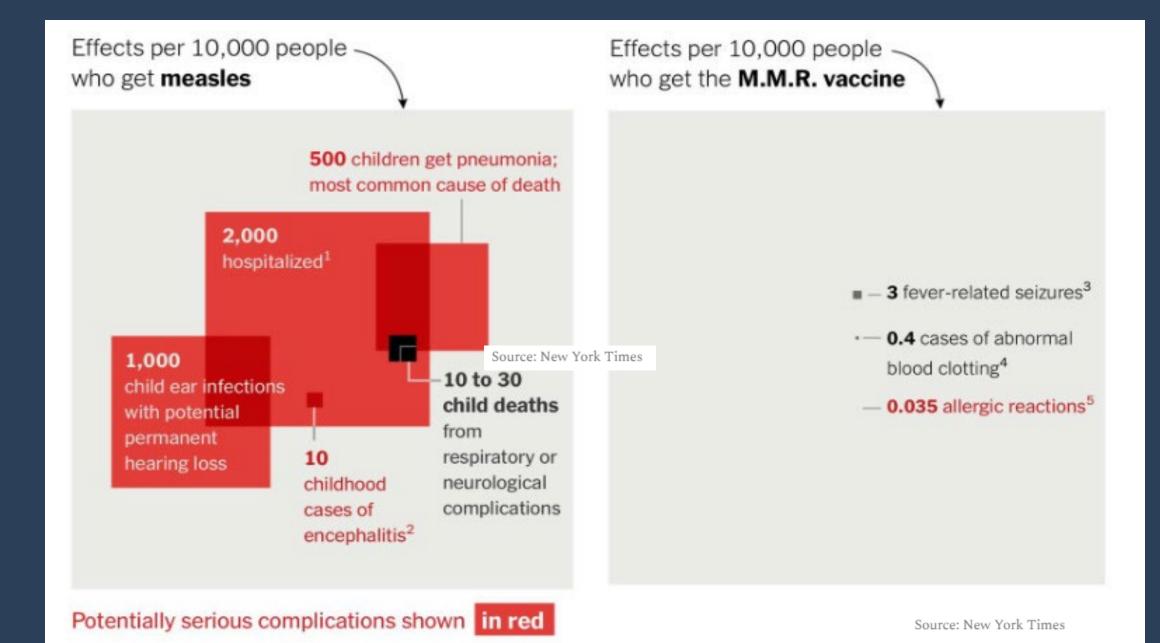
#### Notes

The  $R_0$  for measles — the number of people one person might infect if there is zero immunity in a population — is 12-18 people. NPR used the middle of that range, 15 people, to estimate an effective reproduction number for other vaccination rates. Vaccination rates shown are kindergarten MMR vaccination rates for the 2023-2024 school year.

Source: Matthew Ferrari, Center for Infectious Disease Dynamics at Pennsylvania State University; Texas Department of State Health Services





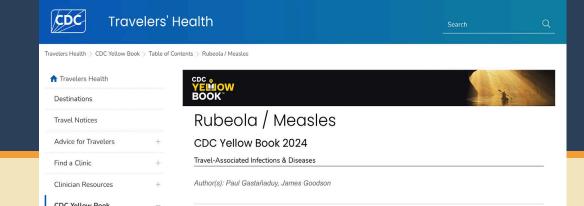




## Measles Post Exposure Prophylaxis

- -MMR can be given as early as 6 months of life
- -Within 72 hours of exposure: MMR preferred for immunocompetent, susceptible individuals.
- -Greater than 72 hours to 6 days post-exposure: Immune globulin (IGIM) may be given

https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/rubeola-measles





#### Vaccination

Measles vaccine contains live, attenuated measles virus, which in the United States is available only in combination formulations (e.g., MMR and MMRV vaccines). MMRV vaccine is licensed for children aged 12 months—12 years and can be used in place of MMR vaccine if vaccination for measles, mumps, rubella, and varicella is needed.

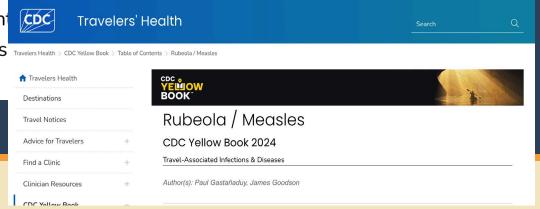
International travelers, including people traveling to high-income countries, who do not have presumptive evidence of measles immunity and who have no contraindications to MMR or MMRV, should receive MMR or MMRV before travel per the following schedule.

Infants (6 months old and older, but younger than 12 months): 1 MMR dose. Infants vaccinated before age 12 months must be revaccinated on or after the first birthday with 2 doses of MMR or MMRV separated by  $\geq$ 28 days. MMRV is not licensed for children aged <12 months.

**Children (aged ≥12 months):** 2 doses of MMR or MMRV separated by ≥28 days.

Adults born in or after 1957: 2 doses of MMR separated by ≥28 days.

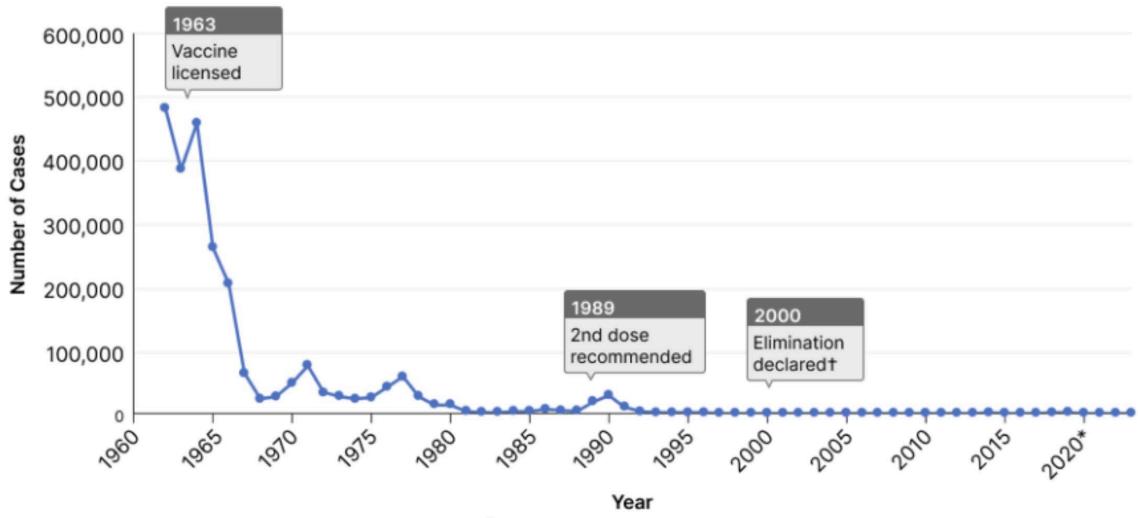
One dose of MMR is  $\approx$ 85% effective when administered at age 9 monwhen administered at age  $\geq$ 1 year. Vaccine effectiveness of 2 doses is



https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-



### History of measles cases in the U.S., 1962-2023



†Measles was declared eliminated in the U.S. in 2000 by WHO/PAHO. Elimination is defined as the absence of endemic measles transmission in a region for ≥ 12 months in the presence of a well-performing surveillance system

# Ten Great Public Health Achievements -- United States, 1900-1999 #1 VACCINATION

eradication of smallpox; elimination of poliomyelitis in the Americas\*; control of measles, rubella, tetanus, diphtheria, Haemophilus influenzae type b

MMWR 4/2/1999



million illnesses



help avoid 1,052,000 deaths



save nearly \$2.2

trillion in total
societal costs
(that includes \$479 billion in direct costs)



more than \$5,000 for each American

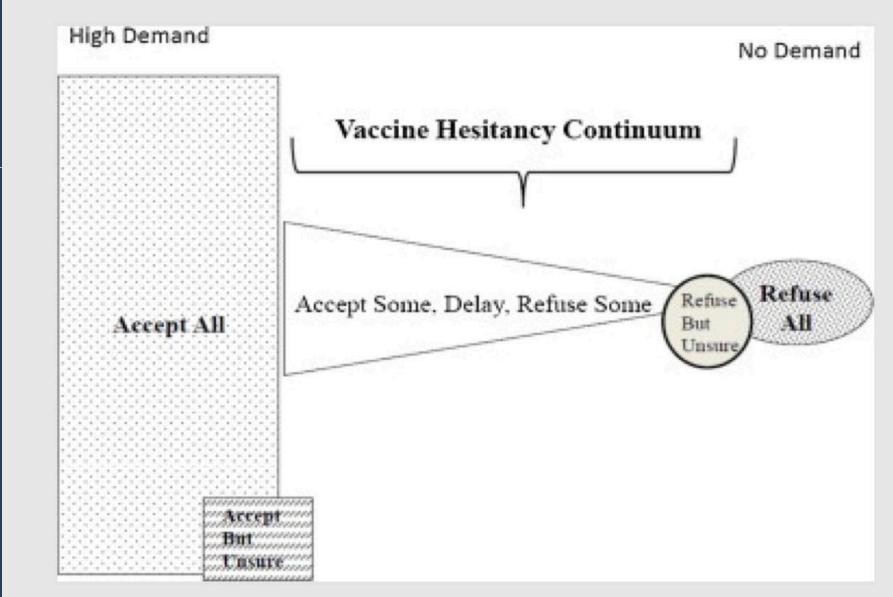


www.cdc.gov/vaccines/vfcprogram/

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021."

NORDWTLC | 10/28/22





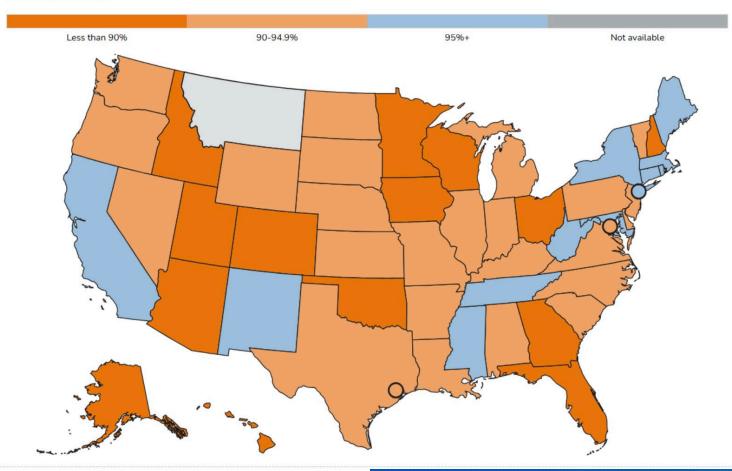
Noni E. MacDonald, Vaccine hesitancy: Definition, scope and determinants, Vaccine, Volume 33, Issue 34, 2015, Pages 4161-4164, ISSN 0264-410X, https://doi.org/10.1016/j.vaccine.2015.04.036.



# National and State Level 2-dose MMR Coverage among Kindergartners: 2023–2024

Percent Vaccinated

	MMR (2 doses)
2019-20	95.2%
2020-21	93.9%
2021-22	93.0%
2022-23	93.1%
2023-24	92.7%



https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm





4 year old Lizette is here for her well child check. She has never received any vaccines and her parents are asking for an exception based on their religious beliefs.

Under current California law, which of the following is true regarding vaccine exemptions for school entry?

- a) Only one dose of the Measles, Mumps, Rubella (MMR) vaccine is needed.
- b) Only medical exemptions are allowed.
- c) Religious exemptions are permitted.
- d) Private schools (K-12) are exempt from the required vaccines for school entry.



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### **California School Immunization Law**



California Health and Safety Code, Sections 120325-120375

Under these statutes, children in California are required to receive certain immunizations in order to attend public and private elementary and secondary schools, child care centers, family day care homes, nursery schools, day nurseries, and developmental centers (pre-kindergarten facilities). Schools, and pre-kindergarten facilities are required to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports. Schools are also required to notify families of 6th graders about human papillomavirus (HPV) vaccination recommendations. (See Implementation Tools for template letters to parents and a robocall script.)



### **California Immunization Requirements for**

# K-12<sup>th</sup> Grade (including transitional kindergarten)



Grade	Number of Doses Required of Each Immunization <sup>1, 2, 3</sup>					
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella	
(7th-12th) <sup>8</sup>	K-12 doses	+ 1 Tdap				
7th Grade Advancement <sup>9,10</sup>		1 Tdap <sup>8</sup>			2 Varicella <sup>10</sup>	



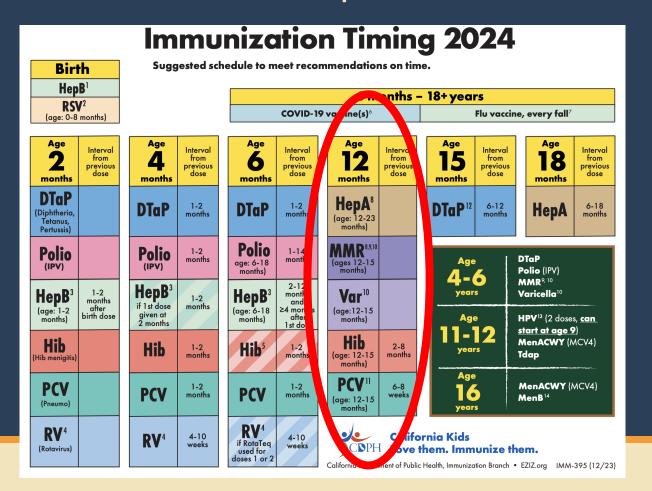
e e e e e e e e e e e e e e e e e e e						
ICD-10-CM		СРТ				
Z00.129 Well child exam		<b>99391</b> Preventive medicine service, < 1 year				
<b>Z71.89</b> Other specified counseling	□ Delianiana (ID)					
<b>Z28.82</b> Immunization not carried out because of caregiver refusal		vaccine (inactivated) Paralysis, death vaccine (RSV) immunization Bronchiolitis, pneumonia, lung vaccine Severe diarrhea, dehydration, death			refused the recommended immunization(s) for my initialing the box(es) in the column titled "Today I	
	☐ Rotavirus (RV) va				ell all health care professionals in all settings which	
	□ Varicella Chicken swelling, pneumonia, d	nox (VAR) vaccine Infected blisters, bleeding disorders, brain eath		immuniza under imn	zation(s) my child has not received and if my child is nmunized, as my child may need to be isolated or may	
	☐ Others (please list			a contract to the contract of	mediate medical evaluation and tests that might essary if my child had been immunized.	
	If you change you your child in the		atrician or othe	er health care pro	vider. You can always accept immunization(s) for	
	I acknowledge	that I have read this document in its entirety and	understand it	•		
	Parent / Guardian Signature:				Date:	
	Pediatriciar	n / Other Health Care Provider:			Date:	
	Copyright © 2024 If your practice requires modifications, please use the Refusal to Vaccinate template.				American Academy of Pediatrics	





Adriana is a 12-month-old otherwise health child who you are seeing for her well child check. If she has previously received all her routine vaccines, what vaccines is she due for?

### MMR, Varicella, Hep A, PCV, and Hib





Adriana's father is concerned about the number of injections. What do you say? Is there a maximum number of vaccines that you can give? What

about using the MMR-Varicella combo?

# No maximum.

**TABLE 7.9** — Maximum Number of Separate Antigens Represented by Vaccines Routinely Recommended for Children and Adolescents

Vaccine	1960	1980	2000	2020
Smallpox <sup>a</sup>	~200			
Diphtheria	1	1	1	1
Tetanus	1	1	1	1
Pertussis	~3000 <sup>b</sup>	~3000 <sup>b</sup>	5 <sup>c</sup>	5 <sup>c</sup>
IPV	15	15	15	15
MMR <sup>a</sup>		24	24	24
Hib			2	2
VAR <sup>a</sup>			69	69
PCV7/PCV13			8	14 <sup>d</sup>
НерВ			1	1
НерА				4
HPV9				9
RVa				20 <sup>e</sup>
MenACWY				5
IIV4				16 <sup>f</sup>
Total	~3217	~3041	126	186



# Which of the following statements is true regarding the use of the combined MMR and Varicella (MMRV) vaccine and the risk of febrile seizures?

- a) MMRV has a lower risk of febrile seizures compared to giving MMR and varicella vaccines separately.
- b) MMRV is not recommended due to a high risk of febrile seizures in all children.
- c) MMRV is associated with a slightly higher risk of febrile seizures when given as the first dose to children under 12-23 months old, compared to separate MMR and varicella vaccines.
- d) There is no difference in febrile seizure risk between MMRV and separate MMR and varicella vaccines.



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- d) There is no difference in febrile seizure risk between MMRV and separate MMR and varicella vaccines.

## MMR-V

Increased risk of febrile seizures when the MMRV vaccine is administered as the first dose in children aged 12-23 months.

Risk is approximately one additional febrile seizure for every 2,300 to 2,600 doses of MMRV administered



Gadiel, a 3 day newborn, is brought in by his parents for a weight and color check. He did not receive his Hep B vaccine while he was in the hospital. The parents are hesitant to vaccinate him. What is reasoning behind the universal recommendation?

Prior to the universal recommendation

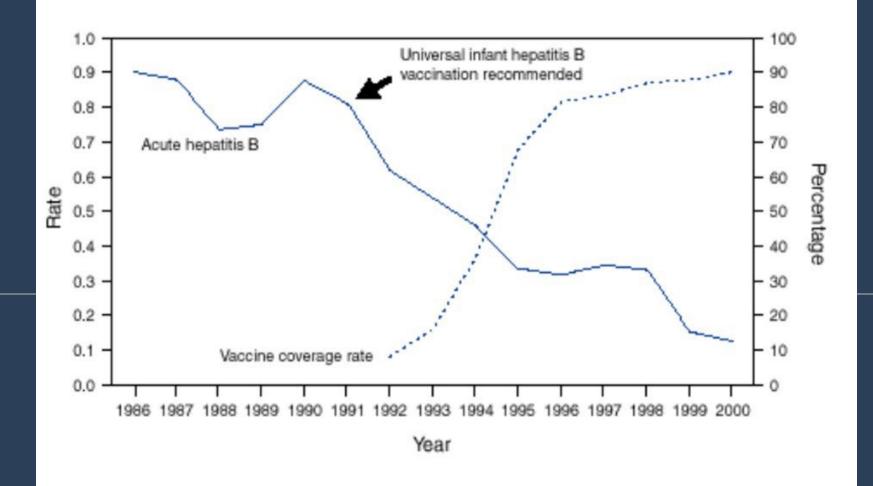
24,000 children acquired hepatitis B virus (HBV) infection annually

90% of children infected as infants and 25-50% of those infected between 1-5 years of age developed chronic HBV infection

Children with chronic HBV infection faced a 15-25% risk of premature death from cirrhosis or liver cancer



FIGURE. Rate\* of reported acute hepatitis B among children aged 1–9 years and percentage of children aged 19–35 months who received hepatitis B vaccine, by year — United States, 1986–2000



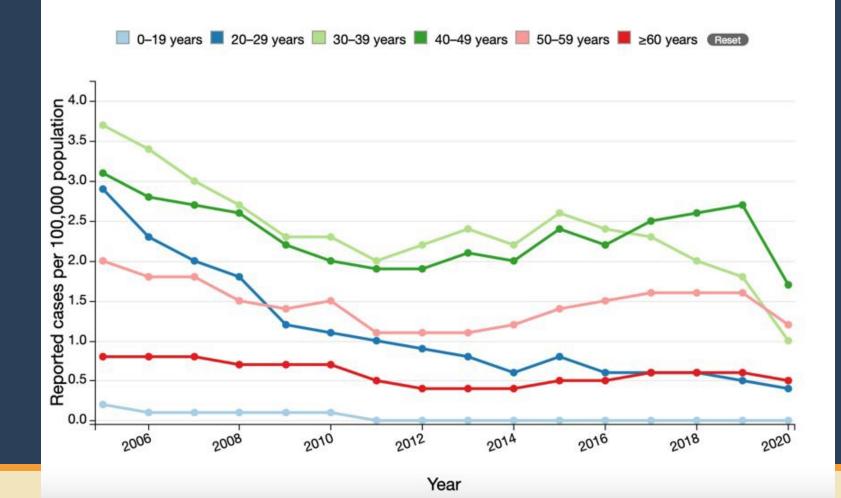
<sup>\*</sup> Per 100,000 children aged 1-9 years.

Rates\* of reported cases† of acute hepatitis B virus infection, by age group — United States, 2005-2020

Print



Figure 2.5 ▶





# 9 year old Omar is here for his well child check. He is eligible to receive his HPV vaccine.

- 1. What is the most effective method of approaching childhood vaccines?
- a) Asking the family and child if they are interested in getting vaccinated.
- b) Discussing all of the potential side effects of the vaccine before making a recommendation.
- c) Using the "presumptive" approach.
- d) Allowing the family to decide without any input from the clinician.



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- c) Using the "presumptive" approach.
- d) Allowing the family to decide without any input from the clinician.



# What is the best method?



Slowly he would cruise the neighborhood, waiting for that occasional careless child who confused him with another vendor.

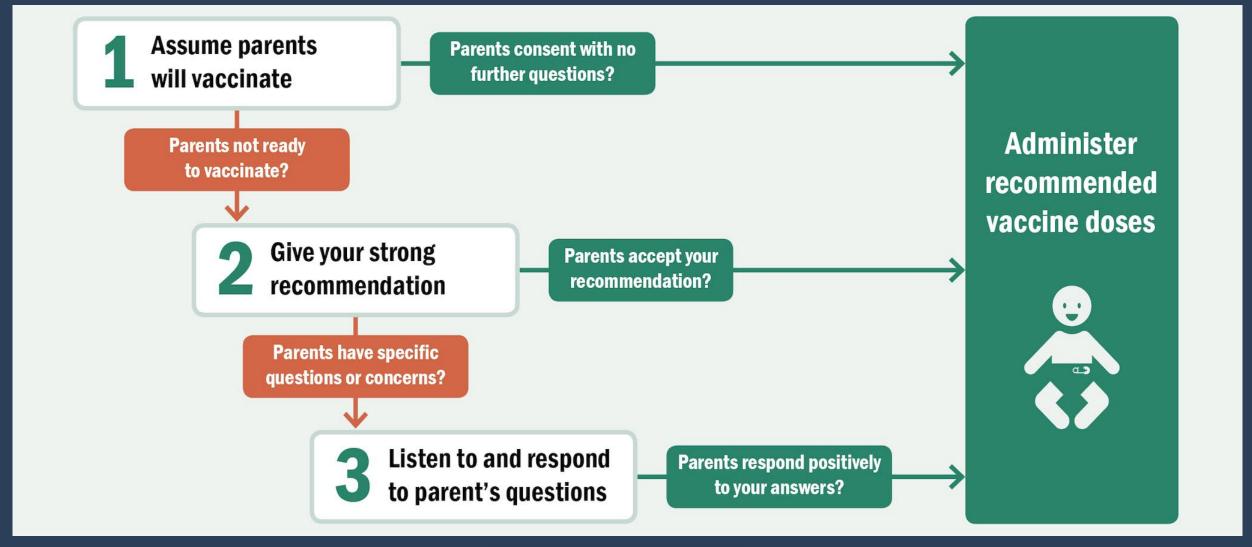


# Best Practices-Presumptive vs. Participatory

# Presumptive approach

- Give a strong recommendation
  - Administrating routine childhood vaccines is the standard of care and therefore shared decision making, or the participatory approach, is not indicated
  - Presumptive approach resulted in 74% acceptance rate of routine childhood vaccines compared to 4% with the participatory approach







• Opel, D. J., MD, MPH. (2015). The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience. *The American Journal of Public Health*, 105(10), 1998-2004.

## **Presumptive Pearls**

Tone and body language matter. Don't make the presumptive format sound like a question. When delivering the presumptive format, make eye contact, square shoulders, and don't be distracted. Know what the child is due for before walking in the room.

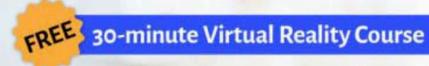
You can use a presumptive format at a visit even though a parent has voiced resistance at a previous visit. (example: "I know we talked about vaccines last time, but I'd like to get her caught up today. She's due for 3 shots.")

Medical assistants and other staff who communicate with parents about vaccines should use the presumptive format too. (Example: "Sara is due for 3 shots today. I'll go ahead and get those ready.")

You can still use a presumptive format after a medical assistant (or other staff) tells you the parent is hesitant.

Don't undermine the presumptive format by reverting quickly to a participatory format. After using the presumptive format, allow parents time to respond. Our natural inclination is to fill the silence. Try to resist this. (Avoid: "So, we're going to do 3 shots today, or... is that what you want to do?")



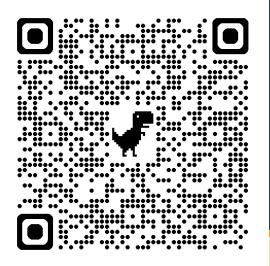


## Empowering Health Care Staff to Have Effective Immunization Conversations with Families

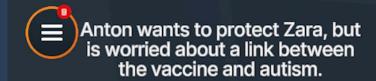
- immersive & interactive—practice immunization conversations with feedback
- learn how to respond to parents and caregivers
- or pediatricians and their team members
- accessible from desktop & mobile

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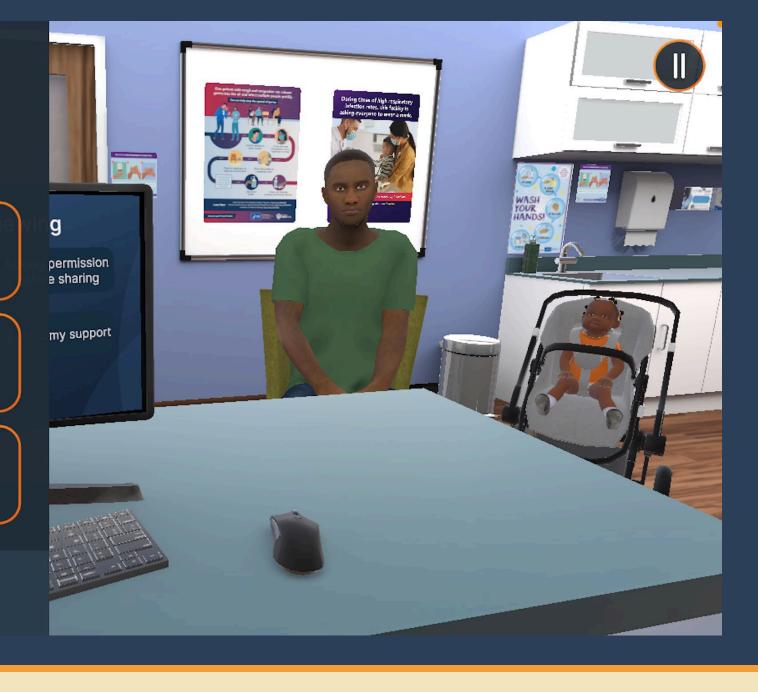
Select an option or read it aloud.

It's not your fault, but what you've read is misinformation...

OK. Can you explain how you think a vaccine is going to make your daughter autistic?

You understand that measles is dangerous but you're worried about what you've read about the vaccine.





## **Motivational Interviewing Skills**

## **Open-ended Questions:** helps explore and understand a parent's stance on vaccination *Examples:*

- "Tell me more about what you already know?"
- "What might be one good reason to vaccinate your child today?"
- "In your mind, what is the harm if you choose not to vaccinate her today?"
- "What are some reasons for getting the vaccination?"

## Affirmations: improves parent engagement in an open discussion with you by helping them feel supported, appreciated, and understood

### Examples:

- "You are a good parent. Your concern shows how much you care about your child's safety."
- "You are a good mom and you care about your daughter's health."
- "You've always tried to be a good role model for your kids."
- "If you thought the vaccine was safe, you would not hesitate because you want what's best for your daughter."
- "It sounds like you're comfortable with the other vaccines."

Reflections: encourages partnerships, deepens rapport, and allows a parent to understand themselves and their motivations on a deeper level; reflections are particularly useful when encountering strong emotion or hesitancy

### Examples:

- "You're frightened by what you've read on the Internet."
- "You're really worried and you want to make the best decision."
- "You're the type of person who really likes to do her research."
- "So it sounds like you're worried about the possibility that the MMR vaccine might cause autism."

Ask Permission to Share: puts parents in a less defensive posture and makes them more receptive to the information you'd like to share

## Examples:

- "Could I provide you with some information based on what you just shared?"
- "Would you mind if I shared with you why I think this is such an important vaccine?"
- "May I share what I know about ...?"
- · "I have a different view, may I share it with you?"
- Autonomy Support: enhances a parent's sense of control and makes them feel more at ease with the conversation

## Examples:

- "That said, this is a decision only you can make."
- "Only you can choose what is best for your child."





LTH OF ALL CHILDREN

ne

1. Hackell, MD, FAAP,° ITEE ON BIOETHICS



# SHARE

**SHARE the reasons** why an influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

**HIGHLIGHT positive experiences** with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

ADDRESS patient questions and any concerns about influenza vaccines, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick with influenza, there are studies that show that illness may be less severe.

**REMIND** patients that influenza vaccines help protect them and their loved ones from influenza illness and serious complications that can result from influenza, such as hospitalization or even death for some people.

**EXPLAIN the potential costs of getting influenza**, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.

# HPV Vaccine at 9 ResPIP

# **Dales Una Oportunidad** Para Prevenir El Cáncer

El Virus del Papiloma Humano (VPH) es Común.

Casi todas las personas contraerán el VPH en algún momento de sus vidas, sin cualquier signo o síntoma.

# Thanks from the HPV QI Team!

Rachel David

Video Director

Carlos O'bryan Team Lead

> Connie Friedman Dot Phrase Diplomat

Valentina Sedlacek Script Champion

> Joseph Vielbig Poster master

**Brett Platis** Poster Prodigy

0

Joyce Helen Dot phrase Genius

Natalie Close Patient Educator Extraordinaire





ınto con otras vacunas

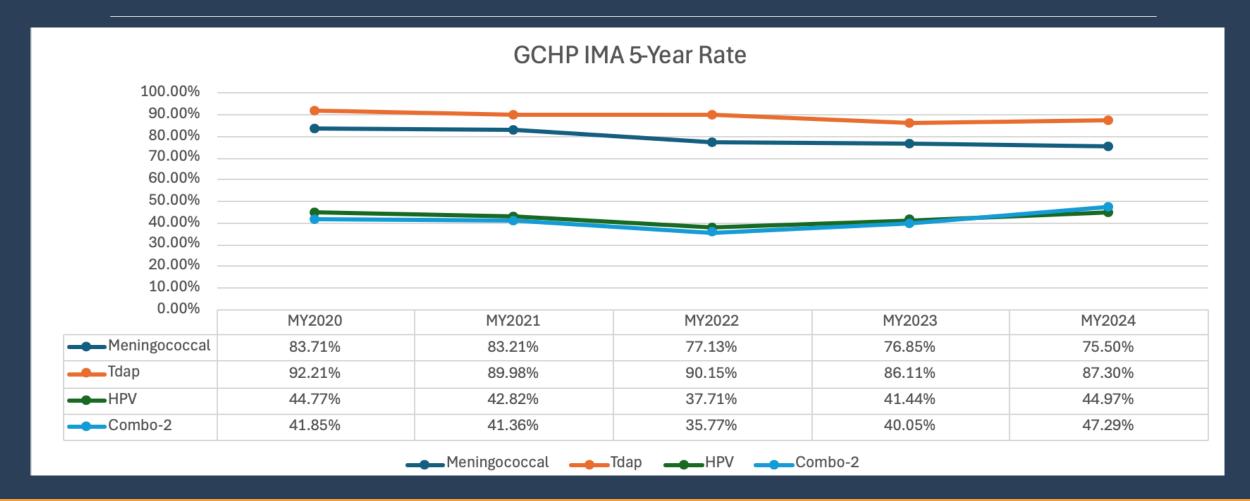




	HPV9 V	accine R	eport				
	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Well Care vists	3	1	2	4	0	3	8
Total First Dose	2	1	0	2	0	3	5
Total Second Dose							0
Total Percent	66.67%	100.00%	0.00%	50.00%	#DIV/0!	100.00%	62.50%



# Gold Coast Childhood Vaccine Rates





# Summary Slide

Vaccine hesitancy is complex and has a continuum.

In California, only medical exemptions are allowed for school entry.

The presumptive approach is the best method to initiate vaccine recommendations.

There are opportunities to improve our vaccine uptake through quality improvement projects.



# References

Macdonald et al. Vaccine hesitancy: Definition, scope and determinants. Vaccine 2015 August 14; 33(34).

Marshall, Gary. The Vaccine Handbook: A Practical Guide for Clinicians. 11th Edition. 2022.

Shepard et al. <u>Epidemiology of Hepatitis B and Hepatitis B Virus Infection in United States Children.</u> The Pediatric Infectious Disease Journal. 2005;24(9):755-60.

Armstrong et al. <u>Childhood Hepatitis B Virus Infections in the United States Before Hepatitis B Immunization</u>. Pediatrics. 2001;108(5).

Jonas et al. <u>Treatment of Children With Chronic Hepatitis B Virus Infection in the United States: Patient Selection and Therapeutic Options.</u> Hepatology (Baltimore, Md.). 2010;52(6).

Opel, D. J., MD, MPH. (2015). The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience. *The American Journal of Public Health*, 105(10), 1998-2004.

O'Leary et al. **Strategies for Improving Vaccine Communication and Uptake** Pediatrics 2024 Mar 1;153(3)





# Thank you!









# Well-Child Visits: Opportunities for Improving Adherence

Teri J. Brown, M.D., FAAP Medical Director, Gold Coast Health Plan

May 1, 2025

Integrity

**Accountability** 

Collaboration

Trust

Respect

# Goals

Upon completion of this educational session, learners will be able to:

- 1. Describe the purpose of well-child visits
- 2. Know the schedule for well-child visits
- 3. List the major components of the well-child visit
- **4. Explain anticipatory guidance** for well-child visits during infancy, early childhood, middle childhood, and adolescence to improve well-child visit adherence by:
  - Incorporating developmental milestones into the discussions
  - Actively engaging patients and parents/caregivers into the conversation
  - Providing clear, concise information and offering educational materials
  - Tailoring information to individual families' needs
  - Addressing the social determinants of health



# Purpose of Well-Child Visits

- The American Academy of Pediatrics (AAP) recommends wellchild visits to assess a child's health, promote healthy development, and prevent illness.
- The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children.
  - This team approach helps develop optimal physical, mental and social health of a child.
- Bright Futures/American Academy of Pediatrics developed a set of comprehensive health guidelines for well-child visits known as the "Periodicity Schedule".





# American Academy of Pediatrics

## **Recommendations for Preventive Pediatric Health Care**

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics: 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

 $The Bright Futures/American Academy of Pediatrics \,Recommendations for Preventive Pediatric \,Health \,Care \,are \,updated \,annually.$ 

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		INFANCY EARLY CHILDHOOD							MIDDLE CHILDHOOD									ADOLESCENCE														
AGE <sup>1</sup>	Prenatal <sup>2</sup>	Newborn <sup>3</sup>			2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 у	7 y		9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index <sup>s</sup>												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure <sup>6</sup>		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision <sup>7</sup>		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	*
Hearing		●8	●º —		-	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	-		<b>●</b> 10 <b>—</b>	-	-		-	-			-
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening <sup>11</sup>				•	•	•	•																									
Developmental Screening <sup>12</sup>								•			•		•																			
Autism Spectrum Disorder Screening <sup>13</sup>											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening <sup>14</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment <sup>15</sup>																						*	*	*	*	*	*	*	*	*	*	*
Depression and Suicide Risk Screening 16																							•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION <sup>17</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES <sup>18</sup>																																
Newborn Blood		<b>●</b> 19	● 20 =		-																											
Newborn Bilirubin <sup>21</sup>		•																														
Critical Congenital Heart Defect <sup>22</sup>		•																														
Immunization <sup>23</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia <sup>24</sup>						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead <sup>25</sup>							*	*	● or ★26		*	● or ★26		*	*	*	*															
Tuberculosis <sup>27</sup>				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia <sup>28</sup>												*			*		*		*	-		<b>→</b>	*	*	*	*	*	-				-
Sexually Transmitted Infections <sup>29</sup>																						*	*	*	*	*	*	*	*	*	*	*
HIV <sup>20</sup>																						*	*	*	*	•-						-
Hepatitis B Virus Infection <sup>21</sup>		*																														-
Hepatitis C Virus Infection <sup>12</sup>																													•-			-
Sudden Cardiac Arrest/Death <sup>23</sup>																						*-										-
Cervical Dysplasia <sup>34</sup>																																•
ORAL HEALTH <sup>15</sup>							●36	●36	*		*	*	*	*	*	*	*															
Fluoride Varnish <sup>27</sup>							-									<b>→</b>																
Fluoride Supplementation <sup>18</sup>							*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

# Schedule of Well-Child Visits

## Infancy

- Prenatal
- Newborn
- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months



## Early Childhood

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years



## Middle Childhood

- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years



## Adolescence

- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years
- 21 years

(HealthyChildren.org - From the American Academy of Pediatrics, n.d.)

# Major Components of the Well-Child Visit

- Health history and interview
- Physical examination
- Screening and risk assessments
- Screening with laboratory tests (when indicated)
- Immunizations
- Health education and guidance





# Infancy

## Anticipatory guidance focuses on topics like:

- Safe sleep practices
- Proper nutrition (breastfeeding or formula feeding)
- Immunization schedules
- Injury prevention (including choking hazards, falls, burns, lead exposure)
- Developmental milestones
- Infant car seat safety, poison control
- Managing colic and crying
- Promoting healthy parent-infant interactions, all tailored to the baby's age and developmental stage





# Early Childhood



("Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed," 2017)

Anticipatory guidance usually includes information about:

- Safety (toddler car seat safety, bike helmets, drowning, lead exposure),
- Nutrition (healthy meals and snacks, food refusal),
- Development (toilet training, language, autism screenings at 18 months and 2 years),
- Social skills (temperament, separation anxiety, cooperative play)



## Middle Childhood

## Anticipatory guidance typically includes topics like:

- Promoting independence and responsibility
- Managing social situations, fostering healthy habits around nutrition and physical activity
- Addressing potential concerns related to school performance, managing screen time
- Discussing body safety and appropriate sexual behavior, and injury prevention strategies, all while considering the child's unique developmental needs and family dynamics





## Adolescence



Anticipatory guidance typically includes discussions about:

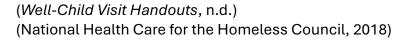
- Sexual health (including contraception and sexually transmitted infections)
- Substance abuse (alcohol, tobacco, drugs)
- Mental health concerns (depression, anxiety, suicidal ideation)
- Healthy relationships, injury prevention, and nutrition
- Physical activity, body image, and developing coping mechanisms for the challenges of adolescence



# Improve Well-Child Adherence

- Incorporating developmental milestones into the discussions
- Actively engaging patients and parents/caregivers into the conversation
- Providing clear, concise information and offering educational materials
- Tailoring information to individual families' needs
- Addressing the social determinants of health





# Additional Strategies to Improve Well-Child Visits Adherence

Personalize appointment reminders via text, e-mail, phone calls, and mail in the family's preferred language and method

Proactive education on the importance of well-child visits

Flexible scheduling options

Offer telehealth consultations for minor concerns

Utilize patient portals for access to health information and appointment scheduling

Train healthcare providers on effective communication strategies to engage patients and address barriers to adherence

**Community Outreach** 

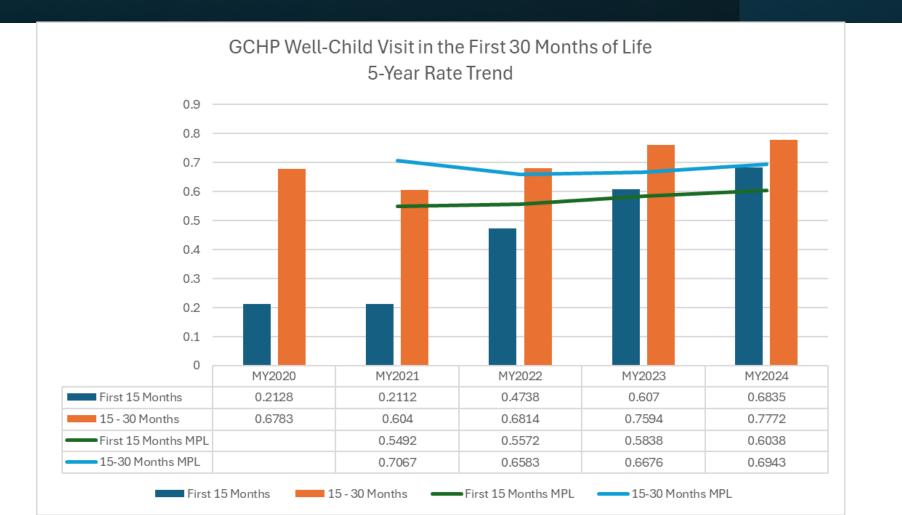


# Important Considerations



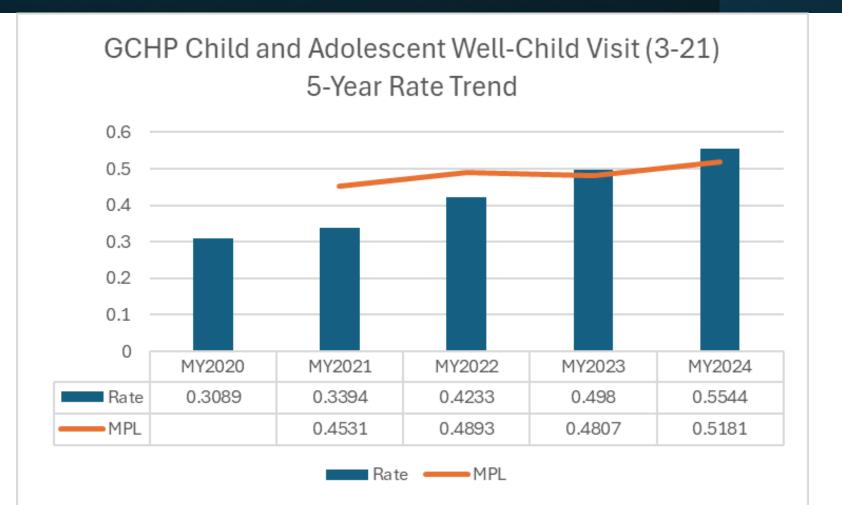
- Children with special needs
- Identify disparities analyze data to identify populations with lower well-child visit adherence and target interventions accordingly
- Cultural sensitivity respect cultural beliefs and practices when communicating with families
- Monitor key metrics like appointment cancellation and no-show rates to evaluate the effectiveness of interventions

# Gold Coast Health Plan Data





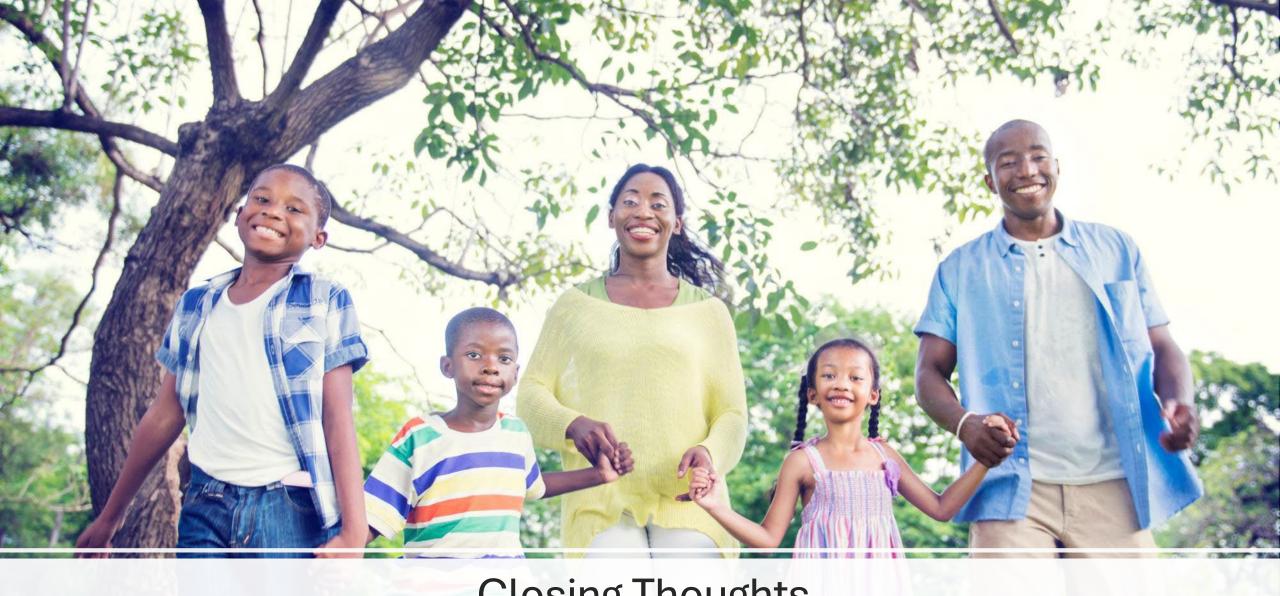
# Gold Coast Health Plan Data





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Closing Thoughts







# Child and Adolescent Managed Care Accountability Set Measures & Resources

April Whetsell, MPH QI Program Manager

May 1, 2025

Integrity

Accountability

Collaboration

Trust

Respect

# Child and Adolescent Managed Care Accountability Set Measures

GCHP reports to the California Department of Health Care Services (DHCS) the Managed Care Accountability Set (MCAS) Performance Measures on an annual basis. This measure set monitors important preventive health screenings in GCHP's member population.

The following MCAS Measures are the preventive health screenings for child and adolescent members:

- Asthma Medication Ratio (AMR)
- Chlamydia Screening (CHL)
- Childhood Immunizations Combo 10 (CIS-10)
- Developmental Screening (DEV)
- Immunizations for Adolescents Combo 2 (IMA-2)
- Lead Screening in Children (LSC)
- Topical Fluoride for Children (TFL)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)

# MCAS Measures for Children up to Age 3

**CIS-10** 

Children 2 years of age and under who completed their childhood immunizations before turning 2 in the measurement year.

**DEV** 

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

LSC

The percentage of children, 2 years of age, who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

W30

Measures the percentage of members who had six or more well-child visits by 15 months, and who had two or more visits between 15-30 months.

# MCAS Measures for Child and Adolescents up to Age 21

# **AMR**

Measures the percentage of members 5 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of .50 or greater during the measurement year.

# **CHL**

The percentage of members ages 16-24 who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

# IMA-2

Measures the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13<sup>th</sup> birthday.

# **TFL**

The percentage of children ages 1-20 who received at least two topical fluoride applications at a dental or oral health service during the measurement year.

# **WCV**

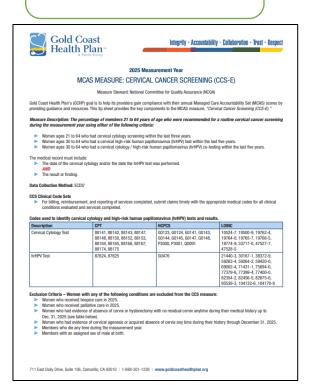
Measures the percentage of members ages 3-21 who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.



# **MCAS Materials**

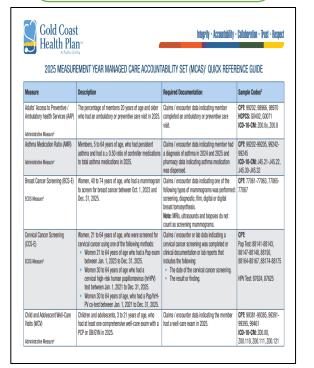
## MCAS Measure Tip-Sheets

Measure description, Codes, Exclusions and Best Practices.



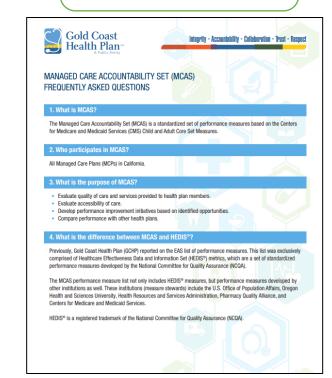
## MCAS Reference Guide

Condensed versions of the measures and their specifications.

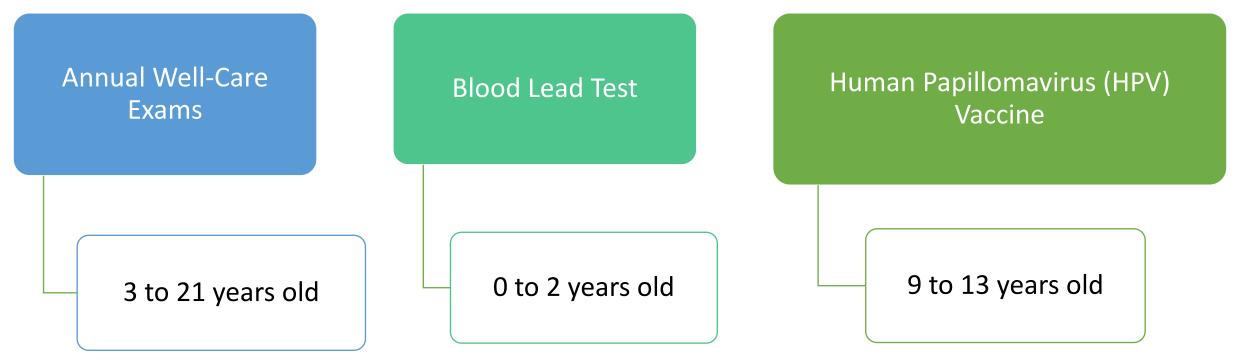


## MCAS FAQ

Document to answer any unanswered questions.



# GCHP Child and Adolescent Member Incentive Programs



- All 2025 GCHP member incentives are rewarding services completed between January 1, 2025, and December 31, 2025.
- Each child & adolescent program offers members the choice of a \$25 gift card to Target, Walmart or Amazon gift card.

# GCHP Member Incentive Program

## **In-House Member Incentives**

- Members send in their completed forms via mail, fax or email to GCHP offices and GCHP will mail awarded gift cards to members.
- All member incentive programs offer a gift card through the In-House incentive structure.

## Point-of-Care (POC) Member Incentives

- Members will walk away with their gift card at the clinic after completing an eligible incentive screening.
- The POC program has demonstrated decrease in no show rates and more immediate rewards to members for completing preventive care services.
- We currently offer well-care visits, cervical cancer screening, HPV Vaccine and breast cancer screening as a point-of-care gift card.

# **Health Education Resources**



## Well-Care Visits: What to Expect







3 to 21 Years

### What can the doctor evaluate during a well-care visit?

- Physical exam

at your child's

· Ask about your family's health history

Talk about dental health and, when n

· Check your child's hearing and vision

Your child's provider will check for:

Depression screening in new mothers

Other health issues or concerns you have

· Anemia, if at risi

- Cholesterol, if at risk

Give recommended shots, when needed

upplements, and help finding a dentist

development, behaviors, your and your child's mental health, nutrition, sleep, safety, and

check-up?

- Vision and hearing Physical and mental development
- Height, weight, and blood pressure
  - Health education
  - (shots to prevent diseases
  - · Lead exposure screening (under
- Behavioral and mental health Immunizations
  - years can be done up to three times a year at the doctor's office) Substance use and tobacco/vape
    - screening (ages 11-21)

Dental fluoride varnish (under 6

. Sexual history (starting at age 12)

Medi-Cal for

Kids & Teens

### How often should well-care visits be scheduled?

Once a child turns 3, well-care visits should be scheduled every year up to the age of 21.

#### Do you need help scheduling a well-care visit?

Call GCHP's Health Education Department at 1-805-437-5718, Monday through Friday, from 8 a.m. to 5 p.m.

#### What can you talk to your child's doctor about?

You might have questions about parenting, eating habits, mental health issues, or stress at home. The doctor is there to listen and help. If you or your child have any questions, this is the time to ask. Your child's doctor can provide guidance and

#### Do I have to pay for well-care visits?

No. Well-care visits are a covered benefit for Gold Coast Health Plan (GCHP) members.

#### What can I do if I need care after hours?

Call GCHP's 24-Hour Advice Nurse Line at 1-805-437-5001 or 1-877-431-1700 (toll-free). If you use a TTY, call 711. You can talk to a registered nurse in your preferred language when you or a family member have medical questions.

For other questions, call Member Services at 1-888-301-1228, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call 711. Members may also visit the GCHP website at www.goldcoasthealth

f you have questions or

Medi-Cal Member Help Line Call 1-800-541-5555 (TDD 1-800-430-7077)

Call Smile California at 1-800-322-6384

Your Medi-Cal managed care plan
The phone number is on your plan ID card and your
plan's website or go to <a href="https://www.dhcs.ca.gov/mmchpd">www.dhcs.ca.gov/mmchpd</a>

Or go to smilecalifornia.org or www.dhcs.ca.gov/MCP

1-888-301-1228 (TTY 711

To ask about services for a serious mental health

want to learn more

Medi-Cal Dental

Alcohol or drug use

Or call 1-833-317-HOPE (4673)

Your rights and responsibilitie

## **Protecting Our Children** from HPV Cancers

### **HPV** vaccination is cancer prevention.

The HPV vaccine

can **prevent** 

cancers when given at the

recommended

more than

90% of HPV

We can help reduce the risk of cancer in our children by helping them make a lifetime of healthy choices.











We can also help prevent most HPV cancers by getting our children the HPV vaccine between ages 9 and 12.

### Don't wait to vaccinate.

The American Cancer Society recommends that all children get the HPV vaccine between ages 9 and 12. Teens who start the series late may need 3 shots.







Age matters. When you vaccinate your child on time, you give them the best protection from HPV cancers.

### HPV vaccination provides safe. effective, and long-lasting protection.



Scientists and health organizations around the world closely monitor HPV vaccine safety and have found it to be safe and effective.

## and helps prevent



Learn more at cancer.org/hpv, and talk to your child's doctor about the HPV vaccine.





## The HPV vaccine is for all children



For more information about childhood lea





## 10 Tips for Reducing Making Lead Sources at Home **Your Home** Lead-Safe for Your Child

## Well-Care Visits: What to Expect

What does the doctor evaluate during a well-care visit?

- Health history
- Physical exam Height, weight, body mass index (BMI), and head
- · Hearing and vision
- Lead screening Physical activity
- Healthy eating habits
  - · Behavior with family and groups
- · Vaccines (shots to prevent · Screening for physical and
- - · Health education and safety
  - Dental fluoride varnish\*

\* Dental fluoride varnish can be done up to three times a year at the doctor's office

Preventive Screening Schedule Ages 0 to 30 Months														
	First 3-5 days of life	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months			
Well-Care Visit	of the	생	생일	£	£	£	9	8	9	9	9			
Vaccines*	1	1	1	1	1	J.	N.	J.	1	J.	J.			
Lead Screening							/			1				
Developmental Screening						1			1		1			

\* Vaccines may not be given at every visit.

#### What can I talk to my child's doctor about during the visit?

You might have questions about parenting, eating and sleeping habits, and safety issues at home. The doctor is there to listen and help. If you have any questions, this is the time to ask. Your child's doctor can provide guidance

#### Do I have to pay for well-care visits?

No. This is a free service if you are a full-scope Gold Coast Health Plan (GCHP) member

#### What can I do if I need care after hours?

Call GCHP's 24-Hour Advice Nurse Line at 1-805-437-5001 or 1-877-431-1700 (toll-free). If you use a TTY, call 711. You can talk to a registered nurse 24 hours a day, seven days a week, in your preferred language when you or a family member have medical questions.

Do you need help scheduling a well-care visit? Please call GCHP's Health Education Department at 1-805-437-5718, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). For other questions, call Member Services at **1-888-301-1228**, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). If you use a TTY, call **711**. Members may also visit the GCHP website at www.goldcoasthealthplan.org.





- · Ask about your family's health hist
- Give recommended shots, when needed - Talk about dental health and, when needed, give you fluoride supplements and help finding
- Check your hearing and vision
- . Ask about your mental health and emotiona if you need resources or support
- Discuss important health topics such as sexual health, nutrition, safety, and protecting skin

#### Your provider will also check for:

- Depression, anxiety, and suicide risk - Tuberculosis (TB), if at risk
- · Cholesterol, if at risk Anemia, if at risk
- Sexually transmitted infections (STIs), if at ris · Other health issues or concerns you have



plan's website or go to www.dhcs.

Medi-Cal Member Help Line Call 1-800-541-5555 (TDD 1-800-430-7077) Medi-Cal Dental

all Smile, California at 1-800-322-6384 (TTY 1-800-735-2922)

Specialty Mental Health Call 1-888-452-8609 To ask about services for a serious mental health condition, contact your county Mental Health Plan at

Alcohol or drug use
Call the Department of Health Care Services (DHCS)
Substance Use Resource Center 24/7 at 1-800-879-2772 Or go to www.dbcs.ca.gov/SUD-NETRL

Crisis support
Call the National Suicide Prevention Line at 988 Or call **1-833-317-HOPE** (4673)





Medi-Cal for

Kids & Teens

Preventive and treatment service

# **Resource Links**

## **MCAS Materials**

- GCHP Website > For Providers > Managed Care Accountability Set (MCAS)
   Measures
- https://www.goldcoasthealthplan.org/for-providers/qualityimprovement/managed-care-accountability-set-measures/

## Member Incentive Programs

- GCHP Website > For Members > Member Rewards Program
- https://www\_goldcoasthealthplan\_org/for-members/member-rewardsprogram/

## Health Education Resources

- GCHP Website > Health Resources > Health Education
- https://www.goldcoasthealthplan.org/health-resources/health-education/



# Questions?

Email completed evaluation form to Vickie Yuschenkoff, PhD at <a href="Victoria.Yuschenkoff@ventura.org">Victoria.Yuschenkoff@ventura.org</a>

GCHP will be emailing you a survey. Please help us improve our webinars by completing this short survey!