

Maternal and Infant Health Initiative

Infant Well-Child Visit Learning Collaborative

Affinity Group Fact Sheet

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the **Infant Well-Child Visit Affinity Group** to support states to implement quality improvement (QI) projects that improve the use and quality of well-child visits for Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries ages 0 to 12 months. This affinity group, which follows the infant well-child visit webinar series, is part of the CMS [Maternal and Infant Health Initiative](#). The Maternal and Infant Health Initiative supports state Medicaid and CHIP agencies in their efforts to improve maternal and infant health.

Why Infant Well-Child Visits?

High-quality well-child visits can improve children’s health, support caregivers’ behaviors to promote their children’s health, and prevent injury and harm. The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a family centered health history, physical examination, immunizations, vision and hearing screening, developmental and behavioral assessment, an oral health risk assessment, a social assessment, maternal depression screening, parenting education on a wide range of topics, and care coordination as needed.¹ When children receive the recommended number of high-quality visits, they are more likely to be up-to-date on immunizations, have developmental concerns recognized early, and are less likely to visit the emergency department.^{2,3,4,5,6,7}

Many infants do not receive the recommended number of infant well-child visits. Infants of color are at an increased likelihood of not meeting the recommended number of visits.⁸ Reasons for missing visits include lack of transportation, work responsibilities, lack of childcare, and other social stressors.⁹ The COVID-19 pandemic has exacerbated the number of missed well-child visits, with 21 percent fewer (4.6 million) child screening services provided between March through October 2020, compared to the same period in 2019.¹⁰ Because Medicaid and CHIP cover nearly 40 percent of all children, focusing on well-child visits is an opportunity for state Medicaid and CHIP programs to improve overall attendance and quality of infant well-child visits and to reduce disparities in well-infant care.¹¹

The Opportunity

To improve the use and quality of well-child visits for Medicaid and CHIP beneficiaries ages 0 to 12 months, CMS is pleased to launch the **Infant Well-Child Visit Learning Collaborative Affinity Group**. The affinity group will provide technical assistance to state Medicaid and CHIP agencies and their partners through group workshops and one-on-one meetings. QI advisors and subject matter experts will provide state teams with individualized guidance, including QI tools, to identify, implement, and test change ideas to improve infant well-child visits and then scale those changes that prove successful. Participating states will meet monthly from October 2021 to October 2022 (with additional technical assistance available until October 2023) to develop and test data-driven interventions. States will work with CMS to improve their performance on the

Child Core Set measure, Well-Child Visits in the First 30 Months of Life (W30-CH), and to identify other relevant indicators to track quality improvement. States can extend their QI technical assistance in the year after the initiation of the affinity group to continue implementation and spread successful activities.

The Infant Well-Child Visit Affinity Group is part of the Infant Well-Child Visit Learning Collaborative, which includes a series of webinars featuring strategies to improve infant well-child visit rates and quality through: (1) using data to identify disparities and increase equity in well-child visit participation; (2) engaging families, health care providers, and partner agencies; (3) using payment and incentives; and (4) partnering with managed care organizations. Although listening to the webinars is not a requirement to join the affinity group, it is encouraged. You can access them [here](#).

State Team Learning Objectives

The affinity group state QI teams will:

- Meet monthly virtually for workshops and one-on-one state coaching calls, learning from QI advisors, subject matter experts, and peers
- Improve QI skills through workshops and individual state QI team coaching
- Create a driver diagram to help plan a state QI project informed by the Infant Well-Child Visit Affinity Group driver diagram
- Test, implement, and assess data-driven QI change ideas
- Identify indicators to track improving quality

Application and Selection

To participate in the affinity group, please submit the expression of interest form, found [here](#), by **Thursday, September 30, 2021, 8 p.m. ET**. In addition to the relevant state Medicaid and CHIP staff, state Medicaid and CHIP agencies are encouraged to include representatives from managed care plans, providers, state health departments, and other relevant partners as part of the affinity group team. Upon receiving the form, CMS and the QI technical assistance team will contact the proposed state QI team leader to discuss the state's infant well-child visit improvement goals.

Criteria for affinity group participation include:

- Well-articulated goals for improving infant well-child visit rates and quality
- An understanding of the state's challenges and opportunities related to infant well-child visits
- Access to infant well-child visit data, including the ability to report the Core Set measure Well-Child Visits in the First 30 Months of Life (W30-CH)
- Identification of a well-rounded state team willing to work about 10 to 15 hours each month (depending on role, project, and team size) on the state QI project
- Commitment to action, with support from Medicaid and/or CHIP leadership

Questions?

Please submit your questions to the technical assistance mailbox at MACQualityImprovement@mathematica-mpr.com.

References

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- ⁴ DeVoe, J.E., M. Hoopes, C.A. Nelson, et al. “Electronic Health Record Tools to Assist with Children’s Insurance Coverage: A Mixed Methods Study.” *BMC Health Services Research*, vol.18, no. 1, May 2018, p. 354–360.
- ⁵ Coker, T.R., S. Chacon, M.N. Elliott, et al. “A Parent Coach Model for Well-Child Care Among Low-Income Children: A Randomized Controlled Trial.” *Pediatrics*, vol. 137, no. 3, March 2016, p. e20153013.
- ⁶ Flores, G., H. Lin, C. Walker, M. Lee, J. Currie, R. Allgeyer, M. Fierro, M. Henry, A. Portillo, and K. Massey. “Parent Mentoring Program Increases Coverage Rates for Uninsured Latino Children.” *Health Affairs*, vol. 37, no. 3, 2018, pp. 403–412.
- ⁷ Hakim, R.B., and D.S. Ronsaville. “Effect of Compliance with Health Supervision Guidelines Among US Infants on Emergency Department Visits.” *Archives of Pediatrics & Adolescent Medicine*, vol. 156, no. 10, October 2002, pp. 1015–1020.
- ⁸ Flores, G., and the Committee on Pediatric Research. “Racial and Ethnic Disparities in the Health and Health Care of Children.” *Pediatrics*, vol. 125, no. 4, 2010, pp. e979–e1020.
- ⁹ Wolf, E.R., J. O’Neil, J. Pecsok, R.S. Etz, D.J. Opel, R. Wasserman, and A.H. Krist. “Caregiver and Clinician Perspectives on Missed Well-Child Visits.” *Annals of Family Medicine*, vol. 18, no. 1, 2020, pp. 30–34.
- ¹⁰ Centers for Medicare & Medicaid Services. “Medicaid & CHIP and the COVID-19 Public Health Emergency.” May 2021. Available at <https://www.medicaid.gov/state-resource-center/downloads/covid-19-medicaid-data-snapshot.pdf>.
<https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>.
- ¹¹ Rudowitz, R., R. Garfield, and E. Hinton. “10 Things to Know About Medicaid: Setting the Facts Straight.” Issue Brief. Washington, DC: Kaiser Family Foundation, 2019. Available at <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>.