

Check-Ups & Developmental Screenings: How Many Texas Kids in YOUR Community Get Them?

Background

Routine well-child visits and developmental screenings allow physicians and families to monitor a child's health and identify developmental, behavioral, and social delays that can be treated with early intervention services. The American Academy of Pediatrics (AAP) recommends eight well-child visits within the first 15 months of life and developmental screenings at 9 months, 18 months, and 24 or 30 months.¹ In order to track whether kids are getting the health care they need to grow and thrive, health plans, as well as states, are encouraged to collect and use data on nationally-recognized quality of care measures.

Texans Care for Children collected state and regional data on the percent of children enrolled in Medicaid (STAR and STAR+PLUS) and Children's Health Insurance Program (CHIP) health plans who received developmental screens and well-check and primary care visits in 2015 across Texas' 13 geographic managed care service areas.²

- **Developmental Screening:** The first four measures (DVS Total, DVS 12 mos., DVS 24 mos., DVS 36 mos.) reflect the rate of children screened at the recommended age interval for risk of developmental, behavioral, and social delays.³ Health care providers use a standardized screening tool to perform this screening. The DVS measure has been endorsed by the National Quality Forum (NQF). It was developed in conjunction with national quality experts and based on learning from state Medicaid-led initiatives. The DVS measure is one of the 26 indicators in the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, which states voluntarily report to the Centers for Medicare and Medicaid Services each year.
- **Primary Care Visits:** The next three measures (W15 6+, CAP 12-24 mos., and CAP 25 mos. - 6 years) reflect the rate at which children receive well-child visits and primary care visits during specific age intervals. These measures were established by The National Committee for Quality Assurance (NCQA) and are part of the HEDIS® Quality of Care measures, which are widely used among health plans.

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

Information in this interactive map is based on Calendar Year 2015 data available through the Texas Healthcare Learning Collaborative public portal.⁴

Description of Measures

1. DVS Total – Percentage of enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.
2. DVS 12 mos. – Percentage of enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first birthday.
3. DVS 24 mos. – Percentage of enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their second birthday.
4. DVS 36 mos. – Percentage of enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their third birthday.
5. W15 (6+ visits) – Percentage of enrolled children who had six or more well-child visits within the first 15 months of life.
6. CAP (12-24 mos.) – Percentage of enrolled children age 12 months to 24 months who had a primary care visit in the last 12 months.
7. CAP (25 mos. - 6 years) – Percentage of enrolled children age 25 months through 6 years who had a primary care visit in the last 12 months.

Key Findings

At the state level, 51 percent of enrolled children received six or more well-child visits during the first 15 months of life (W15). Among slightly older children, 96 percent of kids 12 months to 24 months and 89 percent of kids 25 months through 6 years had at least one visit with their primary care physician in the last year (CAP). However, not every child who visited the doctor received a developmental screening. Among enrolled kids under age three, 37 percent received a developmental screening (DVS Total). One-year-olds had the highest rate of screening, at 40 percent, while only 35 percent of kids under 12 months and 35 percent of two-year-olds received developmental screenings (DVS by age). The data shows that the majority of infants, toddlers, and young kids enrolled in Medicaid or CHIP are getting primary care visits – at least to some degree. Since AAP recommends developmental screenings at 9 months, 18 months, and 24 or 30 months in order to identify the risk of possible delays, it's important that these screenings are performed when young children visit their doctor.

Summary of State Averages and Comparison across Texas Managed Care Regions

	Statewide Weighted Average*	Range Across Texas Regions
Developmental Screening		
Percentage of kids age 0 up to 36 months receiving developmental screening (DVS Total)	37 percent	29 – 58 percent
Percentage of kids age 0 up to 12 months receiving developmental screening (DVS 12 mos.)	35 percent	29 – 52 percent
Percentage of kids age 12 up to 24 months receiving developmental screening (DVS 24 mos.)	40 percent	30 – 64 percent
Percentage of kids age 24 up to 36 months receiving developmental screening (DVS 36 mos.)	35 percent	24 – 59 percent
Primary Care Visits		
Percentage of kids receiving six or more well-child visits during the first 15 months of life (W15)	51 percent	42 – 66 percent
Percentage of kids age 12 through 24 months who had primary care visit in last 12 months (CAP 12-24 mos.)	96 percent	94 – 99 percent
Percentage of kids age 25 months through 6 years who had primary care visit in last 12 months (CAP 25 mos. – 6 years)	89 percent	88 – 95 percent
* Given that the data is only available at the regional level and that Texas' 13 managed care service regions comprise a wide-ranging number of counties (as few as two and as many as 99), we calculated a weighted average that weights each health region by the number of counties it represents.		

Across regions of Texas, the rates of primary care visits and screenings varied significantly, particularly for developmental screening (DVS) and the rate of kids receiving 6 or more well-child visits in the first 15 months of life (W15 measure). For example, the range of service rates for DVS 36 mos. stretched from 24 percent in the Lubbock Managed Care Service Area to 59 percent in the Travis Managed Care Service Area, a difference of 35 percentage points.

Certain Managed Care Service Areas consistently underperformed or outperformed state averages. The Lubbock Managed Care Service Area, in the Texas Panhandle, ranked last in three of seven measures: W15, DVS Total, and DVS 36 months. The Jefferson Managed Care Service Area, in East Texas, had low scores across the seven measures and ranked last in DVS 12 months and DVS 24 months. On the other end of the spectrum, the Travis Managed Care Service Area ranked highest in all four DVS measures, and the Hidalgo Managed Care Service Area, in northeast Texas, ranked first in W15 and the CAP measure for 25 mos. through 6 years.

Next Steps:

Over the next year, Texans Care for Children will be exploring the following questions. We welcome collaborative efforts to ensure more children are healthy and on a path to succeed in school.

- If the majority of kids enrolled in Medicaid and CHIP health plans are going to the doctor for well-child visits, what are reasons they might not be screened for risk of social, behavioral, or developmental delay? Are physicians conducting some other type of developmental surveillance but not using the recommended screening tool? Does the reimbursement rate for developmental screens pose a barrier?
- If a visit is to address a specific medical issue or child's illness, what can be done to schedule a follow-up visit to ensure a child receives the recommended screening?
- Why do one-year-olds have the highest rates of developmental screening? What can be gleaned from this information to improve the screening rate for children under 12 months and for two-year-olds?
- Why are some managed care service regions performing so much better or worse than others? What best practices can be identified from high performers?
- What steps can Medicaid and CHIP Managed Care Organizations (MCOs) take to increase the rate of children receiving well-child visits and developmental screenings at the appropriate age intervals? How can the state and MCOs engage families and health care providers in their networks to encourage screenings and underscore the importance of well-child visits and developmental screenings?
- Given that these rates only account for kids enrolled in Medicaid and CHIP, how are other Texas children (e.g., those uninsured and privately insured) faring with respect to these measures?
- How do these rates compare with other states and national averages?
- Beyond screening, what are strategies to track and ensure children receive the follow-up referrals, evaluations, and early intervention services needed to treat identified delays?

¹ American Academy of Pediatrics and Bright Futures. Recommendations for Preventive Pediatric Health Care: Periodicity Schedule. Available at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

² Texas' thirteen managed care service areas are designated by Texas Health and Human Services Commission (HHSC). The managed care service area identifies the area of the state in which a Medicaid or CHIP health plan operates and has a provider network.

³ Based on the Bright Futures recommendations of the American Academy of Pediatrics, the DVS measure tracks screens occurring in the 12 months preceding a child's first, second, or third birthday, if there is 12 months of continuous coverage with no more than a 45-day gap.

⁴ Managed Care Organizations (MCOs) in Texas serving Medicaid and CHIP beneficiaries submit quality measure data to HHSC for state and public use. Quality and performance measure data submitted by MCOs to HHSC are available through the Texas Healthcare Learning Collaborative public portal here: <https://thlcportal.com/index.php/public>.