



Complete Summary

TITLE

Well-child visits in the first 15 months of life: percentage of members who received zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the managed care organization (MCO) from 31 days of age and who received either zero one, two, three, four, five, six or more well-child visits with a primary care practitioner during their first 15 months of life.

A child should be included in only one numerator (e.g., a child receiving 6 well-child visits will not be included in the rate for five, four or fewer visits). MCOs calculate seven rates for each of the two product lines (Medicaid and commercial).

RATIONALE

Well-care visits are routine visits to the child's physician for the purpose of physical examinations, immunization updates, tracking growth and development, and finding any problems before they become serious.

PRIMARY CLINICAL COMPONENT

Primary care; well-child visit

DENOMINATOR DESCRIPTION

Enrolled members age 15 months old during the measurement year who were continuously enrolled from 31 days through 15 months of age with no more than one gap in enrollment of up to 45 days during the continuous enrollment period

NUMERATOR DESCRIPTION

Seven separate numerators are calculated, corresponding to the number of members who received zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Gayles M. (Health Care Analyst, Quality Measurement. National Committee for Quality Assurance. Washington, DC). Personal communication [supplemental materials attached]. 2003 Oct 24. 17 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Managed Care Plans
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 15 months

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Enrolled members age 15 months old during the measurement year who were continuously enrolled from 31 days through 15 months of age with no more than one gap in enrollment of up to 45 days during the continuous enrollment period

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Enrolled members age 15 months old during the measurement year who were continuously enrolled from 31 days through 15 months of age with no more than one gap in enrollment of up to 45 days during the continuous enrollment period

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Seven separate numerators are calculated, corresponding to the number of members who received zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life. To count toward the measure, the well-child visit must occur with a primary care practitioner, but it does not have to be the practitioner assigned to the child.

Refer to the original measure documentation for Current Procedure Terminology (CPT) and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes to identify well-child visits.

Exclusions

Inpatient, emergency room, and specialist visits do not count in this measure. The intent is to capture comprehensive well-child visits only.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Frequency Distribution

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicaid and commercial plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Well-child visits in the first 15 months of life.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1996 Jan

REVISION DATE

2000 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Well-Child Visits in the First 15 Months of Life," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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