

WELL WOMAN VISITS

National Performance Measure 1: Percent of women with a past year preventive visit.

Goal: To increase the number of women who have a preventive visit.

Definition: Numerator: Women who reported having a routine check-up in the last year/
Denominator: Women, ages 18-44.

Healthy People 2020 Objectives:

Access to Health Services Developmental Objective 7.0: Increase the proportion of persons who receive appropriate clinical preventive services.

Maternal, Infant, and Child Health Developmental Objective 16.1: Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy.

Data Sources: Behavioral Risk Factor Surveillance System (BRFSS).

Policy Context:

Use of preventive services by women throughout the life span affects their health, as well as that of their family. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and the Institute of Medicine as a central component of women's clinical preventive services. The purpose of the annual well-woman preventive care visit for adult women is to obtain recommended preventive services that are age and developmentally appropriate, including preconception care. Well-woman visits should, where appropriate, also incorporate other recommended preventive services (e.g., immunizations, family planning, and screening for obesity, cervical cancer, alcohol misuse, sexually transmitted infections, sexually transmitted infections, and other conditions).

(<https://www.healthcare.gov/preventive-care-benefits/>)

(<https://kaiserfamilyfoundation.files.wordpress.com/2014/10/8219-02-preventive-services-tables1.pdf>).

Under the Affordable Care Act (ACA), well woman visits also are among the required women's preventive services exempt from without cost-sharing (e.g., co-payments and deductibles) among the great majority of private health plans, including individual, employer-based, small group, self-insured and ACA exchange/marketplace plans. (See guidelines at <http://www.hrsa.gov/womensguidelines/>). All so called "non-grandfathered" plans (plans or policies created or sold after March 23, 2010, or older plans or policies that have been changed in certain ways since that date) generally are required to provide coverage without cost sharing consistent with federal guidelines in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012. In 2014, approximately one quarter of workers in employer sponsored plans were still in grandfathered plans, but it is expected that over time almost all

plans will lose their grandfathered status. (<http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>).

While some states cover adult preventive visits, no parallel requirement exists for Medicaid coverage. The federal Centers for Medicare and Medicaid Services (CMS) encourages states to offer such coverage; however, many states do not provide Medicaid coverage for adult women or men.

Equally important is that millions of women and their providers are not aware of their coverage without cost sharing. Improving knowledge, attitudes, and behaviors among women and the providers of primary care to adult women is essential for implementing this policy change and achieving progress in this MCH national performance measure.

Action Agenda for State Title V MCH Block Grant Programs:

- Monitor utilization of well-woman visits using BRFSS, as well as postpartum visits using Pregnancy Risk Assessment and Monitoring System (PRAMS).
- Create a partnership among private health plans, public health, federally qualified health centers (FQHC), and Medicaid to enhance awareness of well-woman visits coverage among providers and patients.
- Encourage Medicaid coverage for well woman visits (or for well adult visits to men and women).
- Develop a quality and performance improvement project with providers to increase the utilization and quality of well-woman visits.
- Conduct a records review analysis to assess the quality and adequacy of well-woman visits.
- Create campaigns (e.g., public awareness, social marketing) to promote awareness among women of childbearing age, engaging local public health, faith-based organizations, colleges, pharmacies, and other engage community stakeholders.