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Fact Sheet #2: How Do MaineCare Providers Perform on **Childhood Screening and Prevention?**

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The Maine Department of Health and Human Services (DHHS) has a demonstrated commitment to standardizing and improving screening and preventive services provided to children served by MaineCare, the state of Maine's Medicaid and Child Health Insurance (CHIP) Program. In 1998, MaineCare Services adopted the Bright Futures guidelines, a standard of care for pediatric patients, as a means of ensuring that pediatric providers routinely incorporate appropriate screening and prevention into their work with children and families. The Bright Futures guidelines provide a comprehensive framework for well-child care that includes recommendations to providers on how to monitor health behaviors and mitigate behavioral risk factors at each visit.1 Recently, MaineCare partnered with Quality Counts to launch the First STEPS (Strengthening Together Early Preventive Services) initiative, which helps pediatric and family practices serving high volumes of MaineCare children to increase their use of Bright Futures guidelines.²

The annual Survey of Children Served by MaineCare, which collects a wealth of data on the experiences of MaineCare families, examines the extent to which MaineCare providers follow Bright Futures guidelines during well-child visits.3 This fact sheet presents findings on Bright Futures adherence from the 2013 survey.

Bright Futures Items in the 2013 Survey

Parents whose children had attended at least one visit with their personal doctor in the past six months were asked to indicate how frequently the doctor talked with them about selected topics specified by Bright Futures.

Topics were as follows:

Key Messages

- The 2013 Survey of Children Served by MaineCare indicated that MaineCare pediatric providers generally recognize the importance of routine screening and prevention.
- Survey results showed that most providers adhered to Bright Futures guidelines for discussing obesity-related behaviors, substance use/ exposure, and mental health at well-child visits.
- Data from the 2013 Survey can serve as a baseline for measuring the impact of the First STEPS Phase III initiative, which focuses on targeted interventions for children at risk for overweight/obesity.

Obesity-related Issues	Substance Use/Exposure	Other Issues
Physical activity or exercise*	Risks of secondhand smoke	Mental health*
Sugar-sweetened drinks	Use of tobacco products**	Reproductive health**
Nutrition and diet	Drug or alcohol use**	
Weight		
Television viewing/screen time		

^{*}Ages 3 and older **Ages 8 and older





Findings on Screening and Prevention from the 2013 Survey

Obesity-Related Issues

Many MaineCare children are overweight or obese.

- More than one-fourth (29%) of MaineCare children are obese.
- Forty-one percent (41%) are either overweight or obese.

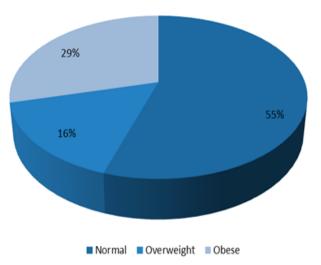
Most MaineCare providers follow Bright Futures guidelines on talking with families about obesity-related issues at well-child visits.

- About three-fourths of doctors discussed children's physical activity/exercise (76%), consumption of sugar-sweetened drinks (75%), and nutrition/diet (75%).
- Seventy percent (70%) discussed children's weight.
- Two thirds (67%) discussed children's television viewing/screen time.

MaineCare providers are significantly more likely to discuss some obesity-related behaviors with families of obese children than with families of children who are not obese.

- Eighty-six percent (86%) of doctors discussed nutrition/diet with families of obese children, as compared to 67% who raised the issue with families of non-obese children.
- Eighty-three percent (83%) discussed consumption of sugar-sweetened drinks with families of obese children, while 71% addressed this topic with families of nonobese children.

The Prevalance of Childhood Obesity among Children Served by MaineCare



Obesity-related data from the 2013 survey can serve as a baseline for measuring the impact of First STEPS Phase III.

- First STEPS Phase III, which is now under way, focuses on improved adherence to Bright Futures recommendations on prevention and interventions targeting childhood obesity.⁴
- Obesity-related outcomes from First STEPS practices can be compared to relevant 2013 survey data to assess the effect of First STEPS Phase III.





Substance Use/Exposure

The majority of MaineCare providers adhere to Bright Futures recommendations for providing families with guidance about children's substance use/exposure.

- Seventy percent (70%) discussed risks of secondhand smoke.
- Sixty percent (60%) discussed use of tobacco products.
- Fifty-seven percent (57%) discussed drug or alcohol use.

Other Issues: Mental Health and Reproductive Health

More MaineCare providers followed Bright Futures guidelines on discussing mental health issues at well-child visits in 2013 than in the previous year.

 The percentage of providers who discussed mental health increased significantly, from 53% in 2012 to 60% in 2013.

Progress is needed in increasing MaineCare providers' adherence to guidelines on discussing reproductive health issues at well-child visits.

• Just under half (48%) of providers provided guidance to families on children's reproductive health as recommended by Bright Futures.

About the 2013 Survey of Children Served by MaineCare

- The 2013 survey included a representative sample of families with children aged 17 or younger who were enrolled in MaineCare for at least 5 months between September 2012 and February 2013. Of the total 2,413 eligible families who were contacted, 1,077 interviews were completed, for an overall response rate of 44.6%.
- The survey used a standardized instrument the Consumer
 Assessment of Healthcare Providers and Systems (CAHPS 4.0H) to examine the experiences of families with children in MaineCare. In addition, the survey included supplemental items addressing areas of high priority for DHHS.
 One of these priority areas was providers' performance on Bright Futures standards for screening and prevention.

For more information about the Survey of Children Served by MaineCare, contact Mary Lindsey Smith at mlsmith@usm.maine.edu

The full report can be accessed at http://www.maine.gov/dhhs/oms/provider/ihoc.shtml

- $1\ \ Available\ at:\ http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html.$
- 2 For more information on First STEPS, see: http://gid.mainequalitycounts.org/project/first-steps.
- 3 Talbot JA, Thayer D, Croll Z, Fox K. 2013 survey of children served by MaineCare. Portland, ME: Muskie School of Public Service, University of Southern Maine; 2013. http://www.maine.gov/dhhs/oms/provider/ihoc.shtml.
- 4 First Steps Phase III: Encouraging healthy habits by improving healthy weight and oral health screening, treatment and referral. Pre-learning session packet. Manchester, ME: Quality Counts; 2013. http://www.mainequalitycounts.org/image_upload/First_STEPS%20Phase%203%20_Pre_Learning_Session_Packet_Updated%2003012013.pdf. Accessed February 24, 2014.



