Group Well-Child Visits: An Innovative Practice Model

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Disclosure Statement

I have no disclosures

Objectives

- Describe the group well-child model
- Evaluate the trade-offs between a group well-child model and traditional care
- Discuss the challenges of implementing the group well-child model and ways to meet these challenges
- Evaluate potential outcomes regarding how the group well-child model meets current healthcare policy goals
- Describe current well-child visit screenings
- Provide resources for well-child visits
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Why is Well-Child Care Important?

- Family Support and Reassurance
- Growth and Development Assessment
- Physical Examination
- Health Promotion
- Anticipatory Guidance
- Vaccinations
- Ongoing Provider/Family Relationship

(Hagen, Show, & Duncan, 2008; Page, Reid, Hoagland, & Leonard, 2010)

Group Visits

- A cohort of patients with the same needs is seen together in a group setting
- Group visits include most components of individual visits including a private medical evaluation at each visit
- Time spent with each patient is increased while maintaining profitability

(Jabert et al., 2006)
Group Well-Child Model: What is it?

- Follows AAP recommended well-child care schedule with the potential for additional visits including a 6 week post-partum visit
- Parents and infants meet as a group with 1-2 providers and MA
- Measurements and vital signs completed by parents with MA support, parents learn to plot on growth chart
- Individual exams conducted by provider
- Developmental screenings are done by the group

Group Well-Child Model: What is it?

- Questions and anticipatory guidance are discussed in a group setting
- Vaccinations administered at the end of each visit
- Billing remains the same as with individual well child appointments since individual exams, vaccines, screenings

(Objecting Healthcare Institute, 2013; Jaber et al., 2006; Osborn & Woodley, 1981)

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Benefits of Traditional Well-Child Care

- **Awareness**
  - Providers and health care team knowledge and comfort with the model
- **Space**
  - Clinics are set up to provide traditional care
- **Scheduling**
  - Appointments are scheduled at a convenient time for families
  - Siblings are able to be scheduled together and come to visit
  - Sick children are still able to attend the visit without risk to other children
- **Privacy**
  - Comfort levels of parents with sharing personal information

Challenges of Traditional Well-Child Care

- **Time:** Most well-child visits are 15-20 minutes
  - Increased number of developmental screenings
  - Increased amount of anticipatory guidance recommended by Bright Futures
  - Increased time is associated with increased parent satisfaction
- **Need for Adequate Training**
- **Need for Adequate Reimbursement**

(Poker, Casalino, Alexander, & Lantos, 2006; Haffen et al., 2011; Page et al., 2010; Seher, 2014)

Potential Benefits of the Group Well-Child Model

- **Empowers and supports parents**
  - Involves the parents in vital signs, growth charts, etc.
  - Increases parents knowledge and confidence in care such as how to measure temperatures
  - Shared experiences with other parents provides reassurance
  - Reassurance of seeing a range of normal development
- **Increases time**
  - Most group visits are 1.5-2 hours
  - Time to do developmental screenings as a group
  - All questions answered
  - Improved parent satisfaction

(Centering Healthcare Institute, 2006; Labor, Breckenridge, & Telling, 2008; Mittal, 2011; Osborn & Woolley, 1981; Page et al., 2010)
Potential Benefits of the Group Well-Child Model

- Provides greater parent/child observation and modeling
- Increases social support for families
  - Socialization between families of children of same age
  - Learn from questions posed by other parents
- Decreases ED visits or after hour phone calls
  - WellBabies, a group well-child program at University of North Carolina’s Academic Family Medicine Center found fewer acute ambulatory visits, ER visits, and hospitalizations (Page et al., 2010)
- Allows for interdisciplinary support
  - Postpartum Care, Lactation, Social Services, Community Organizations
  - Potential for additional billing of these services
- Decreases waiting room time: families can be interacting in group space

(Contending Healthcare Institute, 2013; Halen, Inkelas, Misra, & Olson, 2014; Page et al., 2010; Taylor, Davis, & Kemper, 1997; Young, Davis, Schoen, & Parker, 1998)

Benefits for Academic Institutions Incorporating APRN’s and Residents

- Assess multiple children of same age that display the range of normal development
- Answer a range of parent questions and concerns
- Provide a large quantity of anticipatory guidance
- Continuity with the same children over a period of time
- Greater amount of direct supervision from NP, CNM, or MD as they facilitate the group together

(Mittal, 2011; Saysana & Downs, 2002)

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Challenges of the Group Well-Child Model

- Recruitment/Scheduling
  - Need administrative support
- Provider Training
- Space
  - Large group space allowing for 4-8 infants and their parents
  - Access to private exam rooms or private area
  - Restroom access
- Siblings/Other Children
  - Many groups do not allow siblings or other children
  - Potential HIPAA violation for children over the age of 2 years
- Privacy

Innovations in Meeting the Challenges

- Recruitment/Scheduling
  - Schedule newborn and 2 week appt with the provider who will be conducting group visits
  - Consider evening or weekend appointments
- Provider Training
  - Centering Healthcare Institute
  - Facilitative Leadership
- Space
  - Design a new space if ability to add onto the clinic
  - Utilize the staff room or waiting room
- Siblings/Other Children
  - Most group sites do not allow other children to be present
  - Provide child care: Volunteers?
- Privacy/Confidentiality
  - [http://www.im4us.org/General+Group+Visit+Materials](http://www.im4us.org/General+Group+Visit+Materials)
  - (Cofresi, 2003; Rising, Kennedy, & Kilma, 2004)

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Group Well-Child Model and the IHI Triple Aim

- Improving the Patient Experience
  - Qualitative review on group visits found increased satisfaction of both patients and providers
  - Increased time spent in visit
  - Increased time spent on anticipatory guidance and answering questions

- Improving the Health of Populations (Areas to be researched)
  - Potential for increased access to postpartum contraception
  - Potential for increased rates of breastfeeding for a longer time period
  - Potential for improved vaccine compliance
  - Potential for decreased postpartum depression

(IHI, 2014; Institute for Healthcare Improvement, 2014; Jaber et al., 2006; Young et al, 2009)

Reducing the Per Capita Cost of Health Care

- Potential for reduced costs if more patients are scheduled than normally seen in that time frame
- Reduction in ER visits and urgent care visits reduces costs
- Potential to impact adverse childhood experiences that lead to chronic health problems

(IHI, 2014; Jaber et al., 2006)

Meeting Oregon’s Health Share Measures

CHIPRA (Children’s Health Insurance Program Reauthorization Act) MEASURES:
- Childhood Immunization Rates
- Developmental Screening in first 3 years of life
- Well-Child Visits in the first 15 months of life
- Child and adolescent access to primary care practitioners
- Potentially avoidable ED visits

(Oregon Health Authority, 2013)
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Screenings

- Developmental Screening at 9 months, 18 months, and 30 months (Consider at every well child visit until age 5 years)
  - Denver II: [http://denverii.com/denverii/](http://denverii.com/denverii/)
- Autism Screening at 18 months and 24 months
- Iron Deficiency at 12 months
- Lead Screening: [www.healthoregon.org/lead](http://www.healthoregon.org/lead)
- Targeted TB Screening at 1 month, 6 mo, 12 mo, 24 mo, then annually

Screenings

- Dyslipidemia Screening at 9 years with lipid panel
- Alcohol/Drug Screening at annually at 11 years CRAFT Screen

  - C (have you ever driven in a car driven by someone (including yourself) who was “high” or had been drinking alcohol or drugs?)
  - R (do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?)
  - A (do you ever use alcohol or drugs while you are by yourself, alone?)
  - F (do you ever forget things you did while using alcohol or drugs?)
  - F (do your family or friends ever tell you that you should cut down on your drinking or drug use?)
  - T (have you ever gotten into trouble while you were using alcohol or drugs?)
- Depression Screening at 11 years then annually PHQ-2
- Chlamydia and Gonorrhea Screening in sexually active adolescents yearly
- No screening UA
- No PAP screenings until age 21 years regardless of sexual activity
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Vaccine Resources

Vaccination Resources:
- [http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)
- [www.immunize.org](http://www.immunize.org)
- Evidence showing vaccines unrelated to autism: [www.immunize.org/catg.d/p4028.pdf](http://www.immunize.org/catg.d/p4028.pdf)
- Oregon school law non-medical vaccine exemption: [https://apps.state.or.us/Forms/Served/le4684d.pdf](https://apps.state.or.us/Forms/Served/le4684d.pdf) [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption)

Mental Health/Postpartum Depression

- Portland Resources: [www.babybluesconnection.org/bbc/finding-help/printable-resources](http://www.babybluesconnection.org/bbc/finding-help/printable-resources)
- Oregon Infant Mental Health Association [www.orimha.org](http://www.orimha.org)
- Oregon 211 [http://211info.org/](http://211info.org/)
- OHSU OPAL-K Program
Additional Resources

- Fluoride Chairside Tool
  http://www.mhplan.com/content/pdf/shared/providers/cpgs/fluorideChairsideTool.pdf
- Zero to Three website has great handouts
  www.zerotothree.org
- Oregon Dairy Council has great handouts
  www.oregondairycouncil.org
- Love is Respect has great handouts for adolescents on dating/sexting/sex
  www.loveisrespect.org

Next Steps

- Centering Healthcare Institute
  - Centering Implementation Seminar?
  - Centering Training?
    - Follow the link to CHI start up information
- Develop your own group visits
- Funding
  - March of Dimes

Contact Information

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Please share your group well-child care stories, insight or questions.
References