2019

What To Expect: Patient Education to Improve Follow-up for Well Child Visits in Rutland, VT

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Well child visits (WCVs) are the cornerstone of pediatric preventative care. Routine attendance of these visits for children may prevent illness, reduce the long-term adverse health effects associated with some disorders, and improve health behaviors, with a net result of children who are more likely to become healthy, productive adults.\(^1\) Despite this fact, many children are missing a majority of these WCV, particularly in lower income communities across the US. The 15- and 18-month WCVs as well as the 4-year WCV are the least frequently attended WCVs. The former represent opportunities to identify developmental delays, and the latter represents an opportunity to assess school readiness.\(^2\) Family physicians are in a unique position to help families understand the importance of these appointments to overall health maintenance. Family physicians primarily provide anticipatory guidance verbally. However, research has shown that the use of well visit forms or other prompts are associated with better provision of anticipatory guidance.\(^3,9\)

The goal of this project is to implement the creation of parent educational handouts at routine visits to provide anticipatory guidance and improve attendance of pediatric well visits from birth to 5 years old.
A significant proportion of children under 5 years old and their families who are missing WCVs in Rutland, VT are faced with managing chronic illness and socioeconomic hardships without the resources, support, and anticipatory guidance that are provided at routine care.

As such, Rutland County has identified Childcare and Parenting as a Community Health Care Priority. Included in the goals of this priority are to:
1. Increase well child visits;
2. Increase supports for new parents;
3. Increase peer support resources and mentoring supports in the community.

Improvement of WCVs attendance in Rutland, VT is an important task because it is a means of connecting families undergoing socioeconomic hardships to community resources and a way to provide guidance for maintenance of chronic health conditions.
COMMUNITY STATISTICS

- 11% of children in Rutland County have asthma, 3% higher than the Vermont rate. (Asthma Data Brief 2017)
- Rutland had the highest hospitalizations for asthma for children under 5 at 24/10,000 hospitalizations and had the highest amount of ED visits for asthma with children under 5 years of age between 2013-2015. (Asthma Data Brief 2017)
- Poverty: 17% of children in Rutland County are living in poverty compared to 15% in Vermont (2018 County Rankings; Healthy Vermont 2011-2015).
- 43% children in Rutland County are eligible for free or reduced-price lunch. (2018 County Rankings)
- In Rutland County, 1 in 4 children are food insecure. (Rutland Community Cupboard)
Regardless age, income, or perceived health status, opportunities for prevention impacts all Americans. Each year, potentially preventable chronic diseases (e.g., heart disease, cancer, diabetes) are responsible for millions of premature deaths among Americans. This health drain on the economy results in loss of productivity that reduces the economic output by $260 billion per year.\textsuperscript{7}

Analyses among members of the 2009 US birth cohort that received childhood immunizations has been predicted to prevent $\sim$42,000 early deaths and 20 million cases of disease, with net savings of $13.5 billion in direct costs and $68.8 billion in total societal costs, respectively\textsuperscript{7,8}
Knowing the economic cost of potentially preventable illnesses makes the current trends in Rutland, VT for childhood poverty and obesity rates all the more concerning and highlights the urgent need to establish better health behaviors among the pediatric population.\textsuperscript{7,8,9}
COMMUNITY PERSPECTIVE AND SUPPORT

Summary of comments by Leigh Ryan, LPN, CHCRR Rutland, VT

- “It’s definitely a problem here [missing WCV]. I think that people just think that after a year all the appointments are annual so they forget all the ones in-between the 12 month and 2 year physical.”
- “Especially here, one of the things that comes up is that for mom’s with Hepatitis C, the kids needs to do lab work at the 12 month physical and we often miss that if they don’t come to their well appointments.”
- “Even with the EMR, as a smaller population of a family practice it’s hard to follow up on which kids are missing their well-visits. We only can tell when they’re missing appointments if we’re actively in their chart—so we end up realizing it at a sick visit. We can tell them to schedule an appointment, but we’re not actually the ones scheduling them—the front desk is, so if they call the front desk to reschedule or cancel we won’t actually know they’ve done that.”

Summary of comments by Dr. Richard Baker, Family Practice Physician, CHCRR Rutland, VT

- “Although it’s true that 15, 18 month and 4 year well child visits are some of the ones that are often missed here, I actually see more of an issue for parents missing an appointment when there are not shots involved. I think parents assumed that well visits are just for shots and don’t realize that we’re also checking up on a bunch of other things.”
- “We have a lot of parents coming to see us for follow-ups from going to the Urgent Care or the ED for visits. When they come in sometimes we recognize that they’ve missed a well appointment and we might end up combining it with a follow-up—but that’s not really what these visits are for. We sometimes end up focusing on the stuff from their sick appointment and miss out on providing a lot of the anticipatory guidance.”
- “An issue that’s come up is that parents will go to the front desk seeing if their kids are due for any shots—what they really mean, is if they’re due for a well appointment—but the front won’t understand that over the phone so they’ll say they’re up to date and then they won’t get scheduled. We’ve tried to change that a little bit by telling the people who are scheduling to make sure they ask what the parents really mean.”
INTERVENTION AND METHODOLOGY

Investigated available EMR data from CHCRR Family Practice of pediatric patients under 5 years old for well appointments missed and overdue.

Reviewed literature on best interventions for promoting WCV attendance.

Interviewed a variety of staff (front desk, LPNs, RNs, MA, and providers) for their opinions and perspectives as to why pediatric well visits are not well attended.

Collaborated with staff at CHCRR Family Practice to develop parent educational handouts for routine WCVs from the “first week visit” to the “5-6 year visit” that were modeled off of the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, published by the American Academy of Pediatrics that included population specific anticipatory guidance and local resources in Rutland, VT.
Parent Handout 1 Month Visit

How You Are Feeling
• Taking care of yourself gives you energy to take care of your baby. Remember to go on your postpartum checkup.
• Call for help if you feel sad or blue or very tired for more than a few days.
• Know that it is ok to not feel ok sometimes.

Parent Handout 2 Year Visit

What To Expect at Your Baby’s 2 Year Visit
We will talk about:
• The next appointment and key points of the visit
• Community resources providers felt were useful for specific appointments

Successful Start<br>Feeding Your Baby
• Breastfeed at least breast milk or<br>transfer formula, no water, in the first 6 months.
• Feed your baby when they are hungry.
• PO: feed your baby while holding, softly and calmly.
• End feeding when you see your baby is full.
• Turn your body.
• Close the mouth.
• Halve feedings.
• Breastfed or bottle feed 2-3 times per day.
• Baby’s daily during natural feeding.
• ISO: 6-5 days and stop at 4 months.

Breastfeeding
• Continue to take your breastfed baby.
• When breastfeeding is going well usually, 6-8 weeks, you can offer your baby a bottle every 2 hours.

Formula Feeding
• Always check water, heat, and store formula safely. If you need help, call.
• Feed your baby to 2 or 6-3 every 3 hours. If your baby is hungry, you can feed more.
• PO: feed your baby while you’re hungry.
• Keep a fixed feeding time.
• Have a list of emergency phrases.
• Know how to take your baby’s temperature.

Talking and Feeding
• Help your baby learn to eat.
• Get to know your baby.
• Practice your baby’s developmental milestones.
• Keep your child’s check-ups.

Good Night’s Sleep
• Simply ask your baby to fall asleep.
• Keep your baby’s car seat and home area free.
• Keep the room cool and free from smoking.

What to Expect at Your Baby’s
2 Month Visit
We will talk about:
• The next appointment and key points of the visit
• Community resources providers felt were useful for specific appointments

Local Resources:
Central Parenting Group - Support group with providers, parents, and other children in similar ages to guide you with tools, feeding, and accessing resources to support positive family development.
Contact: Teresa Crossman, 514-253-9250, t crossman@central.org
Women’s (W) provides all pregnant and/or breastfeeding families with nutritional support, free meals, and support and resources for community resources through information and food assistance.
Contact: 514-253-9250, visitant@women’s.org or call 514-896-6000 to make an appointment.

Child care options:
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All parent handouts included:
• Age-specific anticipatory guidance
• The next appointment and key points of the visit
• Community resources providers felt were useful for specific appointments
Patient responses:

- “Thanks for the handout with the feeding info, I’m so tired I was gonna forget what was said as soon as I left!”
- “There’s a 2 ½ year visit???”
- “When do I come in again for his next app—oh wait, yeah, I see here.”
An EMR report system that can track pediatric well-visit attendance and missed appointments is already in place at CHCRR Family Practice. However, to evaluate the effectiveness of the intervention, it would be useful to create a method of noting in the electronic record whether or not the family received the educational handout and then use the EMR reporting system to correlate whether its provision resulted in better WCV attendance to those patients who did not receive the intervention.

This project highlighted organizational misconceptions surrounding WCV for patients under 5 years old, encouraged discussions among practice staff on how to actively inform patients about routine care, and provided a tool for the practice that can be updated and edited to better fit the population of Rutland.

Limitations of this intervention are dependent on staff vigilance to provide the educational handouts at every well-child appointment and manage the coordination with the office scheduling team.
RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

Future projects could include:

- Public outreach to promote information about the importance of routine well child visits.
- An inquiry into other appointment reminders systems to help encourage appointment attendance.
- A survey inquiring parents about specific information or community resources they would find helpful for each age-specific WCV appointment.
# REFERENCES


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Consented ✓
Name: Richard Bein

Did NOT Consent
Name: 

Consented
Name: 

Did NOT Consent