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

WHAT TO EXPECT: PATIENT EDUCATION TO IMPROVE FOLLOW UP FOR WELL-CHILD VISITS IN RUTLAND, VT

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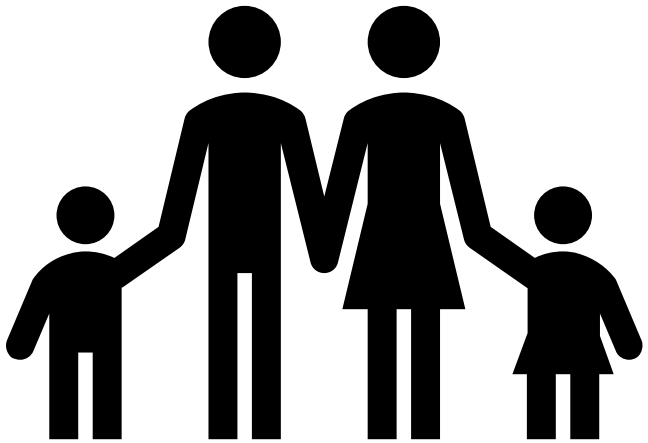
PROBLEM IDENTIFICATION



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.

DESCRIPTION OF NEED: RUTLAND, VT

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:

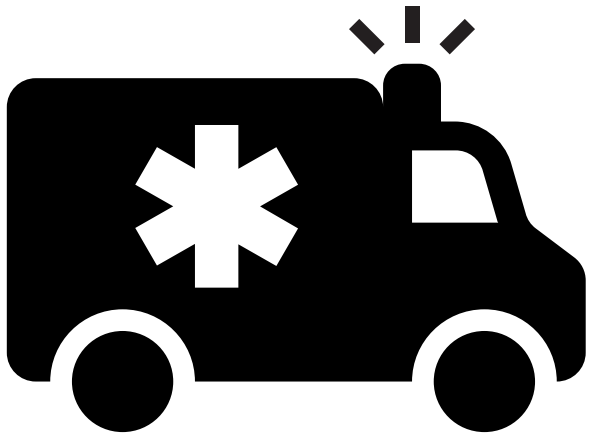
1. Increase well child visits;
2. Increase supports for new parents;
3. Increase peer support recourses and mentoring supports in the community.[4]

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.[6]

COMMUNITY STATISTICS[5]

- 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)

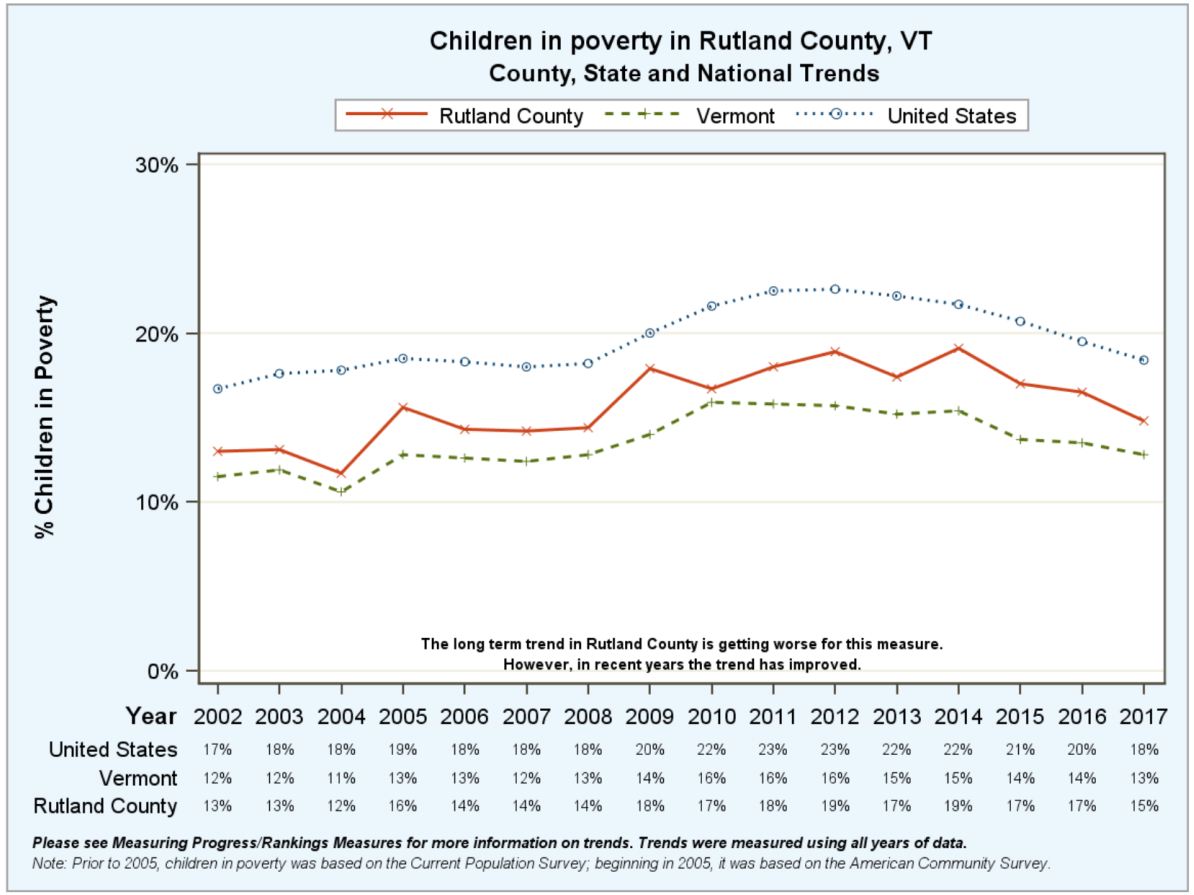
PUBLIC HEALTH COST



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.[7]

Analyses among members of the 2009 US birth cohort that received childhood immunizations has been predicted to prevent ~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[7,8]

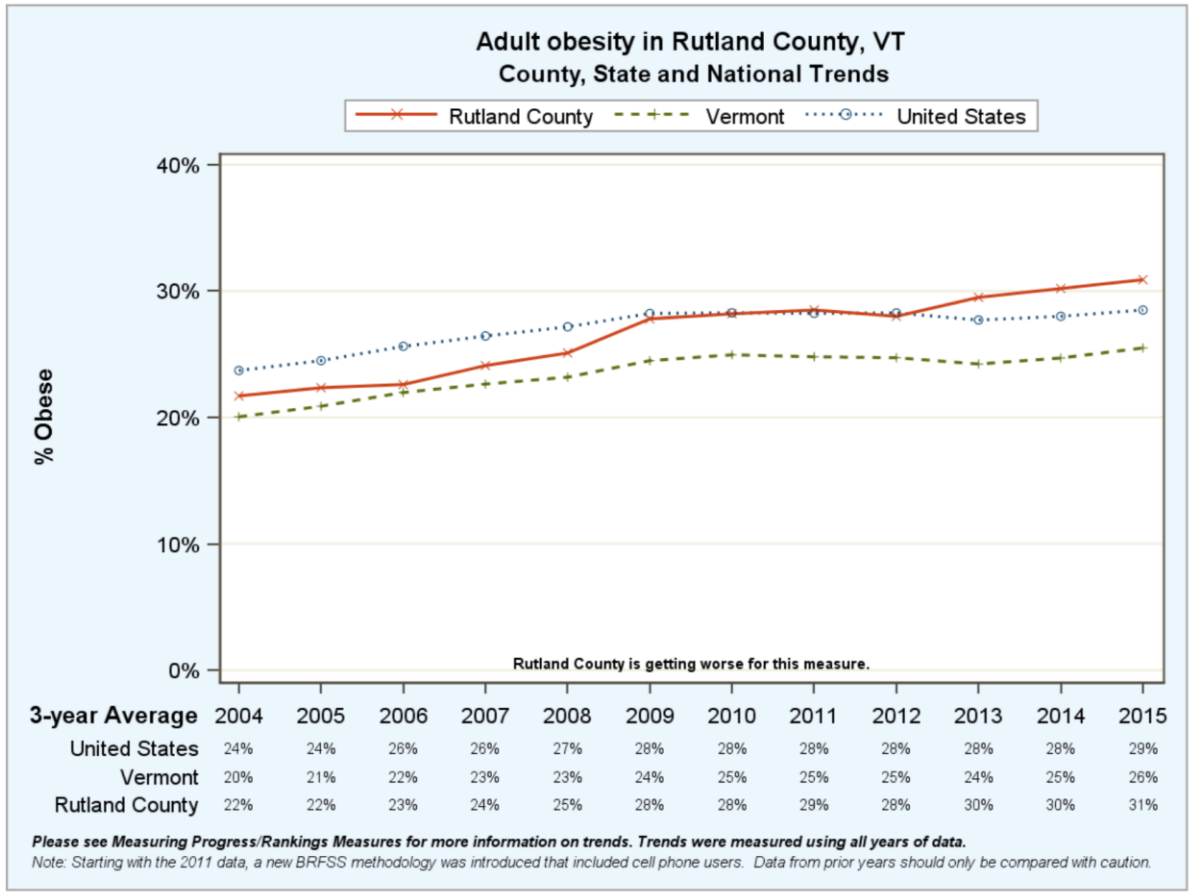
UNIQUE COST CONSIDERATIONS IN HOST COMMUNITY



Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
United States	17%	18%	18%	19%	18%	18%	18%	20%	22%	23%	23%	22%	22%	21%	20%	18%
Vermont	12%	12%	11%	13%	13%	12%	13%	14%	16%	16%	16%	15%	15%	14%	14%	13%
Rutland County	13%	13%	12%	16%	14%	14%	14%	18%	17%	18%	19%	17%	19%	17%	17%	15%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.

Note: Prior to 2005, children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.



3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	24%	24%	26%	26%	27%	28%	28%	28%	28%	28%	28%	29%
Vermont	20%	21%	22%	23%	23%	24%	25%	25%	25%	24%	25%	26%
Rutland County	22%	22%	23%	24%	25%	28%	28%	29%	28%	30%	30%	31%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.

Note: Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

- 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. [7,8,9]

COMMUNITY PERSPECTIVE AND SUPPORT

- Summary of comments by Leigh Ryan, LPN, CHCRR Rutland, VT
  - "Its 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 its 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 its 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."

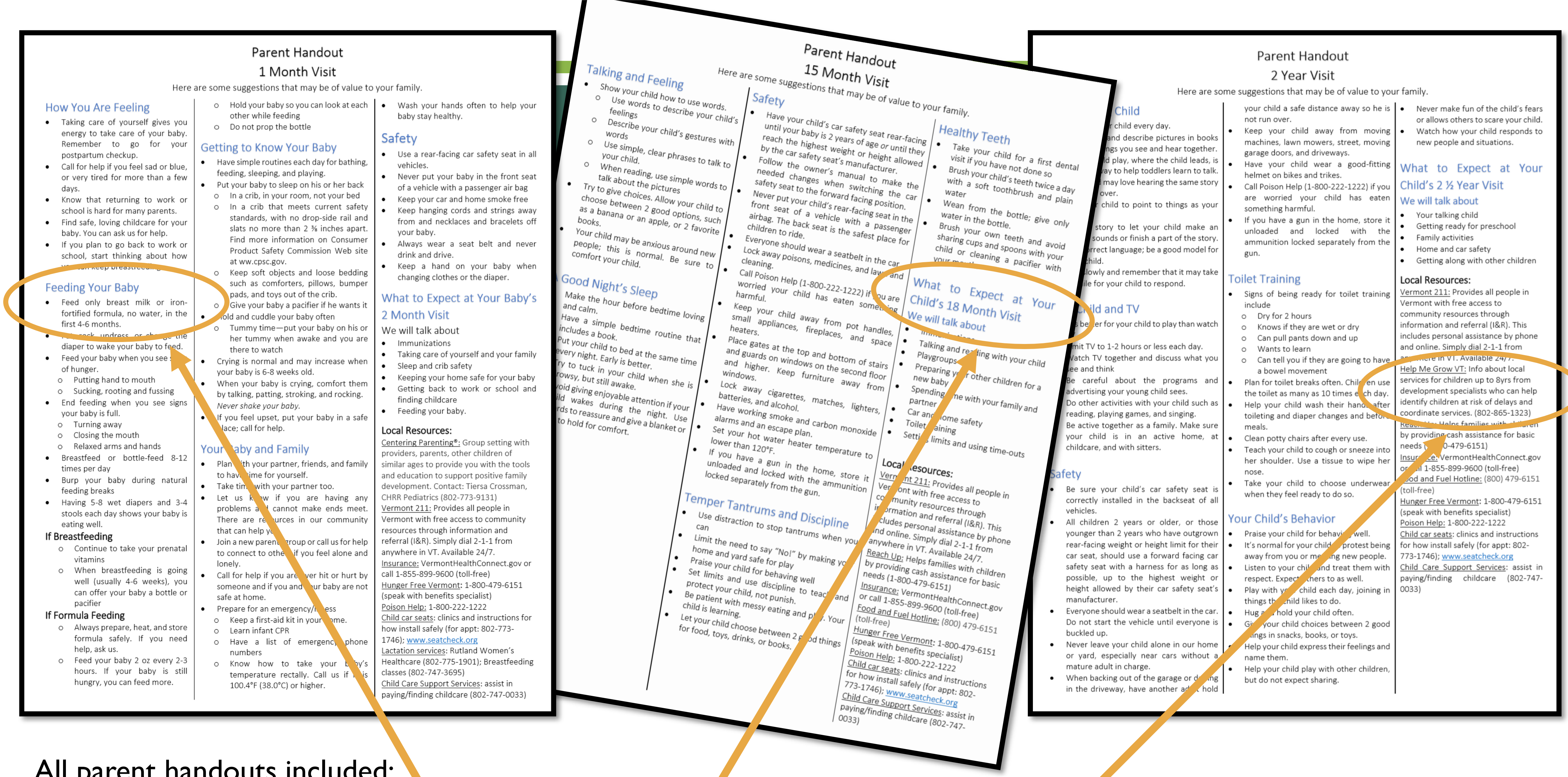
INTERVENTION AND METHODOLOGY

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.[6,11,12,13]



Parent Handout
1 Month Visit
Here are some suggestions that may be of value to your family.

How You Are Feeling
- Taking care of yourself gives you energy to take care of your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving childcare for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how

Feeding Your Baby
- Feed only breast milk or iron-fortified formula, no water, in the first 4-6 months.
- diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Breastfeed or bottle-feed 8-12 times per day
- Burp your baby during natural feeding breaks
- Having 5-8 wet diapers and 3-4 stools each day shows your baby is eating well.

If Breastfeeding
- Continue to take your prenatal vitamins
- When breastfeeding is going well (usually 4-6 weeks), you can offer your baby a bottle or pacifier

If Formula Feeding
- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2-3 hours. If your baby is still hungry, you can feed more.

- Hold your baby so you can look at each other while feeding
- Do not prop the bottle

Getting to Know Your Baby
- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his or her back
  - In a crib, in your room, not your bed
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 ⅜ inches apart. Find more information on Consumer Product Safety Commission Web site at www.cpsc.gov.
  - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
  - Give your baby a pacifier if he wants it
- hold and cuddle your baby often
  - Tummy time—put your baby on his or her tummy when awake and you are there to watch
- Crying is normal and may increase when your baby is 6-8 weeks old.
- When your baby is crying, comfort them by talking, patting, stroking, and rocking. *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

Your Baby and Family
- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parent group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness
  - Keep a first-aid kit in your home.
  - Learn infant CPR
  - Have a list of emergency phone numbers
  - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.

- Wash your hands often to help your baby stay healthy.

Safety
- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag
- Keep your car and home smoke free
- Keep hanging cords and strings away from and necklaces and bracelets off your baby.
- Always wear a seat belt and never drink and drive.
- Keep a hand on your baby when changing clothes or the diaper.

What to Expect at Your Baby's 2 Month Visit
We will talk about
- Immunizations
- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding childcare
- Feeding your baby.

Local Resources:
Centering Parenting®: Group setting with providers, parents, other children of similar ages to provide you with the tools and education to support positive family development. Contact: Tiersa Crossman, CHRR Pediatrics (802-773-9131)
Vermont 211: Provides all people in Vermont with free access to community resources through information and referral (I&R). Simply dial 2-1-1 from anywhere in VT. Available 24/7.
Insurance: VermontHealthConnect.gov or call 1-855-899-9600 (toll-free)
Hunger Free Vermont: 1-800-479-6151 (speak with benefits specialist)
Poison Help: 1-800-222-1222
Child car seats: clinics and instructions for how install safely (for appt: 802-773-1746); www.seatcheck.org
Lactation services: Rutland Women's Healthcare (802-775-1901); Breastfeeding classes (802-747-3695)
Child Care Support Services: assist in paying/finding childcare (802-747-0033)

Parent Handout
15 Month Visit
Here are some suggestions that may be of value to your family.

Talking and Feeling
- Show your child how to use words.
  - Use words to describe your child's feelings
  - Describe your child's gestures with words
  - Use simple, clear phrases to talk to your child.
  - When reading, use simple words to talk about the pictures
- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Your child may be anxious around new people; this is normal. Be sure to comfort your child.

Good Night's Sleep
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Put your child to bed at the same time every night. Early is better.
- Try to tuck in your child when she is drowsy, but still awake.
- Avoid giving enjoyable attention if your child wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

Safety
- Have your child's car safety seat rear-facing until your baby is 2 years of age or until they reach the highest weight or height allowed by the car safety seat's manufacturer.
- Follow the owner's manual to make the needed changes when switching the car safety seat to the forward facing position.
- Never put your child's rear-facing seat in the front seat of a vehicle with a passenger airbag. The back seat is the safest place for children to ride.
- Everyone should wear a seatbelt in the car.
- Lock away poisons, medicines, and lawn and cleaning.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Keep your child away from pot handles, small appliances, fireplaces, and space heaters.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away cigarettes, matches, lighters, batteries, and alcohol.
- Have working smoke and carbon monoxide alarms and an escape plan.
- Set your hot water heater temperature to lower than 120°F.
- If you have a gun in the home, store it unloaded and locked with the ammunition locked separately from the gun.

Temper Tantrums and Discipline
- Use distraction to stop tantrums when you can
- Limit the need to say "No!" by making your home and yard safe for play
- Praise your child for behaving well
- Set limits and use discipline to teach and protect your child, not punish.
- Be patient with messy eating and play. Your child is learning.
- Let your child choose between 2 good things for food, toys, drinks, or books.

Healthy Teeth
- Take your child for a first dental visit if you have not done so
- Brush your child's teeth twice a day with a soft toothbrush and plain water
- Wean from the bottle; give only water in the bottle.
- Brush your own teeth and avoid sharing cups and spoons with your child or cleaning a pacifier with your mouth

What to Expect at Your Child's 18 Month Visit
We will talk about
- Talking and reading with your child
- Playgroups
- Preparing your other children for a new baby
- Spending time with your family and partner
- Car and home safety
- Toilet training
- Setting limits and using time-outs

Local Resources:
Vermont 211: Provides all people in Vermont with free access to community resources through information and referral (I&R). This includes personal assistance by phone and online. Simply dial 2-1-1 from anywhere in VT. Available 24/7.
Reach Up: Helps families with children by providing cash assistance for basic needs (1-800-479-6151)
Insurance: VermontHealthConnect.gov or call 1-855-899-9600 (toll-free)
Food and Fuel Hotline: (800) 479-6151 (toll-free)
Hunger Free Vermont: 1-800-479-6151 (speak with benefits specialist)
Poison Help: 1-800-222-1222
Child car seats: clinics and instructions for how install safely (for appt: 802-773-1746); www.seatcheck.org
Child Care Support Services: assist in paying/finding childcare (802-747-0033)

Parent Handout
2 Year Visit
Here are some suggestions that may be of value to your family.

Child
- child every day.
- and describe pictures in books ngs you see and hear together.
- d play, where the child leads, is ay to help toddlers learn to talk.
- may love hearing the same story over.
- child to point to things as your
- story to let your child make an sounds or finish a part of the story. rrect language; be a good model for child.
- lowly and remember that it may take ile for your child to respond.

Child and TV
- better for your child to play than watch
- mit TV to 1-2 hours or less each day.
- Watch TV together and discuss what you see and think
- Be careful about the programs and advertising your young child sees.
- Do other activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is in an active home, at childcare, and with sitters.

Safety
- Be sure your child's car safety seat is correctly installed in the backseat of all vehicles.
- All children 2 years or older, or those younger than 2 years who have outgrown rear-facing weight or height limit for their car seat, should use a forward facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.
- Everyone should wear a seatbelt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in our home or yard, especially near cars without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold

your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, street, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- If you have a gun in the home, store it unloaded and locked with the ammunition locked separately from the gun.

Toilet Training
- Signs of being ready for toilet training include
  - Dry for 2 hours
  - Knows if they are wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if they are going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash their hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take your child to choose underwear when they feel ready to do so.

Your Child's Behavior
- Praise your child for behaving well.
- It's normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat them with respect. Expect others to as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express their feelings and name them.
- Help your child play with other children, but do not expect sharing.

- Never make fun of the child's fears or allows others to scare your child.
- Watch how your child responds to new people and situations.

What to Expect at Your Child's 2 ½ Year Visit
We will talk about
- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Local Resources:
Vermont 211: Provides all people in Vermont with free access to community resources through information and referral (I&R). This includes personal assistance by phone and online. Simply dial 2-1-1 from anywhere in VT. Available 24/7.
Help Me Grow VT: Info about local services for children up to 8yrs from development specialists who can help identify children at risk of delays and coordinate services. (802-865-1323)
Reach Up: Helps families with children by providing cash assistance for basic needs (1-800-479-6151)
Insurance: VermontHealthConnect.gov or call 1-855-899-9600 (toll-free)
Food and Fuel Hotline: (800) 479-6151 (toll-free)
Hunger Free Vermont: 1-800-479-6151 (speak with benefits specialist)
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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

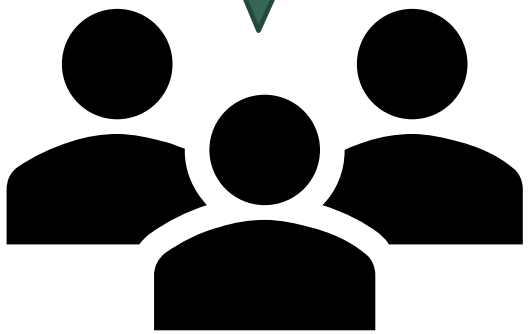
RESULTS/RESPONSE

- 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."



EVALUATION OF EFFECTIVENESS AND LIMITATIONS

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.

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INTERVIEW CONSENT FORM

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented X

Name: Richard Baker

Name:

Did NOT Consent_____

Name: _____

Name: _____

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented ✓

Name: Leigh Ryan LPN

Name: _____

Did NOT Consent_____

Name: _____

Name: _____