ASSESSING THE FEASIBILITY OF UTILIZING GROUP WELL BABY VISITS IN A VULNERABLE POPULATION

Second National Doctors of Nursing Practice Conference: Defining Ourselves

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Objectives

- The learner will describe the current problems and barriers in the delivery of well child care.
- The learner will define the process of group well baby visit implementation.
- The learner will discuss the results of the pilot group well baby visit model and the feasibility of implementation in diverse populations.

Background: Well Child Care Visits

- 24 million well child care (WCC) visits in US every year (Belamarich et al., 2006)
- Main vehicle to insure health maintenance and prevention of disease
- Components of visit include: assessment & management of biomedical health, development, behavior, family functioning, health education
- Number of visits and content has expanded, basic categories remain consistent
- Current Bright Futures Guidelines recommend 31 visits between birth and age 21 (Hagan et al., 2008)

Background

- Health care providers find it difficult to address expanded scope of preventive services due to fiscal and time limitations (Schor, 2004)
- Many parents indicate find little value in well child visits; only 46% of privately insured patients and 35% of publicly insured patients have received all of recommended visits (Byrd et al., 1999)
- 20% of parents leave with unanswered questions, multiple unmet needs (Norlin et al., 2007)
- Study of mostly privately insured children-only 40% necessary preventive services delivered during visit (Mangione-Smith et al., 2007)
- Limited evidence to support the majority of our interventions (Moyer et al., 2004)

Potential Solutions

- Overhauling entire system would be a significant endeavor; national leaders advocating for widespread reform
- Multiple proposals offering new frameworks for retooling well child care
- Several studies demonstrated that group visits may offer improved patient care

Group Well Child Visits

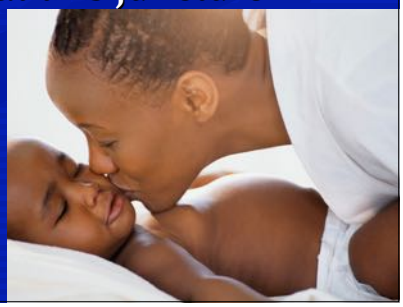
- Rice & Slater, 1997: Group visits a viable alternative; more efficient & effective
- Osborn & Woolley, 1991: Group visits efficient; more WCC visits completed; sought less advice between visits; change in perception of illness
- Taylor et al., 1997: Group visits are a viable format, one less ED visit per infant
- Dodds et al., 1993: Group format allowed for more discussion of recommended topics
- Woods et al., 2003: Group visit demonstrated improvement in parenting skills

Group Prenatal Visits

- Centering Institute-national model of *Centering Pregnancy and Parenting* for group visits
- Improved visit compliance, satisfaction with care and 50% reduction in preterm and low birth weight infants (Grady & Bloom, 2004)
- Group visits resulted in at least equal or improved perinatal outcomes at no additional cost (Ickovics et al., 2007)

Group Pediatric Visits

- Slow national movement to conduct group visits for children's well child care
- Prenatal to pediatric well baby
- Conducted in family practice groups
- Few outcomes measured at this juncture

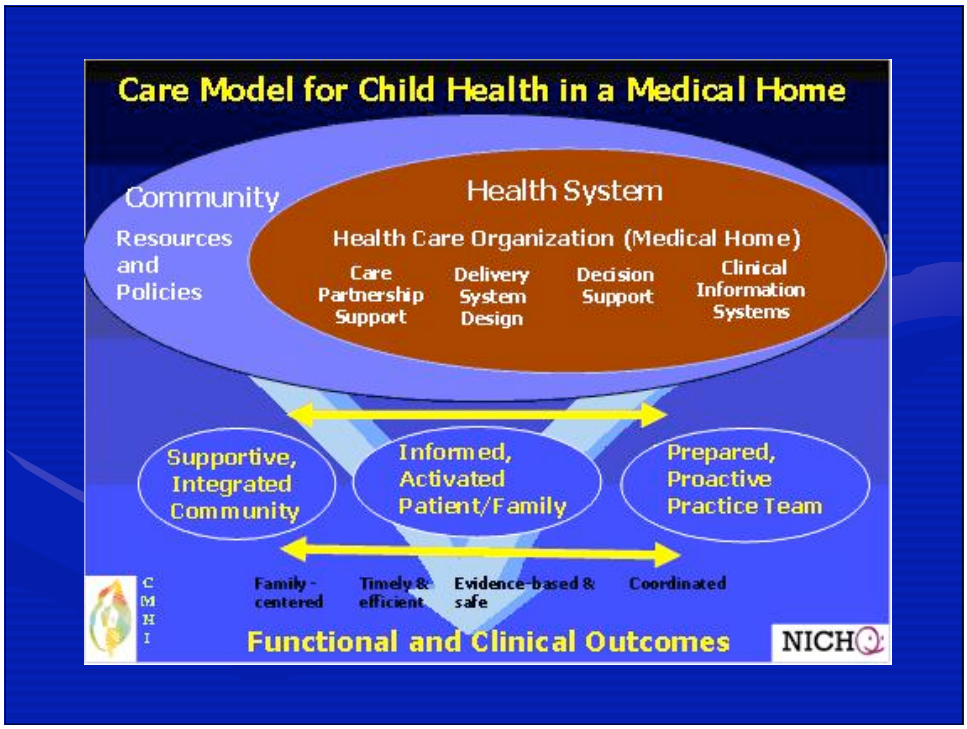


Overall Goal of Program Implementation

The primary goal of this program was to evaluate the feasibility of a pilot program where health care providers utilize a group format for delivering well baby care in an vulnerable population.

Specific Aims:

- *Increase compliance to well child care visits*
- *Enhance the education of young parents to promote optimal growth and development of their children*
- *To provide efficient utilization of health care visits*



Project Design

- Key Stakeholders: infants, parents, Strong Practice staff, leadership team, community
- Obtained support from leadership team
- Established a task force to plan and implement pilot program

Task Force

- Task force consists of:
  - Pediatric nurse practitioner (PNP)
  - Physician
  - Social Worker
  - Two Registered Nurses (RN)
  - Patient Care Technician (PCT)
  - Secretary
- Developed inclusion/exclusion criteria, recruitment process, visit process, location and time, staff needs, costs involved

Participants & Setting

- Young mothers, primips or multips, were considered; age range was 16y-32y
- Must be healthy babies delivered >34 weeks gestation, born within a specified time; infants were 34-41 gestational age
- Location: Strong Pediatric Practice, a university ambulatory clinic serving 12,000 vulnerable children

Project Design

- Convenience sample of young, new mothers recruited from Strong Pediatric Practice
- Recruitment at infant's first weight check three to five days post delivery
- First five that accepted would be enrolled into program
- Three mothers declined based on inability to attend the predetermined times; one indicated no interest in a group visit
- Families given an introductory letter

Project Design

- Group WCC contains the same content offered at individual visits, but with expanded anticipatory guidance – content from Bright Futures (Hagan et al., 2008) and Strong Pediatric Practice templates
- Core concepts include infant's growth & development, nutrition, child safety, infant health concerns, relationships, parenting strategies, and community resources

Project Implementation

- Visits conducted at the Strong Pediatric Practice at 3:30pm on Tuesdays
- Staff for visits included secretary, two providers, one RN, one PCT, and one social worker
- Visits held in the practice's treatment center playroom
- First group visit was at two weeks of age; followed by visits at one, two, four and six months
- Participants encouraged to bring support people

First Group Visit

- Families escorted to designated area by secretary
- Nursing staff obtained height, weight, head circumference
- Providers conducted physical exam
- Families directed to group visit area; PNP and social worker facilitated visit
- Second provider assisted with indirect tasks

First Group Visit

- Support people included a father, husband, and friend
- Discussed group dynamics, respect for other's opinions, confidentiality
- Facilitators described what topics would be covered, explored parent concerns
- Informal sharing

Group Visit Content

- Strategies to soothe babies
- Shaken baby syndrome
- Concept of spoiling
- Feedings
- Sleeping
- Elimination
- Safety
- Availability of dietician, lactation consultant, and legal support in practice
- Skin & nail care
- When to contact providers
- Mental health issues for parents, including post partum depression
- Social work role
- Use of support people
- Community resources

Visit Conclusion

- Visit wrapped up with moms informally discussing birth control methods
- Negotiated date and time of next visit
- Total visit time was 75 minutes

One Month Group Visit

- All participants from first visit attended
- Support people were the youngest mom's parents and the same husband that attended the first time
- Process from first visit utilized again; Edinburgh Depression Tool administered
- Physicals done by the same PNP and a physician; group again co facilitated by same PNP and social worker
- Topics for discussion were listed on a whiteboard

One Month Group Visit

- Group talked with each other, eager to learn how the babies had done during the interim
- Concerns and questions were addressed
- Topics on the whiteboard were reviewed: feeding, sleeping, crying, oral health, maternal health, family coping skills, and extensive safety issues-including a lively discussion on concerns of co-sleeping

One Month Group Visit

- Available community resources reviewed
- Visit lasted 75 minutes
- Families asked if they wanted to continue with the group for the 2 month visit, or transition to individual visits. All agreed to continue with this model of care
- Documentation for both visits done electronically following visits

Lessons Learned

- PNP and social worker again met informally to discuss process and plans:
  - ❖ Provide lots of handouts, personal record
  - ❖ Play educational DVD during wait time
  - ❖ Improve organization of paperwork, process

Satisfaction Surveys

- Surveys distributed to parents at the conclusion of the one month visit
- Surveys were also distributed to both involved and non-involved staff members

Outcome Measures

- Patient/ provider satisfaction
- Cost utilization
- Number of sick office/ED visits
- Number of urgent phone calls
- Adherence to well child care visits

- Group visit participants compared to individual visit cohort of healthy babies born within the same time period. All data de-identified

Results Parent Survey

- Group participants overwhelmingly positive about visits
- Responses indicated they liked: discussing baby issues with other moms, lack of waiting time, availability of medical provider and social worker, ability to hear other parents' concerns
- They particularly liked seeing how babies were all different, and yet alike; reinforcement of what they already knew
- Survey indicated that there was nothing they did not like about group, that there was nothing that made them uncomfortable during discussion

Results Parent Survey

- No one had suggestions on how to make group better, though one parent indicated a slightly later time in the day was preferable, another indicated more participants would make it more fun
- All parents indicated a wish to continue the group visits
- Content theme was support between parents and increased education

Results Staff Surveys

- All staff enjoyed the group visits, felt more teaching was accomplished, more efficient, more fun, liked the group dynamics, felt less rushed, experienced moms helping younger, inexperienced parents
- All staff surveyed thought the model of care was a very feasible model
- Content theme noted was increased efficiency and opportunity to discuss more anticipatory guidance topics

Suggested Improvements

- Larger groups would add to discussion
- Utilize mats to demonstrate skills
- Exam area more suitable
- Computer in area
- Social worker meet with parents individually after physical exam

Cost Utilization

- No difference in cost of supplies utilized or reimbursement from third party players
- Total provider time for group equals 95 minutes split across 5 babies for an average of 19 minutes per provider time per baby
- Average provider time for individual WCC visits is 28 minutes per baby in Strong Pediatric Practice
- Social workers do not bill, so this is folded into the visit cost

Results For Group Visits

- Fewer illness visits, fewer ED visits and fewer phone calls regarding urgent issues from group visits when compared to individual visits
- 100% show rate for group well baby visits; overall no show rate for practice is 35%

	Individual WCC visits		Group WCC visits		Difference
Sample size	N= 10	Average per infant	N= 5	Average per infant	Average per infant
Number of phone calls for advice	19	1.9	8	1.6	0.3
Additional office visits	14	1.4	2	0.4	1
Emergency room visits	3	0.3	0	0	0.3

Subsequent Visits

- 2, 4, 6 month visits followed same format
- Parents continue to express an interest in continuing the group visits
- Show rate remained high
- Group visits found their own space near appropriate exam rooms

Challenges

- **Scheduling: recruitment for families to attend visits at a predetermined time**
- **Space for group visits**
- **How to manage missed visits**
- **Crying babies**
- **Toddler siblings**
- **Growing babies**
- **Paperwork/charting process**

Unanticipated Outcome

- Group feedback on phone advice
- Practice protocol revised

Limitations

- Utilized with a vulnerable, urban poor population
- Content validity not established for the survey tool
- Limited experience and education in group facilitation by group leaders

Conclusions

- Group well baby visits may be a feasible mechanism of health care deliver offering increased education and enhanced social support at no extra cost
- Model well accepted by patients and staff
- Group support may be vital as young parents make necessary family adjustments to thrive in new parenting role

Future Directions

- Continue to work with leadership team in practice to expand model-meetings in progress
- Providers involved would benefit from group process training
- Incorporate a Personal Health Record
- Collaboration with the adolescent prenatal clinic may offer more acceptance in continuing with a well established group
- Expand community involvement
- Pilot should be replicated in a larger/more diverse population, with ongoing systematic studies to determine long term impact of parenting skills