

STUDENT INNOVATION CHALLENGE PROPOSAL:

Group Visit Model for Well Child Visits to Improve Anticipatory Guidance, Family Satisfaction and Support, and Resident Education

Alexandria Dixon, MS4 Kristie Hicks, MPH

East Carolina University

Team Member Biographies:

Alexandria Dixon is currently a fourth-year medical student at the Brody School of Medicine at East Carolina University. She also received her undergraduate degree from East Carolina University where she majored in Biology and Anthropology. After graduation from medical school, she will begin her residency program in Pediatrics and eventually plans to become a general pediatrician in rural North Carolina. Her professional interests include medical anthropology and working with different cultures to improve health.

Kristie Hicks is the current lifestyle coach for the Minority Diabetes Prevention Program (MDPP) at the East Carolina University Family Medicine Center. Kristie is a December 2016 graduate of the East Carolina University Master of Public Health program and received her undergraduate degree in Public Health Studies at East Carolina University. Kristie's next plan is to continue her education in health care by pursuing a Master of Science in Physician Assistant Studies degree. Her professional interests include minority health, pediatrics, nutrition and childhood obesity.

Video Proposal:

<https://app.biteable.com/watch/student-innovation-challenge-proposal-1253119/>

Student Innovation Challenge Proposal: Group Visit Model for Well Child Visits to Improve Anticipatory Guidance, Family Satisfaction and Support, and Resident Education

Alexandria Dixon, MS4
Kristie Hicks, MPH

Project Proposal: It is often difficult to find enough time during well child visits to assess health and development, and provide satisfactory amounts of anticipatory guidance to families. It is stressful for both families and health care providers when they are forced to choose between continuing meaningful dialogue during visits or running over the allotted time, causing other families have increased wait times. Transitioning away from the typical well child visit model, and toward group classes, where families with children of the same age get their anticipatory guidance together in a group setting increases the time spent providing anticipatory guidance without creating multiple visits to clinic. Providing group classes for child care providers when coming for the child's well child physical exam has the potential to allow for greater anticipatory guidance as it is delivered in a group setting. This will likely improve physician efficiency as well as patient satisfaction with the quality of care they receive from their health care providers. Additionally, this model has great potential to aid medical resident learning about normal development since a group of 5-8 children at the same age would be evaluated together, solidifying developmental milestones across each group of children. These group classes would have further benefit specifically to the patient population of Eastern North Carolina, because they would grow each family's support network with families with children approximately the same age. Additionally, there are many Spanish-speaking patients in Eastern North Carolina and offering these group visits with materials in Spanish and interpreters present would be beneficial for patients and the health care team.

Aim Statement: Group well child visits would improve patient experience, improve patient care, reduce costs through increasing the efficiency of the health care team, and increase resiliency of the health care team. Patient and physician satisfaction with this model of well child care could be measured through surveys filled out at the end of each session. Additionally, time spent on anticipatory guidance could be measured in both the traditional well child visit model as well as the group model. The number of patient visits during a two and a half hour time span could be measured and compared between the two models. In the model we propose, eight well child visits with children of approximately the same age could be performed within a two and a half hour time span with increased time spent on anticipatory guidance. Up to four private individual physical exam visits would occur prior to the group class, followed by up to four patient physical exams. Patients would spend 70-100 minutes at clinic for each visit. Finally, medical resident knowledge of childhood development could be assessed before and after leading centering sessions as part of each resident's outpatient rotation.

Resources and Team Members: This model has the potential to benefit both pediatric and family medicine resident education. The greatest benefit would be to family medicine residents, as their time spent in outpatient pediatrics is more limited and seeing multiple children at the same age would aid in understanding the variation of normal childhood development. This group visit model could be achieved with one resident physician, one attending physician, and one nurse with two exam rooms and one room large enough to accommodate approximately twelve adults and eight children. Additional support staff such as lactation consultants could also attend meetings, if available. Six visits with each group would occur by the child's first birthday by following the current well child visit schedule.

Background: The Centering Pregnancy® group visit model began with the goal to improve prenatal care and to provide women with a support network of other women who were experiencing the same things and often had the same questions and concerns. This model has since expanded into pediatric well child visits, as many of these same goals apply to pediatrics. In a study published in 2010 at the University of Chapel Hill, a program called WellBabies involved mothers who participated in a similar model of care, and all mothers reported positive experiences with the model. Most commonly the mothers expressed they valued the support from other mothers in the group, learning from other mothers, more involvement in the health care visit, and more time with providers (Page et al; 2010). One critique was lack of private time for each baby since the WellBaby model did not include a private physical exam and immunization portion (Page et al; 2010). All mothers in the study expressed they would choose group visits with future children, if available, and all involved children were up to date with immunizations at one year compared to their practice average of 95% (Page et al; 2010).

In another study at the University of California, San Francisco Family Medicine practice, implementation of group well baby visits was studied for its additional benefits for family medicine resident education. Since the study was in family medicine, the groups began as prenatal sessions then continued with many of the same members for the well baby visits. The participating mothers also noted the benefit of learning from each other and enriched social support system especially for socioeconomically disadvantaged patients (Mittal; 2011). The group visits allowed family medicine residents to experience a range of normal development at a certain age, within a two-hour period of time and develop closer physician-patient relationships (Mittal; 2011).

Group visit schedule:

- 0-40 minutes: Four of the eight patients arrive before the group meeting to receive their individual exams. The group-dedicated nurse checks in and collects weights and measurements prior to group session.
- 40-100 minutes: All eight babies with their child care provider participate in group session focusing on answering specific questions and anticipatory guidance.
- 100-140 minutes: The final four of eight patients receive their individual exams. The group-dedicated nurse collects weights and measurements immediately following the group session.

References:

Mittal P. Centering Parenting: Pilot Implementation of a Group Model for Teaching Family Medicine Residents Well-Child Care. *The Permanente Journal*. 2011;15(4):40-41.

Page C., Reid A., Hoagland E., Leonard SB. WellBabies: Mothers' Perspectives on an Innovative Model of Group Well-Child Care. *Family Medicine*. 2010;42(3):202-207.