

—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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ANALYSIS OF AN EXISTING SIMILAR PROJECT CONDUCTED AT UMASS MEMORIAL HEALTH

FUTURE QI PROJECT

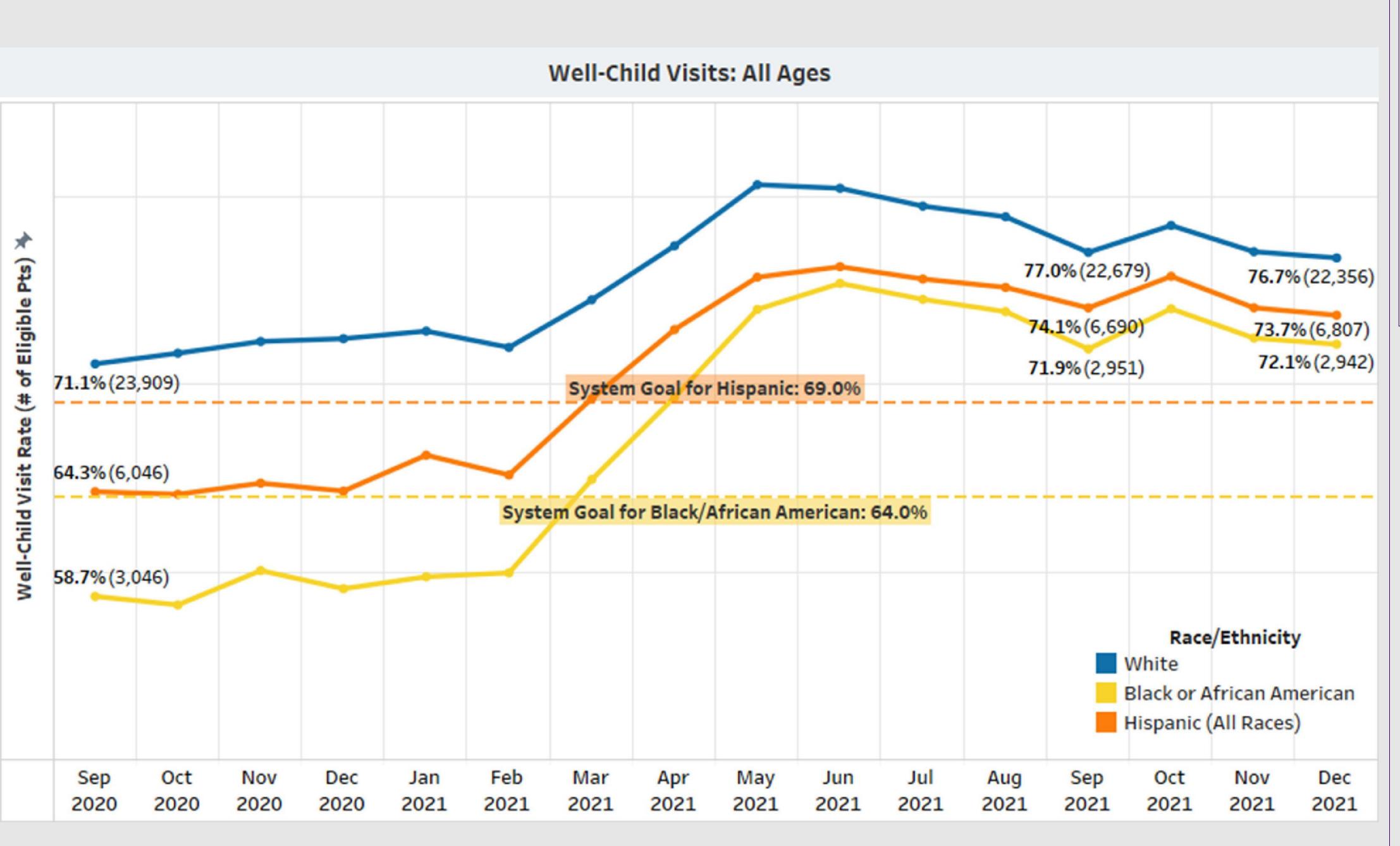
CARE EXPERIENCE SETTING

- This QI project is taking place in ECU Health's Pediatric Outpatient Clinic.
- This setting is in an Academic primary care practice serving a combination of urban and rural communities.

WHY

- Well child visits throughout these ages are very important to the health of a developing child.
- They are essential in tracking a variety of different growth and development milestones.
- They are important visits where necessary vaccinations can be administered.
- Child health education for things like diet, exercise, injury prevention, and sleep habits can be talked about with medical professionals.

CARE EXPERIENCE REPORT



METHODS

- Barriers reducing the adherence to well child visits were identified and possible solutions were explored.
- Transportation; the process allowing a provider to request free transportation services was streamlined.
- Language; a cheat sheet was created for providers that contained information for accessing interpreter services.
- Scheduling; a 3rd party service to reach out to and remind patients about appointments was utilized.

IMPACT

- Black/African American adherence: 58.7% → 71.9%
- Hispanic/Latinx adherence: $64.3\% \rightarrow 74.1\%$
- White Adherence: $71.1\% \rightarrow 77.0\%$

Strengths/Weaknesses

- Racial/ethnic disparities in adherence to well-child visits was reduced.
- A patient population of over 34,000 was observed.
- Many resources were utilized including a robust population health and informatics team, an aligned group of health leaders, and local resources.

Acknowledgements/Citation

A special thank you to the Brody Leaders in Innovative Care Distinction Track, particularly Drs Chang, Eldridge and Gilbert, and the faculty, residents, staff, and patients of the ECU Department of Pediatrics

Garg, A., Wilkie, T., LeBlanc, A., Lyu, R., Scornavacca, T., Fowler, J., Rhein, L., & Alper, E. (2022). Prioritizing Child Health: Promoting adherence to well-child visits in an urban, safety-net health system during the COVID-19 pandemic. The Joint Commission Journal on Quality and Patient Safety, 48(4), 189–195. https://doi.org/10.1016/j.jcjq.2022.01.008