

A Needs Assessment to Improve
the Pediatric Experience and
Increase the Pediatric Population
at East Area Family Practice

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Introduction

- Decline in children accessing primary care (Eden et. al, 2020)
- Further decline in child visits in Family Practice
- Family Practice utilized by Medicaid insured (Wasserman et. al, 2019)



Background

- Decline in primary care visits by 2.5% from 2003-2017
- Most significant decline in ages <4 and >65 (Johansen & Niforatos, 2021)
- Lack of transition from pediatric care to adult care

Background Cont.

East Area Family Practice

- Family Practice located in Roseville MI
- Part of Corewell Health
- Location in an underserved area
- Majority of the Roseville population is insured by Medicaid

Significance

General Population:

- 70% of mothers and 40% of fathers take time off for sick kids
- 50% of these parents report not having paid time off (Smith & Schafer, 2012)

In Roseville:

- 21.3% of the population is on Medicaid (Deloitte & Datawheel, n.d.)
- Average household income is \$58,995
- Poverty rate of 13.84% (World Population Review, 2022)

East Area Family Practice:

- Provides care across the lifespan
- Can provide care for the entire family at 1 visit

Clinical Question

- Will the needs assessment inform providers on:
 - Aspects of care that are successful
 - Suggestions for improvement
 - What is liked/disliked at the child(ren)'s current PCP office
 - How respondents would feel about switching PCP
 - Barriers to seeking care at EAFP

Literature Review

Continuity of care

- Asthmatic children with fewer ER visits (Utidge et. al, 2017)
- Reduced hospitalizations for mental health (Mueller et. al, 2022)
- Increase compliance with care plans
- 45.6% of the population wanted continuity of care within their families (Kalitzkus et. al, 2021)
- In Canada a one percent increase in attachment to a provider significantly reduced health care costs (Hollander & Kadlec, 2015)



<https://www.additudemag.com/health-equity-adhd-care-african-american-latinx-youth/>

Literature Review Continued

Transition from Pediatric to Adult

- Not a smooth process for transition of care (Johansen & Niforatos, 2021)
- A decrease in care contact between 18-39yrs old (Johansen & Niforatos, 2021)
- Peds waiting longer to transition & have increased gap in care (Wisk et al., 2015)
- Increased risk for hospital admission related to mental health (Toulany et al., 2019)
- Continuity increases mental health wellbeing (Toulany et al., 2019)

Literature Review Continued

Mother-Infant dyad

- Young mothers don't receive adult preventative care despite well child visits (Gregory et. al., 2021)
- Medicaid insurance rather than commercial less likely to receive adult care
- Mothers more likely to receive care during dyad visit
 - PHQ9 during well child visit (Caskey et. al, 2021)
 - Gestational diabetes (Bose Brill et. al., 2022)

Literature Review Continued

Barriers

- Work, family and childcare, and transportation (Parsons & Artherton, 2021)
- Lower socioeconomic status, mental and physical diagnoses, and patients under 21 years of age (Parsons & Artherton, 2021)
- Working mothers, are more likely to have children with missed preventative visits (Parsons & Artherton, 2021)
- Public insurance, Medicaid, are more likely to have fewer well child visits (Holl et. al, 2012)
- The more children in a family (Holl et. al, 2012)

Transportation



Purpose Statement

- Needs assessment for EAFP pediatric patient guardians or EAFP patients with children will provide:
 - Necessary information to increase pediatric patient population
 - Improve experience of pediatric patients
 - Improve health care of families in the community
 - Provide insight for EAFP providers into what the families are looking for regarding pediatric health care and barriers present

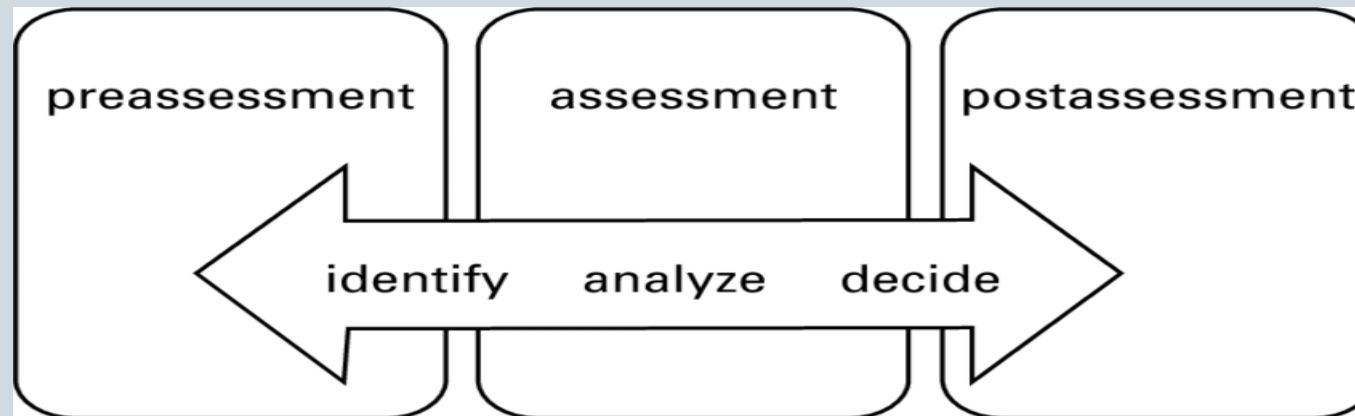
Goals

1. Determine what parents want in a primary care provider for their children.
2. Determine why parents who do bring their children to EAFP utilize the practice for their child's primary care.
3. Determine what barriers might exist for families in seeking care for their children at EAFP.
4. Determine what portion of the patient population at EAFP have Medicaid coverage and are currently unable to obtain vaccines through the practice.

Theoretical Framework

Witkin's three phases of a needs assessment model

- preassessment, assessment, and post-assessment (Witkin & Altschuld, 1995).



Organizational Assessment

Strengths

- Office willing to provide care for kids
- Providers currently provide care for kids
 - Access to Vaccine for Children (VFC) implementation
 - Access to pediatric specialties
 - Access to pediatric units in the hospitals

Weakness

- Office not part of VFC
- Not able complete routine screenings
- No dedicated pediatrician
- Lack of same day visits
- No advertising for pediatric care

Opportunity

- Provide medical home for population in Roseville on Medicaid
- Continuity of care/smooth transition

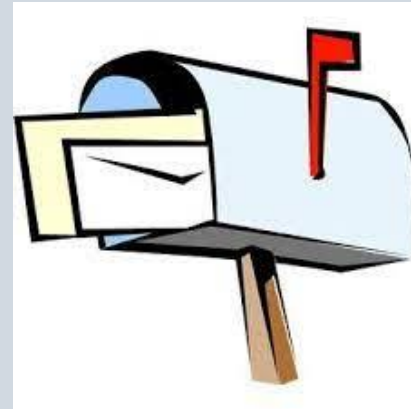
Threat

- 40 private practice pediatric providers within the area

Methods/Design

Program development focused on the needs assessment

- Determine eligible participants
- Create Survey
- EMR and mail



Method/Design

Outcome measurements

- Determine themes

Statistical methods

- Content analysis
 - Frequency of common words/themes
 - Chi-square analysis for significance

IRB

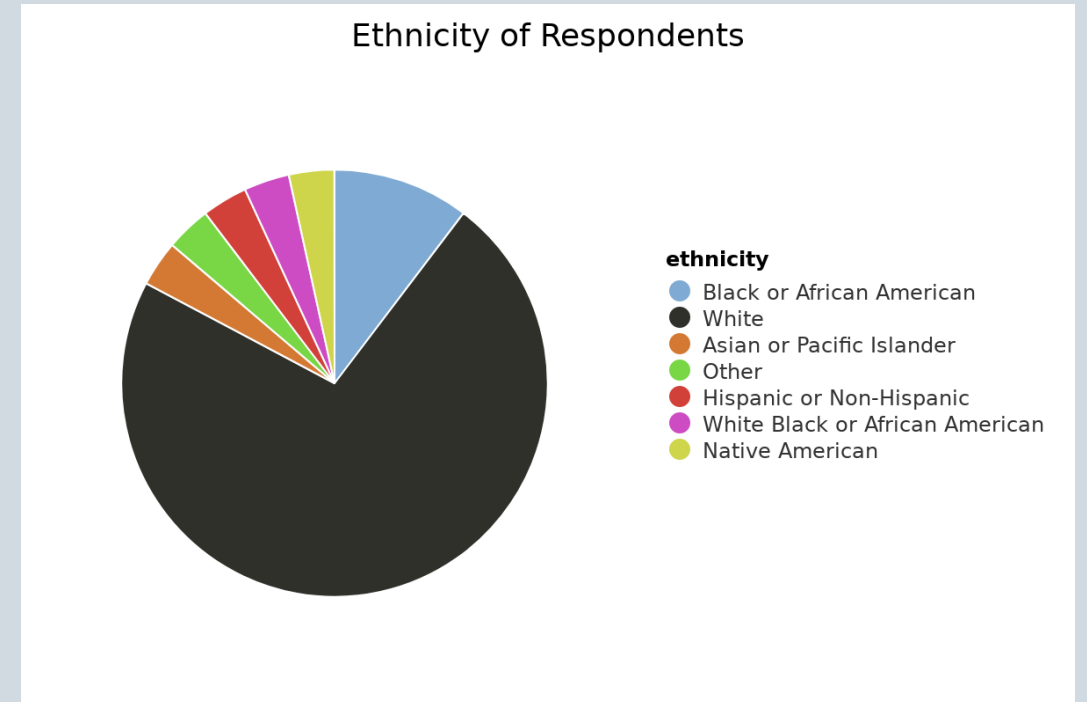
- University of Detroit Mercy IRB
- Corewell IRB



Results

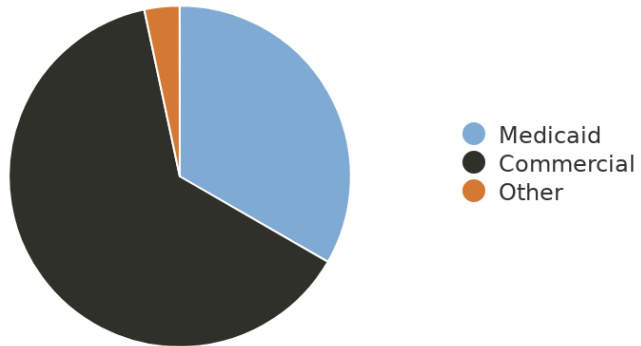
- Demographics:

- Low response rate (1.2%)
- Have children ($n = 31$)
- Majority of ethnicity White ($n = 22$)
- Most common number of children 2 ($n = 18$)
- Most common respondent relationship:
Mom ($n = 24$)



Results Continued

Insurance Coverage Medicaid vs Commercial



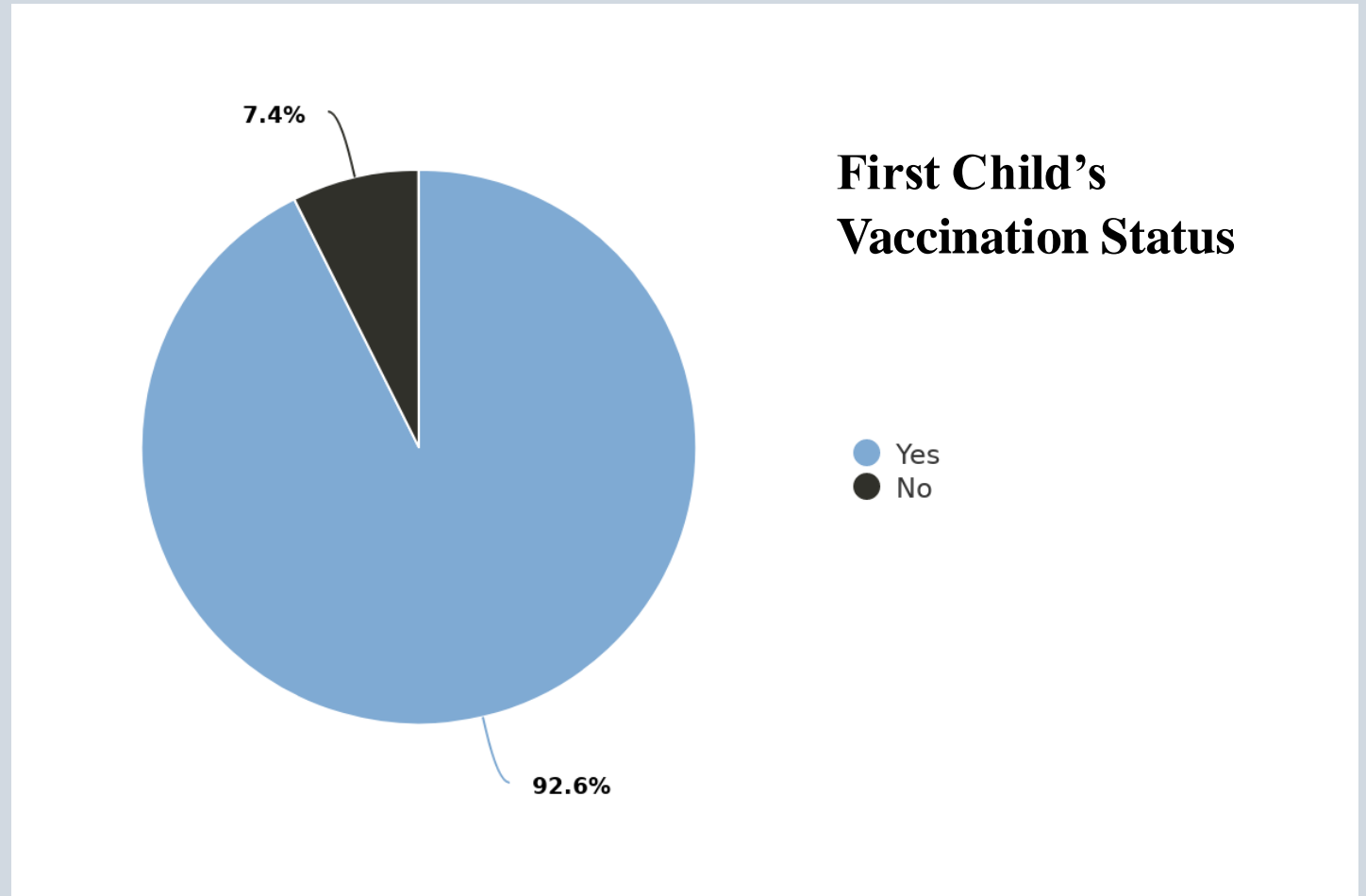
Insurance Coverage for Child(ren)

- Commercial ($n = 19$)
- Medicaid ($n = 10$)
- Most Frequent: Blue Cross Blue Shield of Michigan ($n = 10$)

Results Continued

Vaccination Status

- Child 1
 - Up to Date ($n = 25$)
 - Not up to date ($n = 2$)
- Child 2
 - Up to Date ($n = 17$)
 - Not Up to Date ($n = 2$)
- Child 3
 - Up to Date ($n = 6$)



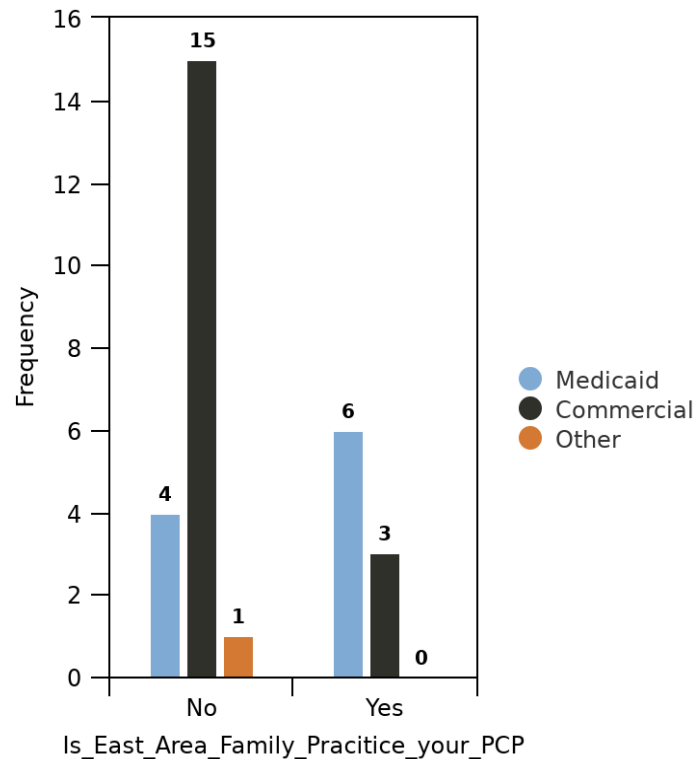
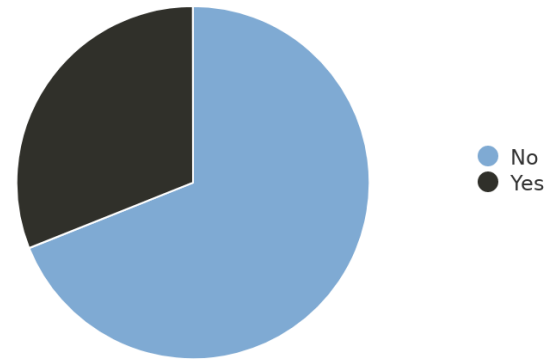
Results Continued

EAFP the Primary Care Provider

Yes ($n = 9$)

No ($n = 20$)

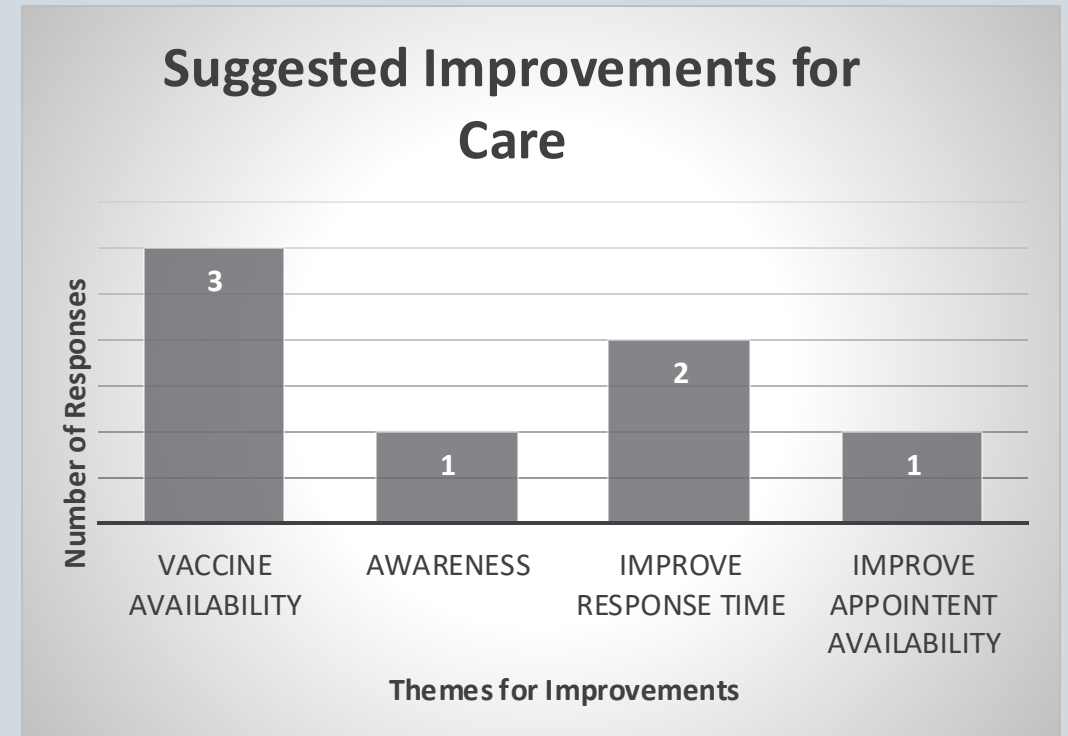
EAFP as the PCP



Results Continued

Improvement Suggestions

- Few responses received to be addressed later
- Vaccine availability ($n = 3$)
- Appointment availability ($n = 1$)
- Provider response time ($n = 2$)
- Awareness ($n = 1$)



Results Continued

Reasons to stay with Current Provider

- Good rapport ($n = 8$)
- Distance from home ($n = 3$)
- Appointment availability ($n = 2$)
- Provider response time ($n = 2$)
- With provider since birth ($n = 2$)
- No designated pediatrician ($n = 1$)

Discussion: Recommendations for Improvement

- Further investigation into significance of:
 - Vaccine availability
 - Appointment availability
 - Awareness of pediatric care within EAFP
- Investigation Plans:
 - Open ended questions
 - Provided to patients in office
 - Narrowed inclusion criteria
 - No unique identifiers
 - Provide QR code in office to for digital survey
 - Mass send out of survey
 - More frequent reminders

Discussion Cont.: Limitations

- Low response rate
- Low income, lower education, and minorities less likely to complete surveys (Rittase et. al, 2020)
- Broad inclusion criteria
- Difficulty accessing survey
- No dedicated staff/time
- Lack of incorporation of new patients established during survey distribution

Discussion Cont.:
Multidisciplinary
discussion despite
insignificant data

- Elect to start process to join Vaccine For Children program
 - Multiple stakeholder to benefit
 - Providers
 - Corewell Health
 - Patients
 - Corewell Health implementing VFC in all outpatient offices
 - EBP ((Hsiang et al., 2019), (Shen et al., 2021), (Wasserman et al., 2019))
 - Reduced VFC reported vaccinations from 2018 to 2020
 - Difficulty for Medicaid covered patients to find providers

Discussion Cont.:
Multidisciplinary
discussion despite
insignificant data

- Improving appointment availability
 - Same day visits
 - Education for scheduling staff
 - PowerPoint
 - Flowsheet
 - Multiple stakeholders to benefit
 - Patients
 - Providers

Sustainability & implications for practice

Sustainability

- Further investigation into significance of suggestions made
- Utilizing additional data to improve experience for children
- Follow up investigation
 - Is VFC participation beneficial
 - Did VFC participation and improving same day availability improve pediatric experience and/or increase pediatric population

Implications

- Improving quality of care for pediatric visits
- Potential to increase pediatric population

Conclusion

- Small response rate 1.2%
- No significance to the findings
- Recommendation: Need for further investigation
 - New needs assessment
 - Open ended questions
 - Provided during visits in the office
- Follow-up needed
 - VFC participation
 - Same day visit

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