

Multimodal Interventions to Increase Pediatric Visits

Presenter: Stephanie Raynish, M.D.
Faculty Advisors: Verlaine Blaser, D.O., and William Smucker, M.D.
Summa Akron City Hospital

Background & Significance with Relevance to Family Medicine: Per ACGME requirements for family medicine residency programs, 10% of all office visits must be pediatric patients, defined as patients <10 years old. The Family Medicine Center's percentage of pediatric visits has been declining by about 1% per year over the last 4-5 years, and then abruptly fell to 7.5% in 2016-2017.

Problem Statement: Pediatric visits at the FMC are below the ACGME 10% requirement. Our goal was to increase pediatric visits from 21 per week to 32 per week by 12/31/17.

Methods: A multidisciplinary work group met to suggest possible actions to increase pediatric visits. Interventions included phone contact for patients 0-9 years who had not had a well child visit in >12 months, rescheduling all pediatric no-shows, and reminders to providers to schedule timely follow ups visits for uncontrolled asthma, pediatric obesity, and ADHD.

Outcomes: From 9/1/17 to 12/31/17, we increased total pediatric visits from 350 to 439, an increase of an average of 5 patients per week, compared to our baseline average of 21 per week.

Conclusions/Recommendations/Implications: While we were able to increase our pediatric visits, we did reach our goal of 28 visits per week. It seems that the most effective intervention was calling to schedule pediatric patient who had not been to our clinic in >1 year. We had some success encouraging providers to reschedule follow up visits for separate conditions. It seemed that there continued to be a high no-show rate when rescheduled from an initial no-show visit. We should continue to encourage patients to seek well child visits at the appropriate intervals, and appropriate follow up visits for separate conditions such as ADHD, obesity and asthma.