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Raising Healthy Families Takes a Village: Promoting Maternal and Newborn Wellness Through Group Visits

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Raising Healthy Families Takes a Village: Promoting Maternal and Newborn Wellness Through Group Visits

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BACKGROUND

- Well-child visits are essential for healthy child development during infancy and early childhood.
- Unfortunately, traditional one-on-one visits have left many providers with insufficient time to address key preventative services and many parents with unmet needs. This is particularly true for low-income and minority patients who are already at a greater risk for lack of follow-up, which can subsequently lead to poor health outcomes.
- Group well visits are an innovative practice redesign for low-income children that can enhance the quality of preventative care and improve overall health.
- The Centering Health Institute (CHI) has two wellestablished group visit models: CenteringPregnancy and CenteringParenting.
- Centering is an evidence-based, patient-centered care model where each group visit is formatted to assess individual health while also creating time and space for interactive learning and community building among its members.
- This project takes place at the Neighborhood Health Centers of the Lehigh Valley (Allentown, PA), which is the first FHQC established in the Lehigh Valley. Approximately 89% of patients live under 200% poverty level. The majority (75%) of patients identify as Hispanic or Latino and have a mixture of insurance (52% are Medicaid and 22% are uninsured).

PROJECT GOALS

PROCESS RELATED:

- Besign and implement a community-wide recruitment plan
- Implement a scheduling process, which will include creating a registry, standard documentation, and a tracking process.
- Hold weekly meetings to review group scheduling, recruitment, data collection, and quality improvement efforts.
- Promote ongoing training and feedback to all staff in order to foster practice transformation and increase staff awareness
- ldentify a Steering Committee (key members to implement above)

HEALTH RELATED:

- Improve patient education and increase time with providers to review anticipatory guidance in greater depth than a regular well-child visit.
- Provide consistent preventative care, especially immunizations and screenings.
- # Improve postpartum depression screening and lactation support
- Improve patient and provider satisfaction through effective group well-child sessions that will build a lasting relationship between patients and our primary health care providers.

IMPLEMENTATION PROCESS:

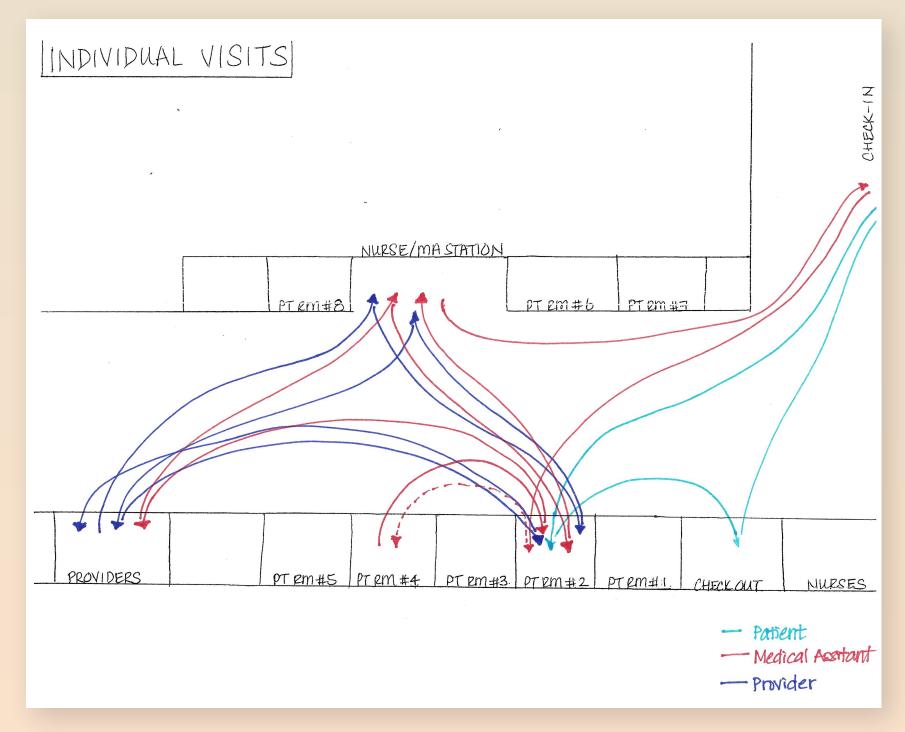
NOVEMBER 2017 – FEBRUARY 2018



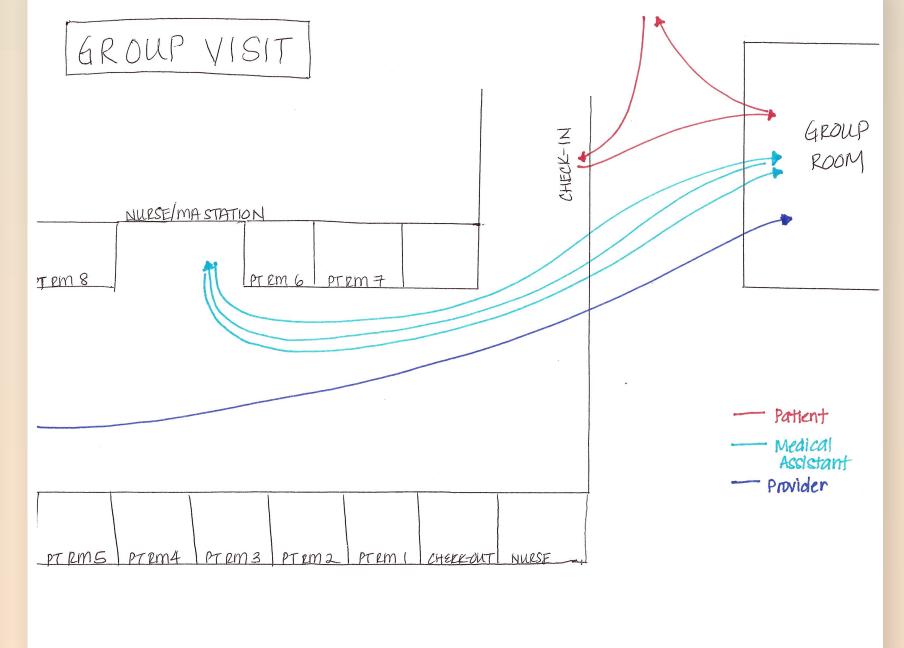
Review/revise process Recruiting Establishing CP groups

RESULTS

SPAGHETTI MAP – INDIVIDUAL VISIT

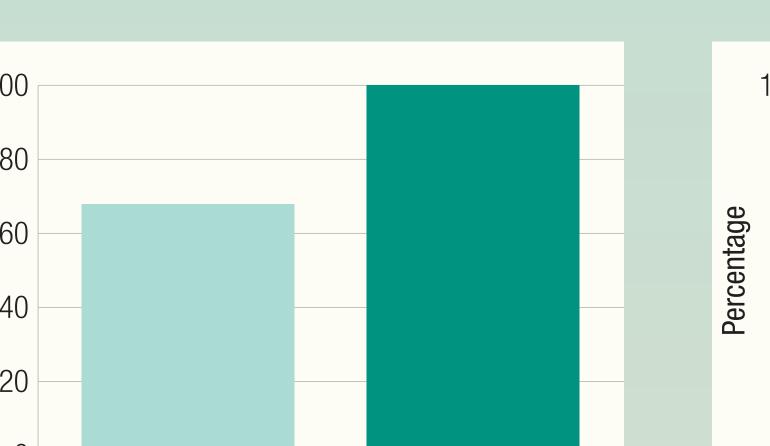


SPAGHETTI MAP – GROUP VISIT

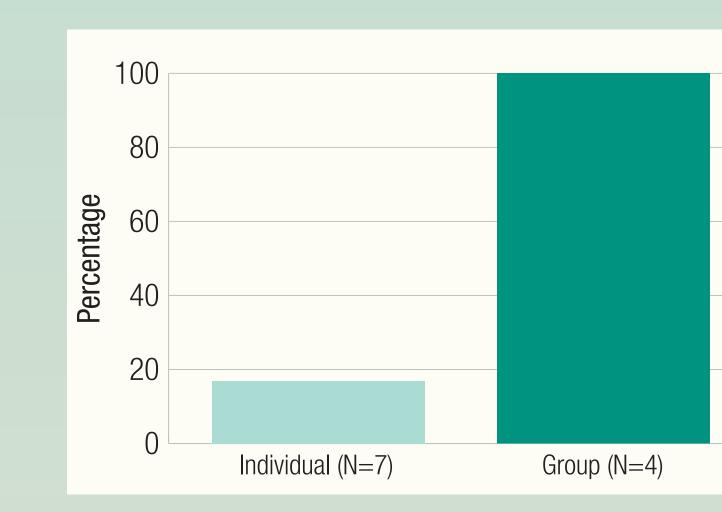


IMMUNIZATION AND DEVELOPMENTAL SCREENING

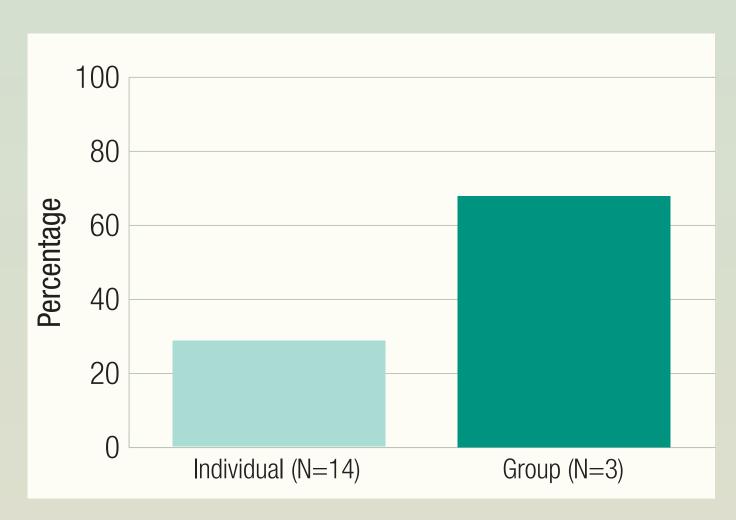
IMMUNIZATIONS
UTD* BY 9 MONTHS



IMMUNIZATIONS UTD BY 4 MONTHS



IMMUNIZATIONS UTD BY 6 MONTHS



ASQ-9 DEVELOPMENTAL SCREEN



PARENTAL SATISFACTION

*up to date

TOPICS	AVERAGE RATING	
	Group Visit (4 surveys)	Individual Visit (5 surveys)
Feeding and Nutrition	5/5 (very well)	5/5 (very well)
Safe Sleep/Safety Topics	5/5	5/5
Learning and Development	5/5	5/5
Managing Stress	5/5	4/5
Mother's Health and Wellbeing	5/5	4/5
Oral Health	5/5	4/5

RESPONSES TO GROUP VISIT

- It is very good to share, meet, and talk about my baby.
- It is a good way to share and ask questions in a calmer way.
- It is really good to share achievements of your baby with others. They learn from you and you learn from them.
- It is very good.

DISCUSSION:

LIMITATIONS:

- Recruiting patients, involvement from more staff members, staff turnover, protected time for clinicians and staff
- Physical space to accommodate larger groups
- Lack of Centering coordinator
- Financial impact: Upfront costs and No-shows

NEXT STEPS:

- More effort in recruiting from CenteringPregnancy groups and increasing pediatric population
- Acquiring engagement from more staff members
- Finding/designating a Centering coordinator
- Continue to collect data (especially regarding maternal and lactation support)

CONCLUSION

Overall, well-child groups have been well received by patients and providers involved. Initial results, while small sample numbers, show that children and mothers participating in group are receiving more consistent preventative care.

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