Minimizing Wait Times through the Integration of Behavioral Health during Well-Child Checks

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Introduction

Interested in finding ways to decrease wait times during patients’ visits after observing patients waiting in exam rooms for extensive periods of time

Examined well-child checks in order to focus on specific patient population

Objective: To explore if behavioral health completing the anticipatory guidance portion of well-child checks decreases wait times for pediatric patients.
Background

Pediatric care at community health centers emphasize preventative services

Behavioral and social development has grown in importance since the mid-twenty first century (Dworkin 2000)

Anticipatory guidance one measure used at HealthPoint

Behavioral Health (BH) integration in community health clinics tied to positive health outcomes in patients suffering from mental illness (Ray-Sannerud, et. al 2012)

Little literature on health outcomes when BH paired with pediatrics
Methodology

Observations were recorded using a standard stopwatch on cell phone

Control phase: PCP completes anticipatory guidance
Intervention phase: BH completes anticipatory guidance

Week 1: Develop project, practice measuring process and cycles, notify clinic staff of project
Week 2: Control phase observations
Week 3: Control phase observations; notify clinic staff about intervention phase
Week 4: Intervention phase observations
Week 5: Intervention phase observations
Week 6: Data analysis and presentation
Results: Control Phase

Results were calculated using medians (no modes in data)

### Process Boundaries

From: MA calls patient in
To: Appointment is complete

Two MAs room one patient

#### 1. Medical Assistant
- Rooms Patient
  - Weight, height, vision, hearing
  - Blood pressure, O2 saturation, temperature
  - Data entry
  - Medical history

#### 2. Anticipatory Guidance
- Screen time
- Car seat safety
- Dental care
- Balanced diet
- +/- 2 topics

#### 3. MD Visit
- Physical exam
- Questions about patient's health
- Growth charts
- Anticipatory guidance
- Other

#### 4. Post-Visit Services
- Immunizations
- Lab
- Other

<table>
<thead>
<tr>
<th></th>
<th>CT</th>
<th>VA</th>
<th>NVA</th>
<th>% VA</th>
</tr>
</thead>
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<td>0:07:53</td>
<td>0:00:00</td>
<td>h:m:s</td>
</tr>
</tbody>
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- BP taken twice due to high results from first reading
- Printer broken in exam room
- Joint well child checks
- Patient required care outside of standard well child check (sports clearance, TB test, asthma, etc.)
- Repeat lead test twice and then patient sent to lab for blood work
- MA left and came back twice to complete task due to missing supplies in room

- CT: 0:03:22
- VA: 0:03:22
- NVA: 0:00:00
- % VA: h:m:s

- CT: 0:13:37
- VA: 0:13:37
- NVA: 0:00:00
- % VA: h:m:s

- CT: 0:02:22
- VA: 0:02:22
- NVA: 0:00:00
- % VA: h:m:s
Results: Intervention Phase

Process Boundaries
From: MA calls patient in
To: Appointment is complete

1. Medical Assistant Rooms Patient
   - Weight, height, vision, hearing
   - Blood pressure, O2 saturation, temperature
   - Data entry
   - Medical history

2. Anticipatory Guidance
   - Screen time
   - Sleep
   - School/Grades
   - Physical Activities
   - Stranger Danger
   - Healthy eating
   - Smoke detectors in home
   - Swimming
   - Wearing a helmet, etc.

3. MD Visit
   - Physical Exam
   - Questions regarding patient’s health
   - Growth charts

4. Post-Visit Services
   - Immunizations

[Time Stamps]

Process Boundaries:
From: MA calls patient in
To: Appointment is complete

Patient's parent asking PCP about other children (PCP's patients)
Error in data input

CT: 0:08:09
VA: 0:08:09
NVA: 0:00:00
% VA: h:m:s

CT: 0:14:53
VA: 0:14:53
NVA: 0:00:00
% VA: h:m:s

CT: 0:15:22
VA: 0:15:22
NVA: 0:00:00
% VA: h:m:s

CT: 0:04:37
VA: 0:04:37
NVA: 0:00:00
% VA: h:m:s
Discussion

Based on analysis, involving BH decreases wait times, but increases visit time and overall cycle time.

Need more data in order to gain greater understanding of intervention’s impact.

Difficult to complete intervention phase due to changes in BH department at Kent location during experiment.

Many variables in cycles that may have affected cycle times.
Recommendations

Continue to collect observations (control and intervention) to gain a better understanding of BH involvement in wait and visit times of well-child checks

Develop additional metric to measure impact

Examine scheduling to determine viability of integration

Assess patient satisfaction in regards to integration and their beliefs on its impact (time, quality of care, etc.)

Longitudinal study: examine if children who are introduced to BH early on through anticipatory guidance utilize BH more than children who don’t get intervention
Conclusion

Decreasing wait time during well-child checks can be done through having BH complete anticipatory guidance portion of visit

Further examination to see the viability of this integration is needed before implementation
References
