

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

Fatimah Fahimuddin

M.D. Candidate, 2017

Howard University College of Medicine

HealthPoint

Seattle, WA



GE Foundation

# 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

BP taken twice due to high results from first reading

**2. Anticipatory Guidance**

Screen time  
Car seat safety  
Dental care  
Balanced diet  
+/- 2 topics

Printer broken in exam room

Joint well child checks

Patient required care outside of standard well child check (sports clearance, TB test, asthma, etc.)

**3. MD Visit**

Physical exam  
Questions about patient's health  
Growth charts  
Anticipatory guidance  
Other

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

**4. Post-Visit Services**

Immunizations  
Lab  
Other

0:00:00

0:13:47

0:04:29

0:07:53	
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0:03:22	
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0:13:37	
---------	--

0:02:22	
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CT	0:07:53	h:m:s
VA	0:07:53	h:m:s
NVA	0:00:00	h:m:s
% VA		h:m:s

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

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

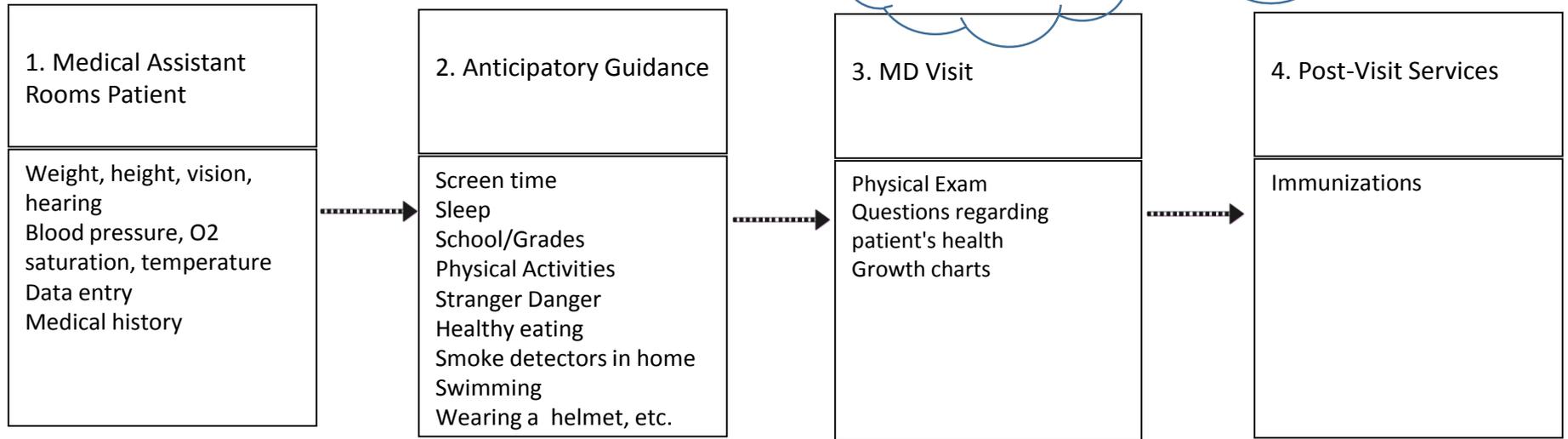
CT	0:02:22	h:m:s
VA	0:02:22	h:m:s
NVA	0:00:00	h:m:s
% VA		h:m:s



# Results: Intervention Phase

## Process Boundaries

From: MA calls patient in  
 To: Appointment is complete



0:01:55

0:02:33

0:00:00



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

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

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

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

Dworkin, P. H. (2000). Preventative Health Care and Anticipatory Guidance. *Handbook of Early Childhood Intervention*. London: Cambridge University Press.

Ray-Sannerud, Bobbie N.; Dolan, Diana C.; Morrow, Chad E.; Corso, Kent A.; Kanzler, Kathryn E.; Corso, Meghan L.; Bryan, Craig J. Longitudinal outcomes after brief behavioral health intervention in an integrated primary care clinic. *Families, Systems, & Health*, Vol 30(1), Mar 2012, 60-71. doi: [10.1037/a0027029](https://doi.org/10.1037/a0027029)