Rethinking Well Child Care Visits:
Opportunities for Innovation

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Rethinking Well Child Care

- Historical legacy and current practices
- Why change now?
- Innovations and the future with a focus on Child Development and Behavioral Pediatrics

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Drowning in a sea of advice: pediatricians and AAP policy statements.

- 344 AAP policy statements
- 192 discrete health advice directives
- 185 (96%) created from 1993-2002
- Safety advice 67%
- Media use 12%
- Substance abuse 5%
- Environmental health 4%
- Development/behavior 4%
- Sexuality/pregnancy 3%
- Nutrition 2%

International Trends in WCC

- US: only country where board certified pediatricians deliver WCC
- Australia, UK, Sweden: nurses w/ PH training; home visits
- Netherlands: WCC MD’s (no internship or residency; 3-wk training in WCC)
- Group Well Child Care: Japan and Denmark


Reason for Visit to Pediatrician

- Preventive Visit: 37%
- Sick Visit: 32%
- Follow-up Visit: 15%
- Psychosocial Problem: 8%
- Other: 8%
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Continuity of Care

*Primary care:* first contact, integration of services, continuity, family focus; comprehensive, personalized, family-centered approach

*Therapeutic alliance:* a trusting relationship developed over time
Green, M. Guidelines to Health Supervision Visits III. AAP:3-9, 2002.

Does continuity promote improved quality of care?
Promotes efficiency  
Enhances communication  
Enhances child comfort

Continuity of Care

- Improved parent satisfaction  
  *Pediatrics,* 109: 2002

- Reduced ER use and hospitalizations  
  Christakis DA et al., *Pediatrics,* 2001  
  Brousseau DC et al., *Pediatrics,* 2004

- Improved lead, anemia, and TB screening  
  Flores AI et al., *Pediatrics,* 2008

Does continuity of care matter?

- Population cohort study of Mass Gen Hosp primary care network: 181 MDs in 13 practices  
- Investigated “connectedness of patients with a personal physician”  
- Measured “connectiveness” (i.e., continuity)  
- 60% connected to a physician (varied in a practice: 45-71%)  
- 35% connected only to practice  
- The more connected a patient is to a physician, the more likely patient will receive guideline-consistent care

Atlas S, et al. “Patient-Physician Connectedness and Quality of Primary Care.”  
Continuity of Care

Contemporary trend:
Only 46% of parents report that their child saw the same pediatric clinician for well child visits up to 3 years of age

Continuity of person has changed to *continuity of place*

History of Guidelines for Pediatric Well Child Care

First AAP WCC guidelines (**1974**)
14 visits recommended
Revised 2-3 times each decade

*AAP Bright Future: Guidelines for Health Supervision of Infants, Children, & Adolescents** (**2008**)
31 visits between birth and 21 years,
12 visits between 0 and 3 years of age

Limited Evidence-base: the Challenge

• *Promoting optimal nutrition* after infancy:
  prevention of obesity and eating disorders
• *Safety*: bicycle safety (helmets), guns in homes, preventing burns and motor vehicle injuries
• *Substance abuse*: education/prevention
• *Early recognition of school-related problems*:
  ADHD, learning disabilities, social relationships
• *Early detection and diagnosis of behavioral conditions*:
  Autistic Spectrum Disorder, ODD, Anxiety, Depression, PTSD
Innovations in WCC
Promotion of Development/Behavior

• Systematic screening: standardized tests
• Theme for each visit
• Risk categories
• Co-locating
• Healthy Steps model
• Family drawings
• Attention to parent’s mental health
• Group discussions
• Group WCC
• Reach Out and Read
• Limit PE’s to increase time for dev-behavior screening/counseling
• Computers/DVDs
• Links w/ community

Innovations in WCC
Developmental-Behavioral Pediatrics

• SYSTEMATIC STANDARDIZED SCREENING
• DEVELOPMENTALLY FOCUSED WCC
• GROUP WELL CHILD CARE
• REACH OUT and READ
• FAMILY DRAWINGS

Pediatricians Reporting Screening Young Children for Developmental Problems

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AAP: Recent Policy for Developmental Surveillance and Screening (0-3 years)

- Developmental Surveillance: all well child preventive visits
- Developmental screening: standardized developmental screening test at: 9, 18 and 30 month WCC visits


Developmental Screening

- Ages and Stages Questionnaire
- CATS/CLAMS: Cognitive Adaptive Test
  Clinical Linguistic and Auditory Milestone Scale
- Denver II
- PEDS: Parents’ Evaluation of Developmental Status

PEDS
Parents’ Evaluation of Developmental Status

- Organized method to focus on parent’s agenda for developmental assessment
- Language used to ask questions is critical “CONCERNS”
- “List any concerns about your child’s learning, development and behavior.”
- Sensitivity/Specificity: 70-80%

PEDS
Parents’ Evaluation of Developmental Status

Do you have any concerns about how your child
• talks and makes speech sounds?
• understands what you say?
• uses his or her hands and fingers to do things?
• uses his or her arms and legs?
• behaves?
• gets along with others?
• is learning to do things for himself/herself?
• is learning preschool or school skills?
Please list any other concerns

Behavioral Screening

Pediatric Symptom Checklist (4-16 yr)

Parent Screening Questionnaire

Family Psychosocial Screening
http://www.pedstest.com/links/resources.html

M-CHAT (18-24 mo. screen for autism)
J of Autism and Develop Disorders. 31: 131-144 (2001)

Developmentally Focused
Well Child Care Visits

• Major developmental theme for each visit
• Parents’ agenda
• Relate counseling to developmental observations
• Communicating with children and parents
• Spectrum of normal development


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**Major developmental themes**

*From: Encounters with Children: Pediatric Behavior and Development*

- 2 wk. visit: Making a place in the family
- 6 mo. visit: Reaching out
- 9 mo. visit: Exploring and clinging
- 4 yrs: Clear sense of self
- 5 yrs: Opening the school door
- 6-7 yrs: Reading, relationships, playing by the rules
- 15-17 yrs: Mid-adolescence—redefining self

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**Group Well Child Care**

First published description in a pediatric practice

- Improved attendance at WCC, less calls between visits, more time for personal issues, more open-ended questions
- More WCC topics discussed (safety, nutrition, behav/devel, sleep, parenting)
- Pre and post tests similar on maternal knowledge, providing social support, and decreasing maternal depressive symptoms
- High-risk families: child devel status, mat-child interactions, home environment, provider time—no differences.
- Lower show rate in group WCC. Similar measures of parental competence, social isolation, social support and reports to CPS

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Reach Out and Read

- Significant association between early reading aloud and later academic outcomes
- Developmentally appropriate book at all WCC visits (6 months to 5 years)
- Demonstrate reading to child during visit


Reach Out and Read

(controlled trials)

- Increased reading aloud at home
- Increase in expressive and receptive language at 2 years
- Reading aloud as a favorite parenting activity
- Reading aloud at bedtime
- Reading aloud >3 days/week
- Ownership of >10 picture books


Kinetic Family Drawing

“Draw a picture of everyone in your family---all doing something”

Kinetic Family Drawing in Pediatric Practice

An opportunity to open new lines of communication with parents and children

Rethinking WCC Study

282 pediatricians and 41 pediatric nurse practitioners in 31 focus groups in 13 U.S. cities.

- Establishment of a therapeutic relationship and individualizing care
- Eliciting the concerns of parents as the first priority for all well-child care visit.
- Community resources outside of the office setting


Rethinking WCC Study

Parent Reasons for Attending WCC

20 focus groups: 130 parents (mostly moms); 0-12yo

Reassurance: "Is my child okay?"

"Am I doing a good enough job as a parent?"

Opportunities for discussion; Parent priorities/concerns

Families want to make the most of limited time

Families want to discuss their own individual priorities and concerns

Parents want more information about child development/behavior

Not always sure which questions are "ok" to ask


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Rethinking WCC Study

Clinician-parent/child relationship

Most parents want to see a doctor they know and who knows their child; an on-going relationship
A physician who talks directly to the child
Feeling respected as a parent

Elements of pediatrician- parent-child relationships
Emphasis on the child
Respect for parental expertise
Affect and body language

Innovations in WCC in Promotion of Development/Behavior

- Systematic screening: standardized tests
- Theme for each visit
- Risk categories
- Co-locating
- Healthy Steps model
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There is always one moment in childhood when the door opens and lets the future in

Graham Greene (1940)
The Power and the Glory
References

• AAP: Bright Futures: Guidelines for Health Supervision of Infants, Children, & Adolescents (2008)

Books that teach clinicians about child development: