

Pediatric Behavioral Health in Primary Care: The Relationship Between Checking Out and Showing Up



Catherine Stewart, MS & Andrew Cohen, PhD

Introduction

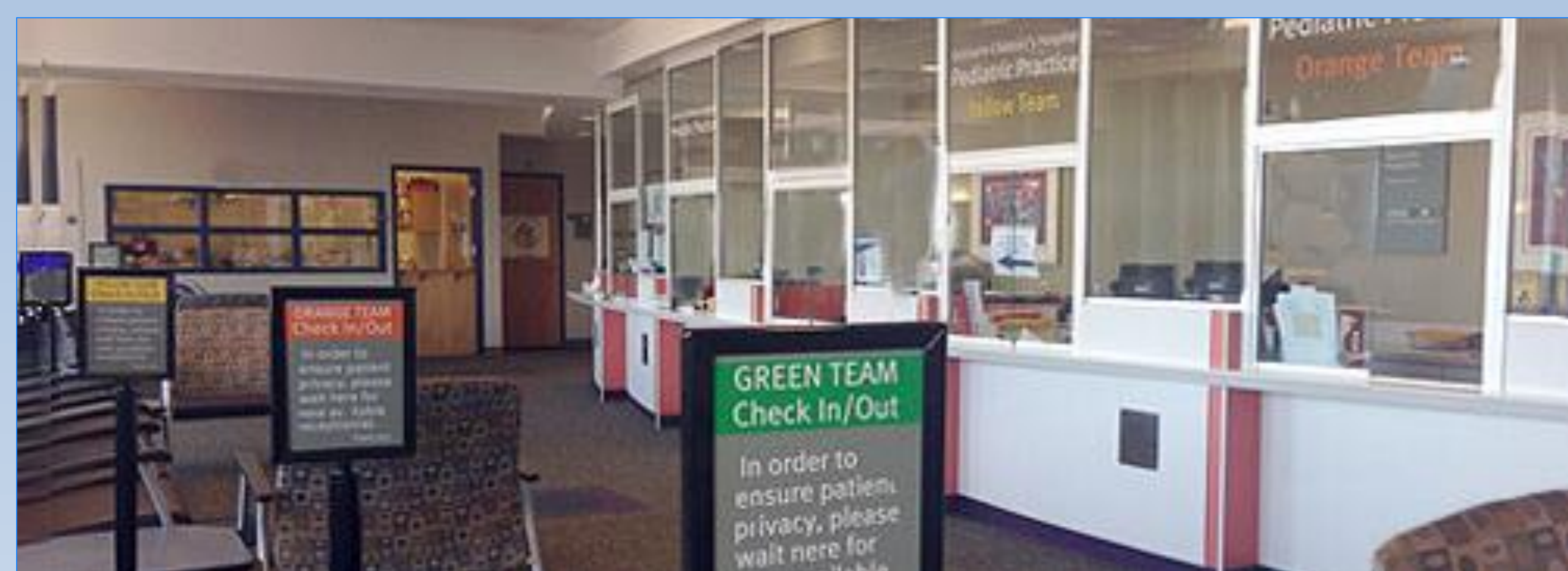
- The missed appointment is a core factor that frequently interferes with access to Behavioral Health services for underserved youth. This leaves many children undertreated or not treated at all.
- UR Medicine Pediatric Practice offers integrated Behavioral Health services; however, patients (and families) no show 34% of scheduled Behavioral Health appointments (not including cancellations).
- Research suggests that addressing patient and family *engagement* is associated with improved attendance and access for underserved populations (Lidia et al., 2016).
- Cohen et al. (2018) found that families who completed a brief check out *engagement* survey during check out were significantly more likely to attend a follow-up visit compared to families who did not complete the survey.

Project Goal

- Continue to test the impact of addressing patient and family engagement (i.e., completion of check out engagement survey) on Behavioral Health show rate in the Pediatric Practice.
- Test the impact of new intervention (i.e., TeleVox automated reminder phone calls) on Behavioral Health show rate.

Procedures

- TeleVox began making automated reminder phone calls for all Behavioral Health visits. (go-live 6/12/2018)
- During visit, Behavioral Health providers engaged family in shared decision making about scheduling a follow-up visit, including guidance on how to complete engagement survey.
- At check out, OAS staff prompted family to complete 3-item engagement survey.



Check Out Engagement Survey

Patient-Family Survey Completed by Parent / Guardian Patient

Please give feedback on today's visit to help us better serve your needs.

- Today's Behavioral Health provider(s) and I are working toward the same goals.

Not at all	A little	Somewhat	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Today's visit helped me move in the right direction.

Not at all	A little	Somewhat	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Today's Behavioral Health provider(s) understood and respected me during our visit.

Not at all	A little	Somewhat	A lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results

PRE-TeleVox

December 2017 – April 2018 (4.5 months)
(Cohen et al., 2018)

POST-TeleVox

June 2018 – October 2018 (4 months)
(current data)

		Attended Follow-Up Visit				Attended Follow-Up Visit			
		No	Yes	Total	% Attended	No	Yes	Total	% Attended
Completed Survey	Yes	170	135	305	44.3%	62	56	118	47.5%
	No	148	56	204	27.5%	167	156	323	48.3%
	Total	318	191	509	37.5%	229	212	441	48.1%
% Completed Survey				60.0%					26.8%

Survey Items Association with Attendance

Survey Ratings (Satisfaction)

No statistically significant association with show rate
High overall satisfaction ($M = 4.64$)

Survey Completion (Engagement)

Yes, statistically significant association with show rate
44.3% vs. **27.4%** (completed vs. not)

Survey Ratings (Satisfaction)

No statistically significant association with show rate
High overall satisfaction ($M = 4.69$)

Survey Completion (Engagement)

No statistically significant association with show rate
47.5% vs. **48.3%** (completed vs. not)

Discussion and Future Directions

Pre- and Post-TeleVox = no association with show rate AND high satisfaction ratings

- Interpretation: Ceiling effects of patient and family satisfaction make it difficult to infer impact on show rate

Post-TeleVox = significant decrease in survey completion rate

- 33.2% decrease (60.0% → 26.8% completion) AND no difference in attendance based on survey completion
- Interpretation: Check-out survey completion (engagement) may not be associated with increased follow-visit attendance

Post-TeleVox = significant increase in follow-up attendance

- 20.8% increase (27.5% → 48.3% attendance) for families who did NOT complete the survey
- Interpretation: Family characteristics (e.g., stressors, supports, overall functioning) may drive follow through (e.g., completing check out survey, attending follow-up visit)
- Interpretation: Reminder calls may be more helpful for families with higher degree of psychosocial challenges

Future Directions

- Family characteristics: Identify families with high need / low resources who may benefit from additional supports
- Survey workflow: Examine and retrain provider / staff workflows to increase family completion of check-out survey
- Longitudinal data: This project considered attendance to only the first follow-up visit; time-series analysis is warranted
- Time as potential limitation: Time of year / TeleVox rollout is a potential confound; year-over-year data analysis is warranted

References

- Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics of North America*, 19, 759-774.
- Brown, G. S. (J.), Simon, A., Cameron, J., & Minami, T. (2015). A collaborative outcome resource network (ACORN): tools for increasing the value of psychotherapy. *Psychotherapy*, 52, 412-421.
- Cohen, A., Corbett-Dick, P., & Alpert-Gillis, L. (2018). Can a family centered workflow work for work flow. Presented at CFHA Conference.
- Lidia, B., Vegna, E. & Galli, F. (2016). The patient-centered medicine as the theoretical framework for patient engagement. In *Promoting patient engagement and participation for effective healthcare reform* (pp. 25-29), Hershey, PA: IGI Global.
- Molfenter, T. (2013). Reducing no shows: going from theory to practice. *Substance Abuse and Misuse*, 48, 743-749.
- Samuels, R., Ward, V., Melvin, P., Macht-Greenberg, M., Wenren, L., M., Yi, J., Massey, G., & Cox, J. (2015). Missed appointments: factors contributing to high no-show rates in an urban pediatrics. *Clinical Pediatrics*, 54, 976-82.