Evaluation of the 18-Month Well-Baby Visit in the KFL&A Region:
A Social Determinants of Health Perspective

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Conflict of Interest Disclosure

Presenter Disclosure

• Presenter: Emily Dawson

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None
Mitigating Potential Bias

• There is no potential bias in this program
Background

The 18-month visit: recognized as a **pivotal visit** in the scheduled primary care provider contacts prior to school entry

- Discussion with parents on healthy development and concerns
- Provide parents with information on community resources
- Timely facilitation of referrals
- Uses standardized tools to assess development
Enhanced 18-month Well Baby Visit (EWBV)

- patient between the ages of 17 and 24 months of age.
- Services of a standard well baby care visit
- An 18-month age-appropriate developmental screen such as the Rourke Baby Record
- Review of a standardized tool, completed by the caregiver, such as the Nipissing District Developmental Screen
- Recorded in the patient’s permanent medical record
2005: “Getting it Right at 18-months... Making it right for a lifetime.”

2009: the Ontario Medical Association and Ontario Ministry of Health and Long-Term Care introduced new fee codes for the Enhanced 18-Month Well-Baby Visit (EWBV)

Project Objectives

- Collaborative relationship between Primary Care and Public Health
- Provide longitudinal assessment of the EWBV through annual audits
- Assess health service equity
- All children provided with an equal opportunity to succeed
Enhanced 18-Month Well-Baby Visit Audits

2012:
- Three family health teams/community health centres
- Audit: January 1, 2010 to December 31, 2011
- Audited use of billing codes/billing code equivalencies

2013:
- Follow up audits: October 1, 2012 to March 31, 2013
- Two new partners for the initial audit
- Manual chart audit of the EMR
Enhanced 18-Month Well-Baby Visit Audits

2014:

• Follow up audits for 5 previous practices
• Audit from April 1, 2013 to March 31, 2014

• Initial audit for 1 new primary care partner
• Audit from April 1, 2012 to March 31, 2014

• Manual chart review of EMR
<table>
<thead>
<tr>
<th>Family Health Teams (FHT), Family Health Groups, and Community Health Centres (CHC)</th>
<th>Full-Time Equivalent (FTE) Physicians¹</th>
<th>Number of Primary Care Roster Clients¹</th>
<th>Number of Roster Clients per FTE Physician</th>
<th>Percentage of KFL&amp;A Population (195 196)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston Community Health Centres</td>
<td>4.76</td>
<td>3 007</td>
<td>632</td>
<td>1.54</td>
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<tr>
<td>North Kingston CHC</td>
<td>3</td>
<td>1 752</td>
<td>674</td>
<td>0.90</td>
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<tr>
<td>Napanee and Area CHC</td>
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<td>735</td>
<td>735</td>
<td>0.38</td>
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<td>Street Health Centre</td>
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<td>520</td>
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<tr>
<td>Sharbot Lake FHT</td>
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<td>2 570</td>
<td>1 285</td>
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<td>Maple FHT³</td>
<td>25</td>
<td>35 400</td>
<td>1 416</td>
<td>18.14</td>
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<tr>
<td>Lakelands FHT⁴</td>
<td>3.4</td>
<td>2 300</td>
<td>676</td>
<td>1.18</td>
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<td>Queen’s Student Family Health Group</td>
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<td>8 953</td>
<td>2 238</td>
<td>4.59</td>
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<tr>
<td>Queen’s Family Health Team</td>
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<td>12 040</td>
<td>634</td>
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<tr>
<td>Loyalist FHT</td>
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<td>10 000</td>
<td>1 250</td>
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<tr>
<td>Kingston FHT</td>
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<tr>
<td>Centennial Family Physicians</td>
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<td>15 559</td>
<td>1 414</td>
<td>7.97</td>
</tr>
<tr>
<td>Bagot Street Site</td>
<td>4</td>
<td>6 000</td>
<td>1 500</td>
<td>3.07</td>
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<tr>
<td>800 Princess Street Site</td>
<td>3</td>
<td>4 488</td>
<td>1 496</td>
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<tr>
<td>North West Family Physicians</td>
<td>3</td>
<td>3 953</td>
<td>1 333</td>
<td>2.03</td>
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<td><strong>Total</strong></td>
<td><strong>87.16</strong></td>
<td><strong>104 270</strong></td>
<td><strong>1 196³</strong></td>
<td><strong>53.43</strong></td>
</tr>
</tbody>
</table>

Table 1. The number of FTE physicians and roster clients within each FHT/CHC/Family Health Group of the KFL&A region, with the percentage of the KFL&A population that is serviced at each site. The table is meant to demonstrate that the majority of the KFL&A population receives their primary health care from FHTs/CHCs/Family Health Groups. Please note that as this table only includes roster clients, the total number of clients at each practice is higher.
Methods

• Meeting between KFL&A and Primary Care Partner

• Data collection through EMR queries and manual chart review

• Data analysed using excel software and GIS data

• Social determinants and equity evaluated by
  • INSPQ Deprivation Index
  • Dissemination Area
Methods

- OHIP Number
- Date of Birth
- Postal code
- Date of EWBV
- Use of RBR
- Completed sections of RBR
- Use of NDDS
- Immunization details
- Referral and recommendation details
- Provider classification
- Relevant supplementary details

Completion of EWBV
RBR use
NDDS use
A002A Billing Codes
Referrals
18-month Immunizations
The implementation rate of the EWBV and 18 month immunizations for the KFL&A region in the 2013 audit and 2014 audit of primary care practices.
The implementation rate of standardized tool use and referrals made during EWBVs for the KFL&A region in the 2013 audit and 2014 audit of primary care practices.

Specific measures of visit quality:
- RBR
- NDDS
- Referrals
- A002A
Implementation rate of the enhanced well baby visit and 18 month immunizations for eligible patients organized by combined deprivation rank

Combined Material and Social Deprivation Rank

- EWBV
- DTaP-IPV-Hib
- 2 per. Mov. Avg. (EWBV)
- 2 per. Mov. Avg. (DTaP-IPV-Hib)
Case Study

Early Development Instrument (EDI)

- measurement of school readiness
- 5 areas of child development
- Measure of a population not individual children

Assess EWBV implementation across populations with different levels of vulnerability according to EDI score
Case Study

EWBV implementation rate for eligible patients across populations with increasing vulnerability in one or more domain of the EDI

Percent of population with an EWBV

Percent vulnerable in one or more domain using the early development instrument
Future Directions

• Include additional primary care partners in the project

• Continue providing a longitudinal assessment of the EWBV
  • Focus on a comprehensive visit

• Further the analysis of EWBV through a social determinants lens
  • Early Development Instrument
Future Directions

- Enhanced Well Baby Assessment in Primary Care seminar
- Continue to promote the use of the EWBV Quality Improvement Plan Toolkit
- Provide resources and support to assist in conducting a comprehensive
Acknowledgements...