CONFERENCE ABSTRACT

Pediatric obesity in integrated primary care: examining patient access across service delivery models

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Introduction: Appointment failure is a common problem within pediatric weight management programs. Scheduling problems, logistical concerns, and discrepant patient expectations are identified as common barriers to treatment. Integrated primary care models pose a potential solution to the problem of appointment failure among weight management patients. The purpose of this pilot study was to compare appointment follow-through, appointment wait time, and distance to travel to clinic across two weight management service delivery models (integrated and non-integrated). Changes in weight and BMI z-score were also calculated and compared.

Methods: A quasi-experimental, matched comparison design was used to compare appointment follow-through, initial appointment wait time, distance to travel to clinic, and changes in weight and BMI z-score across the two treatment settings. Data were obtained through retrospective chart review over 6-months using the institutional electronic health record (EHR). The total number of participants seen within the study period across the primary care setting was matched on age, gender, and initial BMI z-score to the sample of participants in the hospital outpatient setting. A total of 30 participants were included, with 15 in each group.

Results: Participants in each group were compared across unmatched variables, including race, ethnicity, and insurance type. No significant differences were found between the two groups across demographic variables. Independent sample t-tests were performed to examine mean differences in appointment follow-through, wait-time, and distance traveled across each clinic (n=15). Significantly fewer appointment failures (no shows and cancellations combined) were documented within the primary care setting. Additionally, patients waited significantly less time for their initial appointment and traveled a significantly shorter distance to clinic. No significant differences were found in the number of appointments completed or on weight metrics across the two clinics.

Discussion: Results of this study were consistent with previous research that suggest, in general, integrated primary care settings have better appointment follow-through, shorter wait times, and require less distance to travel than non-integrated specialty clinics. The results of this study provide further support for the finding that integrated models increase patient follow-through with physician referrals for behavioral health treatment and increase patient access to care.

Conclusions: This pilot study provides some initial data to support further research examining the impact of treatment setting and level of integration on appointment follow-through among pediatric weight management patients.
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**Lessons Learned:** Due to the long-term nature of weight management treatment, examination of weight related outcomes should be studied over a more extended time period to capture changes in weight and BMI.

**Limitations:** Limitations of this study include a small sample size, low statistical power, short study duration, and lack of randomization between groups. Reliance on available chart review data also limits overall interpretation of data collected.

**Suggestions for Future Research:** Long-term, prospective studies are needed to examine the link between appointment follow-through and treatment integration within integrated primary care settings. Increased experimental control and randomization would allow the specific factors unique to the each setting to be more carefully examined.

**Keywords:** pediatric obesity; integrated primary care; weight management; appointment follow-through