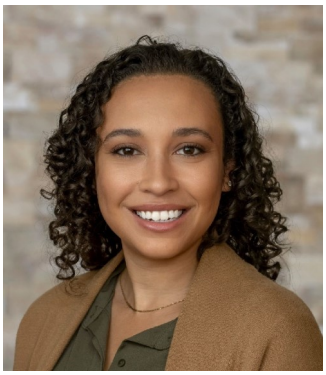
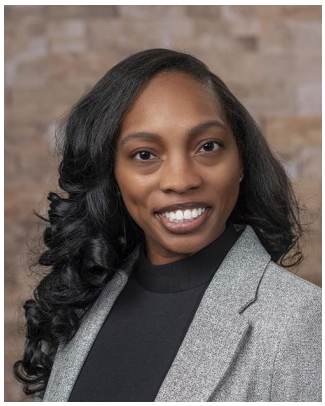
Baystate Health | UMass Chan Medical School

Department of Healthcare Delivery & Population Sciences

Healthy Babies and Healthy Lifestyles: Group Medical Care at Baystate General Pediatrics.

We interviewed **Alaina Butler,** MD, Assistant Professor of Pediatrics and **Kayla Woods,** DNP, FNP-BC, about their ACO Innovation project entitled **Healthy Babies and Healthy Lifestyles: Group Medical Care at Baystate General Pediatrics**.





1. Can you tell us the motivation for this project?

The health inequities facing communities like Springfield, Massachusetts are well-researched and reported. The life expectancy at birth for the majority of infants who receive care at our Baystate General Pediatrics clinic in downtown Springfield is under 75 years. The infant mortality rate is higher than the state average with large disparities between ethnic groups, and one in four children in Springfield Public Schools is obese. Our clinic is staffed by compassionate providers and staff who deeply desire to close these gaps in health outcomes but are constrained by traditional models of care. Our BeHealthy ACO Innovation Project is to develop and pilot the implementation of a program plan for group visits centered on well infant care (named Healthy Babies) and obesity management (named Healthy Lifestyles) at the pediatrics clinic at 140 High Street in Springfield.

2. What are the goals of this project?

Group medical care was popularized by the Centering Pregnancy and Centering Parenting models. These models have been shown to increase patient satisfaction, enhance patient education, improve attendance at well-child visits, and improve health outcomes including breastfeeding rates. Our hope is that longer provider-patient interactions, enhanced education, and improved social support through group medical care will lead to better health in our patients.

The overarching goal is that patients will build community and motivate each other to make healthy changes. They will be able to set goals and solve problems with other families who have similar lived experience. We theorize that involvement in group medical care will lead to greater improvements in BMI and healthy behaviors and decrease the cost of managing the comorbidities of obesity such as hypertension, diabetes, and hyperlipidemia. For infants, we hope to reduce unnecessary emergency room visits through more comprehensive anticipatory guidance and review of methods of clinic access. We hypothesize that group medical care will be associated with improved adherence to all recommended well child visits by age of 15 months (currently at a rate of 50% for our practice) and improve completion of all recommended childhood immunizations by 2 years of age (currently at a rate of 33% for patients within our practice).

3. What happens next?

Currently we are developing facilitator guides and program evaluation materials for each group. Next, we will tackle the challenges of logistical planning and patient recruitment. Our goal is to start group medical care at 140 High Street by the end of the year. We look forward to sharing our experiences with other clinics who may be interested in starting similar programs.