

The “Wellness Poster” A Key Educational Reference Tool For Your Clinic

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WELLNESS POSTER

“Am I due for a Wellness Visit?”

You may have called them “*physicals*”, “*annuals*”, or “*check-ups*”. At the Markham Family Health Team, you can access your Physician or Nurse Practitioner for a “*Wellness Visit*” using the schedule below.

A Wellness Visit is Recommended:

At 2 years	20 - 40 years: every 2 years for females every 5 years for males <i>blood pressure check every 2 years</i>
At 3 years	
At 5 years	41 - 49 years: every 2 years male/female
At 9 or 10 years	50 - 65 years: every 2 years male/female
At 12 or 13 years	Over 65 years: every 2 years <i>or as recommended by your provider</i>
At 15 years	
At 17 or 18 years	

For ongoing health issues that require regular follow up, please see your Physician or Nurse Practitioner as advised.

Markham Family Health Team is committed to providing the best care possible, by focusing on your health and wellness needs throughout your lifetime. By providing you with a sample of when to see your provider for wellness visits, we highlight the difference between a wellness/screening appointment, and an appointment for a new or chronic health issue.

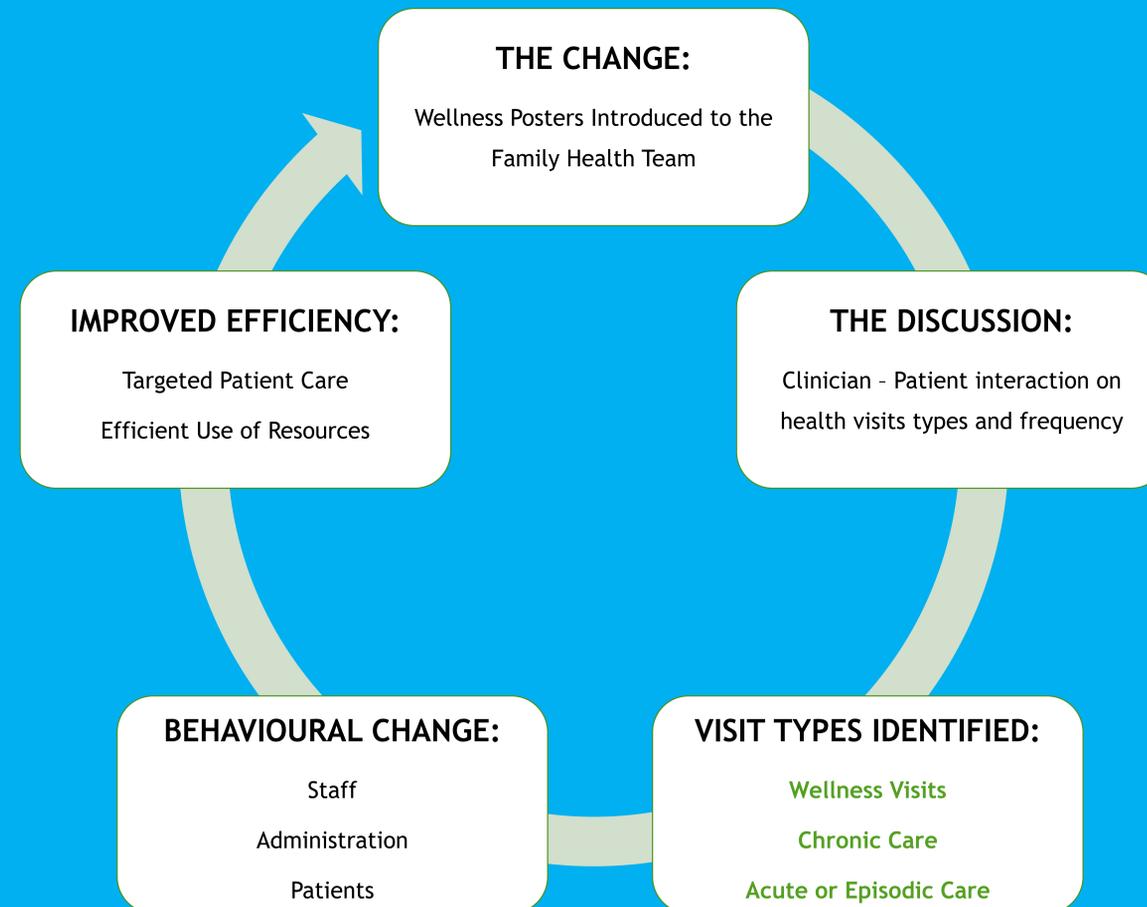
For more information, please speak with your health care provider.

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3 Goals

1. Introduce new language - “wellness” vs. “annuals”, “physicals” and “check-ups”
2. Provide a sample of when “wellness visits” should be scheduled - from age 2 to age 65+
3. Educate patients with chronic health conditions that they may require more frequent visits outside of “wellness visits”

CHAIN OF EVENTS



OBJECTIVE

This qualitative descriptive study was initiated with the primary objective to determine what effects the wellness posters had on primary care provider-patient interactions.

PERCEIVED BENEFITS

The findings revealed an acceptance and general consensus on the need for visual educative tools in the practice. Using the poster, providers were able to educate patients about how to manage their wellness visits and book appointments accordingly.

The poster played an influential role in delineating the three main reasons patients access primary care facilities:

- **Wellness and Screening** - “physicals”, pap testing, etc.
- **Chronic Care** - diabetes, COPD, hypertension
- **Acute or Episodic care** - strep throat, otitis media etc.

It also stimulated an appropriate behavioural change in the patients while replacing wellness visits with more specific and directed care.

Testimonials revealed:

- “Patients ask/talk/debate and actually change based on this element, reinforced by their provider”
- “Creates the ability to stop over-serving some and start care to the under-served, and creates a daily capacity for advanced access.”
- “It is a guideline that allows individualized approaches and flexibility and not a care map nor rule”
- “The Wellness schedule idea is so simple yet incredibly useful. Frees up provider schedules, reduces unnecessary testing, reduces visits for patients, and ultimately saves the system money”

Further studies assessing clinical data are currently underway to provide quantitative feedback on the effect of educative tools on practice behavior.

CONTEXT

The “Wellness Poster” was created with the objective to initiate the dialogue between providers and patients regarding the reason behind and frequency of wellness visits.

A review of the literature was conducted which revealed that there is a significant lack of evidence supporting annual health exams and instead, there are many evidence-based guidelines supporting screening for chronic health conditions at specific life points.

These guidelines were used to create the poster and mark wellness visit points for each patient along their life continuum and associated age.

METHODOLOGY

Design: Qualitative descriptive approach.

Setting: In June 2012, the Wellness Posters were introduced to the primary care providers and displayed throughout 3 Family Health Team sites.

Participants: There were 22 primary care providers (18 Family Physicians, 4 Nurse Practitioners) that participated in the study (12 females, 10 males).

Data Collection: Staff members were invited to provide testimonials on the Wellness Posters. These were collected between June 2012 to May 2013.

PERCEIVED DISADVANTAGES

Although a majority of the themes that emerged from the testimonials were positive some perceived disadvantages include:

- Patients may view the changes in wellness visits as a lack of care
- There may be confusion between the types and frequency of visits
- There may not be enough time to engage in the discussion
- Guidelines are subject to change and the poster may not reflect these changes
- There may be a delay between poster implementation, staff and physician buy-in, and behavioural change

CONCLUSION

Implementation of evidence-based educative tools in the clinic can assist in optimizing patient centered care and more efficient utilization of resources.