**Pediatrics Workgroup Initiatives**

**Survey Ranking Results – July 12, 2012**

|  | **Initiatives** | **Ranking** |
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| 1 | Increase provider capacity: Develop programs to increase the supply of specialists; increase specialty spots & faculty support, recruitment of specialists from other states/counties; increase mid-levels (NP/PA) to be specialists. | 4.27 |
| 2 | Chronically Ill Children Clinics: Expand High-Risk Children's Clinic to increase scope of services to include care coordination and case management for high-risk chronic illnesses. | 3.91 |
| 3 | Increase hours of operation for Pediatric clinics (nights and weekends): Use existing clinic buildings; staff clinics with mid-level practitioners from 5:00 pm to 11:00 pm M-F and Saturday 8-2 | 3.82 |
| 4 | Implement community wide-system for long term mental health and substance abuse services: Expand behavioral health access with outgoing support (i.e., therapies, transportation, basic life needs. Create a consortium of care model. | 3.82 |
| 5 | Expand access to school-based clinics: Develop programs to utilize school based clinics as medical homes with strong navigation services. Increase the capacity for school-based services. Identify clinic site to serve as a feeder pattern for target population. Need a strong relationship with anchoring school district. | 3.73 |
| 6 | Develop pediatric obesity education program: Collaborate with community-based organizations, schools, etc. in development of a training program. | 3.70 |
| 7 | Develop a program to increase immunizations for aged-out children: Develop capacity in the community to immunize children that have aged-out of current programs. Collaborate with local community programs including the public health clinics and health care industry. | 3.70 |
| 8 | Implement a pediatric evidence-based home visit program: Develop programs that utilize mid-level practitioners for preventive health screening, chronic disease management, high risk OB in areas that have inadequate access. | 3.64 |
| 9 | Implement regional quality measurements infrastructure: Contract for a neutral entity to collect and conduct data analysis to report health outcomes. | 3.64 |
| 10 | Implement Pediatric Medical Home: Redesign care delivery, in accordance with medical home recognition program, or expand scope to a specified population/community. | 3.60 |
| 11 | Increase inpatient pediatric behavioral health beds: Partner with local providers to implement a program to increase pediatric beds. | 3.55 |
| 12 | Develop programs to address teen health needs: Implement educational programs related to sexual education, psychiatric issues, obesity, and drug use. Partner with FQHCs and other community-based providers. | 3.55 |
| 13 | Expand access to evidence-based parenting training: Develop training program with existing community based organizations. Programs have shown reduction in incidence of child abuse, decrease hospitalizations, empower families to be school-ready, etc. | 3.45 |
| 14 | Develop and expand education program for injury prevention: Outreach and educate target population; collaborate with community organizations; link with American College of Surgeon (designated trauma program). | 3.36 |
| 15 | Increase access to specialty care for children with autism and related conditions - clinic and in-home treatment: Fund 1:1 applied behavior analysis intervention for children with autism which is the empirically based treatment found to be most effective. | 3.27 |
| 16 | Replicate successful community programs to encourage healthy behaviors. Expand existing programs at YMCA: (Project MEND) including children activities and parent education. | 3.27 |
| 17 | Increase access to pediatric dental services: Develop programs to target high-risk populations. Increase provider capacity. Utilize mobile vans, as appropriate. Routine cleaning and preventive care improves better health outcomes. | 3.09 |
| 18 | Implement an evidence-based care coordination model in a target population: Implement Patient Navigation with community health workers | 3.09 |
| 19 | Develop a program of therapeutic interventions for children 0-36 months with developmental delays, but not qualifying for ECI who are un/under insured or who would otherwise benefit from services that are a blend of an ECI model and a private model: Develop a system of therapeutic services that blends the best aspects of private therapy and a natural environment based model. The addition of social work services and monitoring by a child development specialist enhances the service model beyond that of a private clinic. | 2.91 |
| 20 | Increase use of language and cultural competency tools: Develop programs that can be replicated in the community to meet the language and cultural competency of the target population. | 2.64 |
| 21 | Pediatric Urologic Services: Expand pediatric urologic services in the Houston area. Educate community about the availability of services in lieu of emergency departments. | 2.45 |