Attrition and Retention in Pediatric Weight Management: A Multicenter Survey

Sarah E. Hampl, MD, Children’s Mercy Hospitals and Clinics, Kansas City, MO; Bethany J. Sallinen, Ph.D., C.S. Mott Children’s Hospital, Ann Arbor, MI; Erin T. Rhodes, MD, MPH, Boston Children’s Hospital, Boston, MA

Background

Patient attrition (premature discontinuation) from pediatric obesity treatment clinics and programs is a major issue facing tertiary care children’s hospitals, with most clinics/programs reporting rates of >50%. The views of parents, who are key influencers of their children’s progress in treatment, have not been extensively studied.

Methods

In October 2010 the Children’s Hospital Association (then NACHRI) convened FOCUS on a Fitter Future (II), a multi-disciplinary collaborative that aimed to study clinical pediatric weight management programs and build consensus on practice improvement. The group’s patient retention subcommittee designed a tele- phone survey for parents/caregivers of patients who did not return to a treatment clinic after an initial visit, or who completed <25% of group program visits. The survey covered 10 domains believed to be potentially important contributors to attrition. These areas included transportation, scheduling, financial, implementation, treatment expectations, communication, parent and child physical/emotional health and motivation. The survey also solicited open-ended responses to allow parents to describe 1) conversations their family had with clinics/programs about discontinuing, 2) what clinics/programs could have done to retain families, and 3) features of clinics/programs that would work best for their family. Patient demographics were also collected. One hundred forty-seven parents/caregivers from 13 treatment clinics/programs participated.

Principal Findings

The following are highlights of the survey findings:

- Scheduling, barriers to recommendation implementation and transportation issues were endorsed by more than half of parents as having a moderate to high influence on their decision not to return.
- Family motivation and mismatched expectations between families and clinic/program staff were mentioned as influential by over one-third.
- Parents of physician-referred patients more often reported transportation issues (64% vs. self-referred 42%; p = 0.03), and those seen in a clinic more often rated finances as influential (52% vs. program 30%; p = 0.005).
- Only mismatched expectations correlated with patient demographics. Parents of white (64% vs. non-white 37%; p = 0.008), commercially insured patients (63% vs. other insurance 33%; p = 0.003) seen in treatment clinics (53% vs. 33%; p = 0.04) more often rated this domain as moderately to highly influential.
- The majority of parents (65%) indicated that they did not talk to staff members of their program/clinic about their decision to stop coming.
- Both clinic and program parents most frequently discussed aspects related to changing program/clinic logistics (clinic parents = 33%; program parents = 53%) as what programs/clinics could have done to keep their family coming back. Examples of program logistics included offering more flexible hours and more accessible treatment locations.

Discussion

The study found that parents who left geographically diverse weight management clinics/programs reported similar reasons for attrition. Future efforts should include offering alternative visit times, more treatment options, financial and transportation assistance, emphasizing open communication and more fully exploring family expectations for typically provided treatment components such as nutrition education, exercise and behavior support.

Special thanks to the Mattel Children’s Foundation for supporting the Children’s Hospital Association Obesity FOCUS Group.