

Supplemental Information

SUPPLEMENTAL APPENDIX 1 Round 2 EP Rating Results: Model 1, Group Visit

Variable	Assessment Relative to Usual Care ^a				
	Very Likely Worse (1)	Somewhat Likely Worse (2)	About the Same (3)	Somewhat Likely Better (4)	Very Likely Better (5)
1. Receipt of WCC services					
A. Physical examination			10		
B. Immunizations			6	4	
C. Anticipatory guidance				5	5
D. Developmental/behavioral surveillance and screening			1	4	5
E. Psychosocial screening			1	5	4
F. Acute care issues that arise during well-child visits		2	7	1	
2. Family-centeredness and timely and appropriate follow-up					
A. Is family-centered				10	
B. Elicits and addresses parent's concerns about behavior and development				9	1
C. Elicits and addresses parent's concerns about physical health		2	6	2	
D. Provides timely and appropriate follow-up for children with developmental/behavioral problems			3	6	1
E. Provides timely and appropriate follow-up for children with physical health concerns		1	9		
3. Feasibility and efficiency					
A. Maximizes parents' satisfaction with care				9	1
B. Improves overall convenience for parents	2	5	3		
C. Improves visit efficiency (organization perspective)		4	2	4	
D. Improves visit efficiency (clinician perspective)		2	2	4	2
E. Accommodates late parents and no-shows	3	4	3		
F. Allows provider time for charting, returning calls, etc		1	1	7	1
G. Is provided in a way that is acceptable to parents			1	8	1

^a Numbers in each row indicate the number of EP members (total of 10) giving the selected score.

SUPPLEMENTAL APPENDIX 2 Round 2 EP Rating Results: Model 2, Station-to-Station Model

Variable	Assessment Relative to Usual Care ^a				
	Very Likely Worse (1)	Somewhat Likely Worse (2)	About the Same (3)	Somewhat Likely Better (4)	Very Likely Better (5)
1. Receipt of WCC services					
A. Physical examination			9	1	
B. Immunizations			9	1	
C. Anticipatory guidance				5	5
D. Developmental/behavioral surveillance and screening				8	2
E. Psychosocial screening				10	
F. Acute care issues that arise during well-child visits			5	5	
2. Family-centeredness and timely and appropriate follow-up					
A. Is family-centered			2	5	3
B. Elicits and addresses parent's concerns about behavior and development				7	3
C. Elicits and addresses parent's concerns about physical health			6	4	
D. Provides timely and appropriate follow-up for children with developmental/behavioral problems			2	8	
E. Provides timely and appropriate follow-up for children with physical health concerns			7	3	
3. Feasibility and efficiency					
A. Maximizes parents' satisfaction with care			2	8	
B. Improves overall convenience for parents		1	4	5	
C. Improves visit efficiency (organization perspective)		3	5	2	
D. Improves visit efficiency (provider perspective)			2	8	
E. Accommodates late parents and no-shows		1	4	5	
F. Allows provider time for charting, returning calls, etc			3	6	1
G. Is provided in a way that is acceptable to parents			5	5	

^a Numbers in each row indicate the number of EP members (total of 10) giving the selected score.

SUPPLEMENTAL APPENDIX 3 Round 2 EP Rating Results: Model 3, Mixed One-on-One/Group Visit Model

Variable	Assessment Relative to Usual Care ^a				
	Very Likely Worse (1)	Somewhat Likely Worse (2)	About the Same (3)	Somewhat Likely Better (4)	Very Likely Better (5)
1. Receipt of WCC services					
A. Physical examination			10		
B. Immunizations			10		
C. Anticipatory guidance			1	9	
D. Developmental/behavioral surveillance and screening			2	7	1
E. Psychosocial screening			2	8	
F. Acute care issues that arise during well-child visits			9	1	
2. Family-centeredness and timely and appropriate follow-up					
A. Is family-centered			4	6	
B. Elicits and addresses parent's concerns about behavior and development			3	6	1
C. Elicits and addresses parent's concerns about physical health			9	1	
D. Provides timely and appropriate follow-up for children with developmental/behavioral problems		2	6	2	
E. Provides timely and appropriate follow-up for children with physical health concerns			8	2	
3. Feasibility and efficiency					
A. Maximizes parents' satisfaction with care			3	7	
B. Improves overall convenience for parents		5	5		
C. Improves visit efficiency (organization perspective)		3	6	1	
D. Improves visit efficiency (provider perspective)			4	6	
E. Accommodates late parents and no-shows			10		
F. Allows provider time for charting, returning calls, etc			9	1	
G. Is provided in a way that is acceptable to parents		3	2	5	

^a Numbers in each row indicate the number of EP members (total of 10) giving the selected score.

SUPPLEMENTAL APPENDIX 4 Round 2 EP Rating Results: Model 4, Technology-Based

Variable	Assessment Relative to Usual Care ^a				
	Very Likely Worse (1)	Somewhat Likely Worse (2)	About the Same (3)	Somewhat Likely Better (4)	Very Likely Better (5)
1. Receipt of WCC services					
A. Physical examination			10		
B. Immunizations			9	1	
C. Anticipatory guidance			1	6	3
D. Developmental/behavioral surveillance and screening				7	3
E. Psychosocial screening		1	1	7	1
F. Acute care issues that arise during well-child visits			10		
2. Family-centeredness and timely and appropriate follow-up					
A. Is family-centered			2	6	2
B. Elicits and addresses parent's concerns about behavior and development			1	6	3
C. Elicits and addresses parent's concerns about physical health			3	7	
D. Provides timely and appropriate follow-up for children with developmental/behavioral problems			2	6	2
E. Provides timely and appropriate follow-up for children with physical health concerns			7	2	1
3. Feasibility and efficiency					
A. Maximizes parents' satisfaction with care			1	7	2
B. Improves overall convenience for parents			1	4	5
C. Improves visit efficiency (organization perspective)		1	2	5	2
D. Improve visit efficiency (clinician perspective)				6	4
E. Accommodates late parents and no-shows			5	3	1
F. Allows provider time for charting, returning calls, etc			6	4	
G. Is provided in a way that is acceptable to parents			2	8	

^a Numbers in each row indicate the number of EP members (total of 10) giving the selected score.