

# Getting Started with the Well-Visit Planner

*Your Child, Your Well-Visit*

[www.wellvisitplanner.org](http://www.wellvisitplanner.org)

**Orientation kit for providers to learn more and get started**



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## ABOUT THE WELL-VISIT PLANNER

The *Well-Visit Planner (WVP)* is an **online pre-visit planning tool** for parents to complete prior to their child's well-visit ([www.wellvisitplanner.org](http://www.wellvisitplanner.org)). This family-centered quality improvement method helps parents to **identify priorities and key issues prior to visits** and includes **access to educational materials** and **discussion tips** for each of the age-specific focus areas defined in the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd edition*.

The *WVP* is tailored for the optimal use of visit time to address priorities, concerns and other issues specific to the child and family. A **customized Visit Guide** is generated for use by both parents and their child's health care providers. Carefully anchored to national recommendations, the *WVP* is currently available for the **4, 6, 9, 12, 15, 18-month** and **2, 3, 4, 5 and 6-year well visits** and takes about **10 minutes to complete**. Parents can **create an account with the WVP**, where they get a **dashboard** to plan upcoming visits, add their eligible children, return to the *WVP* to complete a session (within 48 hours of starting it), or review previous Visit Guides and educational materials.

Providers, practices or organizations can access the **WVP portal** by creating an account on the *Cycle of Engagement* website at [coe.cahmi.org](http://coe.cahmi.org). On the *WVP* portal, you can **personalize the WVP** for your practice or organization. The portal provides the features of practice or organization-specific branding and tracking of *WVP* use (number of *WVP*'s started and completed) that further enhance the use of the *WVP* to improve quality. Additional linkage to publicly available or purchased developmental screening tools like the Ages and Stages Questionnaire (ASQ) and Parents' Evaluation of Developmental Status (PEDS), and customization of resources for the family Visit Guide is also possible through the *WVP* portal.

The *WVP* can be used in conjunction with a companion online, parent-completed quality measurement tool, the *Online Promoting Healthy Development Survey (Online PHDS)* to complete the *Cycle of Engagement* for early childhood.

**Learn more about the *Cycle of Engagement* on the website [coe.cahmi.org](http://coe.cahmi.org).**

### The Need for and Importance of Engaging Parents in Well-Child Care

Despite improvements in some areas, studies continue to show persistent gaps in the quality of well-child care and the nation's capacity to promote the healthy development of young children.<sup>1,2,3</sup> Improving care means improving communication and partnerships with parents and meeting the unique priorities and needs of each child and family. The Child and Adolescent Health Measurement Initiative (CAHMI) designed the *Well-Visit Planner (WVP)* based on evidence-based guidelines to help providers efficiently meet their well-visit quality goals.

### Development, feasibility and what parents are saying

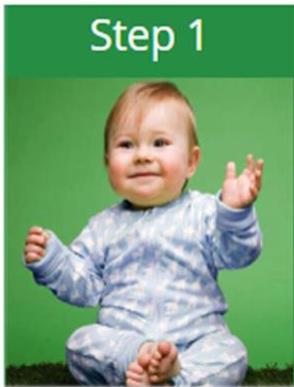
The *WVP* was developed and tested by the **Child and Adolescent Health Measurement Initiative (CAHMI)** for use in pediatric practices over four years through a grant from the federal Maternal and Child Health Bureau (R40 MC08959 03-00; 2008-2012).

National experts, families and pediatric providers collaborated in the design, development and testing of the *WVP* to ensure feasibility and to optimize impact on the quality and efficiency of the well-child visit for parents, children and provider teams alike. Initial testing documented improvements to provider office workflow, patient engagement and experience, and quality of care.

Over 92% of the 3000 parents included in the initial testing of the *WVP* reported they would recommend the tool to other parents and that they were comfortable with the time required to complete the tool, 82% said its use helped them to understand goals for each well-visit, and 86% said that it helped them prioritize topics for discussion with their child's health care providers.<sup>4</sup> The *WVP* was recognized in the Health 2.0/AcademyHealth 2012 Relevant Evidence to Advance Care and Health (REACH) competition and has relevance for meeting **Meaningful Use Standards** and **Maintenance of Certification requirements**.

# HOW IT WORKS AND WHAT'S IN IT?

**Parents** of children younger than 6 years visit the *Well-Visit Planner* website and complete the following steps before their child's age-specific well-visit:



## Step 1

### **Reflect and Assess**

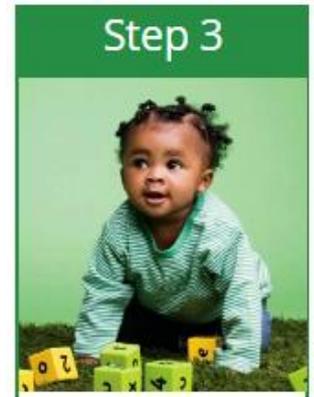
Parents answer questions about their child and family.



## Step 2

### **Pick Your Priorities**

Parents choose what they want to talk about or get information on at their child's well-visit.



## Step 3

### **Get Your Visit Guide**

Parents and provider use the Visit Guide to tailor the visit to the child & family's needs.

### **Step 1: Reflect and Assess**

#### **Examples of Content:**

- Strengths and positive observations about child and parenting.
- Child health, including concerns about functioning, feeding, immunization reactions, medications and supplements.
- Family and child environment, including recent changes, stressors, family medical history, secondhand smoke, parental coping & depression.
- Developmental surveillance and questions.
- Identification of children with special health care needs and provision of developmental screening.
- Relationship to child, geography, insurance.

### **Step 2: Pick Your Priorities**

Age-specific topics parents can choose from and get more information about, such as:

- Family functioning (balancing parent roles and child care, family support, cultural beliefs about child-rearing, etc.)
- Nutrition and feeding choices.
- Establishing routines.
- Behavior and development.
- Language development.
- Toilet training readiness.
- TV watching and other media.
- Guidance and discipline.
- Sleep patterns and issues.
- Domestic violence.
- Oral health.
- Safety concerns.

### **Step 3: Get Your Visit Guide**

The Visit Guide includes:

- Summary of parent responses from the *WVP* to discuss with the child's provider.
- Selected "Priorities" as well as sample questions parents can ask about.
- Space to write-in additional questions.

Parents can share Visit Guide via email or parent portal with both Public Use and Tailored options.

#### **For Tailored Option:**

Additional links to site-specific resources and screening tools can be included in the Visit Guide.

#### **For Enhanced & Integrated Options:**

Information from the Visit Guide can be transferred via unique code, HL-7 data field transfer into EHR, or full integration of data.

***"I would do that [WVP] and I would see all the little options... I'd be like 'oh yeah I need to ask her about this'" – Parent, after completing the WVP tool<sup>5</sup>***

***"You find out more about [the child's] home than you otherwise would ... sometimes there would be something to talk about and I wouldn't have done that if it wasn't a Well-Visit Planner visit."***

**Pediatrician**

# WVP IMPLEMENTATION - CURRENT OPTIONS AND FEATURES

There are currently two ways to implement the WVP:

## 1) **Public Use Website option** and 2) **Tailored Website option**

The table below shows the different features that are available with the current options of WVP implementation.

	<b>Public Use</b> Publicly available parent-access WVP tool (no registration required)	<b>Tailored</b> Registration, custom URL/logo, parent/population report.
<b>Parent Tool Components &amp; Features (English and Spanish)</b>		
E-consent form	✓	✓
Child/family reflection & standardized assessments	✓	✓
Pick your priorities (guideline-based)	✓	✓
Parent Visit Guide; multiple family members can use/get a guide	✓	✓
Download/email/save Visit Guide (PDF and JPEG)	✓	✓
Access to educational materials and website	✓	✓
Integrated family Visit Guide report (synthesis of input across family members to facilitate family learning)	In design	In design
Family account & dashboard (optional)	✓	✓
<b>Provider Registration &amp; Account</b>		
Account registration required	N/A	✓
Licensing and data transfer agreement templates and tailoring (dependent on data transfer, customization, analytics, other needs)	N/A (No PHI)	✓ No PHI
Population-based data can be provided. Options for analytics	N/A	✓
Use tracking feature to support family engagement/use	N/A	✓
<b>WVP Customization</b>		
Unique URL (allows tracking provider-specific data) and logo	N/A	✓
Inclusion of links to purchased/freely available screening and assessment tools in the parent Visit Guide	N/A	✓
Access to education materials & website to support encounters	✓	✓
Inclusion of links to additional family resources in the parent Visit Guide	N/A	✓
<b>Provider Access to Visit Guide/Data</b>		
Family shares Visit Guide/data via email (PDF)	✓	✓
Family shares Visit Guide/data via parent portal (ex. MyChart)	✓	✓
<b>Server/Network Hosting of WVP data &amp; Software</b>		
CAHMI Network	✓	✓
<b>Implementation Resources</b>		
Getting Started Toolkit (learn about and decide what will work for you)	✓	✓
Implementation Toolkit (guides through exploration, preparation, implementation, sustainability)	✓	✓
Team education and engagement support (Video tutorials for providers and families, slides, handouts, posters, etc. Additional hands-on support provided as negotiated)	✓	✓
Site implementation & evaluation support (Team & family engagement, workflow, encounter redesign. Additional hands-on support can be provided as negotiated)	N/A	✓
Consultation to design systems/QI collaborations, optimize payment & policy supports and scale to other sites/system	N/A	✓

# WHICH WVP OPTION IS RIGHT FOR YOU?

## What are your goals and what is your care philosophy?

First, it is important to make sure that your goals and the culture of your practice or organization are synergistic with the goals of the *WVP* and its influence on how you provide care. You should consider implementing the *WVP* if the following characteristics are true about your goals and philosophy:

- I believe that parent engagement in health care is essential to optimal health and outcomes for children.
- I would like to implement a quality improvement tool that focuses on improving well-child care for young children (current options: 4 months to 6 years of age).

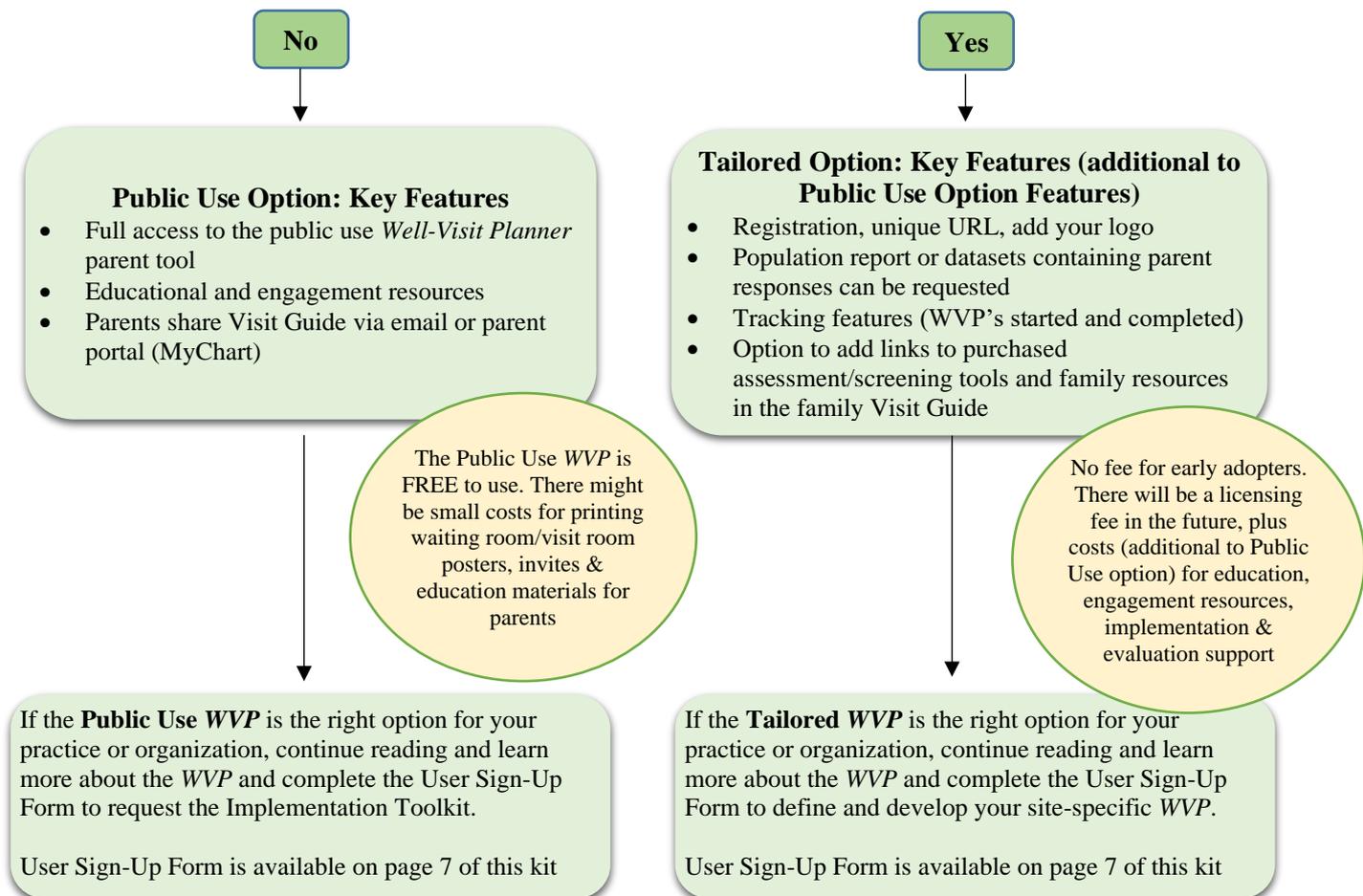
If you checked both of these, you should continue on to see which option of implementation of the *WVP* is right for your practice or organization.

## Which WVP implementation option is right for your practice or organization?

There are currently two options for using the *WVP*: 1) as a **Public Use website** and 2) as a **Tailored website**. Walk through the following flowchart to see which option is right for your practice or organization.

**Get started:** Your practice or organization has decided to implement a quality improvement (QI) project to improve the quality of well-child care for children between the ages of 4 months to 6 years

**For your QI effort with the WVP, do you want your unique URL and logo, customizations and parent/population report?**



# WVP IMPLEMENTATION – FUTURE OPTIONS

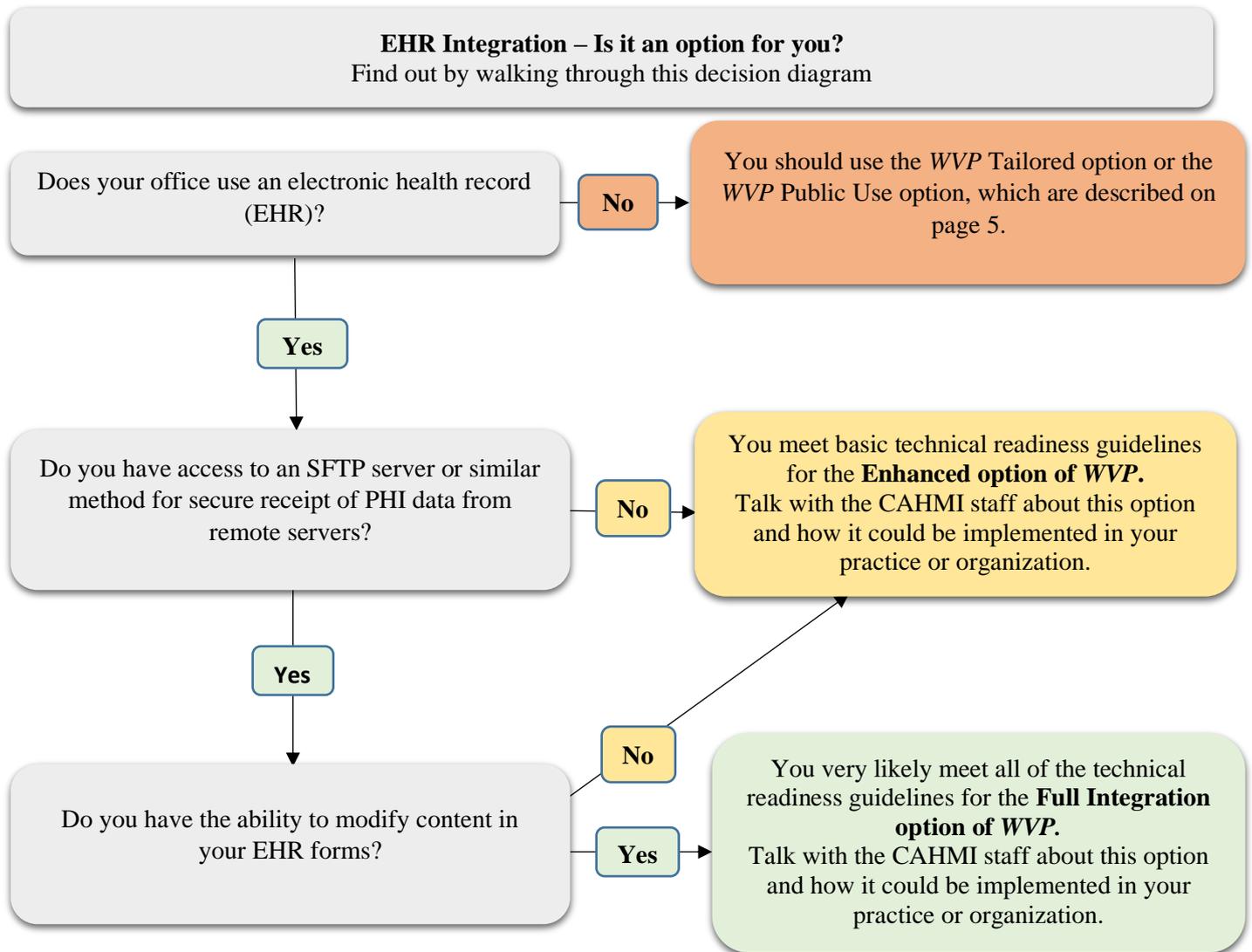
The following options can be made available, upon negotiation and close partnership with CAHMI, to further tailor the *WVP* to your practice or organization.

**Enhanced Option** - This option has all of the Tailored option features plus:

- Tailored *WVP* content where allowable; including Visit Guides, resources, etc.
- Family sharing of Visit Guide with their provider via family-owned unique code. Visit Guide can be accessed through the provider account back end.
- Consultation to design systems/QI collaborations, optimize payment and policy supports and scale to other sites/system.

**Full Integration Option** - This option has all of the Tailored option features plus:

- Full integration of *WVP* data and/or software on provider's Electronic Health Record (EHR) platform.
- HL-7 data field transfer into EHR fields defined and enabled by site.
- Server/Network hosting of data on CAHMI network and provider network.
- Consultation to design systems/QI collaborations, optimize payment and policy supports and scale to other sites/system.



## Select the WVP Options You are Interested in Learning More About

Please let us know which of the *Well-Visit Planner (WVP)* option(s) are of interest to you. Your responses will help us in building a partnership. There are several levels of options, with varying complexity and cost. Public Use and Tailored options are currently available for use. Enhanced and Full integration are potential options that can be implemented at your practice or organization. Please check all the options that apply. Email this form to us at [info@cahmi.org](mailto:info@cahmi.org).

### Public Use Website as seen on [www.wellvisitplanner.org](http://www.wellvisitplanner.org)

- Select this option to receive the Implementation Toolkit for the Public Use WVP and start using the WVP today
- Supplement the Public Use WVP with the abbreviated paper-pencil version called the Shared Encounter Forms (provides a good back up option for parents that forget to complete the WVP online)
- Spanish language version of the Public Use WVP

### Tailored Website

- Unique URL (e.g. [www.MyClinic.wellvisitplanner.org](http://www.MyClinic.wellvisitplanner.org))
- Branding (e.g. your practice or organization logo/contact information)
- Summary reports or full datasets on your patient population
- Add links to external developmental screening tools (for which you have purchased license)
- Add links to other resources (for educational purposes to be included in the Visit Guide)

### Enhanced & Full Integration (involves close partnership with the CAHMI due to PHI handling and advanced technical development)

- Receive Visit Guides and responses via unique code
- HL-7 data field transfer into EHR fields defined and enabled by site
- Integrate parent response directly into fields in your electronic health record (EHR)

### Other Supplementary Options

- Measure and improve quality by pairing the WVP with the *Online Promoting Healthy Development Survey (Online PHDS)*, an online parent-completed tool that creates reports with validated quality indicators from aggregated parent responses for quality measurement and improvement
- Consultation to design systems/QI collaborations, optimize payment & policy supports and scale to other sites/system
- Use the WVP & Online PHDS for Maintenance of Certification (still under development, but let us know your interest)

## Tell Us More About You and Your Practice or Organization

Date: \_\_\_\_\_ Your name and email: \_\_\_\_\_

Practice/Organization name and website: \_\_\_\_\_

Mailing address (street, city, state & zip): \_\_\_\_\_

Please estimate the # of practices: \_\_\_\_\_ # of providers: \_\_\_\_\_ # of visits/month for children under 6: \_\_\_\_\_

Please describe your practice or organization \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the WVP?  Email announcement  Social media  Colleague  Conference  Other

What are your top goals for using the WVP? \_\_\_\_\_

What are your top questions, concerns or needs? \_\_\_\_\_

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- 1 Regalado M, Halfon N. Primary care services promoting optimal child development from birth to age 3 years: review of the literature. *Arch Pediatr Adolesc Med.* 2001;155(12):1311-1322
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  - 4 Child and Adolescent Health Measurement Initiative, Oregon Health & Science University. Patient Centered Quality Improvement of Well-Child Care. Report for a grant from the Maternal and Child Health Bureau Research Grants Program, Health Resources and Services Administration. Retrieved from [https://www.cahmi.org/wp-content/uploads/2014/08/PHDSPCQIFinalReport\\_2012.pdf](https://www.cahmi.org/wp-content/uploads/2014/08/PHDSPCQIFinalReport_2012.pdf)
  - 5 Coker, T. R., Chacon, S., Elliott, M. N., Bruno, Y., Chavis, T., Biely, C., Chung, P. J. (2016). A Parent Coach Model for Well-Child Care Among Low-Income Children: A Randomized Controlled Trial. *Pediatrics*, 137(3), e20153013. doi:10.1542/peds.2015-3013