

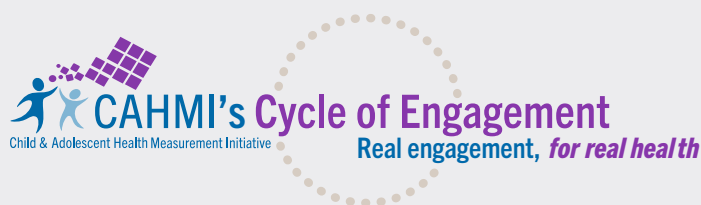
GETTING STARTED TOOLKIT

Cycle of Engagement Well Visit Planner® Approach to Care



This toolkit aims to inspire and instruct child healthcare professionals on how to start using the **Cycle of Engagement model** and **Well Visit Planner** digital family engagement and assessment tools to optimize the power of well-child care services so all children and families thrive!

Helping families, care teams, and communities partner in the joyful work of promoting the early and lifelong health of children, youth and families.



www.cycleofengagement.org



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What is the Cycle of Engagement (COE)?

Introduction

The **Cycle of Engagement (COE)** is



A personalized, relationship-centered model of child and family care focused on building trust and customizing care based on child and family strengths, social context, needs, and priorities



A family-centered, integrated approach to screening and providing comprehensive whole-child and whole-family based services anchored to best practice evidence and guideline-based care



A measurement process for continuously updating a family-led agenda and assessing and improving the quality of care aligned with family-centered medical homes and value and team-based care



A population health strategy to learn about and use aggregate data on child and family needs and priorities and quality of care to guide and drive cross-sector collaborations to improve systems of care

In this toolkit, you will find information, resources, and tools needed to understand this novel approach to care and its value for improving health and well-being, how to get started in your practice, and where to go for additional questions or support.

"The Well Visit Planner enriches and reinforces what we do as providers...if you want to provide comprehensive, guideline-based care that is personalized to each child and family, you have to use the Well Visit Planner!"

- Pediatrician

Why Use the Cycle of Engagement?

Introduction

As a child and family healthcare professional, you value the importance of well-child care services to promote the healthy development of young children and family well-being. Yet, even with national Bright Futures Guidelines and your commitment to delivering high quality preventive and developmental services, use and quality of well-child care services in the United States are far from where they should be. Like many child healthcare professionals, you may feel that you:

- Struggle to conduct comprehensive assessments and adhere to best practice Bright Futures Guidelines for preventive and developmental services.
- Cannot treat the root causes of problems faced by the children and families you serve.
- Leave money on the table for all the services you provide.
- Lack the time to build trusting relationships, meet the priorities of the children and families you serve and successfully refer and connect them to community supports.
- Focus too much on avoiding and mitigating health issues rather than promoting well-being.

The Child and Adolescent Health Measurement Initiative (CAHMI) created the Cycle of Engagement Well Visit Planner (COE WVP) Approach to Care as a solution to these challenges by building the capacity of families, child healthcare professionals and communities to partner in the **joyful work of promoting the well-being of all children and families**.

Offering a feasible and effective approach to implement national Bright Futures Guidelines in your health system or practice, our evidence-based and family-empowered Well Visit Planner (WVP) digital tool allows you to conduct family-centered well-child care services that meet requirements and saves you time. The WVP includes age-specific screeners aligned with Bright Futures and allows families to identify their priorities before the visit. Once completed, you automatically receive an at-a-glance Clinical Summary report with details about family strengths, needs, risks, and priorities so you can quickly assess, prepare, and spend the visit time focused on communication and helping families access needed supports. Families get an auto-generated Well Visit Guide that summarizes their WVP results so they can also come to their visits more informed and ready to partner with you. Available for each of the first 15 well-child visits recommended to occur between a child's first week and sixth year of life, the WVP gives voice to families and can help you provide strengths-based, whole-family care grounded in trusting relationships. The turnkey, validated Online Promoting Healthy Development Survey (PHDS) digital tool will help you assess, track, and improve the quality of your services directly based on family feedback.



Watch our **videos** for more information on how the COE can help you meet your well-child care services goals.

Why Use the Cycle of Engagement?

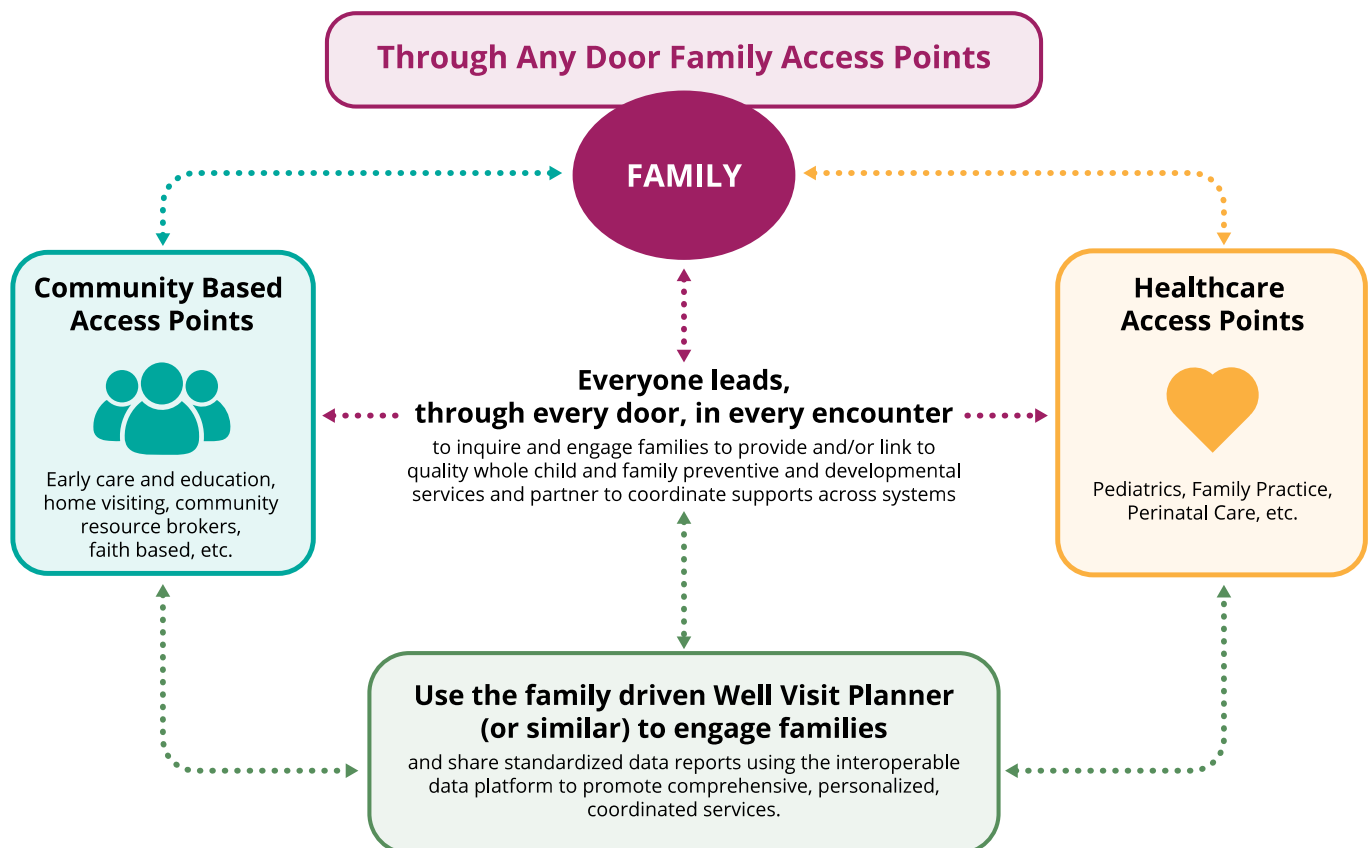
Introduction

As a child healthcare professional, you can use the COE model and the WVP and Online PHDS tools to:

- ✓ Complete all recommended screeners and assessments related to the physical, mental, social, emotional, and relational development of your patient community. *See section **What is the Cycle of Engagement: The Tools**.*
- ✓ Identify and address family priorities for education and support aligned with age-specific Bright Futures Guidelines.
- ✓ Save money and time while streamlining documentation and billing for services. *See **Appendix A**.*
- ✓ Establish a family-centered medical home model of care.
- ✓ Support families in gaining health literacy and advocacy skills and accessing community supports.

The last **16 years of research**, including a randomized controlled trial, have shown that the COE WVP Approach to Care works! With **no change to the length of the visit (and shorter visits in many cases)**, the COE WVP Approach to Care ensures **comprehensive screenings and improves follow-up rates, reduces emergency and urgent care visits, and improves quality of care and provider and family satisfaction**. Learn more about the research [here](#). **92% of families and providers recommend using the WVP to partner and improve care.**

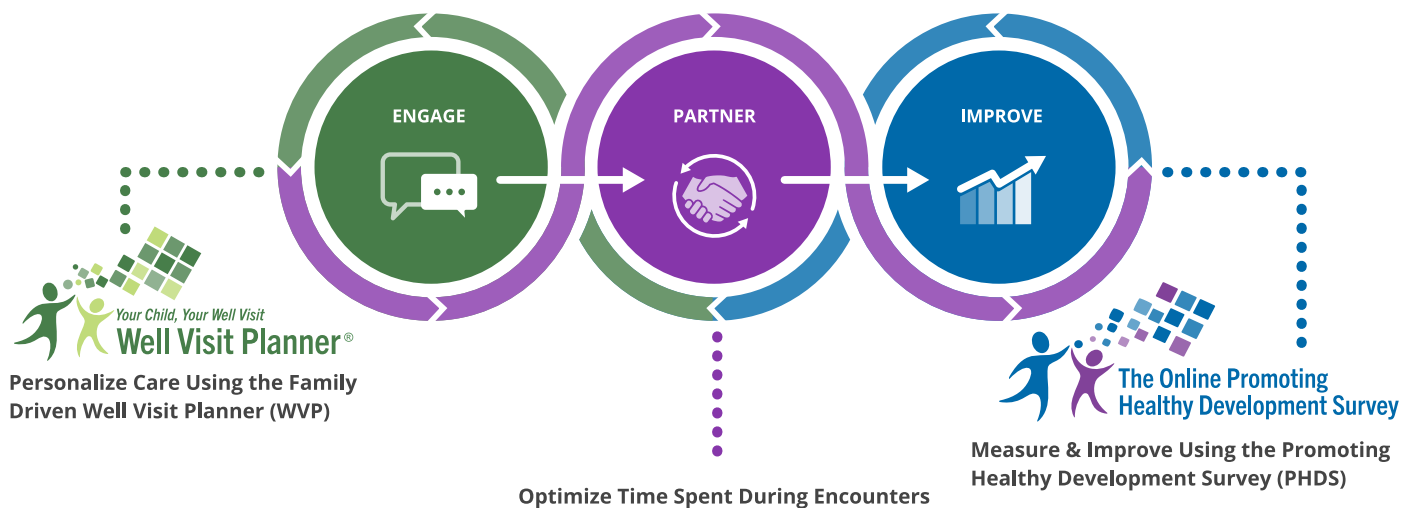
Through Any Door Approach: Towards a Family Engaged, Community Based, and Integrated Early Childhood Health System



What is the Cycle of Engagement?

The Model

The Cycle of Engagement (COE) model has three components: **engagement** through pre-visit planning, **partnership** through a Personalized Connected Encounter, and **improvement** through post-visit quality of care feedback.



ENGAGE

The Well Visit Planner® (WVP)

is a family-facing, digital pre-visit planning tool for families to complete prior to their child's well visit at home, in the office or anywhere on a mobile phone. Using the WVP (available in either English or Spanish and on any digital device), families take about 10 minutes to reflect and assess strengths, needs and concerns, pick priorities, and get a customized Well Visit Guide. The family-friendly Well Visit Guide and provider-friendly Clinical Summary are automatically shared electronically with families and child healthcare professionals who have created a customized WVP website using their COE account. The Clinical Summary can be viewed prior to or even during visits to personalize care and resources for children and families.

PARTNER

The Personalized Connected Encounter (PCE)

is an enhanced well-child care visit in which the family and provider use the Well Visit Guide and/or Clinical Summary to focus on the strengths, priorities and needs of the child and family. By providing a holistic view and focusing on the specifics of the child and family, relationship-building and connection can occur with more time to ensure families get the support and community-based services they need.

IMPROVE

Promoting Healthy Development Survey (PHDS)

can be used to get feedback from families about the quality of care they received. After at least 25 completed surveys, child healthcare professionals can generate an aggregate quality of care report to identify strengths and areas for improvement. This nationally endorsed, Bright Futures-aligned, quality of care measurement tool has been used in a variety of settings and by numerous State Medicaid Agencies to monitor and drive improvements in care.

The Cycle of Engagement Tools

The COE WVP Approach to Care applies the COE model to well-child care services through the pre-visit WVP and/or the post-visit PHDS tools.

Well Visit Planner® Content:

Topics Assessed in the Core Well Visit Planner Tool (tailored by child's age)

1. Child and parent/caregiver **strengths** (what is going well!)
2. Open-ended questions about family/parent specific **goals and concerns** for the well visit
3. **Developmental surveillance and standardized developmental screening using the Survey of Well-Being of Young Children (SWYC)**
4. Autism spectrum disorder screening using the **Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R™)** for 18-and 24-month visits
5. Caregiver concerns about **speaking, vision, hearing**
6. Open-ended question on any **additional concerns** about child's development or health
7. Caregiver depression using the **Patient Health Questionnaire-2 (PHQ-2) or Edinburgh Postnatal Depression Scale (EPDS)** (based on child's age)
8. **Family psychosocial issues** (e.g., meeting basic needs, alcohol and substance use, smoking, emotional support, parent/caregiver coping, etc.)
9. Intimate partner violence using the **Women Abuse Screening Tool-Short (WAST-Short)**
10. **Anticipatory guidance** and parental education priorities and provision of family-centered topical Family Resource Sheets (can pick up to five; average selected=3)
11. Other **general health information** recommended in guidelines (age-specific; nutrition, medications, vitamins/herbs, special health care needs)
12. Other **family health history and updates** (hearproblems, stroke, high blood pressure, new problems, recent changes or stressors)
13. Other **context and environmental assessments** (e.g., living situation, lead, fluoride)

As the WVP is tailored for each of the 15 recommended visits, content changes based on age.

Optional Additional Assessments and Questions You Can Add

- **Child Flourishing** (validated 4 item measure based on National Survey of Children Health)
- **Family Resilience** (validated 4 item measure based on National Survey of Children Health)
- **Parent-Child Emotional Connection** (4 items based on the Welsch Emotional Connection Screen)
- **Short Protective Family Routines and Habits** (composite measure across caregiver behaviors, coming soon)
- **Pediatric Adverse Childhood Experiences (ACEs) and Related Life-events Screener (PEARLS)**
- Other social-emotional screening, **Baby Pediatric Symptom Checklist (BPSC) and Preschool Pediatric Symptom Checklist (PPSC)** from Survey of Well-Being of Young Children (SWYC)
- Other social determinants screening: **Safe Environment for Every Kid (SEEK)**
- **Interconception Care (ICC)**
- Questions about **COVID's impact**
- **Telemedicine** interest
- **Share links to any other assessments you can access results of** during customization of your WVP

We score and report results in Well Visit Guides and Clinical Summaries.

The Cycle of Engagement Tools

The COE WVP Approach to Care applies the COE model to well-child care services through the pre-visit WVP and/or the post-visit PHDS tools.

Promoting Healthy Development Survey Components:

Quality Measurement Topics Addressed

1. Anticipatory guidance and parental education needs were met on essential physical care, development and injury prevention topics.
2. Recommended developmental surveillance and standardized developmental screening occurred
3. Follow up occurred for children at risk for developmental problems.
4. Basic psychosocial screening occurred.
5. Screening and/or surveillance of caregiver mental health was conducted.
6. Family behaviors and home safety were assessed and discussed.
7. Family concerns about their child's development were addressed.
8. Surveillance about problems/issues in the community occurred and resources were provided.
9. Core medical home criteria are met (e.g., personal doctor or nurse; access to and coordination of care, family-centered care).
10. Parenting practices were assessed and discussed on key topics (breastfeeding, screentime, reading stories to child, injury prevention measures).
11. General child and family health and other information (children with special health care needs screener, child developmental status screening, food insufficiency, trouble paying for basics).

Where possible, quality measures are stratified by child/family demographics, caregiver mental health, child developmental status and having a special health care need.

See **Appendix A** for billing codes for all screens and assessments completed as well as additional outcomes and benefits of WVP/PHDS use.

"The WVP helped me think about what's going well with my child and family. I have a better relationship with my child's doctor now that we focus on my concerns and priorities. Our time together is more productive and satisfying."

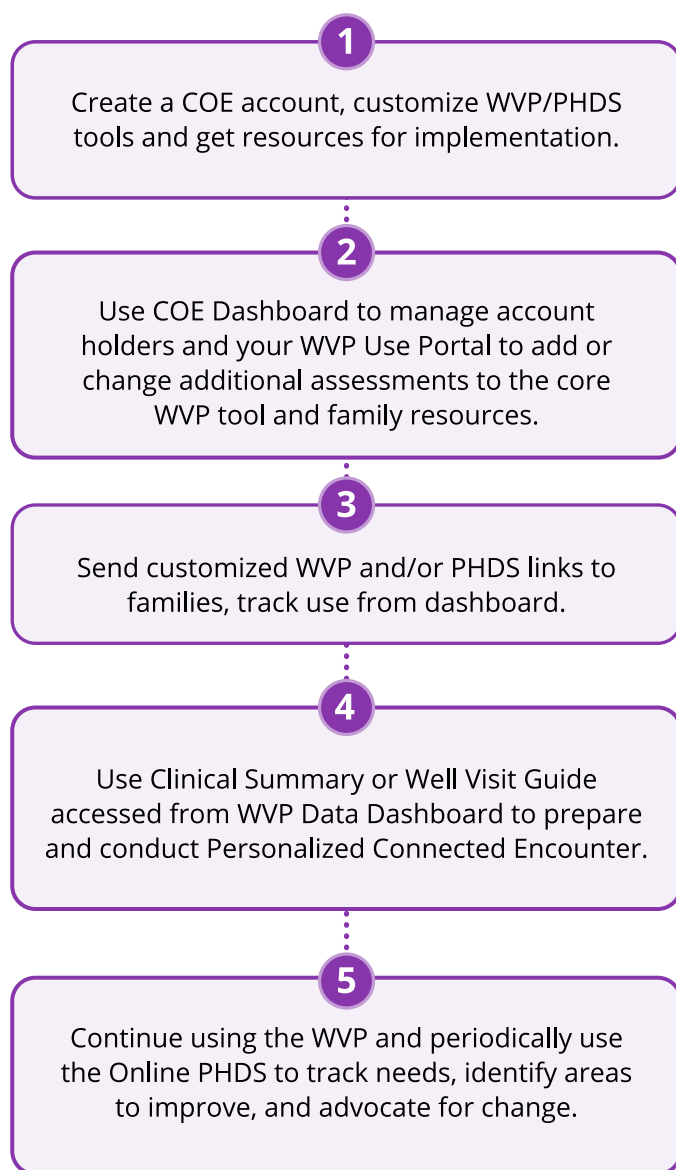
- Caregiver on partnering in the Cycle of Engagement

How to Use the Cycle of Engagement

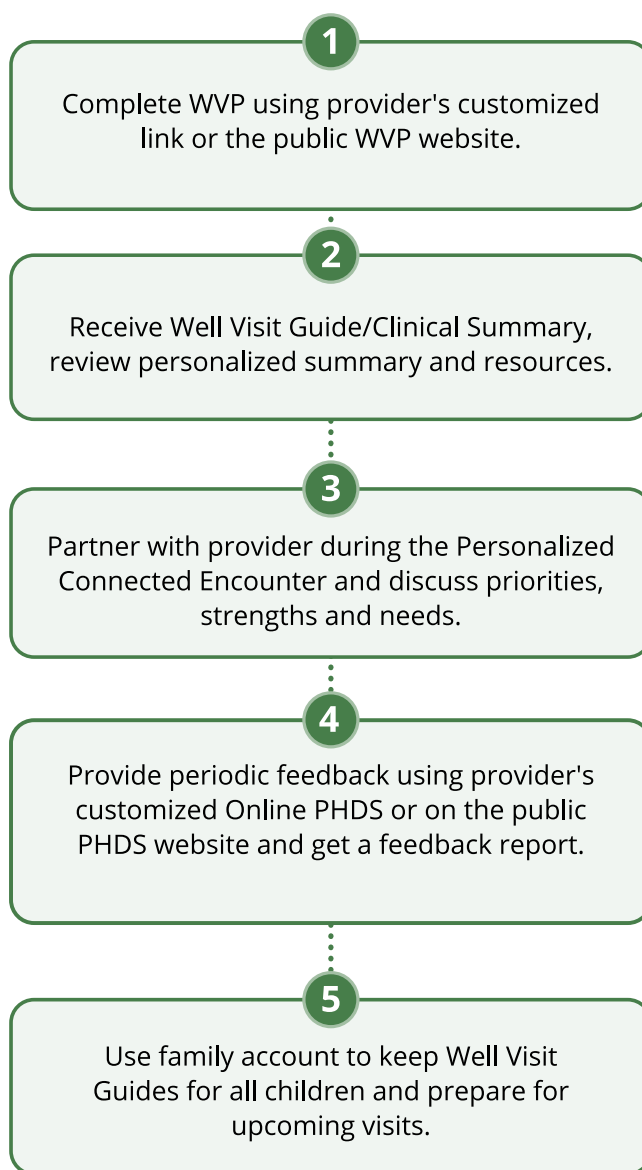
How to Use the Tools

Child health professionals and families each follow five simple steps.

Healthcare Professional Actions



Family Actions



We provide resources to support the Exploration, Preparation, Implementation, and Sustainment (EPIS) stages of implementation for the COE WVP approach. Upon creating a COE account and customizing your WVP and/or Online PHDS tools, you can download resources, tools, and examples to guide your process at each stage.

See **Appendix B** for common implementation concerns. See **Appendix C** for an implementation roadmap and directions for the Explore phase.

How to Create an Account

Registration: 4 Quick Steps to Register for an Account

Use the **COE Registration Instructions and Worksheet** to plan your process.

Step 1: Decide who will be the primary account holder and your account type.

Primary account holders...

- Must be an individual and provide a personal email
- Are accountable for receiving WVP family data and/or PHDS Aggregated Quality of Care reports
- Are accountable for agreeing to Terms of Use
- Have authority to give account access privileges to others
- Have authority to share WVP family data with other professionals on the family's care team.

In addition to deciding who will be the primary account holder you also need to decide if this will be an individual provider account or shared across two or more providers in a practice or care team. If you are a group sharing one account, everyone in your group will use the same customized website link/QR code for the WVP and/or PHDS and will share one WVP Data Dashboard to access Clinical Summaries and Well Visit Guides (or Online PHDS portal to access aggregate quality of care reports after at least 25 completed surveys).

See *this page* for more information on the range of WVP features and options.

Step 2: Create and verify your COE account.

Choose which tool(s) you plan to use. Create a COE account and identify other providers/care team members or staff to have account privileges to manage customization, access family data/reports, and implementation resources. Ensure info@cycleofengagement.org is an accepted email to the primary account holders inbox so they can receive the verification email and click the link to verify their COE account.

If you and another provider have the same additional account holder listed or add each other to your respective accounts, you can easily share WVP data across each of your accounts. See below for more information on family data access and sharing options.

Step 3: Complete your COE account registration.

Answer additional questions about you/your practice, and the children and families you serve to help us best support your use of the COE model and tools.

Step 4: Get your COE Account Dashboard and prepare to customize your digital tools!

Sign-in to access your COE Account Dashboard by going to <http://cycleofengagement.org/login> and customize your WVP and/or PHDS family websites.

What can you do on your COE Dashboard?

- Get quick guides on customizing your WVP/PHDS family websites
- Customize your family WVP and/or PHDS websites and access your WVP/PHDS Use Portals to invite families to complete the WVP and/or PHDS and access data/reports
- Get planning, family engagement, and data reporting resources to partner in care with families and the community
- Update or manage your COE account
- Track analytics of completed WVP and Online PHDS

See **Appendix D** for visuals of dashboards and use portal features.

How to Create an Account

Data Access and Sharing Options

Well Visit Planner (WVP) Data Access and Data Sharing Options

Some WVP customization features will depend on how you wish to access family data (i.e, Well Visit Guides and Clinical Summaries). During the COE account registration, if you chose to have your own account (an individual provider account), you will receive data from only the children and families you serve. Alternatively, if you chose to share an account among the child healthcare professionals in your clinic/organization, all providers under this account will be able to access all Clinical Summaries and Well Visit Guides. We suggest you assign an administrative professional to help access and deliver Clinical Summaries/Well Visit Guides to each respective child healthcare professional. You can change your preferences at any time.

All primary account holders have an option to share WVP data (Well Visit Guides and Clinical Summaries) with others to partner in care for children and families. Primary account holders who wish to share WVP data across accounts must either (a) add each other to their respective accounts or (b) add the same additional account holder (staff/coordinator) to their account who can use the data sharing feature to share Clinical Summaries between providers. Families directly consent to share their data with you when they use the WVP; to share that data with others, please be sure your overall privacy and consent agreements with families cover the sharing of WVP results.

See **Appendix E** for a one-page review of WVP customization options and features provided.

Get Results: Your Data Dashboard

Get Results

STEP: 3

Your Data Dashboard

Use the table below to access the **Well Visit Planner** family **Well Visit Guides** and provider **Clinical Summaries** for each child/family. Use the "Filters" box below to **search by child characteristics** (e.g., child name and/or initials, the child's birth month and year, the date of the child's visit) or by **WVP screening results** (e.g., developmental screening, maternal depression screening, screening for Children with Special Health Care Needs Screener (CSHCN), other child and family risks).

Use the **"Share or Reassign Reports"** feature to **assign Well Visit Guides or Clinical Summaries** with another provider or family services partner.

Click on **Get Results: Step 3** above to view our at-a-glance **Quick Start Guide** on how to access and use your Well Visit Planner Clinical Summaries.

Filters

Child name/initials

Child birth month and year

Date of child's visit

All Filters

WVP screening results

Shared/Reassigned

Please note that children with families who did not respond to the WVP questions are included in your search results as a risk group and we encourage you to discuss the topics during their well visit.

Submit Clear Filters

Share or Reassign Reports

Select the Well Visit Guides and Clinical Summaries you wish to **reassign or share with another provider**. Click the drop down to select your action. Once you hit submit, you will be able to select the provider. To stop sharing, select Unshare in the dropdown below. Then you will be able to select the Well Visit Guides and Clinical Summaries you would like to stop sharing.

Select Action Submit

Don't see a Well Visit Guide and Clinical Summary?

If you are having trouble finding a Well Visit Guide or Clinical Summary you were expecting, it is possible the family accidentally used the public use Well Visit Planner website and not your customized website link. The family will still have received a Well Visit Guide. You can type the unique identification Number located at the bottom of each Well Visit Guide into the box below to receive the Clinical Summary associated with the Well Visit Guide. The family can send you a photo of the identifier or show it to you on their phone when they arrive at the visit.

Find the Well Visit Guide and Clinical Summary

You have **3 children/families with unviewed/new Clinical Summaries** and **4 unviewed/new Well Visit Guides**. To download Well Visit Guides and/or Clinical Summaries, click **"View/Download PDF"**

Keys: ➔ indicates the CSs and WVGs other providers reassigned to you. ➡ indicates the CSs and WVGs other providers shared with you. ➡ indicates the CSs and WVGs you have shared with other providers. Hover over the icon for more information.

	Child Birth Month/Year	Child Name and/or Initials	Visit Age	Family Special Keyword	Date of Child's Visit	Date WVP Completed	Get Clinical Summary	Clinical Summary View Status	Get Family Well Visit Guide	Visit Guide View Status	Visit Guide Identification Number	
	<input type="checkbox"/>	9/2021	Jaden Gorczycki (JG)	9 Month Well Visit	dolores		4/6/2023	View Download PDF	*New	Download PDF Download Spanish PDF	*New	6-34480F36-139
	<input type="checkbox"/>	7/2021	Amanda Demesik (AD)	12 Month Well Visit	sit	5/5/2023	4/6/2023	View Download PDF	*New	Download PDF Download Spanish PDF	*New	6-34479F46-139
	<input type="checkbox"/>	5/2020	Camille Renner (CR)	15 Month Well Visit	maioresam	3/4/2024	3/28/2023	View Download PDF	*New	Download PDF Download Spanish PDF	*New	28-344712528-139
	<input type="checkbox"/>	11/2021	Bruce Erdman (BE)	8 Month Well Visit	laboriosam	5/14/2023	3/2/2023	View Download PDF	Viewed	Download PDF Download Spanish PDF	*New	2-34483822-139

10

How to Customize the Tools

Customization: 4 Quick Steps to Customize Your WVP/PHDS

Use the **WVP/PHDS Customization Instructions and Worksheet** to plan your process.

Step 1: Create a simple, unique URL name for your WVP/PHDS family website

- a. Create a short and recognizable name for your link.
- b. Add your name (child's healthcare professional) and the practice or organization name you want to have on your website's welcome message for families to see.
- c. Add a logo or picture to show at the top of your WVP/PHDS family websites (optional).

Step 2: *(optional-WVP only)* Add other assessments or questions

These additions go beyond the core WVP content and will also be scored and reported in the Clinical Summary/Well Visit Guide. You can also add links to external assessments that you want families to complete that go beyond those we provide; though they will not be reported on the Clinical Summary/Well Visit Guide.

Add Optional Assessments We Provide: After you complete the WVP customization, you can add optional assessments we make available by selecting "Add Additional Questions and Assessments" on the left navigation bar of your WVP Use Portal. These are assessments that are not included in the core WVP because they are not formally recommended through Bright Futures Guidelines. See page 6 above for topics of optional assessments you can add to your customized WVP. The results of these questions will be scored and reported in the child/family's Clinical Summary and Well Visit Guide. See the overview of all assessments for more information. Note, you can add and remove optional assessments at any time and assign to specific age-visits or by language. We may add additional optional assessments if requested.

Add Links to Assessments You Provide: You can add links to assessments you want families to complete that go beyond those already included in the core WVP or that we provide as optional assessments. You will have the option to do so as you customize the WVP or later at any time by selecting "Update links to additional assessments and/or resources" on the left navigation bar of your WVP Use Portal. The links and directions you provide will appear in the family Well Visit Guide (WVG). To access family responses and results, you will have to use the data reporting platform specific to those assessments.

How to Customize the Tools

Customization: 4 quick steps to customize your WVP/PHDS

Step 3: Add links to additional resources to share with families (optional).

In addition to the fast-links to personalized resources we provide based on each child and family's needs and priorities, you can add links to additional resources you wish to share with families, like a community resources sheet (e.g., to help with food, housing, transportation needs or parenting supports or services to address other risks or to promote well-being). You can select which age-visits each resource applies to. Links/resources will be featured on the family's WVP Well Visit Guide and/or PHDS Family Feedback Report. See included resource sheets available to all families that are provided based on the needs and priorities for each to learn about resources already shared with families.

Step 4: Choose how to be notified when new WVP Clinical Summaries are added to your WVP Data Dashboard

Unless requested otherwise, each primary account holder will receive notifications to the email provided during registration. These notifications will be sent one time per day on days when new Clinical Summary and Well Visit Guide reports are available. You will receive weekly notifications if there are unopened Clinical Summaries from the past month. You can also select an additional account holder who have account privileges to receive notifications. Note that other account holders you give privileges to can be a family specialist, an office assistant, another clinician, a community based resource provider, etc., but they must have a COE account and accepted the Terms of Use. The primary issue to keep in mind is ensuring families have given you their consent to share their data with those that you have given account privileges to through the standard privacy and data sharing agreements you have with the families you serve.

After this step you are ready to engage your families!



A Call to Action

Thank you for your time in reading our getting started toolkit and we hope you join us in transforming children's health and family well-being.

See for yourself how you can educate and engage families, streamline screening, and optimize quality of services. The gaps in child physical, mental, and behavioral health, school readiness and the safety and nurturance of the environments children live in compel us to act now, and you can be part of the fundamental changes to our systems of care.

If you have any questions, please email **info@cycleofengagement.org** detailing your name, organization, and how you would like to implement or further customize the COE WVP approach to care.

Our Journey and Our Commitment

The Child and Adolescent Health Measurement Initiative (CAHMI) is driven by our dedication to partner with you to meet the great need and possibilities to promote the early and lifelong health of children, families, and communities. The development, testing and use of the CAHMI's COE model and digital family-facing tools began in 1997 with the design and testing of the Bright Futures Guidelines aligned PHDS (NQF endorsed in 2008). The WVP was envisioned in 1998, developed and tested through grants from HRSA/MCHB (2008-2012 and 2013-2016), including quasi experimental and randomized controlled trial designs. The CAHMI has continuously partnered with families, providers, and experts at the national, state, health plan, practice, and provider levels to design, develop, and test the WVP as part of the CAHMI's broader Cycle of Engagement model and tools. Working in close collaboration with Family Voices and leaders of the American Academy of Pediatrics' Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, the CAHMI seeks to translate the guidelines into family-friendly, interoperable and actionable digital tools to customize and improve the quality of well child care services based on family reported assessments and priorities.



Appendix A

Benefits and Billing Codes

The CAHMI's COE model and family facing digital tools are carefully aligned to help you meet your goals, standards, and performance requirements. Section 2713 of the Public Health Service Act requires all health plans to provide preventive care aligned with Bright Futures Guidelines. Beginning in 2024, State Medicaid agency reporting of the Child Core Set will become mandatory and new developmental screening measures will be added for Community Health Centers/FQHCs. The WVP and PHDS can help you meet these and other standards.

- 1. Meet standards of care:** COE tools align with national Bright Futures Guidelines implementation standards and other standards set forth for Medicaid/CHIP, and early childhood quality measures included in National Committee for Quality Assurance (NCQA)'s Healthcare Effectiveness Data and Information Set (HEDIS) as well as for the Maternal, Infant and Early Childhood Home Visiting program, Community Health Centers/FQHCs and Title V.
- 2. Improve quality of care:** The PHDS has been shown to be a valid and effective tool for measuring and driving improvements in well-child visits. The WVP has been demonstrated to dramatically improve quality of care, reduce utilization of urgent care and improve satisfaction for both providers and families alike.
- 3. Streamline billing for covered screenings using valid screening tools:** The WVP includes validated standardized maternal and child screening tools that are reimbursed. The Clinical Summary produced can be used as documentation to bill for reimbursed screening. Using the WVP, providers can code for:
 - WCVs from ages 0-6 years
 - Developmental surveillance and standardized developmental screening (SWYC)
 - Caregiver depression (PHQ-2 or EPDS)
 - Autism spectrum disorder screening (M-CHAT-R™) at 18 and 24 months

Additional assessments can be added onto the customized WVP and may also be reimbursed (among others):

- Autism spectrum disorder screening (M-CHAT-R™) at 15, 30, 36 months
- Baby Pediatric Symptom Checklist (BPSC) at 1 to 15 months
- Preschool Pediatric Symptom Checklist (PPSC) at 18 months to 5 years
- Pediatric ACEs and Related Life Events Screener (PEARLS)
- Safe Environment for Every Kid (SEEK) Parent Questionnaire-R (after 1 month)

Appendix A

Benefits and Billing Codes

Well-Child Visit CPT Codes

Age	Initial Patient Exam EPSDT Code	Established Patient Exam EPSDT Code
Newborn	99461	
0 to 1 Years	99381	99391
1 to 4 Years	99382	99392
5 to 11 Years	99383	99393

Screening Codes

Screening	Code
Developmental (SWYC)	96110
Autism spectrum disorder (M-CHAT-R™)	96110 with modifier KX
Caregiver depression (PHQ-2 or EPDS)	96161, G8510, G8431
Pediatric ACEs and Related Life Events Screener (PEARLS)	96160, G9919, G9920
Baby Pediatric Symptom Checklist (BPSC)	96127
Preschool Pediatric Symptom Checklist (PPSC)	96127
Safe Environment for Every Kid (SEEK)	96160

4. Coming soon! Receive continuing education and recertification credits: The COE model and tools were designed to support continuing education and the training of new child health professionals. Their use aligns with the American Board of Pediatrics' Continuing Education and Maintenance of Certification requirements to engage patients in quality improvement activities. CAHMI is updating the COE WVP for use for ABP recertification.

Appendix B

Addressing Common Implementation Concerns

The following lists common concerns about implementing the COE Well Visit Planner. Review our responses to understand how you can break down barriers and succeed—one well visit at a time!

My organization is at full capacity. Time and resources are limited, so the COE WVP feels too time consuming for our workflow.

Try out the WVP with a couple of families first and see how different workflows might work best for you or your team. Use the post-visit survey we can provide to gauge successes and challenges and drive changes. Research shows the WVP saves time, fosters care team satisfaction and connection to children and families.

We have limited resources for families in our community, so I don't want to screen for issues we can't address.

Providers using the WVP share that asking families about resources they know of already and wish to access identifies more resources unknown to providers. Also, families value discussing issues even if immediate solutions are not available. Knowing family needs sparks addressing gaps in supports in partnership with families. You can add information about local resources that will be shared with families and we provide family resource sheets for all topics.

Families don't respond to texts or emails and many fail to make appointments for well-child care visits.

A key outcome of the WVP is family engagement. By sharing the WVP with families, you can help families learn the value of well visits and activate them to engage and partner in care. When you create an account, you will receive a toolkit on how to build this engagement. 92% of families recommend the WVP to other families and once they begin, nearly all families finish completing the WVP tool.

We need to be able to bill Medicaid or other insurance providers for using the WVP.

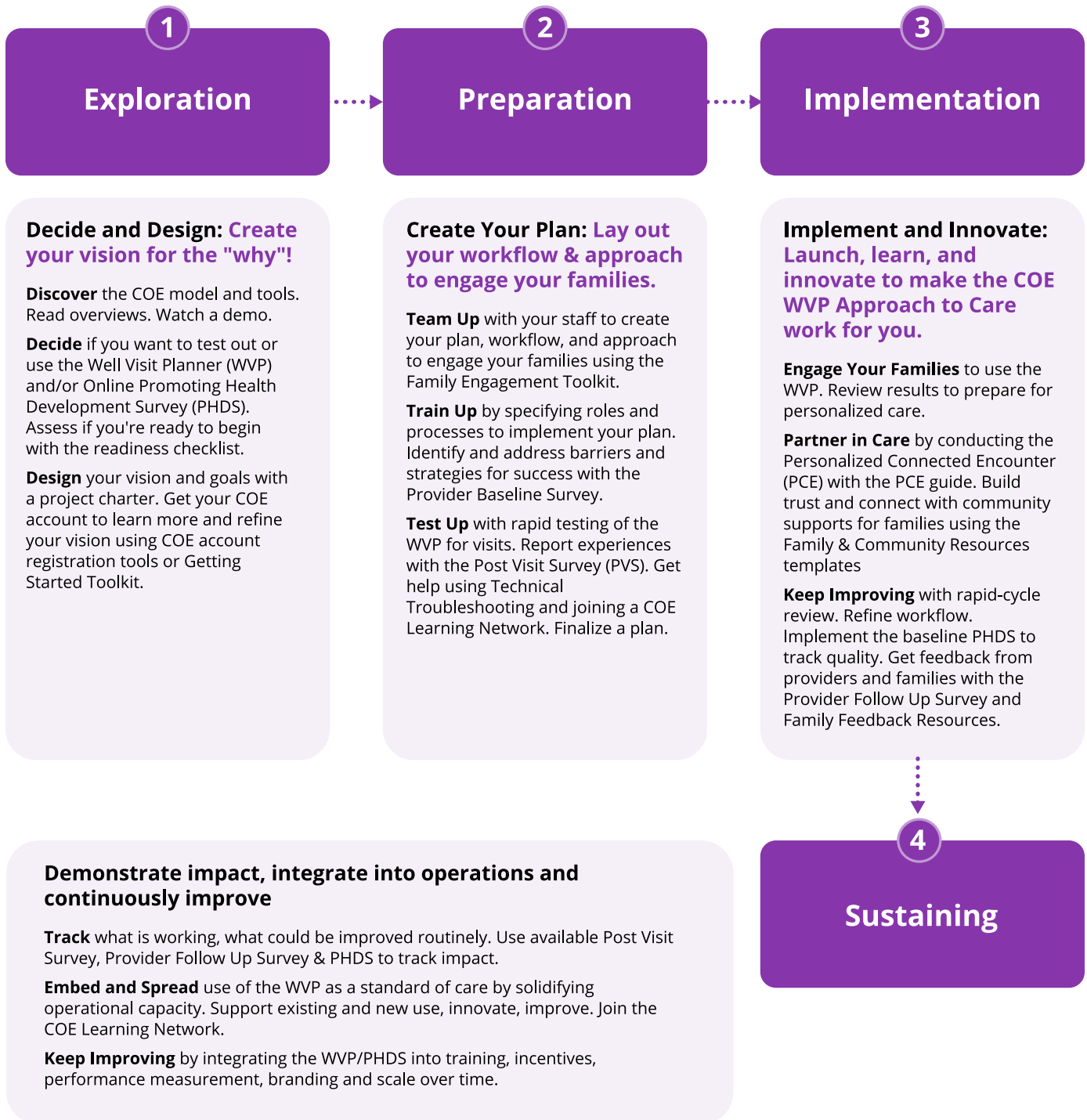
The WVP includes Bright Futures Guidelines recommended screeners already possible to bill for. Additionally, the WVP, once implemented, saves you time from conducting screeners during visits and using time to address needs and priorities. Enhanced and bundled payment for the WVP can be requested and use supports value based purchasing payment models and goals.

We want all of our health data from families to be fully integrated with our EMR system.

The data and findings captured by the WVP have been and can be integrated into EMRs (in partnership with your IT team). You can upload the Clinical Summary documents to each child's record on your own or use our API and related data sharing options.

Appendix C

Implementation Roadmap



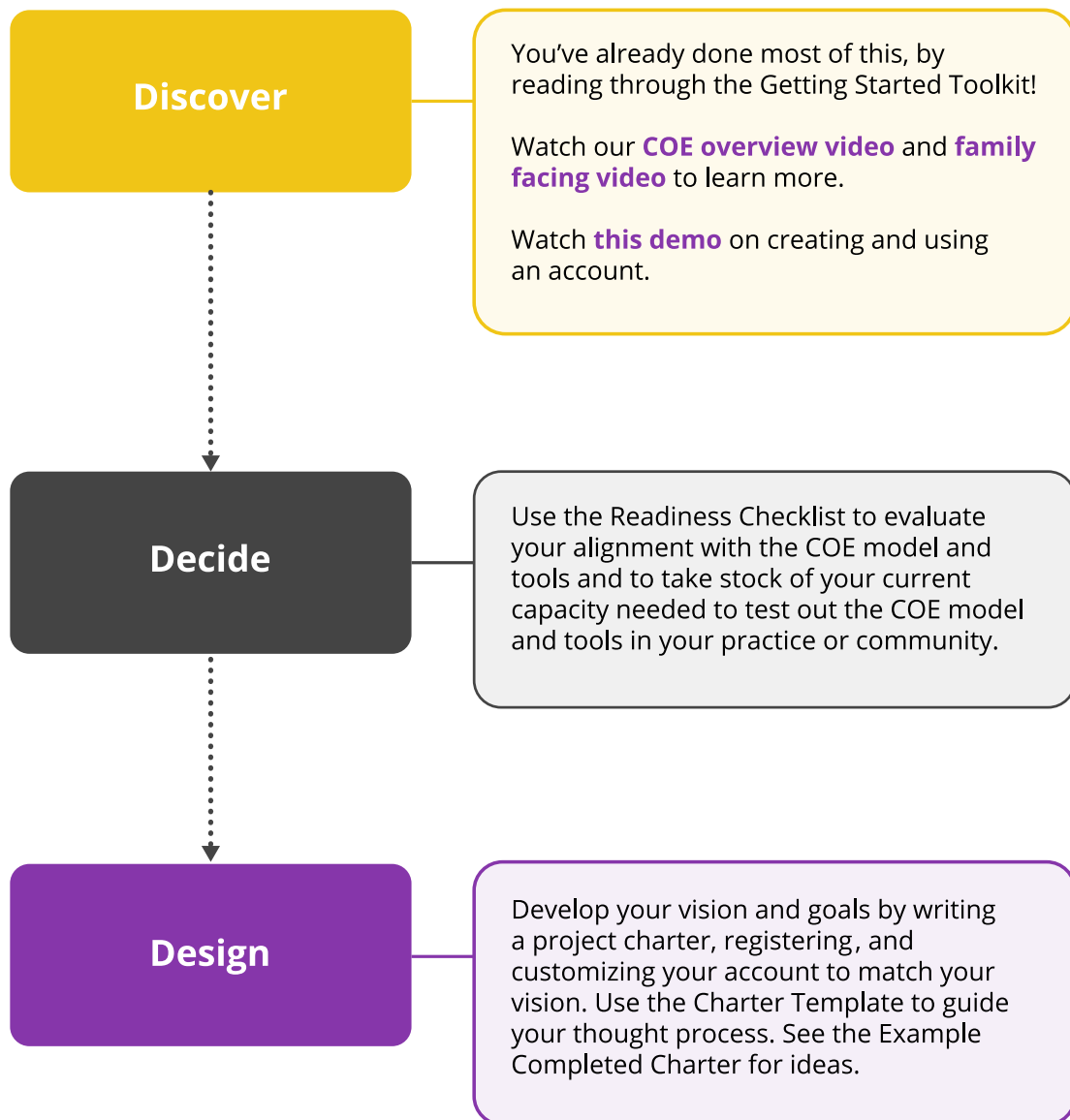
Appendix C

Exploration

Your Current Phase

In the **exploration phase**, your goal is to discover and then decide and design your vision for using the Cycle of Engagement Well Visit Planner Approach to Care. Starting point resources to view or use are provided in the boxes below.

You will learn about the tools and resources for the Preparation, Implementation and Sustainment phases when you create an account and access your Cycle of Engagement resources page!



Appendix D

Illustration for The Well Visit Planner

Family Well Visit Planner Website

The screenshot shows the homepage of the Well Visit Planner website. At the top, there's a navigation bar with links for Home/WVP, About, Family Resources, FAQ, and Contact Us. Below this is a large green banner with the text 'Welcome to the Well Visit Planner® Your Child, Your Well Visit'. A sub-header reads 'A quick and free pre-visit planning tool to focus care on your unique needs and goals.' Below this, there's a section titled 'What families like about using the Well Visit Planner (WVP):' with a list of benefits: Saves time filling out forms during visits, Gives you a personalized Well Visit Guide with results specific to your child and family, Provides easy to read resources on your needs and priorities, Helps you and your child's providers focus care on your goals and needs, Builds confidence that your child's care meets expert guidelines, and You choose what sections to complete and share. At the bottom, there's a section titled 'Three Easy Steps for Using the Well Visit Planner' with numbered steps 1, 2, and 3.

Family Well Visit Guide

The screenshot shows a personalized 18-month well visit guide for a child named Example Child. At the top, there's a header with the Well Visit Planner logo and the URL 'wellvisitplanner.org/demotest'. Below this is a photo of a group of diverse children sitting outdoors. The main title is 'Your Child, Your Well Visit Your Child's Personalized 18 Month Well Visit Guide'. A table at the top provides key information: Child's first and last name (Example Child), Child's initials (EC), Child's birth month/year (7/2021), and WVP completed (2/4/2023). Below this, there's a section titled 'What's In Your Well Visit Guide?' with a list of items: Things you noted were going well for your child, you and your family; A summary of opportunities to improve your child's and family's well-being based on assessment results; Special goals or concerns you want to be sure are addressed with your child's provider; Priority topics you selected to discuss with your child's provider; A more detailed summary of results from questions about the well-being and needs of your child, you, and your family; Links to family resources to support your child's healthy development, and your child and family well-being; and Special resources from your child's provider. Below this, there's a section titled 'Don't forget to review resources and assessments from at the bottom of this Well Visit Guide and get ready to partner!'. At the bottom, there's a section titled '1 Some things you noted are going well and the priority topics you picked' with a list of items: Examples of positive experiences (Today, something your child can do that you are excited about is: 'Communicating with us and her sister more every day!'; One thing that is going well for you as a parent/caregiver: 'Finding time to do chores while girls nap or play together'); Your connection with your child (Your emotional connection with your child is something to celebrate!); and Priority Topics You Picked (Making sure you have somewhere or someone to turn to for emotional support).

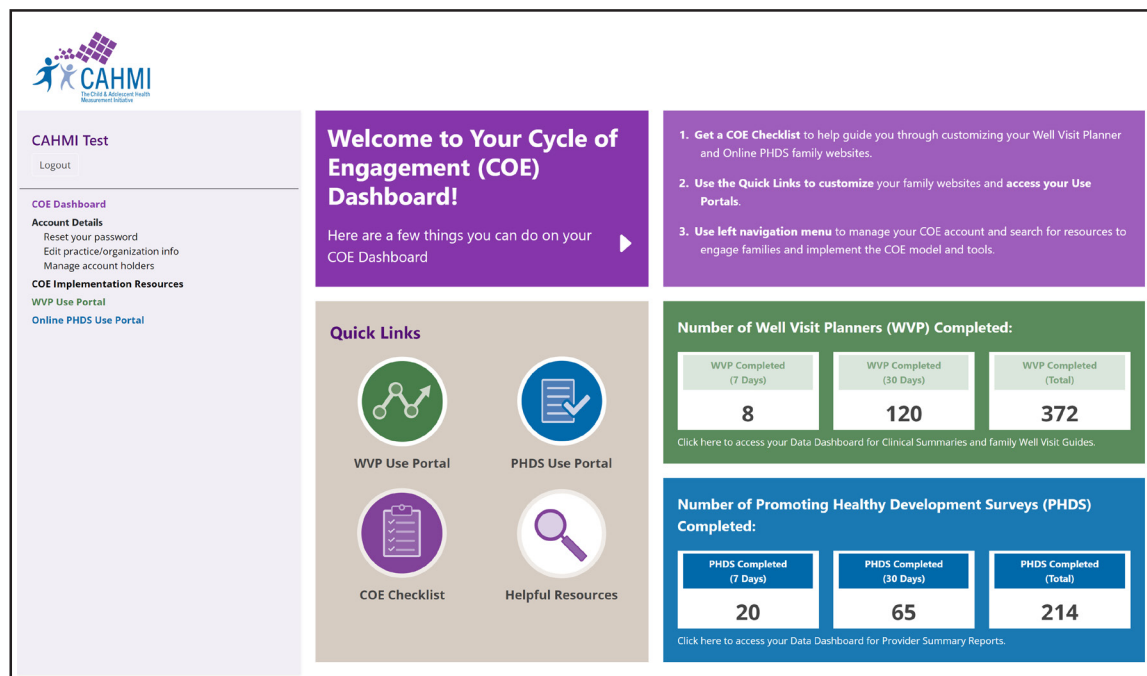
The screenshot shows the Clinical Summary of Well Visit Planner® Findings: 15 Month Well Visit. It includes a key: family response indicated, family response indicated, family did not respond, no or low risk, some risk or concern, and nonresponse could indicate risk. The summary is divided into several sections: Screening and Assessments Summary and Topics to Address: Assess & Address; Child Development; Health Behaviors; Social Factors/Determinants; Caregiver Emotional Health; Other assessments added by provider; Anticipatory Guidance Priorities Selected by the Family: Coach & Educate; and View educational materials for the 15 Month Well Visit here. The summary includes detailed information about the child's development, health behaviors, social factors, caregiver emotional health, and other assessments. It also includes a section for anticipatory guidance priorities selected by the family and a link to view educational materials for the 15-month well visit.

Provider Clinical Summary

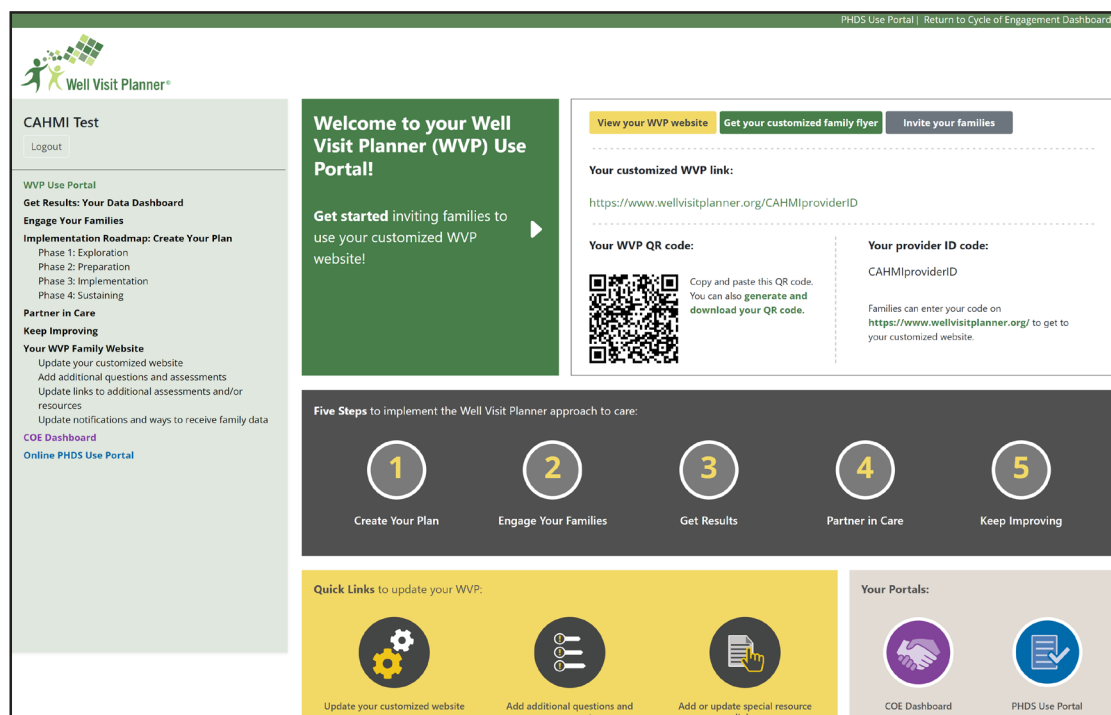
Appendix D

Illustration for The COE Dashboard and WVP Use Portal

The Cycle of Engagement Dashboard



The Well Visit Planner Use Portal



Appendix E

WVP Customization, Family Website, and Provider Use Portal Key Features

	Primary Options for Setting Up Your Customized Well Visit Planner®			
	Family Use Public Website	No Data Dashboard Required	Data Dashboard Required	Data Sharing Required
Options Summary: No account is needed to use public WVP website. Provider customization options vary based data sharing and access preferences.				
Well Visit Planner® (WVP) Family Website Features and Options (English & Spanish; Mobile Optimized; Age Specific)				
The Core WVP digital tool: A comprehensive, age specific, Bright Futures Guidelines aligned integrated screening and education/counseling priority setting tool. ¹ Automated scoring and reporting generates a Well Visit Guide with resources based on family priorities. Save/Share options.	✓	✓	✓	✓
Clinical Summary: At-a-glance report with personalized resources available to families and providers with a WVP data dashboard			✓	✓
Family Coaching: Guidance on using the Well Visit Guide to plan and partner in care, including detailed information and tips for each topic area	✓	✓	✓	✓
Family Account: Family-facing dashboard to initiate and track use across children, visits, providers and to store/access visit guides/resources	✓	✓	✓	✓
Get Help and Resources: Family-facing e-help and links to all Family Resource Sheets by each priority topic by age on a stand-alone educational website.	✓	✓	✓	✓
Provider/Professional's Customized Cycle of Engagement Dashboard and Well Visit Planner Use Portal Features and Options				
Cycle of Engagement Dashboard: Customize and track family use of the online Well Visit Planner and/or Promoting Healthy Development Survey		✓	✓	✓

	Primary Options for Setting Up Your Customized Well Visit Planner®			
	Family Use Public Website	No Data Dashboard Required	Data Dashboard Required	Data Sharing Required
Options Summary: No account is needed to use public WVP website. Provider customization options vary based data sharing and access preferences.				
Additional Content: Select to add screeners and questions not included in the core WVP. Choose from among the many we offer during WVP customization ¹		✓	✓	✓
Custom Links: Option to add links to other screeners or resources that will be shared with families on their Well Visit Guide		✓	✓	✓
Manage Account: Update/change account profile (e.g., password, links)		✓	✓	✓
Tailored Website: Obtain a unique WVP website link/QR code, add a logo to your customized		✓	✓	✓
WVP Use Portal/Data Dashboard: Account holder and designated administrators access family Well Visit Guides and provider Clinical Summaries			✓	✓
Option to Share Clinical Summaries with Others: Account holders (or designees) can access the data dashboard to reassign or share family Well Visit Guides and provider Clinical Summaries with other account holders				✓
Notification Settings: Choose how/how often to receive e-notifications about new Well Visit Guides and Clinical Summaries on data dashboard			✓	✓
Implementation Resources: Access implementation and family engagement resources, including customizable flyers, e-scripts, tips, videos		✓	✓	✓
Get Help: Technical assistance hotline and rapid response email		✓	✓	✓
Other Options: Implementation strategy, research, training. Options to capture data using API and other data transfer tools and protocols.				✓

¹ There are 15 distinct digital tools for each age visit from first week of life through age six (3-5 day, months 1,2,4,6,9,12,15,18,24,30,36,48,60,72). Include developmental screening/surveillance (SWYC), physical health concerns, general health history, caregiver depression (EPDS, PHQ-9), autism screening (M-CHAT), family psychosocial screening (SEEK option), all recommended educational priorities for each age with educational resources for each, etc. WVP offered additional assessments include us of M-CHAT at other age points, Pediatric Adverse Childhood Experiences (ACEs) and Related Life Events Screener (PEARLS), Child flourishing, Family Resilience, Parent-Child Connection, Baby Pediatric Symptom Checklist (BPSC) and Preschool Pediatric Symptom Checklist (PPSC), Safe Environment for Every Kid (SEEK)

Appendix F

FAQ

Frequently Asked Questions

Partnering with Families

Q. I'm interested, but I don't feel ready to start because I'm not sure I can do this with all families I work with.

A. You can start small! We provide implementation resources to help you follow the Plan-Do-Study-Act model. You choose who to engage and when! Some child healthcare professionals prefer starting with new patients to establish a new standard of care, while others use the Well Visit Planner during the required developmental screening visits at 9, 18, and 24 months. You have control over your own usage based on the families you invite and engage.

Q. How can I use these tools if the families I work with have limited or no internet access?

A. Families can complete the WVP and PHDS on devices in your office or community centers, and you can also verbally administer the WVP in person, over the phone or video platforms. All options have demonstrated value for families and providers. Even if a family uses one of your devices, they can still choose to not share their results with you yet and keep their Well Visit Guides in their secure WVP Family Account if they choose to create one.

Q. What if the families I serve do not speak English?

A. Currently the WVP is in English and Spanish. Invitation scripts, postcards, and posters are also available in Spanish. Translations into other languages is possible. We also find that verbal administration of the WVP can build trust as long as the family does not feel rushed.

Q. How do families access the WVP and PHDS?

A. Families can access your tools using your customized website link or QR code. Invite them using any mode of communication you currently use, such as in-person, phone calls, emails, patient portals, or text messages. Additionally, you can use the "invite families" feature on the WVP Use Portal to send a standard email or text message provided by the CAHMI. We also provide customized family flyers, office posters, and verbal/email scripts as resources to help you engage families. QR codes are available for your customized WVP and PHDS, making it easy for families to access and navigate your website.

Q. How long does it typically take providers to review and respond to issues raised through the WVP? Have responses primarily been done by the primary care provider or are other providers and staff engaged?

A. The Well Visit Planner helps catalyze a personalized, connected encounter approach. In our previous studies, using the WVP did not add time to visits, saved time in many and made time for those where more risks are found, and family needs are greater—yet the use of the time was more relational, efficient and useful. Those with a COE account can give account privileges to other providers or administrators to assist in facilitating a personalized encounter. You can decide what works best for you.

Data Integration, Security and Sharing

Q. Can I get the child/family Clinical Summary or specific data elements directly integrated into my electronic records?

Appendix F

FAQ (continued)

A. Yes. While you can easily scan the WVP Clinical Summary into your electronic record as is commonly done, the CAHMI can work with you to set up an API or other approach to automatically transfer Clinical Summaries and/or Well Visit Guides as well as specific data elements you may want to integrate into your electronic records. The WVP was developed and tested using full integration of all data into electronic records. However, most child health professionals found the Clinical Summary to be sufficient for use, billing and record keeping. You can also ask families to use the WVP through a patient portal and we can work with you to be sure the Clinical Summary is directly transferred to your electronic record. Collaboration with your EMR team and additional data sharing agreements are required.

Q. What are the different account options and what are they based on?

A. There are two options for COE accounts: (1) an individual provider account, where each provider has a distinct, customized WVP and PHDS and separate Data Dashboards and (2) a group/organizational COE account, where multiple providers share a customized WVP and PHDS and the same Data Dashboards. During WVP customization, there are additional options, including (1) to opt out of receiving family data, so no Clinical Summary and/or Well Visit Guides are shared with you and (2) to add other COE account holders with whom you would like to share specific family data in order to better serve families. Discussion with your team will be helpful for choosing the account type best fit to your team. See Appendix E and the COE WVP instructions for customizing your account for more information.

Q. Is the data collected about children and families securely managed?

A. Yes. The CAHMI has decades of data security expertise and partners with best-in-class HIPAA security professionals to ensure all data collected is stored using the highest data security standards and in full compliance with HIPAA standards at all times. See our Summary of Data Collection and Storage Procedures and Policies, Use Agreement and Privacy Notice for more information. More information about our data security is available by request.

Q. Can I share a child/family's Clinical Summary and/or Well Visit Guide with other professionals who work to promote the healthy development of the child?

A. Yes. You can share family WVP autogenerated reports with other professionals with permission from the family. If other professionals create their own COE account and have a WVP Data Dashboard, you can use the WVP data sharing feature to share the child/family's Clinical Summary and Well Visit Guide. Just add the email that is associated with their COE account, and they must add you back to begin sharing across your accounts! Ensure your data privacy and sharing agreement with families allow you to share WVP findings.

Q. Who pays for this?

A. The CAHMI makes the COE WVP tools free for all families. Our customized tools and accounts for child healthcare professionals are currently free during this time of further dissemination and scaling. More extensive training, customization or IT integration requires a funded partnership with the CAHMI operating in a non-profit context. We will continue this approach with support from private foundation and other funders. However, we do ask you to be willing to share your experience using the COE WVP approach so we can learn how to continuously improve their value and ease of use. Scaling plans will ensure continued minimal fees for child healthcare professionals.

Appendix F

FAQ (continued)

Q. Are COE accounts for individual providers or for organizations/clinics?

A. Both! Individual service providers and professionals can register for their own accounts and customize their own Well Visit Planner tool. Organizations or clinics can also register for their own account and add their team members as additional account holders so everyone on the team can access the same account and use the same Well Visit Planner tool.

Using the Well Visit Planner

Q. What ages are covered by the Well Visit Planner?

A. Currently, the Well Visit Planner is tailored to the first 15 age-specific well visits starting from a child's first week through their sixth year of life.

Q. How long does it take a family to complete the WVP?

A. On average, the WVP takes about 10 minutes to complete. It may take a bit longer the first time for families to adjust to the tool or if you choose to add additional assessments beyond those included in the core, guideline-based WVP tool. Taking longer usually means more learning and families report it does not take too much time!

Q. How do I access each child and family's Clinical Summary and/or Well Visit Guide?

A. Each Clinical Summary (and family Well Visit Guide) is automatically uploaded to your secure WVP Data Dashboard in your WVP Use Portal right when a family completes the WVP. You can also encourage families to share their Well Visit Guide using a patient portal, bring it in at the time of visits, and/or email it to you at a secure email you provide. If you do not see a family's the CS/WVG in your Data Dashboard but the family has their WVG, you can use the unique identifier put on each WVG to quickly call up the Clinical Summary/WVG into your WVP Data Dashboard.

Q. Are there multiple ways I might receive Clinical Summaries/Well Visit Guides?

A. Yes. The different ways depend on if 1) a family completes your customized WVP, so the Clinical Summary is automatically uploaded to your WVP Data Dashboard; 2) a family completes someone else's WVP, such as a community partner's, so the Clinical Summary is first shared with them, and then is shared with you; and 3) a family does not proactively consent to sharing their responses with you, instead they bring in their Well Visit Guide and/or Clinical Summary to the visit and you receive it at the time of the visit.

Q. Can non-healthcare professionals use the Well Visit Planner with families?

A. Yes. Community health workers, family-to-family specialists, early care and education, home visiting, child welfare or other child-serving and family-facing professionals can get a customized WVP, help families use it and discuss findings to support children and families. These providers can share the Clinical Summary and/or family Well Visit Guide with the family's healthcare provider. The WVP has been promoted for use in Head Start/Early Head Start, across early child care systems in a recent national letter from the Administration for Children and Families (ACF) and in the Engagement In Action Framework for an integrated early childhood health system.

Appendix F

FAQ (continued)

Why Choose the Well Visit Planner

Q. I already use comprehensive screening tools like ASQ or CHADIS, why would I switch to the Well Visit Planner?

A. Screening tools are often used during healthcare visits or sent to families via text or email and are still conducted in a provider-focused, stepwise and unintegrated fashion that fails to engage families as partners or provide them with automated feedback and resources about findings. The Well Visit Planner was created to address these issues and integrates the range of family reported screening tools and family priority setting specific to the age-specific Bright Futures Guidelines. The WVP uses highly valid and interoperable screening tools, eliminating the need to acquire separate licenses or pay additional fees, and enabling use by family specialists, community partners and families to optimize on mobile devices either at home, in the clinic or anywhere else. The WVP improves care by dropping the divide between providers and families, ensuring that both receive the same information to focus care on the child and family agenda while still aligning with best practice guidelines. The WVP guarantees completion of all recommended screeners and allows families to proactively learn about and pick their educational and counseling priorities. You also have the option to include additional screeners or resources of your choice. The developmental screener included in the WVP is the Survey of Well-Being for Young Children (SWYC), which has been shown to be equally sensitive and specific compared to the Ages and Stages Questionnaire (ASQ).

Q. If my practice screens for health risks using all the assessments included in the WVP, I am worried that I will not have the resources ready or accessible to provide to families. I don't want to screen for conditions I cannot treat.

A. This is a common concern. Child healthcare professionals who have used the WVP have found that when they ask families about resources they are interested in and know about first, that many families know of resources to access. Also, families appreciate an empathetic ear to hear their concerns and help engage in problem-solving collaboratively. Some providers have noted that it is rare there is not a single resource to provide that could help a family. Additionally, the WVP includes family resource sheets on all topics assessed in the WVP, and you can add a local area resource guide to share with families in your customized WVP and build your resource list as you learn about what is available in your community. The information you receive from the WVP will help you identify gaps in resources so you can advocate for and partners in your health system and/or community to fill gaps.

Q. How do I know these tools are valid and that they work?

A. The WVP has been proven effective in improving the quality of care and reducing urgent care through two four-year studies (a quasi-experimental and a randomized controlled trial), as well as additional implementation studies. Both families and child healthcare professionals have expressed satisfaction with using the WVP. The PHDS is a quality assessment tool that has been validated and endorsed by the Nationally Quality Forum in 2008. It has shown its effectiveness in tracking and driving improvements in care for families. Studies indicate that families are willing to use the WVP if they know that they will not have to repeat filling out screeners, and that they appreciate being asked to engage and set their own agenda. Although this approach may be new for most families and healthcare professionals, it is worth it to shift towards partnering closely with families to promote the health of the child and the family, while still meeting the screening and quality of care requirements. Learn more here about the tools development and research. If interested, we are seeking research partners.