The Early Childhood Cycle of Engagement (EC_COE) builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting the well-being of all children. Currently available for children from the first week of life through age six, the EC_COE’s online, guideline-based and family-driven Well Visit Planner® (WVP) and post visit Promoting Healthy Development Survey (PHDS) quality assessment give voice to families and help child and family care teams:

1. **Integrate and streamline** family-reported screening and priority setting
2. **Prepare for and optimize time** during visits to focus on the family’s agenda
3. **Focus on building strengths** and coordinating resources and supports
4. **Continuously improve** in partnership with families and communities
5. **Track population-level** needs, priorities, and quality of care

### Creating an Integrated Cycle of Family Engagement Before, During, and After Well Child Care Encounters

#### Personalize Care Using the Family Driven Well Visit Planner (WVP)

**What is it?**

- **Brief:** A 10-minute web-based tool where families share strengths; complete developmental, psychosocial screens; pick priorities for support/education; note concerns; & learn. Mobile optimized.
- **Transparent & Secure:** Providers receive Clinical Summaries with results and resources for families.
- **Supported:** Family-owned accounts store child Visit Guides & support use for multiple children. Customized provider accounts offer access to Well Visit Guides, Clinical Summaries and resources to support implementation.

#### Optimize Time Spent During Encounters

- **Focus:** Use the at-a-glance Well Visit Planner child Visit Guides and your Clinical Summary report to prepare for and make the best use of time during encounters.

- **Your Well-Being:** Increase your joy in work by using time freed up to deepen your connection with your patients and rest knowing you met their priorities, celebrated strengths, addressed risks, and linked families to needed supports.

#### Measure & Improve Using the Promoting Healthy Development Survey (PHDS)

**What is it?**

- **Meaningful:** A family-completed survey yields 8 meaningful quality indicators aligned with Bright Futures guidelines.
- **Flexible:** Use on an ongoing or periodic basis based on your needs.
- **Confidential:** Generate your own confidential, aggregate quality report after each of 25 completions.
- **Shared:** Families receive a personalized report with resources to partner in improving care.

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**What users have to say about the Well Visit Planner:**

**Providers:** “The Well Visit Planner enriches and reinforces what we do as providers... We didn’t have to ask as many questions... 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!”

**Families:** “I liked it! Using the Well Visit Planner was fast, helped me plan my child’s visit and identify questions. During the well visit the providers were prepared to focus on my child and family.”

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**Studies to date have demonstrated acceptability, feasibility, improvements in screening and quality, and reductions in urgent care.**

**Over 92%**

of providers and families recommend the Well Visit Planner.

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**Learn More!**

- **Sign up** to join a live demonstration.
- **Learn** more about the Well Visit Planner content and benefits.
- **View** a short video.

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**Try It Out!**

**Register** to get a free, customized, and secure Cycle of Engagement (COE) account and dashboard. From here you can:

1. **Customize the Well Visit Planner** to use with the children and families you serve and use your use portal to access Well Visit Guides, Clinical Summaries and resources

2. **Customized the Online Promoting Healthy Development Survey** and use your use portal to get aggregate reports on quality and resources to improve care

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**Get Help!**

Please email us at info@cahmi.org for more information or questions. We aim to partner to continuously improve and look forward to hearing from you!
Providers can sign-up on their own or as a practice. Anyone on your team can manage your account if you give them permission.

Step 1: Sign up to get a free, secure COE account and dashboard and customize your Well Visit Planner and Promoting Healthy Development Survey (one or both). Get your unique URL/weblinks and brand your websites. Get resources for implementation in your practice and team.

Step 2: Use your secure COE dashboard to add or change account administrators and add or change additional assessments and resources to share with your families (in English or Spanish).

Step 3: Send your customized WVP and/or PHDS URL/weblinks to your families and track use. Use options and resources (email/verbal scripts, postcards) to invite families or create your own.

Step 4: Get Well Visit Guides and at-a-glance Clinical Summaries using your Well Visit Planner use portal to prepare for personalized, connected encounter visits. Generate PHDS quality reports after every 25 family completions.

Step 5: Continuously innovate to make the EC_COE model and tools work best for you. Use population based WVP and PHDS data to track needs and priorities, identify areas for improvement, and advocate/collaborate for positive change in your health system and/or community.

Our Journey and Commitment
Creating and evaluating the value of the Well Visit Planner has been a labor of love for the CAHMI since 2008. We are 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. Since 1997 the Child and Adolescent Health Measurement Initiative (CAHMI) has partnered with families, providers, and experts at the national, state, health plan, practice, and provider levels to design, develop, and test the Well Visit Planner as part of the CAHMI’s broader Cycle of Engagement model and tools. With initial support from the Health Resources and Services Administration, CAHMI has worked 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 to translate guidelines into family-friendly, actionable tools to customize and improve the quality of well child care services based on family reported assessments and priorities.

CAHMI aims to continue to innovate and partner to help all children thrive! We need your partnership and support. Current funding for the EC_COE comes from a time limited grant from the Robert Wood Johnson Foundation to the CAHMI and from the Center for the Advancement of Innovative Health Practices. If you wish to partner or support this work please contact Christina Bethell, PhD, MBA, MPH at cbethell@jhu.edu

Frequently Asked Questions: The CAHMI provides a suite of implementation resources. Below are answers to common “getting started” questions.

1. Do I have to pay? The CAHMI is dedicated to making the EC_COE free to use for families. Providers can get an account and use the WVP and PHDS if they are willing to share their experience using these tools and with support from private foundation funders.

2. Do I have to use this with all families? No. You choose who to engage and when. You can start and stop at any time. Test drive the tools and see.

3. What ages are covered by the WVP? Currently, 15 age-specific tools are available for children from their first week through their sixth year of life.

4. How do I engage families in the WVP or PHDS? Families can be invited to complete the WVP and PHDS through the same mode of communication that you or your team currently use with your families (in person, by phone, and through email, patient portal, or text message). CAHMI provides guidance and customizable family flyers, verbal/email scripts, office posters and other resource to engage families. QR codes are provided for easy scanning by your families.

5. Are family tools optimized for use on mobile devices? Yes. The WVP and PHDS can be used on a smartphone or similar device.

6. What if a family cannot access the internet? Families can complete on devices in your office or during home visits, and you can also verbally administer the WVP in person or over the phone or video platforms.

7. What languages are available? Currently the WVP is in English and Spanish. Invitation scripts, postcards, and posters are also available in Spanish.

8. Is the data collected secure? Yes. Information collected from families and shared is managed using the highest data security standards and in full compliance with HIPAA standards at all times. See our Use Agreement and Privacy Notice for more.

9. How do I access Well Visit Planner Well Visit Guides and Clinical Summaries? Well Visit Guides and Clinical Summaries are automatically uploaded to your secure WVP data portal. Families are encouraged to upload their Well Visit Guide to their patient portal, bring it in at the time of visits, and/or email it to you at a secure email you provide.

10. Can I get data directly integrated into my electronic records? Yes. The Well Visit Planner was developed and tested for full integration into electronic records. Right now, families can upload their Well Visit Guides to the EMR via a patient portal if you have one. You can scan Clinical Summaries into your EMR to support billing and visit notes. Direct integration into your EMR is possible if your EMR is able to receive WVP data. Collaboration with your EMR vendor and additional data sharing agreements are required.

11. Do I need my own account for families to use the WVP and PHDS? No. If you do not want customized account features, you can ask families to use these tools today at www.wellvisitplanner.org and www.onlinephds.org.

12. Have the WVP and PHDS been validated? Yes. The PHDS was endorsed by the National Quality Forum in 2008 and continues to demonstrate validity. The WVP has been validated through several studies, including a randomized controlled trial. We seek research partners if you are interested.

13. Will families use the Well Visit Planner? Yes. Studies show that once families know you want them to use the WVP, they take the time. This is new for families and providers, but it is worth it to engage families and partner closely to promote the health of the whole child and family—all while meeting requirements for screening and quality of care.

14. Are there tools for chronic care and other types of care? Yes. The CAHMI has developed the CARE-PATH for Kids shared care planning tools to ensure comprehensive care plans are based on the foundation of child and family needs, priorities, goals and social and family context. See www.carepathforkids.org.