# Well Visit Planner<sup>®</sup> and Promoting **Healthy Development Survey:**

Summary of content, reports, implementation and alignment with screening and quality of care standards

The CAHMI's Cycle of Engagement Well Visit Planner Approach to Care (COE WVP), using the Well Visit Planner (WVP) and Promoting Healthy Development Survey (PHDS) family completed tools, includes valid content aligned with national standards of care. Actionable reports for families and child health professionals are generated to help you meet recommended standards of care based on Bright Futures Guidelines and to improve aspects of care aligned with performance measures used to evaluate quality of care. The COE WVP approach to care and tools foster learning, engagement, and trust.



### **Family Tools and Reports**



### Topics Assessed Using the Well Visit Planner (WVP)

#### **CORE CONTENT**

- Tailored for 15 recommended visits based on Bright Futures guidelines (first week to 6<sup>th</sup> year of life)
- English and Spanish
- Mobile optimized
- · Allows for a personalized, connected encounter between family and provider with shared agenda
- · Not all content applies for all ages

#### ADDITIONAL ASSESSMENTS AND TOPICS THAT CAN BE INCLUDED **BEYOND THE CORE CONTENT**

- · Can be tailored by age visit
- · English and Spanish

- 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
- Emotional/behavioral screening using the Baby Pediatric Symptom Checklist (BPSC) or Preschool Pediatric Symptom Checklist (PPSC) (based on child's age)
- 6. Caregiver concerns about speaking, vision, hearing
- 7. Open-ended question on any additional concerns about child's development or health.
- 8. Caregiver/ depression using the Patient Health Questionnaire-2 (PHQ-2) or Edinburgh Postnatal Depression Scale (EPDS) (based on child's age)
- Short Child Flourishing Index (CFI)
- Short Family Resilience Index (FRI)
- Short Parent-Child Emotional Connection Items
- · Short Protective Family Routines and Habits (PFRH)
- Pediatric ACEs and Related Life-events Screener (PEARLS)

14. Other family health history and updates (heart, stroke, blood pressure, new problems, recent changes or stressors)

- - · Other social determinants topics. Safe Environment for Every Kid (SEEK)

The Online PHDS is a valid family-reported, post-visit assessment of

quality of care for families of children 3 months to 6 years.

- Interest in telemedicine and concerns/barriers to telemedicine
- · Impact of COVID-19 on child and family's daily life

Aspects of Quality Assessed Using the **Promoting Healthy Development Survey** 

**QUALITY OF CARE** · Family concerns about child development are addressed · Anticipatory guidance and parental education needs are met **MEASURES**  Recommended developmental surveillance and Surveillance about problems/issues in the community occurs standardized developmental screening occurs and resources provided Follow up occurs for children at risk for developmental <u>Core medical home criteria are met</u> (e.g., personal doctor or problems (using PEDS) nurse; access to and coordination of care, family centered care) Basic psychosocial screening occurs Quality measures are stratified by child/family demographics, caregiver mental health, child developmental status and having Surveillance of caregiver mental health conducted a special health care need (CSHCN Screener).

**OPTIONAL CONTENT** 

- · Caregiver interest in telemedicine and concerns/barriers to telemedicine
- Impact of COVID-19 on child's well visits and daily life

**Provider and Care Team Dashboards and Reports** 



WVP

The Well Visit Planner® is a brief family-completed, pre-visit planning tool anchored to Bright Futures guidelines for all 15 well visits recommended from a child's first week to sixth year of life. Every completed WVP produces a family Well Visit Guide and a provider Clinical Summary.

> 9. Family psychosocial issues (e.g. meeting baseic needs, alcohol and substance use, smoking, emotional support, parent/caregiver coping, experiences of racial discrimination, etc.)

10. Intimate partner violence using the Women Abuse Screening Tool-Short (WAST-Short)

11. Anticipatory guidance and parental education selection and provision of family-centered education by topical Family Resource Sheets (24-31 per age; can pick up to five; average selected=3)

12. Other general health information recommended in guidelines

(age-specific; nutrition, medications, vitamins/herbs, breastfeeding, oral health) 13. Special health care needs, using the Children with Special Health Care Needs screener (CSHCN screener)

15. Other context and environmental assessments (e.g. living situation, lead)

Interconception Care (ICC)

Other assessments can be added by you during customization of your WVP.

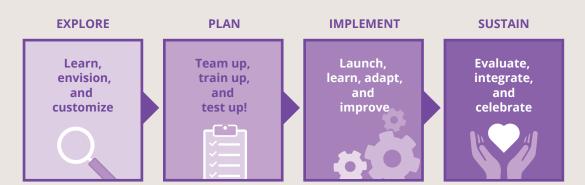
· Feedback on the use of the Well Visit Planner (if using this tool)

Additional assessments will be added as we discern their need by COE WVP users.

## Implementation Support

Resources to support COE WVP implementation are provided and anchored to best-practice frameworks and strategies.

Resources for the Personalized, Connected Encounter (PCE) support a strengths-based and relationship-centered approach to care.



# **Alignment with Professional Standards and Requirements**

The CAHMI's COE WVP model and tools are carefully aligned to help you meet your goals, standards, and performance requirements.



**Meet Standards of Care:** The WVP and PHDS align with national Bright Futures Guidelines implementation standards set forth by the American Academy of Pediatrics and other standards set forth for Medicaid, Title V, home visiting (MIECHV), early care/Head Start, and Child Welfare.



**Complete and Bill for Required Screenings Using Valid Screening Tools:** All screening tools and items included in the WVP draw on validated measurement and reporting methods tested with families and providers. The WVP is aligned with Bright Futures criteria for standardized development surveillance, developmental screening, maternal depression screening, and other screening recommendations.



Improve Quality of Care: The WVP and PHDS are designed to foster improvements in quality as measured by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures and the Medicaid Core Measurement Set. The WVP and PHDS align with 7 of the 19 HEDIS measures for children, adolescents, and maternal health, 2 of the 4 HEDIS measures related to preventive care for children, and 5 out of 8 Medicaid Core Set "Primary Care Access and Preventive Care" measures (62%).

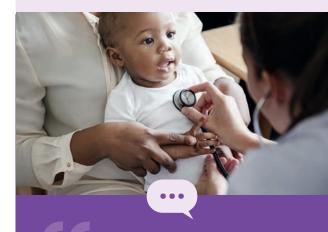


**Grow and Earn Continuing Education/Recertification Credits:** Both the PHDS and WVP were designed to support your continuing education and the training of new child health professionals. They also align with the American Board of Pediatrics' Continuing Education and Maintenance of Certification requirements to engage patients in quality improvement activities.

To learn more about the Cycle of Engagement Well Visit Planner Approach to Care, and its related Well Visit Planner and Online Promoting Healthy Development Survey, please visit *www.cycleofengagement.org* or write to *info@cycleofengagement.org*.



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"If you want to effectively engage families, efficiently provide comprehensive care, and meet standards you need the Well Visit Planner."

- Pediatric Provider

