Well Visit Planner® 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 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.

Family Tools and Reports

Provider and Care Team Dashboards and Reports

Topics Assessed Using the Well Visit Planner (WVP)

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, experiences of racial discrimination, etc.)
9. Intimate partner violence using the Women Abuse Screening Tool-Short (WAST-Short)
10. Anticipatory guidance and parental education prioritization checklists and provision of family-centered topic by topic 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 need)
12. Other family health history and updates (heart, stroke, blood pressure, new problems, recent changes or stressors)

Other context and environmental assessments (e.g., living situation, lead, protective factors, risks)

Aspects of Quality Assessed Using the Promoting Healthy Development Survey

QUALITY OF CARE MEASURES

• Anticipatory guidance and parental education needs are met
• Recommended developmental surveillance and standardized developmental screening occurs
• Follow up occurs for children at risk for developmental problems (using PEDS)
• Basic psychosocial screening occurs
• Surveillance of caregiver mental health conducted

• Family concerns about child development are addressed
• Surveillance about problems/issues in the community occurs and resources provided
• Core medical home criteria are met (e.g., personal doctor or nurse; access to and coordination of care, family centered care)

Quality measures are stratified by child/family demographics, caregiver mental health, child developmental status and having 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

• 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. Click here to learn more.

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. Click here to learn more.

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. Click here to learn more.