Implementation Toolkit

for Pediatric Primary Care Practices and Alliances

Public Use Website

www.WellVisitPlanner.org

The Well-Visit Planner was developed and tested by
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Introduction
This toolkit is designed to support implementation of the public use Well-Visit Planner (WVP) tool. The Well-Visit Planner suite of tools contains a variety of customizable options. Before reading this toolkit, please review the options and consider what’s best for your practice using the Getting Started Toolkit. For most practices, the first step will be implementing the public use WVP, even if using one of the other WVP options is the longer-term objective. Although this toolkit is for the public use WVP, it also includes many ideas for ways you can start thinking and planning for some of the customized options.

This toolkit will guide you through steps to learn about, prepare, implement and measure the effect of the Public Use Well-Visit Planner.

Step 1: Overview of the WVP

About the WVP
The Well-Visit Planner™ (WVP) is an online pre-visit planning tool designed to engage parents in planning for and partnering more fully in their child’s well-visit. It is a family-centered quality improvement method that guides parents to identify priorities and key issues prior to visits, with an option to integrate this information into the electronic medical record. The WVP also provides integrated and easy access to educational materials and discussion tips for each of the Bright Futures defined visit-specific focus areas. The WVP enables customization and 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 parents and their child’s health care providers. Carefully anchored to national recommendations, the WVP Suite of Tools are currently available for the 4, 6, 9, 12, 15, 18, 24 and 36 month, and 4, 5, and 6 year well-visits, and take an average of 10-15 minutes for parents to complete.

Background: 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. 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 guideline-based, easy to use Well-Visit Planner™ (WVP) to help providers efficiently meet their well-visit quality goals.

WVP Content and Process: The WVP is anchored to the American Academy of Pediatrics’ Bright Futures Guidelines and includes key age-specific topics for promoting healthy development for each of the 4, 6, 9, 12, 15, 18, 24 and 36 month, and 4, 5, and 6 year well-visits. The WVP takes about 10-15 minutes for parents to complete and is organized into three simple steps:

- **Step 1: Answer a questionnaire about your child and family.** Includes questions about positive observations of the child, child health and developmental surveillance, the child and family environment, identification of special health care needs.
- **Step 2: Pick your priorities.** Includes age-specific topics and embedded educational materials. General topics include family functioning, nutrition and feeding issues, establishing routines, behavior and development, language development, toilet training, TV and media use, guidance and discipline, sleep, domestic violence, oral health and safety concerns.
• **Step 3: Visit Guide.** Dynamically generated from steps one and two, the Visit Guide is a summary of the parents’ responses that are important for them to discuss with you and the team of the child’s health care providers.

See the WVP [Guide to Topics & Questions Asked](#) for a comprehensive list of questions asked for each age group.

**Importance of the WVP:** Well-child visits comprise a large portion of health care encounters for young children. Gaps in the quality of well-child care are well documented and engaging parents is an essential driver for improvement. In addition, large national health policy directives like Meaningful Use Standards from the Office of the National Coordinator for Health Information Technology and Maintenance of Certification requirements from the American Board of Pediatrics encourage and incentivize practices to employ evidence-based, easy-to-use tools like the WVP that actively engage parents as partners. Initial testing documented improvements to provider office workflow as well as patient engagement, experience and quality of care. Over 92% of parents reported that the tool was 1) feasible and easy to use, 2) educated them about the purpose of well-child visits, 3) allowed them to more fully partner in well child care visits and 4) indicated they would recommend the use of the WVP online tool to other parents.

**Development of the WVP:** The WVP was developed and tested by the Child and Adolescent Health Measurement Initiative (CAHMI) for use in pediatric practices over four years and through a grant from the federal Maternal and Child Health Bureau (R40 MC08959). Its continued development and implementation is supported by the CAHMI, volunteer advisors and through support from HRSA/MCHB through Cooperative Agreement U59-MC06890. The WVP was developed with an expert Advisory Group, including authors of the Bright Futures Guidelines. National experts, families and pediatric providers all 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. All content in the WVP is anchored to Bright Futures (BF) recommendations and specific items were written based on the parent, provider and expert input on item priority, assessment and intent. We would like to thank our dedicated team of advisors: Betsy Anderson, David Bergman, Emily Brophy, Dimitri Christakis, Kellena Collier, Paula Duncan, John Kilty, Amy Kurian, Cynthia Minkovitz, Tami Olson, Amy Perritti, Ed Schor, Judy Shaw, and Sara Slovin. More detailed information on the design, development and testing of the WVP are available upon request at cahmi@ohsu.edu.

**Past and Current Use of the WVP**

The WVP was initially tested and implemented at a clinic with 12 pediatricians located in Tualatin, Oregon. This clinic implemented a customized version of the WVP with a unique URL and Electronic Health Record (EHR) integration (Centricity). Their EHR-linkage included several specific fields that were auto-populated with WVP responses and a PDF of the Visit Guide sent directly to the child’s EHR. In addition to posting informational posters about the WVP in exam and waiting rooms and providing a link on their website, eligible parents were invited via email to complete the WVP 5 days prior to their child’s well-visit. Over 92% of the 3000 parents included in the initial testing reported that: (1) they would recommend the tool to other parents, (2) they were comfortable with the time required to complete the tool, (3) the WVP helped them understand goals for each well-visit and (4) the WVP helped prioritize topics for discussion with their child’s health care providers. This clinic also used a pre/post measure, the [Promoting Health Development Survey](#) (PHDS), in conjunction with the WVP to
assess quality and content of well-child care provided with and without use of the WVP. This clinic was involved in the original research grant to develop the WVP and they continue to use the tool now that the grant has ended.

The WVP is also being used in a study at the University of California, Los Angeles. They are using an EHR-integration option in which only major concerns and alerts from the parental responses of the WVP are linked into the child’s EHR. They are implementing the WVP in three clinics including one Federally Qualified Health Center. We look forward to furthering the use of the WVP, and partnering with new users to continuously learn and improve this tool. We also look forward to expanding the suite of options by potentially adapting the WVP model to other age groups and health care topics for children.

**Resources for Overview of the Well-Visit Planner**

**Frequently Asked Questions**

Access the Frequently Asked Questions (FAQs) about the implementation of the WVP online on the Frequently Asked Questions for Providers page.

**Bright Futures Manual**

The Well-Visit Planner is based on Bright Futures recommendations for the delivery of well-child care. You can access the Bright Futures Manuals at the following two links:

- 1-4 years: [http://brightfutures.aap.org/pdfs/Guidelines_PDF/16-Early_Childhood.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/16-Early_Childhood.pdf)
- 5-10 years: [http://brightfutures.aap.org/pdfs/Guidelines_PDF/17-Middle_Childhood.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/17-Middle_Childhood.pdf)

**Guide to Topics and Questions Asked**

An exhaustive list of questions asked at each age group in the Well-Visit Planner

Please see the Resource Page for a list of all materials that will help you learn more about the Well-visit Planner.
Step 2: Prepare for Implementation of the WVP

Engaging your practice in a decision to employ the WVP is the first and most important implementation step. Solid buy-in up-front is essential to every aspect of implementation. For many practices, this type of direct, hands-on patient engagement activity is new and may generate concerns about impact on visit time, capacity to respond to issues parents raise and so on. Below we outline ideas for effectively educating your team about the WVP and address common questions to ensure the process will go as smoothly as possible.

**Getting Your Leadership Team Familiar with the WVP**

**Key Leadership Implementation Staff**

The staffing structure of every office is different so this may vary based on your circumstances, but generally speaking you need to identify three key people to lead the implementation of the WVP:

1. **Physician Champion:** This needs to be the physician, physician assistant or nurse practitioner who is going to take a leadership role in preparing the team and environment for the WVP.
2. **Office Manager/Administrator Champion:** The person in the office who can assist with administrative and logistical aspects of implementation. They may set up and lead meetings and trainings, assist with the design of how the intervention will fit within your office flow and many other leadership/logistical tasks. This person will work to determine the time, staff and resource commitments needed for successfully implementing the WVP. (Note: If you are choosing to implement an EHR-version of the WVP, then an administrator champion will also need to include an information technology expert in the office.)
3. **Registered Nurse or Medical Assistant Champion:** This is the person who is directly involved with patient care for well-child care visits and can act as a valuable point person for helping design how the intervention will fit within the flow of your office and in communicating with parents about the intervention.

Your leadership team should be enthusiastic about the project and read through the Getting Started Toolkit and this Implementation Toolkit.

**Embedding a Culture of Parent Engagement and Partnership in Your Practice**

Once your leadership team is in place you will want to educate the entire staff about the WVP: what it is, its importance and the impact it will have on the way you provide well child care. You will also want to help set the tone for a culture of parent engagement and partnership in your practice. Prior to implementing the WVP, set up a meeting or a series of meetings to discuss the work flow and cultural changes that will be taking place. For these meetings, we suggest:

**Meeting 1: Introductory Presentation for Relevant Staff**

- Hold a meeting for relevant staff (clinicians, nurses/MAs and front desk staff) and present an overview of the WVP drawing on the slide-deck from the WVP Webinar and other overview materials found on the Resource Page of this toolkit and online.
  - Prior to this meeting ask each attendee to read through the WVP Getting Started Toolkit.
During the meeting have discussions about:

- **Why you want to implement the WVP in your office.** What direct and indirect benefits might result, including improving efficiency and effectiveness of well-visits, meeting parents’ priorities, identifying what, as a whole, your parents want to discuss, engaging parents more directly in care and moving toward integrating patient reported data into the electronic record.
- **How your team perceives the value and impact of the WVP, as well as any concerns.** Include value to patient care, provider teams and work flow, demonstrating quality improvement to payers, etc.
- **How the WVP can fit into your existing well-child visit flow.** Use these Example Practice Team Focus Group Questions to help determine work flow improvements and how to integrate WVP.
- **What resources are available and are needed to support implementation.**
- **How you think parents will react and feel about being asked to use the WVP and ways to optimize their involvement.** Especially note importance of staff and provider buy-in and support to achieving parent participation.
- **Potential barriers to the WVP implementation process and recommendations for rolling out the tool (in phases, with a subset of parents and/or providers, etc.)**
- **Do you want to measure the effect of the WVP by coupling its use with a pre-post parent-report quality measurement tool, the Promoting Healthy Development Survey (see Appendix C for more information on the PHDS).**
- **Making a plan, timeline and delegation for key tasks needed for successful implementation of the WVP.**

During the meeting make sure to solicit feedback from you staff on excitement, reservations, and general questions.

At the end of this meeting hand out the **Pre-Implementation Provider Survey** (along with learning materials found on the Resource Page) to gather more detailed information on their readiness as well as information on feasibility and acceptability of the WVP process.

**Meeting 2: Provider Focus Group and Survey Evaluation**

We have developed an Example Pre-implementation Provider Focus Group and Example Practice Team Focus Group Questions to help you generate discussion and feedback. These can be adapted for your purposes. At the focus group you will discuss results from the **provider survey** you handed out in meeting one. Discussion will then move toward how to implement the WVP, with deeper analysis of work flow changes, and assessment of content covered in the WVP.

**Meeting 3: Follow up and training for all staff affected by WVP implementation**

You may need more back-and-forth to address concerns and questions, but eventually your staff will require training how your clinic will implement the Well-Visit Planner. Our suggestions for implementation can be found in Step 3.
Time and Resources Needed to Implement the Public Use Well-Visit Planner

**Time.** You should anticipate allocating one to two months for learning about and preparing to implement the Public Use WVP. This may vary depending on the size of your practice.

**Cost.** There is no cost to use the Public Use WVP outside of the time need to train your staff—learning about and preparing the office to implement the WVP. The only potential costs you may incur are printing costs. Printable materials are included with this implementation toolkit. See Appendix A for waiting room and exam room informational posters to notify parents, invitation postcards, and stickers (if this is a method you intend to use for recruiting parents to complete the tool). Additional print costs may arise from printing other informational materials made available on the WVP website.

**Summary Checklist of What is Needed to Implement the Public Use WVP**

- Office manager/administrator/coordinator
- Physician champion
- RN/MA champion
- 1 to 2 months to plan for and prepare implementation into your practice
- Meeting 1
- Meeting 2
- Meeting 3
- A practice culture inclined towards parent engagement and partnership
- Nominal printing costs

Once you get started with the Public Use WVP, you may wish to implement one of the customized WVP options, which include a customized URL (with some potential for tailored questions), EHR integration, practice-specific datasets of parental responses, and quality measurement with the Promoting Healthy Development Survey (PHDS). If you’d like to start thinking ahead now, we provide a checklist of requirements for these other implementation options below. Please contact the CAHMI team if you are interested in this potential for additional partnership.
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Public Use Site WVP</th>
<th>Unique Clinic URL for WVP</th>
<th>Site-specific URL, Branding</th>
<th>Site specific URL with customized content</th>
<th>EHR Integration of Visit Guides (PDF)</th>
<th>Full EHR Integration Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage Staff (Develop culture of engagement, momentum and office champions)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Engage patients (Develop posters and engagement materials)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Office Flow (Work to include engagement into flow of well-child visits)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Develop EHR system for inclusion of PDF</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Develop EHR system for manual import of HL7 file</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Develop EHR forms for full automated integration of data into visit</td>
<td></td>
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</tbody>
</table>
Step 3: Implement the WVP

After completing Step 2, you are now ready to implement the Public Use WVP in your clinic. The recommendations and resources listed below are suggestions based upon our experience to date implementing the Online Well-Visit Planner Tool. Every practice is different and will likely need to develop their own unique method of implementing the WVP that fits with their own structure and workflow. You are welcome to use any of the resources we provide directly or with your own modifications. CAHMI staff is available to provide support and answer questions. Contact us at cahmi@ohsu.edu or 503-494-1930. We also seek to partner with all users to learn and continuously identify and improve implementation guidelines and models.

Example Workflow to Implement the Online Well-Visit Planner Tool

Before Visit

Clinic Scheduler, MA/RN or Provider
- Tells eligible parents about the WVP at the child’s previous visit

Clinic Scheduler
- Children with upcoming well-child care visits who are eligible for parents to participate in Well Visit planner are identified
- Five days before well-child visit, parent is reminded about visit and told to go to website. This can be done along with a practice’s existing process, i.e. telephone and/or email appointment reminder.

Parent
- Some (not all) parents complete tool AT HOME
- Parent prints Visit Guide at home
- Parent can visit WVP educational material website anytime

During Visit

Front Desk Check in
- Aware of the project and able to answer questions

MA/RN
- Asks eligible/invited parents if they filled out the WVP
- Asks parent for Visit Guide to make a photocopy for health care provider to use during visit and for the patient’s record
- Reviews Visit Guide and follow up on any items appropriate for MA/RN to discuss with parent, make entries/notes in chart or electronic health record

Provider
- Reviews Visit Guide and MA/RN notes, if applicable
- Addresses parent’s concerns, priorities and health screening flags
- Guide parent to parent education materials on website

After Visit

Parent
- Can go back to website for educational materials and resources
Steps and Ideas for Implementing the WVP

Below we present the general process of and ideas for implementing the WVP. Consider how these steps will best fit into your current workflow, including which staff members will be primarily responsible for each.

1. Communicate upcoming changes to visit flow with parents. Options include:
   - Put informational posters in exam and waiting rooms
   - Hand out or mail out informational postcards, reminders, and/or stickers for the children
   - Email or phone parents prior to their child’s well-visit with information about the WVP and reminding them to complete it
   - Verbally tell parents about the WVP when they are in the office for other visits

   Included in this toolkit is a poster, a postcard, both e-mail and spoken scripts, and stickers that you can choose to use as-is or tailor to your own practice (see Appendix A).

2. Remind parent to complete the tool prior to their visit. You may want to link to the Well-Visit Planner from your practice’s website; suggested text for this is included in Appendix A. Be sure to compose the reminder e-mail “Subject Line” such that parents feel compelled to open the e-mail rather than just labeling it a “Reminder”—otherwise parents may not open the e-mail with the link to the WVP website.

3. Remind parents to bring in their personalized Visit Guide or provide them with a secure e-mail to send it to you prior to their visit. If you email or call parents to remind them about their visit, consider using this as an opportunity to also remind them to bring in their Visit Guide. If you can, please provide your patients with a secure email. This will allow them to save their Visit Guide and send it to you prior to the upcoming visit. The Visit Guide contains important information about parent priorities and key risks and other issues requiring discussion during well-visits.

4. When eligible parents arrive for their child’s visit, someone at the front desk asks if they completed the WVP and if they emailed or have the hardcopy of their Visit Guide (click here to see example 4 month Visit Guide).
   - If no, you can ask parents to complete the WVP in the waiting room (if you have a computer kiosk with printer), or to complete the Shared Encounter Form (the abbreviated paper-pencil “version” of the WVP), if you have chosen this as your back-up method. More information about the Shared Encounter Forms is available on the WVP Provider Portal.
   - If yes, make a photocopy of the Visit Guide for the physician, nurse or MA (or, based on your visit flow, the photocopy can be made by the MA/RN after entering exam room) and place a copy in the child’s chart. (If future EHR integration options for the WVP are employed, this step will not be required.)

5. The nurse or medical assistant reviews the Visit Guide and discusses any topics with parent that they can cover, asks further or clarifying questions and makes notes for the provider.
6. Provider reviews copy of Visit Guide before and/or during the visit. They discuss pertinent topics with parents and provide needed follow-up.

- Provider reminds parents to complete the WVP before their child’s next well-visit, if applicable—taking care to explain that EVERY visit is different so they need to complete it before each visit, even if those visits are held closely together in time (e.g. 4 and 6 month visits)

7. Perform Plan-Do-Study-Act (PDSA) cycle. If you have decided to pair the WVP with the PHDS, a Quality Measurement and Improvement tool (see Appendix C), you will want to administer the PHDS before implementation of the WVP and after 2-6 weeks to assess how the implementation is going. Then assess and address any issues or areas of improvement. Revise your process as needed. For more information about the full PDSA process, please visit the Institute for Healthcare Improvement's Plan-Do-Study-Act (PDSA) Worksheet.

- **Plan:** Before implementing the WVP, measure the value and relevance of the WVP by distributing the provider survey, conducting practice team focus groups, and assessing office work flow and process. Please note these are example materials and may require adaptation to make them appropriate for your clinic. Follow Step 2 above to engage and train your staff, create a timeline, etc.
- **Do:** Follow all the steps outlined in Step 3 and utilized the materials provided in Appendix A.
- **Study:** Administer the provider survey as well as the quality measurement and improvement tool, the Promoting Health Development Survey, before and 2-6 weeks after implementing the WVP. View example PHDS Provider Quality Report.
- **Act:** Take feedback and learning from your patients and staff, discuss and then implement changes or adaptations that may need to be made to better utilize what the WVP has to offer.

**Tips for Maximizing the Impact of the WVP**

*Build trust, don’t leave parents stranded.* If you invite parents to complete the WVP online tool, make sure you follow up and use their Visit Guide during the visit. You can also encourage participation in the WVP by doing small things like handing out stickers to children of parents who completed the WVP prior to their child’s visit (see Appendix A for stickers we used during development—children loved them!). You may also want to set up a system where parents can give feedback on the WVP and what they think of the changes it has spurred in your clinic. We have model questions to consider asking parents if you are interested in getting their feedback (see Appendix A).

*Plan in advance and work together.* As observed during testing of the WVP, its use in your clinic may bring up parental concerns (like psychosocial issues and care coordination needs) and free up time during the visit that you are not used to having. Physicians should make sure they know how to follow up for key concerns and alerts in advance and make sure they know how to support and direct parents and provide proper follow-up. It is also a good idea to hold regular meetings where physicians, nurses, medical assistants and other staff can share and learn from one another. The WVP sets the stage for ongoing quality improvement – make sure you have the systems and culture in place where staff and providers openly share tips and suggestions and work together to find solutions for what may not be working optimally.
Ensure you have adequate information and resources to which you can direct parents. The Well-Visit Planner covers many topics that, if answered in a certain way, may require follow-up. In addition to the parent Educational Materials that the WVP provides, we suggest that your clinic gather the following information to be able to direct patients to the proper agencies or organizations for assistance.

Information on local governmental agencies, private business or community organizations that provide assistance for:

- **Mental health** (counseling, resources or support)
  - National Suicide Prevention Life-Line: 1-800-273-TALK (8255)
    - A 24/7 hotline with skilled, trained counselors at a crisis center in your area
    - A website that identifies mental health treatment locations in your state or local community

- **Domestic violence** (shelters, housing, counseling, legal aid, etc.)
  - National Domestic Violence Hotline: 1-800-799-SAFE (7233)
    - A hotline with advocates that provide support and assistance to anyone involved in a domestic violence situation.
    - RAINN is the nation’s largest anti-sexual violence organization.

- **Substance abuse** (counseling, detox, support groups, etc.)
  - Substance Abuse and Mental Health Services Administration’s Helpline: 1-800-622-HELP (4357) (English and Spanish)
    - A 24/7, confidential hotline with information for individuals and family members facing substance abuse and mental health issues.
  - Substance Abuse Treatment locator website: [http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jsp](http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jsp)
    - A website that identifies substance abuse treatment locations in your state or local community.

- **Health insurance** (where to register, patient assistance programs for prescriptions, etc.)
  - Affordable Health Care locator website: [http://findahealthcenter.hrsa.gov/Search_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)
    - A website that identifies local Health Resources and Services Administration health centers. Clinics that provide care, even for patients without health insurance. Patients pay what they can afford, based on their income.

- **Parenting** (classes, education, etc.)
- **Childcare** (certified childcare providers, example state-level childcare site)
- **Education** (Head Start, Early Intervention, Individualized Education Programs (IEP), school districts, etc.)
- **Financial assistance** (for rent, utilities, food, clothes, childcare, school etc.)

* We have included some national resources (phone numbers or websites), but it is important to find local resources and assistance for these issues.
Additionally, we recommend having a list and contact information for:

- Hearing and vision specialists
- Speech and occupational therapists
- Child development specialists and clinics
- Nutritionists
- Pediatric dentists
- Local health departments
- Developmental Disability Services
- Libraries or literacy centers
- Parks and Recreation Department or recreation centers
- Police Departments
- Parenting Education and Stress Management

Many areas have “Community Resource Guides” that compile extensive lists of community agencies with short descriptions of the resources and services they provide. These resource guides are a great place to find much of this information. Most health departments have copies or know how to acquire the resource guides. It is important to provide this information to parents in an easy to understand format. Most agencies have general brochures or flyers that provide the basic information. We recommend having a file of all these resources, flyers, brochures, etc. in an easy to access location to be able to provide parents with these resources during their visit.
Resource Page: Learn, Educate, Implement

Resources and materials are updated on our provider website: Health Care Provider's WVP Resources

Overview Materials

- Getting Started with the WVP Toolkit
- Brief video tutorial of the Well-Visit Planner tools with an emphasis on the public use website
- One page overview of CAHMI’s Well-Visit Planner tools
- Guide to topics and questions asked in the Public Use Well-Visit Planner
- Frequently Asked Questions for Providers
- Bright Futures Manual: The Well-Visit Planner is based on Bright Futures recommendations for the delivery of well-child care. Use these links to access the Bright Futures Manuals for prenatal-11 months, 1-4 years, and 5-10 years.

Presentations

- Orientation Webinar (PDF, PowerPoint, and Video)
- AAP Bright Futures Training Slides (PDF)
- Overview of original WVP study in poster at MCH Epi 2012

Supplementary Materials

- Optional Pre-Implementation Provider Survey to help you collect data regarding pediatric clinicians’ perceptions of their provision of well-child care in their practice, and their knowledge and acceptability of the Well-Visit Planner intervention to be implemented at their site.
- Example Pre-Implementation Focus Group to help design and conduct focus group discussion among your staff.
- Example Questions to Determine Office Work Flow to help you engage your pediatric staff in a discussion about how to improve your work flow and implement the WVP into daily routines.
- Example Visit Guide of the 4 month visit to provide a visual example of what the patient will bring in for the visit.
- Shared Encounter Form (SEF) is the abbreviated paper-pencil back-up version of the Public Use WVP.
- Online Promoting Health Development Survey (PHDS) is a pre/post measure that can be used in conjunction with the WVP to assess quality and content of well-child care provided. Visit the link above and read Appendix C for more information.
  - Example PHDS Provider Quality Report automatically generated from parent responses in the PHDS

These are just a sampling of resource available. For parities interested in conducting research or evaluating the WVP as a quality improvement tool don’t try to recreate the wheel, contact us at cahmi@ohsu.edu to see what else is available.
Appendix A: Materials for Implementing the Well-Visit Planner

Enclosed in this appendix you will find all of the materials that will help you implement the Public Use Well-Visit Planner in your practice. These resources serve as an example of language you should use to describe the Well-Visit Planner to your patients. You may use them as they are or download a zipped folder containing the Word, jpeg and Adobe InDesign copies of the (make sure you have internet connection to properly download the folder). The files found in this folder will allow you to customize the forms to your practice.

1. **Draft Scripts** to Tell Parents About the Online Tool
2. **Draft E-mail Reminder for Parents** to Complete the WVP
3. **Tip Sheet** for the Well-Visit Planner Online Tool
4. Well-Visit Planner **Poster** to remind parents to complete the tool
5. Well-Visit Planner **Postcard** to remind parents to complete the tool
6. Well-Visit Planner **Sticker** for Children
7. Model Questions for Getting **Parent Feedback**
Email

Dear Parent,

Your child is scheduled to see Dr. [provider name] on [visit date] for [his/her] [X]-month visit. Dr. [provider name] has asked us to tell you about a new visit planning tool called the Well-Visit Planner that we would like you to complete before your child’s visit.

To complete this online tool, simply visit the secure website at www.WellVisitPlanner.org.

The tool takes about 10-15 minutes to complete (but you can spend as much time as you’d like on it) and there are three main steps. First, you will answer a short questionnaire about your child and family. Then, pick from several age-specific topics you are most interested in discussing during your upcoming visit. After completing these two steps, a personalized Visit Guide, or summary of your responses, will be automatically created for you. Please print this Visit Guide and bring it with you to your child’s appointment. The Visit Guide will help us meet your needs and have a productive visit. You can also choose to email it to us via our secure server at [email address].

This process helps you prepare for your child’s well-visit and helps us make sure your child receives the best care possible by focusing on what is most important to you and your family. Thank you and we will see you soon!

Signature

Website Link

Parents – we’d like to partner with you to and give your child the best care possible! We are using a new tool called the Well-Visit Planner to get a little information before your child’s visit that helps us focus on what’s most important to you and your family during the visit. If you have a child who is three years old or younger, please take about 10-15 minutes to visit www.WellVisitPlanner.org and complete the step-by-step tool before his or her next well-visit. You are the expert on your child and we can’t wait to hear what you have to say!

In-Person

Our clinic is using a new tool called the Well-Visit Planner to improve the way we provide well-child care. It helps us collect a little information before your child’s visit so that during the visit we can focus on what’s most important to you and your family. Before [child’s name]’s next visit, which will be in about [X] months, please visit www.WellVisitPlanner.org to complete the online tool, which takes about 10-15 minutes. When you are finished, the website will generate a personalized Visit Guide that we’d like you to bring to [his/her] next visit. We will send you an email or phone reminder about one week before the visit. Here is a postcard with the link and more information.
Approximately one week before the child’s well-visit, front office staff can email the parent to remind them to complete the tool. Below is an email template you can choose to use for this purpose.

Dear Parent,

Your child is scheduled to see Dr. [provider name] on [visit date] for [his/her] [X]-month visit. Dr. [provider name] has asked us to remind you to complete the Well-Visit Planner tool before your child’s visit.

To complete this online tool, simply visit the secure website at www.WellVisitPlanner.org.

The tool takes about 10-15 minutes to complete (but you can spend as much time as you’d like on it) and there are three main steps. First, you will answer a short questionnaire about your child and family. Then, pick from several age-specific topics you are most interested in discussing during your upcoming visit. After completing these two steps, a personalized Visit Guide, or summary of your responses, will be automatically created for you. Please print this Visit Guide and bring it with you to your child’s appointment. The Visit Guide will help us meet your needs and have a productive visit. You can also choose to email it to us via our secure server at [email address].

This process helps you prepare for your child’s well-visit and helps us make sure your child receives the best care possible by focusing on what is most important to you and your family.

Thank you and we will see you soon!

Signature
Well-Visit Planner website URL: www.WellVisitPlanner.org

Education website URL: www.WellVisitPlanner.org/Education

For Technical Assistance with the WVP, please contact: cahmi@ohsu.edu or 503-494-1930

Frequently Asked Questions by Parents:

**Why am I being asked to fill out a new pre-visit online tool?**
The health care providers at our clinic are trying to improve well-child care. This online tool will help us focus on topics important to you so we can give your child the best care possible.

**What information is being asked?**
The form asks about questions or concerns you want addressed at the visit and general child and family health issues. Our health care providers will use your responses to focus the visit on your child and the information you would like to receive.

**How long will the online tool take to complete?**
The website typically takes 10-15 minutes to complete. But you can take as long as you’d like!

**Is the information I enter secure?**
Yes! This online tool has gone through a rigorous application process with an oversight council to ensure that information collected and stored is secure and safe. You can learn more about the privacy policies when you visit the website.

**Do I need to complete this tool again? I did it before my child’s last well-visit.**
If you have a child between the ages of 3 months and 3 years you will be asked to complete this online tool prior to each well-visit. The information asked in this tool is **specific to each well-child visit**.

**What if I have two kids that came in for a well-child visit?**
The form is for well-visits for children three years old or younger. If you have two children who had a well-child visit today and they are both three years or younger, then please complete the online tool **once for each child**.

**Why is the online tool only in English?**
The Well-Visit Planner is currently only available in English. A Spanish version will be available in 2013.
How can I give feedback to the people who developed this?
The developers would love to hear and learn from parents. You can give feedback directly to the researchers at Oregon Health & Science University who developed this tool. You can contact them by calling 503-494-1930 or sending an email to cahmi@ohsu.edu.

Who do I contact if I need technical assistance?
If you need help completing the Well Visit Planner or experience any technical problems, you can contact the development team at the Child & Adolescent Health Measurement Initiative at 503-494-1930 or cahmi@ohsu.edu.

I lost my Visit Guide, how do I get it back?
Unfortunately you cannot retrieve the Visit Guide if you didn’t save the PDF to your computer. You will need to complete the tool again.

Can I use the site with a mobile device?
Currently there is no mobile version of the WVP. However, you can complete the WVP from a mobile device using the full website in your web browser.

When should I fill out this tool?
You can complete the tool anytime before your child’s well visit, although you may not want to complete it more than 2 weeks in advance to ensure your concerns and priorities do not change before your visit. Because the questions in the tool are age-specific, you can complete it before each of your child’s well-visits up until his or her 3-year visit.

Will you remind me to fill this out before my next visit?
Yes, we will email or call you before your child’s visit to remind you to complete the tool.
PARENTS

We’d like to partner with you!

If you have a child 6 years old or younger, we will be asking you to complete an online tool prior to his or her well-visits. This will help us focus on topics important to you and give your child the best care possible.

Here is what parents of children 6 years old or younger can expect for well-visits:

Before the visit - at home, online tool

We will ask you to go to www.WellVisitPlanner.org to:

- Answer questions about topics or concerns you want addressed at the visit and general child and family health issues.
- Read educational information about promoting your child’s health.
- Receive a personalized Visit Guide summarizing your priorities to be discussed with your provider.

During the visit - we use your responses

- Our health care providers will use your responses to focus the visit on your child and the information you would like to receive.
- Completing the online tool before the visit will give us more time during the visit to discuss your concerns and your child’s strengths!

After the visit - get information

- You can return to the Well-Visit Planner online tool at www.WellVisitPlanner.org anytime to review the educational information about topics in which you are interested for your child.
- We will let you know when to return to the online tool to prepare for your child’s next well-visit.

www.WellVisitPlanner.org

Thank you for partnering with us!
Parents: We’d Like Your Help!

Our clinic is working on partnering with you to improve how we provide well-child care. If you have a child 6 years old or younger, please complete a brief online tool at www.WellVisitPlanner.org prior to his or her next well-visit. This tool helps you prepare for the visit and helps us make sure we meet the needs of your child and your family.

www.WellVisitPlanner.org

How it Works:

1. Go to www.WellVisitPlanner.org anytime before your child’s well-child visit and complete the step-by-step tool, which takes about 10-15 minutes. Along the way, you can read a variety of educational information.

2. After completing the tool, you will receive a personalized Visit Guide. Bring this Visit Guide to your child’s next visit; you can also email it to us via a secure server.

3. Revisit the site at any time to get educational information & tips from national pediatric experts.

Thank you for partnering with us!
Well-Visit Planner Sticker for Children

Star Patient!

Star Parents!
Take the Survey!

WellVisitPlanner.org
## General questions/comments/concerns:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which visit did you complete (e.g. 4 month, 15 month, 2 year, 5 year)?</td>
<td></td>
</tr>
<tr>
<td>How would you describe the online tool to one of your friends?</td>
<td></td>
</tr>
<tr>
<td>What parts of the tool were most valuable to you and why?</td>
<td></td>
</tr>
<tr>
<td>What parts were confusing and why?</td>
<td></td>
</tr>
<tr>
<td>Was it easy for you to begin the first visit session in the online tool?</td>
<td></td>
</tr>
</tbody>
</table>

## The Pick Your Priorities Section:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you remember about this section? What do you think the goal was?</td>
<td></td>
</tr>
<tr>
<td>Did you like picking your priorities for the visit?</td>
<td></td>
</tr>
<tr>
<td>What topics did you pick and why? What issues are you or were you imagining having in regards to the topics you chose?</td>
<td></td>
</tr>
<tr>
<td>Did you feel like you were able to pick as many topics as you wanted to? Whether yes or no, why?</td>
<td></td>
</tr>
<tr>
<td>Did you read the education text? It was the blue “i” (for info) button next to every priority…</td>
<td></td>
</tr>
<tr>
<td>Did you have any of your questions answered after reading the education text? Please explain.</td>
<td></td>
</tr>
</tbody>
</table>

## Visit Guide

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you remember about this summary/Visit Guide? Was it clear? How would you use it?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Overview of Requirements and Process to Import Parent Information from the Well-Visit Planner Directly into the Electronic Health Record Prior to the Well-Child Care Visit

Is EHR Integration Right for You?

After implementing the public use WVP in your practice, you may want to consider integrating WVP responses with your practice’s EHR system. As you read in the Getting Started Toolkit, EHR integration is one of several exciting options for customization of the WVP. The following options are available for tailoring the WVP to your clinic.

1. **The Public Use Well-Visit Planner (www.wellvisitplanner.org)**
2. **Basic Site-Specific Options**
   - Site specific URL (e.g. MyClinic.WellVisitPlanner.org)
   - Site logo and contact information on website
   - Summary reports or full datasets containing WVP responses from your patient population
   - Some tailored content where allowable; including links to external developmental screening tools
3. **Enhanced Site-Specific Options**
   - Receive parent responses and Visit Guides automatically via secure email (as PDFs)
   - Integrate parent responses directly into electronic record fields

The first step is to determine if EHR integration is an option for you; use the decision tree below.

![Decision Tree Diagram]
General Process Flow for EHR Integration Development and File Transfers

Considerations and Tasks to Consider During Development (Prior to Any Data Transfer)
1. Determine what content from the WVP you would like to have sent to the child’s EHR
2. Update EHR forms to account for any new content coming from the WVP. This requires consideration of design, placement, formatting and updated specifications for the EHR file.
3. Set up automated connection between the EHR and the WVP
   a. Receipt and processing of the standardized clinical data file (HL7, ICD-9, LIONC, SNOMED, etc.)
   b. Set up the ability to import PDFs directly into the EHR, if you choose this option (may require development of custom software for this purpose)

Online Tasks (repeated tasks, part of business-as-usual; examples from a previous implementation)
1. Parent completes WVP tool online
2. Upon completion of WVP tool, the WVP application generates the transfer files [standardized clinical data file(s) and/or PDF file(s)] and puts them in the FTP folder on the CAHMI server for transfer
3. A server-based batch file operates at to-be-determined time intervals, which transfers the FTP folders via winSCP (a free software program)
4. The clinic servers at the receiving end receive the standardized clinical data file in their FTP folder
5. The clinic uploads the standardized clinical data file(s) and/or PDF file(s) into the EHR (as defined in the setup task)
The diagram below shows the steps for importing data into the EHR and where each step takes place.

**Things that Make EHR-Integration Easiest:**
- Having an EHR that can easily implement the import of PDF documents
- The ability to run a script on the clinic's receiving-end FTP server (which receives the standardized clinical and/or PDF data files) which automatically imports the data into their EHR
- The ability to screen out duplicate files during this process (not a regular occurrence but it’s helpful if it can filter)
- Have a definite plan of how you’d like to see your EHR forms change to accommodate your goals
- Assess your ability to easily modify the EHR forms to accommodate the new content coming in from the WVP website.
Visual Example of How the WVP Populates the EHR
The following visual from the original study with the Well-Visit Planner helps demonstrate how the EHR will look when integrated with the WVP (please note that information presented below is an example of some field from the 4 month visit and thus is not exhaustive).
Appendix C: Pairing the WVP with Quality Measurement Using the Promoting Healthy Development Survey (PHDS)

The Promoting Healthy Development Survey (PHDS) is a parent survey that assesses whether young children (3-48 months old) are receiving nationally-recommended preventive and developmental services. It can be paired with the WVP for quality measurement in your practice.

The PHDS captures information about the provision of preventive and developmental services recommended by the American Academy of Pediatrics and the Maternal and Child Health Bureau's Bright Futures Guidelines. Specifically, the survey assesses recommendations provided in the context of discussions between parents and their children's pediatric clinicians. The PHDS also collects descriptive information about child health, parent health, and family behaviors.

The PHDS was designed to measure these communication-dependent aspects of care because studies have shown that medical chart reviews, claims and billing data do not reliably or validly measure clinical recommendations that providers discuss with their patients. A second goal of the PHDS is not only to assess whether recommended care was provided, but also to measure the degree to which the parent has their informational needs met and whether the care provided is family-centered. Again, these important characteristics of a high-quality health system are best measured by asking the parent(s) directly.

The PHDS has been endorsed by the National Quality Forum as a valid measure for system, plan and provider-level assessment of patients' experiences with preventive and developmental health care.

The PHDS can generate aggregated data reports on your patient population. Please follow link for an Example Provider Report with Quality of Care Findings.

For more information about the PHDS, visit the CAHMI website. CAHMI staff is available to help you determine how you can use the PHDS to quality measurement in your practice.