Well-Visit Planner Implementation Toolkit

Engaging Parents as Partners to Customize and Improve
Well-Child Care for Young Children and their Families
www.WellVisitPlanner.org

What's In the Toolkit:

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Intended audience:

Healthcare providers, community healthcare professionals such as Head Start/Early Head Start staff members, Quality Improvement coordinators.

I. About the Well-Visit Planner

The Well-Visit Planner (WVP) is a free website and tool (www.wellvisitplanner.org) for parents to use prior to their child's well-visit. It is a family-centered quality improvement method that helps parents identify priorities and issues to discuss with their child's provider. The WVP engages parents with age-specific questions, and interactive materials anchored to Bright Futures Guidelines, a national health promotion and disease prevention initiative led by the American Academy of Pediatrics that addresses children's health needs in the context of family and community.

The WVP tool generates a customized visit guide to help parents communicate effectively and to help provider's optimize time spent in the visit addressing priorities, concerns and other issues specific to the child and family. The WVP is available in English and Spanish for the 4, 6, 9, 12, 15, and 18 month well-visits and the 2, 3, 4, and 5/6 year well-visits. The WVP is designed for pediatric practices and community settings (such as Early Head Start, Head Start, Healthy Start, or school-based health centers). Practices and organizations around the country are using the WVP with their families today.

Why Engage Parents in Well-Child Care?

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. To improve the quality of care national health policy directives, such as the "Meaningful Use Standards" from the Office of the National Coordinator for Health Information Technology and Maintenance of Certification (a part of the requirements from the American Board of Pediatrics) encourage and incentivize the implementation of evidence-based, easy-to-use tools like the WVP that actively engage parents as partners.

Development, feasibility and what parents are saying

How the Well Visit Planner was developed

The WVP tools were developed and tested by the Child and Adolescent Health Measurement Initiative (CAHMI) through a grant from the federal Maternal and Child Health Bureau (R40 MC08959 03-00; 2008-2012). Its continued development and implementation is supported by the CAHMI, volunteer advisors, and through support from HRSA/MCHB through Cooperative Agreement U59-MC06890.

National experts, families and pediatric physicians collaborated in the development and testing of the WVP tools to make sure the tools would work well and ensure that the tools would improve as much as possible the quality and efficiency of the well-child visit for parents, children and provider teams alike.

What parents are saying about the Well Visit Planner

Testing of the WVP documented improvements to health care provider office workflow as well as patient engagement, experience, and quality of care. For example, over 92% of the 3000 parents included in the initial testing reported that the tool: 1) was 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) would be recommended to other parents.

The Well Visit Planner is nationally recognized

The WVP was recognized in the Health 2.0/Academy Health 2012 Relevant Evidence to Advance Care and Health (REACH) competition and has relevance for meeting Meaningful Use and physician Maintenance of Certification requirements.

II. How the Well-Visit Planner Works

Parents of young children visit the Well-Visit Planner website and take about 10 minutes to complete three simple steps before their child's age-specific well visit:

Step 1: Answer a Questionnaire

Examples of Content:

- Strengths and positive observations about child and parenting
- Child health, including concerns about functioning, feeding, immunization reactions, medications and supplements.
- Family and child environment, including recent changes, stressors, family medical history, secondhand smoke, parental coping & depression
- Developmental surveillance and questions
- Identification of children with special health care needs and provision of developmental screening
- Relationship to child, geography, insurance, and more

Step 2: Pick Your Priorities

Age-specific topics parents can choose from and get more information about, such as:

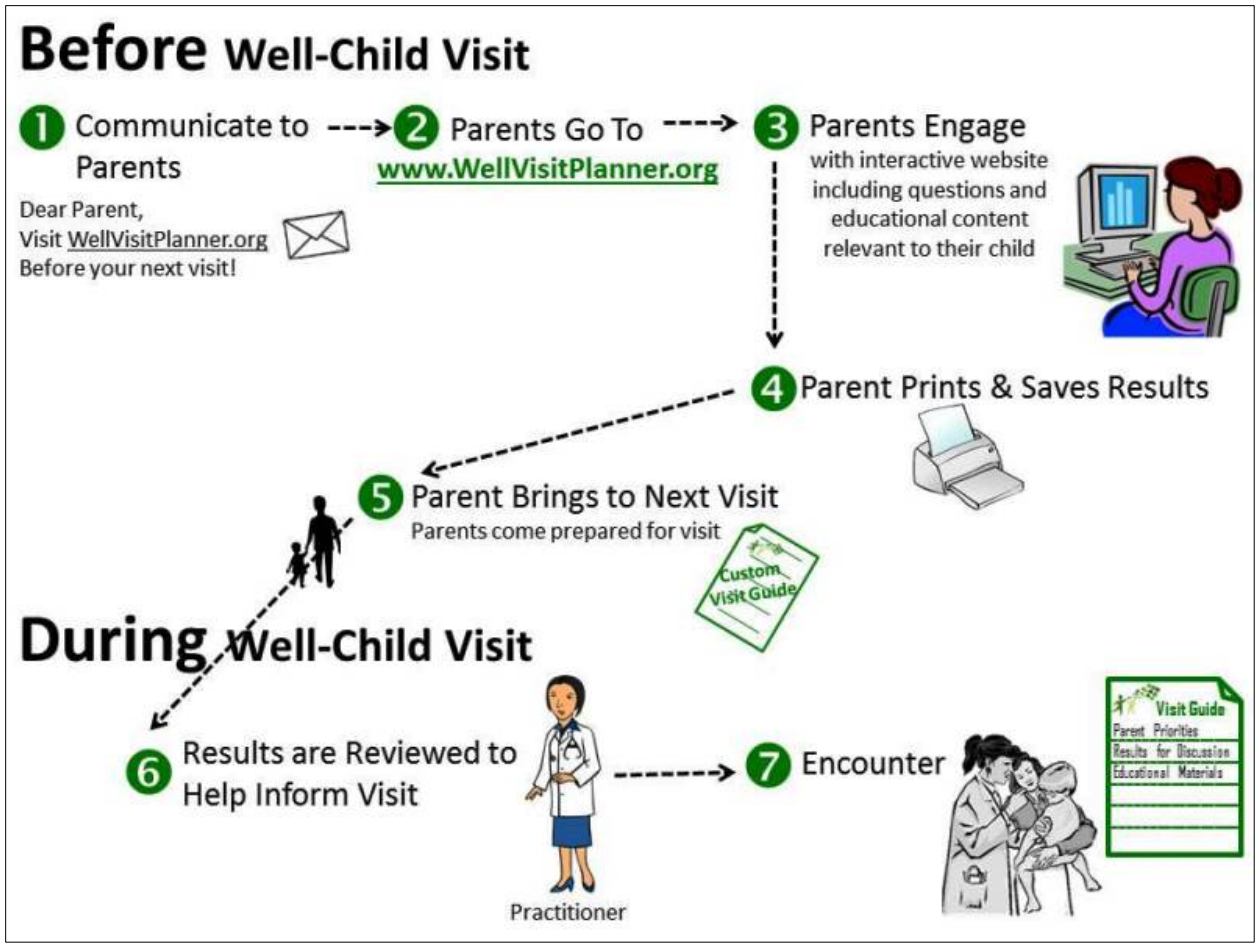
- Family functioning (balancing parent roles and childcare, family support, cultural beliefs about child-rearing, etc.)
- Nutrition and feeding choices
- Establishing routines
- Behavior and development
- Language development
- Toilet training readiness
- TV watching and other media
- Guidance and discipline
- Sleep patterns and issues
- Domestic violence
- Oral health
- Safety concerns

Step 3: Get Your Visit Guide

The Visit Guide includes:

- Summary of responses that are important to raise with child's provider
- Selected "Priorities" as well as sample questions parents can ask about the priorities
- Space to write in additional questions

Sample Intervention Diagram



III. Preparing for WVP Implementation

Engaging your team in a decision to employ the Well-Visit Planner (WVP) is the first and most important implementation step. Solid buy-in from staff is essential to every aspect of implementation. For many Head Start agencies, this type of direct, hands-on patient and provider engagement activity may generate concerns about impact on time, capacity to respond to issues parents raise, and ensuring effective follow-up on issues raised by parents when completing the WVP tool.

Below are ideas for effectively preparing and educating your team about the WVP and ways to address common questions to help the process go as smoothly as possible. Keep in mind, initiating any new process is a change, and all change requires new learning and tolerance for temporary uncertainty.

Steps to Implementing the Well-Visit Planner

Once you have decided to implement the WVP, there are a number of steps that can help prepare your staff for this activity:

1. Identify which organizational model(s) is/are most appropriate for family engagement;
2. Identify key people and establish a leadership team to champion the WVP implementation;
3. Create an "implementation map" – a schedule and timeline of activities, accompanying documents, and leadership team assignments;
4. Assess your organization's readiness to implement the WVP;
5. Prepare your staff for WVP implementation;
6. Monitor, track, and evaluate the implementation process.

Each of these activities is discussed in more detail below.

Time and Resources Needed to Implement the WVP

Time: One to two months should be allocated for learning about and preparing staff to implement the WVP. This may vary depending on the size and complexity of the agency or setting. The time required will also depend upon whether or not the WVP will be implemented in multiple settings (e.g. home visits, center-based visits or a combination of the two) and upon the level of engagement by pediatric healthcare professionals to ensure well-visits are scheduled and parent WVP visit guides are transferred prior to a child's scheduled well visit.

Cost: There is no cost to use the WVP outside of the time needed to train staff, print additional materials for trainings, and prepare the program facility for implementation.

Resources: Your WVP Toolkit includes a number of resources that will assist you in working with your leadership team and staff. These include:

1. WVP Implementation Toolkit;
2. Staff and Family Engagement Slideset (Power Point Presentation);
3. HS/EHS Staff Questions About Using the WVP;
4. WVP Guide to Topics and Questions
5. Fast Facts for Families;
6. Family Engagement Scripts;

7. Paper copies of the WVP;
8. Posters and postcards in both English and Spanish; and,
9. Access to the Child and Adolescent Health Measurement Initiative (CAHMI) and WVP websites.

Assistance: Should you have any questions about the WVP, please visit the website: www.wellvisitplanner.org or email the Child and Adolescent Health Measurement Initiative (CAHMI) at: info.@cahmi.org

STEPS TO IMPLEMENTING THE WELL-VISIT PLANNER

Step #1: Choose the Best Method for Family and Provider Engagement at Your Center

Head Start and Early Head Start (HS/EHS) agencies vary in how they deliver services and how they interact with families. Some organizations are center-based and families come to them, while others reach families primarily through home visits; or they may use a combination of strategies. There are three HS/EHS Delivery Models to Consider

1. Center-based: A center-based model would consist of parents going to the HS/EHS center and completing the WVP at the center using a computer, iPad or laptop, etc. Ideally, a health service coordinator/ manager, or family service worker would go through the WVP with the parent.
2. Home visit: A home based model would consist of the WVP being completed by parents with assistance from home visitors in the parents' home.
3. Independent: In an independent model the parent would complete the tool on their own. The HS/EHS staff could then discuss the results with the parent either at the HS/EHS center or in the parents' home, depending on in which model of HS/EHS the parents' child is enrolled.

The WVP Toolkit contains additional information about how to implement the WVP based on these three models as well as information specifically on issues that may arise when implementing the WVP through home visits (see Section IV: Implementing the WVP in a Head Start/Early Head Start Program). It will be helpful to assess family readiness to use the WVP and determine whether the online tool or paper version is most appropriate and how best to interface with providers.

Family Engagement: Families vary in their level of engagement regarding their child's health as well as their access to and comfort with computers. The WVP is best used as an online tool, but this may not be appropriate for all sites or all families. A paper and pencil version is available. Regarding how families interface with providers and depending upon the population served at the HS/EHS agencies, staff may find that families have varied perspectives on how best to interact with healthcare providers, what is appropriate to ask, and what information is or is not appropriate to discuss with providers. Additionally, language may be an important issue for engaging families and providers. Cultural attunement to these issues will play an important role in the success of engaging families to use the WVP. Resources on this topic may be found at ACF's National Center for Cultural and Linguistic Responsiveness website (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic).

Provider Engagement: HS/EHS agencies have a variety of arrangements for interfacing with providers, from co-location to intermittent, as needed communication. Regardless of the arrangement, the WVP can be used as a tool to bridge the gap and help build relationships with providers. However,

introduction of the WVP may raise concerns by all parties – staff, parents and providers, so care should be taken to identify potential challenges and barriers and trouble-shoot these issues prior to implementation.. It will be helpful to determine if you will share the WVP results before the well visit; this will depend on family preferences and feasibility. There is also a section in the WVP Toolkit that addresses collaboration with providers (see Section V: Implementing the WVP: Lessons from the Field).

Step #2: Develop Your Leadership Team

The second step in the implementation process is to identify key people and establish a Leadership Team that will lead the implementation of the WVP at your site. This team will be called on to champion the WVP tool, ensure that staff are trained on the use of the WVP (perhaps using a "Train the Trainer" model), and be a resource for trouble-shooting implementation issues. The Leadership Team will also provide a support system for implementation to ensure its success at your Head Start Center. The staffing structure of every head start organization is different, so key members will vary based on different circumstances. The leadership team might include such individuals as: (1) the health services manager/coordinator, (2) the family service manager/coordinator; (3) the family service worker; (4) a home visitor; (5) a teacher; and/or (6) a parent representative. In addition, engaging your program governance, such as the HS/EHS Health Services Advisory Committee, in a decision to employ the WVP may also be useful.

In developing this team, you will want to familiarize the group, either through individual or group meetings, with how the WVP works; what are the benefits of the WVP to families, children and your HS/EHS center; explore the team's concerns; and identify potential implementation challenges as well as solutions to those challenges. Through this process, the goal is to secure buy-in from the leadership team and make sure everyone on the team is enthusiastic about and familiar with all aspects of the WVP. This Pre-Implementation Guide, the WVP Toolkit, and other resources such as presentation slides and other materials are available to assist in communicating with your team (see WVP Toolkit, Implementation Resources). An example of an introductory meeting with your leadership team might be as follows:

Meeting #1: Introductory Presentation for the Leadership Team

- Invite key staff members and present an overview of the WVP, drawing upon the *WVP Overview Slideset* and other materials described in the WVP Implementation Toolkit and other implementation resources.
    - Prior to the meeting, ask each attendee to read Sections I and II of the WVP Implementation Toolkit**.**
    - If time permits, it might also be useful to ask them to visit the WVP site and try out the tool (www.wevllvistiplanner.org).
- Describe the WVP and demonstrate how it works using the online tool.
- During the meeting, have discussions about:
    - Why you want to implement the WVP in your HS/EHS program. What direct and indirect benefits might result, including improving efficiency and effectiveness of family/patient encounters, such as HS/EHS center and home visits, meeting parents' priorities, identifying what parents want to discuss, and engaging parents more directly.
    - How will the staff perceive the value and impact of the WVP as well as any concerns they might have. These could include working with the WVP in a child care setting or classroom, case management, work flow, relationships with healthcare community, demonstrating

performance improvement, or meeting performance standards and other goals for funding agencies.

- How the WVP can fit into your existing well-child visit flow. Use the Sample *Pre-Implementation Focus Group Guide* (see Appendix A: Implementation Resources for the WVP) to help determine work flow improvements and how to integrate the WVP
- What resources are available and are needed to support implementation.
- How might parents react and feel about being asked to use the WVP and ways to optimize their involvement. Especially note the importance of staff and pediatric health professional buy-in and support to achieving parent participation.
- Potential barriers to the WVP implementation process and recommendations for rolling out the tool (e.g. in phases, with a subset of parents and/or pediatric health professionals, etc.)

During the meeting be sure to solicit feedback from your team on excitement, reservations, and general questions and end the meeting with a list of what there is to learn and gain by continuing the process for implementing the WVP. Sometimes, just one staff member may have already tried the WVP with a few families. They can then report on ease of use, strengths, possible issues, and proposed solutions at the meeting. There are big advantages to having a small sample group try out the WVP first:

- Get initial buy-in from the Leadership Team, which will help generate enthusiasm and buy-in from the staff;
- Get participants excited after hearing initial results;
- Help alleviate concerns;
- Identify potential pitfalls and generate solutions prior to full implementation.

This same process will be used with all the Head Start staff when you begin full WVP implementation at your center (see "Step #5: Working with Staff" below)

Step #3: Create an "Implementation Map"

Next, you will want to develop with your team a map and timeline of WVP implementation activities. The "Implementation Map" is a schedule of all activities, meetings, and trainings that are needed to fully implement the WVP. Additionally, the map should include a list of resources and documents that accompany each activity (if relevant) and the name of the leadership team member(s) responsible for carrying out the activity. This process helps promotes teamwork and accountability to a successful implementation. (See Pre-Implementation Guide: Attachment A, available for download with this Toolkit on www.cahmi.org).

Step #4: Assess Your Organization's Readiness to Implement WVP

Engage your leadership team in assessing the extent to which your HS/EHS is ready to implement the WVP. The purpose of this assessment is to identify potential issues and give your team time to create solutions and address these issues before the WVP is fully launched with the staff. This will help ensure that the implementation process is smooth, efficient and successful. The HS/EHS implementation readiness assessment includes a number of steps:

- Assess the current level of and issues with family engagement (for more information and tools for family engagement see also the Head Start Technical Assistance Centers: National Center for Parent, Family and Community Engagement http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family or the Head Start National Center on Health/Health Literacy and Family Engagement

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/health-literacy-and-family-engagement.html)
    - What are the current issues with family engagement in your agency?
    - What are the interfacing issues of the WVP, cultural sensitivity, and family engagement? What might need to be in place to facilitate implementation of the WVP in a culturally sensitive way?
    - Identify existing challenges and potential solutions.
- Assess staff readiness and determine how WVP implementation will fit into the agency's work flow
    - Who (and how many staff) will be using the WVP?
    - What if any issues or resistance from staff do you anticipate? (see HS/EHS Staff Questions About Using the WVP)
    - What are the potential issues for work flow?
- Identify technology issues
    - What technology issues are present at your HS site?
    - What technology issues are likely to be present for your families?
    - Which version of WVP will work best for your families?
- Assess provider engagement
    - What processes are currently in place to communicate with providers?
    - What, if any, processes need to be added or changed to ensure that both you and the providers receive a copy of the WVP (or at least promote this happening)?

Step #5: Work with Staff to Implement the WVP

Prior to implementing the WVP, a meeting or a series of meetings may need to occur to discuss the work flow and cultural changes that will be taking place. For these meetings, consider the following:

Meeting #1: Introduction to the WVP
This meeting should follow the same protocol as Meeting #1 with Leadership Team – see above.

Meeting #2: Staff Focus Group
Use the *Pre-implementation Focus Group Guide* (see Appendix A: Implementation Resources for the WVP) to help generate discussion and feedback. These can be adapted to your site. At the focus group, participants will discuss 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
Additional, ongoing discussion to address concerns and questions may be required, but eventually the staff will require training on how the program will implement the WVP. Have staff practice with each other to engage families to use WVP. Suggestions for implementation can be found in Section IV: Implementing the WVP in a Head Start/Early Head Start Program.

Step #6: Monitor and Evaluate the Implementation Process

To determine how the implementation process is going, it will be helpful to develop a tracking process and evaluation tool. The Implementation Map will have a list of activities, documents and staff assignments and can be used to track implementation success. It will also be helpful to use the WVP Tracker (see Pre-Implementation Guide, Attachment B: Well-Visit Planner Tracker, available for

download with this Toolkit on www.cahmi.org) to determine how many families are using the WVP and what issues are arising. Issues can be discussed at Meeting #3 and other staff meetings to trouble shoot and revise processes as needed.

Summary Checklist of Items Needed for WVP Implementation

- ☐ A leadership team that feels family engagement and partnership is critical
- ☐ Fostering an environment that enhances family engagement in health services
- ☐ 1 to 2 months to plan for and prepare implementation into your program
- ☐ 1 Leadership team and 3 staff education and planning meetings
- ☐ Implementation map
- ☐ Organizational readiness assessment
- ☐ WVP Tracker
- ☐ Nominal printing costs

IV. Implementing the WVP in a Head Start/Early Head Start Program

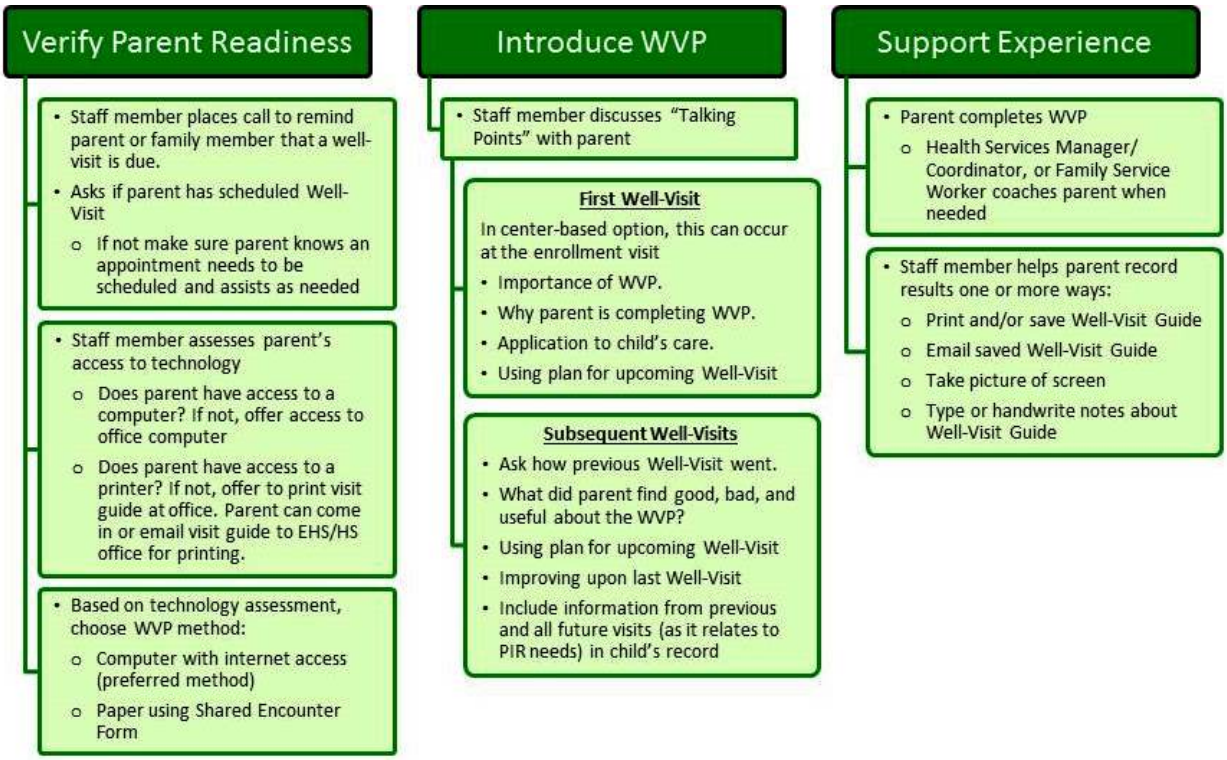
After completing your preparation, you are now ready to implement the WVP in your program. The recommendations and resources listed below are ***suggestions*** based upon our experience to date talking to HS/EHS programs. Every program is different and will likely need to develop their own unique method of implementing the WVP that fits with their own structure and workflow. You are welcome to use any of the resources we provide directly (as is) or with your own modifications.

CAHMI staff is available to provide support and answer questions (see Appendix D: How to Contact the CAMHI for Technical Assistance). We also seek to partner with all users to learn and continuously identify and improve implementation guidelines and models.

Sample Workflow to Implement the WVP in a HS/EHS Program

Three HS/EHS Delivery Models to Consider

1. Center-based: A center-based model would consist of parents going to the HS/EHS center and completing the WVP at the center using a computer, iPad or laptop, etc. Ideally, a health service coordinator/ manager, or family service worker would go through the WVP with the parent.
2. Home visit: A home-based model would consist of the WVP being completed by parents with assistance from home visitors in the parents' home.
3. Independent: In an independent model the parent would complete the tool on their own. The HS/EHS staff could then discuss the results with the parent either at the HS/EHS center or in the parents' home, depending on in which model of HS/EHS the parents' child is enrolled.



Key factors to consider for implementation

There are many factors to consider that will determine how an individual HS/EHS program implements the WVP into its daily activities. Below is a list of the biggest factors to consider that influence how the WVP will fit into your program, as well as how it will inform the different implementation models:

Considerations

1. *Access to the internet/technology:* How will technology access of staff members and parents affect how the WVP will be delivered? Will a paper-based well visit planner (Shared Encounter Form) work better than a web-based version? Note: The WVP tool is easily used with an iPad or similar device. How will results of the WVP be documented, accessed and stored? Who will have access? Will it require special permissions, software or technology?
2. *Length of time to walk through tool with parent:* How will the time it takes to walk through the WVP be integrated into existing meetings with parents? Can doing so take the place of other activities and discussions? How might the use of the WVP enrich time with parents?
3. *Who will be interacting with the parents*: Who is the best equipped (e.g. home visitor, family service worker, teacher)? Who is most readily available? What skills are needed to engage parents?
4. *Identifying dates of future well visits:* How will scheduled well-visit appointments be kept track of? How will parents remain engaged over time? Whose responsibility is this?
5. *How to engage pediatric healthcare professionals:* Will the customized Visit Guide for a child's well visit to the pediatric healthcare professional be sent prior to a visit (e.g. faxing, electronic delivery) or will parents simply be coached to bring the Visit Guide themselves and take the lead in engaging the pediatric healthcare professional using the Visit Guide?
6. *Maintaining children's privacy:* If the Visit Guide is to be delivered to pediatric healthcare professionals in some way, how will information linking the Visit Guide to the child/family be protected? Will this require a Memorandum of Understanding or other type of agreement with pediatric healthcare professionals, etc.?
7. *Ensuring Follow-Up:* How involved will HS/EHS staff be in follow-up from well visits to ensure key issues are/were addressed and appropriate follow-up secured? How might action steps identified by the provider be supported by the community program staff?
8. *Building the credibility of home visitors for EHS programs*: How will the use of home visitors in facilitating well child care to pediatric healthcare professionals be promoted and encouraged? How could training be standardized in such a way that licensures or certificates could be provided?
9. *Methods of training staff:* What methods of training will be used to train staff (e.g. online interactive courses, reading, etc.)? How will the benefits of using the WVP be emphasized?
10. *Educating parents on tool's benefits:* Educating the parents will allow them to be an advocate for their children's health. What will the best methods be to accomplish this?
11. *Primary language:* How will the HS/EHS program work with those whose first language is not English or Spanish?

Below is a more detailed look at the implementation considerations and how they will affect the use of the WVP in each of the WVP delivery models:

Checklist of Items to Review Before Implementation Begins

Implementation Considerations	Center-based	Home-based	Independent
Staff-parent interaction: assess which HS/EHS staff will be interacting with the parent to complete the WVP	*Health services coordinator*/manager, or family service worker will most likely talk to parent	*Home visitor* will most likely talk to parent; possibly family service worker	*Parent will complete the tool* on their own and then meet with the staff of their respective program--either center-based or home-based
Assess time commitment to complete tool: the amount of time the parent has to go over the WVP will factor in to which version of the WVP is used	*Center and home-based models* will consist of the parent completing the WVP with an HS/EHS staff member. This process will take a little longer than if the parents complete it independently prior to the visit.		*An independent-based model* consists of the parent completing the WVP on their own, and then going over the results with an HS/EHS staff member. This will take less time because the tool has already been completed.
Assess technology access: technology availability will dictate the way the WVP is completed	*If access to electronic devices is available*, such as a computer, tablet, or laptop, the online version of the WVP should be used to provide a more comprehensive Visit Guide for the parent. *If access to technology is limited,* the paper Shared Encounter Form can be used to create a short well visit plan.		
Identify visit dates: determine how to ensure well child appointments are maintained, while not disempowering the parent	*HS/EHS staff will remind parents* when they need to schedule a well visit for their child and assist the parent with making that appointment, if necessary. *Staff may ask at visits* with the parent when their child's next visit is scheduled to determine when it is time to go through the WVP tool.		
Provider Involvement: determining if you will share the WVP results before the well visit will depend on preferences and feasibility.	*If technology allows,* the WVP Visit Guide could be printed and faxed/mailed to the healthcare professional, or scanned and emailed. *If a copy cannot be sent to the healthcare professional/the parent does not wish to*, the parent could just bring a printout of the Visit Guide to the well visit or take notes on a piece of paper, outlining the results received from going through the WVP.		
Maintaining privacy: privacy of the children's information is very important and the WVP takes steps to address this.	*No information is saved after exiting* out of the WVP and no information can be retrieved. The identifying information asked about on the WVP is not stored and includes information required to assign each child the appropriate well visit content and to place the child's first name on the Visit Guide (e.g. child's first name, birth date, and visit date).		

Implementation Considerations	Center-based	Home-based	Independent
Pediatrician-parent contact: assess the role of HS/EHS in communication between the pediatric healthcare professional and the parent regarding the care of the parents' children.	*It is important to work towards empowering and educating parents* so they can be their children's health advocate. HS/EHS programs must assess what the appropriate role is in ensuring effective communication with pediatric healthcare professionals about results of the WVP and ensuring effective care and follow up. *Staff may have a discussion* with the parent about the visit and the parents will talk to the pediatric healthcare professional if they have any questions. The model used may vary from child to child.		
Staff training: identify which methods of training will work best in your organization.	*The toolkit provides an example method for training staff*. This includes three meetings that will introduce staff to the idea of the WVP and how it works, go through the actual workflow of the WVP, and provide implementation training. The toolkit provides meeting outlines and links to outside resources that can be used to facilitate training. *Larger programs may opt to develop their own internal training program*, or use some form of online interactive training, independent of this implementation toolkit's suggestions.		
Educating parents: determine methods of educating parents on the merits of the WVP tool.	*Staff should assist parents* in completion of the WVP, rather than do the tool while the parent watches. The staff should also explain the importance of the tool and why it is beneficial to use it. *The goal is to provide knowledge* to the parents to be able to complete the tool on their own, understand the results, and be motivated to not only complete it, but share their knowledge and encourage others to use the tool.		
Language and culture: it is important to assess the language and culture differences that exist in your HS/EHS population, as this will affect the tool's delivery.	*Understanding the target population* who will be using the WVP tool is important to get the most benefit out of the tool. *Think ahead* to determine if some people need to be trained in how to use the Spanish language version and if there are certain cultural sensitivities staff should be aware of when administering the tool to different people.		

Steps and Ideas to Implement WVP

1. **Communicate upcoming changes to visit flow with parents.** Options include:
   - Post informational posters in exam and waiting rooms, in the community encounter settings and/or during home visits.
   - Hand or mail out informational FAQ, postcards, reminders, and/or stickers for the children.
   - Email or phone parents prior to their child's well-visit with information about the WVP, reminding them to complete the tool online.
   - Verbally tell parents about the WVP when they are at the HS/EHS center and/or during home visits.

   Printable Family Engagement Materials are included in Appendix B: Family Engagement Materials. These include informational FAQ, posters, invitation postcards, email and spoken scripts, and stickers (if this is a method you intend to use for recruiting parents to complete the tool). These materials can be used immediately or tailored for your use.

2. **Remind parents to take their personalized Visit Guide to their child's next well visit with a pediatric healthcare professional.** If parents are contacted with reminders for an upcoming well visit or to schedule a well visit for their child with the pediatric healthcare professional, consider using this as an opportunity to also remind them to bring in their Visit Guide. The Visit Guide contains important information about parent priorities, possible risk factors, and other issues requiring discussion during well visits.

3. **Create a continual improvement plan.** This could include performing a Plan-Do-Study-Act (PDSA) cycle. Assess and address any issues or areas of improvement that arise with the WVP integration into the HS/EHS program. Revise the process as needed. Here are some ideas for creating a continual improvement plan:
   - **Plan:** Before Implementing the WVP, measure the value and relevance of the WVP by conducting staff focus groups and assessing office work flow and process. Please note these are example materials and may require adaptation to make them appropriate for individual HS/EHS programs. Follow Step 1 above to engage and train staff, create a timeline, etc.
   - **Do:** Follow and revisit all the steps outlined in Step 2 and utilize the materials provided in Appendix A.
   - **Study:** Take feedback and learn from parents and staff, discuss and identify changes to try and further assess for impact. Discuss with parents whether the WVP helped in the visit and how the family might use it better or differently in the future.
   - **Act:** Implement changes or adaptations that may need to be made to better utilize what the WVP has to offer.

   For more information about the full PDSA process, please visit the Institute for Healthcare Improvement's Plan-Do-Study-Act (PDSA) Worksheet.

V. Implementing the WVP: Lessons from the Field

Using the WVP with Home Visits

Many families receive services through home visits rather than come to the HS/EHS Center. To address this issue, we piloted the WVP in the home visit setting to better understand the challenges and identify potential solutions. Families who receive home visits are frequently more distressed and are dealing more significant health, behavioral, economic and environmental stressors with their children and themselves. As such, the focus of the home visit may be on more critical or crisis-oriented issues. In one site, the first three visits focused on mental health, violence in the home and neighborhood, and other critical issues. The well-child visit was not a topic of discussion until the third or fourth visit. And, only 50% of home-visiting families had documentation that they had completed a well-child visit. Additionally, knowledge about children's health and parenting may be more of a challenge, and literacy and cultural issues regarding interaction with healthcare providers may pose more significant issues for these families.

Families who receive home visits may also lack access to computers or printers. Computers may be available at the HS/EHS sites for families and parent to use. However, there are limitations concerning what staff can put on the computers because of security issues and maintaining sensitive information on computers that are shared with staff and parents. One solution to this issue is to have a dedicated "public" computer for families that do not contain sensitive information. Another solution is to use the paper and pencil version of the WVP. HS/EHS home visitors could also provide postcards, posters or the one page overview of the WVP (see Appendix A: Implementation Resources) and encourage families to find a public computer – for example at a local library – to try it out. Reminders can also be given out during the home visit.

HS/EHS staff was enthusiastic about using the WVP; however, they faced their own set of issues. The timing of our field test yielded conflicting views about timing for WVP implementation. One site indicated that the beginning of the fiscal year (Sept/Oct) is a good time; another site said the opposite as new enrollment was starting. It might well be imagined that the beginning of a new school year will be busy and may be a difficult time to begin implementation of the WVP. Timing is a key issue with parents and should be carefully considered when deciding when and how to implement the WVP with families.

One home visiting family tested the WVP and reported that while it seemed long, it also brought to their attention issues they had not thought about (overfeeding). The parent felt that was a good thing. They also suggested using a phone version of the WVP and suggested that a mobile application (app) for a smart phone would be useful. Developing such an app has been a topic of discussion by the CAHMI staff and WVP IT developers for some time. We would be very interested in moving forward with this suggestion however, it will take additional resources.

In summary, our initial field tests suggest timing of the WVP implementation is key for both parents and staff. Additionally, access to computers and consideration of a family's life situation are important factors to consider and trouble-shoot prior to working with parents and caregivers. Field testing of the WVP with home visits has been limited and additional testing is warranted to more fully understand the best ways to address the challenges and barriers faced by these families.

Collaborating with Pediatric Healthcare Providers

Among sites that tested the WVP, staff, pediatric healthcare providers, and parents were all receptive to using of the WVP. Parents saw the utility of the WVP in helping them better prepare for and get the most out of their child's well visits. Head Start staff and providers saw the tool as a promising strategy to engage parents in the well child visit and ensure that any concerns that parents have are addressed while increasing the efficiency of the well visit. Each group, however, identified important challenges and barriers.

Parents reported that the child's well-visit is short and they feared that providers would use the tool as a way to shorten the visit rather than spend more time addressing issues, or that providers would not be prepared or have reviewed their reports in advance of the meeting. Parents also feared that the information from the WVP would be stored in their child's records and at some point that information could potentially be used against them. The WVP also seemed redundant to assessments conducted by providers and HS/EHS staff. Additionally, access to computers and printers was problematic. The WVP is available as a paper and pencil format to address this issue. Some parents also stated that that they might find it difficult to keep track of the WVP report, or that they would forget to bring it with them to their child's well visit. Parents mentioned that a smart phone application (app) would solve this issue.

HS/EHS Staff similarly expressed concerns about the redundancy of the WVP with issues that they already address, particularly social issues like domestic violence. Staff were further concerned about communication with providers and being kept in the loop in terms of the providers responses to issues identified on the WVP. HS/EHS staff do not have the ability to communicate with providers or leave notes in the children's charts so they felt they needed some system to facilitate communication with providers. One site, for example, developed a form for parents to sign that permitted data sharing with the provider specifically for (and limited to) the well child visit. At the same time, staff are reluctant to request time from providers and are discouraged by providers' lack of time or responsiveness. HS/EHS staff were also concerned about the feasibility of using this tool as part of home visits, expressing concerns regarding time/competing demands and the lack of necessary equipment. Because we knew this would be an issue, we specifically tested the WVP in the home visit setting to obtain further information on this topic (see Section V of this toolkit).

Providers: As with parents and HS/EHS staff, providers also expressed concerns that the WVP might be redundant with questions they already ask around health and development. And, they felt that the reading level might be too high for their patients. The most valuable area of the tool was getting families to talk more about their social issues as these are problems that providers would like to hear about and help the family address but feel that parents are uncomfortable discussing.

Lessons Learned: It was clear from these field tests that the WVP is perceived as an exciting new tool to engage parents in primary care and improve the efficiency of well visits. HS/EHS staff saw the WVP as a strategy to help them work with patients to address health-related issues but indicated that they would also need to establish lines of communication with providers so that they would not be kept out of the loop. Providers were concerned that the WV would be yet another document they needed to address as part of the well visit. An important component to obtaining provider buy-in would be to simplify the process by linking the WVP with the provider's EMR. Data security and HIPAA concerns may present challenges to this, but they are not unsurmountable. Finally, there is a need to empower HS/EHS staff with the tools and language to engage and develop viable relationships with providers. Obstacles to

provider collaboration include conflicting schedules, lack of provider response, lack of up-to-date authorization for data sharing, families never providing consent to share data directly to doctor, and no direct route of communication to the pediatrician.

Suggestions for Collaborating with Providers

The key to working with healthcare providers is **relationship building** and **developing good lines of communication**, which will take and perseverance. Suggestions for helpful ways to **introduce** the WVP to the provider community include having **initial in-person meeting** with providers or with healthcare organization leadership, or offering **community educational forums** about the WVP. Once introduced, **establish communication norms** around the WVP. For example, email or fax the Visit Guide to the provider before the visit, then the providers can include it in their record. Also, call before the visit to remind the front office to collect the visit guide from families and then give it to the doctor before the visit. Having the families sign a **form that permits data sharing** with healthcare system or developing an **MOU** with the provider organization to facilitate data exchange may also be helpful if it is feasible. Finally, **follow-up** with both the family and provider to learn the results of using the WVP in the visit will help close the loop and keep all parties informed about important issues for the child's health, development and well-being.

VI. Tips for Maximizing the Impact of the WVP

Build trust with parents, and be sure to follow up.

If parents are invited to complete the WVP online tool, be sure to follow up and optimize the use of their Visit Guide during well visits, and in the community encounter setting, as appropriate. Staff can also encourage utilization of 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 B for stickers we used during development—children loved them!). The practice or community program may also want to set up a system through which parents can give feedback on the WVP and what they think of the changes it has prompted in your practice or community program, using the Sample *Questions for Getting Family Feedback* (see Appendix B).

Community program staff such as HS/EHS may also want to consider incorporating components of the visit guide into a family partnership agreement. For example, if there is a developmental concern identified by the parent, staff and parents can work together to identify strategies to address the concern in the classroom setting and set target dates for follow-up and goals for improvement.

Some families have asked who should fill out the WVP. The caregiver who is most familiar with the child and child's health status is the best choice, which may be mother and/or father, foster parent, or grandparent. If the person accompanying the child to the visit did not fill out the WVP, have them review the Visit Guide with the caregiver who did.

Plan in advance and work together.

As observed during testing of the WVP, its use in your HS/EHS program may bring up parental concerns (such as psychosocial issues and care coordination needs). Staff should know how to follow up on key concerns, provide alerts in advance, know how to support and direct parents, and provide proper follow-up. It's also helpful to hold regular meetings where staff members can share their experiences with the WVP and learn from one another. The WVP sets the stage for ongoing quality improvement – be sure to have the systems and culture in place where staff and pediatric healthcare professionals openly share tips and suggestions and work together to find solutions for what may *not* be working optimally.

Ensure your team has adequate information and resources to give to parents.

The WVP 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 (available at wellvisitplanner.org/education), we suggest that you use the Resources and Processes Workbook to gather the information to be able to direct patients to the proper agencies or organizations for assistance. This workbook will also ensure that as staff change, the information is documented and available to new staff. It is also a good training tool!

Some HS/EHS programs have found it helpful to have one member of the team who is the "expert" on community resources. They collate a list of community organizations and contacts available for all staff members to use. They often start with referrals for important issues likely to come up, such as early childhood development, maternal depression, domestic violence, or parental substance abuse. Some sites have found that hosting a meeting at their site to meet some of these professionals face-to-face has facilitated referrals.

Many programs 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 these resources in an easy to access location to be able to provide parents with these resources during their visit.

See Appendix C for an initial suggested list of local governmental agencies, private business and community organizations for referrals.

Anticipate potential barriers and be flexible.

Some programs will encounter issues or barriers with their WVP implementation. Be flexible and recognize that this is an evolving process. Examples of barriers have included:

- Health care provider ignores the Visit Guide and Parent Feedback. Someone on the physician team will need to address the issues that were identified in the WVP Visit Guide. Some of the quotations below may help convince providers of the WVP value.
- The parent already "knew everything" and didn't find the WVP tool useful. Some of your most experienced parents, particularly those with multiple children, may feel they already know most of the information presented in the WVP educational materials. The WVP questionnaire is still useful to those parents, helping them articulate and focus on the items they'd like to discuss during the visit.
- Communications and processes with health care providers may need to be strengthened or changed prior to implementation.

Appendix A: Implementation Resources for the WVP

The following resources and materials, available on the Well-Visit Planner section of the www.cahmi.org website, will help you implement the WVP in your program.

Overview Materials

- *Short Video Overview/Tutorial* of the Well-Visit Planner tool
- *One Page Overview* of the Well-Visit Planner tool
- *Staff/Provider Frequently Asked Questions* (FAQs) about implementing the WVP
- *Guide to Topics and Questions Asked*, the complete list of questions asked at each age group in the WVP
- *Resources and Processes Workbook*
- *Sample 4-Month Visit Guide* providing a visual example of what the patient will bring in for the visit
- *AAP Bright Future Manual*: the Well-Visit Planner is based on the American Academy of Pediatrics and the Maternal and Child Health Bureau's Bright Futures Guidelines for the delivery of well-child care:
  Prenatal-11 months: http://brightfutures.aap.org/pdfs/Guidelines_PDF/15-Infancy.pdf
  1-4 years: http://brightfutures.aap.org/pdfs/Guidelines_PDF/16-Early_Childhood.pdf
  5-10 years: http://brightfutures.aap.org/pdf/Guidelines_PDF/17-Middle_Childhood.pdf

Presentations

- *WVP Overview Slideset* describing the WVP, with sample screenshots of the parent questionnaire and the resulting Visit Guide (PDF, PowerPoint)
- *AAP Bright Futures Training Slideset* presented by Paula Duncan and Judy Shaw from the Bright Futures Training Committee
- *Overview of Original WVP Study* in poster form, as presented at the 2012 National Maternal and Child Health Epidemiology (MCH Epi) Conference
- *Engaging Parents as Quality Improvement Partners: Introducing the Well Visit Planner* presented at the April 11,2013 HRSA Research Round Table (PDF, PowerPoint)

Sample Staff Focus Group Guide

- *Pre-Implementation Focus Group Guide* to help design and conduct focus group discussion among the program staff.

Appendix B: Family Engagement Materials for the WVP

The following family engagement materials, available on the Well-Visit Planner section of the www.cahmi.org website, will help you implement the WVP in your practice. These sample materials serve as a template for language you could use to describe the WVP to your patients' families.

You may use these materials as they are or make your own modifications as needed for your practice.

- *Fast Facts (FAQ) for Parents and Families*
- *Family and Staff Engagement Slideset* discussing the WVP
- *Sample Scripts and Email Reminders* to enable discussion and help engage families about the online tool
- *Sample Poster* to remind families to complete the tool
- *Sample Postcard* to remind families to complete the tool
- *Sample Sticker* for children
- *Sample Questions for Getting Family Feedback*

Appendix C: Suggested Parent Referral Information

We have listed below some national resources such as governmental agencies, private businesses or community organizations that can be helpful for your parents, but it will also be important to find local resources and assistance for these issues.

- **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
  - Mental Health Treatment locator website: http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx
    - 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.
  - Rape, Abuse & Incest National Network (RAINN): http://www.rainn.org/
    - 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.jspx
    - 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.)
  - www.healthcare.gov
  - Affordable Health Care locator website: http://findahealthcenter.hrsa.gov/Search_HCC.aspx
    - A website that identifies local Health Resources and Services Administration health centers. (Practices that provide care, even for patients without health insurance. Patients pay what they can afford, based on their income.)
- **Parenting** (classes, education, etc.)
  - USA.gov Parenting Resources website: http://www.usa.gov/Topics/Parents.shtml
- **Childcare**
  - ChildCare Aware: http://www.childcareaware.org/parents-and-guardians
    - A website that helps families learn more about the elements of quality child care and how to locate programs in their communities
  - State-level childcare information, e.g. Oregon.gov Office of Child Care: http://www.oregon.gov/occ/
  - Early Intervention: http://www.ectacenter.org/families.asp

        - A website to help families understand their rights, connect with other families, and find high-quality resources related to caring for infants, toddlers and young children with disabilities.
    - Individualized Education Programs (IEP): http://www.parentcenterhub.org/repository/iep-overview/
        - Short overview of IEP
    - Local school districts, e.g. Oregon Department of Education: http://www.ode.state.or.us/
- **Financial assistance** (for rent, utilities, food, clothes, childcare, etc.)
    - State-level assistance programs, e.g. Oregon.gov Department of Human Services: http://www.oregon.gov/DHS/assistance/

The Resources and Processes Workbook will allow you to create an additional reference and referral information tool tailored to your site and area. Examples of information to be included are processes 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

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.

Appendix D: How to Contact the CAHMI for Technical Assistance

The Child and Adolescent Health Measurement Initiative (CAHMI) is available to provide technical assistance and consultation via email at info@cahmi.org. In addition, there are opportunities to participate in overview/orientation Webinars, Google Hangouts with other new and/or experienced users, and other methods to learn from our Peer Counseling Team. Please visit the www.cahmi.org website to find out more.

Appendix E: Common Acronyms

CAHMI: Child and Adolescent Health Measurement Initiative, a national initiative based out of the Bloomberg School of Public Health at Johns Hopkins University in Baltimore, Maryland, with a mission to advance patient-centered innovations and improvements in children's health and health care quality.

FAQ: A list of Frequently Asked Questions for a particular subject.

HRSA: The Health Resources and Services Administration is an agency of the U.S. Department of Health and Human Services, tasked with improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. (HRSA.gov)

HS/EHS: Head Start and Early Head Start programs provide high quality child care and education for children ages 0-5. They value and actively support caregivers.

MCHB: The Maternal and Child Health Bureau, part of HRSA, provides leadership to improve the physical and mental health, safety and well-being of the maternal and child health population. (MCHB.HRSA.gov)

PDSA: A Plan-Do-Study-Act cycle is an iterative four-step method to accomplish a continuous quality improvement process. The cycle includes developing a plan for a change (Plan), carrying out the change (Do), observing and learning from the consequences of the change (Study), and determining what modifications should be made to the change (Act). More information is available at the Institute for Healthcare Improvement. (www.ihi.org)

WVP: Well Visit Planner, an online pre-visit planning website that enables the parent to optimize use of visit time by focusing on the priorities, concerns and other issues specific to the child and family.