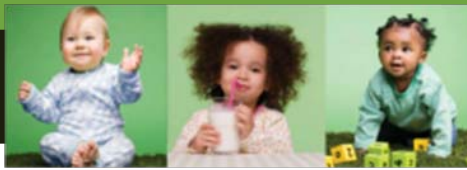


# The Well Visit Planner Orientation Webinar

## December 3, 2012



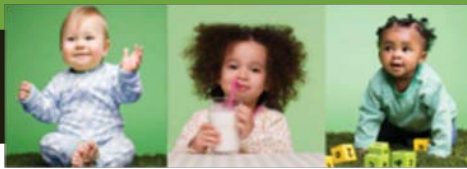
*Engaging Parents as Partners to  
Customize and Improve Well-Child  
Care for Young Children and their  
Families ([www.wellvisitplanner.org](http://www.wellvisitplanner.org))*



# Thank You for Joining the Webinar!

- **Presentation:** To hear the presentation dial **1-800-985-7366**  
**password=38645#**
- **Asking Questions:**
  - Option 1: Type questions onto the screen in Adobe Connect.
  - Option 2: Wait until we open the phone line to ask questions “live”
- **Getting materials:** Slides, video and other informational materials are posted at [www.WellVisitPlanner.org](http://www.WellVisitPlanner.org)



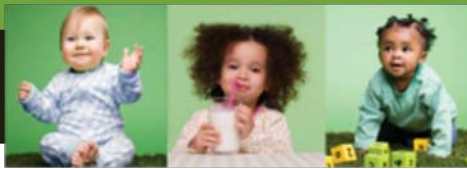


# Today's Agenda

Overview of  
Tools

Development  
and  
Demonstration

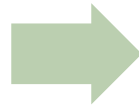
Questions and  
Partnering



# Motivation

## Gaps Persist

- Persistent gaps in the quality of well child care and the nation's capacity to promote the healthy development of young children



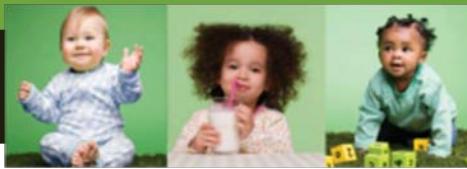
## Tailored Communication Essential

- Improving care means :
  - improving communication and partnerships with parents and
  - meeting the unique priorities and needs of each child and family

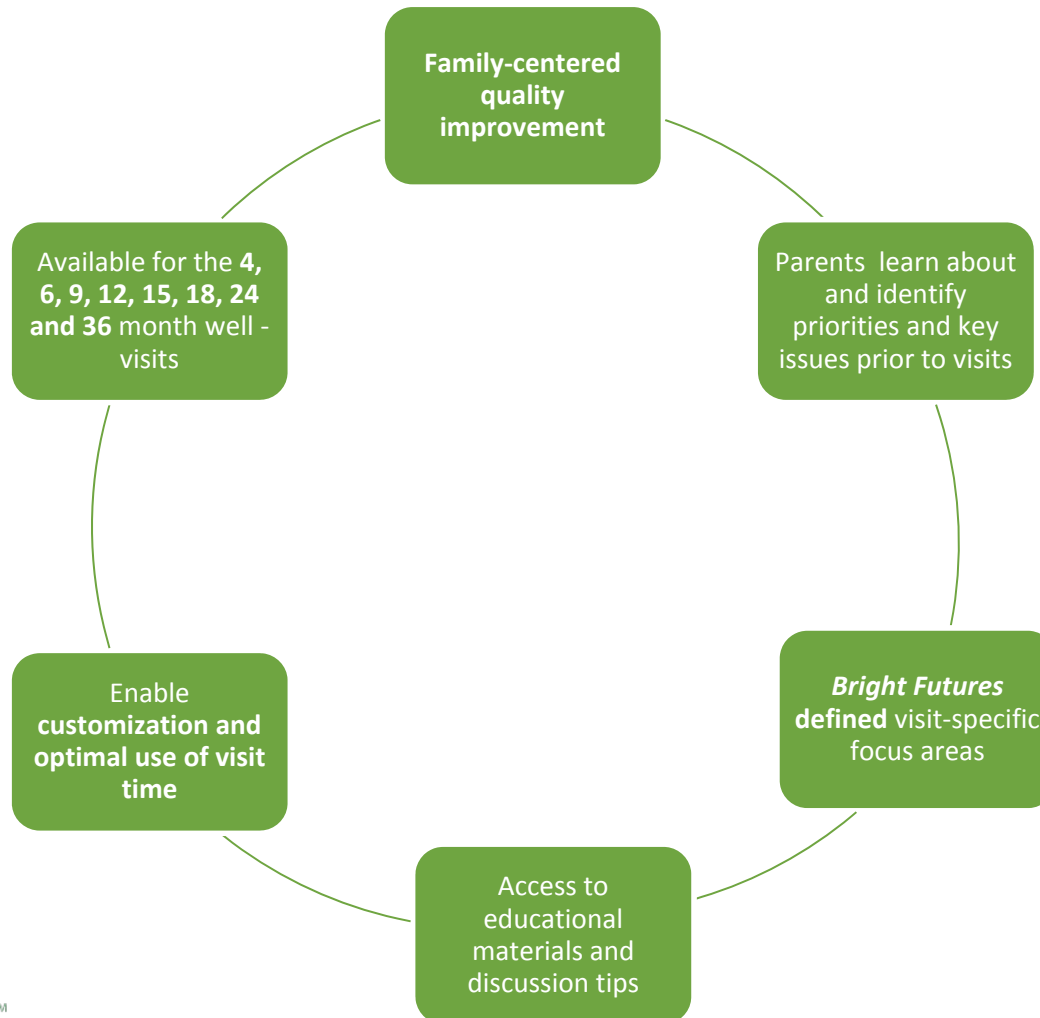


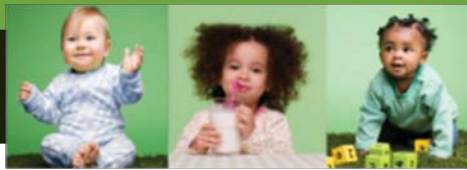
## Meet Goals with Greater Ease and Efficiency

- The easy to use Well Visit Planner tools help providers efficiently meet their well-visit quality goals



# What are the Well Visit Planner (WVP) tools?





# What are the Well Visit Planner (WVP) tools?

- **Feature Tool:** An online pre-visit planning website for parents to complete prior to their child's well-visit

**Well-Visit Planner™**  
a project of The Child & Adolescent Health Measurement Initiative

*Your Child, Your Well-Visit*

Parents, welcome to the Well-Visit Planner™ website (WVP)! The purpose of the WVP is to help you prepare, learn about and identify your priorities for your child's next well-visit. The WVP is for parents of children who are from 4 months through 3 years of age. Complete it before every well-child care visit by going through these three steps:

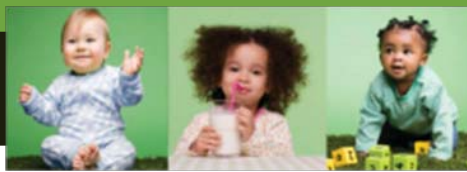
- Step 1**  
  
**Answer a Questionnaire**  
about your child and family
- Step 2**  
  
**Pick Your Priorities**  
for what you want to talk or get information about at your child's well-visit
- Step 3**  
  
**Get Your Visit Guide**  
that you and your child's health care provider will use to tailor the visit to your child & family needs

Your privacy is important to us. Please review our terms and conditions, check each box and click the **Get Started** button below.

- I am 18 years old or older. I agree to the [Terms and Conditions](#) of the Well-Visit Planner
- I voluntarily consent to the Well-Visit Planner.

**Get Started!**  
Click here

Are you a health care provider?  
Click here for more info



# What are the Well Visit Planner (WVP) tools?

- **Other tools:** Shared Encounter Forms; Educational Materials Website; Online Quality Survey;

### Your Child's 12 Month Well-Visit

This form will help you give your child the best care possible. We will use it to focus the visit on your child and the information you would like to receive.

CHILD'S NAME: \_\_\_\_\_ CHILD'S DATE OF BIRTH: \_\_\_\_\_

YOUR RELATIONSHIP TO THE CHILD: \_\_\_\_\_

Are there any specific concerns you want to discuss today?  YES  NO

Have there been any MAJOR changes in your family lately?  None  Move  Job change  Separation  Divorce  Death in the family  Other: \_\_\_\_\_

**PICK YOUR PRIORITIES FOR THE VISIT** (You may pick more than 10 items, please list any additional items on the back of this form.)

<input type="checkbox"/> Importance of family routine	<input type="checkbox"/> Your Child's Family	<input type="checkbox"/> Your Child's Safety
<input type="checkbox"/> Importance of outside family activities	<input type="checkbox"/> How to expect in the next few months	<input type="checkbox"/> How to get to the doctor when it can be faced forward
<input type="checkbox"/> Nutrition, why the experts say no TV	<input type="checkbox"/> How to guide to discipline your child	<input type="checkbox"/> Including car seat correctly when it can be faced forward
<input type="checkbox"/> Ways to read to your child to promote language development	<input type="checkbox"/> Toilet	<input type="checkbox"/> Preventing injuries indoors and outdoors
<input type="checkbox"/> How your child responds to new people	<input type="checkbox"/> Consistent guidance & discipline strategies between parents and caregivers	<input type="checkbox"/> Why to keep plastic bags, latex balloons & small objects away from your child
<input type="checkbox"/> The importance of your child pointing to let you know what they want	<input type="checkbox"/> Balancing taking care of yourself while being a parent	<input type="checkbox"/> How to secure heavy furniture so your child can't pull them over
<input type="checkbox"/> Bad and positive routines to sleep better	<input type="checkbox"/> Making time for other relationships	<input type="checkbox"/> Danger of strangling items in your child's reach
<b>Your Child's Feeding &amp; Appetite Changes</b>	<input type="checkbox"/> Issues related to childcare	<input type="checkbox"/> Bathing, water & pool safety
<input type="checkbox"/> Feeding time struggles	<b>Your Child's Dental Health</b>	<input type="checkbox"/> Proper gun safety
<input type="checkbox"/> Minimum foods & how much your child eats	<input type="checkbox"/> Your child's first check-up with a dentist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Day-to-day changes in your child's appetite	<input type="checkbox"/> Brushing your child's teeth for them	<input type="checkbox"/> Impact of finger sucking, pacifiers, use of bottles on your child's teeth
<input type="checkbox"/> Giving your child a choice between 2 options that are acceptable to you	<input type="checkbox"/> Getting your child a choice between 2 options that are acceptable to you	

### GENERAL HEALTH INFORMATION

Since your last visit, has your child had any MAJOR illnesses and/or hospitalizations?

Has your child ever had a bad reaction to a vaccine (fever, rash, inconsolable crying)?

Has any of your child's relatives developed new medical problems over the last year?

Does your child's eyes appear unusual or seem to cross, drift, or be lazy?

Does your child use bottles?

Do you ever put your child to bed with a bottle of milk or juice?

Do any adults who are around your child smoke (include inside the house)?

Who takes care of your child most days of the week?

How many times in the last 2 weeks have you gone out socially or spent time doing it?

In general, how well do you and your spouse/caregiver cope with the demands of your child?

**YOUR CHILD'S DEVELOPING CHILD** (Do you have any specific concerns about your child's development?)

Please check each task your child is able to do right now.

Crawls  Fine motor  Play with blocks

Pulls up to stand  Bangs 2 small objects held in hands

Stands alone  Put a small object in a cup  Let you know something by name

Has one word  Have two words  Have three words

**PROVIDER NOTES - Office Use Only**

### My Child's Well-Visit

Download Visit Form

Welcome

Get information about your child's well-visit

- 4 Month Visit Form
- 6 Month Visit Form
- 9 Month Visit Form
- 12 Month Visit Form
- 15 Month Visit Form
- 18 Month Visit Form
- 24 Month Visit Form
- 36 Month Visit Form

4 Month Education Page

6 Month Education Page

9 Month Education Page

12 Month Education Page

15 Month Education Page

18 Month Education Page

24 Month Education Page

36 Month Education Page

### Download Visit Form

Save some time - print and fill out the visit form for your child's well-visit ahead of time. Click on a link below.

- 4 Month Visit Form
- 6 Month Visit Form
- 9 Month Visit Form
- 12 Month Visit Form
- 15 Month Visit Form
- 18 Month Visit Form
- 24 Month Visit Form
- 36 Month Visit Form
- About this website

### Promoting Healthy Development Survey

Welcome!

Why complete the survey?

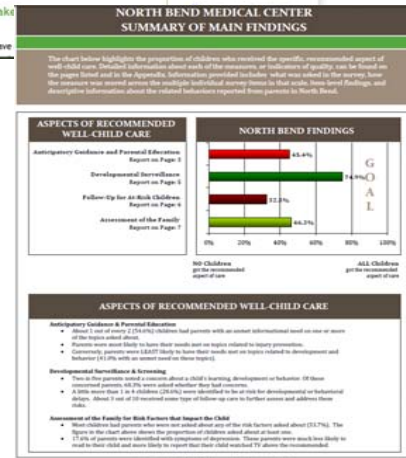
How long does the survey take?

Take the Survey and Get Your Report

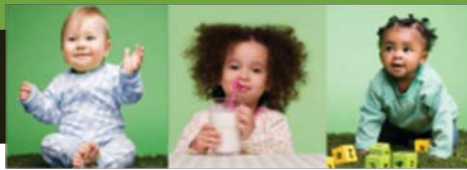
Returning User

Forget Your User ID!

There's something in it for you!







# What is the Well Visit Planner (WVP)?

- **Other tools:** Possibility for integrating parent responses about priorities, key issues and needs (etc.) into the electronic health record

Continued...

The questions below will help your child's doctor or health care provider understand the specific needs of your child and your family.

**General Questions about You and Your Child:**

1. Share one thing that your child is able to do that you are excited about

she can say so much lately! It is fun to hear the new words she comes up with everyday!

2. Are there any specific **concerns** you would want to discuss at your child's upcoming well-visit?  
 Yes  No  
Please Describe:  
Should she be interested in toilet training yet?

3. Have there been any **changes at home** lately? Check all that apply.  
 None  
 Move  
 Job change  
 Separation  
 Divorce  
 Death in the Family  
 Other, please describe:  
You Must select an option to enter text

**Questions about Your Growing and Developing Child:**

4. Do you have any concerns about your baby's learning, development, or behavior?  
 A Lot  A Little  Not at All  
Please Describe:  
You Must select "A Lot" or "A Little" to enter text

2yr Nurse Intake: Donald Duck

2yr Nurse Intake

History Source: [ ]  
Nurse: [ ]  
Interpreter Used: [ ]  
Nickname: [ ]  
Genetic Testing:  GTY  GTN

Accompanied By:  Mom  Dad  Sibling

Current Medications: [ ] **Add Medication**

Family History: [ ]  
Social History: [ ]  
Parental Concerns: [ ]  
One thing parent enjoys about child: [ ]

**Diet**

Milk: [ ] Daily Intake of Milk:  <20 oz/day  >20oz/day

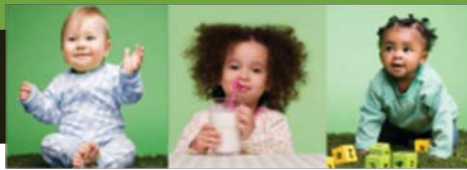
Balanced Diet:  vegetables/fruits  dairy  grains  meat  iron rich foods

Comment: [ ]


**Supplements/Dental Care**

Vitamins:  yes  no  
Fluoride Supplement Needed:  yes  no  
Dental Care/Toothbrushing:  yes  no





# The Well Visit Planner (WVP) Website?

  
Well-Visit Planner™  
a project of The Child & Adolescent Health  
Measurement Initiative

*Your Child, Your Well-Visit*

**Parents**, welcome to the Well-Visit Planner™ website (WVP)! The purpose of the WVP is to help you prepare, learn about and identify your priorities for your child's next well-visit. The WVP is for parents of children who are from 4 months through 3 years of age. Complete it before every well-child care visit by going through these three steps:

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that you and your child's health care provider will use to tailor the visit to your child & family needs

Your privacy is important to us. Please review our terms and conditions, check each box and click the **Get Started** button below.

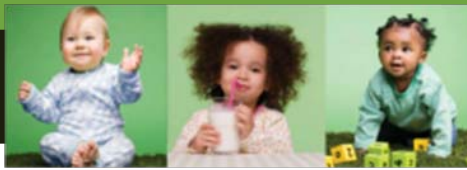
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**Get Started!**  
Click here

Are you a health  
care provider?  
Click here for more info

[About this Website](#) | [Terms and Privacy](#) | [Educational Materials](#) | [Help](#)

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# Development & Feasibility (1)

- **Research:**

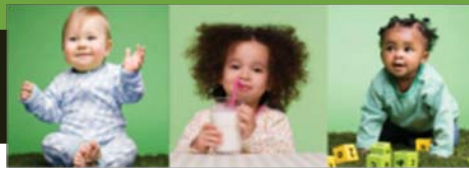
- Developed and tested over 4 years by the CAHMI for use in pediatric practices to assess: (1) Feasibility; (2) Acceptability; (3) Implementation Requirements; (4) Impact
- Drew on prior knowledge of using the online Promoting Healthy Development Survey to assess quality of well child care in practices
- Funded through an R40 grant from the federal Maternal and Child Health Bureau with additional MCHB support to complete the public use website for dissemination

- **Content:**

- Anchored to the American Academy of Pediatrics' Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 3<sup>rd</sup> edition

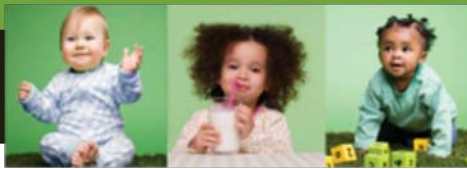
- **Advisors:**

- National experts, families and pediatric providers collaborated in the design, content specification, all aspects of development, implementation and testing of the WVP tools
- Goals: ensure feasibility and to optimize impact on the quality and efficiency of the well child visit for parents, children and provider teams



## Development & Feasibility (2)

- Initial testing documented improvements to provider office work flow, patient engagement and experience and quality of care
  - Over 92% of the 3000 parents included in the initial testing reported:
    - They would recommend the tool to other parents
    - They were comfortable with time required to complete the tool
    - Tool helped them understand goals for each well visit and prioritize topics for discussion with their child's health care providers
- The WVP was recognized in the Health 2.0/Academy Health 2012 Relevant Evidence to Advance Care and Health competition
- Relevant to meaningful use and maintenance of certification



# The Well Visit Planner Website: Three Steps

**Parents** of young children visit the Well-Visit Planner™ website and complete the following steps before their child's age-specific well visit:

## Step 1



**Answer a Questionnaire**  
about your child and family.

The questionnaire is composed of (# of questions) and takes approximately 10 minutes to complete.

## Step 2

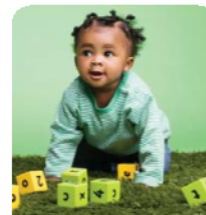


**Pick Your Priorities**

for what you want to talk or get information about at your child's well-visit.

*Based on Bright Futures Guidelines*

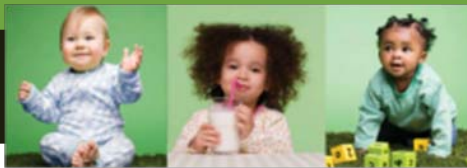
## Step 3



**Get Your Visit Guide**

that you and your child's health care provider will use to tailor the visit to your child & family needs.

*See next page for sample visit guide.*



# Flow and Content

- A strengths and observations based approach as well as addressing any issues parents want to discuss right at the start of the tool
- Important family changes and health information



## Step 1: Answer a Questionnaire

### General Questions about You and Your Child

1. Share one thing that your child is able to do that you are excited about:

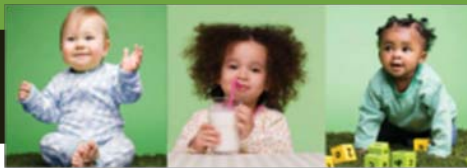
2. Are there any specific **concerns** you would want to discuss at your child's upcoming well-visit?

Yes  No

Please Describe:

3. Have there been any **MAJOR** changes in your family since your child's last well-visit? Check all that apply and describe.

- None
- Move
- Job change
- Separation
- Divorce
- Death in the Family
- Other, please describe:



# What is in the WVP?



- Child health and functioning (e.g. feeding, immunizations etc.)
- Assessment of a prior developmental screening questionnaire being filled out by parent

## Step 1: Answer a Questionnaire Continued...

### Specific Questions about Your Child

The next questions are general health questions about your child.

1. Is your child being breastfed or fed breast milk?

Yes  No

1a. If breastfeeding, do you give your child Vitamin D?

Yes  No

	Yes	No
2. Has your child been on any new medications since the last visit? List: <input type="text" value="You must select 'Yes' to enter text"/>	<input type="radio"/>	<input type="radio"/>
3. Has your child ever had a bad reaction to a vaccine? (temp > 104, inconsolable crying > 3hrs)	<input type="radio"/>	<input type="radio"/>
4. Do your child's eyes appear unusual or seem to cross, drift or be lazy?	<input type="radio"/>	<input type="radio"/>
5. Have you started weaning your child from the bottle?	<input type="radio"/>	<input type="radio"/>
6. Do you give your child any vitamins or herbal supplements?	<input type="radio"/>	<input type="radio"/>
7. Does your child live with both parents in the same home?	<input type="radio"/>	<input type="radio"/>
8. Do you have a dentist for your child?	<input type="radio"/>	<input type="radio"/>

9. In the last 12 months, did your child's doctors or other health providers have you fill out a questionnaire about **specific concerns or observations** you may have about your child's development, communication or social behaviors?

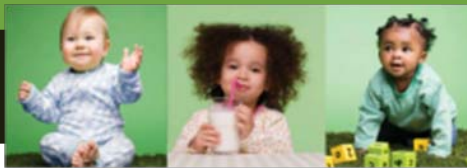
Yes  No

9a. Did this questionnaire ask about your **concerns or observations** about how your child **talks or makes speech sounds**?

Yes  No

9b. Did this questionnaire ask about your **concerns or observations** about how your child **interacts with you and others**?





## Your Growing and Developing Child

Please indicate whether your child is able to do the following tasks right now. ([Why does my health care provider ask about this?](#))

	Yes	No	Unsure
1. Will your child pull to stand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your child stand alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Will your child bang 2 objects held in hands?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Will your child put an object (block, Cheerio, etc) in a cup or other container?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your child play pat-a-cake OR other games where he/she imitates your movements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When your child wants something does he/she tell you by pointing to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does your child wave bye-bye?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Does your child imitate household activities (for example, dusting)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does your child babble with inflections of normal speech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your child imitate vocalizations and sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does your child speak at least 1 word (other than mama and dada? )(a word is a sound that babies say to mean something)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Specific Questions about You, Your Family and Your Home

The next questions help your child's health care provider understand your family better in order to give the best care possible. Just like all the questions in this online tool, they are optional to answer. Your answers will be kept confidential.

	Yes	No
12. Have any of your child's relatives developed new medical problems since the last visit?	<input type="radio"/>	<input type="radio"/>
13. Does your child's primary water source contain fluoride? <a href="#">Click here to check if unsure</a>	<input type="radio"/>	<input type="radio"/>
14. Do any adults who are around your child smoke (including inside or outside the house)?	<input type="radio"/>	<input type="radio"/>

15. How many times in the last 2 weeks have you gone out socially or spent time doing hobbies, self-care or spare-time activities you enjoy?

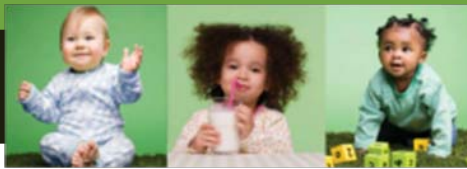
- None  1-2  3-5  > 5

16. In general, how well do you feel you are coping with the day to day demands of parenthood?

- Very Well  Well  Somewhat Well  Not Very Well  Not Well at All

- Age-specific developmental surveillance
- Important family psychosocial assessment items





- Identification of children with special health care needs using the validated CSHCN Screener

## Well-Visit Planner - Step 1: Answer a Questionnaire

### Step 1



### Step 2



Pick Your Priorities

### Step 3



Get Your Visit Guide

### Step 1: Answer a Questionnaire Continued...

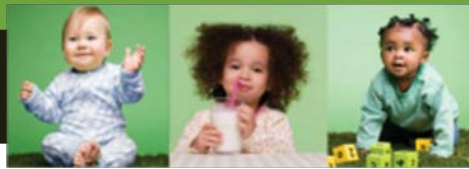
#### Some Last Questions About Your Child

The following questions are about any kind of health problems, concerns, or conditions that may affect your child's behavior, learning, growth or physical development.

	Yes	No
1. Does your child currently need or use <u>medicine prescribed by a doctor</u> (other than vitamins)?	<input checked="" type="radio"/>	<input type="radio"/>
1a. Is this because of ANY medical, behavioral or other health condition?	<input checked="" type="radio"/>	<input type="radio"/>
1b. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="radio"/>	<input type="radio"/>
2. Does your child need or use more <u>medical care, mental health or educational services</u> than is usual for most children of the same age?	<input type="radio"/>	<input type="radio"/>
3. Is your child <u>limited or prevented</u> in any way in his or her ability to do the things most children of the same age can do?	<input type="radio"/>	<input type="radio"/>
4. Does your child need or get <u>special therapy</u> , such as physical, occupational or speech therapy?	<input type="radio"/>	<input type="radio"/>
5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets <u>treatment or counseling</u> ?	<input type="radio"/>	<input type="radio"/>

Back

Next



# Flow and Content

## Basic demographic items

### Some Last Questions About You and Your Family

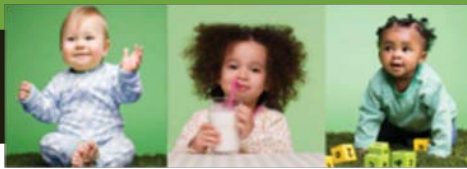
1. How are you related to the child for whom you are completing this tool?

- Mother
- Father
- Grandmother or Grandfather
- Brother or Sister
- Foster Mother
- Foster Father
- Guardian
- Nanny
- Other

2. In what state do you live?

3. What kind of insurance do you currently have (check all that apply)?

- Private or Employment-based (Such as Blue Cross Blue Shield, Kaiser, Aetna, etc.)
- Public - Medicaid or Child Health Insurance Program (CHIP)
- Medicare
- Military
- Indian Health Services
- None
- Other



# What is in the WVP?

Extremely important prioritization and educational information about what is customary from the age-specific well-child visit

## Step 2: Pick Your Priorities

Check [up to 5 topics](#) you want to discuss with your health care provider. Fewer than 5 is okay!

To learn more click on the [i](#) icon to get education & tips from pediatric health care experts about each topic.

### Your child and family:

- Behaviors to expect in the next few months [i](#)
- Ways to guide and discipline your child [i](#)
- Why having consistent guidance and discipline strategies between parents, family members and care providers are important [i](#)
- Time-outs [i](#)
- How you balance taking care of yourself while being a parent [i](#)
- How to make time for other relationships [i](#)

### Establishing routines for your child:

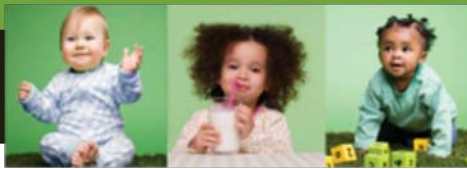
- Importance of your family eating meals together [i](#)
- Importance of outside family activities that involve playing, walking, running or playing chase [i](#)
- Television – why the experts say no TV [i](#)
- Ways to read to your child that promotes his language development [i](#)
- How your child responds to new people or caregivers [i](#)
- Importance of your child pointing to let you know what he wants [i](#)
- Sleep routines and sleep habits [i](#)

### Your child's feeding and appetite changes:

- Feeding time strategies, such as teaching your child to use a cup and to feed himself [i](#)
- Nutritious foods and how much/what kinds of food your child eats [i](#)
- Giving your child choices between 2 options [i](#)
- How your child's appetite might change from day to day [i](#)

### Your child's dental health:

- Your child's first check up with a dentist [i](#)
- Brushing your child's teeth, not letting them do it themselves [i](#)
- Finger sucking, pacifiers or use of bottles and their impact on your child's teeth [i](#)



# Voila! The Visit Guide



After completing the tool, a customized visit guide is generated for use by both parents and their child's health care provider(s). The entire online time for most parents is roughly 10 minutes



## WVP VISIT GUIDE: WHAT TO DISCUSS AT JESSICA'S 12-MONTH WELL-VISIT

**Parents:** Bring this Full Summary Visit Guide to your child's well-visit to help you remember what topics to bring up with your child's health care provider. →

***So you don't forget, put this in your purse, wallet or diaper bag now!***



**Note to Dr. Smith:** For more information on the Well-Visit Planner, please see the end of this Visit Guide or visit [www.wellvisitplanner.org/about](http://www.wellvisitplanner.org/about).

1

### Your Priorities to Discuss During Jessica's Visit

*Based on the priorities you selected, you may want to talk to your child's doctor about:*

#### Time-outs

Questions about **time-outs** that you could ask:

- How long is too long to be in a time-out?
- What if my child will not stay in his time-out?
- My toddler likes to be in his playpen – will he think this is a reward?
- I don't think time-outs are right. What are other strategies that we can use that help my child get a "break" from the unwanted behavior?



**Engage**

**Educate**

**Improve**

# DEMONSTRATION OF THE PUBLIC USE WVP

<http://youtu.be/eG-fFjfyqnY>

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**Reminder: Audio will be coming through your computer, not through the phone - please make sure your speakers are on**



**Engage**

**Educate**

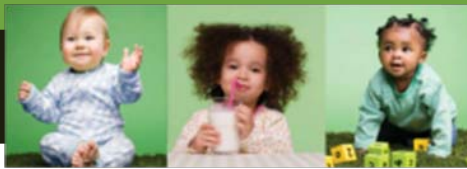
**Improve**

# SELECTING THE RIGHT TOOL(S)

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in your clinic





# Two Primary Options

1) Free public use website...start now! 2) Site-specific website

**Get Started:** Your practice has decided to implement a quality improvement (QI) project to improve the quality of well-child care for patients between the ages of 3 months and 4 years.

For your QI effort, do you want site branding, direct delivery of patient Visit Guides & data?

## Public Use Site Option: Key Features

- Free access to the Well Visit Planner site
- No site branding (logo) or tailored content
- Parent delivers their Visit Guide/Data to you (via secure e-mail or at time of visit)
- Parent reported data fields not included in EHR

Yes

The public use WVP is FREE to use. There may be small costs for printing parent waiting/visit room posters, invites and education materials.

If the **Public Use WVP** is the right version for you and your practice, continue reading and learn more about the WVP or complete the User Sign-Up Form on the last page to get started right away.

## Site Specific Options: Key Features

- Site specific URL, logo, some tailored content
- Integration of parent responses into child's electronic health record (EHR)
- Use reports or datasets containing parent responses

Yes

The costs for the site-specific WVP vary & are minimal as possible! Check it out!

If the **Site-Specific WVP** is the right version for you and your practice, continue reading to learn more about the WVP and complete the User Sign Up form to begin working with the CAHMI to define and develop your site specific WVP.





**Engage**

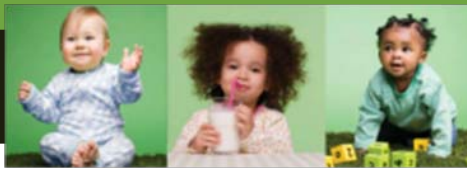
**Educate**

**Improve**

# IMPLEMENTING THE WVP

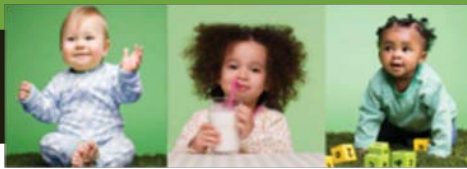
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in your clinic



# What is Needed for Using the WVP?

- A desire to focus on quality improvement
- A willing and engaged clinic staff
- The desire to create a culture of engagement
- An adaptable office flow
- Bonus: An EHR system that can accept incoming patient-provided data!



# Cultural Shift for Your Patients

- Families may not be accustomed to being engaged, particularly *prior* to a visit
- A friendly office environment with posters about the desire and need for families to engage— “We need your participation!”
- Encouragement that doing the WVP ahead of time is best for the provider and the family, and the child will benefit



**PARENTS— We Need You**



Well-child care is about much more than your child getting weighed or immunized.

We aim to **PARTNER WITH YOU** to **CUSTOMIZE YOUR CHILD'S CARE** and **GIVE THE BEST CARE** possible.

The Children's Clinic is changing well-child visits for young children!

Here Is What Parents Of Children Under 4 Can Expect:

- 1 After Your Child's Well Visit: Give Us Feedback**

by completing an online, confidential questionnaire at home about the health care your child received.

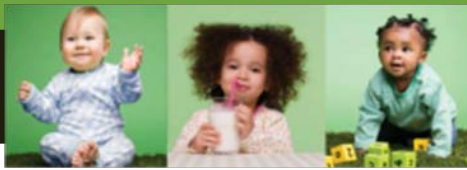
**When: July-December 2009**  
The Children's Clinic will give eligible children's parents a postcard with information about this survey.
- 2 Using Your Feedback: The Children's Clinic Will Understand Where We Can Do Better**

**When: December 2009**  
Our partners in this project, the Child and Adolescent Health Measurement Initiative (CAHMI), will share summarized, confidential questionnaire results with us.
- 3 Before Your Child's Well Visit: Learn About & Identify Your Priorities**

by completing an online tool at home. You and your child's doctor can use this information to customize the well-visit to your child and family needs.

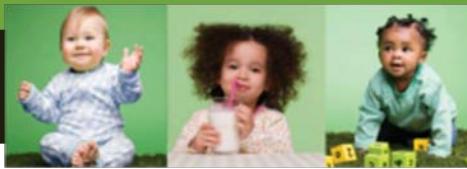
**Coming Soon!**  
**When: Early 2010**  
We will be asking you to do this online tool before your well-visit, beginning in early 2010.

**THANK YOU IN ADVANCE FOR PARTNERING WITH US**



# Requirements for all Versions of the WVP

<u>Requirements</u>	Implementation Options					
	Public Use Site WVP	Unique Clinic URL for WVP	Site-specific URL, Branding	Site specific URL with customized content	EHR Integration of Visit Guides (PDF)	Full EHR Integration Module
Engage Staff (Develop culture of engagement, momentum and office champions)	X	X	X	X	X	X
Engage patients (Develop posters and engagement materials)	X	X	X	X	X	X
Office Flow (Work to include engagement into flow of well-child visits)	X	X	X	X	X	X
Develop EHR system for inclusion of PDF					X	
Develop EHR system for manual import of HL7 file						X
Develop EHR forms for full automated integration of data into visit						X



# Office Flow

1

- **Communicate** with your patients about completing the WVP prior to their appointment
- Email, fliers, posters, postcards, phone calls, etc. (Example materials will be available in the implementation toolkit)

2

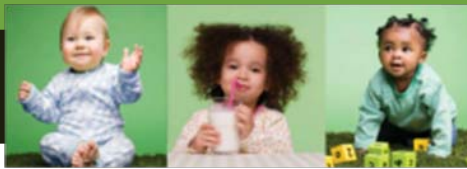
- Parents go to [www.WellVisitPlanner.org](http://www.WellVisitPlanner.org) and **engage** with with the interactive website, including age-specific questions and educational materials

3

- Parents view, save and print their **customized Visit Guide** to bring to their child's appointment. They can also email it to the office ahead of time via a secure email connection.

4

- **Enhanced patient encounter:** parents come to the visit prepared, doctors/nurses are prepared to use the visit guide to focus on parental priorities and concerns. Less time needed to ask developmental questions so more time to address developmental concerns and family psychosocial issues



# Office Flow

## Before 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
- \* Ask parent for Visit Guide to make a photocopy for health care provider to use during visit and for the patient's record
- \* Review 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

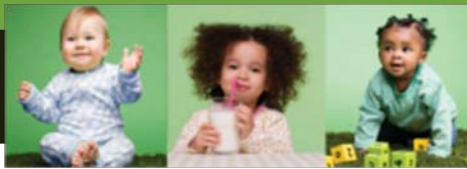
### Provider

- \* Review Visit Guide and MA/RN notes, if applicable
- \* Address 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 the **educational materials** and resources



## Available upon launch of public site... (January 2013 )

- A full implementation toolkit for use with the FREE Public Use version of the WVP
- Coming soon: A unique URL for your clinic
- Coming soon: Enhanced features (such as the ability to integrate data directly into the EHR, customize content of the WVP and brand the site with your clinic logo)

***But you can start preparing to use  
the Well Visit Planner tools now!***



# GET STARTED WITH THE ORIENTATION KIT AND USERS SIGN UP FORM



## Getting Started with The Well-Visit Planner™

Engaging Parents as Partners to Customize and Improve  
Well Child Care for Young Children and their Families  
[www.WellVisitPlanner.org](http://www.WellVisitPlanner.org)

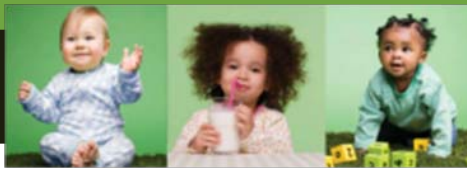
### Orientation Kit and User Sign Up Form

*Complete the form to learn more and get started!*



#### What's in this Packet?

Background.....	1
What is it?.....	2
How does it work?.....	3
Which version of the tool is right for you?.....	4
Implementation: What does it take?.....	5
Site-Specific Options.....	6
Health Care Provider Interest Form.....	7



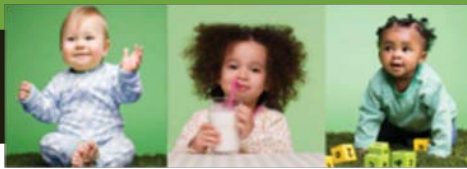
# User Sign-Up Form

## Select the WVP Options You are Interested In Learning About

Before completing this form, please be sure you are read the short “Getting Started” kit for the Well-Visit Planner™ Suite of Tools, available at [www.cahmi.org](http://www.cahmi.org).

1. Please let us know which of the WVP use options you are interested in (check all that apply). If you select any of these options you will receive a unique URL for your practice/health system:

- Public Use Website (free); perhaps with a site specific web address (redirects to public site)
- Site-specific site website with unique URL and branding (logo/contact information)
- Receiving a dataset or report on my patient population who complete the WVP tool
- Tailoring some of the questions asked (allowable customizations limited)
- Receive parent Visit Guides and responses in PDF format via secure email (vs. parent delivery only)
- Integrating parent response data fields into your electronic health record (EHR)
- Using the paper-pencil Shared Encounter Forms (2 page “version” for those who not do use the internet)
- Using the Spanish language version of the Well Visit Planner website
- Using the companion online quality measurement survey (parent-completed; yields automated quality reports yielding 8 nationally endorsed quality indicators using aggregated parent responses)
- I want to learn more about how the WVP may advance meeting Meaningful Use requirements
- I want to learn more about how the WVP may help us with Maintenance of Certification



# User Sign-Up Form

Available at [www.wellvisitplanner.org](http://www.wellvisitplanner.org)

## Tell Us More About You and Your Practice or Site

Date: \_\_\_\_\_ Your Name and E-Mail: \_\_\_\_\_

Site/Clinic/Organization Name and Website: \_\_\_\_\_

Mailing Address (street, city, state & zip): \_\_\_\_\_

Description of Site (# providers; type of clinic): \_\_\_\_\_

Volume of Well Visits (per month, for children under 4, etc.) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

How did you hear about the WVP?: \_\_\_\_\_

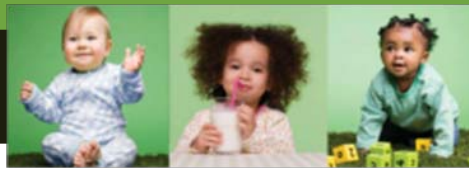
What are your top goals for using the WVP? \_\_\_\_\_

\_\_\_\_\_

What are your top questions, concerns or needs for support to use the WVP? \_\_\_\_\_

\_\_\_\_\_

Thank you! Please email this completed form to [cahmi@ohsu.edu](mailto:cahmi@ohsu.edu) or fax it to (503) 494-2475.  
You will hear a response within 3 business days.



# Thank You to Our Many Partners

**Thank you to all of the staff, advisors and family involvement in the development of the WVP website**

- The staff at the Child and Adolescent Health Measurement Initiative
- The entire staff at The Children's Clinic in Tigard, Oregon
- The federal Maternal and Child Health Bureau

## Parent Advisors

**Tami Olson**

**Emily Brophy**

**Kellena Collier**

**Amy Kurian**

## National Advisory Committee

**Betsy Anderson**

**Jane Basowitz**

**David Bergman**

**Greg Blashke**

**Dimitri A. Christakis**

**John Kilty**

**Paula Duncan**

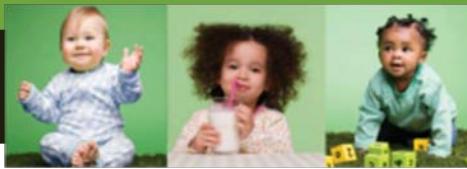
**Cynthia Minkovitz**

**Amy Perretti**

**Edward L. Schor**

**Judy Shaw**

**Sara Slovin**



# Thank you!

We would love to partner with you!

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Website: [www.cahmi.org](http://www.cahmi.org)

**[www.WellVisitPlanner.org](http://www.WellVisitPlanner.org)**



**Engage**

**Educate**

**Improve**

# QUESTIONS?

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Press \*6 to unmute your line  
and ask a question