

# Getting Started with the Cycle of Engagement

*Your Child, Your Well-Visit*

[coe.cahmi.org](http://coe.cahmi.org)

**Orientation kit for providers to learn more and get started**



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# ABOUT THE CYCLE OF ENGAGEMENT

The *Cycle of Engagement (COE)* is a model for engaging parents in an ongoing, collaborative way to learn about, measure, and improve the quality and outcomes of care for children. The *COE* uses a personalized and systems-integrated approach based on American Academy of Pediatrics guidelines and best practices. The *COE* is comprised of **pre-visit planning, within-visit engagement and post-visit assessment.**

## The Need for and Importance of Engaging Parents in Well-Child Care

Despite accumulating evidence regarding the importance of preventive and developmental services in preparing children for success in school and life,<sup>1,2,3,4</sup> substantial gaps exist between recommended provision of care and what is actually provided.<sup>5,6,7</sup> Improving care means improving communication and partnerships with parents and meeting the unique priorities and needs of each child and family. Over nine in ten children have unmet needs for recommended anticipatory guidance and parental education, developmental surveillance or family assessment of well-child care services.<sup>8</sup>

The *Cycle of Engagement* model:

	Engages and supports parents in promoting the health and well-being of their child
	Facilitates early identification of physical, social, emotional and behavioral issues
	Fosters trusting relationships with families and providers, and in doing so, facilitates the effective provision of critical anticipatory guidance, education and resources for parents
	Promotes positive child and family health, resilience and social and emotional skills
	Provides health care providers with real time and continuous feedback on parent-reported aspects of care recommended by <a href="#">Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents</a> to help focus and tailor efforts to improve the quality and outcomes of well-child care provided

Before you continue, we recommend considering your overall goals and team/organization philosophy as it relates to the use of the *COE* model and tools. If the following statements are true about your practice or organization, we recommend implementing the *COE*:

- My team believes that parent engagement is essential to optimal health and outcomes for children.
- My practice would like to implement quality improvement tools that focus on improving well-child care for young children.

The *Cycle of Engagement* is comprised of web-based family-centered tools: The **Well-Visit Planner** for pre-visit planning, the **Online Promoting Healthy Development Survey** for post-visit assessment of quality of care given, and the **CARE\_PATH for Kids** for care-coordination and the development of a shared plan of care.

These tools were developed and tested by the **Child and Adolescent Health Measurement Initiative (CAHMI)**, with the collaboration and input from national experts, families and pediatric physicians.

## Well-Visit Planner

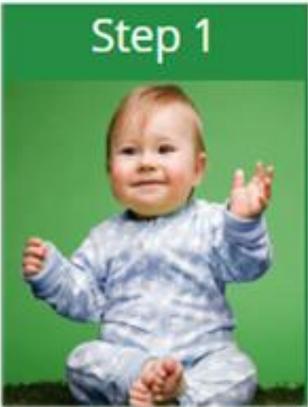
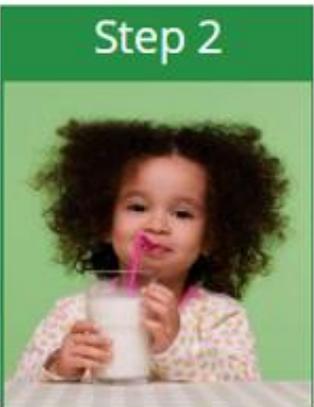
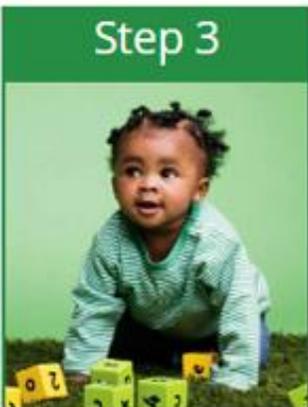
The **Well-Visit Planner (WVP)** is an online **pre-visit planning** tool for parents to complete prior to their child's well-visit ([www.wellvisitplanner.org](http://www.wellvisitplanner.org)). This family engagement tool helps parents to identify priorities and key issues prior to visits and includes access to educational materials and discussion tips for each of the visit-specific focus areas defined in the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd edition*. A customized **Visit Guide** is generated for use by both parents and their child's health care providers. The **WVP** is currently available for the **4, 6, 9, 12, 15, 18-month** and **2, 3, 4, 5, and 6-year well-child visits**.

The **WVP portal** is where you can personalize the **WVP** for your practice or organization. It provides the features of practice or organization-specific branding and tracking of **WVP** use (number of **WVP**'s started and completed by families) that further enhance the use of the **WVP** to improve quality. Additional linkage to publicly available or purchased developmental screening websites and tools like the Ages and Stages Questionnaire (ASQ) and Parents' Evaluation of Developmental Status (PEDS) is possible. Resources for the family Visit Guide can be customized to meet the specific needs of your patient population. You can access the **WVP** portal by creating an account on the *Cycle of Engagement website* at [coe.cahmi.org](http://coe.cahmi.org).

## How the WVP works

Parents of children younger than 6 years of age visit the *Well-Visit Planner* website and complete the following steps before their child's age-specific well-visit.

### How the WVP Works

Step 1	Step 2	Step 3
		
<b>Reflect and Assess</b>	<b>Pick Your Priorities</b>	<b>Get Your Visit Guide</b>
Parents answer questions about their child and family that helps the provider know what they may need to focus on during the well-child visit.	Parents pick up to five topic areas that they want to discuss with their child's health care provider and/or want to receive more information about.	Based on their responses, parents receive a Visit Guide that can be shared with their child's provider and can help the parents and provider prepare for the upcoming visit.

## Online Promoting Healthy Development Survey (Online PHDS)

The *Online PHDS* is a web-based survey for parents of children **3 – 48 months** of age that assesses whether nationally recommended preventive and developmental services are provided ([www.onlinephds.org](http://www.onlinephds.org)). The *Online PHDS* gives parents an opportunity to provide anonymous feedback to their child’s health care provider and also collects descriptive information about the family. Individual parent responses in the *Online PHDS* are confidential and are summarized with other parent responses to help the provider understand the quality of care they provide and identify areas of improvement.

The *Online PHDS portal* is where you can personalize the *Online PHDS* for your practice or organization and collect data on the quality of care you provide. You can add your own logo and create your unique URL for the *Online PHDS* that you can share with parents. You can also add resources specific to your practice or organization that will be displayed on the **parent feedback report**. You get access to a dashboard where you can generate reports on aggregated, de-identified parent data based on validated quality measures and parent-completed survey responses, to be used for your quality improvement activities. American Board of Pediatrics (ABP) Maintenance of Certification (MOC, part 4) and Continuing Medical Education (CME) opportunities are coming soon on this portal. You can access the *Online PHDS* portal by creating an account on the *Cycle of Engagement website* at [coe.cahmi.org](http://coe.cahmi.org).

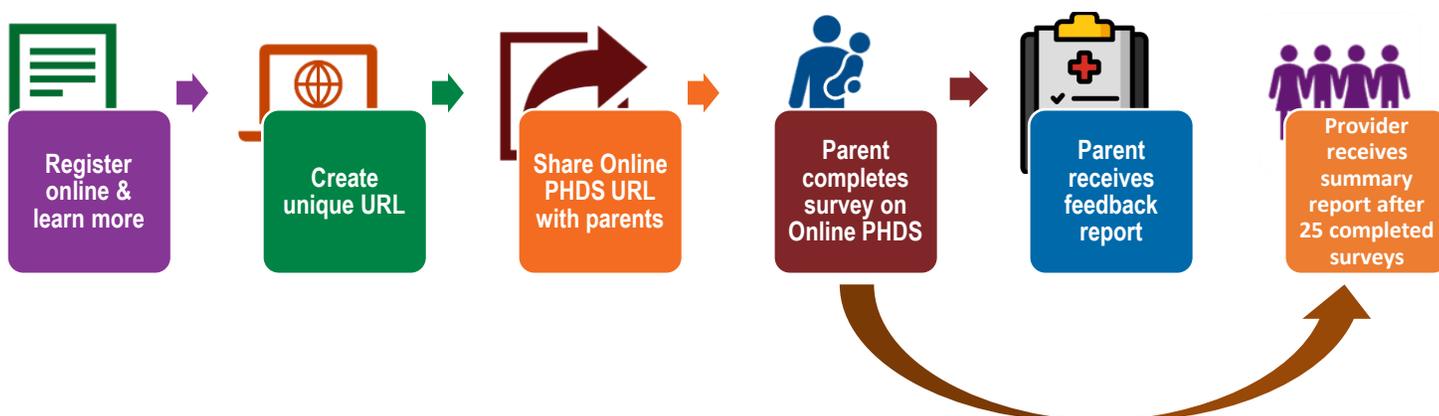
### How the Online PHDS works

Providers customize the *Online PHDS* Portal to get their unique URL and share the *Online PHDS* with parents.

Parents complete the *Online PHDS* parent tool ([www.onlinephds.org](http://www.onlinephds.org)) to provide anonymous **feedback about their experience and quality of care** they received from their child’s health care provider. After completing the survey, parents receive a **feedback report and educational resources** to help guide them about questions they could ask at their child’s next well-visit.

Providers get access to a summary report on **aggregated, de-identified data** based on parent-completed survey responses, **after 25 surveys** have been completed. The report has data findings from validated quality of care measures highlighting areas of excellence and improvement opportunities. They can use the report to understand the **quality of care** they provide and identify areas that need improvement.

### How the Online PHDS Works



## CARE\_PATH for Kids (CPK)

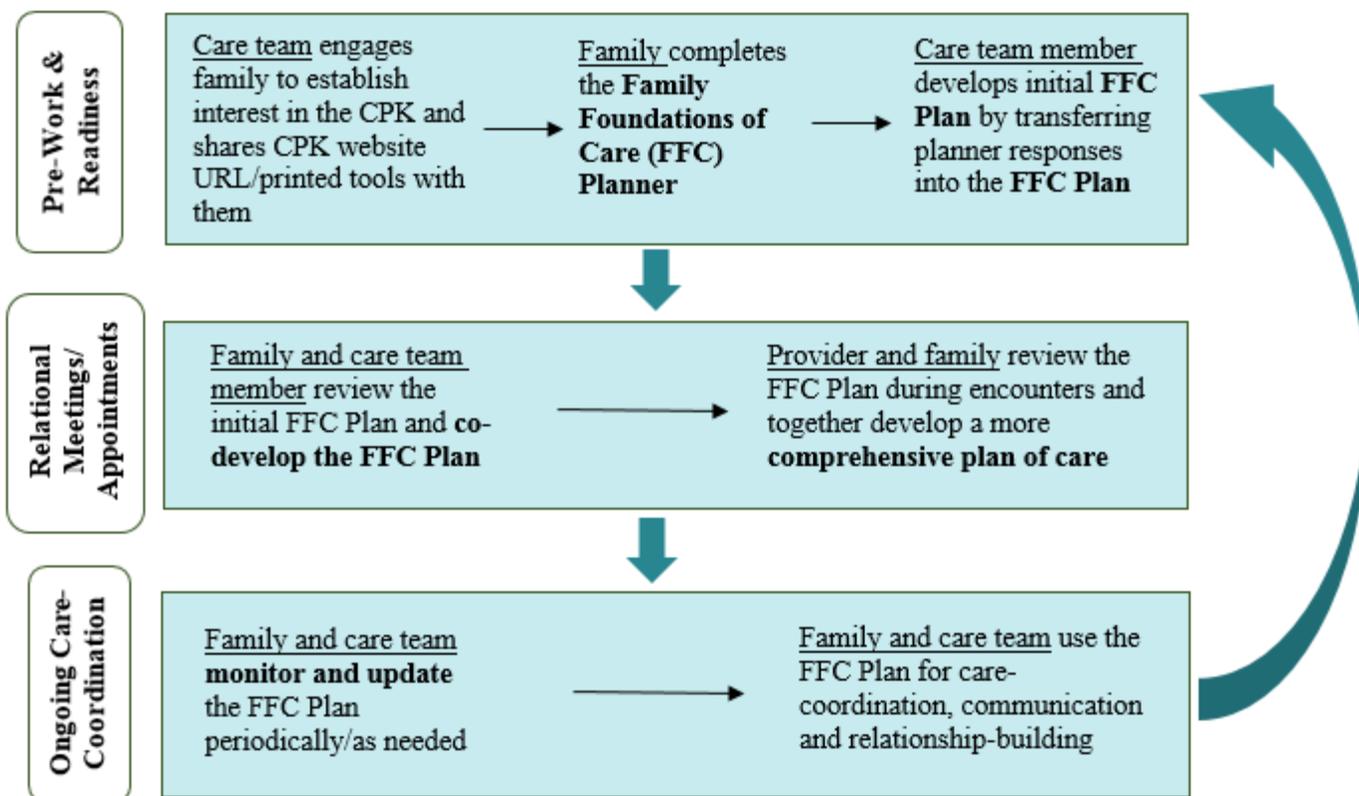
The *CPK* is a model and suite of tools designed to engage families and care teams in a comprehensive assessment of a family's strengths, needs, visions, priorities, goals and their social and environmental context, to inform the development of a shared plan of care. The *CPK* uses a **three-step whole child approach** for families to engage, plan, and improve care planning and outcomes in partnership with their child's care teams. The *CPK* promotes improved partnerships between families and their care teams to work together to build a shared plan of care. The *CPK* tools are the **Family Foundations of Care (FFC) Planner**, the **Family Foundations of Care (FFC) Plan** and **CPK Shared Planning Meeting**.

Families and care teams can learn about the *CPK* and access the *CPK* tools and accompanying resources on the *CPK* website at [www.carepathforkids.org](http://www.carepathforkids.org).

### How the CPK works

Families complete the FFC Planner which is an **engagement tool for families** to reflect on and share their child and family's strengths, current care and needs, priorities, goals, and their social and environmental context. This is **step-1** in the 3-step *CPK* process. The FFC plan is **step-2** in the 3-step *CPK* process. It can be completed by families and a member of their child's care teams through a **Shared Planning Meeting (Step-3)** in the 3-step *CPK* process). The plan represents families' responses as graphics representing the child and family's **map of care** and their **overall well-being**. It includes a **dashboard** summarizing key information, shared goals and action steps identified and discussed by families and their child's care teams, which can be uploaded into electronic health records (EHR) and shared across care teams. **Providers review the Plan** and finalize the larger shared plan of care with families. The care teams continue to partner with families to improve care planning and outcomes.

### How the CPK Works



# HOW THE COE FOR EARLY CHILDHOOD WORKS

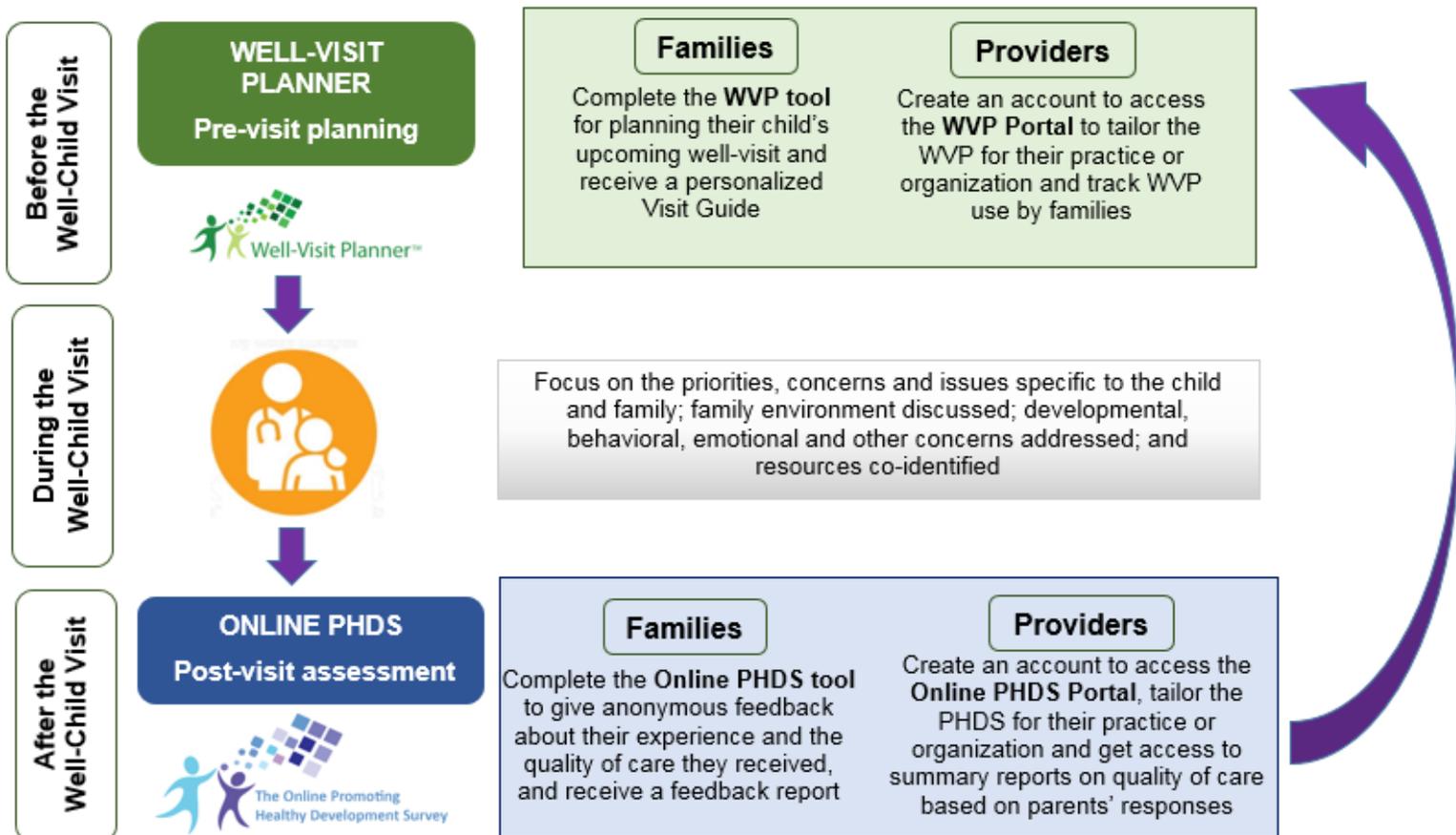
The **WVP and Online PHDS** used together in an ongoing manner form the **COE for early childhood**. It begins with pre-visit planning where parents engage by using the **WVP** to reflect on their strengths and context, identify concerns and priorities, and learn about their child’s development. After completing the **WVP**, they receive a customized Visit Guide that can be shared with their child’s provider to prepare for the upcoming well-visit.

The well-visit is conducted with a focus on parent priorities and context, addressing their concerns, parental education, and referrals to programs and supports. This kind of within-visit engagement builds relationship and trust between families and providers.

After the well-visit, parents complete the post-visit assessment on the **Online PHDS**, after which they receive an automated feedback report and educational resources, to guide them about questions they could ask at their child’s next well-visit. After 25 **Online PHDS** surveys have been completed, providers can generate a summary report specific to their practice or organization. Providers can use the results from the summary report for understanding the quality of care they provide and for continuous quality improvement activities.

You can **get started by registering on the COE website** at [coe.cahmi.org](http://coe.cahmi.org), where you can get information on the **COE**, access to use all or one of the **COE** tools, and resources to support the implementation of **COE** in your practice or organization.

## How the COE for Early Childhood Works



## For an overview of the COE model and tools:

- [Cycle of Engagement 2-page overview](#)
- [Well-Visit Planner 2-page overview](#)
- [Online PHDS 2-page overview](#)
- [CPK 2-page overview](#)

## To get started with using the tools in practice or organization:

- [Well-Visit Planner Getting Started Toolkit](#)
- [Online PHDS Getting Started Toolkit](#)

## For going through steps to learn about, prepare and implement the tools:

- [Well-Visit Planner Implementation Toolkit](#)
- [Online PHDS Implementation Toolkit](#)
- [CPK Implementation Guide](#)

## For frequently asked questions:

- [Cycle of Engagement FAQs for Providers](#)
- [Well-Visit Planner FAQs for Providers](#)
- [Online PHDS FAQs for Providers](#)

## For contracts and licensing:

- [Well-Visit Planner Sub License](#)
- [Online PHDS License](#)

## Videos:

- [COE Video](#)
- [WVP Video](#)
- [Online PHDS Video](#)
- [CPK Video](#)

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<sup>1</sup> Pittard WB, Laditka JN, Laditka SB. Early and periodic screening, diagnosis, and treatment and infant health outcomes in medicaid-insured infants in South Carolina. *The Journal of Pediatrics*. 2007;151(4):414-418.

<sup>2</sup> Pittard WB, Hulseley TC, Laditka JN, Laditka SB. School readiness among children insured by medicaid, south carolina. *Prev Chronic Dis*. 2012;9:E111.

<sup>3</sup> Tanski S, Garfunkel LC, Duncan PM, Weitzman M. Performing preventive services: a Bright Futures handbook. [http://brightfutures.aap.org/continuing\\_education.html](http://brightfutures.aap.org/continuing_education.html).

<sup>4</sup> Hakim RB, Bye BV. Effectiveness of compliance with pediatric preventive care guidelines among medicaid beneficiaries. *Pediatrics*. 2001;108(1)

<sup>5</sup> Chung PJ, Lee TC, Morrison, JL, Schuster, MA. Preventive care for children in the United States: quality and barriers. *Annu. Rev. Public Health* 2006;27:491–515

<sup>6</sup> Zuckerman B, Stevens GD, Inkelas M, Halfon N. Prevalence and correlates of high-quality basic pediatric preventive care. *Pediatrics*. 2004;114(6):1522-1529

<sup>7</sup> Bethell C, Reuland C, Schor E, Abrahms M, Halfon N. Rates of parent-centered developmental screening: disparities and links to services access. *Pediatrics*. 2011; 128(1):146-155

<sup>8</sup> Sand N, Silverstein M, Glascoe FP, Gupta VB, Tonniges TP, O'Connor KG. Pediatricians' reported practices regarding developmental screening: do guidelines work? Do they help? *Pediatrics*. 2005;116(1):174–179