



Home Visiting Collaborative Improvement and Innovation Network 2.0: Addressing Timely Completion of Well-Child Visits

HV CoIIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs) using the Institute for Healthcare Improvement Breakthrough Series (BTS) to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CoIIN 1.0 demonstrated that the BTS model can be used in home visiting to improve outcomes and develop the necessary resources and conditions for subsequent spread and scale efforts. In HV CoIIN 2.0, we use the model to address other challenges that families face, including timely completion of well-child visits.

WCV: The Challenge

Well-child visits (WCVs) with a primary care provider (PCP) are essential to the lifelong health and development of a child. They are an avenue to improve child well-being and family functioning. WCVs offer health promotion, health supervision, and developmental surveillance for children, as well as anticipatory guidance, solicitation of parental concerns, and assessment of family strengths and functioning (Hagan et al., 2017). Helping children receive well-child visits on time and according to the AAP's approved schedule is one of many shared goals of primary care providers and home visitors. When home visitors and

primary care providers coordinate and collaborate as a team along with the family, there are many mutual benefits. However, coordination and collaboration can be challenging to implement and sustain. There is limited research to date on the collaboration efforts between home visiting and primary care. A survey completed in coordination with the Home Visiting Applied Research Collaborative (HARC) found that 38 percent of the surveyed home visiting programs had regular communication between the home visitors and the child's health care provider.

Utilization of preventive services like well-child visits can be one measure of health care quality. Disparities exist in timely completion of WCVs. An intentional focus on policies and procedures to identify and minimize health disparities among home visited children in need of WCVs can be vital to improving timely completion.

What Are We Trying to Accomplish?

Four MIECHV awardees and 11 Local Implementing Agencies (LIAs) are engaging in a 12–15-month Learning Collaborative to achieve the following SMART aim: By March 2021, 85% of all children enrolled in home visiting receive their last expected well-child visit (WCV), based on the American Academy of Pediatrics (AAP) schedule.

By March 2021:

- 90% of children with an expected well-child visit whose caregivers received education about the well-child visit
- 90% of children with an expected well-child visit for whom the home visitor knows the status of the well-child visit
- 95% of children with an expected well-child visit whose caregivers were asked about potential barriers to completing the well-child visit
- 95% of home visitors trained in well-child visit periodicity, content, approach, and follow up protocol
- 90% of team members using CQI data in practice
- 90% of children with an identified primary care provider
- 90% of children with signed consent for information sharing between primary care provider and home visiting program
- 80% of children with a completed well-child visit for whom the home visitor has follow up with the caregiver within 14 days
- 95% of children with an expected well-child visit whose caregivers report self-efficacy regarding their child's health

3. Effective home visiting connections and communication among primary care providers (PCPs), home visitors, and family for linking families to a medical home.
4. Knowledgeable, supported caregivers with self-efficacy to complete well-child visits.

Current Progress

Eleven months into our work, awardees and LIAs are making great strides in achieving the outcome and process aims and are continuing to test and implement reliable improvements through March 2021.

Improvements to date

- The baseline median (median of the first six data points) for % of children who received last expected WCV based on the AAP schedule **was 45%**. In general, as teams progressed through the CoIIN, we saw more points above that median than we saw initially. The median of the last three points is **63%**.
- The baseline median (median of the first six data points) for % of home visitors trained in WCV periodicity, content, approach, and follow up protocol **was 54%**. In general, as teams progressed through the CoIIN, we saw more points above that median than we saw initially. The median of the last three points is **97%**.
- The baseline median (median of the first six data points) for % of children with expected WCV whose caregivers received education about the WCV **was 31%**. In general, as teams progressed through the CoIIN, we saw more points above that median than we saw initially. The median of the last three points is **61%**.
- The baseline median (median of the first six data points) for % of children with expected WCV whose caregivers were asked about potential barriers to completing the WCV **was 26%**. In general, as teams progressed through the CoIIN, we saw more points above that median than we saw initially. The median of the last three points is **57%**.
- The baseline median (median of the first six data points) for % of children with completed WCV for whom the HV has follow-up with caregiver within 14 days **was 64%**. In general, as teams progressed through the CoIIN, we saw more points above that median than we saw initially. The median of the last three points is **75%**.

How Are We Going to Accomplish the Aim?

HV CoIIN 2.0 staff, faculty, and frontline home visiting teams apply evidence-based research to create the Well Child Visit Key Driver Diagram. The Diagram includes the elements that need to be in place to accomplish the aim – and the evidence-informed interventions and processes to realize those drivers. Through iterative learning cycles (Plan, Do Study, Act cycles (PDSAs), and the use of monthly data for monitoring and improvement, LIAs learn how to effectively and efficiently improve the completion of timely well-child visits. Parent leadership in the WCV CoIIN is an integral component of the work, and teams are supported throughout the CoIIN to partner with parents to co-create solutions that can accelerate outcomes.

The four primary drivers are:

1. Standardized and consistent policy and processes for supporting receipt of timely WCVs for families enrolled in the home visiting program.
2. Competent, knowledgeable, and supported home visitor (HV) workforce to address family completion of WCVs.

¹ Hagan, J. F., Shaw, J. S., & Duncan, P.M. (Eds.). (2017). Bright futures: Guidelines for health supervision of infants, children, and adolescents (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics.

For more Information: <http://hv-coiin.edc.org> or email us at hvcoiin2.0@edc.org to learn more.

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