MIECHV
Maternal, Infant, & Early Childhood Home Visiting
TECHNICAL ASSISTANCE RESOURCE CENTER

HVCoIN 2.0
Home Visiting Collaborative Improvement and Innovation Network

HRSA
Maternal & Child Health

Collaborating With Primary Care: Lessons From the Home Visiting CoIIN 2.0's Well-Child Visit Quality Improvement Collaborative

Introduction

Pediatric well-child visits are essential to the health and development of the young child.[1] Helping children receive well-child visits on time, according to the American Academy of Pediatrics (AAP)'s approved periodicity schedule and Bright Futures' "Guidelines for Health Supervision of Infants, Children, and Adolescents (4th Edition)," is one of many goals that home visiting and primary healthcare providers share. Medical home[2] well-child care includes AAP-recommended vaccinations, screenings, physical assessments, referrals, and anticipatory guidance[3] provided under the direction of an appropriately trained pediatrician, family practitioner, nurse practitioner, or physician assistant. These activities align closely with home visiting goals, which focus on promoting infant and child health, fostering educational development and school

The Maternal Infant Early Childhood Home Visiting (MIECHV) program promotes optimal health for all children and emphasizes child and family health with a focus on well-child care. Perfor mance Measure 4 reflects this commitment: Home visiting programs are re quired to report the percent of children enrolled in home visiting who received the last recommended well-child visit based on the AAP schedule.

1 ("2015 Recommendations for Preventive Pediatric Health Care," 2015)

2 AAP Definition: A medical home is an approach to providing comprehensive and high-quality primary care. A medical home should be the following: accessible, family-centered, continuous, comprehensive, compassionate, and culturally effective. A medical home builds partnerships with clinical specialists, families, and community resources. The medical home recognizes the family as a constant in a child's life and emphasizes partnership between healthcare professionals and families.

3 Anticipatory guidance is when a provider counsels parents on physical, psychological, and emotional milestones so that they are prepared and can guide their child through these events. This should occur at each visit and align with the child's age.

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readiness, and helping to prevent child abuse and neglect.[4] Well-child visits also play a critical role in the elimination of the health inequities that children from communities of color and low-resourced communities frequently and unjustly face by mitigating the impact of accumulated stressors and amplifying family and community assets that support improved health. Advancing child health equity is a shared priority of both home visiting and Bright Futures.

Yet despite these benefits, children miss between 30 percent and 50 percent of recommended well-child visits.[5] This impact is most profound for children who are living in rural communities; are experiencing poverty; are uninsured; and are African American, Hispanic/Latino, and/or Native American/Alaskan Native children.[6] During the COVID-19 pandemic, these inequities were further exacerbated.[7] Since March 2020, the AAP reported a significant drop in well-child visits resulting in delays in vaccination, appropriate screening and referrals, and anticipatory guidance to assure optimal health.[8] While pediatric healthcare systems and providers rapidly adapted by providing preventive care through telehealth visits and in-person care, pediatric well-visits and immunization rates have been slower to bounce back to pre-pandemic rates.[9]

Home visiting can play a critical role in increasing preventive care by enhancing families' understanding of the value of well care, mitigating barriers to access and attendance, reinforcing anticipatory guidance, and supporting caregiver self-efficacy to promote their child's health and development.[10]

From January 2020 to March 2021, a dedicated group of MIECHV-funded state agencies (awardees) and local implementing agencies (LIAs), including parent leaders receiving home visiting

4 ("2015 Recommendations for Preventive Pediatric Health Care," 2015; Duffee, et al., 2017; Toomey, et al., 2013)
5 (Selden, 2006; Tom, et al., 2010; Wolf, et al., 2018, 2020)
6 (DeGuzman, et al., 2021; Seldem, T. M., 2006; Wolf, et al., 2018; Freed, et al., 1999)
7 (DeGuzman, et al., 2021)
8 ("Guidance on Providing Pediatric Well-Care During COVID-19," n.d.)
9 ("COVID-19 and the Decline of Well-Child Care, 2020; Guidance on Providing Pediatric Well-Care During COVID-19," n.d.)
10 (Council on Community Pediatrics, 2009; "Important Home Visiting Information During COVID-19," 2020; Toomey, et al., 2013)

services, engaged in a 15-month continuous quality improvement (CQI) collaborative (HV CoIIN 2.0)[11] to explore and test strategies that support families to complete their well-child visits. The collaborative discovered that fostering effective connections and communication between home visitors, medical primary care providers (PCPs), and families was one of the most influential and foundational strategies for well-child visit completion, especially amidst the COVID-19 public health emergency.

This resource presents lessons learned from the HV CoIIN 2.0's Well-Child Visit CQI Collaborative, including concrete approaches MIECHV awardees and LIAs can use to engage busy healthcare providers in collaborations with home visitors and families to improve well-child visit completion. Awardees can use this resource to reflect on their existing partnerships and take action to partner with their pediatric primary care counterparts, complementary public health systems, and families. LIAs can use it to develop action plans to identify and engage PCPs and families to create a local strategy for ongoing collaboration.

About the HV CoIIN 2.0's Well-Child Visit CQI Collaborative

The HV CoIIN 2.0 convened four awardees and ten LIAs from four states—Alabama, Rhode Island, West Virginia, and Wisconsin—to reach a shared aim of 85 percent of children enrolled in home visiting receiving their last expected well-child visit according to the AAP schedule—an intentional alignment with the MIECHV performance measure. This resource highlights a foundational area of focus for participants: building connections and communication among primary care providers, home visiting programs, and families. These connections were seen as useful in linking families to medical homes and ultimately in making progress toward the project aim, especially considering that this collaboratively occurred during the height of the COVID-19 pandemic. Over the course

11 Home Visiting Collaborative Improvement and Innovation Network 2.0's Well-Child Visit CQI Collaborative https://hv-coiin.edc.org

of the 15-month collaborative, LIAs also tested strategies, using quality improvement methods, to improve other areas of their systems, including developing systems to cultivate parent leaders, training staff on the content and periodicity of well-child visits, standardizing policies to support caregivers to access and attend well-child visits, and supporting caregivers to build their self-efficacy to complete well-child visits.

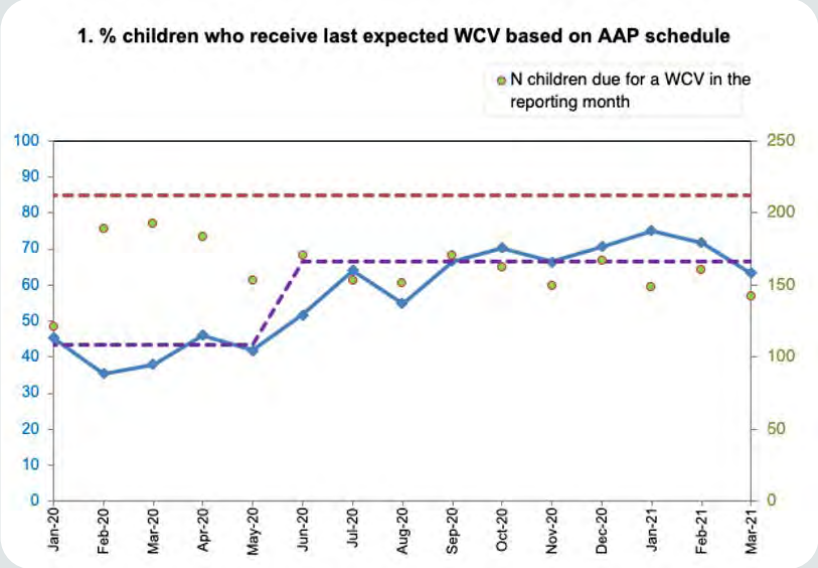
Supports to participating teams were targeted and comprehensive. Two pediatrician faculty, a home visiting practice expert, and a family leadership coach[12] were engaged to support teams. Both medical faculty had participated in developing the Bright Futures guidelines outlining pediatric well-child visit content for the AAP, the practice expert faculty had led efforts on integrating home visiting and pediatrics, and the leadership coach brought expertise in meaningful parent leadership. These individuals were available to answer questions and provide commentary concerning the details of well-child visits, the complementary role of home visiting, and the importance of leading with the voice of families. They also highlighted existing opportunities to strengthen system linkages between primary care and home visiting and suggested ways to take action for improvement. Quality improvement instruction used the Model for Improvement to achieve gains (e.g., plan-do-study-act cycles, data for learning, and partnership tools). Additionally, improvement experts and the parent leadership coach provided momentum and support through collective and targeted coaching to keep state and local teams on track.

Although this effort took place during the COVID-19 pandemic and, in the case of one LIA (Kenosha, Wisconsin), during a period of substantial civic unrest, initial data indicate that home visiting, in partnership with families receiving services, can play a critical role in supporting the timely completion of well-child visits. In fact, while the AAP reported a decrease in national trends in well-child visit completion during COVID-19, teams participating in the Well-Child Visit CQI Collaborative saw

12 HV CoIIN 2.0 Well-Child Visit CQI Collaborative faculty: Cynthia Minkovitz, MD, Francis Rushton, MD, Sally Baggett, and Erin Moore.

collective and individual improvement. Initial data indicate that the percentage of children who received their last expected well-child visit increased from 44 percent at baseline to a median of 66 percent by March 2021 (Figure 1).

Figure 1: HV CoIIN 2.0 Well-Child Visit CQI Collaborative Outcome Measure



Critical Lessons from the Well-Child Visit CQI Collaborative

The following sections outline lessons from teams participating in the Well-Child Visit CQI Collaborative and presents concrete examples at the state and local levels.

- **Lesson 1: Home visitors play a critical role as liaisons and messengers between primary care providers and families.** Home visitors are unique in their trusted role with families and recognized community partners to primary care. Recognizing this opportunity, in 2009 the AAP issued a home visiting policy statement calling on pediatricians to "provide community-based leadership to promote home visiting services to at-risk young mothers, children, and families." Strong partnerships, however, require effective communication. Intentional messaging from home visitors to families on the content and value of well-child visits can meaningfully support families to attend their visits. As families become more aware of the importance of immunizations, as well as the additional benefits derived from well-child visits, they may increase attendance. Teams also discovered that home visitors can provide crucial communication helping families navigate the policies in place at their respective primary care providers related to availability and access to visits, especially during the COVID-19 public health emergency. Additionally, home visitors can provide education on what to expect during

a well-child visit and can work with families to identify and write down, in advance of their visit, questions for their primary care provider. They can play an important role in improving access to quality health care for all families by, for example, supporting families to make plans for transportation or requests for translators. Lastly, home visitors can also advocate on behalf of families, helping primary care providers understand barriers faced by families and adapt policies to be family-centered.

- **Lesson 2: Efforts to foster collaboration and service integration must be intentional.** Collaborations between home visiting, pediatric care, and families vary in breadth and sophistication, depending on local needs, resources, and opportunities. Forging and maintaining these connections is not always easy. Obstacles to collaboration include different funding mechanisms, difficulties obtaining consent and sharing information, administrative oversight (e.g., scheduling and roles), competing priorities, and just plain inertia. In addition, healthcare providers, especially at the individual level, often have a limited understanding of the value of home visiting. At the same time, home visitors may be unaware of the degree to which pediatric anticipatory guidance aligns with their own teachings. Collaboration can be constrained by this "silo effect" which prevents child healthcare providers from truly appreciating the value of home visiting services and vice versa.

  Participants in the CoIIN discovered that home visitors with sufficient awareness of pediatric preventive care were better positioned to advise and prepare families for their well-child visits, including helping them make the best use of time spent with their PCPs. Additionally, awardees and LIAs rapidly acknowledged the value of an informed

"Many of us have never been to a well- child visit. Hearing from a primary care provider directly about what to expect was helpful for us and helped us build a relationship!"

—Alabama home visitor

and supported workforce in initiating contact and forming relationships with PCPs. This led to an investment in the development of processes to train staff on the AAP's Bright Futures guidelines. Initial and ongoing training on well-child visit content and periodicity was a process measure that saw rapid and sustainable improvement with a baseline median of 82 percent to 97 percent by the end of the collaborative. At the suggestion of families, some programs also explored the benefits of having home visitors attend the visit with the family, either virtually or in-person, to improve communication and mutual awareness of issues raised by the family and provide an opportunity for home visitors and medical professionals to develop mutually respectful and beneficial relationships.

- **Lesson 3: Collaboration can promote efficiencies in care.** Timely and reliable information sharing (where appropriate) is key to successful partnerships. Participating teams focused on establishing reliable information-sharing processes with their primary care counterparts and families served. While many teams had something to start with, many looked closely at testing out different language, approaches, and forms and thinking through when they could engage primary care partners in support of families. For example, a number of teams tested sending signed releases for information-sharing at different times (e.g., when a baby is born, to initiate a partnership right from the start, rather than waiting until later when something like vaccination records were needed to meet a program requirement).

  Beyond foundational information-sharing processes, home visiting programs, with the support of faculty, reflected on the number of screens conducted by both home visitors and the healthcare system, including screenings for child development, postpartum depression, and socio-environmental health. Participating teams learned that a collaboration between families, home visitors, and primary care providers can help to reduce this redundancy. Streamlining the screening process (including, with

appropriate permission, sharing screening results) can also reduce the number of times families have to answer potentially sensitive questions and may result in a swifter response to families' identified priorities. For example, should screening reveal the presence of intimate partner violence, unsafe housing, or loss of Medicaid insurance, home visitors may be in a better position than their health colleagues to provide supports including referrals to community services. Home visitors are also set up to reinforce pediatric guidance on topics such as developmental promotion and breastfeeding, and they are better positioned to assess a family's social context and help families weather changes in circumstances—such as those associated with the onset of COVID-19. During the home visit, issues come to light, both formally and informally, that do not necessarily come out in pediatric visits. As appropriate, home visitors can share this information with PCPs, leading to better care all around.

Maximizing Opportunities for Collaboration

One of the most daunting challenges identified by CoIIN participants (both awardees and LIAs) was finding willing medical providers with which to partner, especially in the context of COVID-19. There was no single path that home visiting programs found to solve this problem. Every state's peculiarities—for example, it's unique demographic makeup, its administrative structure, or how its legislature does business—influences how connections are made. And because each state is unique, each state's home visiting entity needs to understand its own state's processes in order to maximize opportunities for collaboration.

For example, in Rhode Island, awardees tapped strong, state-level leadership in the pediatric, home visiting, and caregiver communities to promote collaboration and cross-sector training. They recruited a local pediatrician "champion" who volunteered to tout the value of home visiting across the state

and build will among her primary care colleagues for strong linkages between the two fields. In addition, a well-developed network of home visiting sites, led by the Rhode Island MIECHV team, was instrumental in facilitating dialogue and sharing successes among home visitors, well-child care providers, and parent leaders. Interest spread and created a ripple effect that produced other linkages within and across LIAs.

By comparison, Alabama's Department of Early Childhood Education and MIECHV recipient relied on a different approach to partnership development, building on existing efforts to integrate PCP stakeholders into its First Teacher home visiting efforts. Pediatricians sit on state advisory boards to support connections between primary care and community partners and are available for state and local consultation with home visiting. At the local level, Alabama is also leading with families to catalyze relationships between home visiting and primary care. For example, when home visitors from the small, rural city of Eufaula discovered that most of their families brought their children to the same multi-doctor pediatric office, they immediately contacted the practice, and early discussions quickly grew into a collaborative effort to support well-child visits through enhanced communication processes, information sharing (as appropriate), and home visitor trainings. Eufaula's home visitors also leveraged this initial contact to connect with other medical practitioners in the community.

Taking Action: Engaging the Healthcare Community

The CoIIN identified a series of actionable recommendations to help MIECHV awardees and LIAs establish connections with their primary care counterparts and, especially in the context of the COVID-19 pandemic, work together to disseminate and amplify the importance of well-child visits, anticipate and remove barriers to participation, and support follow-up. These recommendations are presented below.

Opportunities at the State Level

The following lessons are appropriate for all state- and territory-level collaborations, regardless of structure:

- **Find champions.** Strategize with LIAs about primary care providers who are most likely to be receptive to offers for collaboration (e.g., members of the AAP; those sponsoring Bright Futures' guidelines; and those already engaged with state government work, especially those with links back to the community). Engage champions to improve linkages between home visiting and health care.
- **Build on existing relationships.** State-level Title V, Medicaid-funded programs, and Early Childhood Comprehensive Systems (ECCS) grants typically have strong existing contacts with the child health care community and community-based organizations with deep trust from families. Knowing the unique ways these entities perform within your state can reveal opportunities for further collaboration. Reach out to colleagues within these systems to learn more. Access a list of recently funded ECCS states and their agencies here.
- **Keep the momentum going.** The AAP and Academic Pediatric Association both have strong statements advocating for home visiting/pediatric medical home collaboration and advancing health equity.[13] Parents as Teachers is publishing a monograph on its experience with a home visitor housed in a pediatric medical home. Nurse Family Partnership has roots in health care. Healthy Families America strongly promotes linking home visiting families to a medical home. These existing policy statements, guidance documents, resources, and opportunities— spearheaded by national home visiting organizations and primary care—can support the development of partnerships with local care providers.
- **Provide training to ensure common language and goals.** Cross-disciplinary education can promote understanding of each profession's value. For example, train the home

13 (Council on Community Pediatrics, 2009; Duffee, et al., 2017; Toomey, et al., 2013)

visiting workforce on joint expectations for well-child visits (e.g., Bright Futures' content and periodicity). Ensure that training is available in the primary language of home visitors and is responsive to the cultural needs of the program. Elevate the synergies between Bright Futures' guidelines and home visiting content, such as the focus on developmental promotion, supporting parent-child interactions, and ensuring family well-being. Emphasize the ultimate shared goals of optimal child health and development and advancing health equity—to prevent child injuries; limit child abuse, neglect, and maltreatment; reduce emergency department visits; improve school readiness; and amplify protective factors and build upon a family's strength. Also, invite child health experts and families to talk about well-child care at state home visiting gatherings, and access opportunities for home visitors to discuss their early brain development activities at pediatric meetings.

- **Leverage CQI as a tool for rapid improvement.** Quality improvement methodology is an effective tool for introducing new standards and methods into care. It is also a methodology widely accepted and utilized by health care. Joint quality improvement collaboratives focusing on common goals can lead to greater home visiting/well-child care service understanding and integration. These efforts prioritize leading with the voice of families, making data-informed changes, and providing a platform for building will for the topic at hand, making it more likely that effective changes are adopted and hardwired into practice.

- **Explore natural linkages.** Many federal and national initiatives offer natural opportunities for partnership. For example, across MIECHV technical assistance centers and other HRSA initiatives (e.g., Bright Futures' TA Center, Title V, ECCS, and the Bureau of Primary Health Care), there are many existing workgroups and communities of practice aimed at connecting home visiting and primary care. State AAP chapters, community health centers, and early childhood advisory boards could also be willing partners, as they have many shared goals and measurements (e.g., designing

family centered systems and supporting quality services as prioritized by families). Some linkages may even provide an opportunity for additional funding, as the early childhood field is increasingly focused on connecting early childhood systems of care (e.g., Preschool Development Birth through Five grants and federal investments on advancing equity). When reaching out to these new partners, present the value of collaboration to both parties, such as systems supporting parent leaders, increased access for families, and a coordinated system with "no wrong door" for families to engage.

Opportunities at the LIA Level

Lessons from the Well-Child Visit CQI Collaborative for facilitating local-level opportunities for collaboration include the following:

- **Cultivate parent leaders.** Provide caregivers the opportunity to engage in the improvement of the very services they receive as members of the CQI team. Families often have trusting relationships with both their home visitors and healthcare providers. They can open doors and facilitate connections between primary care and home visiting. Engage families to share their stories, create space for them to advocate for their priorities and lead with their experience, and engage them in designing partnerships that are responsive to their needs and contexts. Check out the HV CoIIN 2.0 "Parent Leadership Toolkit" to get started.

- **Seek local medical champions.** Find out which primary healthcare providers are used by most home visiting families and talk to them first. Connect with families to learn more about their experiences and the quality of the services they received from providers. Connect with those providers consistently providing high-quality services, as identified by families, and take time to build a relationship. Then, over time, they can connect you with additional healthcare providers.

- **Develop and test messaging.** Before reaching out, develop talking points and presentation materials that focus on the "what" and "why" of home visiting. Highlight the benefits of collaboration, such as improved access to immunizations

and linkages to additional social services. Highlight the value added to primary care, such as the role home visitors can play in partnering with families to make the most of their well-child visit, reinforcing anticipatory guidance, and making timely referrals. Acknowledge the limited time PCPs have during visits to communicate important information and how home visiting can complement these efforts. Test messages to see which ones work best. For example, highlight shared goals and existing collaborations, include a testimonial from a local pediatrician who has previously partnered with the home visiting program, or note the home visiting program's affiliation with the local hospital system.

- **Establish quality improvement as a common tool and language.** Set realistic expectations for how you will work together with your new primary care partners. Develop ground rules for working together and outline a work plan that displays clear ownerships of roles, tasks, and timelines. Set goals and objectives that are specific, measurable, attainable, and time-bound, and that promote inclusivity and equity (SMARTIE). Measure your progress and share your results—to build support and celebrate small wins.

- **Promote the development of coordinated systems of care.** Explore opportunities to strengthen referral systems and conduct joint screenings. Develop communication processes that facilitate information sharing and ensure that families have reliable and consistent health insurance coverage. Home visitors are natural leaders in developing these coordinated systems given their primary aim of connecting families to community resources and supports.

- **Amplify Bright Futures' wellness, health, and developmental promotion messaging.** For example, LIAs can help families prepare for upcoming well-child visits by using Bright Futures' pre-visit questionnaires or other home visiting agency/model tools. These maximize the family's understanding of the purpose of the visit, their role, and how to best advocate for their child's priorities.

Conclusion

Well-child visits are essential to the health and development of the young child. The work of the HV CoIIN 2.0's Well-Child Visit CQI Collaborative demonstrated the opportunity of home visiting in strengthening acceptance and completion of well-child visits. As home visitors and PCPs learn to collaborate with families around well-child visit completion, we feel confident that even greater opportunities to work together will emerge. Despite structural challenges, the potential benefits of cross-sector collaboration are substantial. Though there is still much work to be done to sort out how these relationships can be optimized, we have a strong foundation and effective methods upon which to build stronger and more sustainable cross-sector partnerships. This is of paramount importance, particularly as the ongoing threat of COVID-19 underscores the importance of ensuring that all children have access to timely and comprehensive preventive care.

References

2015 recommendations for preventive pediatric health care: Committee on practice and ambulatory medicine and bright futures periodicity schedule workgroup. (2015). *Pediatrics*, *136*(3), e727–e729. https://doi.org/10.1542/peds.2015-2009

AAP diversity and inclusion statement. (2018). *Pediatrics, 141*(4):e20180193.

Center for Health Care Strategies. COVID-19 and the decline of well-child care: Implications for children, families, and states. (2020, October 9). https://www.chcs.org/news/covid-19-and-the-decline-of-well-child-care-implications-for-children-families-and-states/

Council on Community Pediatrics. (2009). The role of preschool home-visiting programs in improving children's developmental and health outcomes. *Pediatrics*, *123*(2), 598–603. https://doi.org/10.1542/peds.2008-3607

DeGuzman, P. B., Huang, G., Lyons, G., Snitzer, J., & Keim-Malpass, J. (2021). Rural disparities in early childhood well child visit attendance. *Journal of Pediatric Nursing*, *58*, 76–81. https://doi.org/10.1016/j.pedn.2020.12.005

Duffee, J. H., Mendelsohn, A. L., Kuo, A. A., Legano, L. A., Earls, M. F., Pediatrics, C. on C., Childhood, C. on E., & Neglect, C. on C. A. A. (2017). Early childhood home visiting. *Pediatrics*, *140*(3). https://doi.org/10.1542/peds.2017-2150

Freed, G. L., Clark, S. J., Pathman, D. E., & Schectman, R. (1999). Influences on the receipt of well-child visits in the first two years of life. *Pediatrics*, *103*(4, Pt 2), 864–869.

Guidance on providing pediatric well-care during COVID-19. (n.d.). Retrieved August 9, 2021, from http://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-providing-pediatric-well-care-during-covid-19/

Maternal and Child Health Bureau. Important home visiting information during COVID-19. (2020, May 5). https://mchb.hrsa.gov/Home-Visiting-Information-During-COVID-19

Selden, T. M. (2006). Compliance with well-child visit recommendations: Evidence from the medical expenditure panel survey, 2000–2002. *Pediatrics*, *118*(6), e1766–e1778. https://doi.org/10.1542/peds.2006-0286

Tom, J., Tseng, C. W., Davis, J., Solomon, C., Zhou, C., & Mangione-Smith, R. (2010). Missed well-child care visits, low continuity of care, and risk for ambulatory care sensitive hospitalizations in young children. *Archives of Pediatrics & Adolescent Medicine*, *164*(11), 1052–1058. https://doi.org/10.1001/archpediatrics.2010.201

Toomey, S. L., Cheng, T. L., & APA-AAP Workgroup on the Family-Centered Medical Home. (2013). Home visiting and the family-centered medical home: Synergistic services to promote child health. *Academic Pediatrics*, *13*(1), 3–5. https://doi.org/10.1016/j.acap.2012.11.001

Wolf, E. R., Hochheimer, C. J., Sabo, R. T., DeVoe, J., Wasserman, R., Geissal, E., Opel, D. J., Warren, N., Puro, J., O'Neil, J., Pecsok, J., & Krist, A. H. (2018). Gaps in well-child care attendance among primary care clinics serving low-income families. *Pediatrics*, *142*(5), e20174019. https://doi.org/10.1542/peds.2017-4019

Wolf, E. R., O'Neil, J., Pecsok, J., Etz, R. S., Opel, D. J., Wasserman, R., & Krist, A. H. (2020). Caregiver and clinician perspectives on missed well-child visits. *The Annals of Family Medicine*, *18*(1), 30–34. https://doi.org/10.1370/afm.2466

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