Welcome
Healthy Tomorrows
Assets & Opportunities

HEALTHY TOMORROWS 04-26-2021

Agenda

Topic ***Presenter(s)***	**Duration**
Welcome, Review of Agenda & TA meeting *Blythe Berger and Kristin Lehoullier, RI Department of Health*	10 minutes
Review of Survey Results *Susanne Campbell, CTC-RI Senior Program Director*	15 minutes
Review of # of referrals/visits by Meeting Street and Blackstone Valley Community Action Program (BVCAP) by Hasbro Pediatric Primary Care and PCHC – Central *Sara Remington, BVCAP and Meeting Street*	15 minutes
Review of high risk children that might benefit from referral to Family Visiting *Hasbro & PCHC - Central*	15 minutes
Next Meeting Deliverables *Susanne Campbell & Team Discussion*	5 minutes

Practice Survey Results

Healthy Tomorrows Practice Survey		
	Hasbro Pediatric Primary Care	***Providence Community Health Center (Central)***
Family visiting program awareness	Early Head Start Early Intervention First Connections	Early Head Start Early Intervention First Connections Health Families America Nurse Family Partnership Parents as Teachers FCCP (Family Care Community Partnership)
Do you know how to make referrals?	No	Yes
Number of referrals a month	0	BVCAP-2 Meeting Street-10
Barriers to making referrals to FV programs	Unaware of what each program provides and the suitability of for each program (differences)	- No internal standard process - No automatic referrals from medical record - Non-uniform methodology of referral - No scheduled workflow in place so it makes it difficult to track referrals
Participation of a joint visit?	No	No
Top three FV programs used by the practice	Early Head Start Early Intervention First Connection	Early Head Start Early Intervention First Connection
Screening process to identify families for FV?	No	- ASQ - Health risk assessment/SDOH screening questions
Helpful to know which families are actively involved with FV?	Yes	Yes
Helpful to be able to contact FV program for care coordination?	Yes	Yes
Resources shared with families	No	Meeting Street pamphlet and DOH referral form
Utilization of KIDSNET?	Yes	Yes
Use of FV tab?	No	No
Suggestion for coordination and communication	Notification when family is involved in a FV program/what services are provided	Liaison at FV agency for practices to contact to make referrals FV programs should standardize referral process to make tracking easier
Topics to expand knowledge	Need to know about each program and what they provide Confusion whether FV practices work collaboratively or overlap Confusion amongst families as well	How other practices make referrals and coordinate care

Discussion Questions on Practice Surveys?

Opportunity	Discussion Questions
Staff knowledge of Family Visiting Program	How do staff know about FV services, referral process?
Referrals to Family Visiting	How are practices identifying patients for referral to family visiting?
	How do practices know what referrals are made?
	How do practices know outcomes of referrals made?
Resources shared with families	What information about family visiting is shared with families?
	When is information about family visiting shared with families?

Family Visiting Survey Results

Healthy Tomorrows Family Visiting Survey		
	Meeting Street	**BVCAP**
Q3. Percentage of FV services via telehealth	100	100%
Q4. Implementing agency	Community-based non-profit	Community action program
Q5. FV model(s) used at our program serving the community	Healthy Families America	Healthy Families America Parents as Teachers
Q6. Site's use of a management information system to document service delivery	- System developed by a state agency	- We use a system developed by a state agency - We use a system developed by another organization: Effort to Outcomes by Social Solutions
Q7. Languages spoken	English Spanish Swahili	English Spanish Creole
Q8. Number of families enrolled	121	210
Q9. Capacity to accept new referrals	Yes	Yes
Q10. Does the program ask whether a child has a primary source of medical care?	Yes	Yes
Q11. Does the program routinely ask where an enrolled child receives primary medical care?	Yes	Yes
Q12. How many different practices of clinics do children enrolled in your program go to for primary medical care?	5-9	< 5
Q13. Presence of a designated point of contact? (Hasbro & PCHC)	No	No
Q14. Does the program maintain formal agreements with health providers to share this information (refer to Q14)	No	Yes
Q15. Frequency that information is sent to children's primary medical care practice/clinic (Hasbro & PCHC)	Sometimes (both practices)	Sometimes (both practices)
Q16. Frequency of communication with children's providers (Hasbro & PCHC)	Regularly, but no set schedule (both practices)	Only if there are specific concerns (both practices)
Q17. Mode(s) typically used to send communications to an enrolled child's medical provider	Fax/mailed letter Phone call In-person meeting	Faxed/mailed letter Phone call

Family Visiting Survey Results (cont)

Healthy Tomorrows Family Visiting Survey		
	Meeting Street	**BVCAP**
Q18. Typical reasons the FV program contacts the child's primary care provider	- Notify the medical provider that the child is enrolled in FV program - Review missed home visit/assist with locating the family - Review missed medical visits - Review immunization status - Inform of specific screening results (development, hearing/vision, etc) - Inform of specific health related concerns about the child - Discuss specific health related concerns about the child - Review medical recommendations given about the child	- Notify the medical provider that the child is enrolled in a FV program - Review missed home visits/assist with locating the family - Inform of specific screening results (development, hearing/vision, etc) - Discuss specific health related concerns about the child
Q19. Does the program transport children to their medical visits?	No	No
Q20. Active participation of FV staff during primary care visit (Hasbro & PCHC)	Sometimes (both practices)	Sometimes (both practices)
Q21. Frequency of communication from child's primary care providers (Hasbro & PCHC)	Rarely (both practices)	Rarely (both practices)
Q22. Reason that children's primary care providers contact the FV program about specific enrolled children	- Request health related information from the FV program	- Request health related information from the FV program - Discuss health related information from the FV program
Q23. Method that children's primary care provider contacts program	Phone call/Not usually contacted	Phone call
Q24. The attendance of program staff with children for their medical visits (Hasbro & PCHC)	Sometimes (both practices)	Sometimes (both practices)
Q25. Role Policy	No (Protocol)	Yes
Q26. Training policy	Yes	No (protocol)
Q27. Supervision Policy	No	Yes

Family Visiting Survey Results (cont)

Q28 Many Family Visiting programs have explicit maternal and child health outcome performance standards. Please indicate whether your program has an explicit standard and whether staff are expected to document each family's status in achieving standard.

Neutral or disagree

- Pediatric primary care providers in my area understand the purpose and services offered by our family visiting program.

Agree / Strongly agree

- Primary care providers of children and FV programs share common goals.
- It is important to communicate with pediatric primary care providers about health-related concerns.
- It is important for a child's primary care provider to know when s/he is enrolled in our program.
- Health promotion for children is an important focus of our FV program.

Family Visiting Survey Results (cont)

Q29 How much of a challenge are each of the following reasons to coordinating FV services with primary care providers?

Moderate/Big Challenge:

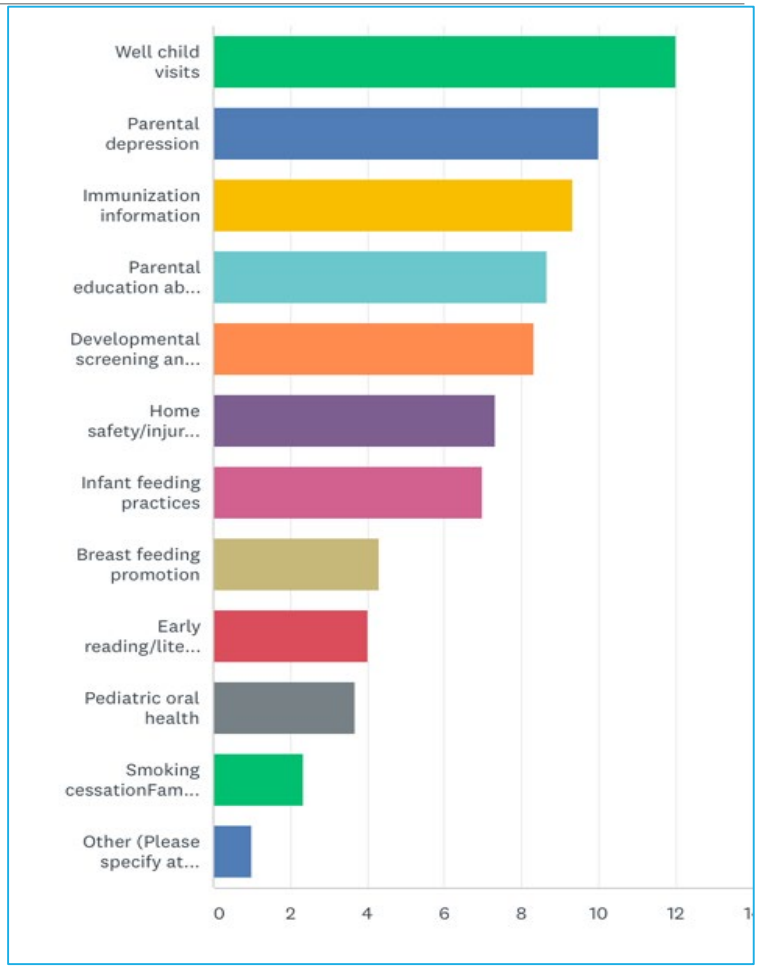
- Children's primary care providers not receptive.
- Difficult interacting with children's medical practices and the healthy care system.

Small/Not a Challenge:

- Too many pediatric medical practices.
- Children do not have primary care providers
- Children do not use their primary care provider.
- Not a priority of our FV program.
- Lack of time.
- Lack of training of FV staff to communicate with medical providers.

Family Visiting Survey Results (cont)

Q30 Topics where collaboration would be most beneficial to the clients who you serve? In rank order.



Discussion Questions on Family Visiting Surveys?

Opportunity	Discussion questions
Standardized process for working with pediatric practices	Designated point of contact within FV and Pediatric practice
	Formal agreement
	Process for sharing information
	What information to share?
	When to share?
	How to share ?
	Top reasons for sharing: Well Child, Moms with depression, Immunization, education for parents developmental screening,
	Better understand • Children's primary care providers not receptive? • Difficult interacting with children's medical practices and the healthy care system?

Referrals made to Family Visiting

Hasbro (includes Aubin Center)	PCHC – Central
13 referral in 2020 • 4 were referred to Parents as Teachers • 4 to Early Intervention • 3 to First Connections • 2 to Healthy Families America	18 referral in 2020 • 1 was referred to Parents as Teachers • 1 was already involved in a program • 1 moved out of RI soon after referral • 1 no response to outreach • 7 refused • 3 referred to Healthy Families America • 2 referred to Nurse-Family Partnership • 1 unable to contact • 1 other

Referrals made to Family Visiting January 1 – April 24, 2021

	BVCAP	Meeting Street
Hasbro patients	13	31
PCHC – Central patients	2	10

Top three referral sources at the end of 2020 were

1. Women & Infants OGCC
2. First Connections
3. DCYF

Other common referral sources are

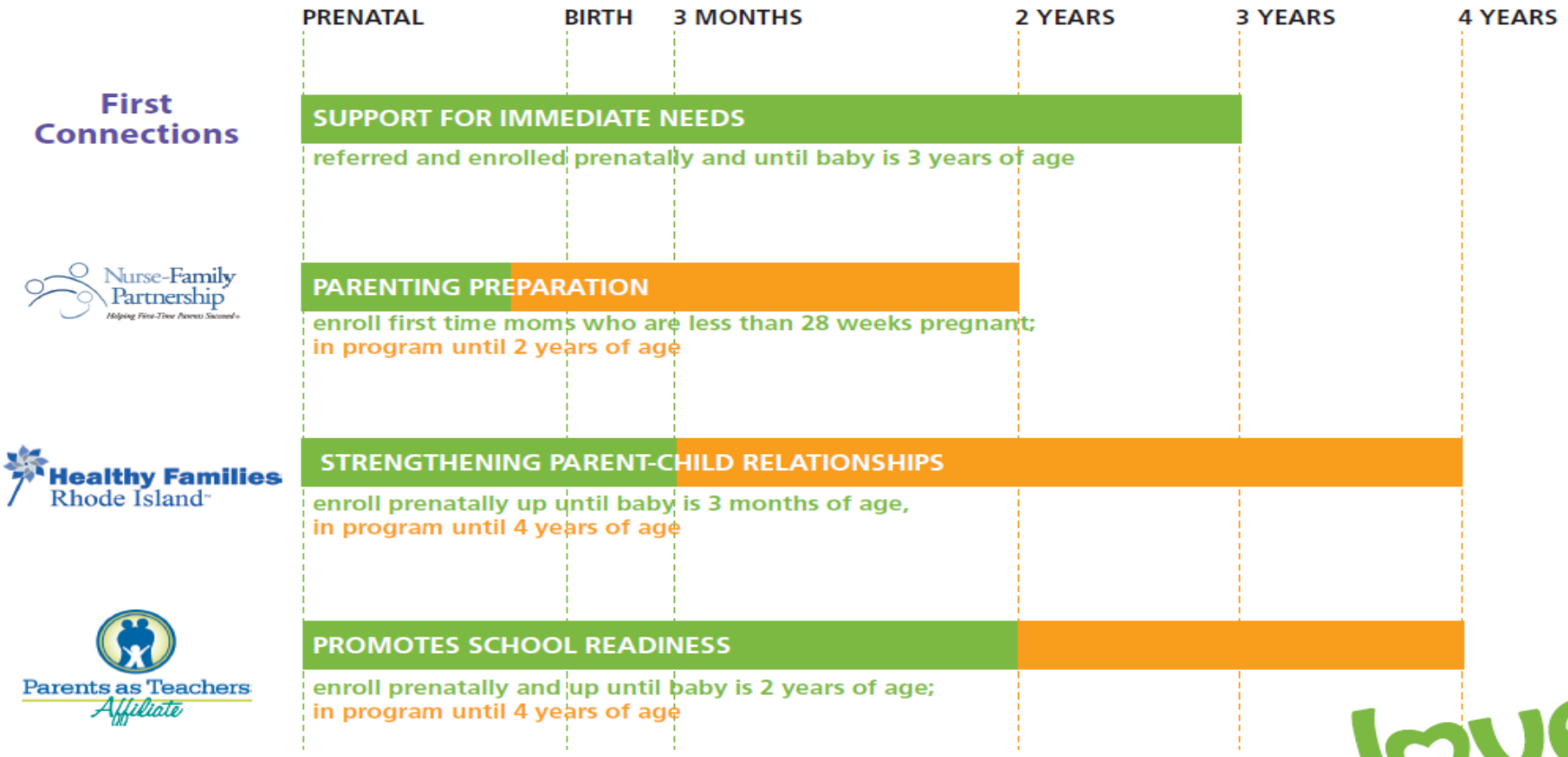
- WIC,
- the COVID Unit,
- self referrals
- internal agency referrals (food pantry, other supportive services, RI Works)
- other health centers,
- SW at W&I Hospital

Discussion Questions on Family Visiting Data?

- What has Family Visiting found to be helpful with referring patients from top referral sources?

MIECHV Priority Populations High-priority families include

- Below poverty income
- Pregnant women under age 21 (“teens”)
- History of child abuse or neglect or prior involvement in child welfare system
- History of substance abuse or current need for treatment
- Current tobacco use in the home
- Children who have low academic achievement
- Children who have developmental delays or disabilities
- Individuals who are serving or have served in the military



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Family Visiting Well Child Checkup Map[1]

DONE!

Hospital Newborn Assessment
History, measurements, baby's first screenings and physical exam, first vaccination (Hepatitis B), other tests

3-5 DAYS

A Healthy Start at Home!
- Your baby's doctor checks early progress.
- Vaccinations (Immunizations)[3]
- Blood test
- Ask questions!

Date:_____ Time:_____
Dr. Name:_____

1 MONTH

Ask if more hearing tests are needed.
Date:_____ Time:_____
Dr. Name:_____

FOR MOM

Postpartum visit:
Date:_____ Time:_____
Dr. Name:_____

2 MONTHS

- Vaccination[3]

Date:_____ Time:_____
Dr. Name:_____

4 MONTHS

- Vaccination[3]

Date:_____ Time:_____
Dr. Name:_____

6 MONTHS

- Vaccination[3]

Date:_____ Time:_____
Dr. Name:_____

9 MONTHS

- Development

Date:_____ Time:_____
Dr. Name:_____

12 MONTHS

- First oral health exam[2] • Lead screening

Date:_____ Time:_____
Dr. Name:_____

15 MONTHS

- Vaccination[3]

Date:_____ Time:_____
Dr. Name:_____

18 MONTHS

- Vaccination[3] • Dentist • Development[4]

Date:_____ Time:_____
Dr. Name:_____

24 MONTHS

- Dentist • Blood test • Development[4]

Date:_____ Time:_____
Dr. Name:_____

30 MONTHS

- Dentist • Development

Date:_____ Time:_____
Dr. Name:_____

3 YEARS

- Dentist

Date:_____ Time:_____
Dr. Name:_____

42 MONTHS

- Dentist

Date:_____ Time:_____
Dr. Name:_____

4 YEARS

- Vaccination[3] • Eye test

Date:_____ Time:_____
Dr. Name:_____

5 YEARS

- Schedule a check-up each year around your child's birthday. More screenings may be recommended at ages, 3, 4, and 5. NOTE: Well Child Visits go up to age 21

Date:_____ Time:_____
Dr. Name:_____

[1] The Well Child doctor visits shown on this map are based on the Early Periodic Screening, Diagnosis, and Treatment Medicaid guidelines for newborn and early childhood medical checkups. For more information, visit: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-. screening-diagnostic-and-treatment/index.html.

[2] A dental check-up for your child is recommended at Age 1, then every two years afterward. Your baby's doctor may also start discussing any concerns at 6 months or 9 months.

[3] This mapping tool is a general guide for following well-child appointments during recommended timeframes. Your child's personal vaccination schedule may differ. Always follow your pediatrician's advice for your child's exact vaccination schedule.

[4] Children are first screened for autism at ages 18 months and 24 months.

rEY

BLOOD TEST | DEVELOPMENTAL AND/OR AUTISM SCREENING | EAR TEST | EYE TEST | ORAL HEALTH | POSTPARTUM | VACCINATION

PCHC – Central High Risk

Pediatrics Opportunities Outreach Report

- Includes Immunization and gaps in care; prioritized by risk for patient follow up
- Number of patients included in the pediatric outreach report for Central: 1072
- Open Gaps:
  - ❑ MMR: 53
  - ❑ Well Visit: 84
  - ❑ Asthma Follow up: 13
  - ❑ Autism Follow Up: 2
  - ❑ Developmental Screen: 139
  - ❑ Down Syndrome Follow Up: 1
  - ❑ Obesity Follow Up: 3

Patients in other risk categories:

- ❑ Food insecurity: 112
- ❑ Homeless: 1
- ❑ Housing insecurity: 18
- ❑ Parent with history of mental illness: 17

Hasbro Pediatric Primary Care High Risk

- Any family that has a baby <9 months old who has had a positive Edinburgh postpartum depression screen. Current results: 35 patients
- Any patient 3 months- 3 years of age missing a PCV13 or a Hep A. (It is assumed that these patients have likely missed appointments as well.) Current results: 279 patients
- Any family identified by the DOH in 2020 for Plan of Safe Care and/or are a substance exposed newborn. Current results: 44 patients
- Total: 358

Discussion Questions on Practice Data?

- How else might we identify families early on that would benefit from FV? Families facing stress?
- Should FV be offered consistently/universally at early ages (2 months? thru age 24 months?
- What flags would we also consider for a referral?
- What information would be helpful when referring a family to FV?

Process Overview

Define standard process (workflow) for screening children and families for FV program and referral

- Recommend practice facilitator meets with practices and family visiting to start development of a workflow for screening children in need of coordination.
- Practice
  - Come to May meeting with sample workflows for screening and referral to FV.
- Family Visiting
  - Come to the meeting with proposed process for identifying children and families who are behind on well child care and in need of coordination with Pediatrics.

Stay Safe and Healthy

Resources to include?

Key Learnings from National Well Child Initiative

Well Child Visits Workstream

The identified topic for the Cohort 2 HV CoIIN 2.0 New Topic Workstream is Well Child Visits. Participants in the **Well Child Visits workstream** will develop, test and engage in later scale of improvements in this new topic area. Awardees commit to supporting three to five LIAS in achieving the shared aim defined on the Key Driver Diagram for Well Child Visits. LIAs will report shared measures and PDSA testing each month and participate in monthly webinars (called Action Period Calls) and three Learning Sessions (one in-person and two virtual) per year.

Collaborative aim:

85% of all children enrolled in home visiting receive their last expected well-child visit based on the AAP schedule in a timely manner within a 12-18-month time frame.

Key Learnings from National Well Child Initiative

System drivers of focus:

**Please note the below areas of focus may vary slightly as the documents are finalized*

Standardized and reliable policy and processes for supporting receipt of timely WCV

Competent, knowledgeable and supported home visiting workforce to address WCVs

Effective home visiting connections with primary care providers for linking families to a medical home

Standardized and reliable policy and processes for timely communication and follow up between primary care provider, home visitor, and family

Real time identification and mitigation of barriers

Comprehensive data tracking system for well-child visits

Parent feedback received:

Why are well child visits important if not receiving immunization?

What topics should parents bring to well child visits?