



Strengthening Service Coordination Between Home Visitors and Pediatric Primary Care Providers

Introduction

Home visiting is an important service delivery strategy to improve maternal and child health and well-being. To reach more families and better meet their needs, home visiting programs often coordinate services with community providers in a variety of fields, including pediatric primary care. In 2013, a joint policy statement from the Academic Pediatric Association (APA) and the American Academy of Pediatrics (AAP) emphasized the importance of such efforts.¹

Service coordination goes beyond making referrals to include purposeful integration between organizations. Co-locating services in the same facility can help organizations more easily align with each other. Doing so, however, is not always feasible.

This brief summarizes the existing research, including evaluations of co-located services, to address four questions:

- ✔ Why should home visiting programs coordinate with pediatric primary care providers?
- ✔ What are common obstacles to service coordination?
- ✔ How can providers work around common obstacles?
- ✔ What are implications for practice and future research?

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Greater coordination . . . could simultaneously enhance home visiting program effectiveness and help reinforce advice and anticipatory guidance given by primary care clinicians.

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Why Should Home Visiting Programs Coordinate With Pediatric Primary Care Providers?

Home visiting programs and pediatric primary care providers have complementary goals. Both provide families with critical services to promote child health and well-being.³ Yet addressing families' complex needs requires resources and services beyond the scope of individual programs.

Home visiting programs provide in-home support and services to children and their caregivers, particularly those who are low income or otherwise deemed at risk. Families who can benefit most from home visiting may also be the most difficult to reach. First-time and less-educated mothers are less likely to receive home visits compared to other mothers, according to the Mother and Infant Home Visiting Program Evaluation (MIHOPE) implementation report. Families with more risk factors are also somewhat less likely to stay in home visiting programs compared to families with fewer risk factors.⁴

Pediatric primary care providers see many families, but the depth of their interactions may be insufficient to meet families' needs. Ninety percent of children under 6 years of age received a well-child checkup in the past year, according to Child Trends' analysis of the 2017 National Health Interview Survey.⁵ About a third of parents report spending less than 10 minutes with their child's doctor during their last well-child visit.⁶ Many parents also report that well-child visits do not address their psychosocial, developmental, and behavioral concerns for their children.⁷

What Is Service Coordination?

Service coordination refers to the deliberate coordination of activities between two or more organizations to deliver, in partnership with families, the right services in the right setting at the right time.⁸ More comprehensive than simply referring families from one service to another, service coordination includes—

- Shared goals
- Aligned resources
- Information sharing between organizations⁹

Greater service coordination between the two fields can help providers better meet more families' needs during the critical period of early child development. Potential benefits include—

- ✔ Avoiding duplicate efforts to identify child and family needs
- ✔ Better monitoring referrals to community resources and supports
- ✔ Assisting families with transitions across multiple service systems
- ✔ Better monitoring and addressing social conditions important to child health and safety
- ✔ Reinforcing messaging, education, and advice provided to parents¹⁰

What Are Common Obstacles to Service Coordination?

Despite the potential benefits of service coordination between home visiting and pediatric primary care, the practice is limited. The MIHOPE implementation report found that only a third of local home visiting programs have a formal agreement to partner with pediatric primary care providers.¹¹ Thirty-eight percent of respondents to a national survey of home visiting providers report regular communication with pediatric primary care providers.¹² Such results may stem from a number of challenges:

- ✔ **Conflicting goals and priorities.** Not all home visiting models prioritize child health outcomes, which may make integration more challenging.¹³ Research indicates that communication with pediatric primary care providers is more likely to occur when there is alignment between the goals and priorities of each organization.¹⁴
- ✔ **Lack of understanding of home visiting and its value.** Pediatric primary care providers may not fully understand home visiting and its potential impacts on families.¹⁵ Incomplete information, combined with competing demands, may make them less open to coordination.
- ✔ **Limited time and availability among health care staff.** Even when pediatricians feel positively about coordination, insufficient time and staffing is associated with fewer coordination activities.¹⁶ This finding suggests that positive attitudes are not enough to foster meaningful coordination activities without concrete organizational supports.

How Can Providers Work Around Common Obstacles?

Co-location is an efficient approach to improving coordination between home visiting programs and pediatric primary care providers. Co-location involves service providers working together at

the same facility and can make it easier for staff to develop relationships, share knowledge, and work together toward patient goals.

While co-location is not always feasible or practical, it often encompasses promising strategies that organizations can use in shared or separate locations:

- ✔ Promoting awareness of service coordination benefits
- ✔ Establishing communication processes and procedures
- ✔ Developing policies and mechanisms to encourage service coordination

Promising Strategy 1. Promoting Awareness of Service Coordination Benefits

One benefit of co-locating home visiting programs and pediatric primary care providers is increased familiarity and exposure. Ongoing contact with one another promotes providers' knowledge about their respective services and the benefits of increased coordination (see box 1). For example, if pediatric providers are more aware of the complementary support provided by home visiting programs, they are more likely to refer families for home visiting and to work with home visiting providers. Likewise, home visitors familiar with well-child visits can better coordinate with pediatric primary care providers to reinforce messages and follow up on doctor referrals. Separately located programs should identify other avenues, such as visits from pediatric primary care providers or joint information sessions, to promote greater acknowledgement and recognition of service coordination benefits.

Box 1. Ready for School: Pediatric Holistic Health Initiative, Imprints Cares

In 2011, Imprints Cares¹⁷ partnered with three pediatric primary care providers to integrate its home visiting services into a pediatric medical home in Winston-Salem, NC. The model provides comprehensive consultation on parenting concerns, breastfeeding challenges, behavior problems, and developmental concerns. Participants can receive home visiting services onsite or in the home.

Researchers completing a study of program implementation found benefits for both home visitors and the medical team. For home visitors, a steady stream of referrals and the opportunity to work directly with the medical team enhanced enrollment and communication. For the medical team, integrated services helped trainees become familiar with positive parenting techniques and collaborate on educational efforts, such as parenting classes for pregnant and parenting teens, car seat installation and education programs, and family nutrition courses. Both groups acknowledged that the home visitors' ability to recognize and respond to risk factors, including trauma, exceeded what could be reasonably offered by medical providers in the office.

Promising Strategy 2. Establishing Communication Processes and Procedures

Effective service coordination requires ongoing communication between providers. The literature includes several processes and procedures for facilitating communication between home visiting and pediatric primary care providers: (1) outlining specific roles for each provider type, (2) agreeing on procedures and policies for making referrals, (3) holding regular team meetings, and (4) offering joint trainings and team-building activities. Such activities span efforts where services are co-located and those where they are located separately (see box 2).

Box 2. Mt. Hope Family Center, Building Healthy Children

The Building Healthy Children¹⁸ program in Rochester, NY, integrates home visiting and pediatric primary care providers to meet the complex needs of young, at-risk families. Families receive tiered services, including the Parents as Teachers home visiting model and behavioral health services, when additional needs are identified.

Although home visiting services are not co-located with the medical practice, the program implements a number of processes and activities to facilitate communication between the medical and home visiting staff. These include regular treatment team meetings, team-building activities, and inclusive staff trainings. Pediatric and family medicine residents completing community health rotations also accompany staff on home visits.

Preliminary data from a randomized controlled trial show promise for improving participants' pediatric health, family functioning, and mental health outcomes. Home visiting programs within Building Healthy Children also experienced high enrollment and retention rates compared to rates in the home visiting literature.

Promising Strategy 3. Developing Policies and Mechanisms to Encourage Service Coordination

Service coordination requires organizational policies that encompass both sets of service providers. Shared or flexible funding can also encourage and support service coordination, while shared data systems enable providers to access the same patient information.

Box 3. The Children's Center, Carolina Health Centers

The Children's Center¹⁹ in Greenwood, SC, offers three home visiting models within a primary health care setting: Nurse-Family Partnership, Healthy Families America, and HealthySteps. All children at The Children's Center receive primary health care interventions, including home visiting, and some receive additional behavioral health interventions, such as therapy or counseling, based on identified needs.

As part of a co-location agreement, the center's primary health care providers and home visitors use the same standardized measurement and screening tools. They also share electronic health records. This consistency helps them better identify, engage, and retain families and collaborate on child and family service plans. A 2015 case study²⁰ reports multiple benefits, including reduced—

- Presence of risk factors associated with chronic health conditions
- Costs associated with higher rates of emergency department visits
- Duplication of efforts and services

What Are the Implications for Practice and Future Research?

This brief identifies opportunities and challenges for increasing service coordination between home visiting programs and pediatric primary care providers. There are several key implications for practice and research:

- ✔ Co-location of home visiting programs with pediatric primary care can support coordination but is not always feasible. Even when programs maintain distinct locations, they can turn to strategies found in existing co-location efforts.
- ✔ There is a need to promote greater awareness of service coordination and its benefits among the fields of home visiting and pediatric primary care.
- ✔ More research is needed to measure outcomes associated with service coordination activities.²¹ Better understanding the potential benefits for families and providers may further improve the quality of communication between different provider types and encourage a more meaningful exchange of information.²²
- ✔ Strengthening the measurement framework for service coordination will support needed research, along with activities around needs assessment, monitoring, and quality improvement.²³

Conclusion

Service coordination can help home visiting programs and pediatric primary care providers better meet families' needs. To be effective, organizations should move beyond making referrals to purposefully align their goals, resources, and activities. Co-locating service providers in the same facility can support this process but isn't necessary. Collaborators may want to consider designing opportunities that promote coordination's benefits, developing policies and procedures to encourage ongoing communication, and implementing mechanisms such as shared screening tools and data systems.

References and Notes

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