

# Welcome to the Cycle of Engagement: FAQs for Providers

## General Information about the Cycle of Engagement Model and Tools

### What is 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, developed by the **Child and Adolescent Health Measurement Initiative (CAHMI)**, uses a personalized and systems-integrated approach based on guidelines from the American Academy of Pediatrics and best practices. The model is comprised of pre-visit planning, within-visit engagement and post-visit assessment.

### What are the Cycle of Engagement tools?

The COE tools are web-based parent-centered tools and consist of the **Well-Visit Planner (WVP)** for pre-visit planning, the **Online Promoting Healthy Development Survey (Online PHDS)** for post-visit assessment of quality of care given, and the **CARE\_PATH for Kids (CPK)** for care planning and care-coordination.

The **WVP** is an online tool that parents complete prior to each well-child visit (**4 months-6 years**) to optimize the encounter by identifying needs and priorities specific to their child's age, to help tailor the visits to their needs. Visit [www.wellvisitplanner.org](http://www.wellvisitplanner.org) for more information.

The **Online PHDS** is a parent-completed online tool that assesses whether young children (**3 months -4 years**) are receiving nationally recommended preventive and developmental services and promotes the continuous engagement of families to measure and improve the quality of care. Visit [www.onlinephds.org](http://www.onlinephds.org) for more information.

The **CARE\_PATH for Kids (CPK)** is a model and suite of tools designed to engage families and providers in a comprehensive assessment of a family's strengths, priorities, needs, concerns, goals and their social and environmental context to inform the development of a shared plan of care. Visit [www.carepathforkids.org](http://www.carepathforkids.org) for more information

The COE tools are:

- Publicly available and free for families.
- Designed, developed and tested in collaboration with parents, providers and experts in the field.
- Based on best practices and the American Academy of Pediatrics (*AAP's Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*).
- Web-based and mobile-optimized.
- Aligned with electronic health record Meaningful Use standards and American Board of Pediatrics Maintenance of Certification requirements.
- Aligned with the current *Patient Centered Medical Home standards and guidelines*.
- Aligned with pediatric improvement and pay-for-performance innovations.

## How does the Cycle of Engagement work?

The COE model includes **COE for early childhood** and **COE for developing shared plans of care**.

The COE for early childhood 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, personalized parental education, and linkage to programs and supports. This kind of **within-visit engagement** builds relationship and trust between families and providers and improves the efficiency of visit time.

After the well-visit, parents complete the **post-visit assessment** on the Online PHDS. On completing the Online PHDS, they receive an automated feedback report and educational resources to help guide them about questions they could ask at their child's next well-visit. After 25 Online PHDS surveys are 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.

The COE for developing shared plans of care uses the CPK as a **three-step whole child approach** for families to engage, plan, and improve care planning and outcomes in partnership with their child's care team(s). The three CPK steps include 1) the Family Foundations of Care (FFC) Planner, which is an engagement tool for families to describe their strengths, visions, beliefs and needs, 2) the Family Foundations of Care (FFC) Plan, which the families complete together with a member of their child's care team(s) which creates a shared set of goals for the child and family, and 3) the CPK Shared Planning Meeting which is a relational meeting during which families and a care team member co-develop the FFC Plan.

## Benefits of Using the Cycle of Engagement

### What are the benefits of using the Cycle of Engagement?

The Cycle of Engagement is meant to improve the quality and outcomes of health for children by:

- Engaging and supporting parents to promote the health and well-being of their children.
- Streamlining visit preparation and optimizing visit time for parents and providers.
- Early identification of physical, social, emotional and behavioral issues.
- Fostering trusting relationships between providers and families.
- Effective provision of critical anticipatory guidance, education and resources to parents.
- Helping parents identify important topics to discuss with their child's providers.
- Promoting positive child and family health, resilience, social and emotional skills.
- Providing pediatric practices with real time and continuous feedback on parent-reported aspects of Bright Futures recommended care.
- Helping providers identify children and families needing higher levels of case management and care coordination and linking them with community-based services and support.
- Helping providers partner with families to address their needs and priorities, develop shared goals, and identify action steps to achieve the goals.
- Supporting aggregate population-level data assessment and improvement.

## How is the Cycle of Engagement different from screening tools?

Unlike screening tools, the COE is a model of care for the whole child and family which focuses on more than just risk factors or deficits, and actively engages parents and families in the assessment and promotion of whole child and whole family well-being, by allowing families to choose priorities and drive the agenda.

While COE ensures that standardized screening is conducted in family-friendly way, it also allows parents to consider what is going well for their child and what their specific needs are and how they can best be met. Parents also have the opportunity to communicate important psychosocial issues and concerns about food and housing, free of stigma, in the context of a trusting relationship with their child's care team(s).

## What does past research say about the impact of the COE tools?

Past evaluation of the COE tools has documented improvements to provider office workflow, efficiency during visits, and increased family satisfaction.

The **WVP** has been evaluated at multiple sites including a pediatric clinic in Tualatin, Oregon, as part of a randomized clinical trial of new models of well-child care at the University of California, Los Angeles (UCLA), in the Boston Children's pediatric primary care network (PPOC) and in western Mexico by a group of low-income families in 3 communities.

The findings from the Oregon study showed that over 92% of the 3000 parents would **recommend the tool to other parents** and that they were **comfortable with the time required to complete the tool**, 82% said its use helped them to **understand goals for each well-visit**, and 86% said that it helped them **prioritize topics for discussion** with their child's health care providers. Overall, providers and staff who have used the WVP have noted that it **improved their office workflow** and they valued it as an important tool to support well-child care in their practice. Providers and staff noted that use of the tool: (1) **freed up nurses' time** to address new issues and topics; (2) helped providers to **prepare for the visit** before they met with the parent; (3) allowed nursing staff to print materials targeted to parents needs before the visit; and (4) helped to **prevent delays in the appointment time**.

Results from the UCLA study showed that parents who used the WVP as a part of a new model for well-child care **scored higher on all preventive care measures and experiences of care measures**. Fifty two percent fewer intervention children had  $\geq 2$  **emergency department visits** over the 12-month period.

One of the main themes that arose out of the use of the WVP with families in Mexico was that they felt that through using the WVP they were **better cared for**, not only by the local doctor but also by the local community leader.

The **CPK** was tested at three sites with parents of children with special health care needs and clinic care team members. Among the parents who used the CPK, 82% thought it would **increase the value of their child's care**, 91% agreed that the CPK helped them **learn about the kind of topics they could discuss** with their child's doctors, and 95% were likely to **recommend the CPK to other parents**.

## Implementing the Cycle of Engagement

### What do I need to do first to get started?

You can create an account on the **COE website** at [coe.cahmi.org](http://coe.cahmi.org) to use the COE tools, the WVP, the Online PHDS and the CPK. With an account you can:

- Get access to the WVP portal, the Online PHDS portal and the CPK website.
- Customize the WVP and Online PHDS (get unique URL, add logo, and add tools and resources for families)
- Track the WVP and Online PHDS usage by families
- Generate summary reports for the quality of care you provided
- Get access to educational, implementation and family engagement resources

### Can I use only one of the tools from the Cycle of Engagement?

Yes! If you are only interested in one of the tools, you can use the WVP, the Online PHDS or the CPK by itself. Each tool is designed to function independently as well as within the larger model of the Cycle of Engagement. Each tool, when used in an ongoing manner, creates a “Cycle of Engagement” on its own. You can implement the COE tools independently through the COE website.

### What is the cost of implementing the Cycle of Engagement?

There is **no cost to parents** for using the COE tools. The tools are publicly available for them to utilize for their child’s well-visits and educational purposes. You can direct parents in your practice or organization to the parent tools for the WVP at [www.wellvisitplanner.org](http://www.wellvisitplanner.org), the Online PHDS at [www.onlinephds.org](http://www.onlinephds.org), and the CPK at [www.carepathforkids.org](http://www.carepathforkids.org).

Please note that the CAHMI is **not charging any fee for early adopters** of the COE. We encourage implementors to adopt the COE model and tools to learn about it, share their learnings with us and become a part of the growing COE learning community. In the **future**, users of the COE will require a business/license agreement with CAHMI **and a fee for licensing** the COE model and tools and for team education, engagement resources, implementation and evaluation support.

For more information, please contact us at: [info@cahmi.org](mailto:info@cahmi.org)