PRIMARY CARE MODERNIZATION

Universal Home Visits for Newborns

CORE CAPABILITY

Pediatric primary care practices offer home visits to all families of newborn children via a nurse and community health worker (CHW) team to promote family and infant health and well-being.

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HOW CARE WILL IMPROVE

PATIENTS AND FAMILIES CAN...

- Get advice and support at home from your baby's pediatric practice within a week or two after leaving the hospital
- Ask questions and get answers about your baby without having to go to the doctor's office or wait for a phone call
- Learn about helping you and your newborn eat and sleep during early infancy
- Get lactation coaching on breast feeding from a lactation consultant
- Build your confidence in your parenting skills and in your relationship with your pediatrician's care team

PEDIATRIC CARE TEAMS CAN...

- Engage new parents early, during these important first days with a newborn
- Share information about when sick newborns and infants need to be seen in the office or at the emergency department
- Help new parents with hands-on advice, support, and reassurance
- Model and teach effective childcare techniques in less formal, more familiar home settings
- Improve the quality of care for newborns and young children by addressing common problems that may contribute to poor outcomess
- Build a foundation for a collaborative and supportive relationship with new parents
  - Educate new parents about immunizations and well child visits

PATIENT EXPERIENCE IN PRIMARY CARE MODERNIZATION

Candace, age 20, has just given birth to Logan. Candace is exhausted after the delivery and doesn't have anyone to help her at home. Her husband was unable to get time off to help. She is anxious, a little overwhelmed and has many questions as a first-time mom.

When she arrives home, a nurse from her pediatrician's office calls to tell her about a free home visit program that offers coaching on infant care, self-care, breast feeding and what to expect with a newborn. Candace agrees to have a visit later in the week.

At the home visit, the nurse helps Candace with breast feeding, what to do when Logan gets sick, and how to handle her depression and anxiety. The community health worker connects Candace to local parenting and child care programs. The pediatric office receives visit notes.

One night, Logan cries for hours and hours. Instead of heading out to the emergency department, a worried Candace calls the pediatrician's office. She shares Logan's symptoms with the pediatrician and they decide she should bring Logan into the office in the morning.

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HOW

Networks will be required to propose an implementation strategy that will achieve the following requirements over a five-year demonstration.

Care Team and Network Requirements

- Establish systems to identify families who are eligible to receive home visits (all families with newborns), including:
  - Policies and procedures for obtaining and documenting families' consent
  - Scheduling systems to connect with postpartum patients before discharge to arrange for a home visit as soon as possible after returning home.
  - Protocols to prioritize families with greater needs due to social determinant and other risk factors
- Establish home visiting teams that consist of a nurse and/or community health worker from the practice
- Use community health workers who are parents for peer-to-peer support whenever possible
- Conduct at least one home visit with all families of newborns whose parents consent to a visit within two weeks of the newborn going home; consider whether to introduce home visiting team to families in office prior to home visit
- Screen families to identify individual family needs
- Conduct brief interventions with extended education in specific areas based on parent needs
- Connect families to community programs, resources and supports as needed

Health Information Technology Requirements

- EHR configuration or software to support referral management with community-placed services and resources
- Portable device to support documentation of clinical and social needs during home visits
- Consent and confidentiality management solution
- Ideally, scheduling module that can accommodate and automate visit routing

MEASURING IMPACT

✓ Patient Experience

- Improved parent satisfaction with pediatric practice and perceived support by the primary care team during the early days of parenting a newborn
- Parental satisfaction with the home visiting program and team

★ Quality

- Improved parent/infant relationship and developmental health and behavior
- Improved positive parenting practices
- Improved maternal emotional health (i.e. anxiety and depression)
- Increased paternal involvement
- Improved family safety in the home and car; reduced avoidable injuries
- Increased community connections

$ Cost

- Reduced preventable emergency department visits and hospital stays

Access

- Increased access to parental support in the convenience of families' home and referrals to community resources

IMPROVING HEALTH EQUITY

Many new parents lack access to parenting support and community resources, especially those with social determinant needs, behavioral health problems, and those with infants at higher risk (e.g. low birth weight). Universal home visits for families with newborns will:

- ✓ **Provide parenting support and education** to improve parent/child relationship and positive parenting practices in the convenience of families' homes.
- ✓ **Connect families to community resources** that are culturally appropriate and specific to their needs.
- ✓ **Foster peer-to-peer support** through use of community health workers who are also parents.
- ✓ **Improve access to parenting support** by removing the stigma that may be associated when newborn visits are only offered to families identified as "at-risk."

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