

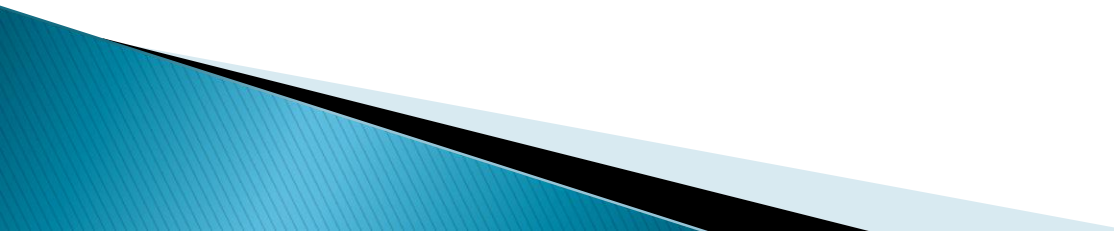
Home Visiting: Ensuring access to a continuum of safe, high-quality, patient- centered care

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Home Visiting

- ▶ Bridges across clinical services (perinatal to pediatric) & links clinical with community
- ▶ Results in better patient experience and better outcomes (pregnancy, birth & infant/child)
- ▶ Based upon a trusting relationship between pregnant/parenting woman & home visitor
 - Perceived as caring & competent
 - Person-centered, tailored, practical education that builds on assets & enhances self-efficacy
 - Sufficient time (1 hr/ HV) & duration (weekly-monthly visits from prenatal to age 2 or 3)

Home Visiting

- ▶ Home visitors help mothers understand what to do, when to do it, and why
 - ▶ Mothers believe it is important to do and that they are capable of successfully doing it
 - ▶ Replacing drama with emotional self-regulation & reaction with reflection improves capacity to plan & follow-through
 - ▶ Benefits of home visiting are broad: school readiness to economic self-sufficiency
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Evidence-Based Home Visiting

- ▶ 14 models meet HomVee Criteria for MIECHV
 - 1 high or moderate quality study (RCT or quasi-experimental design with acceptable attrition rate)
 - 2 or more favorable, statistically significant impact in 2 different domains OR
 - 2 or more high or moderate quality studies
 - 1 or more or more favorable statistically significant impact in the same domain
 - HomVee includes if measures are primary or secondary & if impact last at least 1 year

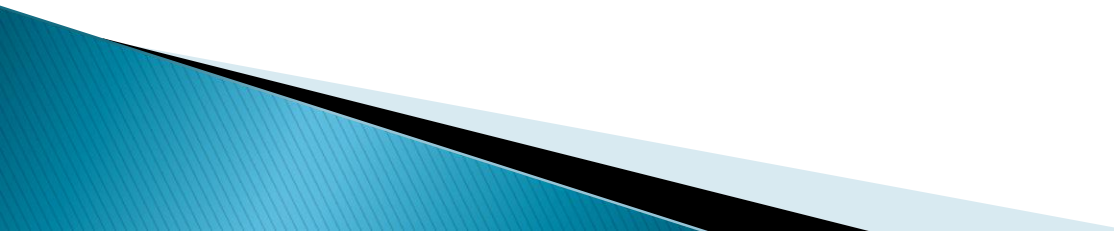
Home Visiting

- ▶ Healthier outcomes for mother & child-2 models
 - Healthy child outcomes (examples from RCTs)
 - Reduced preterm births (NFP)
 - Reduced low birth weight (HFNY; greater impact for first-time mother <19 yrs)
 - Increased breastfeed initiation (NFP)
 - Fewer ER visits (NFP)
 - Reduced child maltreatment (NFP & HFNY if prior CPS)
 - Infant/child mortality (NFP approaches significance)
 - Healthy pregnancies (examples from RCTs)
 - Reduced kidney infection & yeast infections (NFP)
 - Reduced pregnancy induced hypertension (NFP)
 - Improved nutrition & use of WIC vouchers (NFP)
 - Optimal pregnancy & birth spacing; fewer pregnancies (NFP)

Home Visiting Barriers

- ▶ Home visiting is not reaching its full potential to improve birth outcomes and reduce infant mortality and morbidity
 - Home visiting must start prenatally, but it is not required of all HV models
 - Results are variable because programs lack consistency in what happens during home visits and qualifications of home visitors
 - Eligibility criteria for effective model programs and competition among home visiting programs results in duplication of effort &/or gaps in service
 - Engagement and retention is a challenge for all home visiting programs

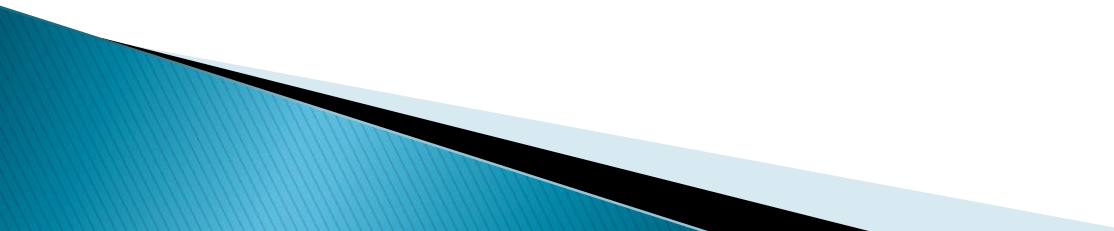
Home Visiting Recommendations

- ▶ To achieve optimal potential, evidence-based home visiting (EBHV) needs to:
 - Expand to serve a significant segment of the birthing population
 - Begin prenatally and continue until the child is 2 or 3 years old
 - Be more closely linked with health care providers
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Home Visiting Recommendations

- ▶ 100 % federal Medicaid reimbursement for EBHV models that:
 - Visit prenatally to age 2 or 3 AND
 - Serve primiparous & multiparous pregnant women
 - AND are closely linked to health care providers

Home Visiting Recommendations

- ▶ Give financial incentives to primary care providers, hospitals and FQHCs that offer EBHV for prenatal and pediatric patients and meet specific requirements to ensure continuity and patient-centered care
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Home Visiting Recommendations

- Send a Provider Letter to health care providers of prenatal & pediatric care about the benefits of referring to & collaborating with EBHV, with copies to national offices of home visiting model programs

Home Visiting Recommendations

- ▶ Establish a Home Visiting Advisory Committee (or assign an existing committee) to develop details necessary to implement the above recommendations and/or develop additional recommendations to expand EBHV and link EBHV more closely with health care providers.
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