

Putting Bright Futures to Work: Implementing Preventive Care Guidelines in Adolescence and Young Adulthood

May 5, 2015



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All attendees are in listen-only mode.

We want to hear your questions! To ask a question during the session, use the chat tool that appears on the bottom right side of your control panel. We'll answer all questions at the end of the presentation.

Attendees will receive an evaluation survey after the webinar. Please let us know how we are doing and new topics you would like us to cover.

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- Clinical Services (Diabetes, ADHD)
- SBHC Operations (PCMH, HIT)
- Policy & Advocacy
- Quality Improvement
- Special Initiatives
- School-Based Health Alliance Tools

<http://www.sbh4all.org/webinars>



Objectives

1. Describe the Bright Futures initiative and related resources
2. Identify practical Bright Futures and Quality Improvement strategies to enhance the quality of preventive health care services
3. Utilize Bright Futures tools and resources for application to the school-based health care setting

Today's Presenters



**Barbara L Frankowski,
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Professor of Pediatrics,
University of Vermont
College of Medicine



**Marian F. Earls, MD,
MTS, FAAP**
Director of Pediatric
Programs, Community
Care of North Carolina

Today's Panelist



Paula Duncan, MD, FAAP
Former Professor of Pediatrics,
Current Volunteer with AAP
Bright Futures Implementation
Steering Committee



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

Bright Futures: Improving Preventive Services for School Based Health Centers

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Marian Earls MD, MTS, FAAP
Paula Duncan MD, FAAP



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Disclosure: Barb Frankowski

In the past 12 months, I do not have any
Financial Disclosures

I do not intend to discuss an
unapproved/investigative use of a
commercial product/device in my
presentation.

BRIGHT FUTURES

Guidelines for Health Supervision of
Infants, Children and Adolescents

THIRD EDITION



**Bright
Futures.**

prevention and health promotion
for infants, children, adolescents,
and their families™



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Affordable Care Act: Section 2713



...requires all health plans to cover, with no cost-sharing

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”



the services are outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition (Hagan J, Shaw JS, Duncan PM eds.)

- Parental/youth questions and concerns
- Screening and follow-up
 - Risk Assessment
 - Developmental Tasks of Adolescents
 - BMI percentile
 - Chlamydia/HIV
 - Depression
 - Dyslipidemia
- Anticipatory Guidance
 - Including counseling on nutrition & physical activity
- Immunizations
 - Tdap, HPV, Meningococcal, Hep A, Flu
- Physical Exam
- Strength-based approaches
- Identify CSHCN
- Yearly visit (recall and reminder system)

Bright Futures Priorities

Visit Priorities


Patient concerns and questions
Physical Growth and Development
Social/academic competence
Emotional wellbeing
Risk reduction
Violence and injury prevention

Bright Futures Tools

Previsit Questionnaires
Documentation Forms
Patient/Parent Handouts

Core Tool: Previsit Questionnaire

- Parent/adolescent patient fills out before seeing practitioner
- The questionnaires:
 - ask risk-assessment questions, thereby triggering recommended medical screening
 - ask about Bright Futures 5 priority topics for that age-based visit
 - allow parent/patient to note any special concerns
 - gather developmental surveillance information



Bright Futures Previsit Questionnaire

15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today? _____

What changes or challenges have there been at home since last year? _____

Do you have any special health care needs? No Yes Unsure, describe: _____

Do you live with anyone who uses tobacco or spend time in any place where people smoke? No Yes, describe: _____

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)? _____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	<input type="checkbox"/> How your body is changing <input type="checkbox"/> Teeth <input type="checkbox"/> Appearance or body image <input type="checkbox"/> How you feel about yourself
	<input type="checkbox"/> Healthy eating <input type="checkbox"/> Good ways to keep active <input type="checkbox"/> Protecting your ears from loud noise
School and Friends	<input type="checkbox"/> Your relationship with your family <input type="checkbox"/> Your friends <input type="checkbox"/> Girlfriend or boyfriend <input type="checkbox"/> How you are doing in school
	<input type="checkbox"/> Organizing your time to get things done <input type="checkbox"/> Plans after high school
How You Are Feeling	<input type="checkbox"/> Dealing with stress <input type="checkbox"/> Keeping under control <input type="checkbox"/> Sexuality <input type="checkbox"/> Feeling sad <input type="checkbox"/> Feeling anxious
	<input type="checkbox"/> Feeling irritable <input type="checkbox"/> Keeping a positive attitude
Healthy Behavior Choices	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexually transmitted infections (STIs) <input type="checkbox"/> Smoking cigarettes <input type="checkbox"/> Drinking alcohol <input type="checkbox"/> Using drugs
	<input type="checkbox"/> How to avoid risky situations <input type="checkbox"/> Decisions about sex, alcohol, and drugs
	<input type="checkbox"/> How to support friends who don't use alcohol and drugs
	<input type="checkbox"/> How to follow through with decisions you have made about sex, alcohol, and drugs
Violence and Injuries	<input type="checkbox"/> Car safety <input type="checkbox"/> Using a helmet <input type="checkbox"/> Dining rules for new teen drivers <input type="checkbox"/> Gun safety <input type="checkbox"/> Dating violence or abuse
	<input type="checkbox"/> Bullying or trouble with other kids <input type="checkbox"/> Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Have you ever failed a school vision screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you hold books close to your eyes to read? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you have trouble recognizing faces at a distance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you tend to squint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you have a problem hearing over the telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Hearing	Do you have trouble following the conversation when 2 or more people are talking at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you have trouble hearing with a noisy background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you find yourself asking people to repeat themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you misunderstand what others are saying and respond inappropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Has a family member or contact had tuberculosis or a positive tuberculin skin test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Have you ever been incarcerated (in jail)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Are you infected with HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Do you smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure	
	Have you ever been diagnosed with iron deficiency anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

BHS 1017

The Previsit Questionnaire will be updated to match the Bright Futures Guidelines, 4th Edition currently being revised



Bright Futures Previsit Questionnaire 15 to 17 Year Visits

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What changes or challenges have there been at home since last year?

Do you have any special health care needs? No Yes Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? No Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

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School and Friends	<input type="checkbox"/> Your relationship with your family <input type="checkbox"/> Your friends <input type="checkbox"/> Girlfriend or boyfriend <input type="checkbox"/> How you are doing in school <input type="checkbox"/> Organizing your time to get things done <input type="checkbox"/> Plans after high school
How You Are Feeling	<input type="checkbox"/> Dealing with stress <input type="checkbox"/> Keeping under control <input type="checkbox"/> Sexuality <input type="checkbox"/> Feeling sad <input type="checkbox"/> Feeling anxious <input type="checkbox"/> Feeling irritable <input type="checkbox"/> Keeping a positive attitude
Healthy Behavior Choices	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexually transmitted infections (STIs) <input type="checkbox"/> Smoking cigarettes <input type="checkbox"/> Drinking alcohol <input type="checkbox"/> Using drugs <input type="checkbox"/> How to avoid risky situations <input type="checkbox"/> Decisions about sex, alcohol, and drugs <input type="checkbox"/> How to support friends who don't use alcohol and drugs <input type="checkbox"/> How to follow through with decisions you have made about sex, alcohol, and drugs
Violence and Injuries	<input type="checkbox"/> Car safety <input type="checkbox"/> Using a helmet <input type="checkbox"/> Drinking rules for new teen drivers <input type="checkbox"/> Gun safety <input type="checkbox"/> Child violence or abuse <input type="checkbox"/> Bullying or trouble with other kids <input type="checkbox"/> Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever taken a school vision screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you hold books close to your eyes to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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	Do you have trouble hearing with a noisy background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you find yourself asking people to repeat themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been incarcerated (in jail)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Dyslipidemia	Are you infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have parents or grandparents who have had a stroke or heart problem before age 65?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Do you smoke cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
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Setting the agenda

Medical Screening



Bright Futures Previsit Questionnaire 15 to 17 Year Visits

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What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health needs?

Do you live with anyone who has a chronic health condition?

How many hours per day do you spend on schoolwork?

We are interested in answers to the following questions:

Your Growing and Changing Body

School and Friends

How You Are Feeling

Healthy Behavior Choices

Violence and Injuries

- Car safety Using a helmet Driving rules for new teen drivers Gun safety Dating violence or abuse
- Bullying or trouble with other kids Keeping yourself and your friends safe in risky situations

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	Do you have trouble recognizing faces at a distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you tend to squint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Setting the agenda

PRIORITIES

Physical growth and development

Social and academic competence

Emotional well-being

Risk reduction

Violence and injury prevention



Alcohol or Drug Use	Have you ever had an alcoholic drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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STIs	Screening			
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	UNIVERSAL SCREENING	ACTION	
Anemia	Vision (once in middle adolescence)	Snellen test	
	SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
STIs	Vision at other ages	+ on risk screening questions	Snellen test
	Hearing	+ on risk screening questions	Audiometry
	Anemia	+ on risk screening questions	Hemoglobin or hematocrit
	Tuberculosis	+ on risk screening questions	Tuberculin skin test
Cervical Dysplasia	Dyslipidemia	+ on risk screening questions and if not previously screened with normal results	Lipid screen
Pregnancy	STIs	Sexually active	Screen for chlamydia and gonorrhea; use tests appropriate to the patient population and clinical setting
		Sexually active and + on risk questions	Syphilis blood test HIV ^{†12}
STIs	Pregnancy	Sexually active without contraception, late menses, or amenorrhea	Urine hCG
	Cervical dysplasia	Sexually active, within 3 years of onset of sexual activity	Pap smear, conventional slide or liquid-based
	Alcohol or drug use	+ on risk screening questions	Administer alcohol- and drug-screening tool

ks

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

†The CDC has recently recommended universal voluntary HIV screening for all sexually active people, beginning at age 13. At the time of publication, the AAP and other groups had not yet commented on the CDC recommendation, nor recommended screening criteria or techniques. The health care professional's attention is drawn to the voluntary nature of screening and that the CDC allows an opt out in communities where the HIV rate is <0.1%. The management of positives and false positives must be considered before testing.

I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or nursing. Describe:

Bright Futures and the Electronic Health Record (EHR)

The templates, questionnaires, handouts, and forms from the *Bright Futures Resource and Tool Kit* form a structured knowledge base that can be used in EHRs.

Depending on your specific EHR system, import the documents or use them as a guide in setting up customized health supervision visit templates and previsit questionnaires

What Makes a Bright Futures Visit?



Case Study

Meet Tiffany!

- Tiffany is 17
- Living in 5th Foster Home
- 11th Grade, failing math
- Past H/O tobacco, etoh, marijuana use
- Sexually active w/o protection



Using the Questionnaire

Tiffany was in a juvenile detention facility for a couple of weeks three months ago.

She is sexually active

Her diet was almost exclusively vegetarian and sometimes she didn't really have enough to eat when she was "couch surfing". She took no vitamins or iron supplements.

She has a history of alcohol and drug use

Developmental Surveillance

Surveillance of Development

The developmental tasks of middle adolescence can be addressed through information obtained in the medical examination, by observation, by asking specific questions, and through general discussion. The following areas can be assessed to better understand the developmental health of the adolescent. A goal of this assessment is to determine the adolescent is developing in an appropriate fashion and, if not, to provide information for assistance or intervention. In the assessment, determine whether the adolescent is making progress on these developmental tasks:

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making¹¹



Circle of Courage and Adolescent Development

Generosity

Demonstrating honesty & caring; contribute to family, community; empathy

Independence

Establish an identity and sense of self-efficacy; practice independent decision making

Belonging

Develop healthy interactions and relationships within and beyond the family

Mastery

Find something meaningful to do in life
Learn and maintain good health habits

HEADSSS

H
E
A
D
D
S
S
S

Home

Belonging (Connection)

Education

Mastery (Competence)

Activities

Generosity (contribution)

Diet

Drugs

Independent decision making

Safety

Sexual Activity

Suicide

Coping, Resilience, Self-confidence

Strength-based Approaches

- Support mastery.
- Identify strengths.
- Start with what is right.
- If a behavior change is needed, use helping skill or motivational interviewing.

Case Study cont.

Remember Tiffany?

- Cares about friends & boyfriend
- Knows how to take care of herself, get around
- Makes many healthy decisions on her own
- Sense of belonging with foster family, case worker, friends
- No tobacco, etoh, drugs



Case Study cont.

You're worried about her risky sexual behaviors.....

- I can't help but notice that you have a lot of strengths. . .
- But I'm worried. . .Can we talk about that?
- Do you really want to have a baby now?
- What choices can you make?
Consequences?
- Make a plan
- Follow up

- It helps you provide **standardized care**
 - All the forms are closely linked to Bright Futures visit components and priorities, making clinical activities and messages consistent throughout
 - Completed Documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, and immunizations
- AND it helps you provide **individualized care**
 - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance, using a **strength-based approach**

References

- Hagan JF, Shaw JS, Duncan PM, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics
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- Ginsburg KR. Engaging Adolescents and Building on their Strengths. *Adol Health Update*. 2007;19(2).
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- Brendtro LK, Brokenleg M, VonBocken S. Reclaiming Youth at Risk: Our Hope for the Future



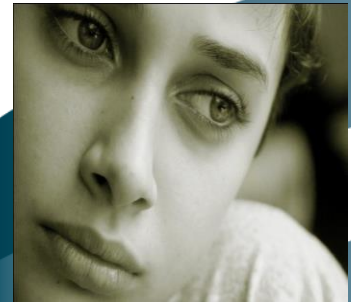
DANCE
and Teens



Community Care
of North Carolina

Engaging Adolescents

The CCNC Experience



Marian F. Earls, MD, MTS, FAAP



NC CHIPRA Teen Survey 2012

Survey Monkey survey of 13-18 year olds nationally; 137 respondents

Focus on the doctor patient relationship

Asked for advice from teens on how practices could improve this relationship

Biggest concerns:

Worries about the future

Healthy weight, nutrition, and physical activity

Stress and anxiety

Not aware can discuss:

Family concerns

Most teenagers surveyed go to the doctor once every few months or once a year (96%)

What teens report
72% of teenagers visit the same doctor every time they visit.

The main reason(s) teenagers visit the doctor are a sports exam (42%), an annual physical (79%), and treatment for an illness or injury (60%)

However, only 10% of teenagers go to the doctor for social or emotional health issues.

72% of teenagers do not schedule their own appointments.

Only 12% of teenagers feel that they are not involved with decisions regarding their health

So What Do Teens Think?



Teenagers need a place that they can go where they aren't surrounded by infants and toddlers but they aren't surrounded by grown adults either. They also need to feel more comfortable talking to their doctors but the doctors have to be more active in making them feel comfortable."

"They (doctors) need to understand the teenager individually before treating them."

"Things that govern teenagers:
Time, Money, Friends."

"I think it is very important to have confidence in one's doctor. I, personally, would feel better if my doctor allowed me to speak to him alone, so I could be able to express all my concerns"



"Treat them as your equal. Not someone's child. Then you will gain their respect and trust."

33% of teenagers who participated in the survey had additional suggestions for improving healthcare.



SCHOOL-BASED
HEALTH ALLIANCE

Pediatric Health for Kids and Teens

Bright Futures: Promoting Resiliency

Bright Futures Developmental Tasks of Adolescence

1. Engages in a positive way in the life of the community
2. Demonstrates increasingly responsible and independent decision-making
3. Demonstrates physical, cognitive, emotional, social and moral competencies
4. Engages in behaviors that provide well-being and contribute to a healthy lifestyle
5. Demonstrates resiliency when confronted with life stressors
6. Displays a sense of self-confidence, hopefulness and well being
7. Forms a caring, supportive relationship with family, other

Promotion of annual EPSDT visits for all adolescents

NC Efforts

Toolkit for practice implementation of routine strengths and risks screening

Videos

Medical Home Learning Collaboratives (CHIPRA Connect)

Maintenance of Certification Part 4 for both pediatricians and family medicine physicians

Co-management guidelines for adolescent depression screening



“Of children that receive mental health treatment, 47% receive care in a Medical Home.”

Get the Facts:

- Just one-third of all adolescents with mental illness are identified and receive services.
- [Screenings] offer the potential to intervene early and, in some cases, to prevent fully developed mental, emotional, and behavioral disorders.
- Screening for mental illness with an evidence-based tool in primary care settings has proven effective and is significantly more accurate than the informal interview method.
- Early intervention does not always require referral to mental health services.
- Pediatricians and other primary care providers regularly manage mild to moderate mental health disorders within their practice.
- Approximately 20% of adolescents suffer from a mental disorder.

See www.AAP.org/mentalhealth for more information.



What Teens Think:

“...most issues are mental like anxiety, stress, worry, and over-thinking. They do all not need to be treated with medicine; they need someone to say these feelings are normal and give ways to cope.”

“...My doctor never has asked me about depression or anxiety issues, which I think could help...”

“I didn’t know depression was something that is normal to talk to your doctor about.”

“I would like more alone time with my doctor.”

“...ask us things so we don’t have to take the first step.”

CCNC National Survey of Teenagers ages 13-18

Engaging Adolescents: Healthcare for Teens

Video series available at: <https://www.communitycarenc.org/population-management/CHIPRA/>

NC DMA has responded to the need for Social/Emotional Screenings in children

Additional reimbursement is available for Social/Emotional Screenings of school age and adolescent children ages 6 through 20.

Medicaid billing code: 99420 EP Health Choice billing code: 99420TJ

FREE validated screening tools and guidance regarding the use of screenings are available through your local QI Coordinator.



CCNC Pediatrics: School-Age & Adolescent Screening

Primary Screening- formal screening done with the *total* population to identify those who are at risk
Secondary/Specific Screening- more specific screening done when risk is identified on a primary screen

Structured Screening of General Development & Behavioral or Mental Health Risk for 11-21 Year Olds

Recommended Primary Risks & Strengths Tools	Concern	Billing & Coding
Bright Futures Adolescent Supplemental Questionnaire	Assesses risks and strengths in domains of development, social, emotional, and risk reduction	99420 + Mod
Guidelines for Adolescent Preventive Services (GAPS)	Assesses risks and strengths in domains of family, health, school, social, safety, and substance use	99420 + Mod
HEADSSS	Assesses each of the following domains for risk and protective factors: home, education/employment, eating, activities, drugs, sexuality, suicide/depression/self-image, safety, and nutrition	99420 + Mod

Recommended Primary Screens with Social-Emotional Focus	Concern	Billing & Coding
Pediatric Symptom Checklist-Youth (PSC-Y)	General psychosocial screening and functional assessment in the domains of attention, learning, externalizing and internalizing symptoms	99420 + Mod
Strengths and Difficulties Questionnaire (SDQ)	Brief, behavioral screening questionnaire designed to screen for mental health symptoms of children	99420 + Mod

Recommended Secondary/Specific Screens	Concern	Billing & Coding
Vanderbilt, Conners	ADHD/learning	99420 + Mod
SCARED	Anxiety	99420 + Mod
Patient Health Questionnaire for Adolescents (PHQ-A), Patient Health Questionnaire-9 Modified for Teens (PHQ-9), CES-DC, CDI	Depression	99420 + Mod
CRAFFT	Substance Use	99408/99409 + Mod

****The provider must document: Screening tool used, results of the screening tool, discussion with parents, and any referrals made.****

Modifier:	99420 + Mod:	CRAFFT:
Medicaid → EP Health Choice → TJ	Can code up to 2 screens per visit Code pays \$8.14 (if done at well visit OR E+M visit)	Only bill for positive screens. A minimum length of time in counseling is required for billing as below. 99408: \$30.73 (15-30 min) 99409: \$60.41 (>30 min)

Adolescent Screening One-Pager





Engaging Adolescents

Video series for practices

- Importance of screening for strengths & risks
- Confidentiality
- How to start the conversation
- Common factors approach in responding to a positive screen
- Adolescent-friendly office
- Mental Health Referrals

We Care



Keep It Confidential



Just Ask



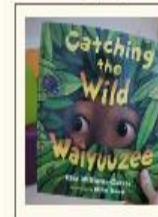
All Systems Go



You Can Help



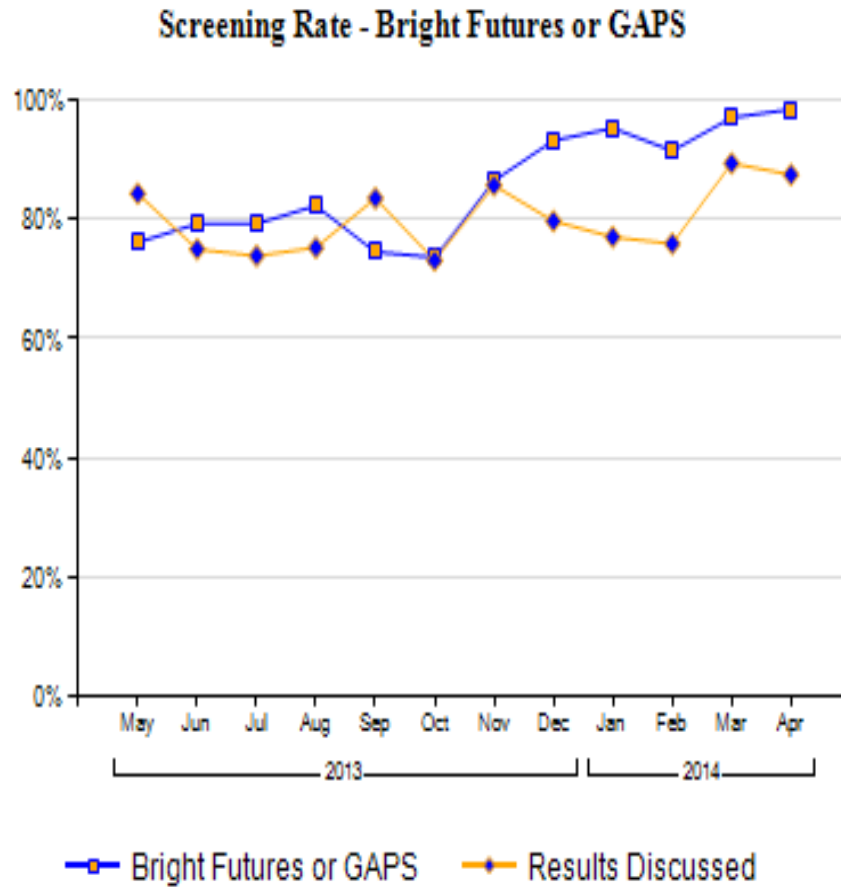
Growing Up



<https://www.communitycarenc.org/population-management/pediatrics/>



CLIPPING
2



MOC IV ACTIVITY

Comprehensive Adolescent Health Screening

The NC Pediatric Society and the NC Academy of Family Physicians partnered with Community Care of North Carolina to develop, test, and implement this quality improvement activity module.



Overview

North Carolina has developed and received approval for the "**Comprehensive Adolescent Health Screening**" module as a MOC IV Performance in Practice quality improvement activity. Approved by both the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP) for MOC IV credits, and approved by the American Academy of Family Physicians (AAFP) for 20 Prescribed CME credits.

The recommended timeframe for this activity is **6 months**, with a minimum of 4 months and a maximum of one year. This web-based activity is currently provided **FREE OF CHARGE** for all providers as a result of the CHIPRA funding awarded to **Community Care of North Carolina (CCNC)**. The **activity website link** is provided below for participant registration and activity completion.

PLEASE REGISTER HERE: <http://mociv.ncafp.com>

Activity Goal

The aim of this project is to improve the delivery of care for adolescent patients in pediatric and family practices. This intervention will assess the various practices and protocols in place for working with the adolescent population.

Participant Expectations: During the activity, the physician will:

1. Assess policies and procedures regarding adolescent screenings with the **pre/ post assessment**.
2. Enter **3 separate chart extractions (baseline, midline, final)** into activity database from 10 unique retrospective patient charts.
3. Review the **6 learning sessions**.
4. Implement revised policies and procedures.
5. Evaluate this activity using the **course evaluation**.

Learning Sessions

- Session 1: **Adolescent Wellcare and Activity Overview**
- Session 2: **Identifying Risky Behaviors: Utilizing the Appropriate Screening Tools**
- Session 3: **Depression Screening**
- Session 4: **Changing Behavior: Use of Motivational Interviewing Techniques**
- Session 5: **Improving Adolescent Immunization Rates**
- Session 6: **Practice Showcase and Evaluation Synopsis from Pilot Cohort**

Activity Completion & Course Credit

Upon activity completion, the Activity Director, Cameron Graham, will send in a Physician Attestation form (completed by the physician) on your behalf in order to receive full MOC IV credit. Participants will need to utilize standard self-report procedure to attain CME credits and will receive a CME certificate. **Please notify Cameron of your intent to register** and also direct any questions about this MOC IV activity to her at cameron@camerongrahamconsulting.com. We truly appreciate your interest in this important topic!

Quality Indicators (Chart Extraction)

- Bright Futures Supplemental Questionnaire used?
 - Concerns identified?
 - Action taken?
 - Depression risk?
 - Action Taken?
- BMI %ile and counseling documented?
- Immunizations Tdap, Meningococcal, HPV series

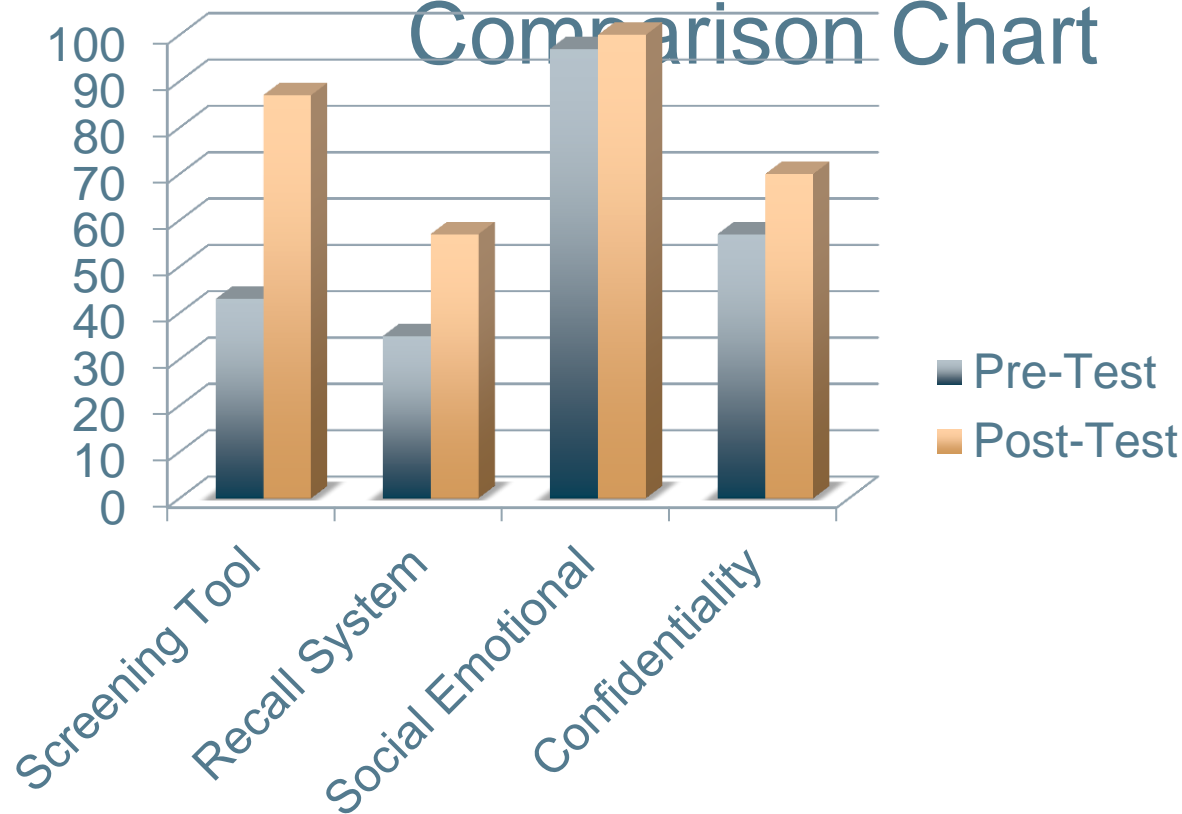
Practice Systems Change

- Routine strengths and risk screen (BF)
- Confidentiality
- Recall system for immunizations



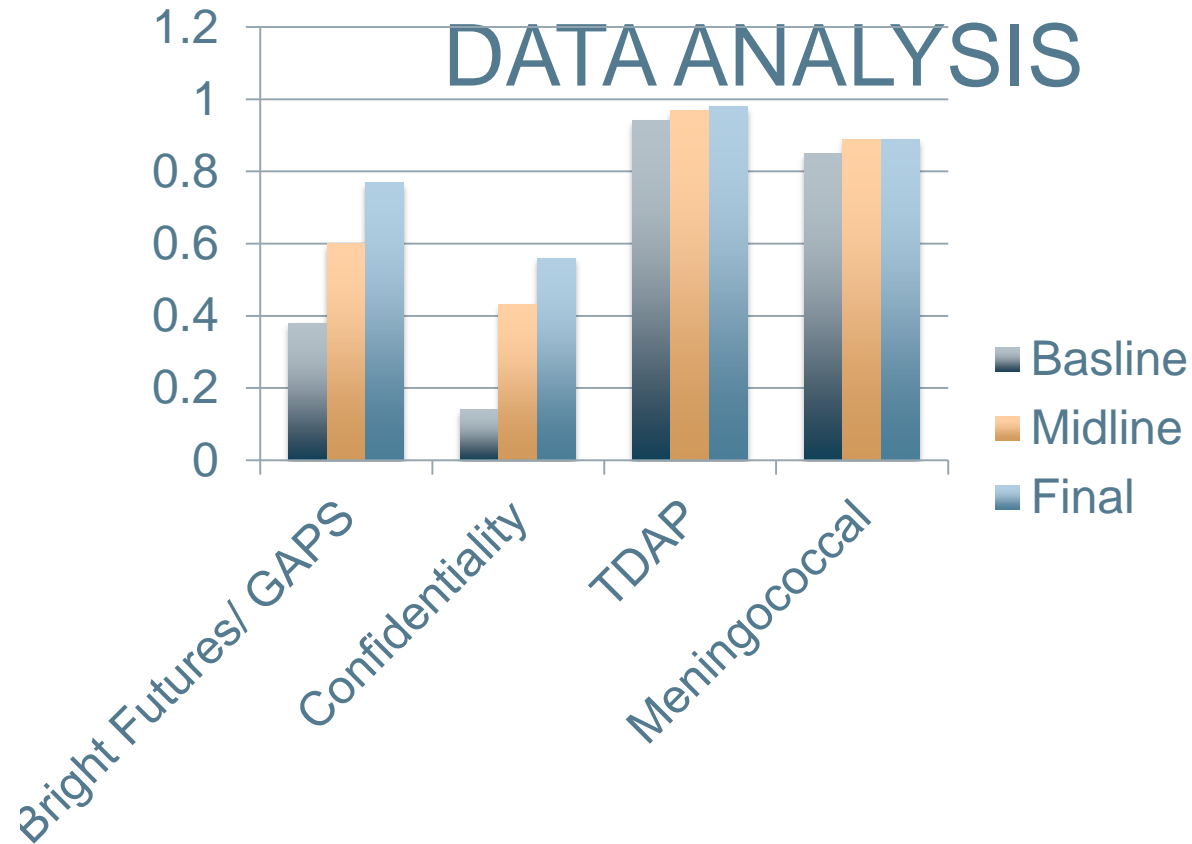
MOC 4 Pre and Post Test

Comparison Chart



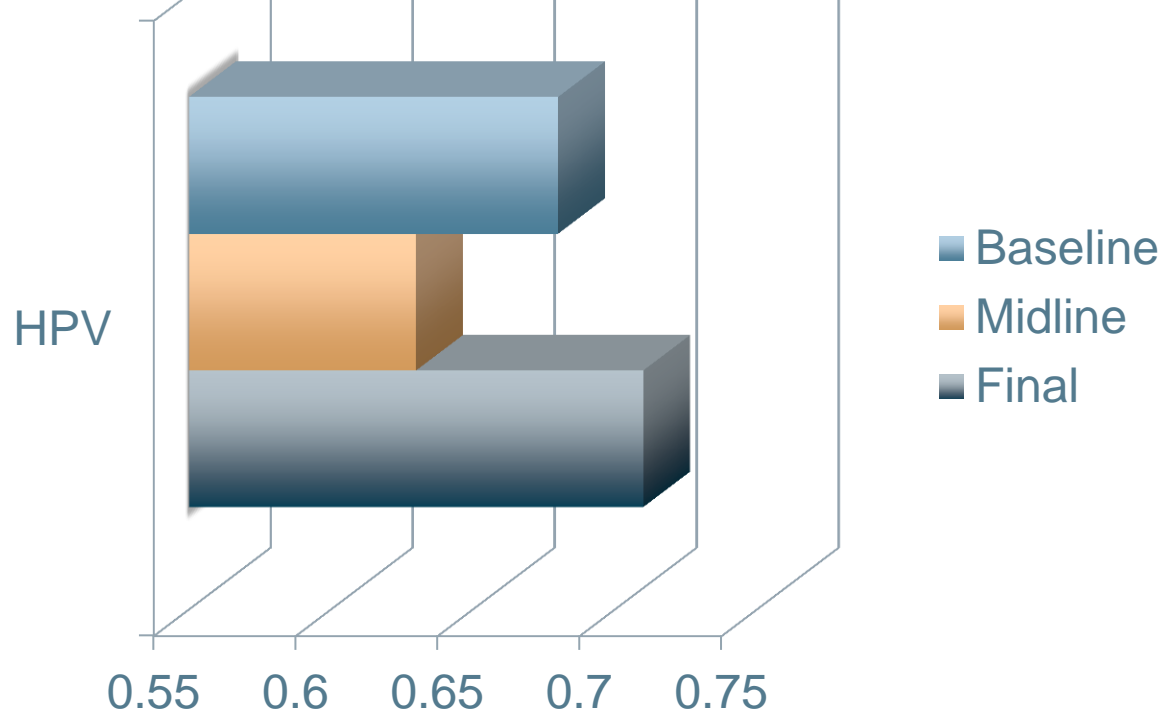


MOC + CHART EXTRACTION DATA ANALYSIS





MOC + HPV Chart Extraction Chart





Impact of MOC 4

25 participants completed the original
“live” course

53 additional participants have completed
the course online

"My participation in this MOC project has
transformed my approach to adolescent
well care."

- Dr. Rudy Medina of Mountainview

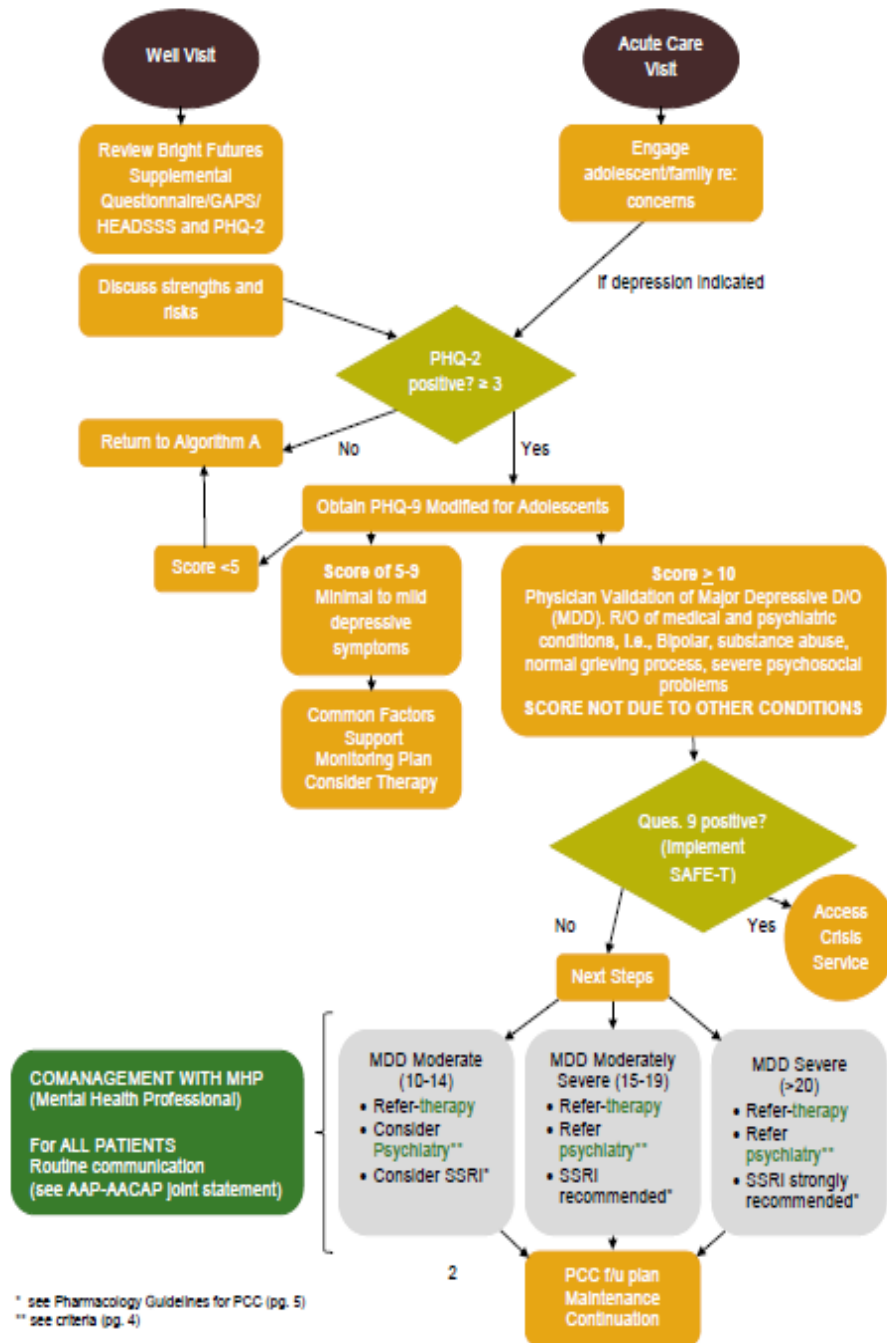


SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

Co-management Guidelines for Adolescent Depression

Developed jointly by CCNC PCC's and
Network Child & Adolescent
Psychiatrists

Build on previous work on integrating
Bright Futures Supplemental
Questionnaires, screening, utilizing
common factors approaches



* see Pharmacology Guidelines for PCC (pg. 5)
** see criteria (pg. 4)



SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

Promoting Resiliency Reducing Risk

Affirm and support students

Encourage goal

Elicit interests

Share resources for opportunities:
volunteering; community activities;
internships; research projects



Questions?

Please enter your questions into the “Chat” box of the GoToWebinar control window



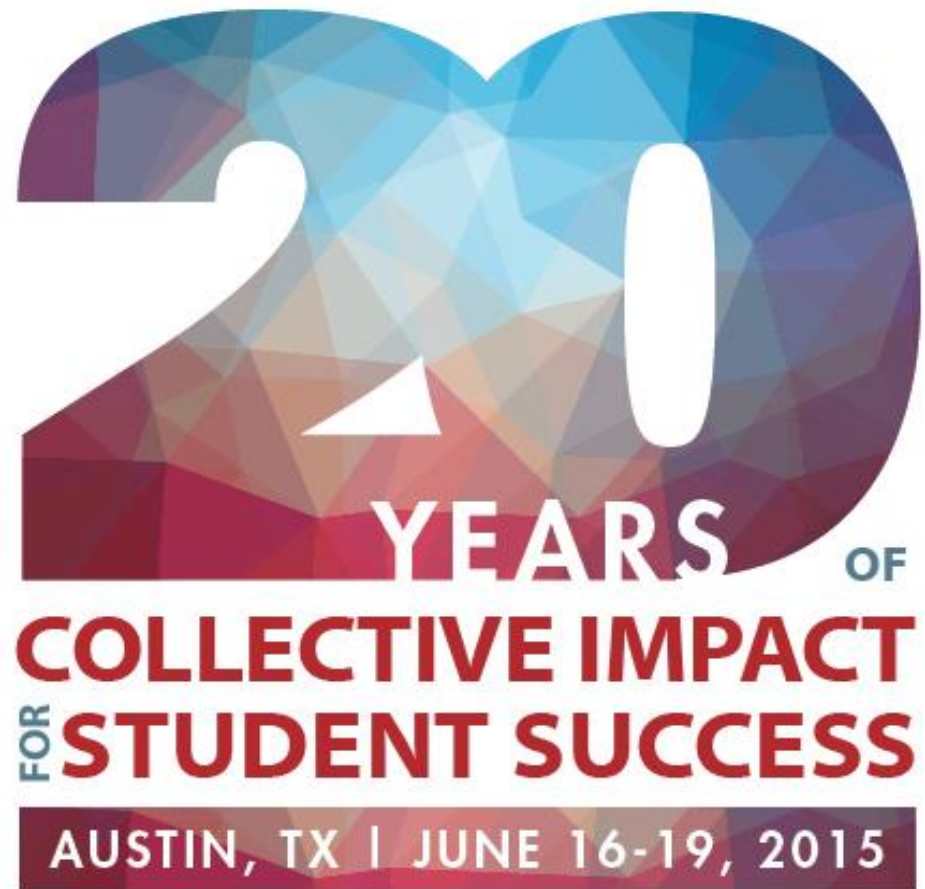


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Redefining Health for Kids and Teens

Register Today!

2015 Annual Convention
June 16 – 19
JW Marriott
Austin, Texas

www.sbh4all.org/convention





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- Monthly Federal Policy Updates

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- Letters of support for grants

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Questions?

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Closing Reminders

This presentation has been recorded and will be archived on the School-Based Health Alliance website within the next 2-3 business days.

To request support and technical assistance related to preventative care, please send us an e-mail at: programs@sbh4all.org

Take a moment to fill out three poll questions that will appear on your screen.

We will also be sending out a brief email evaluation survey within the next two days. Please let us know how we are doing.

Poll Question

Did this presentation
meet your needs?

1) Yes

2) No



Poll Question

Did this presentation provide you with usable ideas and/or techniques?

- 1) Yes
- 2) No



Poll Question

Would you recommend this webinar to others?

- 1) Yes
- 2) No





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Redefining Health for Kids and Teens

Thank You for attending!

Additional Questions? Contact us at:
programs@sbh4all.org