

Putting Bright Futures to
Work: Implementing
Preventive Care Guidelines in
Adolescence and Young
Adulthood
May 5, 2015



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Objectives

- Describe the Bright Futures initiative and related resources
- 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



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Professor of Pediatrics,
University of Vermont
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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



children, adolescents,

Bright Futures: Improving Preventive Services for School Based Health Centers

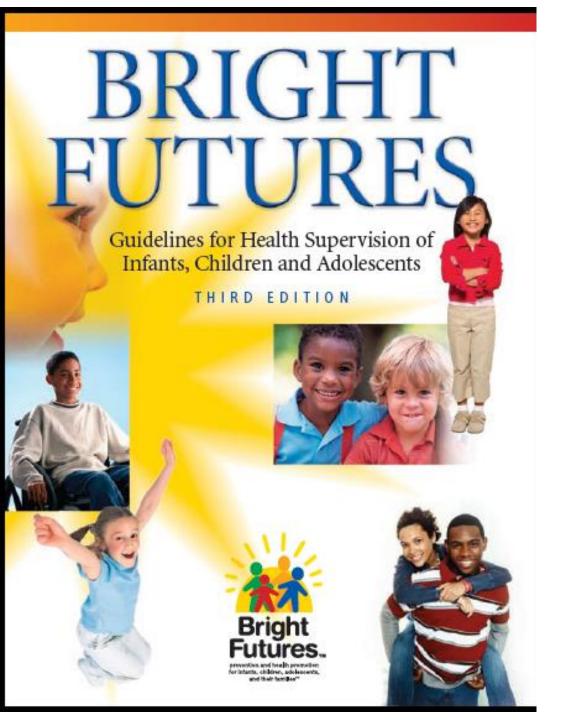
Barbara Frankowski MD, MPH, FAAP
Marian Earls MD, MTS, FAAP
Paula Duncan MD, FAAP



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.



...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 wellbeing 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 costsharing

"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

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Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures.

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health. Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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				IFANCY					EARLY CHILDHOOD						MIDDLE CHILDHOOD					ADOLESCENCE												
AGE ¹	Prenatal ²	Newborn ³	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	
HISTORY Initial/Interval	•	•				•	•			•		•	•	•		•	•		•	•		•	•	•		•	•		•	•	•	T
MEASUREMENTS																																T
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Developmental Screening ⁶								•			•		•																			Ī
Autism Screening ¹⁰										Ц	•	•																				Ā
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Psychosocial/Behavioral Assessment		•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Alcohol and Drug Use Assessment ¹¹																						*	*	*	*	*	*	*	*	*	*	
Depression Screening ¹³																						•	•	•	•	•	•	•	•	•	•	
PHYSICAL EXAMINATION ¹³		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4
PROCEDURES ¹⁴																																
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Critical Congenital Heart Defect Screening ¹⁶		•																														Ī
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STI/HIV Screening ²⁵										-												*	*	*	*	*	4		-	*	*	
Cervical Dysplasia Screening ²⁴							*	*	or *		or *	or ±	● or ★	•			•															
Cervical Dysplasia Screening ⁴ ORAL HEALTH ²⁵																	•	•													•	_

- 1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- should be invuryif up to did et a the earliest possible time:
 A prematal was incommendate for persent who are all high risk, for first-time parents, and for those who request a conference. The prenatal visit should insuffer any other parents were all replaced in the prematal visit should insuffer any other parents meeting and planned method of feeding, per the 2009 AMP statement The Prematal Vanif "they lipselatinis approphisering on problement VAMH 127 fail).
 Every infant should have a newborn evaluation after bring and threatifieding should be encorpaged and instruction and support should be offered.
- Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and joundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk"
- (http://pediatrics.aappublications.org/content/129/3/e927.full). Newborn infants discharged less than 49 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
- Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity. Summary Report" (http://pediatrics.aspopulications probontent/120Supplement. 4/S164 full.)
- Blood pressure measurement in irrants and children with specific risk conditions should be performed at visits before age 3 years.

 If the patient is uncooperative, rescreen within 6 morths, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by
- Pediatricians' (http://pediatrics.aappublications.org/content/1114/4902 abstract)
 All newborns should be screened, per the AAP statement "Year 2007 Position Statement. Principles and Guidelines for Early Hearing Detection and
- All newtorns should be screened, per the APP siderried Their Job Present Statement Through and suddenines for Early Hearing Diseason and Intervention Programs (fall projections approach (fall projections a

- Screening for critical congenital heart disease using pulse cornetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Schedules, per the AAP Committee on Infoctious Diseases, are available at <u>http://lancondbook.apoublications.ong/interfaceuross/inschedules.phtml</u>
 Schedules, per the AAP Committee on Infoctious Diseases, are available at <u>http://lancondbook.apoublications.ong/interfaceuross/inschedules.phtml</u>
 Schedules, Patienter Tilipagniss and Freenantion of from Deficiency and Iron Deficiency Anemia in Infants and Young Children (0.3 Years of Age)

Intigr//www.hrsa.gov/advscnpcmmittees/mchbadvscny/heritable/disorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://deeper-recommended-panel/uniformscreening-

us uthocsa edu/stes/genes-r-us/files/nbsdisorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs.

- 20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high
- 21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book:
- Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.

 22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and
- tisk Reduction in Children and Adolescents" (<u>http://www.nhlbi.nih.gov/quidelines/cvd_pedlindex.htm</u>).
- 23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book-Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (http://pediatrics.aaopublications.org/content/1/269/1023 full) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug. use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
- See USPSTF recommendations (http://www.uspreventivesen/icestaskforce.org/uspsf/uspscenv.htm). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Opneoclogic Examination for Adolescents in the Pediatric Office Setting" (altro (head strics appointing stricts) and other productions of the Company of t
- 25. Refer to a dental home, if available. If not available, perform a risk assessment
- Title laws a good problem little Self-Assessment of our I immay water source is deficient in Turnide, consider and fluoride supplementation. For those at high misk, consider application of Turnide y water source is deficient in Turnide, consider and application of Turnide y water for cases prevention. See 2008 ANP statement "Preventive and Health Intervention for Pediatrical (<u>Public Adelicas associational non-control (Public Adelicas associational non-control (Public Adelicas associational non-control (Public Adelicas associational non-control (Public Adelicas associational non-control non-control</u>

2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" http://pediatrics.aappublications.org/content/12/16/691 full).

These may be modified, depending on entry point into schedule and individual need.
 The Recommended Uniform Newborn Screening Panel.

Congenital Heart Disease* (http://pediatrics.aappublications.org/content/129/1/190.full).

Follow-up must be provided, as appropriate, by the pediatrician.

Available at: www.aap.org/en-us/professionalresources/practice-support/Pages/PeriodicitySchedule.aspx

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

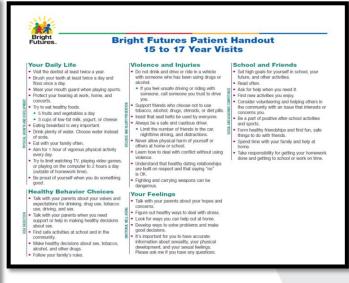
Documentation Forms

Patient/Parent Handouts

Core Tools: Integrated Format







PrevisitQuestionnaires

 Allows healthcare provider to gather pertinent information without using valuable time asking questions

Documentation Forms

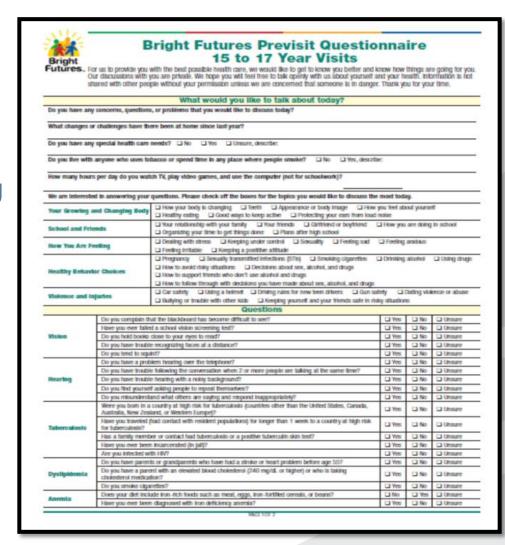
Enables Provider to document all pertinent information and fulfill quality measures

Parent/Patient Handouts

 Provides Parental Education all the Bright Future Priorities for the visit

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 agebased 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 perhaps, we note you will feel free to talk openly with us about you self-and your bestly. 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 tolor?										
		What would you like to talk about today?										
Do you have any	conserve questions	, or problems that you would like to discuss today?										
What changes or	challenges have the	ere been at home since last year?										
Do you have any	special health care	needs? □ No □ Yes □ Unsure, describe:										
Do you live with a	myone who uses to	bacco or spend time in any place where people smoke? No Yes, describe										
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How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?												
mon many moura	por any no you man	on 14, pay these games, and use the computer first for sensormony.										
We are interested	in answering your	questions. Please check off the boxes for the topics you would like to discuss the	most toda	ıy.								
	out yourse	er .										
Your Growing and Changing Body		□ How your body is changing □ Teeth □ Appearance or body image □ How you feel about yourself □ Healthy eating □ Good ways to keep active □ Protecting your ears from loud noise										
School and Friends		□ Your relationship with your family □ Your friends □ Girlfriend or boyfriend □ How you are doing in school □ Constitutes were firm to set fitting does. □ Elementary with school										
		□ Organizing your time to get things done □ Plans after high school										
How You Are Feeling		☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling and ☐ Feeling anxious										
		☐ Feeling Initable ☐ Keeping a postitive attitude										
Healthy Behavior Choices		☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Smoking cigareties ☐ Drinking alcohol ☐ Using drugs										
		☐ How to avoid risky situations ☐ Decisions about sex, alcohol, and drugs										
		☐ How to support triends who don't use alcohol and drugs										
		□ How to follow through with decisions you have made about sex, alcohol, and drugs										
		□ Causarety □ Using a helmet □ Driving rules for new leen drivers □ GUT is arety □ 10-throuviolence or abuse										
Violence and injuries		☐ Bullying or trouble with other kids ☐ Keeping yourself and your friends sale in risky situations										
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PAGE 10F 2

Setting the agenda

Medical Screening



Bright Futures Previsit Questionnaire 15 to 17 Year Visits

Bright
Futures.. 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, question	es, or problems that you would like to discuss today?				
What changes or	challenges have t	there been at home since last year?				-
Do you have any	special heal	PRIORITIES			11.	the agenda
Do you live with	anyone who	FRIORITIES				
How many hours	per day do y	Physical growth and develop	pme	ent		
We are Interested	d in answerir	Cooled and coodemic compa	stop.	00		
Your Growing a	nd Changing	Social and academic compe	eten	ce		
School and Frie	nds	Emotional well-being				
How You Are Fe	eling	Risk reduction				_
Healthy Behavk	or Choices	Violence and injury prever	ntior)		
Violence and in	Juries	☐ Car safety ☐ Using a helmet ☐ Driving rules for new teen drivers ☐ Gun safe ☐ Bullying or trouble with other kids ☐ Keeping yourself and your friends safe in risk	4	100	ience or abuse	
		Questions			1	
	-	that the blackboard has become difficult to see?	☐ Yes	□ No	☐ Unsure	-
Vision	-	led a school vision screening test? is close to your eyes to read?	☐ Yes	□ No	☐ Unsure	-
		bie recognizing faces at a distance?	☐ Yes	□ No	☐ Unsure	-
	Dio you tend to se		□ West	El Mo	Dillhone	



Alcohol or	Have you ever had an alcoholic drink? □ Yes □											
Drug Use												
STIs	Screening											
Anemia	UNIVERSAL SCREENING	Spellen test										
	Vision (once In mIddle adolescence)											
	SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +	A +								
	Vision at other ages	+ on risk screening questions	Spellen test	KS								
STIs	Hearing	+ on risk screening questions Audiometry										
	Anemia	+ on risk screening questions	Hemoglobin or hemat									
Cervical	Tuberculosis	+ on risk screening questions	Tuberculin skin test									
Dysplasia	Dyslipidemia	+ on risk screening questions and if not previously screened with normal results	Lipid screen		ne ne							
Pregnancy	STIs	Sexually active	Screen for chlamydia a use tests appropriate t population and clinica	o the patien	ea;							
		Sexually active and + on risk questions	Syphilis blood test HIV ^{†12}		ne ne							
STIs	Pregnancy	Sexually active without contraception, late menses, or amenorrhea	Urine hC G		ne ne							
	Cervical dysplasia	Sexually active, within 3 years of onset of sexual activity	Pap smear, conventior or liquid-based	ne ne								
	Alcohol or drug use	+ on risk screening questions	Administer alcohol- ar	nd drug-scree	ening							
Check off a			tool	3,000								
	The state of the s	criteria on which risk screening questions are base	THE ALL LANDS AND SAME									
	publication, the AAP and other groups had techniques. The health care professionals a	real voluntary HIV screening for all sexually active p I not yet commented on the CDC recommendation attention is scawn to the voluntary nature of screen The management of positives and false positives r	, nor recommended screeni ing and that the CDC allow	ng criteria or s an opt out i								

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

HEADDSSS

















<u>H</u>ome

Belonging (Connection)

Education

Mastery (Competence)

Activities

Generosity (contribution)

Diet

Drugs

Independent decision making

<u>S</u>afety

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**

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Engaging Adolescents

The CCNC Experience





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:

- 4



- 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
- 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

fat sand Techso Teens hink?

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.



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. Common a coming a commonth to male the mole in whith formally a other



Promotion of annual EPSDT wisits for spage



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



CCNC Pediatrics: Social/Emotional Development

"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.



What Teens Think:

- "...most issues are mental like anxiety, stress, worry, and overthinking. 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 Tecnagers ages 13-15

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

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	

Recommended Secondary/Specific Screens	Солсети	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. **

purches, and any reterrais 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)			

CHIPRA Quality Demonstration Grant-February 2014 (v3)

Adolesc ent Screeni ng 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

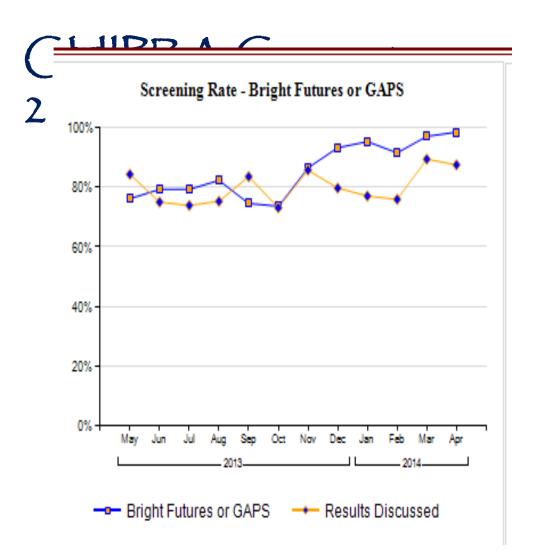


Growing Up



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





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 (ABF) for MOC IV credits, and approved by the American Academy of Family Physicians (AAFF) 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:

- Assess policies and procedures regarding adolescent screenings with the pre/ post assessment.
- Enter 3 separate chart extractions (baseline, midline, final) into activity database from 10 unique retrospective patient charts.
- 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@cameron@camerongrahamconsulting.com. We truly appreciate your interest in this important topic!

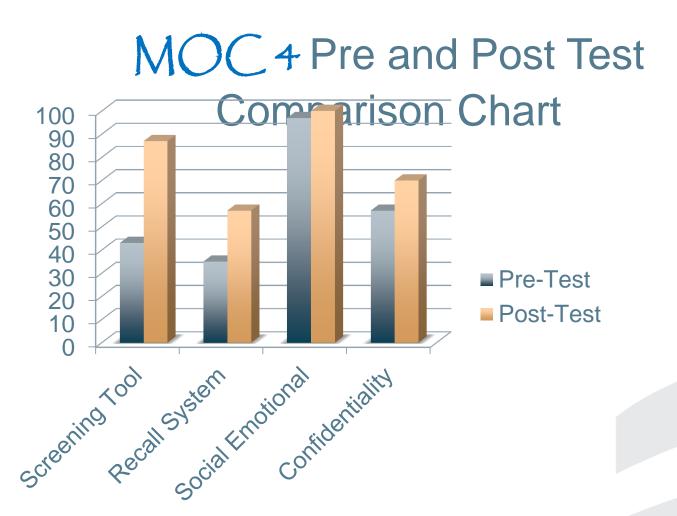
<u>Quality Indicators</u> (Chart Extraction)

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

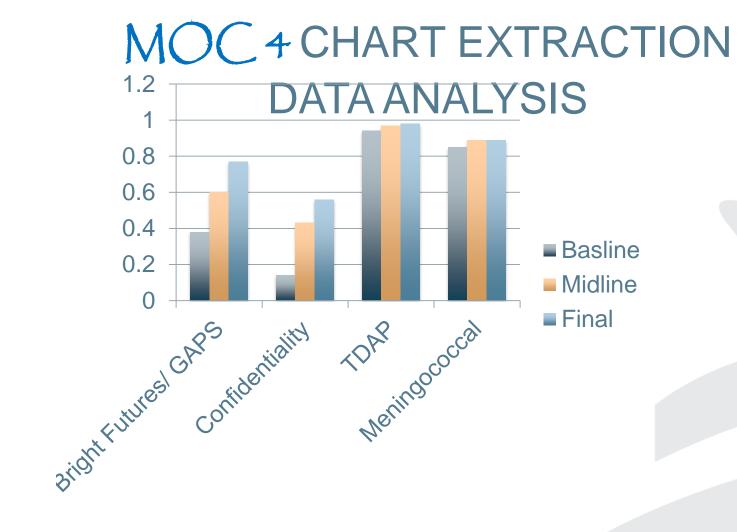
Practice Systems Change

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

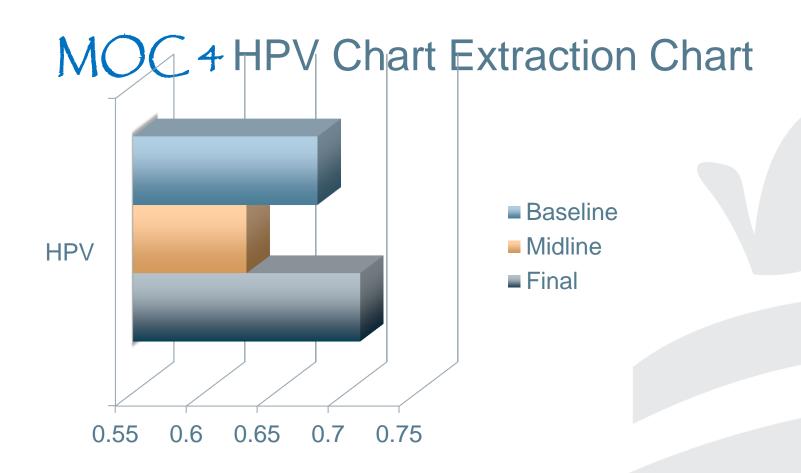














Impact of MOC 4

- 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

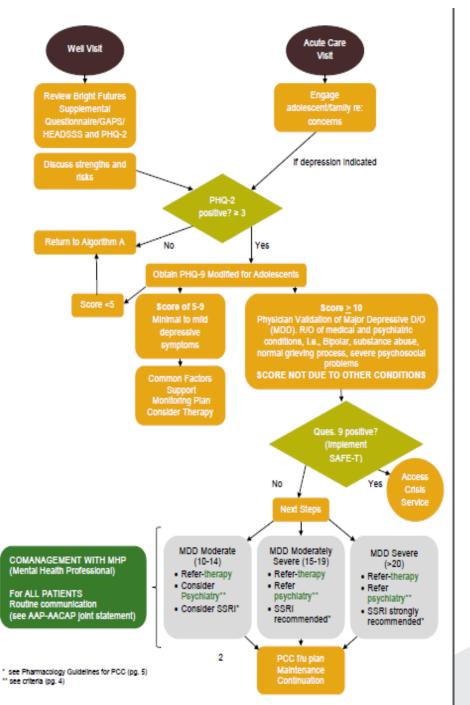


Co-management Guidelines for Adolescent Depression

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







Promoting Resiliency

Reducing Risk

Affirm and supp

Encourage goal

Elicit interests

Share resources for opportunities: volunteering; community activities;



Questions?

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





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JW Marriott
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www.sbh4all.org/convention





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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 <u>preventative care</u>, please send us an e-mail at: <u>programs@sbh4all.org</u>

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





Thank You for attending!

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