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

May 5, 2015
Help Us Count!

If you are viewing as a group, please go to the chat window and type in the name of the person registered and the total number of additional people in the room, e.g., Tammy Jones, +3. This will help us with our final count.
Reminders

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.
Webinar Archives

Access previous webinars, sorted by topic:

- 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, MD, MPH, FAAP
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: Improving Preventive Services for School Based Health Centers

Barbara Frankowski  MD, MPH, FAAP
Marian Earls MD, MTS, FAAP
Paula Duncan MD, FAAP
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 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.)
Quality Measures for Preventive Services

- 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)
## Periodicity Schedule

### Recommendations for Preventive Pediatric Health Care

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 guidelines by age as listed in Bright Futures guidelines (Hagan JF, Shaw JC, Duncan JM, 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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### Periodicity Schedule

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<th>3-5 Mo</th>
<th>6-11 Mo</th>
<th>12 Mo</th>
<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
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<th>36 Mo</th>
<th>3-5 Y</th>
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<th>13-14 Y</th>
<th>15-17 Y</th>
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### Key Points
- **●** indicates a service recommended to be performed, if appropriate.
- **X** indicates a service recommended to be performed if the parent wishes it performed.
- **5** indicates a service recommended to be performed, if appropriate, at 5 years of age.

Available at: www.aap.org/en-us/professional-resources/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

- **Previsit Questionnaires**
  - 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
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

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

### 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**
- □ 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
- □ Organizing your time to get things done
- □ Plans after high school

**How You Are Feeling**
- □ Dealing with stress
- □ Keeping under control
- □ Sexuality
- □ Feeding
- □ Feeling anxious
- □ Feeding habits
- □ Keeping a positive attitude

**Healthy Behavior Choices**
- □ Pregnancy
- □ Sexually transmitted infections (STIs)
- □ Smoking cigarettes
- □ Drinking alcohol
- □ Using drugs
- □ How to avoid risky situations
- □ Decisions about sex, alcohol, and drugs
- □ How to support friends who don’t use alcohol and drugs
- □ How to follow through with decisions you have made about sex, alcohol, and drugs

**Violence and Injuries**
- □ A near miss
- □ Getting a helmet
- □ Drilling rates for new teen drivers
- □ Bicycling
- □ Driving or riding in a car with a driver who has been drinking
- □ Keeping yourself and your friends safe in risky situations

### Setting the agenda

### Medical Screening

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<th>Questions</th>
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<td>Do you hold books close to your eyes to read?</td>
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<td>Do you have trouble recognizing faces at a distance?</td>
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<td>Do you tend to squint?</td>
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<td>Do you have trouble following the conversation when 2 or more people are talking at the same time?</td>
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<td>Do you have trouble hearing with a noisy background?</td>
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<td>Do you find yourself asking people to repeat themselves?</td>
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<td>Do you misunderstand what others are saying and respond inappropriately?</td>
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<td>Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?</td>
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<td>Has a family member or contact had tuberculosis or a positive tuberculin skin test?</td>
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<td>Have you ever been incarcerated (in jail)?</td>
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<td>Are you infected with HIV?</td>
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<td>Do you have parents or grandparents who have had a stroke or heart problem before age 50?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you smoke cigarettes?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anemia</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your diet include iron rich foods such as meat, eggs, iron fortified cereals, or beans?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you ever been diagnosed with iron deficiency anemia?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Setting the agenda

Priorities
- Physical growth and development
- Social and academic competence
- Emotional well-being
- Risk reduction
- Violence and injury prevention
### Developmental Tasks of Adolescence

**Screening**

<table>
<thead>
<tr>
<th><strong>UNIVERSAL SCREENING</strong></th>
<th><strong>ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision (once in middle adolescence)</td>
<td>Snellen test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SELECTIVE SCREENING</strong></th>
<th><strong>RISK ASSESSMENT</strong></th>
<th><strong>ACTION IF RA +</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision at other ages</td>
<td>+ on risk screening questions</td>
<td>Snellen test</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
<td>Audiometry</td>
</tr>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hemoglobin or hematocrit</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>+ on risk screening questions and if not previously screened with normal results</td>
<td>Lipid screen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STIs</strong></th>
<th><strong>SEXUALLY ACTIVE</strong></th>
<th><strong>ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>STIs</td>
<td>Sexually active</td>
<td>Screen for chlamydia and gonorrhea; use tests appropriate to the patient population and clinical setting</td>
</tr>
<tr>
<td>Sexually active and + on risk questions</td>
<td>Syphilis blood test HIV</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pregnancy</strong></th>
<th><strong>SEXUALLY ACTIVE WITHOUT CONTRACEPTION, LATE MENSES, OR AMENORRHEA</strong></th>
<th><strong>ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>Sexually active without contraception, late menses, or amenorrhea</td>
<td>Urine hCG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cervical dysplasia</strong></th>
<th><strong>SEXUALLY ACTIVE, WITHIN 3 YEARS OF ONSET OF SEXUAL ACTIVITY</strong></th>
<th><strong>ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical dysplasia</td>
<td>Sexually active, within 3 years of onset of sexual activity</td>
<td>Pap smear, conventional slide or liquid-based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Alcohol or drug use</strong></th>
<th><strong>+ ON RISK SCREENING QUESTIONS</strong></th>
<th><strong>ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or drug use</td>
<td>+ on risk screening questions</td>
<td>Administer alcohol- and drug-screening tool</td>
</tr>
</tbody>
</table>

---

*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.
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 5\textsuperscript{th} Foster Home
- 11\textsuperscript{th} Grade, failing math
- Past H/O tobacco, etoh, marijuana use
- Sexually active w/o protection
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.
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 making
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

HEADDSS

- Home
- Belonging (Connection)
- Education
- Mastery (Competence)
- Activities
- Generosity (contribution)
- Diet
- Independent decision making
- Drugs
- 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
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
Bright Futures Tool and Resource Kit

• 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


Ginsburg KR. Engaging Adolescents and Building on their Strengths. Adol Health Update. 2007;19(2).


Brendtro LK, Brokenleg M, VonBocken S. Reclaiming Youth at Risk: Our Hope for the Future
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%).

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?

“Things that govern teenagers: Time, Money, Friends.”

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

“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.
<table>
<thead>
<tr>
<th>Bright Futures Developmental Tasks of Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engages in a positive way in the life of the community</td>
</tr>
<tr>
<td>2. Demonstrates increasingly responsible and independent decision-making</td>
</tr>
<tr>
<td>3. Demonstrates physical, cognitive, emotional, social and moral competencies</td>
</tr>
<tr>
<td>4. Engages in behaviors that provide well-being and contribute to a healthy lifestyle</td>
</tr>
<tr>
<td>5. Demonstrates resiliency when confronted with life stressors</td>
</tr>
<tr>
<td>6. Displays a sense of self-confidence, hopefulness and well being</td>
</tr>
<tr>
<td>7. Forms a caring, supportive relationship with family, other adults and peers</td>
</tr>
</tbody>
</table>
Promotion of annual EPSDT visits for all adolescents

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 milder 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 over-thinking. They do 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 talked to 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.”

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: 99420EP  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

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

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

<table>
<thead>
<tr>
<th>Recommended Secondary/Specific Screens</th>
<th>Concern</th>
<th>Billing &amp; Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanderbilt, Conner</td>
<td>ADHD/learning</td>
<td>99420 + Mod</td>
</tr>
<tr>
<td>SCARED</td>
<td>Anxiety</td>
<td>99420 + Mod</td>
</tr>
<tr>
<td>Patient Health Questionnaire for Adolescents (PHQ-A), Patient Health Questionnaire-9 Modified for Teens (PHQ-9), CES-DC, CDI</td>
<td>Depression</td>
<td>99420 + Mod</td>
</tr>
<tr>
<td>CRAFT</td>
<td>Substance Use</td>
<td>99403/99409 + Mod</td>
</tr>
</tbody>
</table>

**Modifiers:**

- Medicaid → EP
- Health Choice → TJ

**CRAFFT:**

- 99420 + Mod:
  - Can code up to 2 screens per visit
  - Code pays $8.14 if done at well visit OR E+M visit

**CHIPRA Quality Demonstration Grant: February 2014 (v3)**
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

https://www.communitycarenc.org/population-management/pediatrics/
Screening Rate - Bright Futures or GAPS

Bright Futures or GAPS
Results Discussed
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

Referral, consultation, and follow-up for mental health concerns
MOC 4 Pre and Post Test Comparison Chart

- Screening Tool
- Recall System
- Social Emotional
- Confidentiality

Pre-Test
Post-Test
MOC+ CHART EXTRACTION
DATA ANALYSIS

Bright Futures/GAPS Confidentiality TDAP Meningococcal

- Baseline
- Midline
- Final
MOC 4 HPV Chart Extraction Chart

HPV

Baseline
Midline
Final

0.55 0.6 0.65 0.7 0.75
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 support current strengths

Encourage goals

Elicit interests

Share resources for opportunities: volunteering; community activities; internships; service projects...
Questions?
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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
Thank You
for attending!

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