Ideas for Closing Performance Gaps

Key Activity: Perform Developmental Surveillance/Identification of Patient Strengths
Rationale: While developmental surveillance is relatively clear for young children (assessment of motor, social, and language skills), the details of promoting healthy development for school-aged children and adolescents is less well defined. In the 3rd edition of the *Bright Futures Guidelines*, the visit priorities address healthy development, and the Association of Maternal and Child Health Programs framework was adopted as a guide. This strength-based framework provides a platform to accentuate what is going right for a child, and has a positive focus to health promotion and disease prevention. In addition, the concept of using a strength-based approach with children, adolescents, and families was recommended in all editions of Bright Futures.[1] [1]Tanski S, Garfunkel LC, Duncan PM, Weitzman M (eds.). *Performing Preventive Services: A Bright Futures Handbook*. Elk Grove Village, IL: American Academy of Pediatrics. 2010; pg. 9.

Potential Barriers	Suggested Ideas for Change
	Gap: *Age appropriate developmental screening is not routinely performed.*
The practice is not familiar with Bright Futures developmental surveillance recommendations for patients 5 to 21 years of age.	1. Review the following sections of The Bright Futures Guidelines: • Middle Childhood: 5 to 10 years • Adolescence: 11 to 21 years 2. Become familiar with developmental milestone periods for middle childhood and adolescence. Surveillance of Development milestones are outlined in the Bright Futures Pocket Guide: • 7- and 8-year visit • 9- and 10-year visit • 11- to 21-year (adolescent) visits

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The practice does not have a system in place to perform, interpret, follow up, and document developmental surveillance for school age and adolescent patients.	1. Designate an office champion who is responsible for spearheading development and implementation of a systematic approach to developmental surveillance. 2. Form an improvement team and define developmental surveillance for your office: • Focus on a particular group of patients when adopting new strategies to assess development in middle childhood and adolescence. • Start with a small and focused population, such as children entering middle school or a particular age group of adolescents (eg, early adolescents – 11–14 years) when testing new approaches. • Then, expand the focus to include other ages of middle childhood and adolescence. • Parent- and adolescent-completed questionnaires offer ease and flexibility of administration, and can be used to assess a broad range of skills and developmental issues. • Incorporate EHR prompts for developmental surveillance during appropriate office visits. • Questions can be asked during the visit itself as well. It is helpful for the medical home staff and health care providers to agree on what the major components of surveillance should be. Staff can begin addressing issues during their time with the young person and family and can also help identify adolescent and family strengths. • Ensure that your practice consistently addresses developmental tasks during health supervision visits in middle childhood and adolescence. 3. If possible, utilize EHR-based flags/prompts to remind health care providers to consider performing overdue developmental surveillance in all types of visits in order to minimize missed opportunities. 4. If your practice does not use an EHR, use paper notes to flag charts of patients presenting for healthcare visits who are overdue for developmental surveillance.
Adolescents have a lower rate of health supervision visits.	1. Utilize a reminder recall system: • Define a recall/reminder system for your practice. • Determine what services and/or criteria for tracking will be the focus of your reminder/recall system. o Consider using the measures of this course to streamline office health supervision data collection. o Determine which group of patients to target with the new system. For example, target patients who are behind on services (most effective approach), or send reminders to an entire age group (less effective approach). • Determine the number of patients who are overdue for health supervision visits to estimate and prepare for a potential increased volume/workload. o Discuss with scheduling and billing staff for suggestions. o Use visit reports/EHR tracking or a practice management system. 2. Delegate an office champion to manage the recall/reminder system. 3. When adolescent patients are seen for sick visits, remind them and their parent/guardian of the importance of health supervision visits through age 21 years.

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The practice is unsure about which developmental surveillance questionnaire to use for middle childhood and adolescence.	1. Consider using a concise template to obtain information quickly and efficiently. 2. The Bright Futures previsit questionnaires include questions for parents of 7- to 10-year-old children and youth ages 11 to 21 years. These questions could be added to questionnaires already in use with these age groups. 3. Discuss with office staff the use of developmental surveillance questionnaires coupled with strength-based approaches during health supervision visits. 4. Review various surveillance questionnaires and choose the one that is most popular within your practice, or use them to create a composite customized questionnaire. An example is the HEEADSSS assessment with additional strengths questions (see Bright futures documentation form) that is used for adolescent surveillance during the psychosocial interview. 5. If appropriate, incorporate documentation of questionnaire responses or overall assessments in EHR documentation.
Health care providers and/or patients/parents have cultural and/or language barriers.	1. Provide training for office staff that addresses cultural and language differences *commonly* faced in caring for the cultural groups represented in your patient population. • Of note, the conceptualization of which characteristics constitute strengths may be different for families with different cultural backgrounds, and different cultures may be more or less permissive of self-identifying strengths, which may be misunderstood as inappropriate self-promotion. 2. Instruct the office staff to check with patients/parents to ensure that they understand how to complete the tool and to answer any questions that they may have. • Read the questions to parents or adolescent who may have difficulty using the tool due to cultural, linguistic, or literacy considerations. 3. Stock developmental surveillance forms in the various languages that are most represented in your patient population. Bright Futures previsit questionnaires are available in English and Spanish.

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Gap: No follow-up plan provided for positive screening results.	
The practice does not have an organized process for follow-up of positive screens.	1. Identify and reflect on the child's/adolescent's strengths. 2. Offer suggestions for augmenting strength areas that may be lacking or deficient. Point out the patient's existing strengths to provide a hopeful foundation upon which such suggestions can be offered. 3. Use discussion of strengths as a way to engage the patient in discussing needed behavioral changes. 4. Health care providers can encourage patients to utilize their strengths in discussions about behavioral change by incorporating principles of shared decision-making or motivational interviewing. If developmental concerns are identified in children up to 8 years old (via the PEDS), consider following the AAP Developmental Screening algorithm. If mental health concerns are identified, the AAP Task Force on Mental Health algorithm may be followed to determine next steps.
The practice does not have a seamless approach for referrals for specialized services as indicated and close follow-up care.	1. Review the Pediatrician's Role in Community Pediatrics. 2. Contact your local health department and school district to determine what services are available to your patients. 3. The health care provider can coordinate the specialty services and provide integrated oversight of the patient's progress. 4. Coordinate the specialty services and provide integrated oversight of the patient's progress.
Practice does not have linkages to local community resources or specialists.	1. Implement use of Bright Futures Community Resources tools: • Bright Futures: Community Resources Tip Sheet • Bright Futures: Community Resources Check Sheet (pg. 7) 2. Use the Community Pediatrics Self-Assessment tool to determine where your practice is in relation to community pediatrics activities. 3. Create a regularly updated list of community-based referral programs with contact numbers. • Community resources fall into 2 categories: agencies and providers/practitioners. 4. Assign an office champion to keep lists updated on an ongoing basis and to systematically call each number on the list (possibly during slow times) to make sure they are still operational.