

Ideas for Closing Performance Gaps

Key Activity: Perform Risk Assessment and Medical Screening

Rationale: Assessing medical risk and diagnosing illness are core functions of primary care clinicians. Comprehensive risk assessment and medical screening are integral parts of every health supervision visit and a prerequisite for additional medical treatment and anticipatory guidance.

One component of illness detection and risk assessment is medical screening. Some school-aged and adolescent patients do not receive annual medical screening visits, leading to missed opportunities for providing medical screening and risk assessment. Incorporating medical screening and risk assessment for all school-aged and adolescent patients can potentially identify those who are at risk for illness or who have already developed manifestations of illness so that appropriate medical treatments can be provided.

Potential Barriers	Suggested Ideas for Change	Still Not Seeing Results?
Gap: Age-appropriate risk assessment and medical screenings are not performed consistently at all health supervision visits.		
The practice does not have a system in place to perform, interpret, and document that age-appropriate risk assessment and medical screenings are performed at <u>all</u> health supervision visits.	<ol style="list-style-type: none"> 1. Implement and use the Bright Futures Preventive Services Prompting Sheet to remind you what risk assessment and screenings are needed at each health supervision visit. 2. Use the Bright Futures Training and Implementation Materials. 3. Consider converting the preventive services prompting sheet for EHR use. For help with incorporating forms into an EHR system, contact aapsales@aap.org. 4. Ask parents/guardians to complete the parent questionnaires online or on a tablet in your office, and have it populate directly into your EHR, if possible. <ul style="list-style-type: none"> • If possible with your EHR system and if you already have a patient portal, consider having your adolescent patients complete an online questionnaire prior to their scheduled visit, ensuring this information is collected independently from the parent/guardian and kept confidential. 5. Review the Bright Futures Tool and Resource Kit for risk screening questionnaires that can streamline your practice's approach to medical screening and risk assessments. 6. To improve documentation, use the Bright Futures Documentation forms available for every health supervision visit. Each form has a designated area to record and document risk assessment and medical screening. 	

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The practice does not have an understanding of how Bright Futures defines universal and selective screening.	<ol style="list-style-type: none"> 1. Review the chapter, Rationale and Evidence, in the Bright Futures Guidelines to understand universal and selective screening. 2. Review the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (periodicity schedule). Note the key at the bottom that indicates what screenings are universal (ie, provided to all children at that specific visit) or selective (ie, offered only if a preceding risk assessment is positive). 3. Bright Futures summarizes the recommended risk assessments, screenings, and follow-up that should occur at each health supervision visit in the Bright Futures screening tables, as well as in the Bright Futures Pocket Guide. 	
The practice does not use open-source (nonproprietary), validated risk assessment and medical screening tools.	<ol style="list-style-type: none"> 1. Review your practice's current previsit questionnaire and compare it with the Bright Futures previsit and medical screening questionnaires to determine if additional information should be added to your existing questionnaires. The <i>Bright Futures Tool and Resource Kit</i> has previsit and medical screening questionnaires for every health supervision age. 2. Review the measurements section of Bright Futures documentation forms, which provides a systematic way to record important medical screening and results (eg, blood pressure, weight, body mass index, laboratory results) outside of established normal ranges. 3. Ask nurses and/or medical assistants to read questions to parents/families that are unable to read so the health care provider can be prepared to do selective screening. 	
Gap: Patient's measurements (BMI) are not taken and plotted on the percentile curve at all health supervision visits consistently		
Clinicians and/or staff do not recognize the importance of accurately and consistently measuring and documenting patients' growth measurements.	<ol style="list-style-type: none"> 1. Review the guidelines and recommendations that outline clinician responsibilities for accurate and reliable growth measurements for pediatric patients: <ul style="list-style-type: none"> • AAP Bright Futures Recommendations for Preventive Pediatric Health Care 2. Review the following for additional reading on evaluation and management: <ul style="list-style-type: none"> • Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report • Bright Futures: Promoting Healthy Weight • The USPSTF Statement on Screening, 2010 • The NHLBI Guidelines, 2011 • The Endocrine Society Guidelines, 2008* <p>*Gilbert P. August et al. Prevention and Treatment of Pediatric Obesity: An Endocrine Society Clinical Practice Guideline Based on Expert Opinion. <i>The Journal of Clinical Endocrinology & Metabolism</i> (2008) 93 (12): 4576-4599. Published by Oxford University Press on behalf of the Endocrine Society online at: https://academic.oup.com/jcem/article-lookup/doi/10.1210/jc.2007-2458</p>	<ul style="list-style-type: none"> • Discuss with staff the importance of reliable growth measurement for clinical decision-making and intervention to: <ul style="list-style-type: none"> • Detect growth abnormalities. • Detect abnormalities in nutritional status. • Detect diseases that affect growth. • Track the effects of medical or nutritional intervention.

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<p>The practice does not have a systematic approach for measuring and documenting patients' growth.</p>	<ol style="list-style-type: none"> Establish clear office procedures for obtaining and plotting growth measurements. Consider the following: <ul style="list-style-type: none"> Meet with staff to gather information and ideas about establishing an officewide procedure for measuring and documenting patient growth. Identify roles and responsibilities for measurement and plotting growth. Develop a visit flow for obtaining and recording growth measurements that considers the patient/families', physicians', and staff members' time, office efficiency, equipment, and backup contingencies. Use AAP-recommended tools for documenting growth: CDC Growth Charts for Children 2 Years of Age and Above (available in English, French, and Spanish) Train staff and provide cross-training: <ul style="list-style-type: none"> To take and record measurements accurately To follow established visit flow Include checks and balances in office procedures to ensure that: <ul style="list-style-type: none"> All growth measurements are documented. The clinician reviews the growth chart at each visit. The growth summary is shared with the patient and family. Identify a single, preferred location for all measurement equipment and materials. Document the schedule and procedure for calibrating and maintaining equipment. Use a calibration log for measurement equipment. Periodically audit office procedures to assure they are effective and that staff members follow them consistently and correctly. 	<ul style="list-style-type: none"> Consult with other practices about their office procedures for growth measurement, documentation, and family discussions; adapt them for your practice. Stress with staff the importance of documentation as a necessary component of high-quality care. Help them recognize that actions that are not documented are considered not done. Consider the online training course, Using the WHO Growth Charts to Assess Growth in the United States Among Children Ages Birth to 2 Years. <p>This online training course was developed by the CDC to train health care providers and others who measure and assess child growth on how to use the World Health Organization (WHO) growth standards to assess growth among infants and children ages birth to 2 years.</p>
<p>Provider does not always recognize abnormal measures (eg, blood pressure, weight, body mass index) outside of established normal ranges.</p>	<ol style="list-style-type: none"> Use updated tables of normal ranges for blood pressure, weight, and other measures for each age group. Develop or use computer tools programmed to automatically flag abnormal measures in the EHR, if your office is computerized. Scan completed forms into your EHR system. In a noncomputerized office, an abnormal measure may be flagged manually on a chart or in an office log. 	

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Gap: No follow-up plan provided for when risks or medical concerns are identified.		
The practice does not have an organized process for follow-up of positive screens that require behavior screens.	<ol style="list-style-type: none"> 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 http://motivationalinterviewing.org/. 5. Use the Bright Futures Screening Tables, which also show the next steps that should be taken. 6. If developmental concerns are identified in children up to 8 years (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 provider is not familiar with further evaluation and treatment procedures for screening measures that are outside of the normal range.	<ol style="list-style-type: none"> 1. Create management algorithms based on consensus guidelines to facilitate initial clinical responses to abnormal screening results. 2. Review abnormal screening results within each clinical setting to derive group standards for management of common abnormal screening results. 	
The provider may not be as comfortable screening for adolescent issues related to confidentiality, eg, STI/HIV and drug and alcohol screening.	<ol style="list-style-type: none"> 1. Train staff and providers about adolescent confidentiality and consent for care, including issues related to EHR's. <ul style="list-style-type: none"> • AAP policy on Standards for Health Information Technology to Ensure Adolescent Privacy • Society for Adolescent Health and Medicine (SAHM) Statement 2. Set practice standards for ensuring the screening questionnaires are answered by adolescent patients independently and privately. 3. Set practice standards for how to address positive screening results related to confidential screening questions while ensuring privacy in managing the abnormal screening results. 	

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The practice does not have a seamless approach for referrals for specialized services as indicated and close follow-up care.	<ol style="list-style-type: none"> 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 professional 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. 	
The practice does not have linkages to local community resources or specialists.	<ol style="list-style-type: none"> 1. Implement use of Bright Futures Community Resources tools: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. 5. Link to community and tools on the AAP Web site. 	
The practice is unaware that payment may be available for a full range of screenings/follow-up, and/or how to apply for it.	<ol style="list-style-type: none"> 1. Code correctly. <ul style="list-style-type: none"> • Refer to the AAP Bright Futures and Preventive Medicine Coding Fact Sheet that contains a comprehensive list of codes for the related services • Review the AAP's Practice Management Online Web site for additional resources. 2. Contact the AAP Private Payer Advocacy Advisory Committee. 	