You Don’t Know if you Don’t Ask!

Pediatric Screening Questionnaires

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Associate Medical Director, Trihealth
Delegate at large, Ohio AAP
• Next training: Implicit Bias on September 29th at 1pm
• New resources available!
• https://ohioaap.org/education-cme-moc-ii/preventive-health-program/
Program supported by the Ohio Department of Health
Webinar of the Month

PREVENTIVE HEALTH PROGRAM

EMERGENT TOPICS IN CHILD HEALTH!

The Ohio Chapter of the American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. This credit is valid for 1 MOC Part 2 Category 2 Credits. Ohio AAP designates this activity for a maximum of 1 MOC Part 2 Category 2 Credits. It meets the criteria for 1 AMA PRA Category 1 Credit™. This activity is also approved by the American Academy of Family Physicians, American Board of Pediatrics, American Osteopathic Association, and American Academy of Nurse Practitioners. Ohio AAP is also authorized to award up to 1 MOC Part 2 Category 2 Credits for individualized assessment. This course is approved for 1 credit available for all trainees.

WEBINAR OF THE MONTH!

Immunizations to Teens & Families
February 9th @ 12:00 pm

Developmental Screening
March 20th @ 12:00 pm

Trauma Informed Care & ACEs
April 16th @ 12:00 pm

Adolescent Behavioral Health: Anxiety & Depression: Dealing with an Ever-Changing Time for Teens (Spring Webinar)
May 6th @ 12:00 pm

Child & Adolescent Well Care & Bright Futures
June 10th @ 12:00 pm

Register: ohioaap.org/education-conferences/2023-2-credit-emergent-topics-health-program

Please contact Alex Miller at amiller@ohioaap.org for questions.

Ohio Chapter
American Academy of Pediatrics
Dedicated to the Health of All Children®

Ohio Department of Health
Quality Improvement Project

• Kicks off in December 2022
• 9-month QI project
• Free resources!
• Action period calls with content experts
• Choose which screening tools (2) you will measure!
  – Developmental screening
  – Social determinants/injury prevention
  – Immunization rates
  – Teen depression
  – Maternal depression
  – Oral health
Post-Survey Evaluation

• Post-survey will be sent out this week
• Please complete and include constructive feedback
• Complete 90-day action plan
  – Take what you have learned and implement it into your practice.
  – There will be a follow up survey in 90 days.
  – Please complete surveys for trainings that you attend
CME Disclaimer

I have no personal financial relationships in any commercial interest related to this CME.

I do not plan to reference off label/unapproved uses of drugs or devices.
Objectives

- Understand the difference between developmental monitoring and developmental screening.
- Identify when to use specific screening tools with families.
- Screen and provide appropriate resources when needed.
Agenda

• Overview of screening tools and examples
  – Developmental screening: ASQ
  – Social determinants/Injury: SEEK/PEARLS
  – Immunization: AFIX
  – Teen depression: PHQ-9
  – Maternal depression: PHQ-2
  – Oral health
Developmental Monitoring vs Screening

**Developmental Monitoring**
- Process of recognizing children who might be at risk for developmental delays.
- Per AAP, should be a part of every well-child preventive care visit.

**Developmental Screening**
- AAP recommends developmental and behavioral screening for all children during regular well-child visits at these ages:
  - 9 months
  - 18 months
  - 30 months
- Autism Screening
  - 18 months
  - 24 months
Developmental Screening Tools

• ASQ-Ages and States Questionnaire

9 Month ASQ-3 Information Summary

9 months 0 days through 9 months 30 days

Baby's name: ___________________________ Date ASQ completed: ___________________________
Baby's ID #: ___________________________ Date of birth: ___________________________
Administering program/provider: ___________________________
Was age adjusted for prematurity when selecting questionnaire? ☐ Yes ☐ No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User’s Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>13.97</td>
<td>10</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>17.82</td>
<td>10</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>31.32</td>
<td>10</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>28.72</td>
<td>10</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>18.91</td>
<td>10</td>
</tr>
</tbody>
</table>


1. Uses both hands and both legs equally well? Yes NO Comments: YES No
2. Feet are flat on the surface most of the time? Yes NO Comments: YES No
3. Concerns about not making sounds? Comments: YES No
4. Family history of hearing impairment? Comments: YES No
5. Concerns about vision? Comments: YES No
6. Any medical problems? Comments: YES No
7. Concerns about behavior? Comments: YES No
8. Other concerns? Comments: YES No
Developmental Screening Tools

• SWYC – Survey of Well being of Young Children
• BPSC - Baby Pediatric System Checklist
Pros/Cons/Examples

• ASQ questions are very **specific** but also **tricky**
  – 9mo-Does your baby poke at an object inside a clear bottle?
  – 18mo-There goes that object in a small clear bottle again...
  – 30mo-Some parents think it is dangerous to have babies playing with beads on a string.

• SWYC/BPSC are more concise and have social determinants of health questions
Developmental Screening Tools - Autism Screening

MCHAT-R

Scoring M-CHAT-R/F:
The scoring algorithm for M-CHAT-R is as follows:
For most items, YES is a typical response, and NO is an at-risk response. HOWEVER, items 2, 5, and 12 are reverse scored, meaning that NO is a typical response and YES is an at-risk response. To score the M-CHAT-R, add up the number of at-risk responses, and follow the algorithm below:

**Total Score 0-2**: The score is LOW risk. No Follow-Up needed. Child has screened negative. Rescreen at 24 months if the child is younger than 2 years old (or after 3 months has elapsed), and refer as needed if developmental surveillance or other tools suggest risk for ASD.

**Total Score 3-7**: The score is MODERATE risk. Administer the M-CHAT-R Follow-Up items that correspond to the at-risk responses. Only those items which were scored at risk need to be completed. If 2 or more items continue to be at-risk, refer the child immediately for (a) early intervention and (b) diagnostic evaluation.

**Total Score: 8-20**: The score is HIGH risk. It is not necessary to complete the M-CHAT-R Follow-Up at this time. Bypass Follow-Up, and refer immediately for (a) early intervention and (b) diagnostic evaluation.
Social Determinants of Health

- Evidence based tools to briefly and systematically screen families for prevalent psychosocial problems that can be risk factors for child maltreatment, and jeopardize children's health, development and safety including:
  - Parental Depression
  - Parental Substance Use
  - Major Parental Stress
  - Intimate Partner (or Domestic) Violence
  - Food Insecurity
  - Harsh Punishment
Social Determinants of Health

Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we’re asking everyone these questions about problems that affect many families. If there’s a problem, we’ll try to help.

Please answer the questions about your child being seen today for a checkup. If there’s more than one child, please answer “yes” if it applies to any one of them. This is voluntary. You don’t have to answer any question you prefer not to. This information will be kept private, unless we’re worried about your child’s safety.

Today’s Date: ___/___/____  Child’s Name: _________________________
Child’s Date of Birth: ___/___/____  Relationship to Child: _________________________

PLEASE CHECK
☐ Yes ☐ No Would you like us to give you the phone number for Poison Control?
☐ Yes ☐ No Do you need to get a smoke alarm for your home?
☐ Yes ☐ No Does anyone smoke at home?
☐ Yes ☐ No In the past 12 months, did you worry that your food would run out before you could buy more?
☐ Yes ☐ No In the past 12 months, did the food you bought just not last and you didn’t have money to get more?
☐ Yes ☐ No Do you often feel your child is difficult to take care of?
☐ Yes ☐ No Do you sometimes find you need to slap or hit your child?
☐ Yes ☐ No Do you wish you had more help with your child?
☐ Yes ☐ No Do you often feel under extreme stress?
☐ Yes ☐ No Over the past 2 weeks, have you often felt down, depressed, or hopeless?
☐ Yes ☐ No Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Thinking about the past 3 months
☐ Yes ☐ No Have you and a partner fought a lot?
☐ Yes ☐ No Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
☐ Yes ☐ No Have you had 4 or more drinks in one day?
☐ Yes ☐ No Have you used an illegal drug or a prescription medication for nonmedical reasons?
☐ Yes ☐ No Other things you’d like help with today: _________________________

Please give this form to the doctor or nurse you’re seeing today. We encourage you to discuss anything on this list with her or him. Thank you!
Social Determinants of Health

PEARLS

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by “OR.” If any part of the question is answered “Yes,” then the answer to the entire question is “Yes.”

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
   (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child’s biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
   (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
   OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
   OR has any adult in the household ever hit your child so hard that your child had marks or was injured?
   OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
   (for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child’s caregiver(s)?
    (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)
Pros/Cons/Examples

• SEEK does have a nicely worded introduction to questionnaire
• Best done on paper (not asked verbally)
• Be sure to know what to do with a positive screen (yes answer)!
• SEEK is slightly more concise than PEARLS
Immunization-AFIX

- Continuous quality improvement program used to increase immunization coverage levels, reduce missed opportunities to vaccinate, and improve standards of practices at the provider level

- Introduction
- Assessment
- Feedback
- eXchange (Follow-up)
- Incentive (including provider access to MOBI/TIES)

Timeline:

- Step 1: Pre-Visit Communication
  - Contact Provider to introduce program and schedule the feedback session
  - Complete the AFIX Questionnaire with the POC
  - Complete the ‘Request for AFIX Data Pull from Impact’ form with the POC

- Step 2: Assessment
  - Send the ‘Request for AFIX Data Pull from Impact’ form to ODH
  - Run Cocasa Coverage Reports and Patient Lists using Impact data
  - Review reports and questionnaire to become familiar with the information
  - Prepare appropriate resources

- Step 3: Feedback and Incentive
  - Face-to-face meeting with the provider
  - Review quantitative and qualitative reports
  - Design GI plan with the provider
  - Provide resources and incentives
  - Schedule 3-6 month follow-up
  - Send AFIX site Visit paperwork to ODH (within 5 days)

- Step 4: eXchange (follow-up)
  - Send the ‘Request for AFIX Data Pull from Impact’ form to ODH for reassessment
  - Run Cocasa Coverage Reports using Impact data
  - Contact provider and review reassessment coverages and assess GI Implementation
  - Provide appropriate resources
  - Send AFIX site Visit paperwork to ODH (within 5 days)
Teen Depression Screening

- PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.
- GLAD-PC (Guidelines for Adolescent Depression in Primary Care) now recommends depression screening at all well visits starting at age 12.
Context for Teen Depression Screening

• According to the 2019 Ohio Youth Risk Behavior Survey:
  – At least once in the 12 months prior to the survey:
    • 33% of high school students felt sad or hopeless almost every day for 2 weeks in a row that they stopped doing usual activities
    • 15.6% of high school students seriously considered attempting suicide
    • 10% made a plan of how they would commit suicide
    • 10% experienced intimate partner violence
    • 13% were bullied
## Teen Depression Screening

**PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)**

<table>
<thead>
<tr>
<th>PHQ9 Scores and Proposed Treatment Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHQ9 Score</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>0 to 4</td>
</tr>
<tr>
<td>5 to 9</td>
</tr>
<tr>
<td>10 to 14</td>
</tr>
<tr>
<td>15 to 19</td>
</tr>
<tr>
<td>20 to 27</td>
</tr>
</tbody>
</table>

**PHQ9**

- Little interest or joy
- Feeling down or depressed
- Trouble falling asleep or sleeping too much
- Felt tired or had little energy
- Poor appetite or overeating
- Feeling bad about yourself
- Moving or speaking slower or faster
- Trouble concentrating or making decisions
- Thought that you might hurt yourself

*For office coding: Total Score = ___ + ___ + ___ + ___ + ___ + ___ + ___ + ___ + ___*

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
Maternal Depression Screening

- PHQ-2

Patient Health Questionnaire-2 (PHQ-2)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding:  
0 + 1 + 2 + 3 = Total Score
Maternal Depression Screening

• PHQ-2-contains 1\textsuperscript{st} 2 questions of PHQ-9
• Positive score is 3 or > (range 0-6)
• If positive, do full PHQ-9 or perform evaluation for depression
Pros/Cons/Examples

• PHQ-2 and PHQ-9 does are both fairly concise
• Best done on paper (not asked verbally)
• Be sure to know what to do with a positive screen (yes answer)!
Oral Health Risk Assessment

- Per AAP, oral health risk assessment should be performed at all 6mo, 9mo, and 12mo.
- Patients should establish at a dental home at 12 months.
- If patients do NOT have an established dental home continue performing an oral health risk assessment at the 12mo, 18mo, 24mo, 30mo, 3yo and 6yo visits.
Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the International Oral Health Initiative.

Instructions for Use
This tool is intended for documenting caries risk of the child; however, two risk factors are based on caregiver’s oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with an “X,” in the absence of risk factors or clinical findings, the clinician may determine that the child is based on one or more positive responses to other risk factors or clinical findings. Answering yes should be taken into account with risk factors or clinical findings in determining low versus high risk.

Patient Name: __________________________ Date of Birth: _____________
Date of Exam: _____________

RISK FACTORS

Mature or primary caregiver had active decay in the past 12 months

Yes __________ No __________

Continual bottle/sippy cup use with fluid other than water

Yes __________ No __________

Frequency snacking

Yes __________ No __________

Special health care needs

Yes __________ No __________

Medications given

Yes __________ No __________

CLINICAL

Existing dental home

Yes __________ No __________

DRINKS FLUORIDATED WATER OR TAKES FLUORIDE SUPPLEMENTS

Yes __________ No __________

Fluoride varnish in the last 6 months

Yes __________ No __________

Has teeth brushed twice daily

Yes __________ No __________

PROTECTIVE FACTORS

White spot/demineralization

Yes __________ No __________

Obvious decay

Yes __________ No __________

Preventive services

Yes __________ No __________

Visible plaques

Yes __________ No __________

Gingivitis

Yes __________ No __________

Teeth pre-bleeding

Yes __________ No __________

Healthy gums

Yes __________ No __________

ASSESSMENT/PLAN

Caries Risk:

Low __________ High __________

Self Management Goals:

1. Regular dental visits
2. Restrict diet
3. Dental treatment for parents
4. Fluoride varnish

Written off bottle

Yes __________ No __________

Lose bottle

Yes __________ No __________

Dental treatment for parents

Yes __________ No __________

Lose/no juice

Yes __________ No __________

Brush twice daily

Yes __________ No __________

Only water in sippy cup

Yes __________ No __________

Use fluoride toothpaste

Yes __________ No __________

Dental referral

Yes __________ No __________

Teeth brushing twice daily

Yes __________ No __________

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the dental care setting for all children through age 5 (http://www.uspreventiveservicestaskforce.org/PageToc.htm?C=1&ID=1&PID=153). For optimal fluoride varnish application, children should be examined by the primary care provider in the office (https://www.cdc.gov/oralhealth/documents/fluoride-varnish-patient-care-guideline.pdf).

Fluoride Varnish

Yes __________ No __________

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their teeth cleaned after feedings with a soft toothbrush. Once teeth erupt, it is recommended that children have their teeth brushed a total of twice a day, with the focus on the teeth under the age of 3 years old. It is appropriate to recommend brushing with a pea-sized amount of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information.

For more information about the AAP’s oral health activities email oralhealth@aap.org or visit www.aap.org/oral-health.
The End
Resources

• CDC.gov
• MCHATscreen.com
• Agesandstages.com
• pediatrics.tuftsmedicalcenter.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms
• seekwellbeing.org
• acesaware.org
• opi.ohio.gov
• apa.org/depression-guideline/patient-health-questionnaire
• aidsetc.org/
• aap.org/en/patient-care/oral-health/oral-health-practice-tools
• odh.ohio.gov/wps/wcm/connect/gov
KEEP YOUR CHILD HEALTHY WITH REGULAR WELL-CHILD VISITS!

Making sure your child sees a pediatrican for regular well-child visits and recommended vaccines is one of the best things you can do to promote your child's health and well-being. A strong relationship among pediatrician, parent, and child, helping to define the optimal physical, emotional, and social health of a child.

Developmental screening is a key component of well-child visits, the process of systematically looking for and measuring signs a young child may be delayed in one or more areas of development. Formal processes identify any potential needs in your child's development and allow interventions to be put into place quickly while your child is young.

KEY COMPONENTS OF A WELL VISIT:

- Developmental screening
- History taking
- Teaching growth & development milestones
- Counseling on nutrition & safety
- Questions you may have for your provider
- Confidential discussion on mental & behavioral health

WELL-CHILD VISITS SHOULD BE SCHEDULED AT THE FOLLOWING AGES:

<table>
<thead>
<tr>
<th>Age</th>
<th>Visit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>First well-child visit</td>
</tr>
<tr>
<td>2 months</td>
<td>Second well-child visit</td>
</tr>
<tr>
<td>4 months</td>
<td>Third well-child visit</td>
</tr>
<tr>
<td>6 months</td>
<td>Fourth well-child visit</td>
</tr>
<tr>
<td>9 months</td>
<td>Fifth well-child visit</td>
</tr>
<tr>
<td>12 months</td>
<td>Sixth well-child visit</td>
</tr>
<tr>
<td>18 months</td>
<td>Seventh well-child visit</td>
</tr>
</tbody>
</table>

* AAP recommends developmental and behavioral screening for all children during regular well-child visits at these ages. Autism screening specifically is recommended at 18 and 24 months.

For more information, please visit:
https://chomb.org/education/care-phone-number-for-health-care-providers/

YOU DON’T KNOW IF YOU DON’T ASK: THE IMPORTANCE OF PEDIATRIC SCREENING

DEVELOPMENTAL MONITORING

The process of recognizing children who might be at risk for developmental delays. The AAP recommends developmental monitoring at these ages:

- 9 months
- 18 months
- 30 months

Autism screening specifically is recommended at these ages:

- 18 months
- 30 months

SCREENING TOOLS

<table>
<thead>
<tr>
<th>Developmental Screening</th>
<th>ASQ ( Ages &amp; Stages Questionnaires)</th>
<th>DNDPC (Survey of Wellbeing of Young Children)</th>
<th>BPIC (Brief Pediatric Inventory Checklist)</th>
<th>MCHAT ( Autism Screener)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Determinants/ Risk</td>
<td>SDHS (Self-Environment for Every Kid)</td>
<td>PEARLS (Pediatric ACES and Positive Life Events Screener)</td>
<td>SPP (Social-Pragmatic Proficiency Screen)</td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td>AFIX</td>
<td>PAAS</td>
<td>MIT-CI (Autism Screener)</td>
<td></td>
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<tr>
<td>teen depression</td>
<td>PHSQ-9</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Maternal Depression</td>
<td>PHQ-2</td>
<td></td>
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<tr>
<td>General Health</td>
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</table>

RESOURCES

- CDC.gov
- AAP.org
- AAPdevelopment.org
- AAPpediatrics.org
- AAPchildhealth.org
- AAPchildcare.org

Ohio Chapter
Incorporated in OHIO
American Academy of Pediatrics
Dedicated to the health of all children®
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