Child & Adolescent Well Care

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Speaker

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Preventive Health Program

- Access resources and trainings: https://ohioaap.org/education-cme-moc-ii/preventive-health-program/
- Next training on July 21st!

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New Resources!

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KEEP YOUR CHILD HEALTHY WITH REGULAR WELL-CHILD VISITS!

Making sure that your child sees their pediatrician for regular well-child visits and recommended vaccines is one of the best things you can do to protect your child. Well visits are the foundation for a strong, trustworthy relationship among pediatrician, parent and child, helping to develop the optimal physical, mental and social health of a child.

KEY COMPONENTS OF A WELL VISIT:

- Discussion of personal & family history
- Head-to-toe examination
- Tracking growth & developmental milestones
- Immunizations
- Confidential discussions on mental & reproductive health
- Screenings for vision, hearing, elevated blood lead levels & much more
- Counseling on nutrition & activity
- Questions you may have for your provider

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

☐ 2 to 5 days ☐ 1 month ☐ 2 months ☐ 4 months ☐ 6 months ☐ 9 months
☐ 12 months ☐ 15 months ☐ 18 months ☐ 2 years old ☐ 2½ years old ☐ 3 years
☐ Once every year thereafter for a physical examination/assessments

For more information, please visit:
https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

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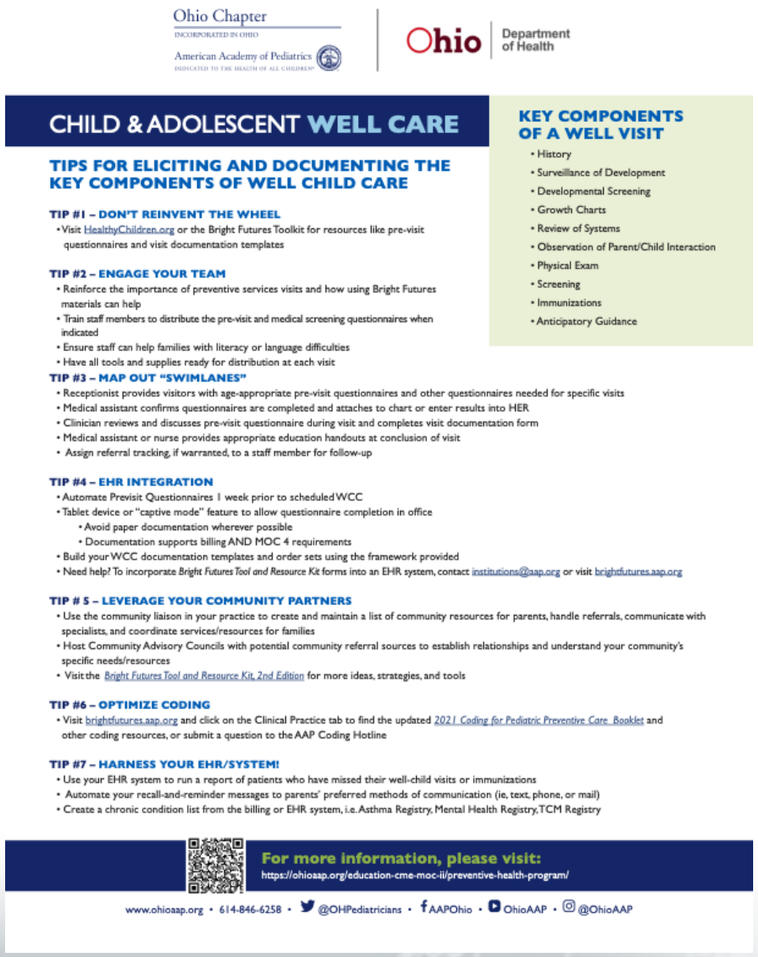

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CHILD & ADOLESCENT WELL CARE

TIPS FOR ELICITING AND DOCUMENTING THE KEY COMPONENTS OF WELL CHILD CARE

TIP #1 – DON'T REINVENT THE WHEEL
- Visit HealthyChildren.org or the Bright Futures Toolkit for resources like pre-visit questionnaires and visit documentation templates

TIP #2 – ENGAGE YOUR TEAM
- Reinforce the importance of preventive services visits and how using Bright Futures materials can help
- Train staff members to distribute the pre-visit and medical screening questionnaires when indicated
- Ensure staff can help families with literacy or language difficulties
- Have all tools and supplies ready for distribution at each visit

TIP #3 – MAP OUT "SWIMLANES"
- Receptionist provides visitors with age-appropriate pre-visit questionnaires and other questionnaires needed for specific visits
- Medical assistant confirms questionnaires are completed and attaches to chart or enter results into HER
- Clinician reviews and discusses pre-visit questionnaire during visit and completes visit documentation form
- Medical assistant or nurse provides appropriate education handouts at conclusion of visit
- Assign referral tracking, if warranted, to a staff member for follow-up

TIP #4 – EHR INTEGRATION
- Automate Previsit Questionnaires 1 week prior to scheduled WCC
- Tablet device or "captive mode" feature to allow questionnaire completion in office
  - Avoid paper documentation wherever possible
  - Documentation supports billing AND MOC 4 requirements
- Build your WCC documentation templates and order sets using the framework provided
- Need help? To incorporate *Bright Futures Tool and Resource Kit* forms into an EHR system, contact institutions@aap.org or visit brightfutures.aap.org

TIP # 5 – LEVERAGE YOUR COMMUNITY PARTNERS
- Use the community liaison in your practice to create and maintain a list of community resources for parents, handle referrals, communicate with specialists, and coordinate services/resources for families
- Host Community Advisory Councils with potential community referral sources to establish relationships and understand your community's specific needs/resources
- Visit the *Bright Futures Tool and Resource Kit, 2nd Edition* for more ideas, strategies, and tools

TIP #6 – OPTIMIZE CODING
- Visit brightfutures.aap.org and click on the Clinical Practice tab to find the updated *2021 Coding for Pediatric Preventive Care Booklet* and other coding resources, or submit a question to the AAP Coding Hotline

TIP #7 – HARNESS YOUR EHR/SYSTEM!
- Use your EHR system to run a report of patients who have missed their well-child visits or immunizations
- Automate your recall-and-reminder messages to parents' preferred methods of communication (ie, text, phone, or mail)
- Create a chronic condition list from the billing or EHR system, i.e. Asthma Registry, Mental Health Registry, TCM Registry

KEY COMPONENTS OF A WELL VISIT

- History
- Surveillance of Development
- Developmental Screening
- Growth Charts
- Review of Systems
- Observation of Parent/Child Interaction
- Physical Exam
- Screening
- Immunizations
- Anticipatory Guidance

For more information, please visit:
https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

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Objectives

By the end of this session, one will be able to

- Understand why it is important to implement developmental screening in your practice
- Examine and implement techniques to effectively and efficiently elicit and document the key components of a Well Child Care (WCC)
- Evaluate panel management techniques to improve WCC visit rates and other quality metrics

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Poll Question #1

- Which of the following best describes your primary practice site?
  A. Private
  B. Academic
  C. Community

What is a Well Child Check (WCC) visit?

Bright Futures Mission Statement:

- To promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

What is a Well Child Check (WCC) visit?

- Prevention
- Assess growth and development
- Address parental concerns
- Foster relationships

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Improving Value

WHAT ARE THE KEY COMPONENTS?

What's included?

- Parental Concerns
- History
- Surveillance of Development
  - Developmental Screening
  - Growth Charts
- Review of Systems
- Observation of Parent/Child Interaction
- Physical Exam
- Screening
- Immunizations
- Anticipatory Guidance

AN EXAMPLE…

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4 YEAR VISIT

Health supervision

surveillance of development

- **social language and self-help**
  - Enters bathroom and has bowel movement by himself
  - Brushes teeth
  - Dresses and undresses without much help
  - Engages in well-developed imaginative play
- **Verbal language (Expressive and receptive)**
  - Answers questions like "What do you do when you are cold?" or "…when you are sleepy?"
  - Uses 4-word sentences
  - Speaks in words that are 100% understandable to strangers
  - Draws recognizable pictures
  - Follows simple rules when playing board/ card games
  - Tells parent a story from book
- **Gross Motor**
  - Skips on 1 foot
  - Climbs stairs, alternating feet without support
- **Fine Motor**
  - Draws a person with at least 3 body parts
  - Draws simple cross
  - Unbuttons and buttons medium-sized buttons
  - Grasps pencil with thumb and fingers instead of fist

observation of Parent-Child interaction

How do parent and child communicate?
Does parent allow child to answer questions?
Does child separate from parent during the examination? Does the child dress and undress self?
How do parent, child, siblings interact? If offered books, does parent let child choose?

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Perform: Formal motor assessment

screening (www.aap.org/periodicityschedule)
universal: Hearing; Oral Health (in absence of dental home); Vision

selective: Anemia; Dyslipidemia; Lead; Oral Health; Tuberculosis

immunization
CDC: www.cdc.gov/vaccines
AAP: http://redbook.solutions.aap.org

Anticipatory Guidance

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

social determinants of health: Risks (living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community), strengths and protective factors (engagement in the community)

- Community agencies can help you with concerns about your living situation.
  Tell me about your living situation. Do you have the things you need to care for your child?

KEy = Guidance for parents, *questions;* Guidance for child, *questions*

- Programs like WIC and SNAP are available to help you if you have concerns about your food situation.
  Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
- Don't use tobacco/e-cigarettes/alcohol/drugs. Call **800-Quit-NoW** (**800-784-8669**) for help to quit smoking.
- Ask for help if you are concerned about or have experienced violence from your partner or another significant person in your life.
  Do you always feel safe in your home? Has your partner ever hit, kicked, or shoved you, or physically hurt you or your child? Would you like information on where to go or who to contact if you ever need help?
- You can also call the **National domestic Violence Hotline** toll-free at **800-799-sAFE** (**7233**).
- Teach your child rules for how to be safe with adults: (1) no adult should tell a child to keep secrets from parents; (2) no adult should express interest in private parts; (3) no adult should ask a child for help with his/her private parts.
- Maintain or expand participation in community activities.
  What activities do you participate in outside the home? What help do you need in finding other community resources, such as a faith-based group, recreational centers, or volunteer opportunities?

school readiness: Language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool

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- Give child time to finish sentences; encourage speaking skills by reading/talking together. Keep answers short and simple.
  How does your child communicate what she wants and knows?
- Read together daily; ask child questions about the stories.
- Children are very sensitive, either easily encouraged or hurt; model respectful behavior and apologize if wrong; praise when demonstrates sensitivity to feelings of others.
- Provide opportunities for your child to play with other children.
  How interested is your child in other children? How confident is she socially and emotionally?
- Visit your child's preschool/child care program; become actively involved; talk with your child about what she's learning.
  How happy are you with your preschool or child care arrangements? On most days, does she seem happy to go?

developing healthy nutrition and personal habits: Water, milk, and juice; nutritious foods; daily routines that promote health

- Always have cool water available.
- Provide 16 to 24 oz low-fat/fat-free milk daily.
- Juice is not a necessary drink. If you choose to give juice, limit to 4 oz daily and always serve it with a meal.
- Offer variety of healthy foods/snacks, especially vegetables, fruits, lean protein.
- Trust child to decide how much to eat.
- Create calm bedtime ritual; enjoy mealtimes without TV; ensure child brushes teeth twice a day with pea-sized fluoridated toothpaste.

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Media use: Limits on use, promoting physical activity and safe play

- Limit TV and video to no more than 1 hour a day; no TV in bedroom; supervise any Internet use; consider making a family media use plan (www.healthychildren.org/MediausePlan). *What digital and Internet-connected devices does your child use (eg, handheld devices, video games, digital toys, TV, computers)?*
- Make opportunities for daily play; be physically active as a family.

safety: Belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety

- Continue to use a size-appropriate forward-facing car safety seat installed in backseat. ***Where do you sit when you ride in the car? Do you have a special seat?***
- Supervise all outdoor play; never leave child alone; don't allow to cross street alone.
- Be sure swimming pools are fenced; use life jacket; teach child to swim.
- Use hat/sun protection clothing, sunscreen; avoid prolonged exposure when sun is strongest, between 11:00 am and 3:00 pm.
- Teach child about safety around pets.
- Remove firearms from home; if firearm necessary, store unloaded and locked, with ammunition locked separately. Ask if firearms in other homes where child plays; if so, ensure same safety precautions before letting child play there.

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SCREENINGS

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Poll Question #2

- Universal fasting lipid profile should be obtained at all 15yo WCC.
  - True
  - False

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Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

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 a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations 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 the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

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

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	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	21 y
HISTORY Initial/Interval	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●		●	●	●	●	●	●	●																			
Weight for Length		●	●	●		●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		*	ê	ê		ê	ê	*	ê	ê	ê	ê	ê	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		*	ê	ê		ê	ê	*ê	ê	ê	ê	ê ê		●	●	●	●	ê	●	ê	●	ê	●	ê[10]	ê	●	ê	ê	ê	ê	ê	ê
Hearing		●[8]	●[9] →			*	ê		ê	ê	ê	ê	ê	ê	●	●	●	ê	●	ê	●	←	●	→	←	●	→	←	●	→		
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[11]								●			●		●																		
Autism Spectrum Disorder Screening[12]											●	●																			
Developmental Surveillance		●	●	●		●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug UseAssessment[14]																						ê	ê	ê	ê	ê	ê	ê	ê	ê	ê
Depression Screening[15]																							●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●		●	●																								
PHYSICAL EXAMINATION[17]		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																															
Newborn Blood		●[19]	●[20] →																												
Newborn Bilirubin[21]		●																													
Critical Congenital Heart Defect[22]		●																													
Immunization[23]		●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						ê			● or ê[2,6]	ê	ê	ê or ê[7,6]	ê	*	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê
Lead[25]							*	ê		ê				ê	ê	ê	ê														
Tuberculosis[27]				ê			ê		ê			ê		ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê
Dyslipidemia[28]												ê			ê		ê		ê	←	● →	ê	ê	ê	ê	ê	←			●	→
Sexually Transmitted Infections[29]																						ê	ê	ê	ê	ê	ê	ê	ê	ê	ê
HIV[30]																						ê	ê	ê	ê	←		● →	ê	ê	ê
Hepatitis CVirus Infection[31]																													● →		
Cervical Dysplasia[32]																															●
ORAL HEALTH[33]								●[34]	●[34]	ê		ê	ê	ê	*	ê	ê	ê													
Fluoride Varnish[35]								←	● →																						
Fluoride Supplementation[36]								*	ê	ê		ê	ê	ê	*	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê	ê			
ANTICIPATORY GUIDANCE	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

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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.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://pediatrics.aappublications.org/content/142/1/e20181218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns 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 jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://pediatrics.aappublications.org/content/145/1/e20193449).
12. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://pediatrics.aappublications.org/content/145/1/e20193447).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.

(continued)

KEY: ● = to be performed ê = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

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Updates in 4th Edition

- Universal prepubertal cholesterol screening (in addition to the existing universal cholesterol screening in late adolescence)
- Universal depression screening for adolescents
- Universal human immunodeficiency virus (HIV) screening in middle/late adolescence
- Universal maternal depression screening
- Universal newborn critical congenital heart disease screening
- Universal newborn bilirubin screening
- Oral health (universal fluoride varnish for ages 6 months through 5 years, in addition to universal fluoride supplementation for ages 6 months to 16 years)
- Universal adolescent hearing screening

This following preventive service has been deleted from the Periodicity Schedule:

- Annual pelvic examinations for cervical dysplasia for sexually active adolescent and young adult females before age 21 years

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Anemia

- Selective screening at 4m
  - Prematurity
  - Low birthweight
  - Not receiving iron-fortified formula
  - Early introduction of cow's milk
- Universal screening at 12m
- Selective screening at all WCC 15m - 5y
  - Special health needs
  - Low-iron diet (vegetarian)
  - Environmental factors (food insecurity)
- Selective screening annually 6y-10y
  - Strict vegetarian diet without iron supplementation
  - Environmental factors
- Selective screening annually 11y-21y
  - Females with menorrhagia
  - Low-iron diet
  - Previous dx of iron-deficiency anemia
  - Environmental factors
  - All nonpregnant females of childbearing age should be screened every 5-10 years

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Blood Pressure

- Universal screening annually >3y
- Selective for all visits <3y
  - History of prematurity, very low birth weight, or other neonatal complication requiring intensive care
  - Congenital heart disease (repaired or non-repaired)
  - Recurrent urinary tract infections, hematuria, or proteinuria
  - Known kidney disease or urological malformations
  - Family history of congenital kidney disease
  - Solid-organ transplant
  - Malignancy or bone marrow transplant
  - Treatment with drugs known to raise blood pressure
  - Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)
  - Evidence of increased elevated intracranial pressure

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Developmental Screening

- Universal ASD-specific screening at 18m and 24m WCC
- Universal general development screening at 9m, 18m, and 30m WCC
- Ongoing surveillance over time

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Dyslipidemia

- Selective screening at 2y, 4y, 6y, 8y
  - Family history
  - Moderate-high risk medical condition
- Universal screening once between 9y-11y
- Selective screening 12y-16y
  - Family history
  - Moderate-high risk medical condition
- Universal screening once between 17y-21y

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STI Screening

- Selective chlamydia and gonorrhea screening 11y-21y
  - All sexually active females – annually
  - Sexually active males, considering other risk factors – annually
  - High risk sexual activity – Q3-6m
- Selective syphilis screening
  - High risk sexual activity
- Universal HIV screening once between 15y-18y
- Selective HIV screening annually 11y-21y
  - High risk sexual activity
  - Active injection drug users
  - At patient's request

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Lead

- Universal 12m and 24m
  - Medicaid
  - High-risk zip codes
- Selective for all other WCC <6y
  - Risk factors, including refugee status

WIC Eligibility

Pregnant and breastfeeding women; women who recently had a baby; infants birth through 12 months; children age 1 to 5 years; who are:

- Present at the clinic appointment, and provide proof of identity;
- Residents of the State of Ohio;
- Determined by health professionals to be at medical/nutritional risk; and
- Meets income guidelines - 185 percent of Federal Poverty Income Guidelines.

Help Me Grow Helpline at **1-800-755-GROW (1-800-755-4769)**

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WHAT FOODS DOES WIC OFFER?*

The WIC food package includes a variety of healthy options to help pave the way for a lifetime of nutritious eating.

Call: 1-844-601-0366
Text: Keyword pfy + your zip code to 67076
Visit: signupwic.com

Ohio Department of Health

ALL ABOUT WIC

WHO IS ELIGIBLE?
WHAT ARE THE BENEFITS?
WHAT'S IN THE FOOD PACKAGE?

OHIO WIC
Women, Infants, and Children Program

7 MILLION WOMEN, INFANTS, AND CHILDREN GET WIC BENEFITS. ARE YOUR PATIENTS ELIGIBLE?

WIC is the nation's most successful public health nutrition program. We provide healthy food, nutrition education, breastfeeding guidance, and more to income-eligible pregnant women, moms of infants, and children up to 5 years old.

Many people don't realize they're eligible for WIC benefits, so we need your help spreading the word. Your patients can find out more by calling us or visiting us online. Those who currently receive Medicaid or SNAP benefits automatically qualify for WIC benefits.

HOW CAN MY PATIENTS LEARN MORE?

Call: 1-844-601-0366
Text: Keyword pfy + your zip code to 67076
Visit: signupwic.com

Grow Together Breastfeed

WE'RE HERE FOR YOUR PATIENTS

Did you know WIC offers the following?

HEALTHY FOOD + NUTRITION TIPS

We help moms feed their kids nutritious meals. We provide:

- monthly benefits to buy healthy food.
- tips on how to shop for healthy food, how to cook it, and how to encourage kids to eat it.
- a larger food package for moms who breastfeed exclusively.

BREASTFEEDING SUPPORT

We offer guidance for nursing moms:

- advice on a range of breastfeeding issues, including positioning, latch, milk production, and returning to work
- nursing aids such as breast pumps

A COMMUNITY OF EXPERTS AND PEERS

We introduce moms to a network of experts and peers:

- healthcare professionals such as pediatricians and dentists
- immunization services
- additional social services
- other moms for sharing experiences and for moral support

WIC is administered by the United States Department of Agriculture (USDA). The USDA, WIC, and organizations or institutions administering WIC are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Submit complaints by letter or form AD-3027 (available at 866-632-9992) to: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; by fax: (202) 690-7442; or by email at program.intake@usda.gov. © 2016 National WIC Association. "WIC" is a registered trademark of the U.S. Department of Agriculture. All rights reserved.

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SO MUCH TO DO
SO LITTLE TIME

HOW DO WE DO THIS EFFICIENTLY?

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Poll Question #3

- Does your practice use pre-visit questionnaires?
  - Yes
  - No

Tip #1 – Don’t reinvent the wheel!

- Healthychildren.org
- Bright Futures Toolkit
  - Pre-visit questionnaires
  - Visit documentation templates
  - Handouts

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Help Teens Learn Responsibility

As teens gain the privileges that come with being adults, they need to understand the responsibilities toward others and the community that come with these privileges. Decisions that adults make have adult consequences, both good and bad, that they will need to live with.

Do Less: Parents need to stop doing things for their teens, like making lunch or running an "emergency" load of wash, that teens can do for themselves. Parents who complain most bitterly about their teens' irresponsibility are often the ones who don't make their kids do anything for themselves.

Let Consequences Happen: There is no need to come up with special punishments to discourage irresponsibility.

Simply let nature take its course.

- Forgotten homework assignments result in lower grades or having to do make-up work.

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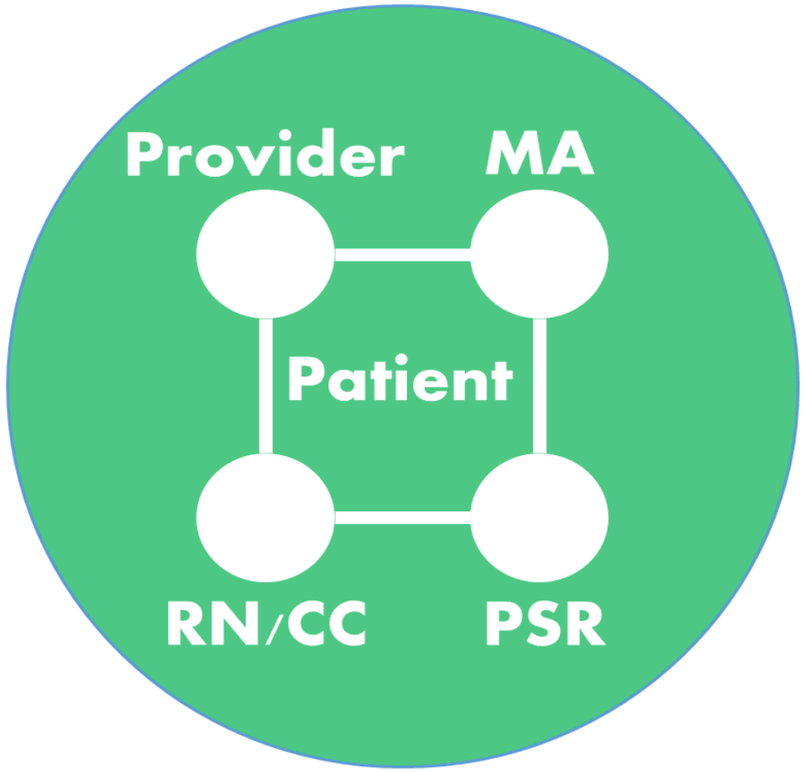
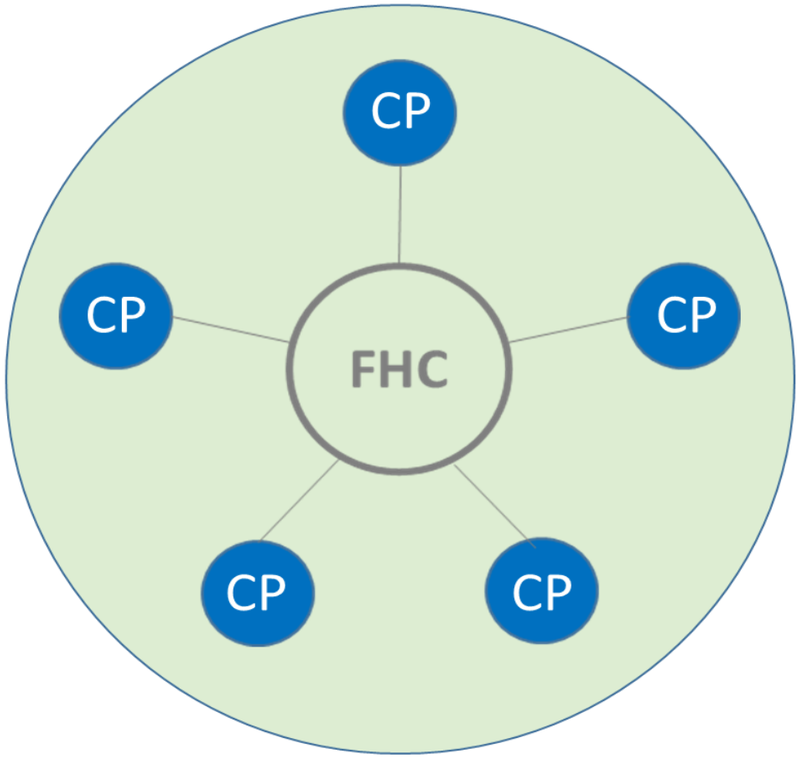
Tip #2 – Engage your team!



"Teamlets" within Practices



PCSA Shared Resources

Pharmacy, Behavioral Health, Social Work, etc.

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Tip #2 – Engage your team!

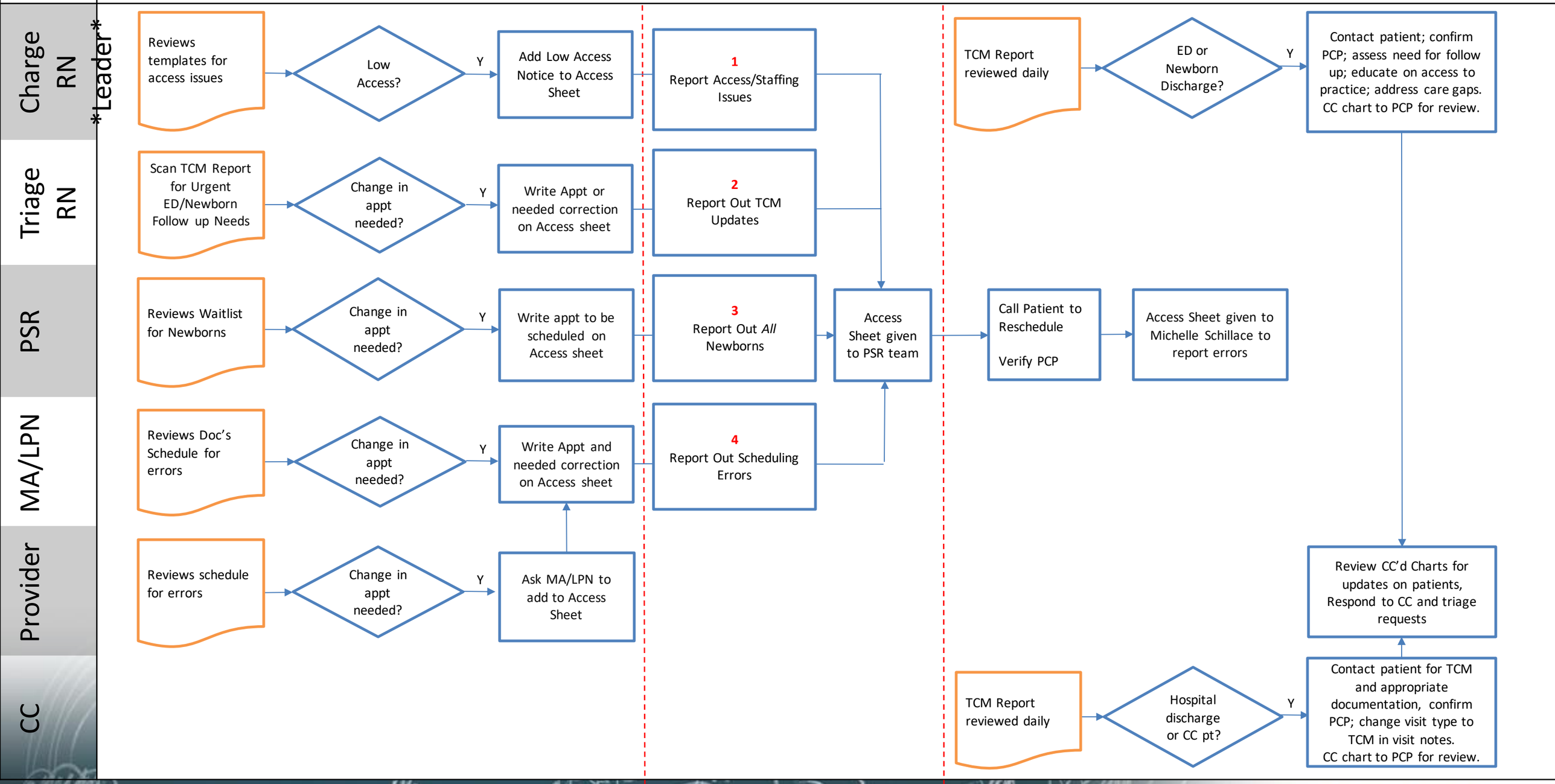
- Hold a session with staff members to reinforce the importance of preventive services visits and how using Bright Futures tools, materials, and strategies can help. Solicit their ideas for how to efficiently incorporate Bright Futures components into daily practice.
- Train staff members on how to use and distribute the Pre-visit and Medical Screening Questionnaires when indicated. Make sure they can help parents and patients with literacy or language difficulties fill out the forms.
- Have all tools and supplies ready for distribution at each visit.

Tip #3 – Map out “swimlanes”

- Start at the initial entry point to the medical office. Have the receptionist provide visitors with age-appropriate Pre-visit Questionnaires and other questionnaires needed for specific visits (eg, MCHAT questionnaire to screen for autism at the 18-month visit).
- Ask the medical assistant to check that the Pre-visit Questionnaire has been completed and to attach the completed questionnaire to the chart or to enter the results into the EHR system.
- Have the clinician review and discuss the Pre-visit Questionnaire during the visit and complete the Visit Documentation Form.
- Have the medical assistant or nurse provide appropriate Parent/Patient Education Handouts at the end of the visit.
- Assign referral tracking, if warranted, to a staff member to follow up on the visit.

SWIMLANE EXAMPLE - MORNING ACCESS HUDDLE/TCM WORKFLOW

Pre-Huddle Work (5Mins) | Huddle Function | Post-Huddle TCM Work



Tip #4 – EHR Integration

- Automate pre-visit questionnaires 1 week prior to scheduled WCC
- Tablet device or “captive mode” feature to allow questionnaire completion in office
  - Avoid paper documentation wherever possible!
  - Documentation supports billing AND MOC 4 requirements
- Build your WCC documentation templates and order sets using the framework provided
- Health Maintenance alerts
- Best Practice alerts

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Health Maintenance

Address Topic | Remove Override | Edit Modifiers | Report | Refresh | Guidelines

New data from outside sources

Medications and Problems need attention. Go Reconcile

Topic	Due Date	Frequency	Date Completed
Current Care Gaps			
HPV VACCINE (2 - 2-dose series)	Due since 5/3/2022	Imm Details	11/3/2021 - H...
Upcoming			
DTAP,TDAP,TD (6 - Tdap)	Next due on 2/21/2023	Imm Details	3/1/2017 - DT... 5/17/2013 - D... 8/15/2012 - D... 6/20/2012 - D... 4/20/2012 - D...
MENINGOCOCCAL CONJUGATE (1 - 2-dose series)	Next due on 2/21/2023	Imm Details	
Completed or No Longer Recommended			
HEPATITIS B	Completed	Imm Details	8/15/2012 - H... 4/20/2012 - H... 2/22/2012 - H...

Health Maintenance Reference Guide

Health Maintenance Summary

Expand All Collapse All

HPV VACCINE (2 - 2-dose series) — Due since 5/3/2022

11/03/2021 ✔ Imm Admin: Human Papillomavirus 9-valent Vaccine, Recombinant

DTAP,TDAP,TD (6 - Tdap) — Next due on 2/21/2023

03/01/2017 ✔ Imm Admin: DTAP/IPV

Status Legend

Overdue | Due Soon | Postponed | Ordered | Tentative

Definitions

Completed	Done with the required satisfactions
Addressed	Overridden with the intention of not completing the topic
Aged Out	No longer eligible based on patient's age to complete this topic

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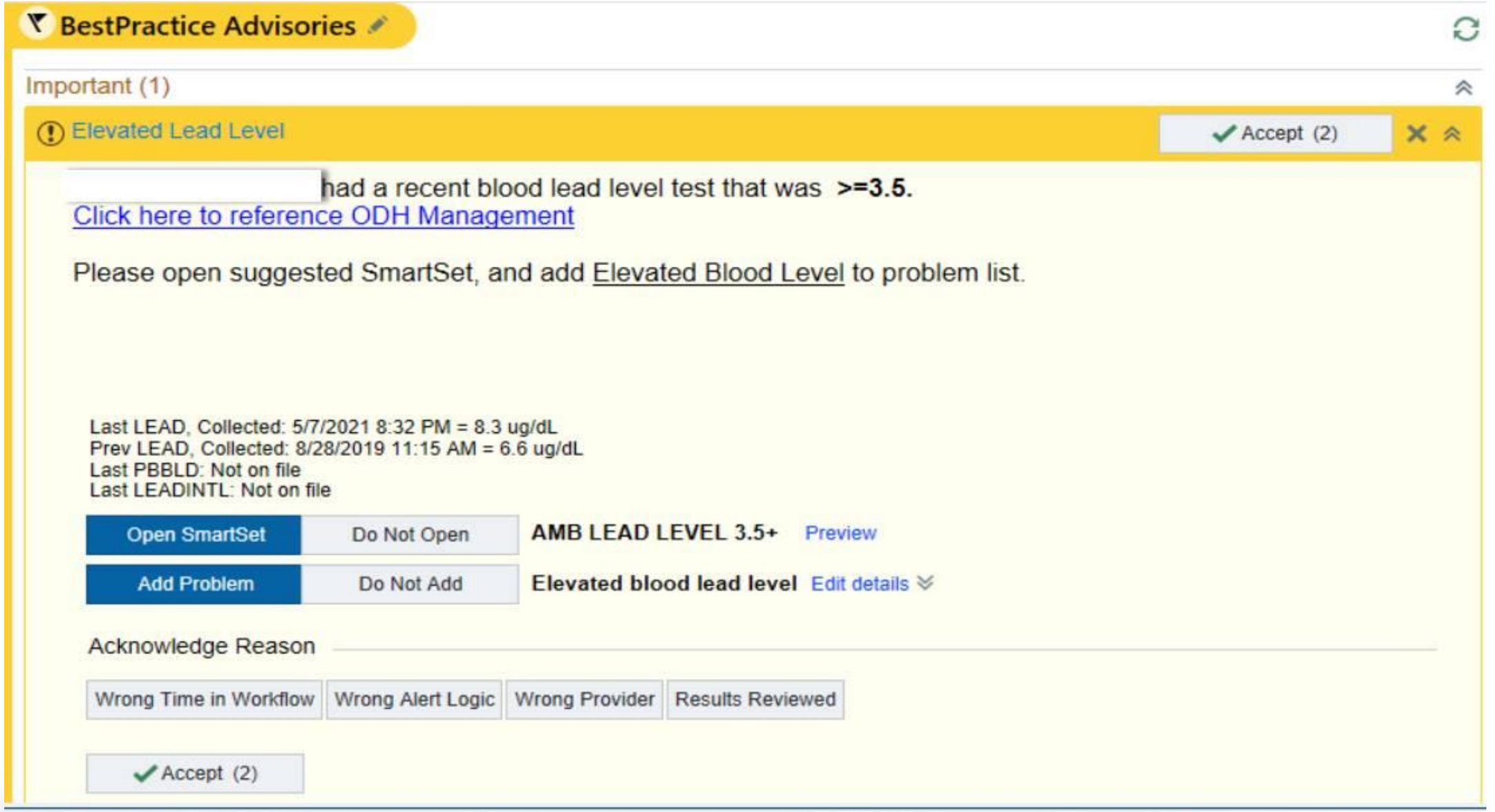
BestPractice Advisories
Important (1)
Elevated Lead Level
Accept (2)
had a recent blood lead level test that was >=3.5.
Click here to reference ODH Management
Please open suggested SmartSet, and add Elevated Blood Level to problem list.
Last LEAD, Collected: 5/7/2021 8:32 PM = 8.3 ug/dL
Prev LEAD, Collected: 8/28/2019 11:15 AM = 6.6 ug/dL
Last PBBLD: Not on file
Last LEADINTL: Not on file
Open SmartSet
Do Not Open
AMB LEAD LEVEL 3.5+
Preview
Add Problem
Do Not Add
Elevated blood lead level
Edit details
Acknowledge Reason
Wrong Time in Workflow
Wrong Alert Logic
Wrong Provider
Results Reviewed
Accept (2)

Tip #4 – EHR Integration

Need help getting started?

- The AAP provides assistance, tools, and advocacy to support all members in successfully adopting and using an EHR system in a variety of pediatric care settings. To incorporate *Bright Futures Tool and Resource Kit* forms into an EHR system, please contact institutions@aap.org.
- Visit the Integrate Bright Futures Into Your Electronic Health Record System page in this section of the Bright Futures Web site for more information.

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Tip #5 – Leverage your community partners

- Assign an office or clinic staff member to be a liaison with community organizations and to maintain a list of community resources for parents. Hire a care coordinator or use current staff members with skills in this area.
- Use the community liaison in your practice to handle referrals, communicate with specialists, and coordinate services/resources for families.
- Consider hosting Community Advisory Councils with potential referral sources in the community to establish relationships and understand your community's specific needs/resources.
- Use this Community Resources Handout to get started! Visit the *Bright Futures Tool and Resource Kit,* 2nd Edition for more ideas, strategies, and tools.

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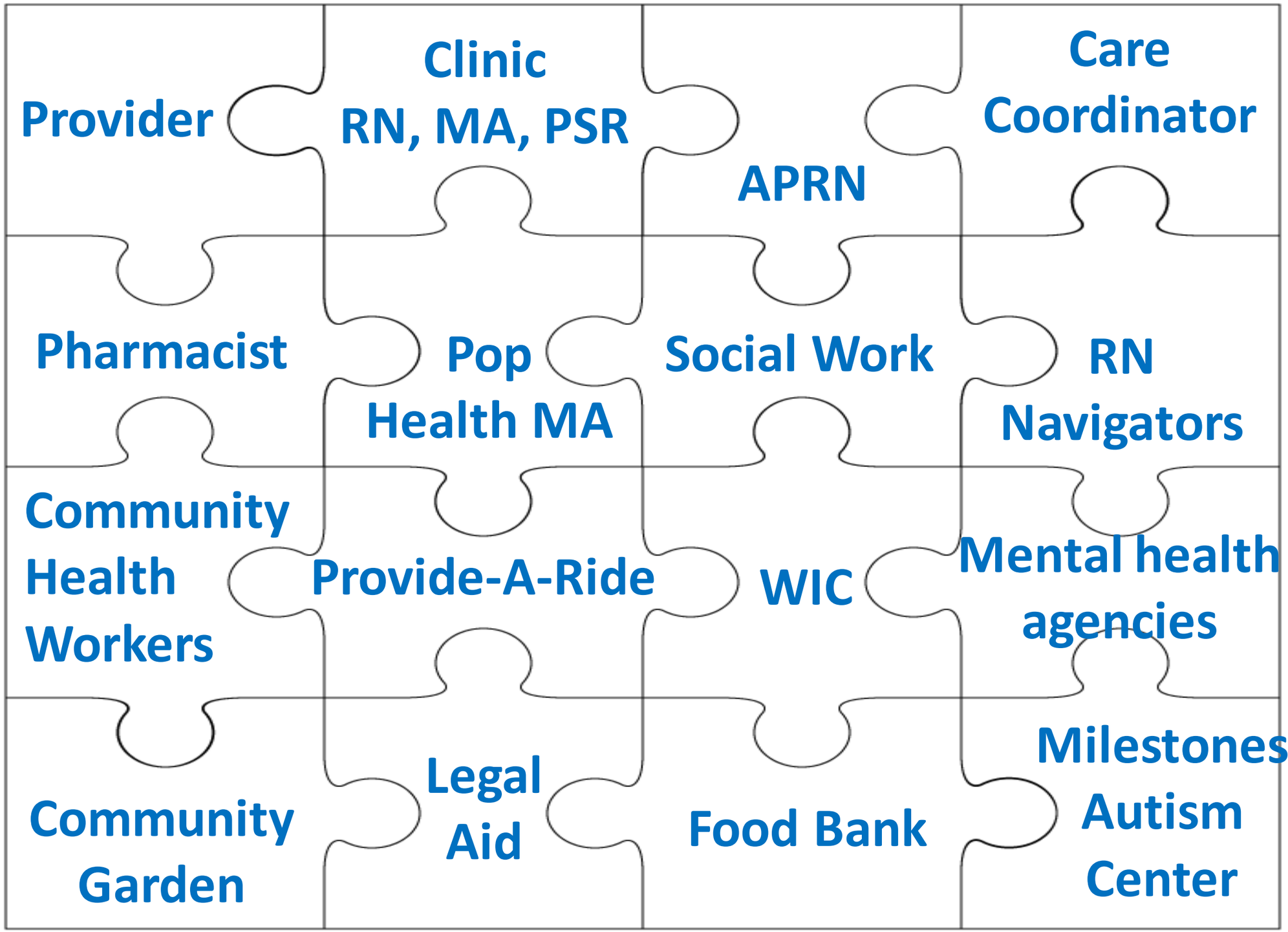
The Team

v2.0


Provider
Clinic
RN, MA, PSR
APRN
Care
Coordinator
Pharmacist
Pop
Health MA
Social Work
RN
Navigators
Community
Health
Workers
Provide-A-Ride
WIC
Mental health
agencies
Community
Garden
Legal
Aid
Food Bank
Milestones
Autism
Center

Tip #6 – Optimize coding

- Use the updated 2021 *Coding for Pediatric Preventive Care* Booklet
- Visit the Learn About Coding page to learn about other useful coding resources.
- Visit the "Getting Paid" section on the updated AAP Practice Transformation Web pages.

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BUT WHERE ARE MY PATIENTS?

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Population Health

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COVID-19 and the Decline of Well-Child Care

- Centers for Medicare & Medicaid Services (CMS) report showed downtrends in health care utilization during the COVID-19 pandemic for the nearly 40 million children enrolled in Medicaid and the Children's Health Insurance Program (CHIP)
- From January to May 2020, the number of Medicaid and CHIP-enrolled children under age two receiving vaccinations declined by more than 30 percent.
- From March to May 2020, there were sharp declines in key health services for Medicaid and CHIP beneficiaries age 18 and under, including an over 40 percent decrease in health screenings, 44 percent fewer outpatient mental health services, and an almost 75 percent reduction in dental services.
- https://www.chcs.org/resource/covid-19-and-the-decline-of-well-child-care-implications-for-children-families-and-states/

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COVID-19 Related Considerations

More Childhood Lead Poisoning Is a Side Effect of Covid Lockdowns

Lead screenings for children plummeted last spring, and stay-at-home orders may have increased household exposure to the toxic metal.

Top 100 cities by total number of lead tests in the dataset. Preliminary Calculations from ODH Data warehouse downloaded 3/12/2021

Test Year	2016	2017	2018	2019	Average 2016-2019	2020**	Change 2020*	2021**	2021 Compared with past#
Top100 City	Test Count	Test Count	Test Count	Test Count	Test Count	Test Count	%	Test Count	%
CINCINNATI	15866	16587	17059	16153	16416.25	13502	-18%	2795	-10%
CLEVELAND	13478	13448	13031	12421	13094.5	8590	-34%	1851	-26%
COLUMBUS	16042	16388	16558	16425	16353.25	14739	-10%	2635	-15%
DAYTON	4726	4904	4558	4911	4774.75	4342	-9%	555	-39%
TOLEDO	4945	5159	5485	5039	5157	3840	-26%	755	-23%

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How can well care be promoted?

- Engage patients via phone calls, EMR reminders, follow up, etc.
- Consider the role of the community health worker.
- Explore the use of healthy behavior incentives.
- Providing resources to families.
- Establish cross agencies strategies to close the utilization gap.

- https://www.chcs.org/resource/covid-19-and-the-decline-of-well-child-care-implications-for-children-families-and-states/

Ohio AAP resources

- For providers: https://ohioaap.org/resources-for-providers/
- For families: https://ohioaap.org/resources-for-families/
- COVID-19 resources: https://ohioaap.org/covid-19-info/

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Poll Question #4

- Does your practice have a method of identifying patients overdue for WCC?
  - Yes
  - No

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Tip #7 – Harness your EHR system!

- Use your EHR system to run a report of patients who have missed their well-child visits or immunizations.
  - Wellness Registry
  - Toddler Registry
- Consider automating your recall-and-reminder messages to parents' preferred methods of communication (ie, text, phone, or mail).
  - Enroll all patients in MyChart!
- Create a chronic condition list from the billing or EHR system
  - Asthma Registry
  - Mental Health Registry
  - TCM Registry

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Wellness Registry

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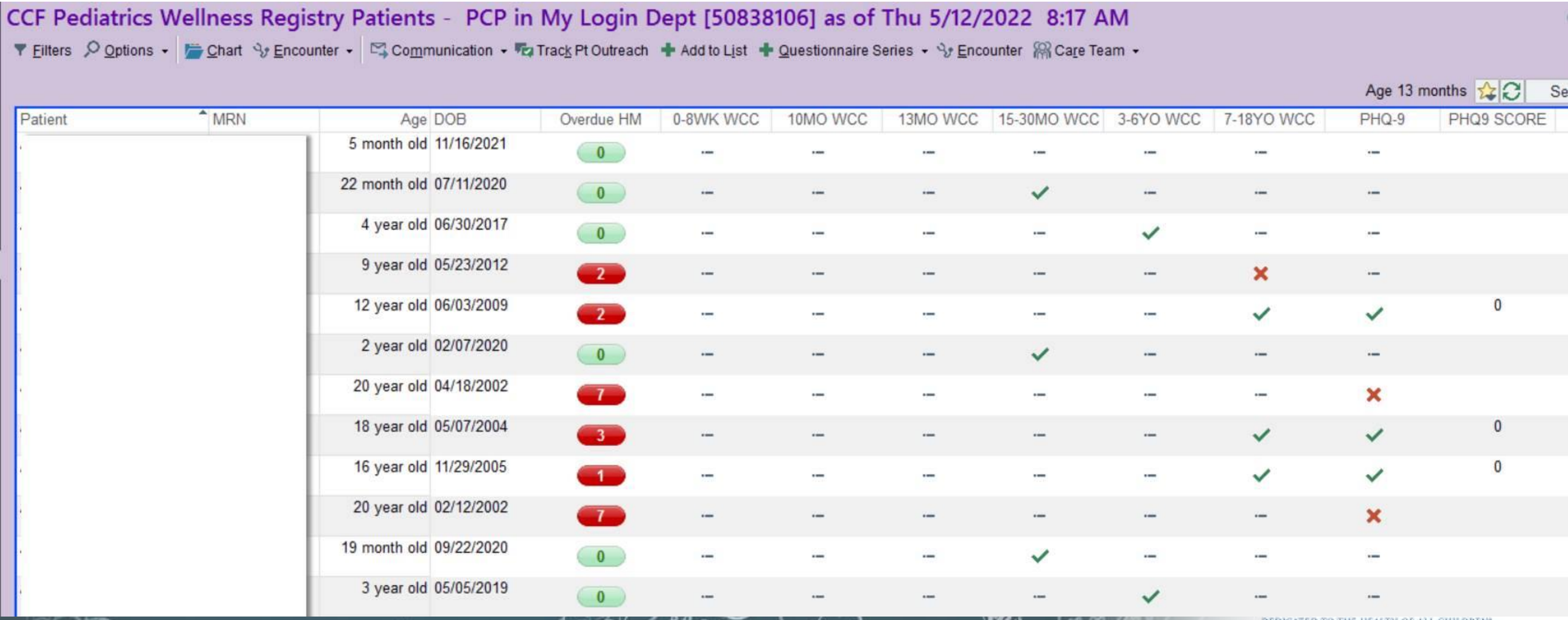
Wellness Registry



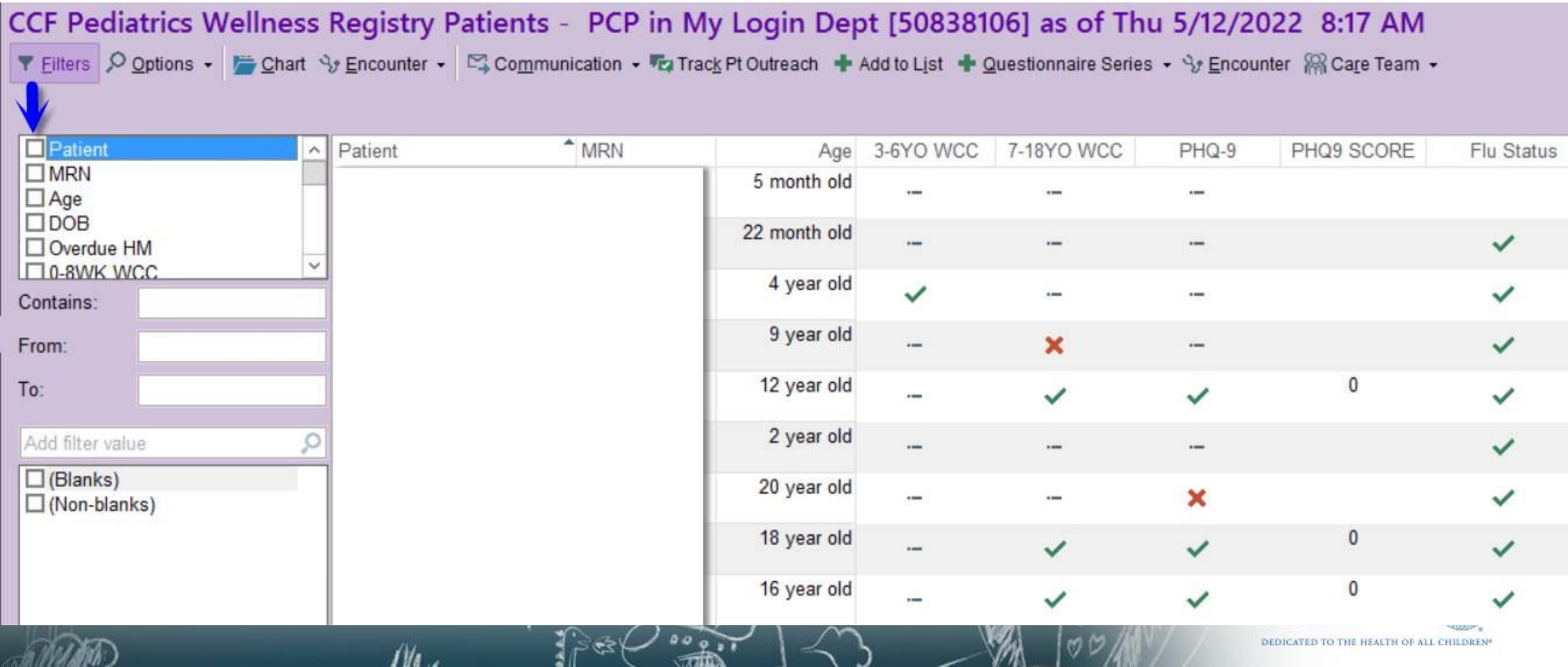
CCF Pediatrics Wellness Registry Patients - PCP in My Login Dept [50838106] as of Thu 5/12/2022 8:17 AM

Filters | Options | Chart | Encounter | Communication | Track Pt Outreach | Add to List | Questionnaire Series | Encounter | Care Team

Age 13 months

Patient	MRN	Age	DOB	Overdue HM	0-8WK WCC	10MO WCC	13MO WCC	15-30MO WCC	3-6YO WCC	7-18YO WCC	PHQ-9	PHQ9 SCORE
		5 month old	11/16/2021	0	--	--	--	--	--	--	--	
		22 month old	07/11/2020	0	--	--	--	✓	--	--	--	
		4 year old	06/30/2017	0	--	--	--	--	✓	--	--	
		9 year old	05/23/2012	2	--	--	--	--	--	✗	--	
		12 year old	06/03/2009	2	--	--	--	--	--	✓	✓	0
		2 year old	02/07/2020	0	--	--	--	✓	--	--	--	
		20 year old	04/18/2002	7	--	--	--	--	--	--	✗	
		18 year old	05/07/2004	3	--	--	--	--	--	✓	✓	0
		16 year old	11/29/2005	1	--	--	--	--	--	✓	✓	0
		20 year old	02/12/2002	7	--	--	--	--	--	--	✗	
		19 month old	09/22/2020	0	--	--	--	✓	--	--	--	
		3 year old	05/05/2019	0	--	--	--	--	✓	--	--	

Wellness Registry



GETTING LEADERSHIP BUY-IN

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How We are Paid Today

Fee for Service

Volume-based

How We Will Be Paid Tomorrow

Single Annual Payment for All Care

Value-based (quality, outcomes, cost)

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Value-Based Care Payment Model

IMPROVE QUALITY

ENHANCE PATIENT EXPERIENCE

LOWER OVERALL COSTS OF CARE

REIMBURSEMENT FROM PAYER

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Key Takeaways

- Use available, vetted resources!
- Engage your entire team, give everyone a role
- Optimize use of the EMR to streamline work
- Leverage community partners

References

- Periodicity Schedule
- Evidence and Rationale
- Bright Futures, 4th Edition, Pocket Guide
- Coding for Pediatric Preventive Care

ODH Resources

Asthma Provider Tool Kit
Asthma Provider Training
Early Hearing Detection and Intervention Provider Check List
Early Hearing Detection and Intervention Pediatric Audiology Provider List
Comprehensive Genetic Services Referral Guide
Regional Sickle Cell Project Referral Guide
Ohio Newborn Screening
Vision Pediatric Provider List
Vision Screening Training

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@aapohio

@OHPediatricians

@ohioaap

Ohio AAP

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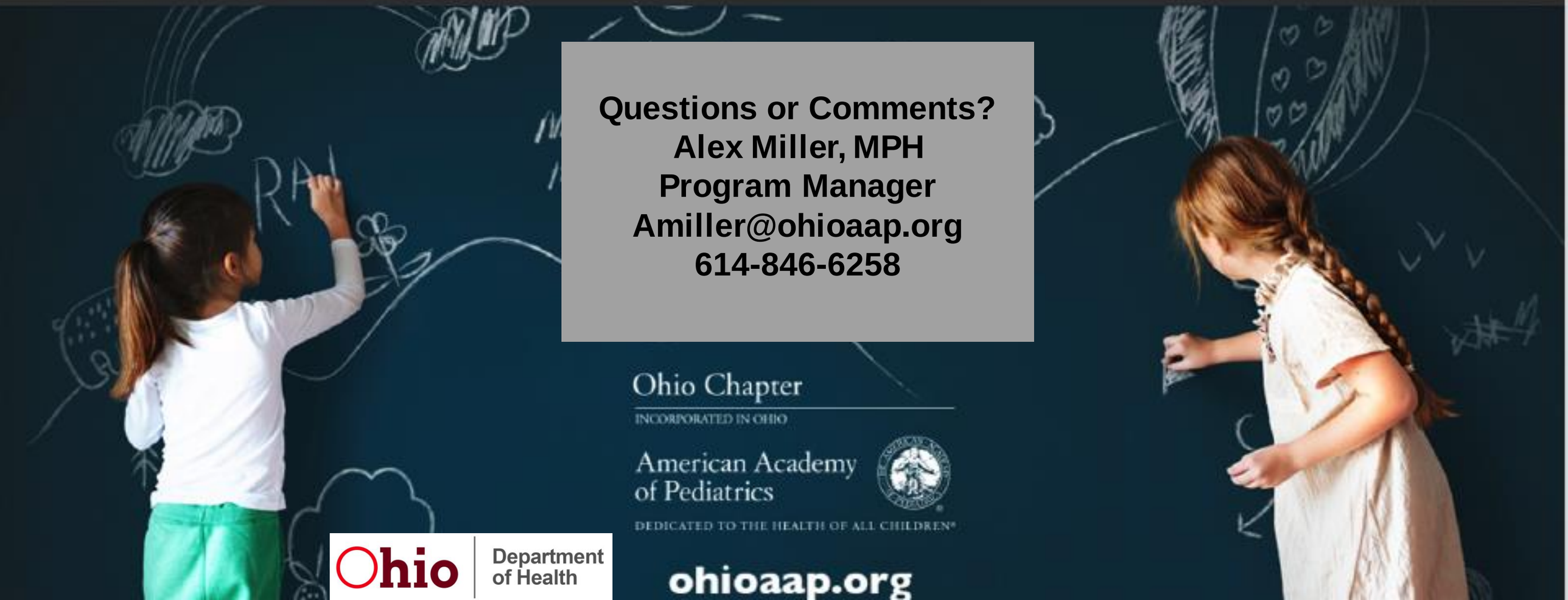

Questions or Comments?
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Amiller@ohioaap.org
614-846-6258

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