
Social Determinants of Health; Screening and then what?

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Disclosure

I have the following disclosure: I have a financial relationship with the manufacturer of a commercial product and/or provider of commercial services discussed in this CME activity:

I am one of the creators of CHADIS

I do not intend to discuss an unapproved/investigational use of a commercial product/device/medication in my presentation.

AAP Recommended Pediatric Screening and Assessment for Social Determinants of Health

“Poverty and Child Health” added to Agenda for Children by AAP in 2013 with mediators of known adverse outcomes for children including:

Parental Depression

Smoking

Addiction

Intimate Partner Violence

Food Insecurity

Harsh Punishment

(Racism

Poverty

Homelessness)

SDoH in the Age of COVID

- Even viruses are not equal opportunity
- Low income, often people of color:
 - Work on the front lines
 - Live in crowded homes or are homeless
 - Have less access to health care and testing
 - Have no sick leave or personal leave
 - Ride public transportation
 - Employed in jobs that cannot telework
 - Have employers less concerned for safety e.g. PPE
 - Are less likely to have internet access for work, schooling, information
 - Have more obesity and chronic conditions that increase COVID risk

Social Determinants of Health

- Past-
 - ACEs
 - Trauma
- Present-
 - More stressors, risks
 - Fewer protective factors

Adverse Childhood Experience (ACE) Outcome Studies

- Chronic Stress/Trauma associated with long term health problems (ACE study)
 - ACE outcomes with graded dose dependent response:
 - Adverse behaviors: e.g., smoking; substance use; early sex
 - Future violence
 - Unintended pregnancies
 - Adverse health: suicide, depression, obesity, heart disease, liver disease
 - Early death (6 ACE = 20 years)
 - Up to 40% of early deaths

Evidence for Mechanisms

- Gene-environment interaction can affect lifelong behavior, development, and health.
 - Animal Studies: varying nurturing affects neural functioning and later cognition, stress response and psychopathologic behavior with epigenetic (methylation, histones) DNA changes without affecting DNA sequence;
 - Even stress to the fetus has effects on later stress reactivity of the offspring and in subsequent generations

Early Stress: Neurophysiologic & Neuropathologic Changes

- Low birth weight
- Early postnatal exposure to maternal stress - future reactivity to stress; altering the developing neural circuits controlling neuroendocrine responses (e.g., the HPA Axis).
 - Can affect brain architecture esp. those high in steroid receptors
 - include more anxiety related hyperactivation of amygdala changes
 - less control as a result of PFC atrophy
 - impaired memory and mood control as a consequence of hippocampal reduction
 - affects regulating stress physiology, learning new skills, and developing the capacity to make healthy adaptations to future adversity

TOXIC STRESS = ACE

- “the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.”
 - Not just the adversity per se but absence of buffering
 - Produces “biological memories”
- Examples: Child abuse or neglect, parental substance abuse, maternal depression, racial discrimination



ACEs experienced by Parent before age 18

Adverse Childhood Experiences

Adverse Childhood Experiences (ACE) [\[Remove these responses\]](#)

Submitted 3/7/17 by Alice Andrews (Mother)

Question	Response
Did a parent or any adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you think that you might be physically hurt?	Yes
Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	No
Did an adult or person at least 5 years older than you ever...Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	No
Did you often or very often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	No
Did you often or very often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	No
Was a biological parent ever lost to you through divorce, abandonment, or other reason?	Yes
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	Yes
Did you ever live with anyone who was a problem drinker or alcoholic or used street drugs?	No
Was a household member depressed or mentally ill or did a household member attempt suicide?	No
Did a household member go to prison?	Yes

ACEs experienced by child

ACE-Q from Center for Youth Wellness

- 10 standard ACE items
- 7 additional environmental stresses
- Forms:
 - Parent report about child
 - Parent report about teen
 - Teen self-report
- Two views of results: one without details or events, one with

ACE-Q from Center for Youth Wellness

Standard ACE items

Questionnaire for: Ace Respondent

Of the statements in Section 1, HOW MANY apply to your child at any point since your child was born?

	0 = no	1 = yes
Your child's parents or guardians were separated or divorced.	<input type="radio"/>	<input checked="" type="radio"/>
Your child lived with a household member who served time in jail or prison.	<input checked="" type="radio"/>	<input type="radio"/>
Your child lived with a household member who was depressed, mentally ill or attempted suicide.	<input type="radio"/>	<input checked="" type="radio"/>
Your child saw or heard household members hurt or threaten to hurt each other.	<input checked="" type="radio"/>	<input type="radio"/>
A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt.	<input checked="" type="radio"/>	<input type="radio"/>
Someone touched your child's private parts or asked your child to touch their private parts in a sexual way.	<input checked="" type="radio"/>	<input type="radio"/>
More than once, your child went without food, clothing, a place to live, or had no one to protect her/him.	<input checked="" type="radio"/>	<input type="radio"/>
Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks.	<input checked="" type="radio"/>	<input type="radio"/>
Your child lived with someone who had a problem with drinking or using drugs.	<input type="radio"/>	<input checked="" type="radio"/>
Your child often felt unsupported, unloved and/or unprotected.	<input checked="" type="radio"/>	<input type="radio"/>

ACE-Q from Center for Youth Wellness

Environmental items

Questionnaire for: Ace Respondent

Section 2: At any point since your child was born...

	0 = no	1 = yes
Your child was in foster care.	<input checked="" type="radio"/>	<input type="radio"/>
Your child experienced harassment or bullying at school.	<input checked="" type="radio"/>	<input type="radio"/>
Your child lived with a parent or guardian who died.	<input checked="" type="radio"/>	<input type="radio"/>
Your child was separated from her/his primary caregiver through deportation or immigration.	<input checked="" type="radio"/>	<input type="radio"/>
Your child had a serious medical procedure or life threatening illness.	<input checked="" type="radio"/>	<input type="radio"/>
Your child often saw or heard violence in the neighborhood or in her/his school neighborhood.	<input type="radio"/>	<input checked="" type="radio"/>
Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion.	<input type="radio"/>	<input checked="" type="radio"/>

ACE-Q CYW Alternative Results Views

#1. Not showing experiences. Score only

Priorities

No pre-visit concerns indicated.

Questionnaires

Flags	Questionnaire	Completed	Respondent	Provisional Result						Responses	Follow-Ups	PST
				Pass +/-	Fail	Disorder	Problem	Variation	Challenge			
	CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child (Anonymous) ^(?)	7/3/18	Clinician								Preview	Include

Please verify that respondents are the appropriate individuals and the questions were understood

 [Show copy-and-paste-friendly version of these results](#)

Questionnaire Results

[remove questionnaire view](#)

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child (Anonymous) (ACE-Q Child) [\[Remove these results\]](#)

Submitted 7/3/18 by Barbara Howard

- Number of ACES (out of 17): 5

ACE-Q CYW Alternative Views

#2. Showing experiences

Priorities

No pre-visit concerns indicated.

Questionnaires

Flags	Questionnaire	Completed	Respondent	Provisional Result						Responses	Follow-Ups	PST
				Pass +/-	Fail	Disorder	Problem	Variation	Challenge			
	CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child ^(?)	7/3/18	Clinician		1 5						Preview	Include

Please verify that respondents are the appropriate individuals and the questions were understood

 [Show copy-and-paste-friendly version of these results](#)

Questionnaire Results

[remove question](#)

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child (ACE-Q Child) [\[Remove these results\]](#)

Submitted 7/3/18 by Barbara Howard

- Failure:Parents or guardians were separated or divorced.
- Failure:Household member was depressed, mentally ill, or attempted suicide.
- Failure:Lived with someone drinking or using drugs.
- Failure:Child often saw or heard violence in the neighborhood or in her/his school neighborhood.
- Failure:Child often treated badly because of race, sexual orientation, place of birth, disability or religion.
- Borderline:NUMBER OF ACES (1-3 IS BORDERLINE; OUT OF 10): 3
- NUMBER OF OTHER SOCIAL RISK FACTORS (OUT OF 7, 7 IS WORST): 2

Then What?

Helping Chart a Positive Parenting Course

- Parent's Adverse Childhood Experiences (ACE)
 - AAP recommended Pre-visit screen
- Parent's Positive Childhood Experiences (PCE)
- Connecting past to present as needed
- Teleprompter of suggested language for helping them decide what they wish to create for their child
 - Option for sharing a pictorial illustration of concepts
- Best at 2 – 4 weeks of age

Positive Childhood Experiences

Positive Childhood Experiences [\[Remove these responses\]](#)

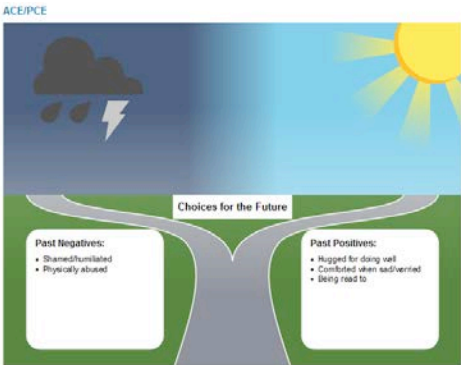
Submitted 3/7/17 by Alice Andrews (Mother)

Question	Response
Growing up, would you say your relationship with your biological mother was:	Good
Growing up, would you say your relationship with your biological father was:	Nonexistent
How often did someone give you a hug when you did something well or when you were very good?	Often
How often were you told how great you were?	Sometimes
When I was little, a grown-up would sing songs to me.	Definitely True
When I was little, other people helped my mother and father take care of me and they seemed to love me.	Not Sure
I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.	Probably True
When I was a child, there were relatives in my family who made me feel better if I was sad or worried.	Not Sure
When I was a child, there were grown-ups who would read stories to me.	Probably Not True

Adverse Childhood Experiences/Positive Childhood Experiences - ACE/PCE

Helps conversation to reflect on parent’s own adverse and positive childhood experiences.

- Are any “still bothering”?
- Graphic for shared decisions
- Hints for clinician
- Resources automatically appear in Care Portal, available to print
- Patient text/email reminders of resources, parenting goals



Current Social Determinants of Health

Sample of Social Determinants of Health Questionnaires

[Adverse Childhood Experiences \(ACE\)](#)

[Adverse Childhood Experiences and Positive Childhood Experiences \(ACE/PCE\)](#)

[PEARLS](#)

[Potential Stressors](#)

[PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences \(PRAPARE\)](#)

[PRAPARE Lite](#)

[Protective Factors Survey \(PFS\)](#)

[SCC Psycho Social](#)

[SEEK Plus Safe Environment for Every Kid \(SEEK Plus\)](#)

[The Hunger Vital Sign](#)

[NCCARE360](#)

[Partner Violence Screen](#)

[HITS, HITS-P](#)

[Generalized Anxiety Disorder \(GAD- 2.7\)](#)

Depression tools

[Edinburgh Postnatal Depression Scale \(EPDS\)](#)

[Family Assessment of Safety and Stress \(FASS Plus\)](#)

[PRIME-MD PHQ-2 \(PHQ-2\)](#)

Substance tools

[Alcohol Use Disorders Identification Test—Consumption \(AUDIT-C\)](#)

[CRAFT+N](#)

Table 1. All Screening Tools – SEEK, FASS, MSPSS, PVS, Potential Stressors (PS), PRAPARE, HVS

Risk Factor	SEEK + SEEK Plus Count (Percent)	FASS + FASS Plus Count (Percent)	MSPSS Count (Percent)	PVS + PS Count (Percent)	PRAPARE + HVS Count (Percent)	Total Count
Parental Depression	412 (2%)	1014 (8%)	-	-	-	1426
Parental Substance Use	56 (3%)	1538 (13%)	-	-	-	1594
Parental Stress	695 (2%)	410 (3%)	-	2986 (6%)	87 (1%)	4178
Harsh Punishment	335 (1%)	180 (2%)	-	219 (<1%)	-	734
Intimate Partner Violence	46 (<1%)	296 (3%)	-	2292 (6%)	15 (<1%)	2649
Food Insecurity	304 (<1%)	360 (3%)	-	-	1468 (12%)	2132
Low Social Support	-	-	15748 (28%)	-	91 (1%)	15839
Lack Access to Healthcare	-	-	-	-	37 (<1%)	37
Separation or Divorce	-	-	-	1216 (3%)	-	1216
Financial Problems	-	-	-	2719 (6%)	63 (<1%)	2782
Unemployment	-	-	-	1717 (4%)	228 (2%)	1945
Incarceration	-	-	-	-	9 (<1%)	9
Refugee	-	-	-	-	12 (<1%)	12
Housing Problems	-	-	-	617 (1%)	66 (<1%)	683
Neighborhood Safety	-	-	-	412 (1%)	-	412
Total Number of Questionnaire Submissions: 138,172						

*PVS refers to Partner Violence Screen; HVS refers to Hunger Vital Signs

*Count refers to number of diagnoses made by the screening tools

Trauma Care Tools

- [Connecticut Trauma Screener - Caregiver Report \(CTS - Caregiver Report\)](#)
- [Connecticut Trauma Screener - Child Report \(CTS - Child Report\)](#)
- [CHADIS 0-3: Life Events](#)
- [Potential Stressors](#)
- [DIPA PTSD](#)
- [DIPA RAD/Disinhibited Social Engagement Disorder](#)

Then what?

- Trauma informed care
 - Entire team is sensitive to the fact that behavior during care may be due to trauma
 - Consider the patient with the lens of:
Not
“What is wrong with you”
rather
“What happened to you?”
 - Determine current safety
 - Provide nonjudgmental support and listening
 - Ask “How much is this still bothering you now?”
 - Be ready with mental health referrals
- Referrals
- Tracking and Follow Up

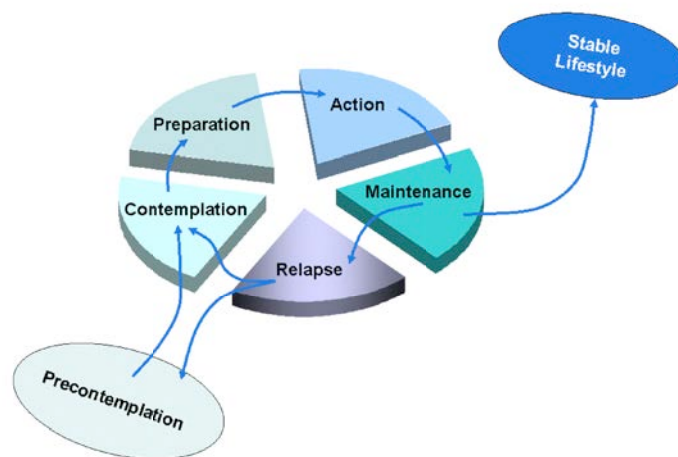
Referral resources

- Local Social Worker
- Health Leads
- Aunt Bertha
- United Way
- Help Me Grow
- NCCARE360
- UniteUS
- Keep your own list

Motivational Interviewing (MI)

- Talking to individuals in a way that helps them explore and resolve their ambivalence about making a behavior change
 - Focus: being empathetic, nonjudgmental, and supportive—which helps individuals express their own reasons for change and take responsibility for their own behavior
 - Evidence for positive health behavior change around substance abuse, oral health and diet and exercise
- Uses specific techniques:
 - asking open-ended questions
 - asking permission
 - reflective and empathic listening
 - sharing the agenda setting
 - eliciting pros and cons of change
 - providing information using the elicit-provide-elicite technique
 - inquiring about the importance and confidence of making a change
 - summarizing the conversation

Stages of Change: Prochaska



Challenges to use of MI in Primary Care

- Expectation of appropriate topics for the visit
- Training
- Time

CHADIS for Social Determinants of Health (SDoH)

- Validated SDoH screens to use in the course of regular care visits
- Reliable patient entered data
- Standard format of structured data
- Needs assessment done per patient, per system, per state
- Clinician patient-specific guidance on Motivational Interview to encourage getting help
- Local agency listings sent automatically to patient Care Portal
- One click referral with option of online consent
- Follow up on needs being met by scheduled patient reminder text or email
- Useful for Value Based Payments
- Data for negotiated rates and Population Health

CHADIS: A Clinical Process Support System

Pre-Visit

- Data collection from patients, parents and teachers using >600 tools, including all recommended by AAP

Visit:

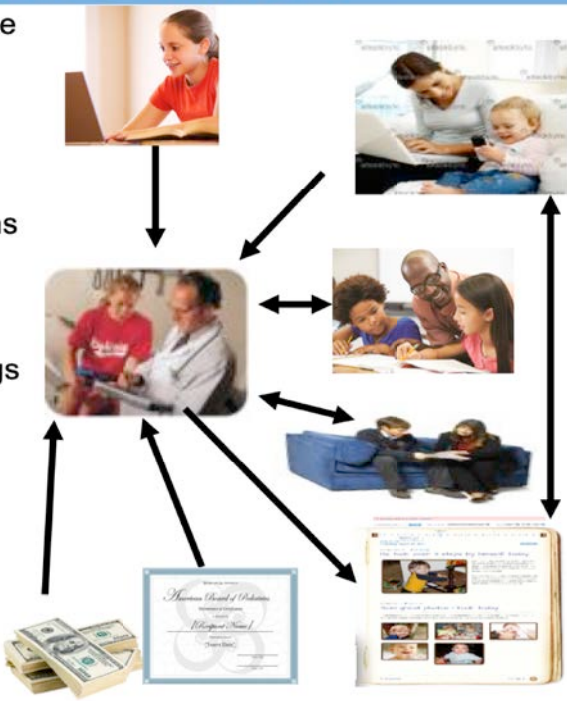
- Moment of care decision support for clinicians
- Scored results
- Graphics
- Patient Specific Templates
- Documentation assistance
- Referral & Tracking

Post-visit:

- For Patients
 - Patient Education in MemoryBook Care Portal
 - Monitoring for tracking outcomes
 - Patient-specific resources
- For Clinicians
 - Clinician education
 - QI feedback with MOC-4 credits
 - Automated result charting

The CHADIS Solution

- Parent and teen separately take *pre-visit* online questionnaires
- Clinician reviews results, can share graphics with family
- Clinician may use decision support for documentation; “teleprompters”; treatment plans
- Clinician may select handouts, resources from links that go to Care Portal or print
- Clinician may exchange findings with school or mental health provider online
- Education materials automatically populate MemoryBook Care Portal
- Clinician bills insurance, earns Board credits



Comprehensive Library of Questionnaires + Custom
(e.g. of >600)

INFANT & YOUNG CHILD

- Ages & Stages Questionnaires® Third Ed. (ASQ-3™)
- Modified Checklist for Autism in Toddlers (M-CHAT) & Follow-up
- Infant Development Inventory (IDI)
- ASQ:Socioemotional-2

SCHOOL AGE

- Pediatric Symptom Checklist (17 items)
- Vanderbilt Parent Revised
- Vanderbilt Follow-up, Parent Informant
- CHADIS - DSM 5
- Strengths & Difficulties Questionnaires & FA
- SCARED: Parent and Child

CBCL

ADOLESCENT

- Pediatric Symptom Checklist - Youth
- Patient Health Questionnaire 2, 9, A
- CRAFFT
- Kutcher Adolescent Depression Scale
- CES-DC (depression)
- CHAMPS (Adolescent Risk Behaviors)

TEACHER DATA

- Vanderbilt Teacher Revised & Follow Up
- School Intervention Questionnaire

QUALITY MONITORING

- Provider-level Promoting Healthy Development Survey

GENERAL HEALTH

- CHADIS Visit Priorities
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Family Medical History
- Family Cardiac History
- Safety & Guidance Topics (Bright Futures)
- Brenner FIT (Obesity and Nutrition)
- Healthy Kids
- PACCI, ACT and others (Asthma monitoring)

FAMILY / ENVIRONMENT

- Edinburgh Postnatal Depression Scale
- McMaster Family Assessment Device, General Functioning Scale
- Adverse Childhood Experiences (ACE)
- Partner Violence Screen
- Safe Environment for Every Kid (SEEK)
- Adverse and Positive Childhood Experiences
- NCCARE306
- Family Assessment of Safety & Stress (SEEK+)

ADULT HEALTH/MENTAL HEALTH

- Medicare Wellness
- Falls Risk
- AUDIT
- PRAPARE
- International Prostate Screen
- 200 mental health tools

Patient Input Options- Device & Language



Computer



Tablet



Smartphone

- Patient choose language- English, Spanish, French, others by request
- Clinicians see results in English (can see in language used as well)

Help Addressing Parental Risk and other Social Determinants of Health

- **FASS PLUS** (adapted from **SEEK** (Safe Environment for Every Kid))
- CHADIS provides the FASS Plus questionnaire and Patient Specific Template (PST) that has 14 items covering:
 - Food insecurity
 - Parental depression
 - Parental substance use
 - Life Stress
 - Harsh Punishment
 - Intimate Partner Violence (IPV)
- Two positive randomized trials in primary care pediatrics showed the effectiveness of the SEEK (Dubowitz, et. al.)
- SEEK has a top rating for strength of evidence in preventing child abuse from the California Evidence-Based Clearinghouse (CEBC)

Family Stress Patient Specific Template

- **Prepopulated** template of guidelines
- Links to **graphics** for shared decisions
- Provides **teleprompter** suggested Motivational Interviewing to motivate action
- Automatically creates **summary report which can be uploaded**
- Sends **educational materials** to family's Care Portal automatically or by clinician selection
- **Quick print** option to allow MA/Nurse to generate and print parent handouts and decision support

Sample – Parent Screening for IPV

CHADIS

In the last year, have you been afraid of your partner?

- ☒ Yes
☐ No

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Assess Severity

CHADIS

sjones@aol.com | [Camt](#)

Lots of people have rough times in relationships. We'd like to help. Please tell us more. Please answer a few extra questions.

In the **last 2 months**, which of the following have you experienced from a partner? Please check ALL that apply.

- ☒ Physical fighting
☒ Yells at me, puts me down
☒ Threatens to hurt me
☐ Threatens to hurt the children
☐ Controls what I do
☐ Forced sex
☐ Injury that did not require medical attention
☐ Injury that required medical attention
☐ Something else
☐ None of the above
☐ Prefer not to answer

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Assess Current Risk

CHADIS

sjones@aol.com |

How much contact do you have with this person?

- ☒ Every day or most days
- ☐ Every few weeks
- ☐ Less than once a month
- ☐ No contact
- ☐ Prefer not to answer

Continue » Save Quit

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Determine Current Help

CHADIS

sjones@aol.com | [Cambiar al español](#)

Are you getting help dealing with this problem with your partner?

- ☐ Yes
- ☒ No

Continue » Save Quit

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If not wanting help, asks barriers and readiness “if things got worse”

CHADIS

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What is the MAIN THING that makes it hard to get help or want help with this problem with your partner? (Please click on the most important reason. You'll have a chance to pick another reason.)

☐ I don't know where to get help

☐ It will get better with time

☐ I don't have time

☐ Costs too much

☐ No transportation

☐ Don't have child care

☐ It's not that bad

☒ My partner might get mad and make things worse

☐ I'm afraid of losing financial security

☐ I don't think it is affecting my child/children

☐ I tried getting help before and it did not work

☐ It was too hard to find help

☐ I'd feel embarrassed

☐ Other reason

☐ Any comments?

Continue

Save

Quit

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Sample PST Teleprompter for MI-style Discussion During Visit

Reflect on cons for change: " I (also) see that you're worried about your partner getting mad. "

Empathize: " (And) You're right that doing something about the problem has risks. "

Reflect on pros for change: " It sounds like while you are in a difficult situation, doing nothing has significant risks. Yet this is important because issues like these are known to be unpredictable and potentially dangerous. And it looks like it is already affecting your sleep, your friends, "

Assess for readiness: " Would you be open to talking to someone who is very experienced at dealing confidentially with difficult partner situations. It is also important to have an Escape Plan for your safety just

Main

Harsh Punishment

Stress-Depression

Food Insecurity

Partner Violence

Substance Use

Plan

Partner Violence

Answered already

Screening Items

In the past year, have you been afraid of your partner?

Yes

No

Severity/Impact

What has the parent experienced from partner in the past two months?

Physical fighting,Yells at me, puts m

How much contact does parent have with this person?

Every day or most days

Difficulties caused by problems with partner?

My sleep,My friends

Getting help?

Is parent currently getting help?

Yes

No

Does parent want help?

Yes

No

Sure

Barriers and Readiness

Barriers to getting help:

My partner might get mad and n

Secondary Barrier to getting help?

Select:

Automated MI Graphic

Reasons NOT to act...

- *Partner might get mad
- *Affection for partner



Reasons TO act...

- *My sleep
- *My friends
- *My child/children
- *Taking care of my child/children

Sample PST Clinician Private Handout Choices

Jump to Videos

Reflect: "I see from the questionnaire you completed before the visit that you are facing some challenges."
Empathize: "All parents have tough times. It can be hard on you and hard on your kid(s)."
Assess: "May I ask you some questions about these issues? I would like to help. I will keep this confidential."
Please Note: This guided interview and intervention is based on responses by the child's Mother (Sarah Jones) to several personal issues. The 'teleprompts' on the tabs are therefore not appropriate if that

Main

Harsh Punishment

Stress-Depression

Food Insecurity

Partner Violence

Substance Use

Plan

Safety/Smoking/Other Answered already

Respondents who responded to Questionnaires:

Names and relationships of Respondents who responded to Questionnaires used on this visit:
Mother (Sarah Jones)

Do you need the number for Poison Control?

Yes • No

Do you need a smoke detector in your home?

Yes • No

Does anyone smoke tobacco at home?

Yes • No

In the last year, did you worry that your food would run out before you got money or food stamps to get more?

Yes • No

In the last year, 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 hit or spank 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

In the past month, have you often felt down, depressed, or

Yes • No

Reports

Care Portal

Resources

Select one or more Clinician Notes below:

☒ A note about a number to call if ever unsafe in your home, something all families should know

All families need to know that there are places that can help if they ever feel unsafe in their homes. If you ever feel unsafe and need help, call 1-800-799-SAFE (7233) or 1-800-781-3224 (TTY) or (206) 787-3224 (Video Phone Only for Deaf Callers). If you or your family are ever in immediate danger, call 9-1-1 right away. You can also click [Partner Issues Local Resources](#) to check and see if your doctor has recommended local professionals or programs that should be helpful. If not, call the office.

☒ Dr. Ray Sturmer wants you to be sure you know how you can talk to someone by phone who can help you get help for partner difficulties and stay safe. You can also find an [escape plan](#) if needed. Get confidential and free help at 1-800-799-SAFE (7233). Click [Partner Issues Local Resources](#) to check and see if your doctor has recommended local professionals or programs that should be helpful. If not, call the office.

Printable Handout for Parents

Chadis - PST Care Portal Handout

Patient: Sam A. Jones aged 2 years
Last Updated: Fri Feb 27 07:40:10 EST 2015
Doctor: Ray Sturmer (30)
Office: Boothbay (109)

Dear Caregiver/Guardian of Sam A. Jones: All of the resources and notes listed below, including links to further information, can be accessed through the CHADIS website. It is in the same place where you take questionnaires. Log on to www.CHADIS.com, click 'Go' next to your child's name, and click on 'Go' below 'Memory Book/Care Portal'. Explore the 'Visit Notes' and 'Resources' tabs on your Memory Book/Care Portal page.

Care Portal Visit Notes:

- Dr. Ray Sturmer wants you to be sure you know how you can talk to someone by phone who can help you get help for partner difficulties and stay safe. You can also find an [escape plan](#) if needed. Get confidential and free help at 1-800-799-SAFE (7233). Click [Partner Issues Local Resources](#) to check and see if your doctor has recommended local professionals or programs that should be helpful. If not, call the office.

- A note about a number to call if ever unsafe in your home, something all families should know:*

All families need to know that there are places that can help if they ever feel unsafe in their homes. If you ever feel unsafe and need help, call 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) or (206) 787-3224 (Video Phone Only for Deaf Callers). If you or your family are ever in immediate danger, call 9-1-1 right away. You can also click [Partner Issues Local Resources](#) to check and see if your doctor has recommended local professionals or programs that should be helpful. If not, call the office.

Resources:

- [Safety Plan For Victims Parent](#)
- [SEEK Partner Issues Handout](#)
http://resources.childhealthcare.org/resources/seek_partner.pdf


Domestic Violence

Do you feel safe in your current relationship? If not, you may be a victim of domestic violence.

Domestic violence is when one person hurts another person in a relationship. It can cause health problems - now and in the future. It can also harm your child's emotional and physical health.

Examples of domestic violence are:

Individual MemoryBook/Care Portal for Education & Alerts



CHADIS®
Memory Book & Care Portal

Welcome Susan | CHADIS [logout](#) Mike [Go](#)

Memory Book

Notices

My Resources

Find Resources

About

Needs age appropriate car seat. Read...

Poisonous Items Storage Read...

Gun Safety Read...

Bicycle Safety Read...

Protection from High Falls Read...

Search Memory Book...

Search

Show on Timeline: Milestones & My Entries

Go

Skip To: Dec 7 2011

Go

Mike's Memory Book

3 years, 4 months
November 2011

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27


E + + S H E D U M M

3 Years, 5 Months
Wednesday, November 16, 2011

Add Entry

Developmental Milestone | Edit This Entry | Add a Comment | Suggestions

Baby's First Time Grabbing At Clothes



The first time your baby grabbed or scratched at their clothes.

Comments:
- Susan Burgee: "She was wearing a yellow flowered jumper."

Visit Notes in Care Portal



CHADIS®
Memory Book & Care Portal

Viewing Information for:
Sarah Jones

Welcome Sarah | CHADIS [logout](#) Patient: **Sam** [Go](#)

[Memory Book](#) [Notices](#) [Visit Notes](#) [Resources](#) [Find Resources](#) [About](#)

[Take Questionnaires](#) [Give Us Feedback!](#)

Notes for Sam and Family

[Search](#)

	Date	Professional	Notes	
X	4/21/2015	Ray Sturner	A note about a number to call if ever unsafe in your home, something all families should know All families need to know that	
X	4/21/2015	Ray Sturner	Dr. Ray Sturner wants you to be sure you know how you can talk to someone by phone who can help you get help for partner difficulties and stay	

Patient-specific suggestions from links

Note from Barbara Howard

Close

You reported that in the past month you have felt very little interest or pleasure in things you used to enjoy. Many people go through periods of feeling this way. There are some steps you can take to help yourself improve how you feel. For instance, pushing yourself to spend a little time each day doing something you used to enjoy could help improve how you feel. [Click here](#) to read about more strategies you can try. Often times, people need outside help to help them find joy in life again. A good place to start is talking to your doctors and getting referrals for a mental health professional. Click [Parental Depression Local Resources](#) to check and see if your doctor has recommended local professionals or programs that should be helpful: If not, call the office.

OK

Handouts view/print from link

Getting Help with Feeling Sad, Down, or Depressed: For Parents

Most people have times in their lives when they feel sad, down, or depressed. Sometimes these feelings pass over time and sometimes they develop into a depression problem that requires outside help. If you are struggling with feeling sad, down or depressed, there are things you can do. Do not be afraid to ask for outside help if needed. Depression is a treatable problem and you do not need to be embarrassed about it or suffer alone. It is so important to take care of yourself and is hard to be a good parent if you feel bad. Below is some information that may help you.

Things you can try right away to help yourself feel better:

- *Get exercise.* Moving your body releases chemicals in your brain that help make you feel good. Even if you cannot spend a lot of time exercising, try to at least go for a walk every day.
- *Eat healthy food* and avoid lots of carbohydrates, sugar, and greasy foods.
- *Get out and do enjoyable things.* Have time each week to do things you enjoy (or once enjoyed). Schedule fun activities in advance and push yourself to do them. Think about how you feel after doing an enjoyable activity compared to how you feel sitting at home alone.
- *Confide in and talk to someone you trust,* like a friend or family member.
- *Ask for help from someone you trust* with things that are causing you stress (for example, ask someone to pick your kids up from school or help with errands)

Signs you may need outside help from a professional:

- You feel sad most of the time
- You have problems with sleeping too much or not enough
- You do not feel like eating or eat more than normal
- You feel tired all the time
- You have lost interest in things you used to like
- You have a hard time concentrating, thinking, or making decisions
- You think about hurting yourself or want to die

Getting outside help:

- A good place to start is talking to your doctor who can help you find a mental health professional.
- Cognitive-behavior therapy is an effective form of therapy to treat depression. When finding a therapist, find one that is trained in cognitive-behavior therapy.
- There are medications that can help with depression, talk to your doctor about this option.

Referral and Care Coordination Tools

- Refer the pediatric patient and family members to medical providers or community agencies – receiving providers have approval to reach out to the patients
- Send and receive referrals by email or fax
- Document parent/guardian consent for referral (verbal or written)
- Share CHADIS reports, comments, status-of-service updates
- Automatic notifications regarding ongoing referrals

Patient Referral

Status	Accepted Track Appointment Mark Consultation as Done
Referral Code	26ab5b6f57cd28073e3bf3219367c7b7
Patient	Steve Jones Contact: Sally Jones Contact Phone: (555) 138-1889 Contact Email: sallyjones@email-email.com Insurance: Aetna
Referred By	Genna Doctor1 Boothbay, a, MD, US
Referred To	Test Office, Baltimore, MD, US
Consent	Verbal Consent obtained by Genna Doctor1 on 10/31/17
Relevant Report	View
Comments	

Genna Doctor1 10/31/17 10:52 AM EDT Comment when Creating Referral: This patient needs help with behavior issues.
Sylvia Specialist 10/31/17 10:54 AM EDT Comment when Accepting Referral: Thank you for your referral. I look forward to meeting the patient and discussing behavioral therapies

Comments (optional)

Both the referring and the receiving physicians will be able to see these comments.

Post Comment

Track Appointment

Mark Consultation as Done

Issue-Specific Referral Link

Priorities

No pre-visit concerns indicated.

Questionnaires

Flags	Questionnaire	Completed	Respondent	Provisional Result					Responses	Follow-Ups	PST
				Pass	Fail	Disorder	Problem	Variation	Challenge		
***	Family Assessment of Safety and Stress	7/31/19 4:53 PM EDT	Clinician	7					5	Preview Include	Begin
**	FASS Depression/Stress			2							Refer
***	FASS Substance Use			1					1		Refer
*	FASS Food Insecurity			2							Refer
***	FASS IPV			1					2		Refer
*	FASS Parenting Issues			1					1		Refer
	FASS Other Issue										
	FASS Smoke Exposure										
*	FASS Poison # or Smoke Detector Needed								1		

Please verify that respondents are the appropriate individuals and the questions were understood

Show copy-and-paste-friendly version of these results

Referral Fax form Prepopulated with:

Office
Referring clinician
Fax for Infants and
Toddlers
Reason for Referral
from screen
Patient name
Contact Name
Contact phone
Contact Email

These can be edited, if needed

Create Referral

Enter the information below to create a new referral.

Referral Sender

* Referring Office

Boothbay

* Referring Clinician

Howard, Barbara

Referral Recipient

* To whom are you referring?

CHADIS will deliver the referral to the email address and/or fax number you enter below. Otherwise, manually fax, email, or otherwise contact the target yourself and provide the referral code generated in the next step.

Email

Fax

240-777-3132

Manual Delivery

CHADIS will not contact this referral recipient. Instead, you will manually deliver the referral to the recipient and ensure they receive the referral code which will be generated in the next step.

Referral Subject

Reason

Failed developmental screen

* Who are you referring?

Patient Alan ASQ

Family Member

Name of family member

* Contact

mom ASQ (Mother)

mom ASQ

* Contact Phone

1239874587

Contact Email

dad@KidASQ.org

Insurance

Company and type

Referral Fax form Prepopulated with:

- Default Verbal consent
- Default to not share records
- Default message of reason for referral

These can be edited, if needed

Referral Contents

Consent

Verbal

Assert that you have verbally obtained consent from the parent/guardian.

Written

Please Choose...

Select appropriate consent form to complete in the next step.

Sharing

Share Nothing

Do not share any of this patient's records.

Start Now

Share information starting now.

Start with Report

Please Choose...

Share the selected report and all information collected for the patient after that report.

Start on a specific date

mm / dd / yyyy

(M/d/yy)

Share all information collected for the patient since a specific date.

Complete

Share the complete patient record.

Relevant Report

If you have prepared a report for the target provider, please choose that report below to bring it to their attention. All updates to this report, except comments marked private, will be visible to the target of the referral.

Visit on 2/19/20

Failure: Personal-Social Referral Zone; Sending to Montgomery County Infants & Toddlers Fax 240-777-3132

Create

Cancel

Fax Cover Sheet

Patient/Family Referral from CHADIS

The following is information about a patient being referred to your practice or service via CHADIS. Instructions and contact information for CHADIS can be found at the bottom of this message.

Referring Provider / Practice

Barbara Howard
Boothbay a
a, MD 21210 US

Reason for Referral

Failed developmental screen

Patient

Alan ASQ
Contact: mom ASQ
Phone: 1239874587
Email: dad@KidASQ.org

Consent

The referring provider has obtained written permission for you to contact the individual being referred by phone or email. A copy of the consent form appears at the end of this message.

Instructions

In order to view this patient in CHADIS, you'll need to visit the URL below and enter this referral code:

2 B J B M C Q Q W M I P Z C D 7 X 3 J F 7 0 7 T

The URL for entering your referral code is:

https://testing.chadis.com/t/s/rf

For your convenience, the QR code above can be used to go right to CHADIS and enter your referral code. You may be asked to login to CHADIS if you are not already logged-in on your device.

If you have any questions about CHADIS, please contact CHADIS at support@chadis.com.

Thank you for assisting us in caring for this individual,
Barbara Howard, c/o CHADIS

QR Code

This message was sent by CHADIS on behalf of Barbara Howard.
For more information about CHADIS, please visit http://www.chadis.com/

Included Consent Form

Have parent type in name to sign

Maryland Infants & Toddlers Consent Form

Parent/Guardian Consent to Release Information for Maryland Infants & Toddlers Services:

I, mom ASQ (Parent or Guardian Name), give my permission for my pediatric health care provider, Barbara Howard (Doctor Name) and the Maryland Infants and Toddlers Program to share and communicate any and all pertinent information regarding my child Alan ASQ (Child Name).

(Digital Signature MOM)
(Parent/Guardian Name) mom ASQ

2/19/20
Date

Status of Referral

CHADIS

bhoward | Cambiar, al. espaiol

Home - Patients - Addie Adhd

Details for Adhd, Addie

Vital Information

Gender: Male

Birth Date: January 23, 2004

Age Today: 16 years 4 months

Birth Order: Single birth

Telephone: 4103770380

Offices: Boothbay

Identifiers: (none) view/edit

edit | create or view care portal notices/alerts | merge | merge history

Latest Reports

Title	Visit Type	Date
HEADSS release test	Well-Child Visit	5/1/20
Visit on 4/26/20	Well-Child Visit	4/26/20
Visit on 4/19/20	Well-Child Visit	4/19/20

create report | create instant report | see all reports

Referrals

Status	Referred By	Recipient
Consented	Vullo, Genevieve	gvullo+referringo@chadis.com
Consented	Howard, Barbara	bhoward+specialist@chadis.com

create referral | view referrals

Respondents

Adam Adhd (Father) [Delete this Respondent]

Karen ADHDtest (Mother) [Delete this Respondent]

Karen ADHDtest2 (Maternal Grandmother) [Delete this Respondent]

Michael Berger (Clinician)

Brian Educator (Teacher or other Educator) [Delete this Respondent]

Barbara Howard (Clinician)

Talin Marino (Clinician)

Cassie Slayton (Clinician)

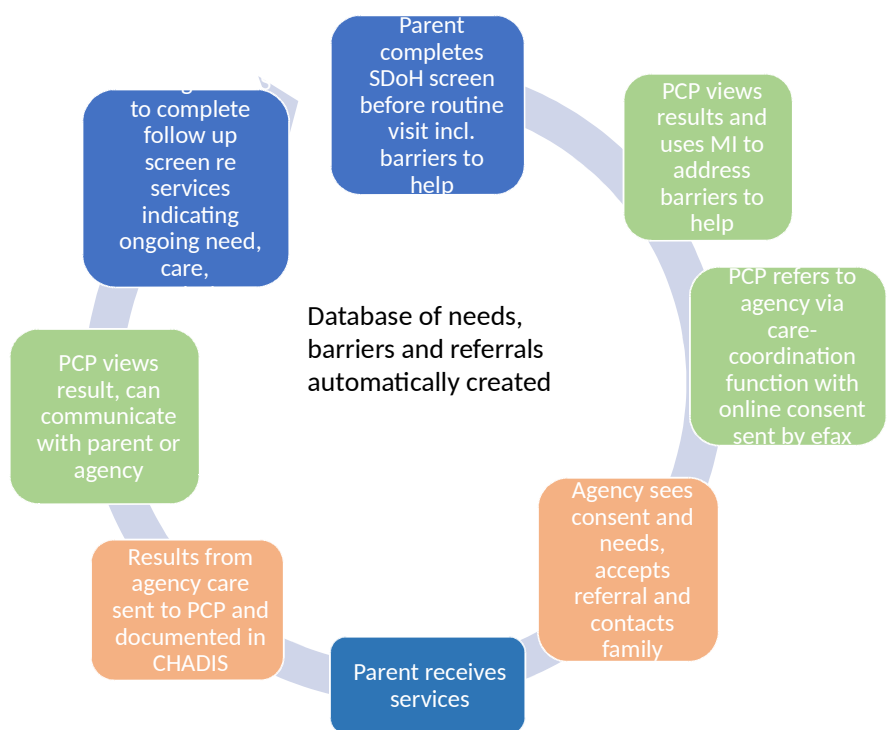
Stepmom Smith (Step or Foster Mother) [Delete this Respondent]

Add Space (Mother) [Delete this Respondent]

Ray Sturmer (Clinician)

add new | add existing | invite | view invitations

Flow for a SDoH System of Care



CHADIS Complements Telehealth

Pre-visit

- Collects patient data online from home
 - Comprehensive evidence-based tools
 - Positive results can trigger follow on tools
- Allows triage for earlier intervention or in person visits
- Documentation created for report
- Request for input from others by email initiated by patient or office

Within Visit- Free text clinician input; Graphics of results to share over teleconference

Post visit and Between visit

- Educational handouts, and patient-specific resources sent to Care Portal with SMS or email alert that they have been provided
- Private portal for teens
- Clinician can send private notes to Care Portal
- Schedule questionnaires to be assigned at any interval for monitoring
- eFax referrals directly from CHADIS

Tracking Registry

Positive cases for Ages & Stages Questionnaires®

From 2008-11-01 through 2008-11-29				
Patient ID	Doctor	Patient	Date	Diagnosis
25863	Howard, Barbara	Suppressed	2008-11-22	Child does not talk like peers: He does not seem to converse. He will answer factual questions but when we try to engage him in conversation, it is more difficult for him.
985	Kasych, Kevin	Suppressed	2008-11-08	Child does not talk like peers: little behind on speech, but is making much progress
4151	Kumar, Gaurav	Suppressed	2008-11-05	Child does not talk like peers: I think her expressive language is slowly emerging. She is labeling items more but she mostly uses words that begin with /d/.
10649	Silver-Isenstadt, Ari	Suppressed	2008-12-29	Child age outside limit for 6 month ASQ
24862	Silver-Isenstadt, Ari	Suppressed	2008-11-05	Positive screen for fine motor delay (cut score <= 30.7); Score: 10
24862	Silver-Isenstadt, Ari	Suppressed	2008-11-05	Positive screen for personal-social delay (cut score <= 38.7); Score: 35
24836	Silver-Isenstadt, Ari	Suppressed	2008-11-05	Child's feet not flat when helped to stand: She will try to stand, but not flat footed...
3733	Silver-Isenstadt, Ari	Suppressed	2008-11-03	Positive screen for personal-social delay (cut score <= 20.1); Score: 5
2154	Silver-Isenstadt, Ari	Suppressed	2008-11-02	Positive screen for problem solving delay (cut score <= 25.2); Score: 25
2562	Silver-Isenstadt, Ari	Suppressed	2008-11-16	Positive screen for communication delay (cut score <= 34.5); Score: 30
2562	Silver-Isenstadt, Ari	Suppressed	2008-11-16	Child does not talk like peers: We think he is behind.
2562	Silver-Isenstadt, Ari	Suppressed	2008-11-16	Parent cannot understand most of what child says:
2562	Silver-Isenstadt, Ari	Suppressed	2008-11-16	Child does not walk, run, climb like peers: He doesn't run.
25066	Silver-Isenstadt, Ari	Suppressed	2008-11-10	Positive screen for communication delay (cut score <= 36.7); Score: 35

- What is baseline rate of getting better – does the count of stressors go down over time for each patient?

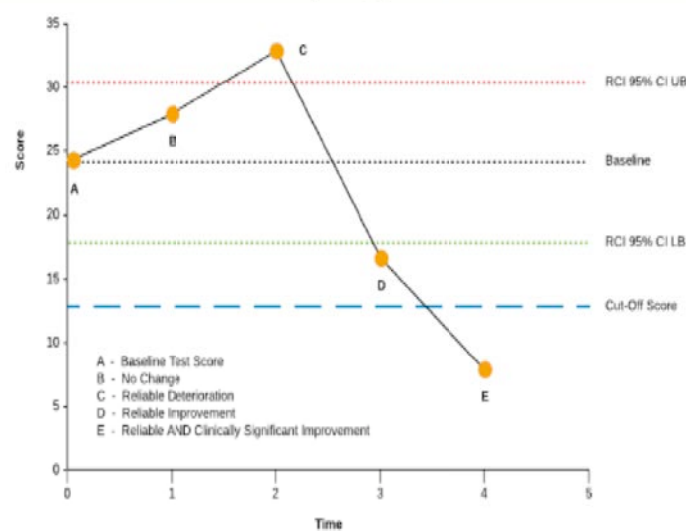
Targeted Problems (All Ages)

Problem	No->Yes	No->No	Yes->Yes	Yes->No
Food Insecurity	32 (.45%)	7015 (98.39%)	23 (.32%)	60 (.84%)
Child Problems	324 (4.54%)	6015 (84.36%)	330 (4.63%)	461 (6.47%)
Depression	173 (2.43%)	6551 (91.88%)	88 (1.23%)	318 (4.46%)
Partner Violence	27 (.38%)	7073 (99.2%)	8 (.11%)	22 (.31%)
Alcohol/Drug Problems	17 (.24%)	7076 (99.24%)	4 (.06%)	33 (.46%)
Extreme Stress	234 (3.28%)	6437 (90.28%)	166 (2.33%)	293 (4.11%)
Any Problem	472 (6.62%)	5435 (76.23%)	534 (7.49%)	689 (9.66%)

Change in Problem Count (All Ages)

Delta Count	N	Percent
-4	9	0.13%
-3	56	0.79%
-2	155	2.17%
-1	594	8.33%
0	5720	80.22%
1	489	6.86%
2	90	1.26%
3	13	0.18%
4	2	0.03%
6	2	0.03

Reliable Control Charts for QI & Research



Relevant Billing Codes

CPT Code	Definition	Examples	Ave. Payment (natnl sample of 1000 pediatricians*)
96110	Developmental Screening with scoring; documentation per standardized instrument	ASQ-3; M-CHAT	\$10.04*
96127	Brief emotional/behavioral assessment with scoring; documentation per standardized instrument	Vanderbilt; PHQ-9; PSC	\$6.32*
96160	Health risk of patient fbo patient	CRAFT; ACT	\$4.15*
96161	Health risk for caregiver fbo patient	EPDS; SEEK	\$4.51*
96111	Standardized Diagnostic assessment by clinician	CARS	\$97.48*
94664	Demonstration and/or evaluation of inhaler techniques	Asthma Inhaler video	\$15.41 (limited data)
99091	Monitoring between visits with consent of patient during a visit	Range of requirements not yet well defined	no data yet