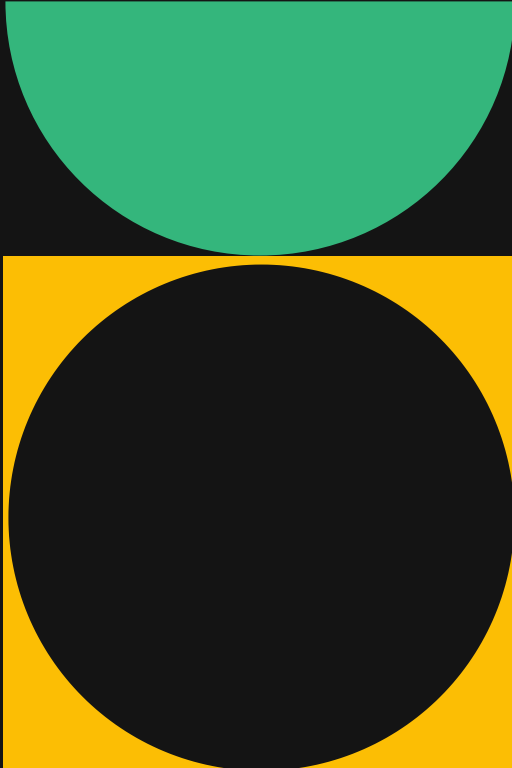




# Everyone Could Use a Little More Screen Time

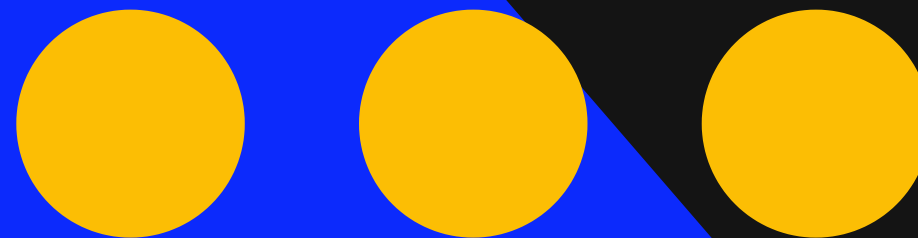
Robin Warner, MD FAAP  
Union Pediatrics, PSC  
<https://unionpeds.com>

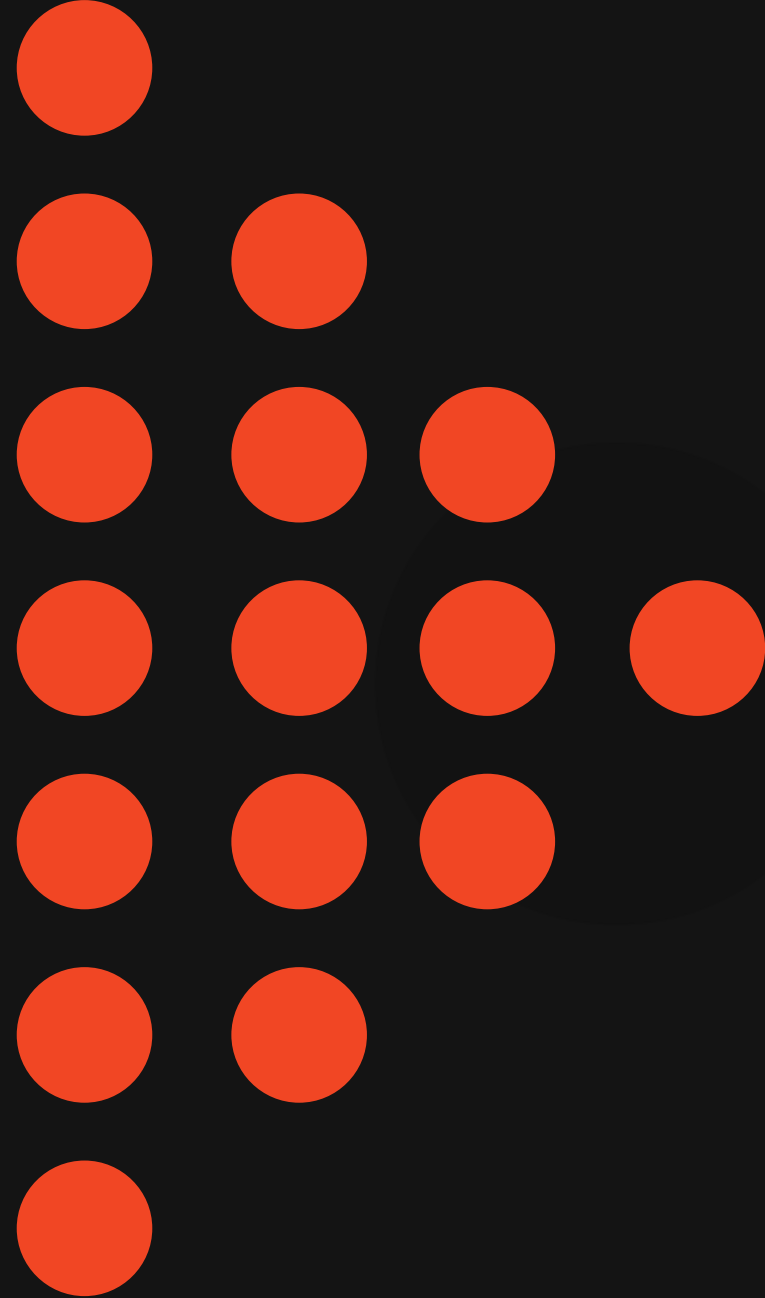




# The Bright Futures Periodicity Schedule

Dots vs. Stars  
And why this matters





## STARS

A risk assessment needs to be done,  
with follow-up as needed

## DOTS

A lab measurement or  
screening needs to be  
done

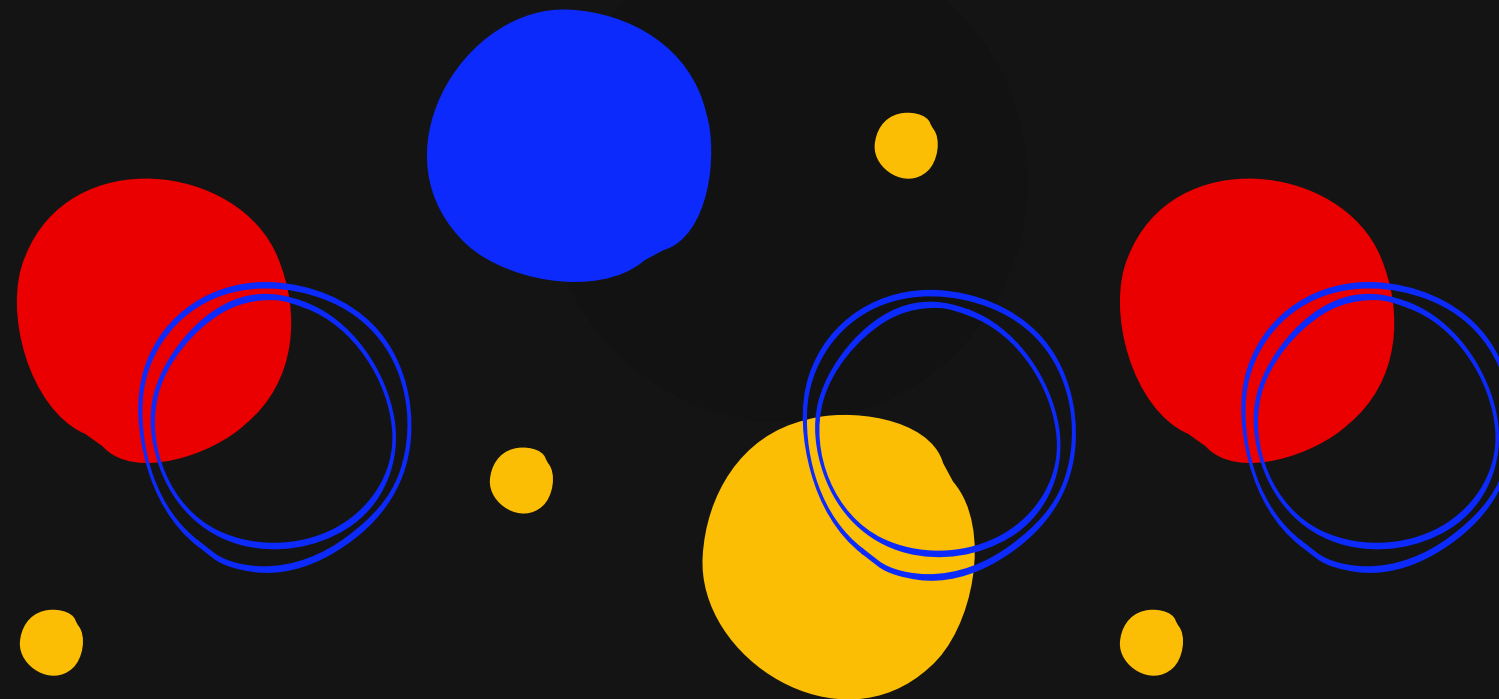


# WHY DOES IT MATTER?

HEDIS measures are based on dots

Insurance contract payments are aligned with dots

With few exceptions,  
they are required to pay for "dots"



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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.



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

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" (<http://pediatrics.aappublications.org/content/142/1/e20181218>).
3. Newborns should have an early visit, and if breastfeeding is not successful, lactation consultation and support should be provided.
4. A newborn physical examination should be performed at the first visit.
5. A newborn hearing screening should be performed at the first visit.
6. A newborn vision screening should be performed at the first visit.
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 the American Academy of Pediatrics (AAP) guidelines.
9. A newborn hearing screening should be performed at the first visit.
10. A newborn vision screening should be performed at the first visit.
11. A newborn physical examination should be performed at the first visit.
12. A newborn hearing screening should be performed at the first visit.
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://craftt.org>.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and the GLAD-PC toolkit.



Maternal Depression

Screening

-1mo, 2mo, 4mo,  
6mo

-CPT 96161

Developmental

Screening

-9mo, 18mo,  
24mo

-CPT 96110

# THE BIG DOTS

Autism

Screening

-18mo, 24mo

-CPT 96110

Depression

Screening

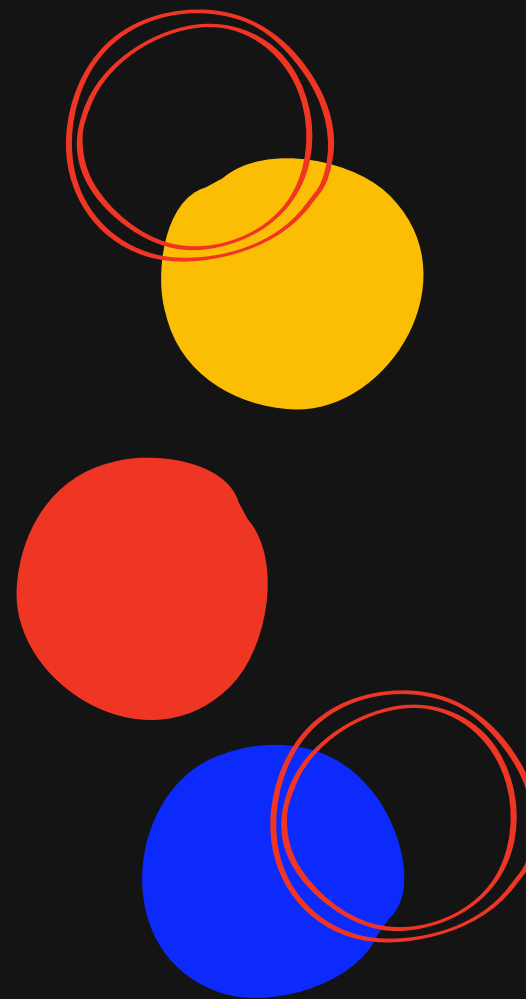
-12yr, then  
annually

-CPT 96127

# THE OTHER DOTS

## Developmental Surveillance

BF guidelines state a tool for surveillance may be via a validated screening tool, so 96110 may be used if this is the case



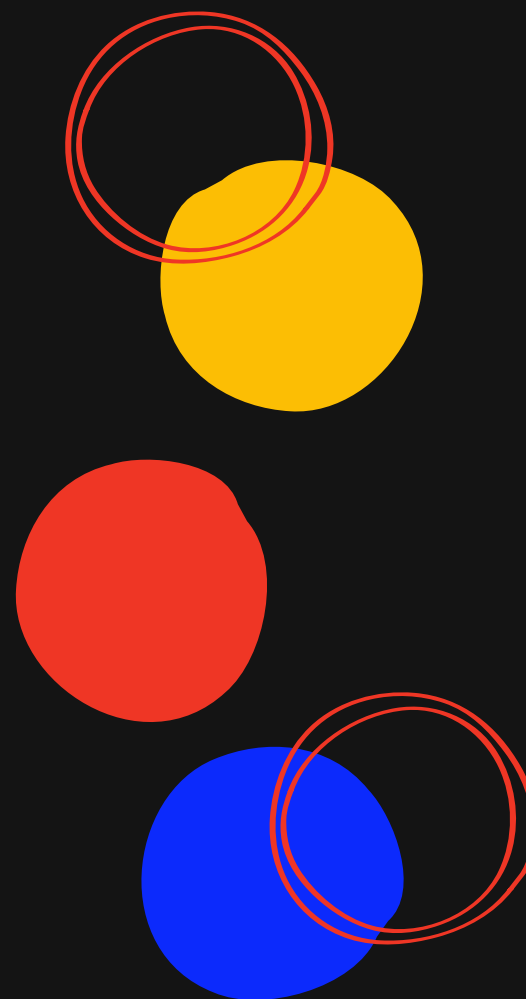
## Benefits

Families become more familiar with completing screens  
Providers can track development in a standardized fashion

# THE OTHER DOTS

## Psychosocial and Behavioral Assessment


- Every well visit,  
starting at birth
- These can also be  
done with a  
validated tool  
and billed with a  
96127



## Benefits

- More likely to get an  
honest answer, as  
opposed to a verbal ask
- Respondents can take  
their time to answer
- Earlier pick-up of mental  
health dx, or SDoH needs  
which leads to seeking  
services more quickly





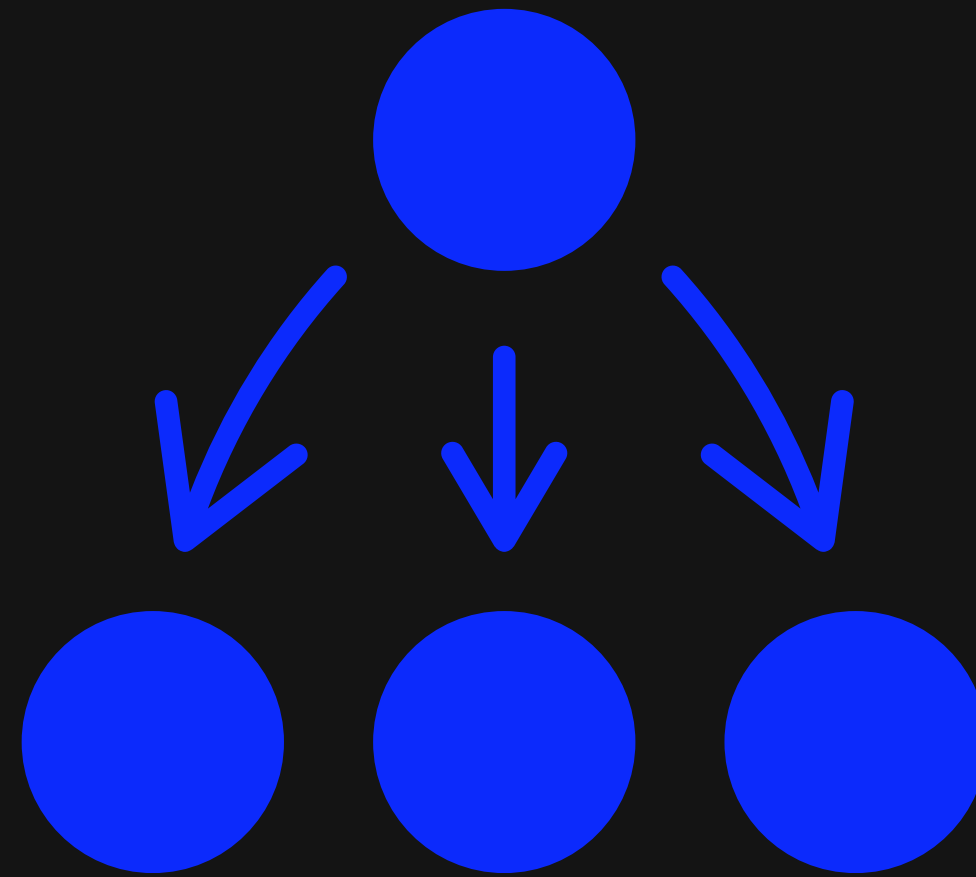
BUNDLING  
CAN BE A  
GOOD THING

# THE TIME CRUNCH



Face-to-Face time is limited  
in the office

- Sending questions in advance gives parents more time to think about them, as well as not to have to worry about other distractions
- Overall time in the office is decreased, with more time, percentage-wise, being spent with the provider



# BUNDLING TO AVOID SURVEY FATIGUE

Combination Questionnaires

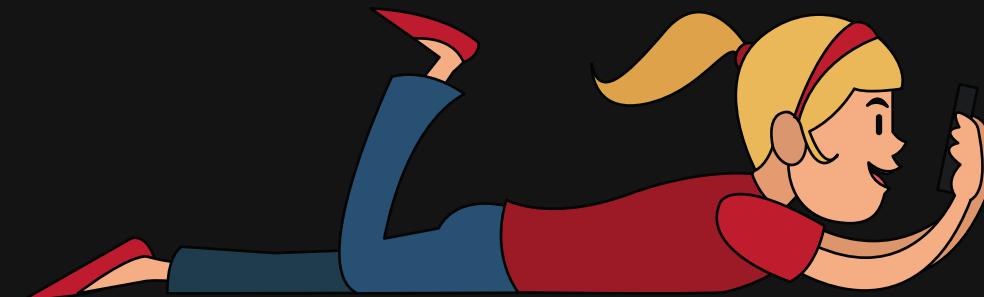
Some questionnaires combine more  
than one area of screening and  
surveillance

# USING SCREENS TO PERFORM SCREENS



## The Patient Portal

1. With CHADIS integration, there is now a single login
2. Teens can have their own portal and login, which promotes responsibility
3. Integration exposes the families to the portal more, which may increase portal uptake and usage



# USING SCREENS TO PERFORM SCREENS



## In-office Completion

1. CHADIS can be pulled up on a tablet in the office, for those who can't, or are unwilling to complete at home.
2. There is also an option to scan a QR code specific to the person who has been assigned questions

# WAIT! THERE ARE EVEN MORE SCREENS!?!?!?



Behavioral Health  
visits and  
screening



The Patient Portal-  
what has it done  
for you lately?



PocketPCC-power  
in the palm of your  
hand

# WAIT! THERE ARE EVEN MORE SCREENS!?!?!?



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# BEHAVIORAL HEALTH VISITS AND SCREENING

Screen #1-CHADIS has many Behavioral Health questionnaires that can be accessed

Screen #2-Behavioral Health visits are an ideal use of TELEMEDICINE

Screen #3-At the EHR level, PCC provides direct access to the AAP Toolkits, which include the ADHD toolkit, the Autism toolkit and the Mental Health toolkit



# WAIT! THERE ARE EVEN MORE SCREENS!?!?!?



Behavioral Health  
visits and  
screening



The Patient Portal-  
what has it done  
for you lately?



PocketPCC-power  
in the palm of your  
hand

# THE PATIENT PORTAL

What has it done for you lately?

- Portal payments
- No-contact registration for new patients
- Print immms. records and forms
- Check next appointment
- Confidential communication that is documented, and is never outside the EHR
- Portal messaging-a billable service!
- Request refills, appts, forms, referrals, all of which is documented

In ALL of these situations, the family is doing the work, freeing up valuable staff time!

# WAIT! THERE ARE EVEN MORE SCREENS!?!?!?



Behavioral Health  
visits and  
screening



The Patient Portal-  
what has it done  
for you lately?




PocketPCC-power  
in the palm of your  
hand

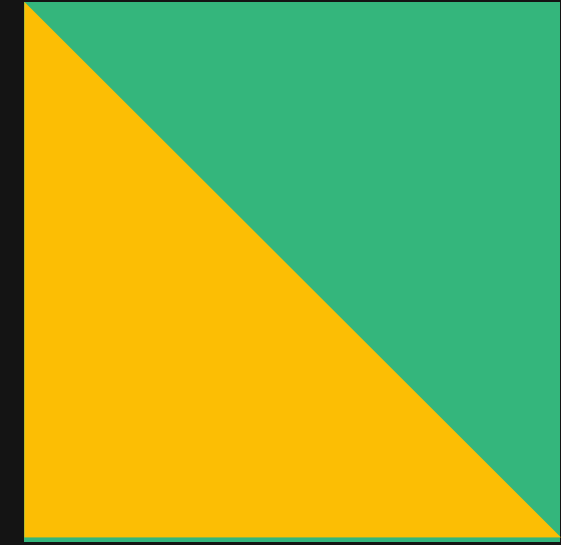
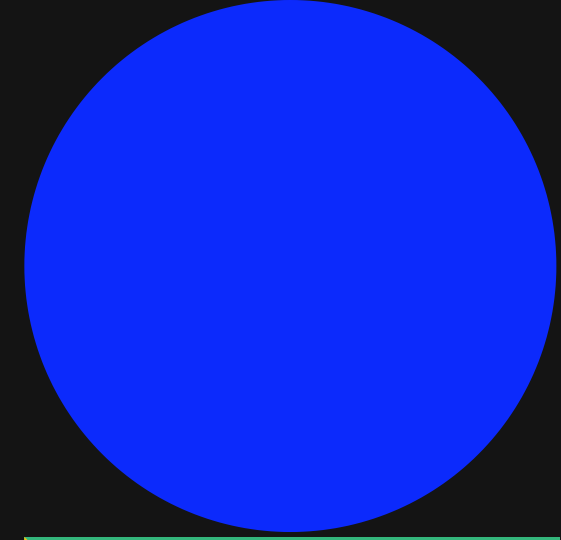
# POCKETPCC

## Power in the palm of your hand

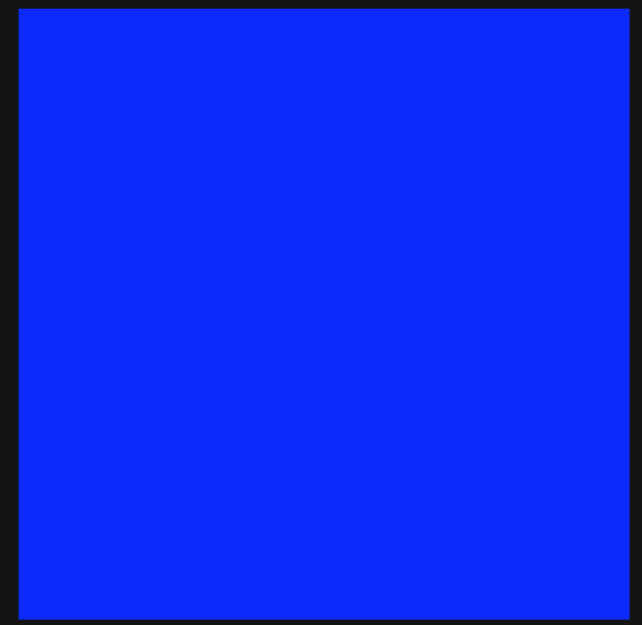
- After hours documentation of phone calls
- After hours ability to view photos and schedule telemedicine visit, if warranted
- After hours reading and responding to portal messages
- Ability to view schedule when not in office
- Can use in office to document via camera, with photo never leaving the EHR and patient record
- Staff can use in office for purposes of entering vital signs, screening results



MY STAFF AND  
FAMILIES ARE  
NEVER GOING TO  
BUY-IN TO THIS!



ONE  
WORD



# GAMIFICATION

BEFORE YOU CAN GET FAMILY  
BUY-IN, YOU NEED STAFF  
BUY-IN







- More work on the front end will result in less work on the back end
- Sign any new family up for the portal immediately.
- Consider using the portal as a means for registration and demographic collection.
- Relationship assignment matters. Assign with all new portal entries.
- Put patient portal information on the appointment book patient detail screen.
- GAMIFY it! See which staff can onboard the most families, with bonus points to those who get the adolescents signed up.
- GAMIFY it! Ask for suggestions from staff, and have staff vote on best-practices work flows.

# FAMILY AND PATIENT BUY-IN



- New families should be onboarded at registration. PCC provides a nice PDF which explains the features of the portal
- Existing families need to be reminded of portal functionality. (imm. certificate, for example)
- Existing CHADIS families need to be instructed to use the portal link to complete questionnaires
- Tweens and teens, thanks to Covid, are familiar with the use of online tools. Use this to get them (and their parents) onboard.
- GAMIFY it! Reward families and teens for verifying account, completing CHADIS in advance, using the portal for refill requests, appt. requests, etc



# I'M SUFFERING FROM SCREEN OVERLOAD AND FATIGUE!

Where can I go for help?

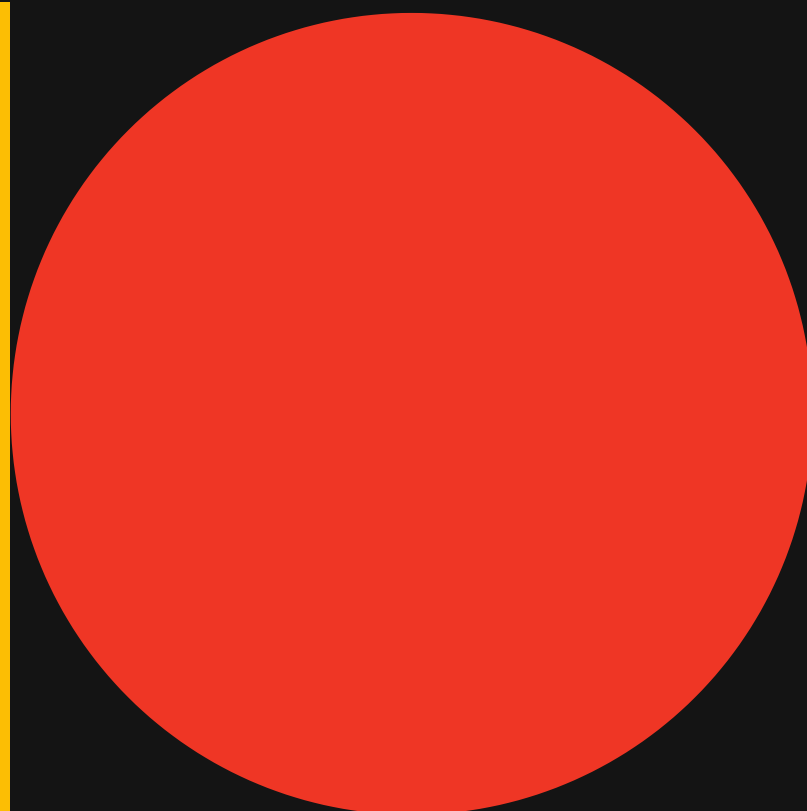


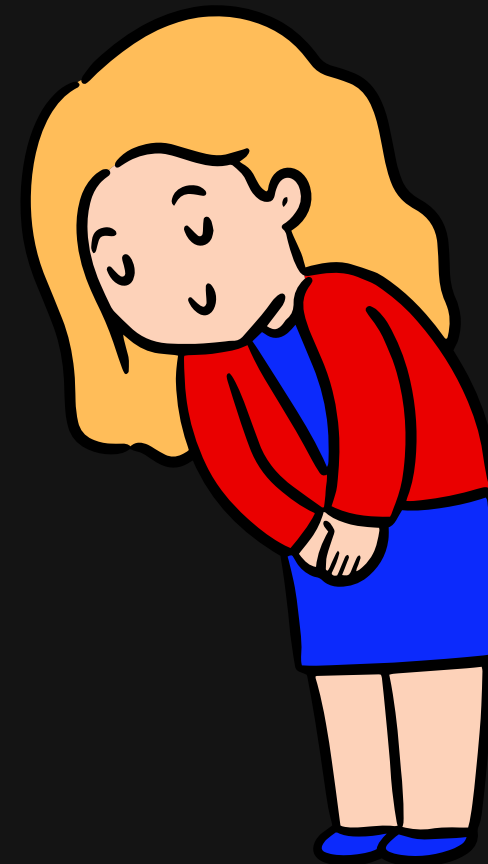


# HELP IS ONLY A SCREEN OR CALL AWAY

- <https://learn.pcc.com> Anything and everything one needs to know about how PCC works can be found here
- <https://community.pcc.com> An online community of fellow PCC practices, who serve as a resource for questions one may have
- <https://support.pcc.com> If you have a specific need or request, and aren't sure how to navigate on your own
- Your PCC Client Advocate. Every practice has one.
- The Facebook PCC EHR User Group A social media group of PCC clients who are also available as a resource

WHAT QUESTIONS  
DO YOU HAVE?





THANK  
you