1

VMAP ECHO QI PROJECT TIMELINE

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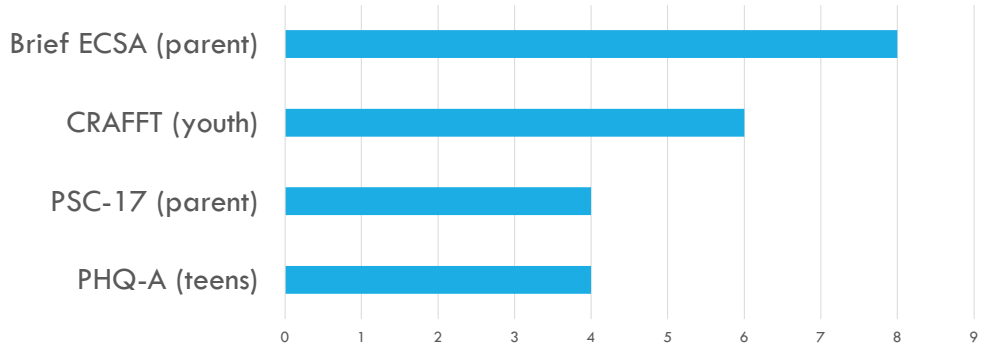
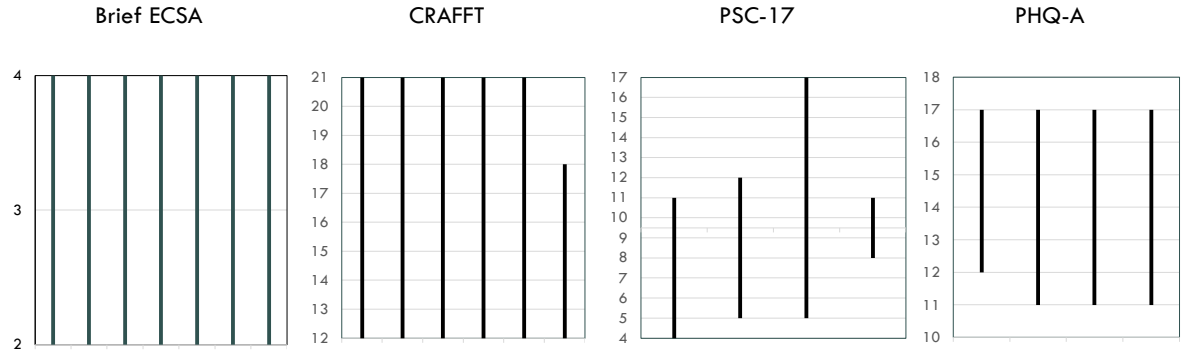
2

Which of the following screening projects have you chosen to implement? (n=22)



CRAFFT (youth) (6, 18%), Brief ECSA (parent) (8, 27%), PSC-17 (parent) 4, 18%), PHQ-A (teens) (4, 18%)

3



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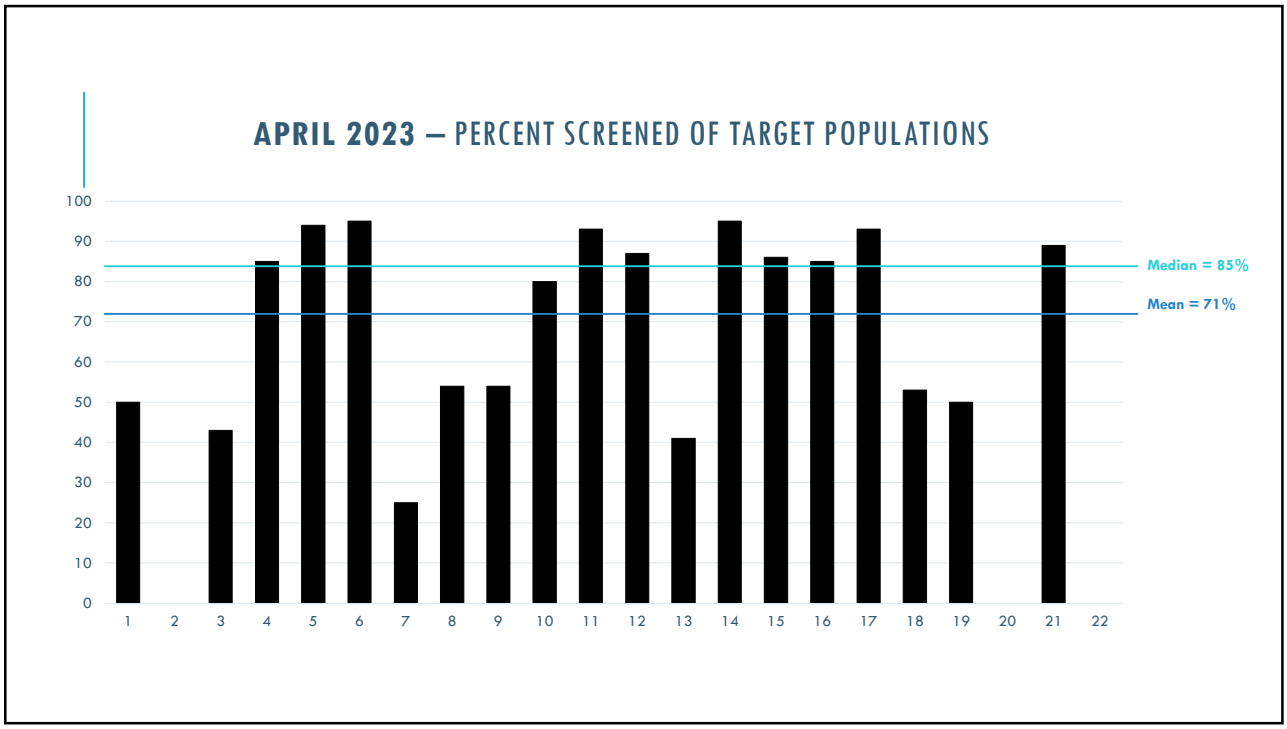
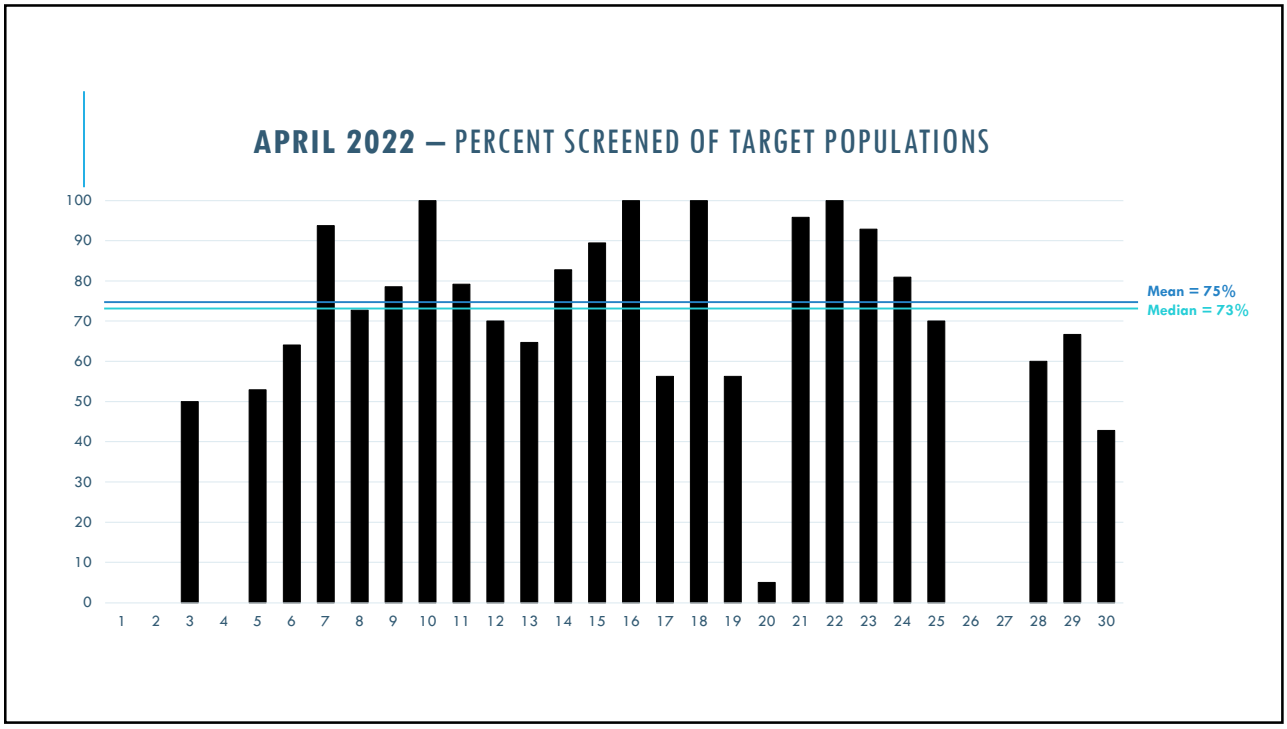

APRIL 2023 – PERCENT SCREENED OF TARGET POPULATIONS
100
90
80
70
60
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22
Median = 85%
Mean = 71%

5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100
90
80
70
60
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Mean = 75%
Median = 73%

6

WHAT HAVE BEEN THE BARRIERS, SO FAR?

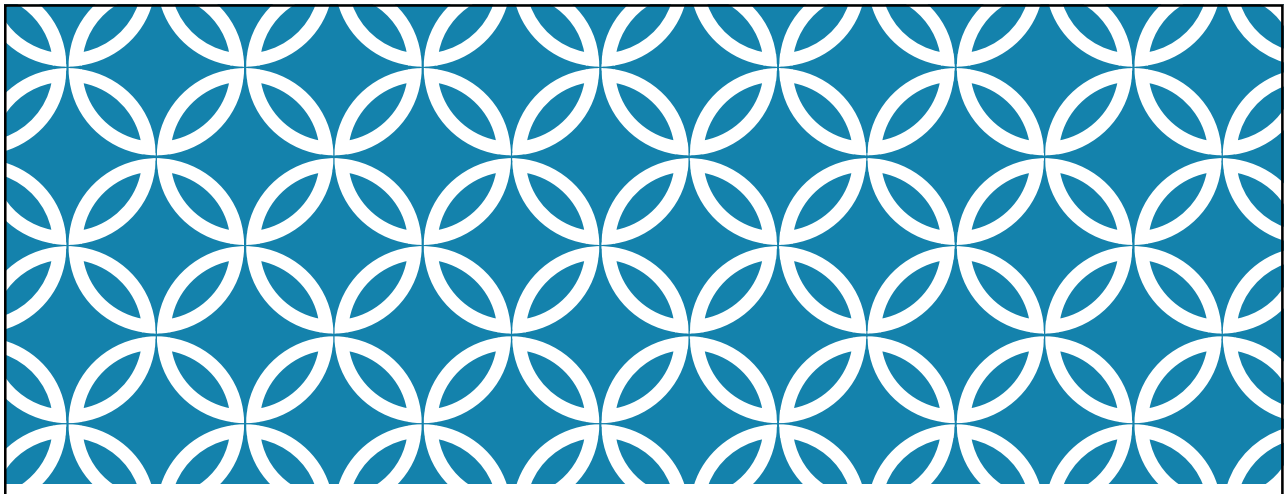
PROCESS ISSUES (2023 cohort)

Our clinic had many no shows.
Difficulty having the screener consistently given out at check in.
Workflow and not getting them completed
Moving between offices and changing nurses does add a layer of complexity if I forget to remind all of our nurse
It seems toward the end of the month we began getting used to implementing using the screening tool more frequently.
We had some staffing shortages so I was working with different nurse each day
Number of well visits in targeted age range doubled due to increased number of 4 and 5y olds needing KG exam
Less screening done than projected because I had a week off work and could not screen some patients because o intellectual disability.

SCREENING TOOL ISSUES (2023 cohort)

The screener asks about days in the last 12 months, and patients seem to have a hard time quantifying this. They are simply answering a yes or no.
I had good days for remembering but more bad days. This is an oral questionnaire so dependent on me to do.
I didn't feel like I could give much positive feedback with the positive results.
Switched from PSC17 to ECSA due to number of patients seen
50% of screens were positive

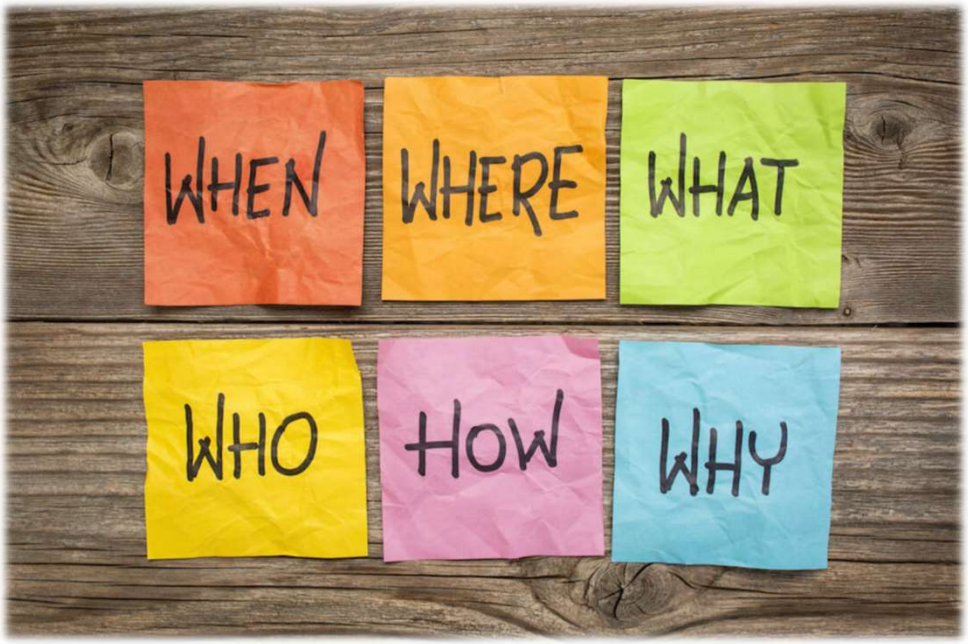
7



SCREENING PRACTICES WITHIN PEDIATRIC INTEGRATED CARE—THE LOGISTICS

Beth Ellen Davis, MD
Caitlin Anderson, PhD
VMAP
May 2023

8



9

WHO?

Who administers the screener?
-Front desk
-Nurse
-Provider
-Behavioral Health Provider
-Other

10

WHO?

Who presents the screening?
- Research assistants, front desk personnel, nursing staff, physician
- Family preferences?
- Variability in explanation

Who completes the screener?
- Parent vs. child/adolescent
- Privacy/Confidentiality

Who scores?
- Computer, Research Assistant, co-located mental health provider

Feedback?
- Medical provider
  - Lack of training and guidance

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WHO?

A 2009 study looked at patient/family beliefs about depression screening in medical settings. Found that majority of families felt clinician should present screening…and only after sufficient rapport.

Another study (2012) found that adolescents reported feeling comfortable with nurses asking about suicidality.

Most of the time, front desk personnel present the screeners. Discrepancy between practice and family preferences.

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WHEN?

Discussion:

-What might be pros and cons of pre-visit screening vs. screening in the waiting room vs. screening in the exam room?

(Think about this from both a provider and patient/family lens)

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WHEN? (FOTHERGILL, 2013; GADOMSKI, 2015)

Pre-visit screening allows the PCP to review a summary of concerns, issues, and pertinent positives at the beginning of the visit- potentially facilitating a shift from the PCP asking questions during the visit to discussion and counseling about relevant adolescent health issues including mental health (Fothergill, 2013).

Comprehensive pre-visit screening completed by parents of kids (4-11yo) facilitated agenda setting, enhanced engagement, and promoted discussion of mental health issues during well-child visits (Fothergill, 2013).

14

> ***"It didn't take as long to go over in the check up as I expected. Was helpful when parents had ADD questions about young children".***
>
> **---PCP in May 2023 cohort**

One-page broad screener for both internalizing (anxiety, trauma) and externalizing (aggression, ADHD, trauma) symptoms as well as has two questions about parental stress / depression. Also, Dr. Gleason, one of our HUB faculty, has helped develop, validate and has published this tool, and can serve as a consultant, when we try this out in our QI project.

SCORING

18 mo – 5 years

For Qs 1-22, a total score ≥ 9

For Qs 23-24, anything over 0 for either.

Please circle the number that best describes your child compared to other children the same age. The last 2 items are about you as a parent.

AND, please circle the "+" if you are concerned and would like help with the item (please circle a number as well)s

	Rarely/ Not true	Sometimes/ sort-of true	Almost always/ very true	I want help with this
1. Seems sad, cries a lot	0	1	2	+
2. Is difficult to comfort when hurt or distressed	0	1	2	+
3. Loses temper too much.	0	1	2	+
4. Avoids situations that remind of scary events	0	1	2	+
5. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
6. Doesn't seem to listen to adults talking to him/her	0	1	2	+
7. Battles over food and eating	0	1	2	+
8. Is irritable, easily annoyed.	0	1	2	+
9. Argues with adults	0	1	2	+
10 Breaks things during tantrums	0	1	2	+
11 Is easily startled or scared	0	1	2	+
12 Has trouble interacting with other children	0	1	2	+
13 Fidgets, can't sit quietly	0	1	2	+
14 Is clingy, doesn't want to separate from parent	0	1	2	+
15 Seems nervous or worries a lot	0	1	2	+
16 Blames other people for mistakes	0	1	2	+
17 Has a hard time paying attention to tasks or activities	0	1	2	+
18 Is always "on the go"	0	1	2	+
19 Reacts too emotionally to small things	0	1	2	+
20 Is very disobedient	0	1	2	+
21 Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
22 Doesn't seem to have much fun	0	1	2	+
23 I feel little interest or pleasure in doing things parent	0	1	2	+
24 I feel down depressed or hopeless	0	1	2	+

Are you concerned about your child's emotional or behavioral development? Yes Somewhat No

Any comments you want to share:

15

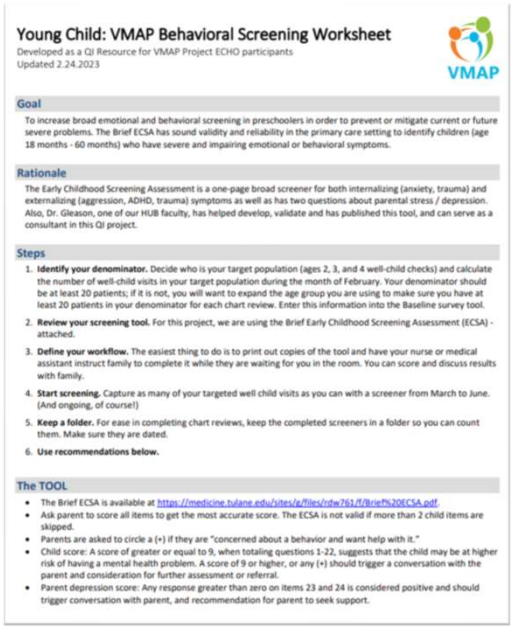
> **MILD elevations:**
>
> - *Parenting Management Training*
> - *Child Behavioral Counselor/Therapist*

MODERATE, ELEVATED symptoms:

- *Collateral info: daycare PSC-17, School Vanderbilts*
- *PCIT, positive time with parents, bibliotherapy for parents*
- *Individual psychotherapy, treat ADHD if present*

SEVERE, and you think **meds are needed:**

- *Call VMAP; refer to CSB*
- *In-home therapy, school FBA/BIP, speech eval*
- *Consider meds as symptom focused treatment trial – see guidance in worksheet*



Young Child: VMAP Behavioral Screening Worksheet

Developed as a QI Resource for VMAP Project ECHO participants
Updated 2.24.2023

VMAP

Goal

To increase broad emotional and behavioral screening in preschoolers in order to prevent or mitigate current or future severe problems. The Brief ECSA has sound validity and reliability in the primary care setting to identify children (age 18 months - 60 months) who have severe and impairing emotional or behavioral symptoms.

Rationale

The Early Childhood Screening Assessment is a one-page broad screener for both internalizing (anxiety, trauma) and externalizing (aggression, ADHD, trauma) symptoms as well as has two questions about parental stress / depression. Also, Dr. Gleason, one of our HUB faculty, has helped develop, validate and has published this tool, and can serve as a consultant in this QI project.

Steps

1. **Identify your denominator.** Decide who is your target population (ages 2, 3, and 4 well-child checks) and calculate the number of well-child visits in your target population during the month of February. Your denominator should be at least 20 patients; if it is not, you will want to expand the age group you are using to make sure you have at least 20 patients in your denominator for each chart review. Enter this information into the Baseline survey tool.
2. **Review your screening tool.** For this project, we are using the Brief Early Childhood Screening Assessment (ECSA) - attached.
3. **Define your workflow.** The easiest thing to do is to print out copies of the tool and have your nurse or medical assistant instruct family to complete it while they are waiting for you in the room. You can score and discuss results with family.
4. **Start screening.** Capture as many of your targeted well child visits as you can with a screener from March to June. (And ongoing, of course!)
5. **Keep a folder.** For ease in completing chart reviews, keep the completed screeners in a folder so you can count them. Make sure they are dated.
6. **Use recommendations below.**

The TOOL

- The Brief ECSA is available at https://medicine.tulane.edu/sites/a/files/rdw761/f/Brief%20ECSA.pdf.
- Ask parent to score all items to get the most accurate score. The ECSA is not valid if more than 2 child items are skipped.
- Parents are asked to circle a (+) if they are "concerned about a behavior and want help with it."
- Child score: A score of greater or equal to 9, when totaling questions 1-22, suggests that the child may be at higher risk of having a mental health problem. A score of 9 or higher, or any (+) should trigger a conversation with the parent and consideration for further assessment or referral.
- Parent depression score: Any response greater than zero on items 23 and 24 is considered positive and should trigger conversation with parent, and recommendation for parent to seek support.

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VMAP EARLY CHILDHOOD LINE

Now accepting calls!

1-888-371-VMAP (8627)

Consultations with early childhood specialists!

Such as **developmental/behavioral pediatricians** and **early childhood child psychiatrists**

In the next year, VMAP plans to expand its early childhood program to increase coverage and types of early childhood specialists available to PCPs via the VMAP line. This will include early childhood care navigation to help PCPs, patients, and families navigate and find referrals for services.

17

HOW?

How are screeners administered?

- Paper
- Electronically
- Orally

18

HOW?

Adolescents may be more likely to disclose their concerns on a computerized screener

- **May be an effective way of efficiently administering screens that offer more decision support, overcome literacy barriers, and create a greater sense of confidentiality.**

Researchers have also looked at paper screens, Internet-based screens, and electronic screens that are accessed through a mobile device—but no prior research comparing screening methods to each other…..

- **All methods seem to be equally successful (in that adolescents rarely refuse screening) and equally problematic (obstacles to universal screening exist with every method). (Zuckerbrot, R. A., Cheung, A., Jensen, P. S., Stein, R. E., Laraque, D., Levitt, A., ... & GLAD-PC STEERING GROUP. (2018).**

19

EXPLAINING THE PURPOSE AND PROCESS

No studies comparing the success of different means of explanation.

Parent and youth willingness to be screened varies among studies that presented screening as optional versus universal.

Systematically presenting screening to patients or families as a routine part of health maintenance visits resulted in a higher rate of completion (85–95%) vs. (9-65%)

Youth in one emergency department study said they **preferred universal screening** to avoid the feeling of being "targeted" as having a mental health problem.

No consensus on confidentiality, assistance with completion, privacy, etc.

20

"Parents were very willing to complete the Questionnaire. I became aware of New concerns about the child that was not brought up during the well visit". --PCP in the May 2023 cohort

Only 2.5% of parents requested not to have a screener about depression or substance use in the future (2021).

21

SUBSTANCE USE SCREEN

13 FQHCs, 18 months from 2017-19

10,813 adolescents with 17% reporting past year use

11% - low risk

6% - high risk for SUD

If parent present- less likely to admit

Same frequency if staff versus self-administered (though talk time was revealing)

OralSoberay A, Levy S, Cheung F, Pietruszewski P, DeSorrento L, Garney S, Luce C, Bame C. Rates and predictors of substance use in pediatric primary care clinics. Subst Abus. 2022 PMID: 35442865.

22

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	# of days
2.	Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.	# of days
3.	Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	# of days
4.	Use a **vaping device*** **containing nicotine and/or flavors**, or use any **tobacco products**†? Put "0" if none. **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*	# of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.**
- **If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.**
- **If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.**

		Circle one	
5.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
6.	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	Yes
7.	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	No	Yes
8.	Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
9.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
10.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

		Circle one	
1.	Have you ever tried to quit using, but couldn't?	Yes	No
2.	Do you vape or use tobacco now because it is really hard to quit?	Yes	No
3.	Have you ever felt like you were addicted to vaping or tobacco?	Yes	No
4.	Do you ever have strong cravings to vape or use tobacco?	Yes	No
5.	Have you ever felt like you really needed to vape or use tobacco?	Yes	No
6.	Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school?	Yes	No
7.	When you haven't vaped or used tobacco in a while (or when you tried to stop using)…		
	a. did you find it hard to concentrate because you couldn't vape or use tobacco?	Yes	No
	b. did you feel more irritable because you couldn't vape or use tobacco?	Yes	No
	c. did you feel a strong need or urge to vape or use tobacco?	Yes	No
	d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

*References:
Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225–230;
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

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WHAT TO DO WITH POSITIVE RESULTS?

Consider using VMAP care coordination?

VMAP referral:

Patient Name: @NAME@

DOB: @DOB@

Patient zip code: @ADD@

Patient insurance: ***

Family is aware of referral: yes

Request for: ***

Patient diagnoses: ***

Relevant background information: ***

BE READY----

Positive Screen Accordion folder for Mild Moderate symptoms?

How to implement 40 minute SAFETY PLANNING?

Is there any one in office who can get more trained in BMH brief interventions?

Godoy L, Gordon S, Druskin L, Long M, Kelly KP, Beers L. Pediatric Provider Experiences with Implementation of Routine Mental Health Screening. J Dev Behav Pediatr. 2021 Jan 1;42(1):32-40. PMID: 32796400.

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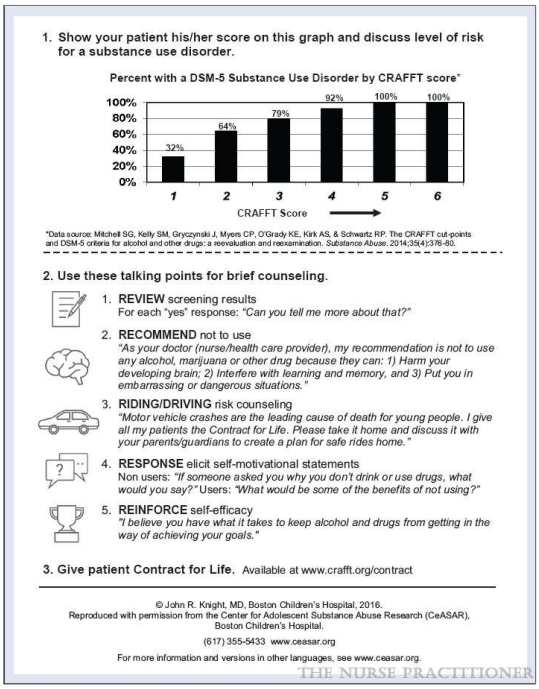

1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*

*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*. 2014;35(4):376-80.

2. Use these talking points for brief counseling.

1. **REVIEW** screening results
   For each "yes" response: *"Can you tell me more about that?"*
2. **RECOMMEND** not to use
   "As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."
3. **RIDING/DRIVING** risk counseling
   "Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."
4. **RESPONSE** elicit self-motivational statements
   Non users: *"If someone asked you why you don't drink or use drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*
5. **REINFORCE** self-efficacy
   "I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

3. **Give patient Contract for Life.** Available at www.crafft.org/contract

Substance use disorder: Screening adolescents in primary care

Mackavey, Carole; Kearney, Kelly

The Nurse Practitioner45(5):25-32, May 2020.doi: 10.1097/01.NPR.0000660340.58708.34

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DISCUSSION

- What are your next steps?
- How can you improve your process?
- How can you address barriers?

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FINAL CHART REVIEW

June 1- June 30

Keep track of # in target group

Keep track of # in screened group

Keep track of POSITIVES in screened group

We will be talking about what to do with **POSITIVE SCREENS** in screened group.

Bring worksheets!

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QUESTIONS

29

REFERENCES

Berger-Jenkins, E., Monk, C., D'Onfro, K., Sultana, M., Brandt, L., Ankam, J., ... & Meyer, D. (2019). Screening for both child behavior and social determinants of health in pediatric primary care. *Journal of developmental and behavioral pediatrics: JDBP*, *40*(6), 415.

de la Vega, P. B., Losi, S., Martinez, L. S., Bovell-Ammon, A., Garg, A., James, T., ... & Kressin, N. R. (2019). Implementing an EHR-based screening and referral system to address social determinants of health in primary care. *Medical Care*, *57*, S133-S139.

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Wissow, L. S., Brown, J., Fothergill, K. E., Gadomski, A., Hacker, K., Salmon, P., & Zelkowitz, R. (2013). Universal mental health screening in pediatric primary care: a systematic review. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(11), 1134-1147.

Zuckerbrot, R. A., Cheung, A., Jensen, P. S., Stein, R. E., Laraque, D., Levitt, A., ... & GLAD-PC STEERING GROUP. (2018). Guidelines for adolescent depression in primary care (GLAD-PC): Part I. Practice preparation, identification, assessment, and initial management. *Pediatrics*, *141*(3).

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BARRIERS

Provider Barriers:

1) Comfortability
2) Time
3) Training
4) Perceived utility

System Barriers

1) Follow-up after screening
2) Overloading referrals
3) Billing
4) No psychologist on staff

Research

1) What screener to use?
2) Lack of consistency
3) Sensitivity and effectiveness of screenings (predictive validity)
4) Long-term benefits of screening

Additional concerns

1) Stigma/beliefs about MH
2) Family rapport
3) Validity across populations
   Cultural considerations
   Language barriers

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