Health Screenings in Primary Care and Integrated Primary Care Settings

NCIOM

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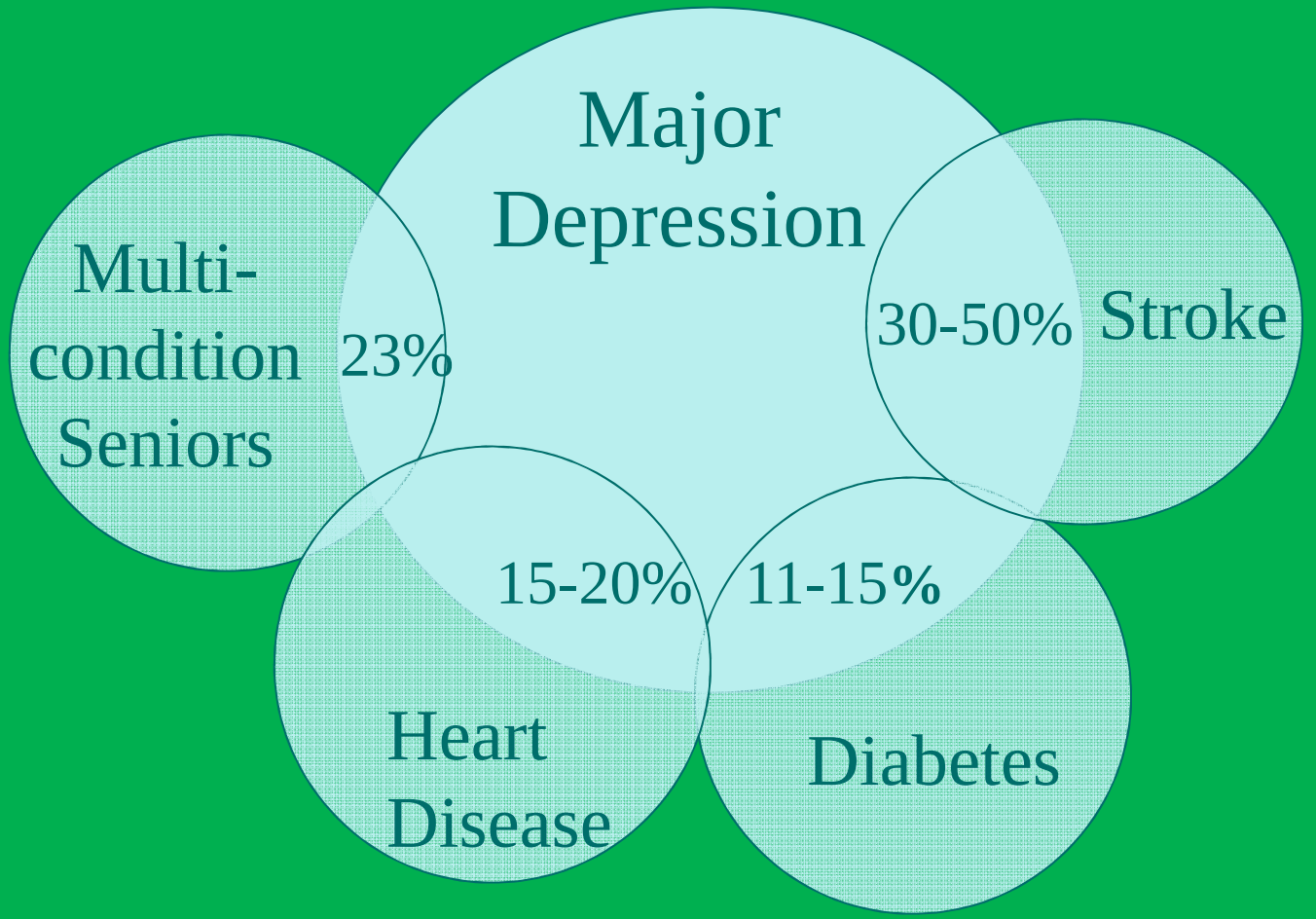
Community Care of Western North Carolina

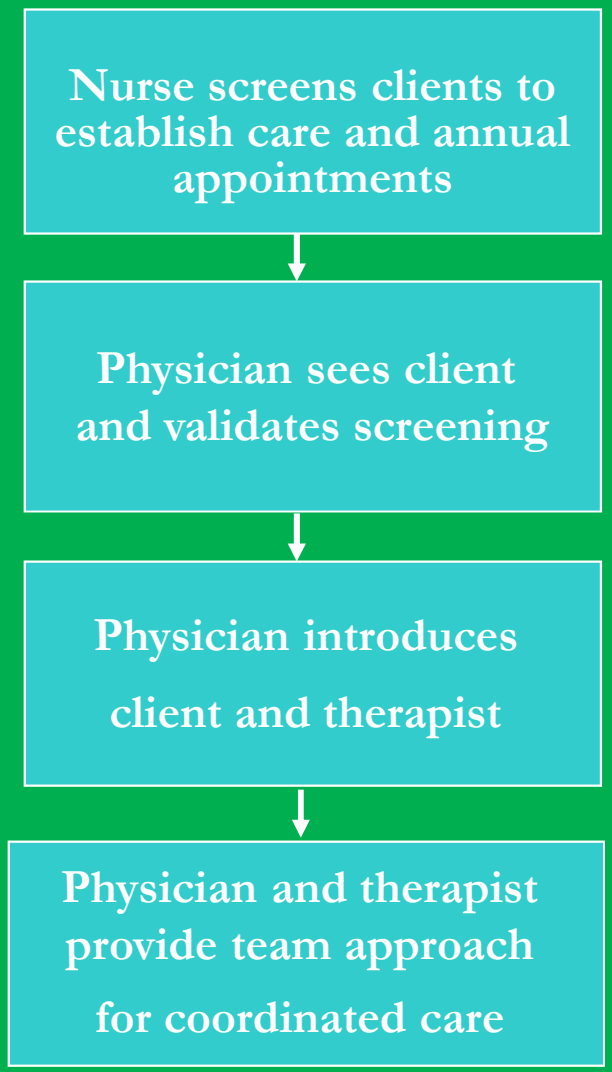
NC Center of Excellence for Integrated Care

A Program of the NC Foundation for Advanced Health Programs, Inc.

Common Medical Illnesses and Depression



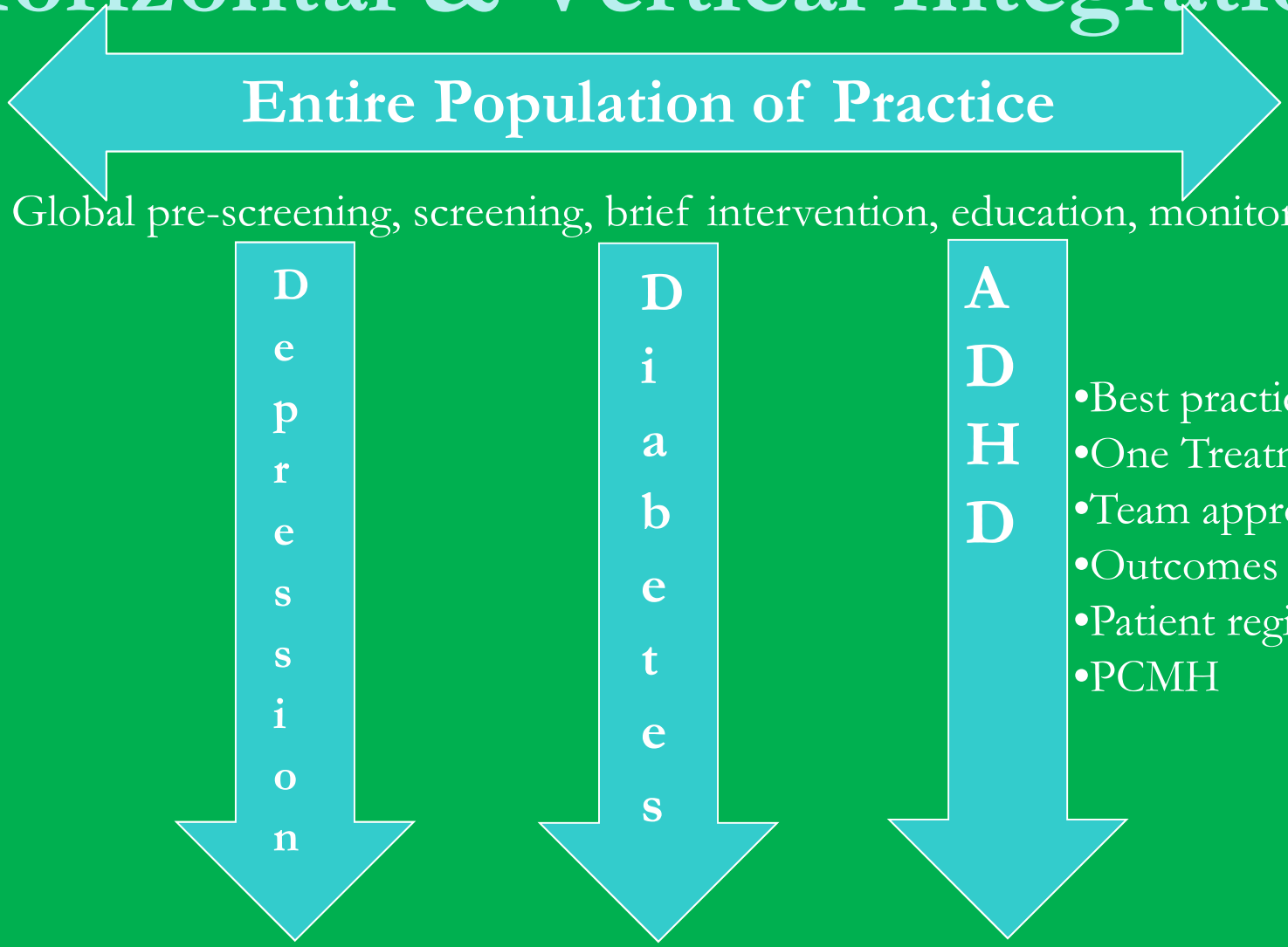
Snapshot: An Integrated Care Program



Behavioral Health Services integrated with Primary Health Care:

- Screening
- Assessment
- Brief supportive counseling
- Therapy
- Case management
- Medication monitoring
- Coordinated team care

Horizontal & Vertical Integration



Christian 2013

Integrated Care Team

NP's PA's

Family Physician

Family Medicine Residents

Receptionists

Behavioral Medicine Therapists

Patients "Consumers"

Nurses and medical assistants

Medical Records

Psychiatrists

Care Managers

All supported by common chart, documentation standards, billing procedures, and clinic management system

Keys to Success

- Strong implementation team/ongoing IC QI
  - PCP " provider champion", PM, RN, BHP, others as needed
  - Meet on a regular basis for program implementation

- Know your patient population
  - Utilization, disease prevalence, insurance, clinical health, barriers, culture, …
  - Master heath behavior change skills for chronic condition management – Motivational Interviewing skills for all

Keys to Success

- PCMH and Meaningful Use Conditions
  - Chance for optimal clinical collaboration
  - Assist practices in achieving a PCMH status with a BH condition
- Master the coding and billing options
  - T-Codes, HBAI, therapy codes and screening codes
- Collaborate with your CCNC Care Managers.

Child & Adolescent

Behavioral Health Screening Toolkit

Community Care of Western North Carolina

To download additional copies of this toolkit or documents contained within, please visit
http://tinyurl.com/child-adolescent-BH-toolkit

CCWNC Version 2 – 2.2014

CCNC Pediatrics: Surveillance & Screening

Clarification of Terms:

Surveillance:
- Routine elicitation of family/patient concerns about development, behavior, or learning.
- Generally accomplished by conversation and observation.

Screening:
- Primary screening- formal screening done with the **total** population to identify those who are at risk.
  - Examples include ASQ, PEDS, PSC, SDQ, *Bright Futures Adolescent, GAPS, and Edinburgh.
  - These are tools with validation and cutoff scores, except the adolescent screens that are formal surveillance tools.

Secondary screening:
- More specific screening done when risk is identified on a primary screen.
- Examples include the ASQ-SE, SCARED, CDI, CES-DC, PHQ9-A, Vanderbilt, Conners…
- Note that a specific screen may be used as a primary screen if there is known risk in a given population.
  - Examples include MCHAT, CRAFFT

Evaluation/Assessment:
- Goes beyond screening to ascertain diagnosis and develop recommendations for intervention or treatment.
- This is generally not done by the primary care medical home, unless co-located or integrated professionals are in the practice.
  - For example, evaluation is done at the CDSA, in the schools, by a developmental & behavioral pediatrician, a psychologist, a psychiatrist, a geneticist, etc.

Role of the Medical Home:
- Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow.
- Develop relationships with specialists & community agencies to include standardized referral and feedback processes.
- Follow criteria for referral after a positive screen. There is **no rationale** for a **"wait and see"** approach as it delays early intervention.

Billing & Coding:
96110 + EP:
- Bundled into well visit payment
- If performed at other E/M visit (do not use modifier), code pays $8.14
  - Examples: ASQ, PEDS

99420 + EP:
- Can code two per visit
- Code pays $8.14 (at well visit and at E+M visit)
  - Examples: MCHAT, PSC, BF, GAPS, HEADSSS, ASQ-SE, SCARED, CDI, CES-DC, PHQ9-A, Vanderbilt, Conners *Billable in addition to visit when using screen as a supplemental/secondary screening and cannot be used for services that are required components of a Health Check visit. Ie. Pre-visit Bright Future forms are part of Health Check visits.

99408 + EP:
- May be reported in addition to E/M or Health Check
- Code pays $30.73
  - Examples: CRAFFT for Substance Use/Abuse

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SCHOOL AGE AND ADOLESCENT SOCIAL/EMOTIONAL SCREENING SURVEY:

Thank you for completing this survey! Your responses will help us to support you in individualizing which screening tools are best for *your* practice.

Please fax your completed survey to Carrie Pettler, QI Specialist at 828-348-2756 ***OR*** take this survey online at http://tinyurl.com/ccwnc-screening-survey

Practice Name: _____

Your Name and Role: _____

Contact Information: _____

Assess current protocols: Developmental Screening and Surveillance.

1A) Please enter your screening activities by age group on the chart below.

	6-10 years of age	11-20 years of age
We have School Age and Adolescent Risk Assessment Screening/Formal Surveillance Tools for our general patient population. (circle yes or no)	Yes/No	Yes/No
Please write in which tools you use: (i.e. PSC, PSC 17, ASQ-SE, GAPS, Bright Futures, informal checklist, etc)		
We have Targeted Screening tools to use when suspect for specific conditions (circle yes or no)	Yes/No	Yes/No
Please write in which tools you use: (i.e. PHQ-9a (adolescent depression), Vanderbilt/Conners (ADHD), CRAAFT (Substance use), etc		

1B) When do you commonly screen school age and adolescents for developmental and social/emotional status? (Please circle all that apply)

Routinely at all Well Care Visits Upon Concern Upon Parental Request

1C) Do you have a referral process for positive screenings (Please circle Yes/No):
Yes No

OVER PLEASE →

Community Care of Western North Carolina

How to Implement School-Age & Adolescent Social-Emotional Screenings in Your Practice

Choose Appropriate Screening Tools

Review school age and adolescent screening tools (provided by CCWNC)

↓

Choose a general screen to be used at Well Care Visits

↓

Choose condition- specific screening tools for areas of concern

Implement screening tools into practice workflow

Identify current process for screening patients (MCHAT, ASQ, etc.)

↓

Opportunities for improvement?

↓

Test changes with 1 MA/provider team

↓

Train staff and implement

Consider:
- Using MAs to support provider (ie: scoring)
- How to input screening into EHR
  - Enter in EHR (so answers can be mined for tracking)
  - Scanned into EHR (not mineable)
- Billing for screenings - 99420 - $8.14 (up to 2 per visit)
- How to interpret screens
  - Seek support from CCWNC behavioral health staff if needed
- When to refer/when to treat
  - Consider an in-service from CCWNC Network Psychiatrist

To learn more, or to schedule an in-service, contact:
Carrie Pettler, CCWNC Quality Improvement Specialist - cpettler@ccwnc.org or 828-348-2810

A catalyst for patient-centered, community-oriented, provider-led quality healthcare in Western North Carolina

Community Care of Western North Carolina

SCHOOL AGE AND ADOLESCENTS:
Why to Screen for Social/Emotional Development

"Of children that receive mental health treatment, 47% receive care in a Medical Home."

Get the Facts:

⇒ Just one-third of all adolescents with mental illness are identified and receive services.

⇒ Screenings offer the potential to intervene early and, in some cases, to prevent fully developed mental, emotional and behavioral disorders.

⇒ Screening for mental illness with an evidence-based tool in primary care settings has proven effective and is significantly more accurate than the informal interview method.

⇒ Early intervention does not always require referral to mental health services.

⇒ Pediatricians and other primary care providers regularly manage mild to moderate mental health disorders within their practice.

⇒ Approximately 20 percent of adolescents suffer from a mental disorder.

See www.AAP.org/teenhealth for more information

What Teens Think:

…"most issues are mental like anxiety, stress, worry, and over thinking. They do all not need to be treated with medicine; they need someone to say these feelings are normal and give ways to cope."

…"My doctor has never asked me about depression or anxiety issues, which I think could help…"

…"I didn't know depression was something that is normal to talk to your doctor about."

…"I would like more alone time with my doctor."

…"ask us things so we don't have to make the first step."

CCNC National Survey of Teenagers ages 13 to 18

"One in four children experience a mental health condition…"

NC DMA has responded to the need for Social/Emotional Screenings in children

Additional Reimbursement is available for Social/Emotional Screenings of school age and adolescent children ages 6 through 20.
Medicaid billing code: 99420 EP Health Choice billing code: 99420TJ

Contact cpettler@ccwnc.org or echristian@ccwnc.org for validated screening tools and guidance regarding the use of screenings in your practice.

HEALTHY CHILD AND ADOLESCENT DEVELOPMENT PROMOTION AND SCREENING FOR RISK

Visit	Primary Screen/Surveillance	Concern	Follow-up Screen	Intervention
AGE 0-5 YEARS 1, 2, and 4 mos.	ASQ/Edinburgh/PHQ-2	postpartum depression	ASQ-SE[1]	E-B Therapy EI Part C
6, 12, 18 or 24	ASQ/PEDS etc	motor,language social-emotional	ASQ-SE[1]	EI Part C E-B Therapy
36, 48, 60 mos.		motor,language social-emotional	ASQ-SE[1]	EI Part B E-B Therapy
any	At-risk psychosocial situation	maternal depression, DV, SA	ASQ-SE[1]	E-B Therapy
any	Parent concern	motor,language social-emotional	ASQ-SE[1]	EI E-B Therapy, EI
18 & 24 months	MCHAT	ASD	MCHAT f-u Interview	EI Part C
AGE 6-10 YEARS every well visit	PSC17/SDQ	Depressive symptoms	CES-DC, CDI[2]	CBT
		Anxiety	SCARED	CBT
		Learning/School Behavior Problems	Vanderbilt, Conners[3] school records	IEP for OHI/LD
AGE 11-20 YEARS every well visit	Bright Futures Tools/ GAPS/PSC-Y	function	SDQ	
		Depressive symptoms	PHQ-9 Adol	CBT
		Anxiety	SCARED	CBT
		Learning/School Behavior Problems	Vanderbilt, Conners[3] school records	IEP for OHI/LD
	CRAFFT	Substance Use/Abuse		E-B Therapy

Note: Some screens may need to be purchased and are not provided in this toolkit.

Click Here for Tools

http://tinyurl.com/child-adolescent-BH-toolkit

LEGEND

E-B - evidence-based (see AAP toolkit: Adressing Mental Health Concerns in Primary Care)	
EI - Early Intervention	CBT - Cognitive Behavioral Therapy
Part C of IDEA - Early Intervention for 0 - 3 year olds	IEP - Individualized Education Plan
Part B of IDEA - Early Intervention for 3-5 year olds	OHI - Other Health Impaired
IDEA - Individuals with Disabilities Education Act	LD - Learning Disabilty

Adapted from Earls, M, "Developmental Surveillance and Intervention," Textbook of Pediatric Care, Thomas McInerny, MD et al (ed.). American Academy of Pediatrics, 2009.

Contact Information

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- 828-348-2833