Pediatric Preventive Care

Evidence based Well Child Check Visit

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THE PROBLEM WITH QUOTES FOUND ON THE INTERNET IS THAT THEY ARE OFTEN NOT TRUE.

-ABRAHAM LINCOLN
Team Motto

“Perfect is the enemy of the good.”
- Orlando Pescetti
Or
- Voltaire
Or
- Shakespeare
Or
- US Congress (JK)
Goals of PPCDT

- Provide evidence based WCC preventive care
- Optimize visit time by using pre-visit questionnaires
- Prioritize screening needed at each visit
- Review current literature and provide updated WCC handouts
- Incorporate effective use of our new EMR
Current AAP recommendation

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these recommendations for Preventive Pediatric Health Care are designed for the care of healthy children who are receiving competent parenting. Have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additions/visits may become necessary if the child has health conditions present. 

Developmental, psychological, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP controls the emphasis and importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. 

Refer to the specific guidelines by age that are listed in Bright Futures guidelines (Shaw JS, Stover JS, Duncan PJ, et al. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2004).

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

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WCC handouts

Why use intermountain WCC handout?

• 50% of providers currently use the WCC handouts
• Forms can be accessed in i-Centra, can be printed or sent electronically to patient
• Timely updates of contents
  o Our team reviews content and updates them frequently based on the literature and feedback from providers
  o Formal Revisions are done every 2 years but new information can be added within a month
Safety

- Information in WCC handout
- Discuss with patient at each visit
- Future pre-visit questionnaire
- Use of monthly email newsletter
  - [www.safekids.org/safetytips](http://www.safekids.org/safetytips)
Pre-visit Questionnaire- Age 0-5 years

• Development: SWYC Developmental Milestones
• MCHAT-R
• PHQ2
• Edinburgh Postpartum Depression Scale
• SEEK
## Our current recommendations for birth - 5 years old:

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>2 month</th>
<th>4 month</th>
<th>6 month</th>
<th>9 month</th>
<th>12 month</th>
<th>15 month</th>
<th>18 month</th>
<th>24 month</th>
<th>30 month</th>
<th>36 month</th>
<th>48 month</th>
<th>60 month</th>
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<tbody>
<tr>
<td><strong>Previsit Questionnaire (Portal via home computer, tablet, or phone)</strong></td>
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<td><strong>Developmental surveillance/screening - SWYC</strong></td>
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<td>Developmental Milestones</td>
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<td>Parent's Concerns</td>
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<td><strong>Psychosocial</strong></td>
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<td>SEEK Visit (Use SEEK Parent Questionnaire)</td>
<td>15</td>
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<tr>
<td>Non-SEEK visit (Use PHQ2 and extreme stress)</td>
<td>3</td>
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<tr>
<td>Edinburg Postpartum Depression Scale - Short Form</td>
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<tr>
<td><strong>Autism Screening - M-CHAT-R</strong></td>
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<tr>
<td>Total number of questions</td>
<td>30</td>
<td>18</td>
<td>18</td>
<td>27</td>
<td>15</td>
<td>27</td>
<td>35</td>
<td>47</td>
<td>15</td>
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</table>
SWYC

Survey of Well Being of young Children

• Validated
• Simple to answer and score
• Free
• Will be available in iCentra
Sample questionnaire for 9 month visit

Milestones: 9 months
9 months, 0 days to 11 months, 31 days
V1.06, 9-1-15

DEVELOPMENTAL MILESTONES
These questions are about your child’s development. Please tell us how much your child is doing each of these things. If your child doesn’t do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holds up arms to be picked up</td>
<td>◊</td>
<td>◊</td>
<td>◊</td>
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<tr>
<td>Gets into a sitting position by him or herself</td>
<td>◊</td>
<td>◊</td>
<td>◊</td>
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<tr>
<td>Picks up food and eats it</td>
<td>◊</td>
<td>◊</td>
<td>☺</td>
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<tr>
<td>Pulls up to standing</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
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<tr>
<td>Plays games like “peek-a-boo” or “pat-a-cake”</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>Calls you “mama” or “dada” or similar name</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>Looks around when you say things like “Where’s your bottle?” or “Where’s your blanket?”</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>Copies sounds that you make</td>
<td>☺</td>
<td>☺</td>
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<tr>
<td>Walks across a room without help</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>Follows directions - like “Come here” or “Give me the ball”</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
</tbody>
</table>

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SWYC development

- Overlap of questions
- Easy simple scoring
- Validated for 4 months through 4 years.
MCHAT-R

M-CHAT-R
Total score <3
No follow-up needed unless surveillance or other procedure suggests risk for ASD

Total score = 3–7
Administer M-CHAT-R Follow-up

Total score ≥8
Bypass Follow-up; Refer immediately for diagnostic evaluation & early intervention

Total score ≥2 on M-CHAT-R/F: refer for diagnostic evaluation & early intervention

FIGURE 3
Recommended algorithm based on 2-stage M-CHAT-R/F screening.
Future development

• Comprehensive adolescent care visit
• Instrument vision screen
• In office hearing screen
• Fluoride administration
• BP screening
Thoughts and Questions??