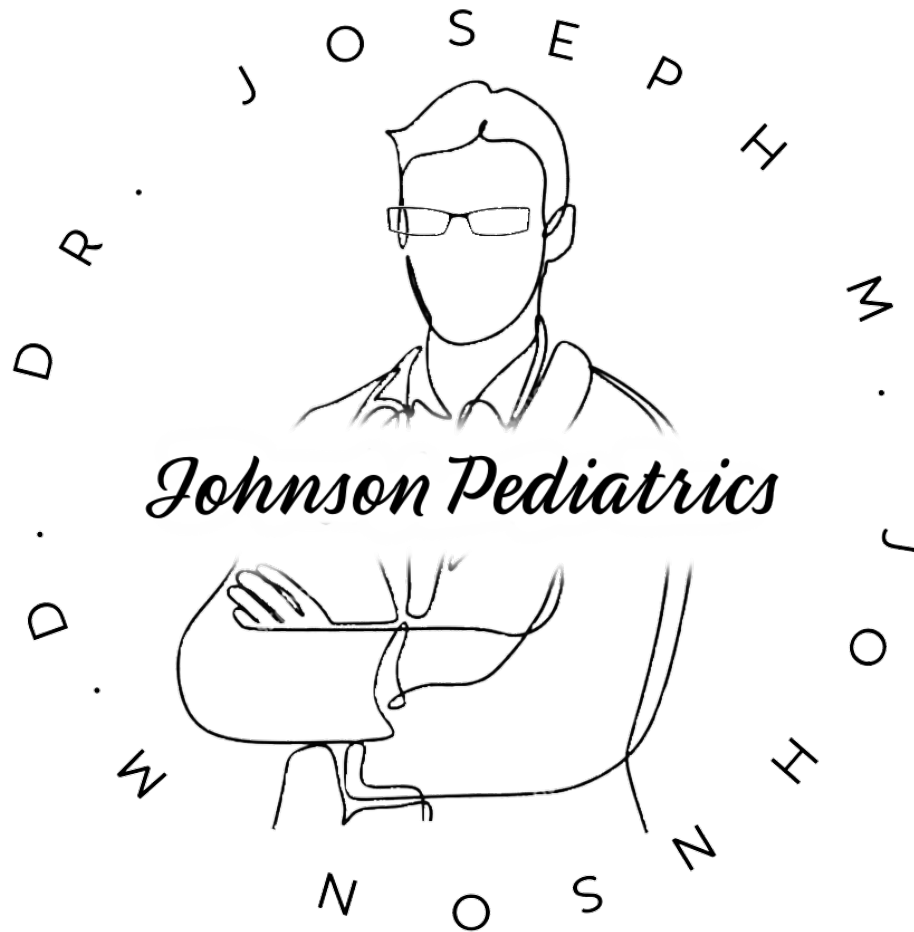


# 2022 Best Practices Conference

*Pediatric Care*

## Well Child Visits: The Why and How

Dr. Joseph Johnson, MD,  
Johnson Pediatrics



# Well Child Visits

## Patient – Centered Medical Home

- > Place where patients can feel safe
- > Place where parents can feel safe
- > Place where complex care is coordinated
- > Place where the needs of all family members are met
- > Place where patients come back if they have problems with specialists
- > All staff members work together towards the same goals
- > All staff members feel their voices matter in making the office better
- > Accurate records are kept and available when needed



# Well Child Visits

## Social Determinants of Health (SDoH)

From Healthy People 2030 (US Dept. of HHS):

- > Health care access and quality
- > Education access and quality
- > Social and community context
- > Economic stability
- > Neighborhood and built community

What we do:

- > Screening questionnaire (Modified from Select Health)
- > United Way (211) to access community resources
- > *Psychology today* website (help in finding a therapist)



# Well Child Visits

## Components of a Well: Child Exam

### History

- *“What questions do you have?”*
- Eating/intake
- Voiding/stooling (elimination)
- Sleeping

### Development

- Gross motor
- Fine motor
- Speech
- Social

### Exam

- Growth parameters
- Physical exam

### Immunizations

### Anticipatory guidance

- Emphasize 1-2 things
- Handouts for everything else



# Well Child Visits

## Bright Futures 2022

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



### 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 children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychological, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JJ, Shaw ZS, 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.

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	Preterm*	Newborn*	3-5 d†	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>HEISTORY</b>																																
Initial history of	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>																																
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>																																
Vision†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>																																
Maternal Depression Screening†																																
Developmental Screening†																																
Autism Spectrum Disorder Screening†																																
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social-Emotional Screening†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment†																																
Depression and Suicide Risk Screening†																																
<b>PHYSICAL EXAMINATION†</b>																																
<b>PROcedures†</b>																																
Newborn Blood	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn Bilirubin†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Critical Congenital Heart Defect†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunization†	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia†																																
Lead†																																
Tuberculosis†																																
Dyslipidemia†																																
Sexually Transmitted Infections†																																
HIV†																																
Hepatitis B Virus Infection†																																
Hepatitis C Virus Infection†																																
Sudden Cardiac Arrest/Death†																																
Genital Dysplasia†																																
<b>ORAL HEALTH†</b>																																
Fluoride Varnish																																
Fluoride Supplement†																																
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- 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.
- 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" (<https://doi.org/10.1542/peds.2018.0238>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged and instruction and support should be offered.
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2011.0022>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015.0695>).
- Screen per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<https://doi.org/10.1542/peds.2007.2120>).
- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017.1368>). Blood pressure measurement in infants and children with specific risk conditions should be performed at each before age 3 years.
- A stool acidity 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 "Vital System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/peds.2019.1036>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2013.1030>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Program" (<https://doi.org/10.1542/peds.2007.1219>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiology including 6,000 and 8,000 Hz high frequencies since between 11 and 14 years, since between 15 and 17 years, and since between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://doi.org/10.1542/peds.2015.0844>) for more details.
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://doi.org/10.1542/peds.2018.1028>).
- Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2015.1445>).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2015.1447>).

KEY: ● = to be performed    ● = risk assessment to be performed with appropriate action to follow, if positive    —●— = range during which a service may be provided

(continued)

WELL CHILD VISITS  
J. 001-0002

# Well Child Visits

## Screenings and Reimbursement

- > Maternal depression screening (i.e., Edinburgh Postnatal Depression Scale)
- > Autism screening (M-CHAT)
- > Adolescent depression/suicide screening (CES-DC, C-SSRS)
- > CPT codes
  - **96161** - Administration of caregiver focused health risk assessment for the benefit of the patient with scoring and documentation, per standardized instrument.
  - **96127** - Brief emotional/behavioral assessment (e.g., depression inventory, eating disorders, suicide risk, anxiety, substance abuse, attention-deficit/hyperactivity disorder [ADHD] scale) with scoring and documentation, per standardized instrument.
  - Use “59” modifier for these codes along with a “25” modifier on the office visit for reimbursement purposes

# Well Child Visits

## Serious Disease Caught at WCC

Retinoblastoma in a 4-month-old girl

Neuroblastoma in a 6-month-old boy

Type 1 Diabetes (twice)—teenage boys

Crohn's Disease in a 13-year-old boy

Renal Tubular Acidosis in an 18-month-old girl

Severe iron-deficiency anemia (Hgb 2.7) in an 18-month-old girl

Intestinal malrotation in a 2-week-old girl

Countless asthma attacks, strep throat, ear infections, pneumonia and other infectious diseases

Significant problems with mental health

# Well Child Visits

## Improving WCC rates

Schedule WCC on every patient prior to leaving the office

EMR sends multiple texts/emails reminding patients of their scheduled appointments

We call 1-2 days prior to confirm appointments for all patients who did not respond to the EMR reminders

Our EMR send patients a reminder email/text to schedule a WCC if they have not been in for a year or more

Go to the SelectHealth provider website and under the medical home part, we find “gaps in care” which has a list of patients in need of a WCC





# Well Child Visits

## Better Intraoffice Communication

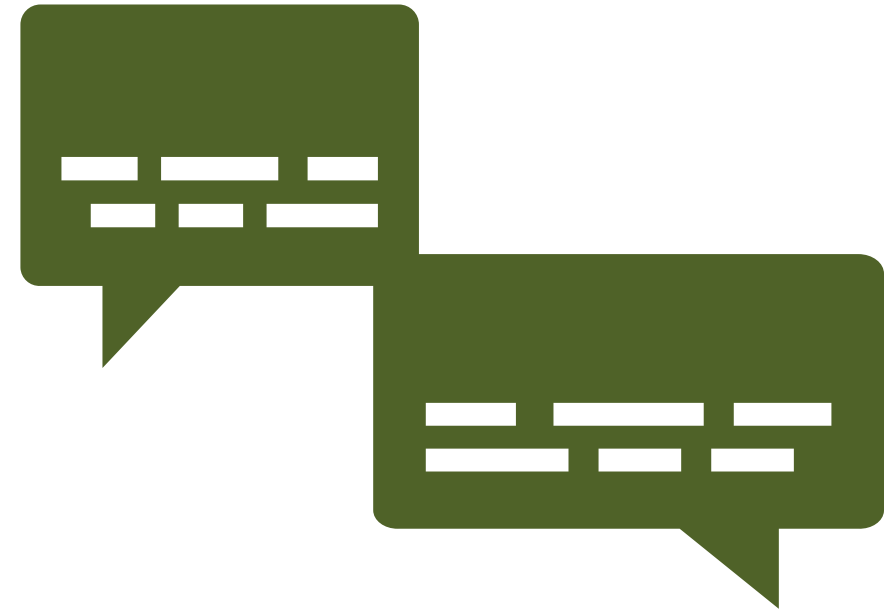
### Please Give To Receptionist to Schedule Next Appointment

With Doctor Johnson:

- ☐ Next **Regular WCC** \_\_\_\_\_
- ☐ **Weight Check** \_\_\_\_\_ week(s)/\_\_\_\_\_ month(s)
- ☐ **Med Check:** \_\_\_\_\_ weeks(s)/\_\_\_\_\_ months(s)  
ADD   Depression   Anxiety   Autism   Asthma   Acne  
Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ **Extended** Appointment

With Nurse Only:

- ☐ Weight Check w/nurse \_\_\_\_\_ week(s)/month(s)
- ☐ Vitals Check w/nurse \_\_\_\_\_ week(s)/month(s)
- ☐ Immunization's Only \_\_\_\_\_ week(s)/\_\_\_\_\_ month(s)
- ☐ 1 month **Flu Shot #2**



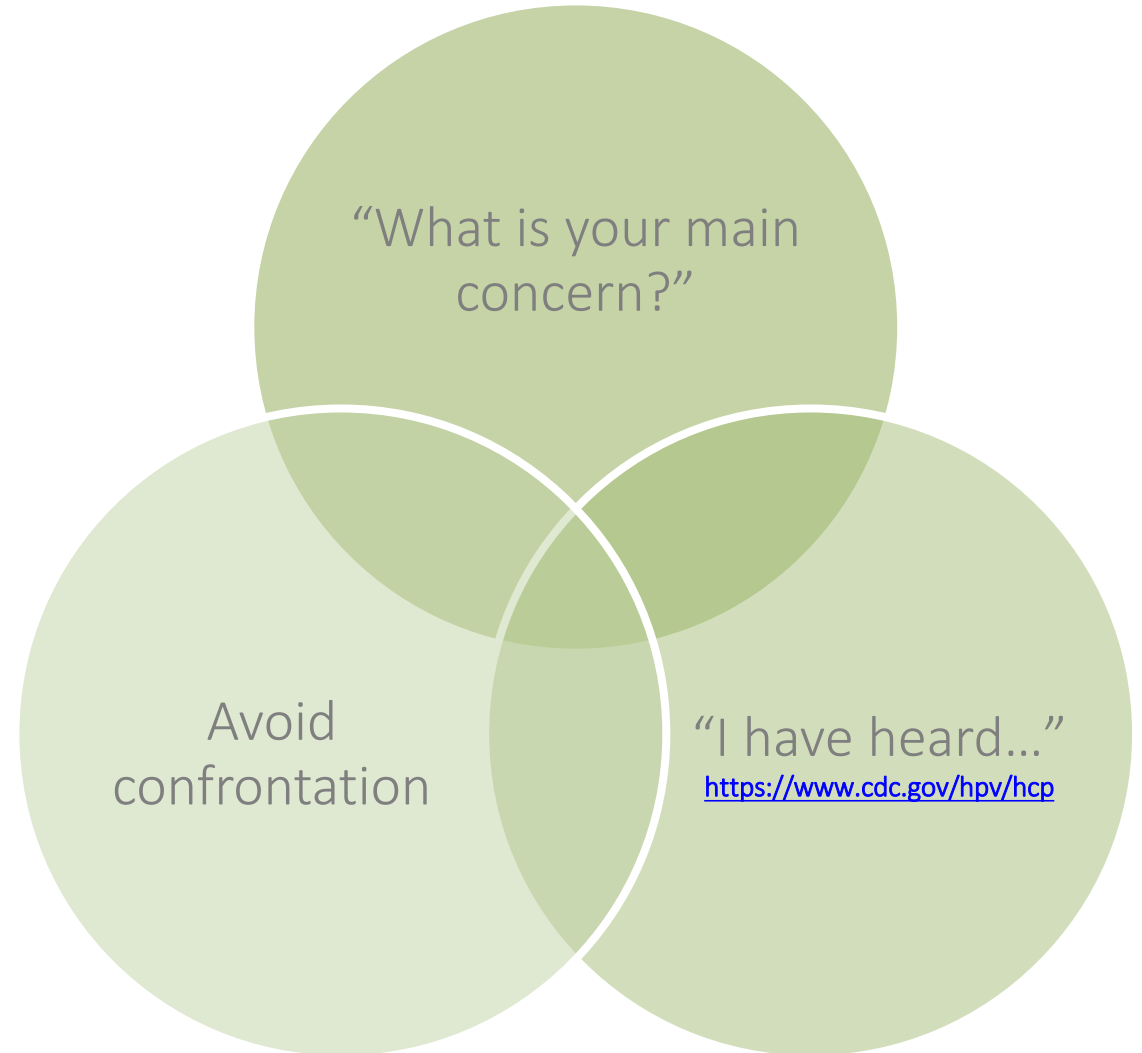
# Well Child Visits

## Improving Vaccination Rates

- > Introduce vaccines with an expectation that we will be doing them
  - **Statement:** “Today we will be giving (your child) these vaccines. I recommend them.”
  - **Not:** “Do you want to do their vaccines today?”
- > Catch up vaccines at ADHD and other behavioral health visits
- > Catch up on any other prescheduled visit (e.g., acne, wt. checks)
- > MA reviews the schedule prior to each day to see if any immunizations can be given
- > Clip put on the chart to remind provider of catch-up shots
- > Select Health website under medical home “gaps in care” lists of those needing immunizations
- > Print age reports from EMR and review WCC and immunizations on a regular basis (quarterly)
- > Reminders written on sibling appointments if vaccines needed
- > Start adolescent vaccinating at 11, not just the “Jr High visit”
- > Give the “kindergarten” vaccines at age 4

# Well Child Visits

## Addressing Vaccination Questions



# Well Child Visits

## Bibliography

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- > National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention , National Center for Immunization and Respiratory Diseases, National Center for Chronic Disease Prevention and Health Promotion. HPV: Information for healthcare professionals. *Human Papillomavirus (HPV)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hpv/hcp/>. Published November 1, 2021. Accessed September 23, 2022.

# Childhood & Adolescent Immunizations



## Immunization Best Practices

Shannon Seymour, BSN, RN  
SelectHealth



# Childhood & Adolescent Immunizations

## Overview

- > The need for a culture of immunization
- > Ways to create a culture of immunization
  - > Case Study – Southridge Pediatrics



The need for a culture of immunization



**LET'S PLAY  
CATCH-UP**  
**ON ROUTINE VACCINES**

# Ways to create a culture of immunization

## 10 Ways to Create a Culture of Immunization

1. Make parents/patients aware of our immunization philosophy and policy.
2. Keep up to date on current CDC vaccine recommendations.
3. Make clinical resources readily available to staff.
4. Assess a patient's immunization status at every visit.
5. Give strong recommendations for immunization.
6. Help parents/patients feel supported by welcoming questions and knowing how to answer them.
7. Give Vaccine Information Statements (VIS) and handouts to answer specific questions.
8. Make immunization resources easy for parents/patients to find.
9. Schedule follow-up immunization appointments before the patient leaves the office.
10. Remind parents/patients about upcoming immunization appointments and contact those who miss appointments.



# Case Study HPV vaccine rates

## Southridge Pediatrics: Riverton, Utah



# Case Study HPV vaccine rates

## Southridge Pediatrics: Riverton, Utah

- Southridge Pediatrics, in Riverton, Utah, is part of the Intermountain Medical Group, a system of 22 hospitals and around 180 medical clinics. Southridge Pediatrics has eight pediatricians who support and promote HPV vaccination for all eligible patients.
- Southridge Pediatrics developed an innovative process to capture and track HPV vaccination rates within their patient population. Southridge staff identifies patients who are of age to receive the HPV vaccine, and the provider gives their professional recommendation to parents and patients to start the series. Once the series is started, a reminder card is given for the next dose of HPV vaccine, which also automatically creates a phone call appointment reminder for the parent. Finally, each child's immunization schedule is checked at all visit types through the Utah Statewide Immunization Information System (USIIS) Forecast, to accurately identify patient vaccination needs.



# Case Study HPV vaccine rates

## Southridge Pediatrics: Riverton, Utah

- Southridge Pediatrics providers are proactive in educating parents/patients on the importance of the HPV vaccine. They want families to understand that the vaccine is safe and prevents cancer. They have held HPV vaccination training for all staff members, so everyone is knowledgeable about the vaccine and able to address questions. Immunizations are an important part of Southridge Pediatrics' patient care, so the entire staff, from the top down, know how to effectively discuss the HPV vaccine with parents and patients.
- The practice's vaccine tracking process and proactive patient education have resulted in an adolescent HPV vaccine series completion rate of 77%, making Southridge Pediatrics Utah's 2019 *HPV Vaccine Is Cancer Prevention Champion!*

# Childhood & Adolescent Immunizations

## Bibliography

- Resources to encourage routine childhood vaccinations. Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html>. Published May 6, 2022. Accessed September 23, 2022.
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# QUESTIONS? IDEAS?

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# THANK YOU!

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Well Child Visit Speaker

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