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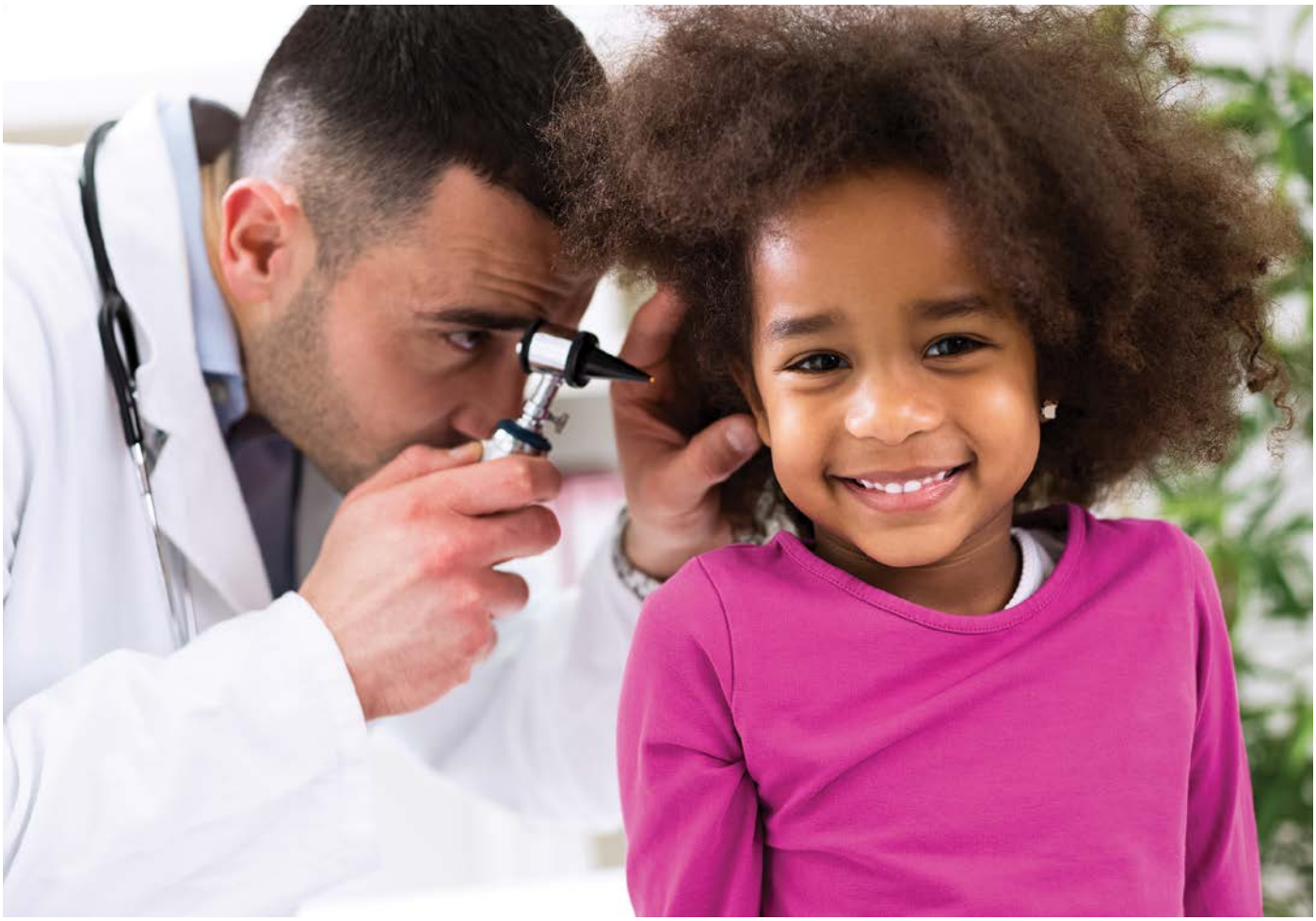

Closing the Prevention Gap: Promoting Health Supervision Visits in Children

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Children undergo continual changes during the critical developmental stages of infancy and childhood through adolescence. Health supervision visits, also known as well child/adolescent care visits (WCVs), play a pivotal role in early detection of chronic diseases and mitigation of risk factors through early screening and comprehensive assessment along the developmental continuum. During WCVs, pediatric healthcare providers have multiple opportunities to track developmental milestones and growth; assess socioemotional health; screen for disease

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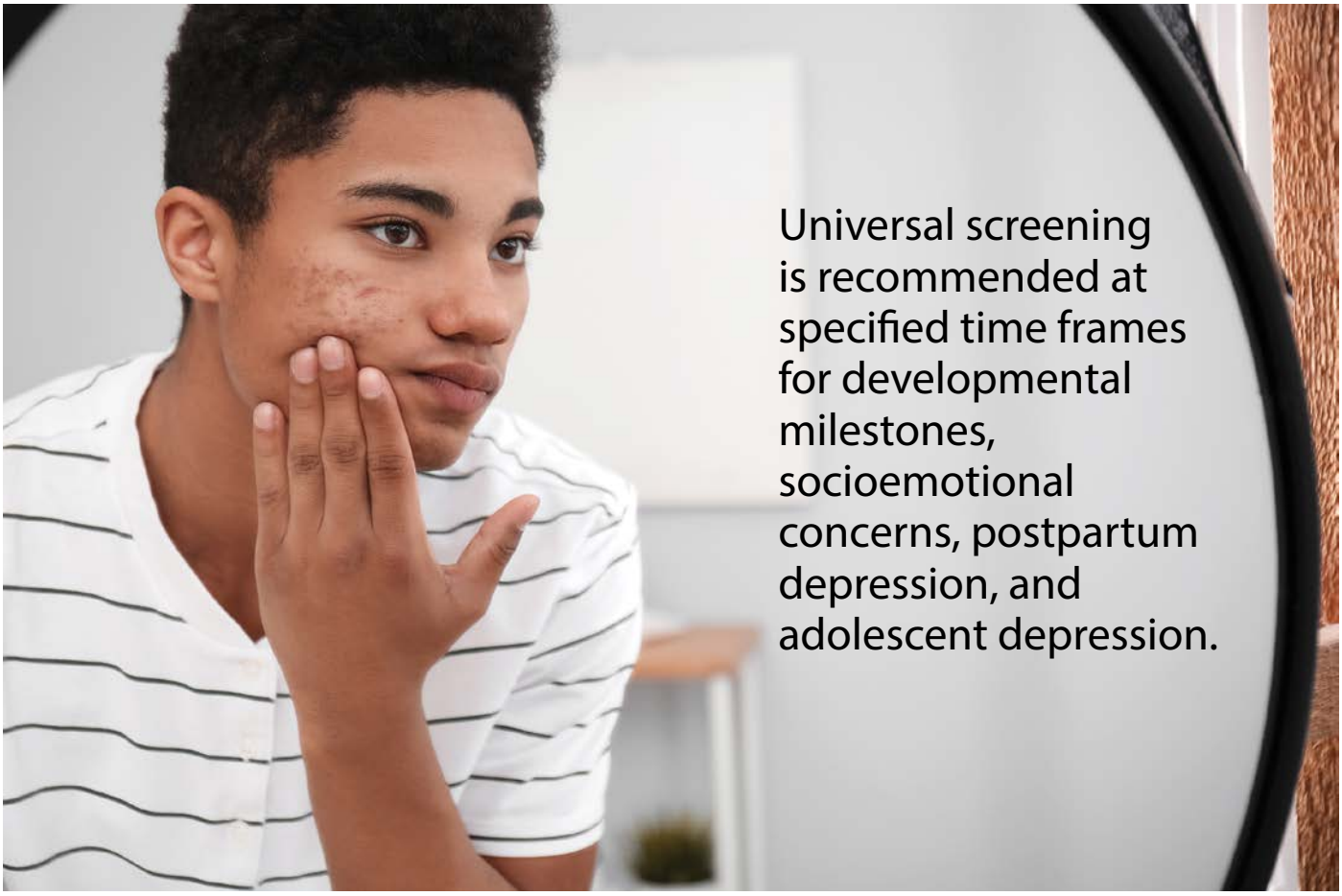

risk factors; provide vaccinations; and promote healthy lifestyles through anticipatory guidance at the different stages of development. Early, periodic screening and diagnosis for chronic diseases serve as the tenets of preventive services in children, laying a foundation for adult well-being that tracks through the years.[1] WCVs allow providers to develop a longitudinal relationship with families in the medical home, promoting well-being while potentially reducing unnecessary healthcare visits and healthcare costs.[2,3]

There are 31 health supervision visits recommended by the American Academy of Pediatrics (AAP) with guidelines for monitoring of all children, including those with special healthcare needs. The Bright Futures, in conjunction with the AAP, developed evidence-based guidelines known as Bright Futures (BF) guidelines, designed to serve as a template for pediatric healthcare providers to follow during the recommended visits.[4] The BF periodicity schedule provides a snapshot of preventive actions recommended during well visits from 0 to 21 years.[5] The schedule goes through a continuous review process to ensure recommendations are based on the highest level of available evidence. An up-to-date review of changes to the Periodicity Schedule can be found at **www.aap.org/periodicityschedule**. Despite the recommendations for evidence-based preventive services, available data suggests low utilization of some clinical preventive services. Moreover, WCV completion rates decline as children get older with some disparities in attendance rates observed among low-income children. Promoting the utilization of evidence-based preventive services during well visits is a priority for the U.S. Preventive Services Task Force (USPSTF) and the AAP.[6]

Integrating Bright Futures Periodicity Schedule Components in Health Supervision Visits

Consistent health supervision visits allow the primary care provider to provide personalized care along the developmental continuum in the medical home. Pediatric clinics are encouraged to integrate recommended BF components at each well visit in a holistic and culturally responsive manner.[7] Compliance with recommended preventive services can be improved through incorporation of BF screening components in visit documentation templates or in the electronic health record (EHR). Iowa's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) team developed WCV

documentation forms known as the Iowa Child Health and Development Record (CHDR) forms (see page 6 and link) that integrate BF recommended screening guidelines and periodicity schedule in the templates for each visit. These forms can be used in school clinic settings and by primary care clinic practices.

Components of the preventive visit include preventive services recommended for universal and selective screening. Universal screening is recommended at specified time frames for developmental milestones, socioemotional concerns, postpartum depression, and adolescent depression. Laboratory assessments are recommended at specified WCVs for lead, anemia, tuberculosis, human immunodeficiency virus (HIV), and hepatitis screening. Blood pressure screening becomes a component of each health supervision physical examination at the 3-year visit, with selective screening recommended for children under 3 years of age. The periodicity schedule also recommends selective screening for risk factors with risk assessments based on specified time frames (refer to periodicity schedule on page 5).[8]

Below are examples of universal screening topics.[5]

- Universal critical congenital heart disease, blood, and bilirubin screenings should be performed in the newborn period.
- Universal hearing screen to be performed for every newborn before 3 months and for older children at 4, 5, 6, 8, and 10 years of age, and three times during adolescent annual visits.
- Universal vision screening at 3, 4, 5, 6, 8, 10, 12, and 15 years of age.
- Universal developmental screening with use of recommended screening tools at 9 months, 18 months, and 30 months of age, in addition to routine surveillance done at other WCVs.
- Universal autism spectrum disorder screening at the 18-month and 24-month WCV.
- Universal cholesterol screening is recommended once between 9 and 11 years of age; and once in late adolescence between 17 and 21 years of age.
- Universal maternal postpartum depression screening at 1-, 2-, 4- and 6-month WCVs.
- Universal screening for depression and suicide risk recommended from 12 to 21 years of age.
- USPSTF recommends anxiety screening in children from 8 to 18 years of age.[9]
- Universal human immunodeficiency virus (HIV) screening is recommended once between 15 and 21 years of age, with selective screening beginning with the 11-year WCV.
- Universal hepatitis C screening from 18 to 21 years of age.
- Universal anemia screening at 12 months, with selective screening based on risk assessments at other visits.
- EPSDT recommends universal lead screening for patients at 1 and 2 years of age, and targeted screening of children 6 months to 59 months of age based on exposure risk. AAP recommends blood lead screening for all children at the 12-month visit and at the 2-year visit for high prevalence areas or Medicaid patients. Lead exposure risk assessment is recommended starting at 6 months of age. For more information, visit **hhs.iowa.gov/programs/programs-and-services/childhood-lead-poisoning-prevention-program/blood-lead-testing-providersschools**.

Below are some examples of selective screening with risk assessments and further testing recommended for positive risk assessments at specified WCVs.[5]

- Risk assessment for hepatitis B infection from newborn to 21 years of age.
- Tuberculosis risk assessment at 1 month, 6 months, and annually, starting with the 12-month WCV through 21 years of age.
- Screening for tobacco, alcohol, or drug use from 11 to 21 years of age.
- Risk assessment for sexually transmitted infections from 11-year WCV.
- Screening for behavioral, social, and emotional risks annually from newborn to 21 years of age.

Oral Health Risk Assessment, Fluoride Varnish, and Fluoride Supplementation

Oral health assessment and promotion should be integrated at every well-child visit. Pediatric providers should screen for the presence of a dental home.[5] There is evidence to suggest that regular WCVs promote oral health and children are more likely to have a preventive appointment with a dentist if they have had a previous well-child visit.[10] Oral health risk assessment is recommended starting at 6 months, while fluoride varnish is recommended for children with teeth from 6 months through 5 years of age and every 3 to 6 months. Oral fluoride supplementation for children 6 months to 16 years of age should be considered if fluoride level is inadequate in their water source.[5, 11]

Screening for Cardiac Risks During Preventive Well Visits

Risk assessment for sudden cardiac arrest and death is recommended from 11 to 21 years of age. The AAP recommends primary care providers integrate preparticipation physical evaluation (PPE) in WCVs every two to three years. Sudden cardiac arrest (SCA) and sudden cardiac death (SCD) screening is recommended to be completed on all children (including nonathletes) along with the PPE examination at least every three years or upon entry into middle school/high school, or more frequently based on risk assessment. Below are the four screening questions for SCA and SCD based on expert opinion.

1. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?
2. Have you ever had exercise-related chest pain or shortness of breath?
3. Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS.
4. Are you related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT, or anyone younger than 50 years of age with a pacemaker or implantable defibrillator?

A positive response from any of the four questions above or an abnormal ECG should prompt referral for further investigation to a pediatric cardiologist.[12]

What Can Practices Do to Increase Health Supervision Visit Completion Rates?

Increased utilization of preventive services can optimize population health benefits from recommended clinical preventive services. Informational flyers while onboarding new patients can be utilized to include the benefits of WCVs and the importance of early, periodic screening, diagnosis, and treatment. Individuals with limited English language proficiency can benefit from reminders sent in preferred languages with simple wording in easy-to-read text and graphics. Medical practices can improve compliance with recommended preventive visits by using care coordinators, appointment reminders in text messages with direct scheduling information, and follow-up reminder letters highlighting the benefits of WCVs. School health clinics play an important role in closing WCV care gaps for high-risk families and children without appropriate medical insurance. Educational brochures highlighting the importance of WCVs and annual reminders from school nurses and health insurers are additional opportunities to promote WCV to families.

(continues on page 7)

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PERIODICITY SCHEDULE

Iowa Department of Health and Human Services

		Infancy								Early Childhood						Mid. Childhood						Adolescence										
		New born	2-5 days	by1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
History Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length	●	●	●	●	●	●	●	●	●	●																					
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●																				
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening	Vision	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	○	●	○	●	○	●	○	○	●	○	○	○	○	○	○
	Hearing	●	●→		○	○	○	○	○	○	○	○	○	○	●	●	●	○	●	○	●	←●→		←●→		←●→		←●→				
Oral Health	Screening and Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Fluoride Varnish Applications						●	●	●	●	●	●	●	●	●	●																
	Fluoride Supplementation						○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○					
Developmental, Psychosocial, and Behavioral Health	Caregiver Depression Screening	○	○	●	●	●	●																									
	Developmental Surveillance	●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening							●			●		●																			
	Autism Screening										●	●																				
	Behavioral/Social/Emotional Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○
	Depression and Suicide Risk Screening																						●	●	●	●	●	●	●	●	●	●
	Anxiety Screening																		○	○	○	○	○	○	○	○	○	○	○	○	○	○
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Screening/ Procedures	Newborn - Blood Screening	●	●→																													
	Newborn Bilirubin Screening	●																														
	Newborn Critical Congenital Heart disease	●																														
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hemoglobin/Anemia					○			●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Lead Testing						○	○	●	○	○	●	○	○	○	○	○															
	Lipid Screening											○			○		○		○	●→		○	○	○	○	○	←●→		○			
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○
	HIV Screening																					○	○	○	○	●→						
	Hepatitis B Virus Infection	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Hepatitis C Virus Infection																												●→			
	Sudden Cardiac Arrest/Death																					○→										
	Tuberculosis			○			○		○			○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																															●

(Rev. 6/24)

KEY: ● To be performed ○ Assess risk ←●→ Screen at least once during time period indicated

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SAMPLE

EPSDT-Iowa Child Health and Development Record — 9 Month Well Exam

Name				Accompanied by
Date	MRN	Date of Birth	Sex ❍ M ❍ F	Preferred Language

ATTACH LABEL

CAREGIVER CONCERNS/INTERVAL HISTORY: ❑ None

CHDR forms can be viewed using the QR code or downloaded at https://www.iowaepsdt.org/other-resources/iowa-child-health-development-record/.

PAST MEDICAL HISTORY ❑ Reviewed and updated
SURGICAL HISTORY ❑ Reviewed and updated
FAMILY HISTORY ❑ Reviewed and updated

MEDICATIONS ❑ None ❑ Reviewed and updated
ALLERGIES ❑ No known drug allergies ❑ _____

Nutrition:
- ❑ Breast feeding: _____times/day
- ❑ Pumped breast milk _____oz/day
- ❑ Formula _____oz/day
- ❑ Vitamin D (When breastfeeding)
- ❑ Multivitamin with iron (for premature infants)
- ❑ Table food/baby food _____ Iron-rich food ❍ Yes ❍ No
- ❑ Water in a sippy cup, can have up to 8 oz/day

Water Source: ❑ City tap ❑ Filtered/bottled ❑ Well: regularly tested? ❍ Yes ❍ No

Dental:
- ❑ Daily oral health care _____
- ❑ Has had a dental visit _____
- ❑ Fluoride in water at home _____
- ❑ Fluoride varnish in the last 3 mos. ❍ Yes ❍ No

Elimination:

YES	NO	
❍	❍	Soft, easy to pass BMs _____
❍	❍	Issues with constipation _____
❍	❍	Normal urine stream _____

Sleep: Longest sleep stretch through the night ____ hrs

YES	NO	
❍	❍	Safe sleep environment_____
❍	❍	Night feedings_____
❍	❍	Bottle in bed_____

RISK ASSESSMENT

HIGH	LOW	
❍	❍	Vision Concerns _____
❍	❍	Hearing Concerns _____
❍	❍	Lead _____

DEVELOPMENT:

Universal developmental screening recommended at 9 months using ASQ-3, SWYC, or other standardized tool. Screen or refer if concerns.

YES	NO	
❍	❍	Is shy, clingy, or fearful around strangers
❍	❍	Looks when you call her name
❍	❍	Smiles or laughs when you play peek-a-boo
❍	❍	Makes a lot of different sounds like "mamamama" and "bababababa"
❍	❍	Lifts his arms up to be picked up
❍	❍	Looks for objects when dropped out of sight
❍	❍	Bangs two things together
❍	❍	Gets to a sitting position by herself
❍	❍	Moves things from one hand to his other hand
❍	❍	Sits without support

Caregiver concerns about development and behavior:

SOCIAL HISTORY: ❑ Reviewed and updated

Lives with: ☐ 1 parent ☐ 2 parents ☐ Other caregiver

☐ Others (including siblings):

FAMILY RISK FACTORS:

Changes in family since last visit:

Caregiver job status:

Do you need additional assistance with any of the following?

☐ Getting enough to eat	☐ Relationships	☐ Drug abuse
☐ Violence/Abuse	☐ Financial	☐ Alcohol abuse
☐ Health Insurance	☐ Child care	☐ Other _____

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What's in this issue

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1- 800-338-7909**. If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1- 800-383-3826.** Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at www.iowaepsdt.org**. Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting Michelle Johnston at **michelle-johnston@uiowa.edu**. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter.*

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